

**ABORTION PILLS,
TEST TUBE BABIES,
AND SEX TOYS**

Emerging Sexual and
Reproductive Technologies
in the Middle East
and North Africa

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NOTES

1. In the medical, ethical, and social literature surrounding hymenoplasty, the procedure is often referred to as a surgery even though hymenoplasty is technically a nonsurgical procedure. The use of the term *surgery* here does not indicate that only surgeons perform or are capable of performing hymenoplasty.
2. These clergymen include Ayatollah Makarem Shirazi and Ayatollah Noori Hamedani. Here is the full text of the fatwa, translated to English:

Subject: Hymenoplasty

Date: 1/7/1385 [09/23/2006]

Question: In the name of God, a girl who thinks that it is possible that if she does not enter into a temporary marriage [*ajghah*], she has committed a sin [by having sexual intercourse] and that temporary marriage is obligatory for her. On the other hand, the girl's family is against her entering into a temporary marriage and she wants to do this secretly. But she knows that if she loses her virginity through temporary marriage, when she does enter into a permanent marriage, her husband and her family will find out, and they will rebuke her as a lustful girl.

Is it permissible for this girl to regain her virginity through an operation, having lost it in a temporary marriage, so that this secret temporary marriage is not revealed?

If the permanent husband makes her virginity one of the conditions of the marriage, can she present her false virginity to her husband as true virginity? Thank you.

Reply: It is permissible for this girl, who has lost her virginity, to regain it through an operation. There is no problem.

Where the contract of permanent marriage makes her virginity conditional for marriage, and when a girl has acquired virginity through an operation, this qualifies. Real or unreal, it makes no difference. In any case, the marriage contract is in order. There is no problem at all.

[Signed] Ramazon 1427

Al-Rouhani

[Seal shown]

4. Only anal sex, not oral sex, was mentioned.
5. A Chinese invention, hymen repair kits consist of an imitation membrane equipped with a capsule of artificial blood inserted in the vagina twenty minutes prior to sexual intercourse. Body heat dissolves the membrane and the artificial blood capsule is subsequently ruptured with penetration, thus imitating the bleeding associated with a tearing hymen.

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"Viagra Soup"

Consumer Fantasies and Masculinity in Portrayals of Erectile Dysfunction Drugs in Cairo, Egypt

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When new reproductive health technologies emerge, the cultural work that occurs around interpreting them and integrating them into existing social worlds highlights previously unremarked cultural norms, social relationships and hierarchies, and political economic structures in a society. Beyond their status as medical technologies, medicines are particularly "good to think with," van der Geest and Whyte argue, because they make ephemeral and even invisible bodily states tangible, and in so doing they "facilitate . . . social and symbolic processes" (van der Geest and Whyte 1989, 345).

In this respect, the introduction of Viagra® into global marketplaces, medical economies, and social relations has provided anthropologists and other social researchers with an unparalleled opportunity to understand cultural constructions of masculinity and sexuality, and their relationships with pharmaceutical technologies. Viagra, as Melka Loe (2001) and other theorists have argued, contributes to the construction of a world in which it is the norm for human bodies to be deeply embedded in and pervaded by technologies, even in the most intimate realms of pleasure and human sexual contact. Viagra is part of a biotechnological world in which technology does not simply heal the body; it transforms it: creating cyborgs of technology-enhanced bodies (Haraway 1991) and fashioning and refashioning our ideas of "normal" (Tiefer 2004; McDougall 2014). It not only modifies but produces sex and gender (Loe 2001, 102).

Yet cross-cultural analysis reveals that Viagra has taken on quite different local meanings and uses in different contexts (see, for example, Wentzell 2013). This chapter explores the literature on erectile dysfunction and its treatment to reveal the unique constructions of masculinity and medicine that emerge. I compare Viagra in Egypt not only with erectile dysfunction

treatment in other parts of the globe, but also with female reproductive health drugs in Egypt and a recent government-sponsored family planning campaign.

