Creating Bodies, Organizing Selves:

Planning the Family in Egypt

Kamran Asdar Ali

In a review article published in the late seventies on gender and women in the Middle East, Nikki Keddie ended her paper by suggesting that a future research agenda for the area should include the study of sexual habits of the people. She argued that the methodological problems posed by such studies should be overcome so that there could be a better understanding of gender relations in the Middle East (Keddie 1979: 239). This emphasis on understanding sexual relations would, according to the author, also aid our comprehension of peoples' attitude towards childbirth and their use of contraception. She claimed that only after knowing the intimate details of domestic life in the Middle East would researchers be able to gauge the success of the fertility control policy. This desire to learn about the private lives of the Arab family may be embedded in the liberal feminist political concerns of the seventies. Yet her position was also connected with a developmentalist agenda that seeks to change the private behavior of couples so that they can successfully use modern contraceptive methods. This concern with the private and sexual lives of the people continues in many forms in present day debates on health and reproduction in the Middle East.

Based on fieldwork in rural and urban Egypt this paper will present how such debates have historically sought to organize the female body through the rhetoric of good motherhood. I will show how in Egypt today the project of medicalization seeks to play a similar role through its arguments on reproductive health rights and family planning. Finally I shall argue that the historical and contemporary emphasis on

the domestic and the private sphere in nationalist and developmental discourse are intrinsically linked to the construction of the modern Egyptian nation inhabited by a responsible citizenry.

The Focus Groups

I conducted a part of my field research in a village in the Nile Delta almost one hundred kilometers north-east of Cairo. My introduction into the village community was through a local family health center, staffed primarily by doctors from a research medical university in Cairo. The doctors provided services and conducted research in the area for their own post-graduate degrees. At this stage of my research I was primarily interested in getting to know the people who used the clinic. I was further looking forward to interviewing some women who came to the clinic to ascertain their response to the family planning project.

One of the doctors, who was a senior gynecologist and obstetrician attending in the clinic, suggested that conducting focus groups would aid the process of my introduction. He himself was working towards a degree in social demography from a British university and was interested in issues similar to my own. The participants were randomly selected through the network of other clinic staff members who lived in the area. The focus groups were primarily organized with selective groups of men of all ages and different professions (for example, peasants, local school teachers, public servants), community leaders (local sheikhs of mosques, members of cooperative council, people deemed important due to their wealth or connections to the state structure), *dayas* (midwives), religious leaders (instructors in religious schools) and two groups of peasant women who lived in nearby villages. As the participants were more familiar with the doctor and as I had no prior experience with this research methodology, a fact compounded by my still struggling local dialect, he moderated the sessions and I participated as his assistant. We would discuss the questions before the sessions and he would then conduct the focus groups asking a range of questions on family planning, domestic relationships, economic and social processes, etc. It took me a couple of sessions to realize that both my doctor colleague and I, were treated as authority figures by our informants. They ascribed this authority on me, even though I was

non-Egyptian, primarily because I was introduced in the clinic as a physician and was working with one of the senior physicians of the clinic.

In the course of the interviews this authority was periodically challenged. Once in a session with young men my doctor friend probed the participants on their wives' use of contraceptives. Most men admitted preferring the IUD for their wives as they thought the IUD had fewer medical complications for women. When asked how the problem of breakthrough bleeding associated with IUDs was handled in their private lives, some men whose spouses were using IUDs responded that they treated it like menstrual blood and they did not have sex with their wives on such days. When we asked whether they engaged in foreplay on such occasions, a primary school teacher shot back, "Do you have foreplay before having sex or on days she menstruates?" The question caught us off guard, but made us aware of the boundaries between acceptable questions and those that would be resisted. Our response to the query was that we were the people who were asking questions and they did not have the right to ask us "personal" questions.

Such responses from the men somewhat subverted our authority. As researchers and doctors, we had assumed a right to probe the "private" lives of these men while at the same time assuming that they had no right to probe ours. We had definitely crossed the limits of acceptable questioning and from our position of authority sought to elicit information perhaps "crucial" to our project but arguably problematic for our respondents.

This episode and others like this did not stop my colleague from continuing on similar lines of questioning with other groups. Normally we would meet in the clinic with different groups of men and even the midwives. To show our sensitivity to local norms we met a group of peasant women in a villager's house near the clinic. The doctor was known to most of the women because they had consulted with him at the clinic. Our respondents were all married women between the ages of twenty five and fifty and only one among them had a high school diploma. After asking about their birthing history and questions about gender relations, the questions turned to body perceptions.

Q: 'What is the ovary and where is it?'
One woman replied, 'It is what carries the baby inside the mother.'

Another woman who had remained silent and was visibly uncomfortable with the questions, perhaps resenting our persistence, angrily replied, 'You are the doctor and should know more than us.'

We replied by explaining how we were interested in their perceptions of their bodies and what we knew was already present in health manuals and scientific literature. We hence continued and introduced questions about who teaches young women about sexual relationships before they are married. The women generally gave evasive replies but we persisted:

Q: 'So you think the girl should know something and not get married as a blind person (meaning uninformed)?'
One woman replied, 'We should tell them so that they do not get ill.'
Another argued, 'They know everything as the rate of education now is high.'
The third replied, 'The mother should tell her everything.'
And a fourth said, 'The mother or a friend should tell her.'

