

Calm vessels: Cultural expectations of Pregnant Women in Qatar

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draft

Abstract

This paper explores emerging themes from the first stage of ethnographic research investigating pregnancy and loss in Qatar. Issues around the development of foetal personhood, the medical management of the pregnant body and the social role of the pregnant woman were explored. Findings suggest that Qatari women are expected to be calm vessels for their growing baby and should avoid certain foods and behaviours. These ideas of risk avoidance are linked to indigenous knowledge around a mother's influence on a child's health and traits. Motherhood holds a particularly important place in Qatari culture and in Islam and women are ultimately responsible for protecting and promoting fertility and for producing healthy children.

Qatar, pregnancy, women's health, miscarriage, risk

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INTRODUCTION

This paper explores emerging themes from the first stages of an ethnographic study into pregnancy loss amongst Qatari women. Although primarily interested in miscarriage, to explore the experience of pregnancy loss, it was necessary to first develop an understanding of pregnancy in Qatar. Doing so allows for a better understanding of *what* is lost when a pregnancy is unsuccessful. Reproductive “awry-ness,” is produced and reproduced within particular historical and cultural settings (Jenkins and Inhorn 2003) and, thus, our overall aim was to explore reproductive disruption (Inhorn 2007) in Qatar. However, this paper is derived from the first stage of fieldwork, which focused on pregnancy in Qatar. We explored notions of risk as well as avoidance and endorsement behaviours, particularly because such theories are likely to be activated when a pregnancy is unsuccessful.

Despite the centrality of the experience of pregnancy, it has received little scholarly attention (Han 2013). Feminist scholarship is one of the few areas to consider the pregnant body and has seen such bodies primarily as policed and subject to the prescriptions and proscriptions of medical and lay experts (Oakley 1984; Oaks 2001; Armstrong 2003). Pregnancy is culturally patterned and women’s knowledge, beliefs and behaviours are shaped in this context (Cosminsky 1982). As many anthropologists (i.e. Rapp 1999, Lock 1993, Martin 2001, Schepher-Hughes 1992) have pointed out, what constitutes a “good” or even “perfect” pregnancy, baby, mother, or woman varies considerably depending upon the historical moment, the cultural setting, and one’s position. This paper sets out to better understand what constitutes a “good” pregnancy, pregnant body and pregnant woman in Qatar. We explore what is expected of women to produce a “good” or “successful” pregnancy.

Methods

A recent qualitative study using focus groups (Kridli et al 2013) investigated health beliefs and practices of Qatari women and found a “lack of knowledge about pregnancy and childbirth” (Kridli 2013:1). Our^{viii} paper further develops and understanding of Qatari pregnancy through the use of medical anthropological methods. Our strategy of rich, in depth ethnographic research is relatively unusual in the Gulf region and involved over 18 months fieldwork in Qatar, including interviews with 60 primary participants (20 pregnant women and 40 women who had recently miscarried). The research focused on “Qataris” meaning those who held Qatari nationality and self-identified as Qatari. We conducted participant observation (i.e shopping with women as they prepared for their baby’s arrival, visiting participants in their homes, attending antenatal appointments, and accompanying them to traditional healers) and interviews. Secondary participants provided additional material on Qatari pregnancy, birth and loss. Husbands and family members (particularly sisters and mothers) were interviewed, as were health professionals and religious leaders. The data for this paper is derived primarily from interviews with pregnant women in Qatar.

Interviews were conducted in the hospital, at participants’ homes, or at a participant’s preferred location (e.g. café). We (Kilshaw, Mohsen and Omar) attended clinical sessions and sonogram sessions with the Qatari pregnant participants and in one case attended the

birth; we met with pregnant women between 1 and 10 times until they gave birth to their babies. We^{ix} conducted interviews in Arabic or English using a semi-structured interview script. All interviews were recorded and then transcribed and translated soon afterwards (by Mohsen and Omar). Kilshaw and Sole then read the interviews, discussed any points for clarification with the interviewer and follow up interview questions were developed.

Data was analysed using thematic analysis and focused on recurrent themes and how they relate to one another (Weber 1990; Marks and Yardley 2004). This flexible qualitative method allowed for detailed exploration of the experiences, beliefs and subjective realities of participants through the active interpretation of themes by the researchers. The analysis was inductive rather than theory-driven. Our continuing analysis relied on re-reading of the interviews on several occasions and having regular meetings to discuss the emerging data. To ensure reliability Kilshaw first conducted the data analyses independently, and subsequently discussed with the research team until consensus was reached. Arising from a method of analytic ethnography, the analysis strategy was a “general inductive approach” and utilised data based on deep familiarity with a social setting that is gained by personal participation (Lofland 1995; Strauss and Corbin 1998).