Based on ethnographic research conducted in Cairo from 2008 to 2014, this chapter examines the material culture surrounding reproductive health technologies in Egypt, as well as the way Egyptians from a range of social classes talk about Viagra, and the way it circulates socially. This analysis reveals that Viagra in Egypt is associated more with exuberant sexuality than it is with shame and sexual lack, as has been the dominant paradigm in other cultural contexts. Indeed, considering Viagra an erectile dysfunction drug is less productive in Egypt than thinking of it as an erection enhancement drug is one which has significant continuities with indigenous (nonpharmaceutical) remedies meant to enhance masculinity and both male and female sexuality. What it has in common with female reproductive health technologies in Egypt, as promoted in government family planning campaigns, is a shared language of aspirational consumerism.

Comparative Perspectives on Masculinity, Sexuality, and Erections

As Loe notes, the average Viagra user in the United States is white, middle-class, heterosexual, and over forty (Loe 2001). Not long after its approval and introduction to US markets in March 1998, Viagra became the fastest-selling drug in history (Loe 2004, 8). The drug was framed, sold, and used for transformative projects within a performance paradigm of masculinity, one that sees the body in terms of parts that need repair, and that seeks to turn men into well-functioning machines that are always ready to perform (Loe 2001).

The mainstreaming of sexuality in popular culture is both the result and the cause of increasing scientific scrutiny of the body sexual. The result, Loe argues, is a population of individuals who increasingly question whether they are normal (Loe 2004; see also Tiefer 2004; McDougall 2014). After all, defining bodies and body parts as normal or not is the first step in pathologizing them, delineating a problem, and presenting a solution. This is at the heart of the pharmaceutical industry's project: to produce drugs that solve problems, a process that often includes defining, publicizing, or even creating a problem in need of fixing, and thus a market for the pharmaceutical products that fix it (Durnit 2012). The release of Viagra in the US "both created and made visible a cultural crisis of widespread proportions" (Loe 2004, 23).

Loe's account of Viagra is a very US-centric account, as were most of the early social science accounts of the new drug, but these accounts were used

as the foundation for building universalizing theories about masculinity in crisis, bodies in need of repair, and masculinity that is divided into parts and functions. Moreover, the rise of Viagra in the US has been used as the grounds for generalizing not only about the drug and the medical concept of erectile dysfunction, but also about biotechnology and the construction of sexuality more broadly. Yet examining erectile dysfunction in cross-cultural contexts reveals processes and imaginations of sexuality, bodies, and technology that are far from universal (McLaren 2007; Wenzell 2013).

For example, Chinese-American anthropologist Everett Zhang describes how the concept of erectile dysfunction in China has changed dramatically, not as a result of the introduction of a new pharmaceutical product but as a result of a changing political economy (Zhang 2007). Zhang argues that male impotence has been recognized as a medical problem by Chinese medicine since ancient times. However, erectile dysfunction was scarcely recognized in China during the era of Maoist collectivism. Zhang coins the term *moral symptomatology* to describe the "mixture of institutionalized judgment, knowledge, and practice concerning what illness symptoms qualify as disease and whether an illness deserves medical attention" (Zhang 2007, 492). During the Mao era, the prevalent moral symptomatology was hostile to sexual desire. Sex was supposed to be about reproduction, not about pleasure; pleasure-seeking was individualist and thus the enemy of the collectivist project. In Maoist China, therefore, impotence was not a disease that medical institutions acknowledged as legitimately requiring medical treatment, unless it affected a married man's ability to father children. Men seeking medical treatment for erectile dysfunction were considered cured once pregnancy occurred after they received therapy.

Zhang describes how "men's medicine" clinics sprang up all over post-Mao China in the 1990s, with the rise of consumer culture and a diminishing ethic of collectivism. One of the chief complaints these clinics addressed was impotence. In this consumerist, individualist era, the measure of successful therapy was the erection and sexual pleasure, not reproduction.