Q: 'Do you think we should tell the men more or the women?'
The woman who had replied third answered, 'The men as they know more.'

Q: 'If there were lessons arranged about how to sleep with men and how to get more pleasure would you be willing to attend such classes?'
Now the second woman said, 'No because all that is known here.'

Q: 'Do you agree or not that they should be taught how to have pleasure with their husbands?'
Again the second respondent answered, 'The girl is shy and may not like to attend.'

Q: 'Most women say that they do not get pleasure with their husbands so can we help them get more pleasure?'
The woman who spoke second continued to answer, 'The woman will not say whether she is pleased or not.'

Q: 'So if she gets pleasure or not it is not important?'
The same woman responded, 'She is free at home but she will not tell whether she gets pleasure or not.'

Q: 'If we teach women that there are sensitive places that if touched gives pleasure. Will the woman tell her husband to touch her in these places or not?'
The woman who had replied third, answered showing some irritation, 'No they will not.'
And the second woman said, 'It is impossible that women will go to these schools because the people will speak.'

Q: 'From your experience if he touches you some place and you felt pleasure will you ask him to touch again?'
The third woman answered, 'The man knows what makes his wife happy and comfortable.'

Q: 'But you would not ask him?'
The third woman, 'No!'

We perceived a hesitancy among the women in answering these questions. Should we have expected otherwise? We were two men, one a foreigner and the other a senior doctor, yet both strangers, prying into distinctly private aspects of their lives. These women were from the same village, at times related through marriage or blood. Talking about these issues could also implicate men all of them were familiar with. The evasiveness hence may have been linked to the role modesty, shame and respectability played in their daily lives. Moreover they may have thought the whole episode was insulting, prying and useless.

Questions on pleasure also exposed my own stereotypes about Egyptian rural and poor women and their passive role in sexual relationships. The agenda was at least two fold. One, an explicit argument was being made about how their sexual life could be more fulfilling if they asserted their individual desires to their husbands. The other implicit unspoken theme was of how circumcision may have affected the ability of these women to have pleasure. The hypothetical idea of lessons and arranging classes that was introduced into the conversation fit into a pedagogical exercise to grant these women consciousness of their bodies and sexuality. We had assumed, that these women possessed a certain universal core self, they only needed to be reminded of it. We were involved in a form of conversion. A conversion into modern sensibilities of self consciousness and of agency. We were also structuring new possibilities of interaction and seeking to destroy

older ones. It is not that these women were not acting or were not agents in their own right. They were, however, according to our estimates, not choosing as individuals, not taking responsibility for their own improvement and hence were still tied up in "tradition". It should be mentioned, agency as a modern concept is not transcendental or universal; it is linked and regulated by specific historical structures of possibilities available to the agent (Asad 1996; Trouillot 1995). We were seeking to constitute specifically the modern choosing agent/subject. Our liberal humanist positioning made us forget that individuals are not free to choose the circumstances of their birth and their social membership in society. It led us to see their lives as an accident of "natural inequality" that social welfare policy, equal opportunity, or pedagogy could perhaps resolve (Chatterjee 1993: 232).

The women came to the focus groups because they were told that the doctors wanted to ask them some questions. The arrangements were done through the networks of social hierarchy present in the village. Our democratic posturing of a dialogue evidently was also not entirely dialogic. We were asking the questions, and they responded to the issues we raised. The parameters of discussion were not of their choosing. To initiate a conversation about where the ovary was or how they related to their husbands, was to draw them into arguments that were in this specific instance our concerns not theirs (see Comaroff/Comaroff 1992).

Whether *fellah* (peasant) women are more open about their personal lives or not, these focus groups became a part of a larger script of research on female reproductive and sexual habits being conducted in Egypt under the agenda of family planning research. The summary of my involvement is meant to emphasize the embeddedness of my own research in larger agendas beyond my own control. Also the intention here is not to accuse my colleague of insensitivity. His intervention was merely structured by the range of possibilities dictated by research questions raised by the international agencies and Egyptian researchers working on the fertility control program. Our masculine encounter with these rural women was an episode in a series of such sessions being performed all over Egypt at the time of my research.

Later, in Cairo, I observed several focus sessions being conducted by women's groups. The questions were very similar and the participants were poor urban women. Encounters like these, with the urban

educated elite benevolently asking questions and the poor answering, are primarily embedded in the schema of traditional/modern dichotomy. The desire to understand is linked to an ambition to transform.

The need to change "traditional" customs has a long history in Egypt. In the following discussion I seek to show how the modern women sensitive developmental agenda is linked to the larger history of transformation of the "non-modern". In order to provide a historical understanding of this process of transformation I shall first briefly discuss how in late nineteenth century women's domestic sphere was sought to be regulated through the consolidation of modern medicine and the science of home economics.

