

The Politics of Emergency Contraception in the Arab World: Reflections on Western assumptions and the potential influence of religious and social factors

Lisa Wynn, PhD, Angel M. Foster, DPhil, Aida Rouhana, MPH, and James Trussell, PhD

Dedicated emergency contraceptive pills (ECPs) have been introduced to the Arab world only in the past five years, making emergency contraception (EC) a relatively new reproductive health technology in the region. To date, little is known about the acceptability and use of EC in the region. In this article, we critically examine Western assumptions regarding the challenges to expanding EC access in the Arab world. We argue that these assumptions reflect broader stereotypes about the status of women and reproductive health in the Arab world.

We speculate on some of the factors – religious, cultural and political – which might contribute to debates over emergency contraceptive use in the Arab world.

The International Politics of Emergency Contraception and the Arab World

In the Arab world, emergency contraceptive pills (ECPs) represent a relatively new reproductive health technology. Emergen-

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Lisa Wynn is currently a post-doctoral research associate at the Office of Population Research at Princeton University and lectures at the Woodrow Wilson School of Public Affairs. Angel Foster is currently an Associate at Ibis Reproductive Health in Cambridge and is completing her MD at Harvard. Aida Rouhana currently works as a Health Promotion Consultant in Saudi Arabia. James Trussell is John Foster Dulles Professor of International Affairs, Professor of Economics and Public Affairs, and Director of the Office of Population Research at Princeton University.

cy contraception (EC) is not new: the post-coital use of high doses of estrogen began in the 1960s as a treatment for rape victims, and in 1974, the Canadian gynecologist Albert Yuzpe introduced guidelines for using a combined estrogen-progestin formulation for postcoital contraception.^{1,2} Yet while the concept of emergency contraception has been circulating in the medical and public health communities for decades, it is only in the past five years that dedicated emergency contraceptive pills (i.e., pill brands packaged and sold to be used as emergency contraception) have been introduced to the Arab world. The first dedicated ECP in the Arab world was NorLevo®, which was licensed in Tunisia in 2001. Today, dedicated ECPs are sold in Algeria, Egypt, Lebanon, Libya, Tunisia and Yemen, as well as Israel.

Because dedicated ECPs are new to the Arab world, little is known about their regional acceptability and use. Yet it appears that Western reproductive health researchers and advocates have often assumed that the promotion of emergency contraception in the Arab world would be a politically charged enterprise. For example, in 2003, Ibis Reproductive Health collaborated with the Office of Population Research at Princeton University to produce an Arabic version of the emergency contraception website, Not-2-Late.com.³ When the website was published and a launch announcement sent out to an international list of reproductive health researchers and activists, many of the American recipients expressed surprise that EC information was being made available to the Arab world and apprehension that the website would face backlash, negative publicity and censorship. The American EC

advocates apparently assumed that Arab countries were too conservative to accept a medically frank discussion of postcoital contraceptive options. Discussions at international meetings dedicated to EC have confirmed that these assumptions are also common among international agencies working to expand EC access worldwide and serve as a partial explanation for both the dearth of Arabic-language resources dedicated to EC and the limited efforts to expand access to EC in the region.

What is the basis for these assumptions about the unacceptability of EC in the Arab world in the absence of evidence to support them, and why are they so common within the international reproductive health community? We contend that these assumptions, in part, reflect Western misconceptions about the Arab world's religious, cultural and social attitudes towards family planning and reproductive choice. Undoubtedly these assumptions also reflect Western stereotypes about the status of women in Islam and Arab societies. Such assumptions also project the politics of emergency contraception in Western countries (where critics label EC an abortifacient or denounce it as an enabler of promiscuous sexuality) onto Arab societies and Islam. Are these assumptions warranted? What do we really know about the religious, social and political factors that might influence attitudes towards the introduction and use of emergency contraception in the predominantly Muslim Arab world?

The Politics of Emergency Contraception in the US

Let us begin by examining the politics of emergency contraception in a country where its use is already well established in order to establish a point of comparison. In the US, opposition to emergency contraception has generally hinged around two key issues: (1) emergency contraception's mechanism of action and (2) the impact EC availability might have on the sexual behavior of users.