This comparative perspective on erectile dysfunction is useful in reminding us that the experience of predominately white, middle-class America—where reproduction has never been the measure of successful erectile dysfunction treatment—is far from universal, even though so much of the critical academic writing on Viagra has approached it as such. Indeed, I argue that Viagra in Egypt is associated with far more than erectile dysfunction and a shameful failure of masculinity. It is gifted and exchanged, it is taken openly and recreationally, and it lies on a continuum with indigenous remedies for enhancing sexuality for both men and women.

Viagra as Symbol and Facilitator of Exuberant, Consumer Sexuality

My first ethnographic encounter with Viagra in Egypt was the conversation of several Egyptian businessmen, friends of a Spanish belly dancer (who I was studying at the time; see Wynn 2007), who had invited me to a dinner party circa 2000. These businessmen spoke about Viagra with gleeful reverence, in hushed tones that were nevertheless, I think, meant to be overheard by the women present. (The fact that most of the women present were European belly dancers, Egyptian actresses, or—in my case—an American anthropologist, and thus all outside of the realm of respectable Egyptian femininity, explains why the men were discussing something that would usually be an illicit conversation topic in mixed-gender company.) One man predicted great and heroic sexual accomplishments that he might attain with the help of the drug, and another man, who had an import business, promised to obtain a supply for his friends.

In subsequent years, I documented stories of Viagra being gifted as a year-end bonus to workers by their employer, of friends sharing boxes and pills, and even of a man who used sildenafil (the generic term for the drug) as a bribe to grease the wheels of bureaucracy and thus facilitated the processing of his exemption from Egyptian Army service.

When I started studying reproductive health technologies in Egypt in 2008, including Viagra, I purchased a dozen or so boxes of Egyptian sildenafil in order to photograph the product packaging and informational materials. When I returned to Australia, I stacked the drugs on my desk at work until I could get around to photographing the boxes (Figure 12.1). The office interactions I had with Australian and European colleagues about that stack of drugs gave me new insight into the different cultural meanings attributed to erectile dysfunction drugs. Every male colleague who came into my office would examine the boxes curiously, often with laughter. When, jokingly, I would say to one of them, "You're welcome to a box after I finish photographing them," this invariably would lead to louder laughter and a protest, as my colleague backed away from my desk and asserted that he had no need for it.

The implication seemed to be that by accepting the drug, one would be admitting to some sort of sexual failure or masculine lack. It was reminiscent of the media mockery that former US presidential candidate Bob Dole endured when he agreed to be the first spokesman for Viagra in the United States. Marketing erectile dysfunction drugs in the United States has been a process of persuading men that they have a problem and then persuading them to overcome their shame at needing such a drug (Loe 2004; Baglia 2005). Similarly, in Sweden using the drug was seen as "an acknowledgment

of 'failed' masculinity and 'dysfunctional' sexuality" (Åsberg and Johnson 2009, 144).

In contrast to US and European framing of the drug as restoring men who lack an essential component of their masculinity to normal sexual functioning, in Egypt I never got the sense that Viagra was associated with shame or masculine lack. It was shared openly and enthusiastically, used recreationally, and then incorporated into titillating narratives of sexual prowess. By way of example, one Egyptian businessman, the boyfriend of my belly dancer friend, described performing sexually for hours after taking Viagra, at the same time that he admitted to getting a terrible headache that made him question whether it was worth taking the drug again.

Van der Geest and Whyte argue that "one of the 'charms' of medicines is that they allow private individual treatment, diminishing dependence on biomedical practitioners, spiritual experts, and kin. The social control exercised by therapeutic specialists . . . can be eroded" (1989, 349–50). They argue that medications to treat genitals and "complaints of the genital organs" (Van der Geest and Whyte 1989, 349) are particularly susceptible to the individualizing function of medicines because of the shame associated with seeking treatment of these intimate, private, and shameful parts of the body. In Egypt, however, what I documented was a striking public embrace of and enthusiasm for erectile dysfunction treatments that were so fully absorbed into everyday sociability that they were exchanged and discussed among friends and even given as gifts.