Motherhood: A central pillar to Qatar society

Qatar is a small country, which occupies the Qatar Peninsula on the northeastern coast of the Arabian Peninsula. It has experienced rapid and dramatic economic changes since the mid 20th century as the result of the discovery of natural gas and oil. The country has endeavoured to be an influential link between the Arab world and the west and has worked to develop a reputation as a progressive nation in terms of education, research, economically and politically. Despite enormous economic changes, very little has changed within the Qatari citizen’s basic social milieu. Individual Qataris are still grouped according to lineage: *Qabila*, one’s extended “tribe” or family, remains the fundamental determinant of an individual Qatari’s social position and future (Fromherz 2012:7). An absolute monarchy, the state religion is Islam and Sharia law is the main source of legislation. Premarital relationships are prohibited and most marriages are arranged according to Islamic Sharia, culture and traditions. Mothers usually arrange marriages and do so with careful intent to prevent conflict within and between lineages (El Guindi 2012:551).

Islam is a “pronatalist” religion and procreation is considered to be one of the most important pillars of society. The social status of a Muslim woman, her dignity and her self-esteem are closely related to her procreation potential in the family and in society as a whole (Serour 1993: 211). Motherhood holds a particularly central place in both Qatari culture and Islam with mothers held in high regard. The Qur'an emphasizes the great struggles the mother goes through for her child, to highlight the need for one to reciprocate her sacrifice for them and the need to respect her. The prophet Mohammed gives more rights to the mother above all others. Allah says in the Quran:

And we have enjoined upon man to be dutiful and good to his parents. His mother bore him in weakness upon weakness and hardship upon hardship, and his weaning is in two years. Show gratitude and thanks to Me and to your parents. Unto Me is the final destination [Al-Qur'an 31:14]

The Qatari state encourages high fertility rates amongst its citizens: this is a reflection of Islamic belief that human reproduction and the need to preserve one's social group are paramount (Tremayne and Inhorn 2012:18) and a response to their minority status in the nation. While the overall population has rapidly grown since the late 20th century, the Qatari population has increased only at a marginal rate. Qatar's total population is 2.2 million, with Qataris comprising only 10% of this number (Qatar Statistics Authority (QSA) 2013). Thus, the majority of the population comprised of migrant workers. The Qatari fertility rate has been decreasing in recent years: down from 4.6 in 2004 to 3.6 in 2010, but it remains high compared with other countries and is one of the highest in the Arab Gulf States (QSA 2012). Marriage rates have declined in recent years; divorce rates have risen since 2001 and Qatari women are delaying the birth of their first child and having fewer children overall (QSA 2010). These trends are associated with increased emphasis on higher education and employment, particularly for women. The synthesis of the strands of modern and traditional permeates Qatari social life and policy. These, often contradictory, threads can be found throughout the region with particular contextual nuances (i.e. see Le Renard 2014 on Saudi Arabia; Kanna 2011 and Vora 2013 on UAE; Al Nakib 2016 on Kuwait)

Concerned about the considerable demographic imbalance and trends in Qatari population that may threaten fertility and rates of reproduction, Qatar has been taking measures to ensure high fertility rates and reproduction, in direct ways such as through state funded IVF and ARTs and other structural means including financial support and incentives. The Qatari government has made reproduction a priority, as outlined in the Qatar National Development Strategy (2011). Families are centrally positioned in this widely circulated document, which is intended to inform all aspects of state programmes and policies: "the continuity of cohesive families and large households", is "crucial to the national vision" (QNDS 2011:166). Throughout this strategy we see two main agendas: 1) increasing the Qatari population, which will help the country develop as a modern, cosmopolitan, productive and self-sufficient state; and 2) doing so whilst retaining cultural heritage and adherence to traditional customs and values. Women, particularly mothers, have a central role in the Qatari state's vision for the future: "The family is the basis of Qatari society... Women are central to this positive, evolving nature of the Qatari family" (QNDS 2011:17). Women are key to the reproduction of Qatari society through producing children and cultural education. Thus, pregnant women and mothers embody the continuation of Qatar, its values and traditions. As Hessa, who was 26 years old and pregnant for the second time, explained that a woman "gives birth to children and she builds the society". As a result of their importance, pregnant women are spoiled in Qatar:

Everything is different for her, her food for example; she is always fed the best food. They take into consideration her emotions. Whatever she would like or asks for is brought to her. She is treated like a princess, with all her demands being obeyed.

The emphasis on a woman's role as a mother means that pressure is placed upon women to produce children soon after marriage. Furthermore, marriage, motherhood,

womanhood are entirely entwined. As Sarah (Age 29, six weeks pregnant with her first baby) said:

Every woman wants to be a mother and have kids...It is not good to get married and not have kids, there will be too many stories about you ... the first thing your husband's family will talk about you -'is your wife pregnant?'- -'God did not give you kids yet?'- ... The mother in law is not easy, basically: if her son [had been married for] two years and didn't have children she will insist on him getting marry again... I am telling you pregnancy at the first year of marriage is very important.

An emphasis on childbearing and creating large families is supported and endorsed by Islam and the Qatari state.

PREGNANCY: Vulnerability and danger.