The Colonial and the Nationalist Elite

Lord Cromer, the first Consul General of Egypt in his two volume treatise, *Modern Egypt*, attributes the low status of women in Egypt to Islam. He writes that the reason the social system of Islam is a total failure is because "first and foremost, Islam keeps women in position of marked inferiority" (Cromer 1908: 134). He then quotes the famous nineteenth century Orientalist Stanley Lane Poole to emphasize how "the degradation of women is a canker that begins its destructive work early in childhood and has eaten into the whole system of Islam" (Cromer 1908: 134 as quoted in Ahmed 1992: 152).

The modernizing Egyptian elite started replying to such writings by the end of the nineteenth century. Qasim Amin, a prosecutor in the Europeanized legal system and belonging to the Turko-Circassian landholding class, wrote several books on the issue of emancipation of women in this period. He agreed with colonial critics of Muslim social life regarding the backwardness of women. Yet he argued that this was not due to Islam but to the abandoning of the central traits of Islam. The future organization of society in which women would be liberated was conditioned on the premise of following new ideas of science and progress learnt from the European experience (Mitchell 1988: 113; Cole 1981).

In his most famous book, *Tahrir al Mar'ah* (The Liberation of Women), Amin concentrates on how customs of divorce, polygamy, female inheritance, lack of female education and the veiling of women in Egyptian society are detrimental to the progress of the nation as a

whole. Reflecting the liberal and utilitarian influence of late nineteenth century European values, he reprimanded the ruling classes for their treatment of women and their retrogressive social mores. Juan Ricardo Cole (1981) argues that issues like veiling in late nineteenth century Egypt were not relevant to the multitude of poor and rural women who worked as domestic servants or as peasants. Amin's writings were primarily geared towards the reform of upper middle class women of his own social background. Taking on the themes invoked by Europeans, Amin created a national debate depicting native Turko-Circassian rulers as unjust, despotic and plunderers of national wealth (Cole 1981: 395). In contrast to this, the British and the Europeans were praised as benevolent and their rule as guaranteeing freedom and justice. His writings emphasized the virtues of the bourgeois European values as the epitome of civilization and argued for their adoption in Egyptian private and public life (Cole 1981: 396).

The salient feature of European thought that impressed Amin was modern science. In his view it was modern science that had attacked superstition, undermined the authority of the clerics, abolished slavery, created democratic constitutions, invented steam power and electricity. These changes Amin argued had an immense impact on the existing equality among European men and women (Cole 1981: 395).

However, for liberals like Amin, Egyptian men and women were never seen as equals in intellectual capacity. On the contrary, his books viciously attack the character of upper class Egyptian women. He portrays them as illiterate, shifty and manipulative in their dealings with men (Amin 1992 [1899]). This he attributes to their lack of education, improper upbringing and to their seclusion from public life. This belief in the lesser intelligence of women did not stop him from arguing for equal rights for women. He advocated female education and their right to work and support themselves. However, Amin complains in *Tahrir al Mar'ah* that men educated in the new schools found it difficult to find women who could be their true partners (Amin 1992 [1899]). Romantic love was supposed to be the basis of the relationship among spouses in the modern nuclear family and bourgeois household. Women's education was hence also linked to the fulfillment of the personal needs of upper class men like Amin who desired a cultured and educated life partner (Cole 1981: 400-401).[1]

Amin criticized upper class women for not taking care of their

personal hygiene and appearance, thus not being able to influence the desires of their husbands. Similarly their lack of intellectual capabilities made them jealous and critical of their hardworking men. He demanded that women stop wasting their time in trivial pursuits and engage themselves in the vital aspects of organizing the household, dealing with the domestic budget, supervising the servants and busy themselves in the proper upbringing of children. Educated and domestically organized women could only become social equals of their men and guarantee a harmonious relationship based on true love and affection (Amin 1992 [1899]).

Ideas on the changes in domestic lives were also being presented among groups of women belonging to the upper classes (Baron 1994). Women writers published articles in the press arguing for a more equitable relationship between husbands and wives and also asserting the idea of marriage for love rather than economic consideration (Baron 1994: 165). Women like Malak Hifni Nasaf, who belonged to the upper middle class of Egyptian society who stood against unveiling nonetheless argued for a broad and professional education for women, and against the practice of polygamy (Cole 1981: 401). There was surely a diversity of opinion among women themselves on the issue of the emancipation of Egyptian women. However, there were also areas of shared agenda and agreement with liberal writers like Qasim Amin (Baron 1994; Cole 1981). One of these was the crucial interest in the process of motherhood. For Amin and other late nineteenth century modernist reformers, educating women was related to their responsibility in raising children. It was hoped that an educated motherhood would create a modern political order that would begin at their knees (Mitchell 1988: 113). Amin accuses the ignorance, non hygienic nature, and superstitious beliefs of women as detrimental to the prospects of a future modern Egyptian nation. For Amin the solution lay in training girls themselves on sound scientific basis enabling them to better raise the next generation. Similarly female writers concentrated on instructions of pre and post-partum health care for the mother and the child and showed extreme interest in the organization of childbirth on more scientific lines (Baron 1994: 159).

It is in this framework that we need to understand the focus on women's reproductive life and the private domain in late nineteenth century Egypt. The responsibility to raise children could not be left

to women alone. The reproduction of the nation itself depended on the scientific reorganization of how and under what circumstances children would be born and raised.