Emergency contraceptives are medications or devices that are used postcoitally to reduce (but not eliminate) the risk of pregnancy. Pills containing higher doses of the hormones found in oral contraceptive pills (regular birth control pills) and the postcoital insertion of the copper T-IUD constitute the two primary methods of EC. In the US, debates surrounding EC have almost exclusively focused on ECPs, which can be taken up to five days after unprotected sexual intercourse has occurred. Research on the mechanism of action suggests that ECPs work through delaying ovulation, causing changes in the female reproductive tract that inhibit fertilization and/or preventing a fertilized egg from implanting in the uterus.

In the United States, EC is often popularly confused with mifepristone or other methods of medication abortion.⁴ This misconception is common in the popular media and among some EC opponents.⁵ Yet even those opponents of EC who do not mistake ECPs for medication abortion still often assert that EC is an abortifacient. These claims center on the possibility that EC may prevent pregnancy by

preventing the implantation of a fertilized egg.⁶ Medical authorities almost universally define pregnancy as beginning with implantation, which is what triggers the hormonal changes that allow the body to recognize that it is pregnant (and cause a pregnancy test to turn positive). Yet individuals and groups that define life as beginning with fertilization often assert that EC is an abortifacient, regardless of the fact that medical science does not define it as such. Such arguments are particularly prevalent in countries influenced by the Vatican, which is outspoken in its criticism of EC.

The claim that ECPs are abortifacient seems to be strongly influenced by the fact that ECPs are used postcoitally. Oral contraceptive pills (OCPs) are a pre-coital contraceptive taken daily to confer a sustained contraceptive benefit. The proposed mechanisms of action of OCPs include the possible prevention of fertilized egg implantation. Thus OCPs are posited to work in precisely the same way as emergency contraceptive pills but with much higher rates of efficacy. Breastfeeding, which in the early post-partum period can confer contraceptive benefit, also triggers hormonal changes in the body that produce the same effect as hormonal contraceptive pills. The copper-T IUD also is believed to work either by preventing sperm from reaching and fertilizing an egg or by preventing the implantation of a fertilized egg. Yet the IUD, which can serve as an effective emergency contraceptive if inserted up to five days postcoitally, has been not the target of the criticisms leveled against ECPs. While EC is sometimes popularly branded an "abortifacient," it is considerably less common to hear argu-

ments about the abortifacient potential of oral contraceptive pills, breastfeeding, or IUDs, even though the mechanism of action is shared.

The other common objection to EC in the US revolves around the impact of EC availability on the sexual behavior of users, particularly young people. This argument assumes that easy availability will encourage young people to engage in risky sexual behaviors, thereby increasing rates of both unintended pregnancy and sexually transmitted infections (STI) transmission.⁷ Numerous studies have shown that advance provision of EC does not increase a woman's chance of engaging in unprotected sex, and one study which measured STI transmission found no higher incidence among women who had advance provision of ECPs.⁸ However, few studies have documented EC use among young people under the age of 16, and EC opponents in the US often use the lack of evidence for this specific age group to argue against making the drug widely available. Indeed, when the FDA last year rejected a petition to make dedicated ECPs available over-the-counter in the United States, the ostensible reason given was the lack of available studies of EC use among young adolescent populations.⁹

In the Arab world, where dedicated ECPs have become available over the last five years in seven countries, little is known about religious, social and political attitudes towards EC, and no studies have been undertaken documenting actual use patterns of EC in the Arab world. What assumptions can we make about the potential acceptability of EC in the Arab world based on what we know of social and religious attitudes towards the expression of

human sexuality in Arab societies, as well as Islamic positions on contraception and the beginning of life?

Islamic Positions on Contraception, the Beginning of Life and Sexual Intercourse

Contrary to popular media representations, Islam is not a monolithic religion with a single set of positions. Unlike the Roman Catholic Church, there is no single authority within Islam to establish official religious doctrine on contemporary social issues. Islamic scholars derive positions on contemporary issues based first and foremost on the Quran and the Prophet's tradition (sunnah) and secondarily on early Islamic legal formulations and analogy. When the Quran and sunnah are silent on a particular issue (as is the case with hormonal contraception and abortion) Islamic positions are derived through interpretation. Different interpretations and variation of opinion may be present both between Islamic schools of law and within a single school of Islamic jurisprudence. This diversity in interpretation results in a variety of positions on most social issues and thus to speak of "an Islamic position" represents a misnomer. Islamic rulings from particular institutions or respected individual scholars may have broad influence but these positions are not necessarily accepted by Muslims worldwide.