After its approval and introduction in the United States in 1998, Viagra was available on the black market in Egypt for months, probably years, before it was approved for local sale in 2002 (Allam 2002). During this period prior to approval, Egyptians told stories about the drug being smuggled into the country and sold on the black market, including one story—I could never document whether it was apocryphal or true—about an enormous supply that a wealthy businessman attempted unsuccessfully to smuggle into the country inside the white ceramic coils of a famous importer of bathroom fixtures. When the Pfizer product was introduced, the cost of the drug dropped dramatically (Allam 2002). Then only two months after Viagra was approved for Egyptian production and sale, the Ministry of Health authorized twelve local pharmaceutical companies to produce a generic version of sildenafil to sell at a small fraction of Viagra's market price (Allam 2002). The product names play not only on the brand name Viagra but also on English words vigor and erection, with brands like Vitrecta®, Erec®, Kemagra®, Vigorama®, Vigorian®, Phagra®, and Vigorex®.

During my research I found that many men cultivated relationships with physicians or pharmacists in order to access drugs that are hard to get. Even



Figure 12.1. Boxes of sildenafil purchased in Egypt circa 2008. Photo courtesy of Lisa Wynn

though sildenafil is now widely available in a range of prices, brand-name Viagra and other drugs said to produce the same effect, including Cialis® (another erectile dysfunction drug) and Tramadol® (a narcotic painkiller that is popularly believed to also work for erectile dysfunction), circulate semi-illicitly, in the category of commodities that require connections and expertise to obtain. This is part of their appeal: they have a special aura that goes beyond being a mere commodity.

Instead of connoting a shameful lack of erection, in Egypt these drugs seem to connote the cheerful anticipation of an exuberant excess of virility. It would be more accurate to call them erection enhancement drugs than erectile dysfunction drugs. Because of the history of Viagra's introduction into Egypt, and the extended period of time during which it was expensive and in limited supply, the enthusiasm for trading it around was part of the wider intersection between gift economies and the black market.

"Viagra Soup": Continuities between Pharmaceutical and Indigenous Remedies

Erectile dysfunction drugs also have their parallels in local, nonpharmaceutical discourses about taste and virility in Egypt. In Figure 12.2, one of the sandwiches on this Cook Door restaurant menu is labeled "Grilled Viagra." This is not merely the quirk of one unusual restaurant. A significant number of restaurants in Egypt that serve seafood offer a "Viagra" item on their menu, usually for a dish containing shrimp and crab. One Cairo street food stall in 2008 advertised "Viagra soup," with started text on the bottom of the menu that read, "For adults only." For several years in a row, the annual date market in Egypt invariably had at least one strain of large, plump, expensive dates that an enterprising seller would call "Viagra."

What this signals is important for understanding how a new pharmaceutical technology was incorporated into existing social and cultural worlds. The appeal of Viagra in Egypt (and of other drugs like it, such as Cialis) is partly that it ties in with popular Egyptian ideas about ingesting certain substance to increase sexual potency: Viagra soup and Viagra sandwiches take the notoriety of a global pharmaceutical product and map it out over preexisting notions about the virility-enhancing power of seafood. Those local indigenous remedies in turn appropriate the fame of the global brand name.

It is not just seafood that has this reputation for being a natural Viagra. Local apothecaries (*aitan*) sell *gargeer* (argula) seeds or oil, and there is a popular saying in Egypt that "If women knew what *gargeer* could do for their men, they would grow it under the bed" (rhyming *gargeer*, argula, with *sareer*, bed). Notably, equating salad with virility stands in striking contrast with American and Australian imaginations of how food is gendered.