At the turn of the century more than ninety percent of childbirth in Egypt were performed by midwives, some of these midwives were called *hakimas* and were graduates from the official midwifery schools. *Dayas*, the more traditional midwives were however, the mainstay of most maternity cases in urban and rural areas. The reorganization of women's healing and birthing practices meant the displacement of the *dayas* and other women healers by modern medicine. The *hakimas* were recruited and trained from the times of Mohammad Ali Pasha (1805-1848) in the basics of public health, surgical skills and gynecology and obstetrics to serve the female population of Egypt. By the turn of the century these practitioners were allowed to only practice midwifery and were being rapidly replaced by European nurses and male medical doctors. Moreover, the traditional midwife the *daya*, was increasingly blamed for infant deaths and unhygienic birthing practices by the colonial medical authorities and were under intense surveillance and attack by the early part of the twentieth century (Morsy 1993: 23-25).

Cromer argued that in the civilized world the rule was of attendance of patients by male doctors (Tucker 1985: 122). The male dominated medical system competed with the local midwife to seek dominance in controlling the health and well being of women. This meant an increasing interest by medical scholars in what were deemed as the traditional customs and beliefs of Egyptian women. An example of this concern was evident in the publication of *Tibb Al Rukka* or *Old Wives Medicine* in 1892 by an Egyptian physician Abd Al-Rahman Ismail.[2] In several volumes of this book, the author gave detailed accounts of the various health practices of the poor. The aim of the texts was to expose the negative and "foolish" aspects of these peoples' beliefs. His texts seek to display the falsity of the popular healing system and argue for the supremacy of scientific facts of medicine.

In a similar article published early in the twentieth century, Gorgy Sobhy, a graduate of the Kasr-el-Aini Medical College in Cairo, admonishes women for seeking treatment from a scientifically trained doctor only when their life was in danger (Sobhy 1904). The article goes on to present a study of the customs and superstitions of Egyptians on childbirth and pregnancy. Sobhy's detailed description of the tradi-

tional birthing method displayed the importance medical reformers in Egypt put in the context of indigenous beliefs. A knowledge of these beliefs would in turn help them to implement policies to transform these practices.

The history of public health and hygiene in most societies locates the body at the juncture of the public and private spheres of life (Chakrabarty 1992: 21). The emphasis on female practices in Egypt also speaks to the split between the modernizing elite and the yet to be modernized poor. Late nineteenth century reformers primarily concentrated on the improvement of their own class. However, they also saw themselves as representing the entire future Egyptian nation. Medicalized discourse on body and health helped them in incorporating other classes into their modernist agenda. The education of women, the organization of the household and the studying of female birthing practices hence created opportunities to ensure the future of the Egyptian nation to be different from the past. These processes continue even today in debates on the health and hygiene of Egyptian women. In the next section I shall focus on how women centered groups in Egypt are often involved in the process of acquiring knowledge from and prescribing changes for the Egyptian poor. Motivated by the rhetoric of social good linked to public health, these groups at times are embedded in the larger agenda of international development and its theories of modernization.

Women Groups and Their Politics

Secular women's/feminist groups in Egypt[3] to a large degree strive to change anti-women laws stipulated by the Egyptian State to control the private and public life of Egyptian women. They operate mostly through organizing seminars, lectures and other intellectual and cultural activities on women issues. These consciousness raising forums are meant for the interchange of ideas among the educated group of feminist women and men. In demanding the emancipation of women some groups link their politics to the larger political struggles in Egypt on social and economic rights, reforms in labor laws and the freedom of assembly and association. The agenda is to strive within the parameters of legality to increase the legal and political space of permissible democratic politics. However for the more politically active groups it

is extremely difficult to survive as a legal entity. Under Egyptian law all not-for profit groups need to be registered with the government, specifically with the Ministry of Social affairs which retains the right to close down any organization that it deems subversive.

Afaf (not her real name) a member of a group that holds seminars on women issues and politically cooperates with other human rights and labor groups, argued that

> We are caught between the state, the international funding agencies and the Islamic groups. We are not recognized by the state and need to register ourselves as commercial companies with tax paying status, where will we get the money when we do not generate anything.

This specific group had a policy of also not accepting international funds Afaf continued:

> International funding is readily available in Egypt these days, but it binds us activists into certain kinds of priorities, discourses and engagements.

Like Afaf's group, some women's groups are critical of the internationally funded Egyptian family planning program on methodological grounds. They oppose the use of poor urban and rural women as objects of experimentation for new contraceptive technology by international donor agencies. A member of the National Council for Women, the women's wing of the left leaning *Tagammau* Party, clearly stated, "they use the bodies of poor Egyptian women to experiment their contraceptives." Others argue for a more comprehensive notion of rights that includes provision for the health of the mother and the social well-being of women. A larger agenda of reproductive rights, according to them, needs to be more inclusive and give equal opportunities to all classes of women. Through this critique and engagement they have been able to push the debate on reproductive rights beyond the mere providing of contraceptives, towards becoming more sensitive to the needs of women's health in general.