Anthropologists have revealed a long-standing concern with pregnant bodies in many cultural contexts: they are under scrutiny as is what they eat, breathe, drink, and absorb (Kukla 2005:6). In Qatar, like in most of the Arab world, strong pronatalist norms, along with the fact that reproduction is seen as a woman's domain, translate into women being blamed for reproductive problems (Inhorn 1996). Women are encouraged by those around them to observe various rules to ensure their health and safety, successful conception and viability of the pregnancy, an easy delivery, and a healthy child. Local understandings of the nature of conception and the development of a child underpin these rules (Lumputtung Rice and Manderson 1996). In the UK and USA risk is a central discourse surrounding the pregnant woman, which focuses on containing risks to her own health, and those threatening the wellbeing of the foetus (Lupton 1999:59). Qatari pregnant bodies are framed as potentially vulnerable and there are concerns around danger and cleanliness. There is concern about that which goes into and that which surrounds pregnant bodies. Fruits, vegetables, multivitamins, dairy products and seafood are seen to be beneficial for both the pregnant woman and her baby. Some women said they took multi vitamins and many took progesterone to support their pregnancy and growing foetus. Indeed, it is common practice for women to be prescribed progesterone at the early stages of their pregnancy and some referred to the hormone as a "pregnancy stabiliser." Whilst some women spoke about the things they should do and should eat, many focused on foods and behaviours to avoid.

External dangers; internal harm: pollution, absorption and imagination

Concern about what pregnant women consume is common throughout a variety of cultures. Notions around the right items to consume are linked to ideas and practices regarding food, health, and morality (Brandt and Rozin 1997). Ingestions risk polluting the space of the womb (Kukla 2005:6). Taking medication, such as antibiotics, during pregnancy was seen as damaging. Some women worried about medications they had taken before they had realised they were pregnant. Interlocutors referred to other external environmental risks such as pollution or weather. Food cooked in commercial restaurants; food "from outside" should be avoided because it is unhealthy and unclean. These

notions are linked to concerns about maintaining the purity and cleanliness of the body and the womb, in particular.

Drinking soft drinks and coffee should be avoided during pregnancy: this was sometimes linked to ideas about creating agitation or irritation (see discussion below). One interlocutor said that pregnant women should not eat *Al Aseda*^x: a traditional sweet dish in Yemen, Sudan and Saudi Arabia, made mainly of flour to which one can add honey, dates or yoghurt. Most women spoke about specific foods to avoid and suggested that they were dangerous for pregnant women because of the way they acted upon the body.

Al Hesso (also *Al Hasow*, *al hassow*, and *al hesow*) was referred to most often as a food to be avoided by pregnant woman. This sweet dish, similar to custard, is made with sugar and flour with the addition of *al haba al hamra* (also *Hab al rashad*), red seed or garden cress (*Lepidium Sativum*). This porridge is made for women following giving birth or at the end of menstruation. It “cleanses the uterus and cause[s] bleeding” and, thus clears the uterus of blood and tissues. The dish may also be used to relieve heavy periods or to prepare the body following a miscarriage. Another dish *aseedah*: a porridge of sugar, flour and animal fat with red seeds will be used in similar circumstances. Because of its properties of causing the uterus to shed and to be cleansed, this red seed is thought to cause miscarriage. As Sheikah, a 27 year old woman, who was pregnant for the fifth time with three living children, reported:

There are things [we are] not allowed to eat such as... a traditional food called *al haswa*, this is cooked for the lady after delivery or a lady with period.

Thus, it is the seed itself that is to be avoided as well as foods made with it due to the fact that it is used to cleanse the uterus.

Darssen, **Cinnamon**, (*Cinnamomum Verum*) is the second most referred to food to be avoided by pregnant women because it is known to cause uterine stimulation and, thus could cause miscarriage. Cinnamon is commonly used to induce and ease labour and, thus, is to be avoided until very late in pregnancy. A number of interlocutors also suggested pregnant women should avoid papaya and pineapple. Manar was a one of our pregnant interlocutors who was pregnant for the second time following IVF treatment:

According to our traditions a pregnant woman should open her mouth all the time: “Eat you have a baby; eat you are two persons now.” This is the only tradition my mother always says... Also they say don’t carry your baby, you are pregnant now, you should take rest.... Regarding eating there are some fruits like papaya, they say don’t eat papaya because you will have cramps and you have preterm delivery, especially Philippine nurses they always say papaya will cause abortion. There is some herbs we have also usually are used for postpartum, it will cause contractions for the uterus they call it [red seed].

Papaya is a known abortifacient, particularly in South Asian cultures and these beliefs are endorsed by the numerous Filipino nurses and housemaids working in the country.

Pregnancy food avoidance theories in Qatar resonate with indigenous theories around miscarriage causation in other societies. In many Asian countries papaya is used as an emergency contraceptive measure and an abortifacient. Unripe papayas contain fruit latex, which consists of the enzyme papain. This enzyme acts as prostaglandin and oxytocin, which are used to induce labour (Adebiyi et al. 2002). Thus, the latex in unripe papayas is thought to cause uterine stimulation and induction of labour. However, the properties only refer to unripe papaya whereas fully ripe papayas have a much smaller concentration of the enzyme and, thus are safe to eat (Adebiyi et al 2002). Cinnamon is commonly referred to as an abortifacient and is often cited in literature and on internet sites as a means to cause a miscarriage (along with Vitamin C, parsley, blue and black cohosh and Dong Quai). In the US and UK pregnant women also often avoid pineapple as it is thought to cause miscarriage or induce labour.