I visited one apothecary where I asked to see all of their treatments for erectile dysfunction and was presented with an extensive array of locally produced and imported products (Figure 12.3). These included a clear (and quite costly) resin that worked as a topical anesthetic applied to the penis to numb

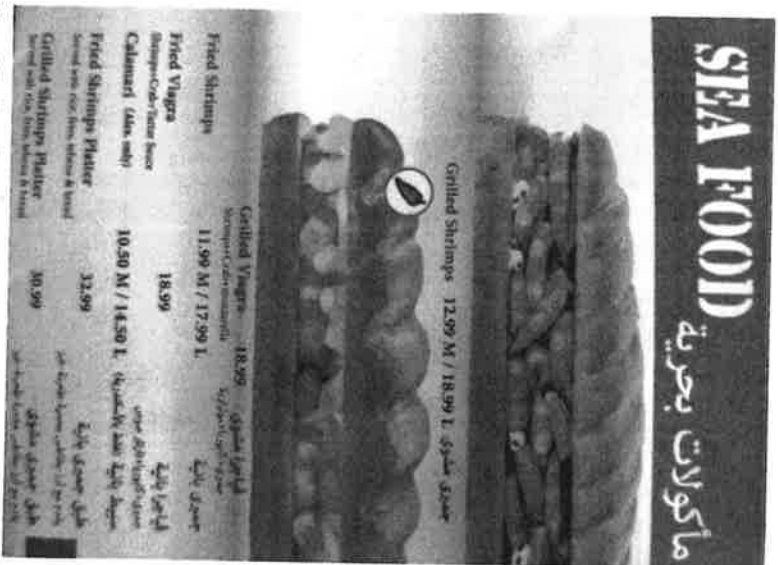


Figure 122. Menu from a Cairo fast food restaurant, Cook Door, featuring "grilled Viagra" and "fried Viagra" (shrimp and crab) sandwiches. Photo courtesy of Lisa Wynn

it so men could perform longer without ejaculating. Other products included creams, ingestible pastes, and teas that included ingredients such as bee pollen and honey, ginseng, and cow's hoof jelly. They were packaged in locally produced boxes with illustrations of rhinoceroses, crocodiles, and ginseng root, and images of women that appeared to be lifted from European or North American pornography.

The products available were not just for men; several products sold in



Figure 123. Apothecary products for treating sexual health. Photo courtesy of Lisa Wynn

the apothecaries were said to enhance sexual pleasure for women. According to apothecary owners, products such as the "Lina Sex" gum were in high demand by women. But while apothecary staff seemed to be well versed in the products used to treat male sexual dysfunction, they were a bit confused about the mechanisms by which the female products worked. When my research assistant asked one of them what women used Lina Sex gum for, he said uncertainly, "to treat female premature ejaculation."

Other products either appeared to be imported from Asia or claimed to be imported. For example, the Lina Sex package said that it was manufactured by "Astra zenceasa group pharmaceuticals." The delightfully mysterious "Flower Jel" claimed to be "Made in U.S.A.," and the packaging referenced a "clinical trial." Somewhat less delightfully mysterious was "Germany Black widows Powder Fever (Ms. special Super Night)," which seemed to be marketed as a danc rape drug, with English text on the side of the package that read,

Powdery white, tasteless, can quickly dissolve in various beverages without being found, after a few minutes after drinking, quick wins, after taking

Chunxindangyang, fast exciting, noodles dinner, shortness of breath, hot air, eager to head shot, body heat, impatient with the rest of your love, this time of women, warm and flowing.

Despite the claims on the side of the box, the contents were a clump of brown sludge with a powerful odor.

In short, even local apothecaries known for offering "traditional" remedies sell a range of products that circulate transnationally. Many have Chinese characters on them (in addition to the gobbledegook of computer translations into English) but claim to be manufactured in Germany, Japan, or the United States. The packaging makes reference to international pharmaceutical companies, clinical trials, and European pornography, at the same time that it borrows from globally circulating and ancient notions of what constitutes an aphrodisiac (such as the Egyptian product with the rhinoceros picture on the box, even though rhinoceroses disappeared from Egypt during the Pharaonic era, so it is unlikely that the product actually contained illegal rhinoceros horn).