A number of women's groups act as NGOs or consultants and contribute to the developmental debate from a specific women centered and nationalistic point of view. They argue that their efforts can help in focussing the international funds to appropriate "targets", on

issues of women and development. This guarantees a diminution of waste and corruption in the development process and sets priorities designated according to "real need".

An example of this endeavor is the study (1989-1990) on the sexual and reproductive health of women in the Giza governorate south of Cairo funded by the Population Council. A multi-disciplinary team consisting of a doctor who specializes in obstetrics and gynecology, an anthropologist and a social demographer among others was associated with this project. The research was focussed on the gynecological morbidities in the community under study. The youngest women in the study were less than twenty five years of age and the oldest were sixty. Most were uneducated and of poor social economic background. I shall discuss this project in some detail to show how feminist concerns for the health of poor women seek to influence policy on fertility issues.

In a series of papers published from the project data (Younis et al. 1993; Zurayk et al. 1994; Zurayk et al. 1995) the authors show a high rate of prevalence of reproductive tract diseases in the given population. They argue that most of these diseases go unnoticed because women do not complain about their problems and endure the disease in silence (Zurayk et al. 1994: 4). All women in the study, a total of 500, were given a clinical gynecological examination performed by female physicians. It was found that over fifty percent of women suffered from reproductive tract infections. More than fifty percent also had prolapse of the genital tract. Other diseases like cervical ectopy and premalignant cervical cell changes were present in almost a third of the women. There was incidence of high blood pressure, anemia and urinary tract infections in the community. The severity of the situation was underscored by the researchers' finding that many women had multiple diseases (Zurayk et al. 1994: 5).

Reproductive tract infection was reportedly higher among women who were sexually active. Current IUD use was also associated with high incidence of vaginal and cervical infections, anemia, prolapse and a predisposition to pelvic inflammatory disease. Women who, according to the researchers, had unhygienic practices during menstruation, were also susceptible to infections of the reproductive tract. In fact it was argued that only one-fourth of the women were regarded as having hygienic practices as they either boiled their menstrual protec-

tion or used disposable ones (Younis et al. 1993: 180-184).[4] An important aspect of the research was the attention given to women's own perception of their bodies and health status. Respondents were asked about vaginal discharge, for an assessment of genital tract infection. The researchers found that very few women ("only 13 percent") reported having a discharge other than ordinary. In contrast, the researchers own medical examination found that at least sixty four percent of all women had medically suspicious discharge. They presented this information to highlight how "women may not perceive certain symptoms as dangerous or abnormal, considering them part of their reproductive reality" (Zurayk et al. 1994: 11).

These studies sensitize us to the prevalent gynecological and health problems faced by the poor rural women in Egypt. The shift in the rhetorical emphasis of family planning services from merely providing contraceptives to the inclusion of broader health priorities of women are a welcome change in family planning policy and program. The studies have also advocated a sensitivity to women's needs in health delivery systems and asked for training of health care providers on cultural issues related to women. A recommendation was also made for the presence of female doctors in the clinics who could provide hygienic and safe reproductive tract examinations. These suggestions stem from hearing complaints by women about the available health delivery system. However, the policy solution advocated by these studies needs to be evaluated. For example, in face of the evidence that IUDs cause reproductive tract infection among most users, non-use of IUDs was never a recommendation. On the contrary, suggestions were made to improve insertion technique, to better train providers in the health facilities and to encourage women to have regular check up visits (Younis et al. 1994; Zurayk et al. 1993).

Following Soheir Morsy's excellent critique of maternal mortality discourse in Egypt (Morsy 1991, 1993), I argue that these interventions are basically meant to strengthen the family planning program itself. If women's health was the primary focus of these studies then the emphasis should not have been only on improving the health delivery system, but also on alleviation of poverty and social economic problems of the community, which were deemed to be responsible for most disease conditions. Also if IUDs were one of the major sources of infection, then why was there no suggestion to stop the use of IUDs

for the poor and susceptible groups of women who have recurrent infections with its use? The training of providers and placing counselors in the community to aid women in their health problems (Zurayk et al. 1994: 20) are important steps. However, these interventions consolidate the health delivery system and make it more efficient and consistent with the larger international family planning policy goals of improving the state programs by making them more "sensitive" to the needs of the clients. The policy implications are more about streamlining the failures of the family planning program through an agenda of cultural sensitivity, counseling and persuasion.

The researchers also called for further studies on women's own perceptions of body health, sexuality and self. It was argued that such understanding would help providers in communicating with women and form a base for the health education campaigns. These campaigns were designed to raise women's awareness of their own reproductive health and guide them towards seeking health care in disease conditions (Zurayk et al. 1994: 18).

Not unlike the turn of the century arguments on the unhygienic and superstitious practices of women the researchers for the Giza study also blame the birth attendants (*dayas*) for obstetric trauma (Younis et al. 1993). They further label women's own personal habits as "unhygienic" and stress how women do not understand their own health system and need to be reminded of their "abnormal" discharges. The substitution of women's own understanding of their bodies by medicalized notions of female reproductive health exposes the somewhat elitist nature of these arguments. Hence the desire to learn more about women's own perception should be viewed in relation to researchers' aspirations to deal with the conflict between their own perception of health and that of women themselves. In the liberal language of equal partners in health and the relationship of provider and client is hidden a strange alliance, in which "one party avails itself of the other party in order to manipulate them all the more successfully" (Taussig 1980: 12).