Al Helba or Fenugreek (*Trigonella foenum-graecum* L. *Leguminosae*) was also referred to by interlocutors as something to avoid due to its properties of acting upon the uterus. The seeds of this plant have a long history in alternative medicine: it is commonly used in both Ayurvedic and Traditional medicine as well as throughout the Middle East. In addition to its medicinal uses, it used as a seasoning or condiment in many parts of the world including the Middle East and India. It is used to reduce menopausal symptoms, to induce and aid childbirth by increasing uterine contractions during labour and thus should be avoided in the earlier stages of pregnancy. The *Al Helba* seed commonly used to cure constipation and other digestive complaints such as heartburn and reflux. Thought to be good for diabetes by improving glucose intolerance, it is also used for lowering cholesterol. The seed is particularly useful for women in that it is thought to increase milk production in lactating women as well as relieve symptoms of menopause. Many health and pregnancy websites in the US and UK (i.e. www.livestrong.com; www.webmd.boots.co.uk, www.kellymom.com) discuss the use of fenugreek and warns against its use in pregnancy. It is commonly recommended as a means to increase milk supply in breast-feeding mothers.

“Hot” food items should be avoided during pregnancy because they are thought to cause miscarriage. As Layla, a 25 year old married student who was three months into her first pregnancy said: “They say she shouldn’t eat pineapple or thyme because it is hot and may cause miscarriage.” These “hot” food items include: cinnamon, thyme (za’atar; *Thymus Vulgaris*), zingiber (ginger), papaya, red seed “Virginia pepperweed”, fenugreek, *Kaf Maryam* (Rose of Jericho). Aisha also explained that pregnant women should avoid anything hot: “Such as ginger, Al Haba El Soda... Habet Al Baraka, things hot on the stomach.” Layla was the only pregnant interlocutor to mention *Habet Al Baraka* as something to avoid. *Al Haba El Soda/ Habet Al Baraka* or black seed; the seed of (*Nigella sativa*) is commonly used spice in Middle Eastern and Indian cuisine. Although Layla was the only pregnant interlocutor to speak about Black seed, we were to come across it during other field interaction. During our fieldwork we were invited by Aisha, one of our interlocutors who had recently miscarried, to come to her house to observe her treatment by a *massada* (masseur). Many women suggested they used the services of a *massada* for a variety of problems and complications including infertility, post partum recovery and reproductive problems. In this case the *massada* was helping Aisha to recover from her recent miscarriage: to cleanse her uterus of blood and tissue as well as

preparing for conception. The massada explained that she used a blend of oils including *Habet Al Baraka*. Indeed *Habet Al Baraka* has been known in Islam to cure several symptoms such as stress, coughing, headache, back ache, infection and diabetes as well as other diseases. Its name means “seed of blessing”: it is believed to heal all disease except death, hence it’s use in oil for massage as a general curative treatment. A hadith narrated by Abu Hursays "I heard Allah's Apostle saying, "There is healing in black seed (*al-ḥabbah al-sawdā*’) for all diseases except death.” as reported by Abu Hurairah (Sahih Bukhari 7:71:592).

Herb	Scientific Name	Common Name	Name in Arabic	Uses
Red Seed		Garden Cress	al-ḥaba al-ḥamra OR ḥaba al-ḥashad	used for heavy menstrual bleeding as it cleans the uterus from menstruation tissue and bloo. It should be avoided because it may cause miscarriage
Helba	Lepidium Sativum	Fenugreek	helba	it is a uterine relaxant so may cause miscarriage
Black Seed	Trigonella foenum-graecum	black seed	ḥaba al-barakah	Haba al barakah, means the "seed of blessing." as our prophet Mohammed said of it that it is a remedy for all diseases except death.
Cinnamon	Nigella Sativa	cinnamon	darseen	A uterine stimulant in high doses so it causes contractions and thus may cause miscarriage
Sage	Cinnamomum Verum	sage	meramiyah	A uterine and hormonal stimulant in high doses so may cause miscarriage
Thyme	Salvia Officinalis	thyme	za'ater	has been mentioned by participants to be hot on the stomach but it is also a uterine and hormonal stimulant in high doses
Ginger	Thymus Vulgaris	ginger	zangabeel	has been mentioned by participants to be hot on the stomach but also it has been found that taking ginger in large doses may cause miscarriage or menstrual bleeding.
Pineapple	Zingiber Officinalis	pineapple	ananas	It causes early labor as it contains an enzyme called Bromelain which, in large quantities can help soften the cervix and so induce labour
Papaya	Ananas Comosus	papaya	papaya	participants mentioned that it is used to induce labour so shouldn't be eaten during early pregnancy, however research found that unripe papaya contains a latex substance that may

The use of herbs and herbal medicines is prevalent in the Middle East and is particularly popular for women’s health and such use is on the rise by pregnant women (i.e see John and Shantakumari 2015). Women often “do not reveal this information to their physician. Most women were advised by family and friends to use herbal medicines and believed they were more effective and had fewer side effects than modern medicine especially during pregnancy” (John and Shantakumari 2015: 229). The foods and herbs to be avoided resonate with theories of miscarriage causation (see Omar, Kilshaw et al, forthcoming) and reflect local knowledge about herbal treatments to cleanse and clean the uterus. The emphasis on the right kinds of foods that pregnant women are to eat emerges from ideas and practices regarding food, health, and morality (Brandt and Rozin 1997). The “right kinds of foods provide the right kinds of resources for healthy bodies, the reasoning goes, and choosing health is *the* moral- in other words, the appropriate, proper, and correct- decision” (Han 2013:119).