This mix of local plant products and imported packages at the apothecary reminds us that global biomedical products and indigenous medicine are not an either-or prospect, as Marcia Inhorn has shown in her ethnography of fertility treatment in Egypt (Inhorn 1994). There is a continuum—or rather, there are multiple continuums. Not only do people use both biomedical products from pharmacies and traditional treatments to enhance virility, but even the products sold at supposedly traditional apothecaries include imported global products, or local products given global branding. Like "Viagra soup," these local herbal products appropriate pharmaceutical medicine's connotations of technological sophistication and thus the prestige of countries that symbolize global centers of power, knowledge, and consumption (van der Geest and Whyte 1989, 346).

A Shared Language of Aspirational Consumerism

At first glance, the symbolism of Viagra as the facilitator of an exuberant, consumer sexuality seems to set it apart from other reproductive health technologies in Egypt, such as contraception, long a mundane staple of the Egyptian family planning program, and abortion, which is widespread though legally restricted, hidden, and stigmatized.

Comparing the vigorous market for sildenafil with that for levonorgestrel, an emergency contraceptive (EC) drug (see Chopyak this volume), reveals much about the relative social and market position of male and female

reproductive health drugs. While there are over a dozen brands of erectile dysfunction drugs on the market, there is only one emergency contraceptive pill (ECP) in Egypt, called Contraplan[®], and it is relatively stigmatized compared to sildenafil. Contraplan does not connote the prospect of sexual exuberance. It has connotations of illicit, immoral sexuality. The marketing materials for the drug reflect this, with an extensive effort to convince readers that it is a drug used by respectable women (Wynn, Moustafa, and Ragab 2013). Even though both erectile dysfunction drugs and ECRs can be equally used in culturally normative and non-normative sexual relationships, erectile dysfunction drugs are seen by many as less morally suspect—perhaps because extramarital sexuality for men is celebrated, while it is highly stigmatizing for women. However, a closer examination of the 2008 Waqfa Mistrya family planning campaign materials in Egypt reveals that both male virility-enhancement products and family planning targeted at women partake of the same language of aspirational consumerism.

Waqfa Mistrya roughly translates as "an Egyptian stance." In 2009, I first documented Waqfa Mistrya banners promoting family planning. The five banners flew all in a row above two key commuting corridors in Cairo. One banner had an image of a serious-looking schoolgirl; her hair in pigtails and her arms crossed over a school exercise notebook; below her read the slogan, "If we think rationally, we'll all learn." Another featured a glass of water being filled up and read, "If we think rationally, we'll all drink." A third showed a loaf of traditional Egyptian bread and said, "If we think rationally, we'll all fill up."¹ A fourth showed an attractive, smiling man wearing a crisp white shirt and a tie and writing on a piece of paper; in the background were several computer screens. Below him it said, "If we think rationally, we'll all work." The fifth image showed a row of people seated in the pristine interior of a bus or airplane, below which it read, "If we think rationally, we'll all relax," with the implication that relaxing involves traveling to take a holiday. The bottom of each sign read, "Before we increase births, let's make sure it's the right thing to do."

This was a new family planning campaign launched by President Hosni Mubarak in 2008, but it had considerable continuity with family planning campaigns in the 1990s that portrayed an upwardly mobile and prosperous small family in comparison with a large family living in poverty and squalor (see Baron 2008; Bier 2008; and Shaky 2005 for the history of the family planning movement in Egypt).

In the 2008 campaign, three images—the schoolgirl, water, and bread—speak to the mundane necessities of modern life: education and sustenance. In contrast, the last two images evoke more. The person comfortably seated in a clean bus brings to mind the everyday reality of Cairo's overstuffed buses,

with people hanging out of the doors, and it dangles before viewers the promise of clean, modern holidays. The banner featuring the happy, affluent white-collar worker evokes both Egypt's high unemployment rate and the desire for a modern, luxurious lifestyle.