I discussed this example not to make a blanket assessment of all women centered groups but to show how the international liberal agenda of development works itself into localized research. For example, NGOs with a women and development component are created by the donations and organizational skills of the larger international

development program in Egypt. These groups as recognized NGOs generate debates within Egypt on internationally defined positions on women's reproductive rights. Under the auspices of the Population Council, Ford Foundation and the USAID, such groups organize seminars and write position papers on reproductive health related issues of women's individual rights and autonomy. Women centered literature on reproductive health supports the role of such NGOs as crucial in making governments accountable to comply with international treaties on the emancipation of women and also to the acts of discrimination that affect the status of women in different countries (Cook 1993: 83; Toubia/An-Naim n.d.: 18-24). Some women centered groups hence serve as a pressure group bridging the gap between international standards and its impact on the local situation within the state of Egypt. Of course the poorest women of Egypt do not have the critical voice in these debates that are led by Western feminists or educated upper class native "diasporics" (see Spivak 1996). Moreover, the argument on autonomy of women and choice in fertility control is made as welfare structures are being dismantled in Egypt leaving families, especially women and children economically and socially vulnerable.

In this process some secular women's groups speak in an universalized language of emancipation, thus invoking the authority to represent all Egyptian women and liberate them from their "misery". In such instances these formations remain within the parameters of the debate set by the larger neo-liberal agenda of international development. By speaking the language of liberal democracy they may become the interlocutors for the international agencies and representative of what is modern, what is communicable and what is within the framework of International capital. As Chakrabarty reminds us, the politics based on the agenda of "rights" and "consciousness raising" are historically linked with the effort of creating citizens and strengthening of the state along with its capacity of coercion, "the continual forgetting of which fact constitutes the kernel of the citizen's 'everyday life'" (Chakrabarty 1994a: 331).

Many women in these groups have suffered personally and collectively in their struggle for rights of women in Egypt. The politics based on the invocation of "rights" may be important in the sphere of local struggles against undemocratic structures. However, this dis-

course of rights reworked into formulation of reproductive rights and maternal morbidity/mortality studies, the new emphasis in family planning discourse in Egypt, retains the linkage of reproduction and fertility to women. This is not dissimilar to the notion of self control and discipline embedded in the rhetoric of "choice" for women propagated by the state sponsored family planning program. It is women who should choose; reproduction remains a female act. In doing this, liberal notions of individual agency[5] and gendered victimhood are reproduced to argue for women's emancipation.

Discussion and Conclusion

The history of the modern Egyptian nation-state is eminently linked with the transformation within its domestic sphere. As Dipesh Chakrabarty reminds us in the context of colonial Bengal "the public sphere could not be erected without reconstructing the private." (Chakrabarty 1994: 58). The internal ordering of the domestic was hence the key to the progress envisioned by turn of the century educated Egyptian elite. Here the issue of motherhood was crucial. Women were supposed to shed their unhygienic habits, superstitious beliefs and untidy lifestyles and get educated into becoming proper mothers. Qasim Amin's forceful admonishment to mothers is worth quoting:

> Is it not a mother's ignorance that allows her to neglect her child's cleanliness so that he is dirty and left to wander in the streets and alleys, wallowing in the alleys in the dirt as baby animals do? Is it not her ignorance that allows him to be lazy, running away from work and wasting his precious time, which is his capital, lying around, sleeping and dallying, even though childhood years are the years of energy, work and action? … Is it not a mother's ignorance that compels her to bring up her child through fear of *jinn* and evil spirits?
>
> (Amin 1992 [1899]: 26-27)

The motherhood that guaranteed children would be well trained, ate proper diet, were regulated into work habits and had the correct moral values was crucial to the aims of Egyptian nationalist leaders. This not only meant a change in the lives of the women but a redefinition of what childhood would also mean from then onwards. Of course there were competing visions to this essentially upper class male discourse

of creating citizen-subjects for the future nation. Other men sought to underplay the importance of women participating in the public sphere and criticized the unquestioning acceptance of European values. Similarly upper class women in late nineteenth century contested male centered representation of a good housewife, calling for more education, autonomy and independence for women (see Baron 1994; Badran 1995). In these terms the new disciplining power were not only repressive but created opportunities to challenge older forms of authority.

As new orders create new possibilities they also create new forms of governance. Where the discourse on motherhood was organized around modern notions of the domestic, there, new arguments incorporate the rhetoric of health risks and population control to again reorder female bodies. The crisis of the welfare state has given way to policies in which individuals need to shoulder responsibilities for their own ill health and the level of potential risk that they may pass onto the social. The discourse on permanent retraining, self-management and decentralized planning (Martin 1994; Donzelot 1991a) is distinctly different from the concerns of a welfare state that guarantees the eradication of poverty and provides a rhetoric of opportunity. Health becomes an issue of civic responsibility. As a list of unhealthy behavior is prepared that adversely affect the economy, public health campaigns seek to target the irresponsible social groups that are defined as the most pathological in terms of their cost to the collectivity (Donzelot 1991b: 271). Women who plan to have a third or a fourth child in Egypt are considered to be a part of this pathology.