Women’s bodies, their biological processes and movements within society are regulated in Qatar: they are seen as simultaneously vulnerable and powerful as evidenced through the practices of covering, veiling, and restricting women’s movement. This is the rhetoric of protection (Bourdieu 1966:227): from the point of view of men, “protection of one’s

womenfolk and one's own public standing, or 'honour', which is intimately tied to them" (Clarke 2009:39). In their discussion of privacy in Qatar and Saudi Arabia, Abokhodair and Vieweg (2016) refer to "Hurma" (حُرْمَة) as closest to the notion of privacy in the English vocabulary. Of relevance to this discussion is its meaning in relation to a woman, a sacred space (mosque or home) or a sacred time (holy month). These are considered pure, and are to be guarded (El Guindi 2003). Thus, the purity of women and their bodies should be maintained and protected including from men's gaze and other dangerous forces, such as jinn and evil eye. Gender segregation is commonly practiced in Qatar although is not legally enforced, unlike in Saudi Arabia. In public, women must wear loose abayas over their clothing and cover their hair with a *shayla*. Some women, depending on family or tribal tradition or personal choice will also wear a *niqab* to cover her face. In Qatar, as in most of the Arab Gulf there is a requirement of "modest self-presentation for Muslims in public, particularly women" (Sobh and Belk 2011). In Qatar, these are everyday practices of adherence to modesty and respect (Abokhodair and Vieweg 2016) as well as a means to maintain purity.

Qatari cultural mores outline that bodies, particularly women's bodies, and selves are also vulnerable. Pregnant bodies are especially vulnerable, particularly to evil eye. Body orifices are points of entry/ exit and sites of danger and vulnerability. In particular, blood that comes from the vagina is considered polluting: as evidenced by the fact that women should avoid sexual relations with their husband for 40 days (*Nafaas*) following a birth and that menstruating women are not allowed to enter the mosque. Smoke, incense, *oud* and perfumes are commonly used in Qatar and create olfactory atmospheres that can be protective or stimulating: they surround as well as enter the body. Interlocutors spoke about traditional medicines and herbs, which would be consumed orally or would be put in the body through the vagina in order to cleanse and heal.

Movement, exertion and work

Sheikah, a 27 year old woman, married to her cousin said that women should eat vegetables when pregnant. Pregnant for the fifth time with three living children, she also reported:

They tell me "don't move" and if there is a wedding don't dance. "Don't do this and that". According to old people, pregnant woman should rest and sit; but I think this is wrong, as the pregnant woman should move.

Sheikah's comment is particularly interesting as it contradicts our main findings, which suggests that the majority of interlocutors reported that limiting activity was important for a healthy pregnancy. Indeed, it was the older generation that lack of activity may harm a pregnancy. Haleema, who had recently experienced a miscarriage, reported that the older women in her family had suggested she might have lost her pregnancy because she had not been active. They had said:

They always say that the woman who don't move a lot or don't work a lot lose her pregnancy. ...My mother and my mother in law told me that you sleep a lot and you don't move a lot, not like before where mothers used to work and move a

lot so the baby comes healthy but in your case you sleep a lot so this is why you miscarried.

Mothers, Mothers-in-laws and grandmothers often suggested that life was easier for contemporary Qatari women compared to their ancestors and that this may affect pregnancies. In the past Qatari women conducted housework and strenuous chores and did not rely on maids. Haleema, however, disregarded her mother and mother-in-laws concern about her activity and its link to her miscarriage:

I know it has nothing to do with this but it's my mother and my mother's in law opinion!

Our pregnant interlocutors focused on the need to rest and avoid work. Physical activity was the reason cited by 65% women as a possible cause of miscarriage and 53% of interlocutors who had recently miscarried reported that strenuous activity and resulting fatigue are potential causes of miscarriage. There are considerable generational differences due to the fact that women's lives have changed dramatically in recent decades. Contemporary Qatari women are now likely to be employed outside the home, unlike their mothers and grandmothers.