The Waqfa Misriyya campaign posters emphasize images of middle-class Egyptians in clean, open spaces, free from the grime and crowding and grim poverty of most of Cairo, comfortably consuming a modern, middle-class lifestyle. Yet with pictures of a glass of clean water and a loaf of bread, they simultaneously evoke Egypt's poverty and scarcity of resources. The Waqfa Misriyya campaign reiterated a familiar theme in family planning messages: that the way to address the social and economic problems facing the nation is to control reproduction. As Kamran Asdar Ali notes, there is a perversity in the national and international fixation on pressuring women to use contraceptives to reduce Egypt's birth rate while the conditions of poverty that are associated with high birth rates go unaddressed (Ali 2002).

Ironically, the posters for this family planning campaign appeared on a bridge to Mohandiseen and on a highway through Heliopolis, two upper-middle-class Cairo neighborhoods. They are nowhere to be found in the poorer districts of Cairo where the USAID-funded family planning programs mainly operate. One Egyptian doctor I interviewed speculated, "They just put those posters in the parts of town where the government ministers live so that they can feel like the government is doing something about the population problem." But perhaps there is a more insidious reason for the class-specific placement of the ad campaign: in linking the government's campaign to reduce the population growth rate with consumption of a luxurious, modern lifestyle, they subtly shift the blame for Egypt's poverty and unemployment onto the poorest Egyptians, who have the highest birth rates. The implicit message—"If only they would stop breeding, they could live such a lifestyle!"—might appeal more to the upper middle class than to people living in Cairo's slums.

More than just irony connects family planning campaigns and the large market for erectile dysfunction drugs in Egypt. The link that ties together these apparently disparate domains of reproductive health is a discourse of consumerism. As Ali points out, the family planning program is part of a global ideology of capitalist consumption, of creating new wants, desires, and notions of individuality (Ali 2002). The family planning posters don't just promise relief from Cairo's overcrowding, poverty, and unemployment, they also sell the promise of glossy services and products, like the elegant business clothes and technology in the office photo, and the shiny interior of the bus, which might be taking someone to work or maybe even to the coast for a vacation. Like the apothecaries and pharmacies that sell remedies for erec-

tile dysfunction, they promise access to products to consume and a global economy of desires. They articulate these new desires and notions of sexuality within a discourse of interwoven consumerism and medicalized sexuality, against a backdrop of uneven state intervention into Egyptian reproductive and economic lives.

Conclusion

The rapidity and enthusiasm with which Egyptians took up a new global pharmaceutical technology speaks to the currency of cultural notions that certain substances can be ingested to increase one's sexual appetite. In turn, local foods ranging from seafood to salad to dates were humorously branded with the fame of a global pharmaceutical product. The years that Viagra was available exclusively on the black market before receiving Egyptian regulatory approval only added to its illicit appeal and the enthusiasm with which it was incorporated into local cultural discourses and gift economies.

In the early years after the product's introduction in the United States, Pfizer's major marketing challenge was overcoming the shame men were presumed to feel over requesting a product that implied failed masculinity. The early academic literature on Viagra that emerged out of studies of its introduction in the United States and Europe reflected this cultural bias, with universalizing critiques of the way the pharmaceutical product pathologized aging and medicalized men's bodies and sexuality. Examining the drug in a cross-cultural context reveals how culturally specific this analysis is. Instead of shame and associations with failed masculinity and aging, in Egypt Viagra evoked exuberant sexual excess, erectile enhancement rather than erectile dysfunction. It slotted into a discourse of aspirational consumerism that is used in Egypt to promote sexual and reproductive health technologies used by women, as in the family planning campaigns that offer contraceptive methods in exchange for the promise of an escape from poverty, along with opportunities to enjoy the material comforts of modernity.

NOTE

1. The picture of bread seems to allude to bread riots that have broken out when the government has cut subsidies to basic foodstuffs in the past two decades.