The relationship between the social and the individual, between the responsibility of the state and those of its citizens are at times mitigated through NGOs. The celebration of civil society as a counterpoint to the oppressive state is a familiar refrain in the democratic politics of lesser developed nation-sates. In this paper I have however, argued that their role in Egypt may be linked to the neo-liberal international political agenda and in extension to the political history of the West. Moreover civil society cannot be thought outside the logic of the nation-state itself. The debate and contestation over reproductive rights and arguments for the privilege of labor to organize can only exist if there is a fundamental agreement on the language used by the democratic project of citizenship.

As new ideas create opportunities to rethink categories and reassemble possibilities, other rhetorics of community and the social may also co-exist with the larger developmental agenda of the modern nation-state. However, it is always a relationship of asymmetry and to label it as resistance or even a negotiation would be an injustice to the existing unequal relationship of power.

Notes

The field work in Egypt was supported by a doctoral grant by the Population Council and by the anthropology department at the Johns Hopkins University. Institutional support, while in Egypt, was provided by the American University in Cairo. I thank the editors of this volume, Cynthia Nelson and Shahnaz Rouse for their close readings and suggestions. I, however, remain responsible for the final shape of this article and any shortcomings herein.

1 Rather, Amin (Amin 1992 [1899] cited in Cole 1981: 400-401) complained that the seclusion of Upper Class women put them at a risk of being subservient to the male servants who walked along side them in the streets. Such women were the attention of impolite remarks on the streets which lower class women more often escaped. In the late nineteenth century narrative of nationalist liberation, servants and lower class populace were as important to be defended against as the aristocratic and conservative traditions.
2 It is interesting to note that the translator of these texts John Walker as late as 1934 explicitly declined to translate those portions that dealt with the condemnation of the foreign occupation of Egypt (Walker 1934: 9). Although European and modern Egyptians agreed on the primacy of medical science there was may have been a latent tension on the issue of occupation.
3 I interviewed members of different women groups. I occasionally attended seminars and presentations organized by them and also came across some of them individually in my research on Egyptian NGOs and while visiting offices of international development agencies. My focus in this paper is to represent the broader issues that unite their agenda rather than to do an ethnography of each group separately. However, it should be mentioned that the politi-

cal leanings of these groups range from Marxist nationalist to the mere liberal. The self expression of these groups as feminists is also a complicated issue and beyond the range of arguments presented here. For a more complex presentation of their views see Nadje Al-Ali in this volume.

4 The information on personal hygiene of women is also essential from a marketing point of view. As commodities enter the Egyptian market, manufacturers of sanitary products need this kind of information to create newer markets. Also a new sensibility towards cleanliness and hygiene is simultaneously introduced.

5 Talal Asad (1993, 1995), argues that the concept of agency linked to a consciousness is problematic as it obscures the fact that actions are occasionally not products of individual will, but structured by the range of possibilities available in a certain given situation.

Selected Bibliography

Ahmed, Leila (1992) *Woman and Gender in Islam*, New Haven/CT: Yale University Press.

Amin, Qasim (1992 [1898]) *The Liberation of Women.* Translated by Samiha Sidhom Peterson, Cairo: American University in Cairo Press.

Asad, Talal (1992) "Conscripts of Western Civilization". In Christine Ward Gailey (ed.) *Civilization in Crisis*, Gainsville/FL: University Press of Florida, pp. 333-352.

——— (1993) *Genealogies of Religion*, Baltimore/MD: John Hopkins University Press.

——— (1994) "Ethnographic Representation, Statistics and Modern Power". *Social Research* 61/1, pp. 55-88.

——— (1995) "Interview". By Saba Mahmood. Stanford Humanities Review. A special Issue on *Contested Politics* 5/1, pp. 1-16.

——— (1996) "Comments on Conversion". In Peter van der Veer (ed.) *Conversions to Modernities: The Globalization of Christianity,* London: Routledge, pp. 263-273.

Badran, Margot (1995) *Feminists, Islam, and Nation*, Princeton/NJ: Princeton University Press.

Baron, Beth (1991) "The Making and Breaking of Marital Bonds in Modern Egypt". In Nikki Keddie/Beth Baron (eds.) *Women in*

Middle Eastern History, New Haven/CT: Yale University Press, pp. 275-291.

——— (1994) *The Women's Awakening in Egypt*, New Haven/CT: Yale University Press.

Chakrabarty, Dipesh (1992) "Postcoloniality and the Artifice of History: Who Speaks for 'Indian' Pasts?". *Representations* 37, pp. 1-26.

——— (1994a) "Labor History and the Politics of Theory: An Indian Angle on the Middle East". In Zachary Lockman (ed.) *Workers and Working Classes in the Middle East*, Albany/NY: State University of New York Press, pp. 321-333.