Overwork, exertion and moving too much were common causes of miscarriage, according to our interlocutors. Linked to this was a great deal of ambivalence toward working. Women reported that women could and should continue to work, but only if they were healthy and their pregnancy "strong". Work was seen as potentially exhausting and, thus, disruptive to the expectation to "rest" and be "calm". It was common for women to request sick notes from hospital doctors in order to enable them to take a number of weeks off work. Indeed, many women had constant series of absences during their pregnancies. Interlocutors who had recently miscarried often spoke about concerns about work. Elham, 25 years old and married to her cousin, had recently experienced her second miscarriage, this time at eight weeks. She remained childless after three pregnancies, having had two miscarriages and a child die soon after his premature birth. She attributed her losses, in part, to the demands of work:

If it is a tiring type of work, I prefer that she take a vacation because it is going to be hard on her to work and then go back home. I tried this before and I had miscarried so I prefer if she rests while she is pregnant, and if her work is easy and not tiring, its ok if she continue to work.

Moza, a 29 years old woman married to her 30 year old cousin explained that IVF pregnancies were particularly vulnerable:

In normal pregnancy; yes she may work but not in IVF pregnancy. In my first pregnancy I went to work while I was pregnant and by the end of the week I miscarried.

Work is dangerous mainly for the way that it may lead to fatigue and "overwork", but also as it requires one to move and be active. The notions about risk and work were

activated when a pregnancy is unsuccessful, for this was the most common reason cited for miscarriage, with this reason being given as often as “God’s will”.

A pregnant woman is supposed to be calm and rested. She is to protect her unborn child from outside risks, but most importantly to the potential risks she may produce—particularly stress, anxiety and upset. Thus, a woman is to avoid anxiety, stress, exhaustion and overwork if possible. One of the ways a woman negotiates this is by avoiding work, particularly if her pregnancy is seen as vulnerable or her working environment is particularly stressful or taxing. To return to Sheikah and her assertion that she was told not to move, rest and sit: it should be noted that she was specifically referring to weddings and rest as refraining from dancing. Thus, it is possible that in this case we see a conflict in terms of expectations of moving to do with dancing and that with working between the older and younger generations. The issues around activity also allow for insights about the changing role of women and its affect on reproduction in that older women felt younger women had easier lives and thus were less active whereas younger women focused on the stresses, exhaustion and excessive movement and activity that came from education and employment.

Maintaining calm; managing emotions: influence and inheritance

Another aspect of work environments, although certainly not limited to this context, which caused anxiety was exposure to evil eye, one of the main risks for pregnant women. Evil eye is cast by women, “who may be jealous, envious or simply wicked, and who intentionally or unintentionally harm” by a glance (Panter-Brick 1991:1297). Belief in the evil eye is prevalent throughout the Middle East (i.e. Spooner 1970; Ibrahim and Cole 1978; Meleis and Sorrell 1981) and is a particular concern around issues of reproduction, as the jealousy over fertility is the prime focus. This reflects how central reproduction is to Qatari society and how important it is for a woman’s role in society. Pregnant women are thus vulnerable by their very nature: their pregnancy illustrates their fertility, which may attract jealousy and the evil eye. Although not exclusive to work environments, evil eye in this setting was particularly problematic and raised specific issues, such as when to disclose one’s pregnancy to co-workers and superiors: taking part in economic life meant exposing oneself to a wider social and physical environment, which posed hazards to the pregnant woman. Women expressed anxiety about managing work and, particularly, work relationships and their reproductive lives. Women negotiated work whilst pregnant through a series of “sick leaves” and managed relationships by not disclosing her pregnancy.

One of the most dominant themes emerging from women’s accounts was the impact the mother’s physical and emotional state had on her foetus.

[My son] is very quiet because when I was pregnant whenever I fight with my husband I don’t reply to him and I laugh...so the baby was calm.

Wadha (Age 21 newly married; seven weeks into her first pregnancy) responded, “Sure if I am angry he will be affected”. The word that appeared in many participants’ accounts was “*asbeya*”, which can be translated as “agitation”, “irritability”, “nerves”— the

opposite of calm. Thus, the ideal state of a pregnant woman is calm and retaining a state of serenity would produce calm and relaxed children. Fatima was 30 years old and four months pregnant with her fourth child and explained how a mother's emotional state can affect her growing baby:

If the mother was *asbeya* and so on the baby will cry and be irritable... in my first baby I was *asbeya* and my baby was also *asbeya*: cry and cry.

Thus, the risks of deportment of the pregnant woman extend to her emotional state. In the U.S, and Europe it is commonplace to link mother's mood to foetal health, particularly around stress and depression (i.e as reflected in academic sources such as Giscoombe, et al 2005 and O'Connor et al 2014; as well as in public forums such as www.mumsnet.com) . In the British Victorian era pregnant women were advised to avoid strong emotion, for fear of affecting the temperament and physical constitution of the child (Lutpon 1999). Khadeeja, the mother of six children, who had suffered a miscarriage previously and was now pregnant, said:

I believe if you get angry... sadness will affect the foetus and they said he will take his mother's mood, yeh when the baby becomes *asbeya*.... in my pregnancy with my daughter I was at the eighth month when my brother died *Allah Erhamu* [God forgives him]- and truly I was severely affected... I thought with the amount I cried that my daughter will be... moody, but she is the quietest person in the house... even my mother was saying "God help this girl she breastfeeds from you and with this amount of sadness she will be very moody" ... but what I saw is the opposite.