With this introduction, it is the case that most Islamic scholars and schools of Islamic law permit the use of modern forms of contraception in the context of marriage.¹⁰ As explained by Sheikh Jad

al-Haq, then the Grand Mufti of al-Azhar and highest ranking cleric in Egypt, in a 1981 interview, “Nothing in the Holy Quran or in the reported utterances of the Prophet prohibits the planning or limitation of childbirth... Pronouncements made by early Islamic jurists in the context of ‘withdrawal’ (al-azl) also apply to other methods of contraception.”¹¹ According to the United Nations, no government of a Muslim country actively limits access to family planning information and services.¹² Indeed, hormonal contraceptive pills and IUDs are widely available across the Arab world and national family planning programs are active throughout the region. There are a small number of Islamic scholars who disagree with the religious permissibility of contraception and there remain significant debates over the acceptability of permanent contraceptive methods, such as male and female sterilization. However, the overwhelming majority of Islamic scholars support modern non-permanent contraceptive use and justify the permissibility of contraception by interpretation of early Islamic jurisprudence and through principles of liberty (lawful unless otherwise designated), women’s health, family stability and prevention of economic hardship.¹³

Despite the acceptance of contraception in general, to date there have been no documented rulings by Islamic scholars on the permissibility of emergency contraception. In contrast to the US, there is no reason to believe that religious controversy over emergency contraception would hinge on its mechanism of action. Not only is there broad-based religious approval of methods of contraception that may act through preventing the implantation of a fertilized

egg, but religious debates surrounding the definition of the beginning of human life, and consequently the permissibility of abortion, focus not on fertilization, but on the timing of ensoulment.

In contrast to Islamic positions on contraception and family planning, Islamic rulings on abortion vary widely both between and within different schools of jurisprudence. However, in all legal traditions, abortion is permissible prior to ensoulment, or the point at which the fetus becomes “infused with life.” Although the Quran describes fetal development and identifies three specific stages, the Quran does not specify the timing of these stages or place them in the context of pregnancy. Thus, as the Quran is silent on the timing of ensoulment, religious debates have centered on this specific question. Looking at the variation in rulings on abortion between schools of Islamic jurisprudence, and even within each school, illustrates that there is no uniform Islamic position. One school of jurisprudence in Sunni Islam, the Hanafi school, has ruled that ensoulment occurs at 120 days after implantation and permits elective abortion before that point. Scholars of other schools (and sub-schools) opine that ensoulment takes place at 40, 80 or 120 days. In contrast, the Maliki school regards ensoulment as occurring at either fertilization or implantation (as does one well-known Shafi’i scholar) and forbids elective abortion at any point in pregnancy.¹⁴ This lack of consensus surrounding the issue of ensoulment not only highlights the complexity of determining an “Islamic position” on a contemporary social issue, but also suggests that the mechanism of action of EC is unlikely to have the same prominence in debates in

the Arab world as it has in the US.

However, the effect of EC availability on the sexual and moral behavior of users is more likely to engender debate about the religious permissibility of EC than the mechanism of action. Islamic scholars and schools of jurisprudence hold firm positions about the morally and culturally permitted contexts in which sexual activity may lawfully occur and consequently, the permissibility of both contraception and abortion is only considered in the context of marriage. Although the increase in pre-marital sexual activity has been documented in many countries throughout the region, there remains significant religious, social and political opposition to expanding access to reproductive health services to unmarried populations.¹⁵ Thus we might expect that some opposition to EC use in the Arab world would revolve around the perceived consequences on unmarried sexual activity of making a postcoital contraceptive widely available. However, this is not a debate unique to EC and has not prevented the development of national family planning programs (targeting married couples) throughout the region.

The Limits of Religion

There are obvious limitations in looking at religious positions on a particular reproductive health technology and extrapolating from those positions to the reality of how that technology might affect the lives of users. It makes no sense to talk about Islam and the Middle East monolithically; the Arab world is predominantly Muslim but contains a number of other (minority) religious groups and encompasses a wide

range of cultures and approaches to religion. As our overview of Islamic positions on contraception and abortion has shown, wide variation exists both between and within Islamic legal traditions and groups.

In any case, religious positions on a given issue by no means determine the actual laws regarding that issue in any given country. For example, an examination of actual abortion laws in the Arab world today shows that there is little if any correlation between the law in a given country and the rulings of the religious sect or legal school historically predominant in that country.¹⁶ This finding serves as a reminder that religion is far from deterministic when it comes to laws, policies and social norms even in countries where religious influence is strong. It is clear that we must be wary of assumptions about a deterministic relationship between the fine tenets of religion and practice, or between religion and law in even an avowedly “Islamic” country.