——— (1994b) "The Difference-Deferral of a Colonial Modernity: Public Debates on Domesticity in British India". In David Arnold/David Hariman (eds.) *Subaltern Studies VIII,* Delhi: Oxford University Press, pp. 50-88.

——— (1994c) "Marx After Marxism: History, Subalternity, and Difference". *Positions* 2/2, pp. 446-463.

——— (1995) "Radical Histories and Question of Enlightenment Rationalism. Some Recent Critiques of Subaltern Studies". *Economic and Political Weekly*, 8 April, pp. 751-759.

Chatterjee, Partha (1989) "Colonialism, Nationalism, and Colonized Women: The Contest in India". *American Ethnologist* 16/4, pp. 622-633.

——— (1993) *The Nation and its Fragments*, Princeton/NJ: Princeton University Press.

Cole, Juan Ricardo (1981) "Feminism, Class and Islam in the Turn-of-the-Century Egypt". *International Journal of Middle East Studies* 13, pp. 387-407.

——— (1993) *Colonialism and Revolution in the Middle East*, Princeton/NJ: Princeton University Press.

Comaroff, John/Comaroff, Jean (1992) *Ethnography and the History of Imagination*, Boulder/CO: Westview Press.

Cromer, E., Lord (1908) *Modern Egypt*, London: Macmillan.

Cook, Rebecca (1993) "International Human Right and Women's Reproductive Health". *Studies in Family Planning* 24/2, pp. 73-86.

Donzelot, Jacques (1991a) "The Mobilization of Society". In Graham Burchell et al. (eds.) *The Foucault Effect*, Chicago/IL: The University of Chicago Press, pp. 169-180.

——— (1991b) "The Pleasure of Work". In Graham Burchell et al. (eds.) *The Foucault Effect*, Chicago/IL: The University of Chicago Press, pp. 251-280.

Freedman, Lynn P. (Undated) *Women Health and the Third World Debt: A Critique of the Public Health Response to Economic Crises.* Unpublished Manuscript.

Isaacs, Stephen/Freedman, Lynn (1992) "Reproductive Health/Reproductive Rights: Legal, Policy and Ethical Issues". Manuscript Prepared for Ford Foundation Reproductive Health Program Officers Meeting.

Keddie, Nikki (1979) "Problems in the Study of Middle Eastern Women". *International Journal of Middle East Studies* 10, pp. 225-240.

Martin, Emily (1994) *Flexible Bodies*, Boston/MA: Beacon Press.

Mitchell, Timothy (1988) *Colonizing Egypt*, Cambridge: Cambridge University Press.

——— (1995) "The Object of Development. America's Egypt". In Jonathan Crush (ed.) *Power of Development,* London: Routledge, pp. 129-157.

——— (1995) "The Space of Property and the Formation of the Nation". Paper presented at the symposium *Questions of Modernity*, 19-20 April, New York University.

Morsy, Soheir (1978) "Sex Roles, Power and Illness in an Egyptian Village". *American Ethnologist* 5/1, pp. 137-150.

——— (1991) "Maternal Mortality in Egypt: Selective Health Strategy and the Medicalization of Population Control". Paper Prepared for the Conference "The Politics of Reproduction", sponsored by Wenner Gren Foundation, Terespolis, Brazil.

——— (1993) *Gender, Sickness and Healing in Rural Egypt*, Boulder/CO: Westview Press.

Ong, Aihwa (1988) "The Production of Possession: Spirits and the Multinational Corporations in Malaysia". *American Ethnologist* 15/1, pp. 28-42.

Sobhy, Gorgy (1904) "Customs and Superstitions of the Modern Egyptians". In *Records of the Egyptian Government School of Medicine* 2, pp. 101-120.

Spivak, Gayatari Chakravorty (1996) "Woman as Theater". *Radical Philosophy 75*, pp. 2-4.

Taussig, Michael (1980) "Reification and the Consciousness of the Patient". *Social Science in Medicine* 14B, pp. 3-13.

Toubia, Nahid/An-Na'im, Abdullahi (n.d.) "Legal Dimensions of the Health of Women in Arab and Muslim Countries". Unpublished Working Manuscript for Population Council and Ford Foundation.

Trouillot, Michel-Rolph (1995) *Silencing the Past*, Boston/MA: Beacon Press.

Tucker, Judith (1985) *Women in Nineteenth Century Egypt*, Cambridge: Cambridge University Press.

——— (1993) "The Arab Family in History". In Judith Tucker (ed.) *The Arab Family in Egypt*, Bloomington/IN: Indiana University Press, pp. 195-207.

Walker, John (1934) *Folk Medicine in Modern Egypt*, London: Luzac and Co.

Younis, Nabil et al. (1993) "A Community Study of Gynecological and Related Morbidities in Rural Egypt". *Studies in Family Planning* 24/3, pp. 175-186.

Zurayk, Huda et al. (1994) *Rethinking Family Planning Policy in Light of Reproductive Health Research*, Cairo: The Population Council.

——— (1995) "Comparing Women's Report with Medical Diagnoses of Reproductive Morbidity Conditions in Rural Egypt". *Studies in Family Planning* 26/1, pp. 14-21.