Here, Khadeeja explains that a woman's emotional state will affect the baby, but in her case her daughter was not affected by her shock at the death of her brother and her subsequent sadness. At the end of her account she refers to the common Qatari warning against breastfeeding a baby when one is sad or upset, as it is believed that the emotions will pass through the breast milk and affect the nursing child.

As described above, a woman's physical and emotional state may affect the baby's health and temperament. Indigenous knowledge systems around conception and inheritance are key to understanding the importance of this process and women's role in it. As Clarke (2009:44) suggests, whilst Islamic scholars have digested the evidence of modern science, there remains a variety of views, as disputes over IVF, ARTs, surrogacy arrangements and donor egg procedures show in both Western and Islamic thinking. Thus, if scholars do not agree, it is unlikely that the rest of the population would have a single view. Delaney (1991) found indigenous knowledge around the monogeneity of procreation in a Turkish village: the man being the origin of the child and woman the receptical. Despite the influence of the duogenetic scientific position, there was a mixture of duogenetic and monogenetic opinion, similar to that found by Inhorn in her work amongst Egyptian women (1994:67-76). Parkhurst (2014)'s research in the UAE found that the men he spoke to described most traits coming from the father and that others are

“picked up” from the mother in utero: traits could be absorbed by the baby. This is similar to the Qatari context where the father is seen as dominant in terms of traits he passes, but also that he is the template with the mother *influencing*. Indeed, some interlocutors in a previous project (Kilshaw et al 2015) suggested that all genetic material comes from the father. It is important here to note that in Qatar as in Islam generally, tribal and familial connection inherited through father and that Qatari citizenship is passed from father to child. Qatari citizenship continues to be conferred through the father: children born to a Qatari father, regardless of the mother’s nationality or place of birth assume citizenship.

A mother’s influence is felt in utero, but also later through her role in caring for and raising children, including through breastfeeding. Breastmilk is a powerful substance due to its importance for milk kinship, as first reported by Altorki (1980). Clarke states “Islamic law divides ‘kinship’, *qarabah* (‘closeness’ as above), into three parts: *nasab* (relations of filiation, ‘consanguinity’ in anthropological terms), *musaharah* (relations through marriage, ‘alliance’) and *rida* (relations through breastfeeding, ‘milk kinship’ in the anthropological literature). Regarding *rida*, kinship-type relations are instituted by suckling at the same breast, relations that include a prohibition on marriage... So an otherwise unrelated boy and girl, suckled by the same nurse, become milk brother and milk sister and cannot marry. Nor can the nurseling marry his or her nurse” (2009:14). Breastmilk and breastfeeding are thus important in terms of kinship, but also in regards to influence and conveying attributes to offspring.

Medical care and regulation

In Qatar contemporary pregnant bodies are ones that need to be carefully managed, not only by themselves but also by the medical expert: it can be argued, those who do not partake in this personal care and self-surveillance are blamed for not acting responsibly (see also Lupton, 1999). In Qatar a good pregnancy is surveilled and cared for by the medical profession: women have regular doctors and hospital appointments, including monthly sonography sessions. However, this is a new practice with a major shift in maternal health initiatives, which took place during the 1970s. Most women will have their pregnancy confirmed by a doctor^{xi} soon after the discovery of their pregnancy through a home pregnancy test. Early scans are commonly ordered to confirm pregnancies. This begins a series of assessments and tests throughout a woman’s pregnancy. Thus, we see maternal surveillance as a form of biopower. Biopower is literally having power over bodies: it relates to the practice of modern nation states and their regulation of their subjects through “numerous and diverse techniques for achieving the subjugations of bodies and the control of populations (Foucault 1976: 140). More than a disciplinary mechanism, biopower is literally having power over bodies; it is “an explosion of numerous and diverse techniques for achieving the subjugations of bodies and the control of population” (Foucault 1998:140). Biopower relates to the practice of modern nation states and their regulation of their subjects. In *Conceiving Citizens* Kashani-Sabet (2011) shows how maternity became tied to patriotic womanhood and how motherhood was appropriated for political purposes in Iran. The emphasis on motherhood in Iran spawned a social ideology known as maternalism: “an ideology that promoted motherhood, child care, and maternal well-being not only within the strictures

of family but also in consideration of nationalist concerns (p.4). Similarly, the Qatari state is directly involved in women's reproduction and has harnessed women's bodies and activities for nationalist concerns. According to Foucault's notion of reproduction and biopower, the aim of state regulations is to maintain or expand the number of national citizens, as a sign and means of reinforcing a nation's power and prestige.

One of the major ways maternal bodies are surveilled is through screening programmes. Due to the high rates of diabetes in the country pregnant women are routinely screened. Some interlocutors, such as Hamda, were particularly worried about diabetes and "sugar levels":

Of course, because I am diabetic I worry that my blood sugar level may rise up. The second most important thing for me is that I am old and as you know the chances that a woman may give birth to an abnormal baby increase after age of 35.

Hamda is 41 years old and a working mother, who balanced her work as a supervisor with her seven children. This was her ninth pregnancy, as she had experienced a miscarriage previously. Another interlocutor expressed similar concerns:

I am always worried that the sugar level will rise and I may lose the baby, because this is the reason behind my previous miscarriage.