Moreover, official religious rulings or theological positions do not necessarily translate into individual beliefs and practices. Thus despite the overwhelming consensus that family planning methods are permissible within Islam, local religious leaders, families and individual women may hold different opinions. A study conducted in Yemen, for example, found that a significant percentage of women surveyed believed that contraception was forbidden in Islam.¹⁷ Individual women are motivated by a host of factors when making reproductive health decisions and thus practices may not reflect dominant religious positions or government policies. For example, several studies have documented that in Egypt, where abortion is prohibited except to save the life of a woman, abor-

tion is widely sought by women of all ages, social classes and religious backgrounds. When interviewed, many of these women who sought an abortion rejected religious and medical pronouncements about what constituted a medical or social necessity for obtaining an abortion but still considered their own decision to obtain an abortion in keeping with their personal religiosity.¹⁸

Yet religion matters because of its perceived moral, social and political authority. Whether or not Yemeni women correctly assessed the rulings of Muslim theologians on the permissibility of contraceptive use, their perception of the Islamic position on the matter is likely to have at least some influence on their willingness to use contraceptives (and influence families and communities). Thus EC advocates in the Arab world may benefit from securing a ruling on the permissibility of EC use from a prominent theologian in the country in question. Securing support from the religious community for promoting EC use in that country would be particularly useful.

The Globalization of Reproductive Health Technologies

The US and Europe have directed substantial funding towards family planning programs in developing countries and this, coupled with the fact that new reproductive health technologies are often imported from Western countries, has engendered a certain wariness among recipients of Western reproductive health policies and technologies. In Egypt, for example, it has been argued that it is impossible to understand debates over reproductive health is-

sues without taking into account concerns and suspicions over the large amount of Western, and particularly US, donor aid to family planning programs. “Such aid is viewed as a Western attempt to influence or even control the lives of the Egyptian people, as well as a Western attempt to limit the number of Muslims in the world.”¹⁹ Thus we might expect that that future debates over EC in the Arab world may also be influenced by the politics of opposition to the imposition of Western sexual mores and corresponding “immorality,” as well as to perceived Western attempts to limit the Muslim population by reducing birth rates in Muslim communities. If the introduction of EC in the Arab world comes to be associated with a Western approach to sexuality and “population control,” either because it is sold by multinational pharmaceutical companies or because it is promoted by Western NGOs, it could become politicized in a way that would have nothing to do with its mechanism of action.

Proponents of new reproductive health technologies sometimes assume that these technologies are “neutral” and “culture-free” with potentially global application across different societies.²⁰ Yet this assumption is rarely true. For example, medical anthropologist Marcia Inhorn has shown that even in the strongly pro-natalist culture of Egypt, in-vitro fertilization is regarded warily due to both cultural anxieties over male infertility and religious beliefs about egg and sperm donation. Inhorn reminds us of the very real cultural and religious constraints that structure the global transfer of reproductive medical technologies.

In contrast, EC seems to be a case where Western assumptions about the cultural

translatability of a reproductive health technology have erred in the opposite direction by assuming cultural or religious barriers to its use and acceptability in the absence of evidence that such barriers exist.


Little is known about the acceptability and use of emergency contraception in the Arab world, but this article has attempted to clarify misconceptions and sketch out some possibilities. The past several decades have witnessed the widespread acceptance by Arab governments and Islamic theology of the principle of family planning, including the use of hormonal contraception and intrauterine devices (IUDs) to limit fertility and promote birth spacing. Abortion remains more controversial, with some Islamic schools of jurisprudence and governments permitting and others prohibiting elective abortion. But the Islamic debates rarely zero in on the difference between fertilization and implantation in declaring when life begins and consequently, when abortion is permissible. Here, Islam's position on abortion and the beginning of life stands in rather sharp contrast with the Vatican position, which has shaped the politics of emergency contraception in many countries in Latin America, for example. Therefore, projecting conservative Western and Christian positions on emergency contraception onto Islamic cultures is not warranted.²¹

One potential barrier to the use of emergency contraceptive pills in the Arab world is a widespread cultural misconception that the use of hormonal contraception can threaten a woman's future fertility.²² Because of this, Inhorn reports, many Arab women prefer to use IUDs for contraception. Thus for Arab women seeking

a long-term method of family planning as well as emergency contraception, the copper-T IUD may prove to be a more acceptable alternative to ECPs.²³

In most of the Arab world, there are strong religious and social norms proscribing extra-marital sexual activity. Of course, individuals do not always conform to such norms, and unfortunately, the consequences of extra-marital sexual activity are disproportionately suffered by women. For an unmarried woman, pregnancy outside of marriage can result in significant social censure and even criminal penalties. As abortion is restricted in many parts of the region, the prevention of pregnancy is particularly important. Thus, from a public health perspective, it is important to make contraceptive options, including EC, available for unmarried women for whom the social consequences of an unintended pregnancy are particularly severe. But advocates promoting EC in the Arab world (as well as pharmaceutical companies seeking ways to advertise their products) may have to tread cautiously so as to not give the impression that their efforts are intended to promote a culturally unacceptable sexuality among EC users. Focusing on the benefits of EC to married women and to survivors of sexually-based violence may be a more practical and appropriate first step to increasing awareness and promoting the use of EC.

Further research is needed on the acceptability and use of EC in different parts of the Arab world, which encompasses a wide range of cultures, religious traditions and political systems. As ECPs are a new reproductive health technology in the region, it is too early to speak with any definitiveness about the acceptability of EC

in the Arab world. However, what we can say for certain is that it is too simplistic to jump to easy conclusions about “an Arab” or “an Islamic” attitude towards EC based on common Western stereotypes about women’s rights and reproductive health in the Arab world. Nor is it possible to make assumptions about a conservative Islamic position on EC by extrapolating from the arguments leveled against it by conservative Western Christian opponents of EC use. Indeed, based on existing Islamic approaches to both contraception and defining the beginning of life, there is good reason to be optimistic about the potential acceptability of EC in the Arab world. In order to effectively promote EC, advocates will need to craft strategies with an awareness of the religious, social and political particularities that might influence the acceptance of this important contraceptive option. 

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4. Non-aspiration or non-surgical abortion is commonly referred to as “medical abortion.” However, this phrase has led to confusion among both providers and the public, as the term “medical” is often associated with physician-based practices and/or medical necessity. “Medication abortion” more accurately represents the family of safe and effective drug-based methods used to terminate an unwanted pregnancy and is the term we use throughout this paper. See T. Weitz, A. Foster, C. Ellertson, D. Grossman, and F. Stewart, “‘Medical’ and ‘Surgical’ Abortion: Rethinking the Modifiers,” *Contraception* 69, no.1 (2004):77-78.
5. S.L. Pruitt and P.D. Mullen, “Contraception or Abortion? Inaccurate Descriptions of Emergency Contraception in Newspaper Articles, 1992-2002,” *Contraception* 71, no.1 (2005):14-21.
6. In a December 8, 2003 letter from 44 members of the United States Congress to the FDA that urged the FDA to reject Barr’s petition to take Plan B over-the-counter in the US, the members of Congress also emphasized the possible post-fertilization mechanism of action by highlighting this in bold, and asked the FDA to review current packaging inserts for Plan B to make sure that “women are fully informed that this...means a human embryo inside them may be adversely affected by this drug.”
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17. See F. Roudi-Fahimi, "Islam and Family Planning," *Population Reference Bureau* (2004), <http://www.prb.org/Template.cfm?Section=PRB&template=/ContentManagement/ContentDisplay.cfm&ContentID=11661> (16 February 2005), 6.
18. See, for example, S.L. Lane, "Gender and Health: Abortion in Urban Egypt," in *Population, Poverty, and Politics in Middle East Cities*, Michael Bonine, ed. (Gainesville: University Press of Florida, 1997), 208-234, which reviews the studies on abortion access in Egypt.
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20. See M.C. Inhorn, "Global Infertility and the Globalization of New Reproductive Technologies: Illustrations from Egypt," *Social Science and Medicine* 56 (2003):1837-1851, p.1838.
21. On the other hand, because EC is a relatively new reproductive health technology in the Arab world, it could very well be that the future will see more debate over the permissibility of EC in Islam which will involve focusing on the distinction between fertilization and implantation. This is one limitation in extrapolating from Islamic theological rulings on abortion to the application of these rulings for EC permissibility.
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23. However, it should be noted that in several countries in the region there has been significant fear among women that IUDs promote infertility.