Indeed, diabetes was a widespread concern amongst our interlocutors, reflecting the high prevalence of the condition in Qatar (Bener et al 2016) and the fact that some had experienced previous diabetes-related pregnancy complications and/ or losses.

Qatar's prevalence for diabetes ranks tenth in the world with a 22.87% prevalence rate (<http://www.idf.org/diabetesatlas>). In Qatar, 6.4 percent of pregnant women suffer from Gestational Diabetes Mellitus (GDM), with a higher prevalence in Qatari women who have double the prevalence of non-Qataris at 10.2% (Al-Kuwari and Al-Kubaisi 2011). Diabetic women are advised to consult their physician three months prior to pregnancy thus commencing the surveillance of the pregnant body even before it emerges. Women diagnosed with GDM are referred to a dietician at Women's Hospital who advises on diet control, the regulation of blood sugar levels and will stress lifestyle changes such as increasing physical activity. Unable to discuss a "good birth" in detail here due to space constraints, we shall only say that a good pregnancy will lead to a good birth- ideally a natural birth with female family in attendance. As regulated by Qatari law, the baby must be born in a hospital and to a married woman. As part of the maternal health initiatives, homebirths were made illegal and now more than 99% of the state's deliveries have been taking place in the Women's Hospital.

CONCLUSIONS

In numerous passages the Quran mentions the importance of motherhood and the need to respect one's mother for the suffering she endures, particularly in pregnancy and childbirth. Motherhood holds a particularly central place in Qatar, as the key to the reproduction of society through producing children and educating them in Qatari culture,

traditions and values. Pregnant bodies in Qatar are seen as potentially vulnerable and there is concern about that which goes into and that which surrounds pregnant bodies.

Women were concerned about external risks including pollution, evil eye, and certain foods. “Hot” foods were to be avoided. The predominant theme amongst interlocutors is the importance of the mother’s emotional and psychological state, which impacts the growing foetus. Stress, nerves, shock or being in an agitated state were all seen to negatively affect the foetus. This resonates with Kilshaw et al (2015): that disabilities and illness were commonly accounted for by reference to the mother’s psychological state when pregnant. These findings are particularly relevant when considering notions around genetic contributions to offspring, as it would suggest that it is the in-utero environment and exposures that are most important for illness and disability, further emphasizing the woman’s responsibility during pregnancy. This further resonates with findings that suggest women are held accountable for problems with fertility and reproduction (see also Inhorn 1996).

Fatigue and overwork are to be avoided, as a pregnant woman should rest and not move excessively. However, this presents some difficulties for working women. Women in Qatar are experiencing greater opportunities, expectations and pressures around education and employment and, thus, they experience conflicting forces to bear children whilst simultaneously playing a role in social and economic life. Women negotiated work whilst pregnant through a series of “sick leaves” and managed relationships by not disclosing her pregnancy so as to reduce risk of evil eye. Ultimately, women are supposed to remain in a calm state. Women reported reading the Qu’raan during pregnancy and this can be seen as part of a general practice of protecting oneself from outside risks as well as a means to promote calmness.

This paper provides an introductory account of cultural knowledge of pregnancy in Qatar. We propose that it is only through an understanding of these entities that one can understand what happens when a pregnancy is unsuccessful. Women are largely held accountable for the safety and well being of their baby, both when it is in the womb and after its birth. Rhetorics of risk and blame are unsurprisingly activated when women lose babies through miscarriage and/ or when they experience problems conceiving.

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ⁱⁱibid

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^{iv} ibid

^v Weill Cornell Medical College Qatar, Doha, Qatar

^{vi} ibid

^{vii} ibid

^{viii} Kilshaw (Lead Principal Investigator 2012-2017) and Sole (Co-Lead Principal Investigator (2012-2014) designed the project and developed semi-structured interview script with Al-Tamimi and El-Taher. Al Tamimi and El-Taher were responsible for recruitment and supervising the research in the hospital. Omar and Mohsen recruited patients and conducted informed consent. Kilshaw, Omar and Mohsen conducted the ethnographic research, with Omar and Mohsen conducting the majority of the interviews. Omar and Mohsen transcribed and translated the interview data. Kilshaw, Sole, Omar and Mohsen discussed interviews and developed follow-up interview scripts. Sole and Major (Co-LPI 2015-2017) were local Principal investigators and oversaw the progress of the research at the host institution (WCMC-Q). Miller directed and supervised the material culture element of the research. Kilshaw wrote the paper; all members of the team read and commented on early drafts.

^{ix} Mohsen and Omar and when possible, SK conducted interviews in English or Arabic with Mohsen or Omar during frequent visits to Qatar.

^x Throughout this paper Arabic words or italicised and scientific, Latin/ scientific names for plans are italicised and underlined

^{xi} Ideally pregnancy or pregnant woman would be cared for by a female doctor in order to retain modesty. However, male doctors were employed by the hospital and cared for women, but as the Women's hospital was strictly for women only husbands were often unaware of the presence of male clinical staff.

draft