

Religion, Outreach, and Legitimacy: Women and Islamic Healthcare in Egypt¹

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Abstract:

With the rise of Islamist parties to power in Egypt, the question of how women will be affected by the Islamist agenda has gained new urgency. This research examines the rise of Islamic health services as well as the Islamist movement in Egypt in order to assess how women are affected by these phenomena. Governmental Egyptian health services have declined in both quality and quantity since the establishment of the Nasserist welfare state during the 1960s. Services affecting women, in particular, have varied in coincidence with the state's pattern of repression, supervision and cooption of healthcare organizations in the Parallel Islamic Sector. Islamic hospitals and clinics, some affiliated with Islamist political organizations such as the Muslim Brotherhood, have grown in popularity and influence during the past several decades. Research indicates that Islamic and Islamist health clinics consistently out-perform the state in the provision of health services to many Egyptians, and generally provide high quality, modern and Western medical care. Analyzing the popularity of these parallel Islamic organizations will illuminate how these services substituted for and subsequently challenged the legitimacy of the state in providing healthcare to Egyptian women.

Contents:

- Introduction
- Women's Healthcare and the State in Egypt
- The Rise of the Parallel Islamic Sector
- "Islamic" vs. "Islamist"
- Success of Islamic Healthcare
- What Makes Islamic Healthcare "Islamic"?
- Challenges to State Legitimacy
- Conclusion

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Introduction:

The recent rise of Islamist groups to political power in Egypt has raised many questions and concerns in the international community, particularly pertaining to the position of women under Islamist rule.^{2 3 4} Within the West, it is commonly asserted that Islamist groups support traditional gender norms which are detrimental to female independence, empowerment and well-being.⁵ The logical corollary to this statement is that secular governance is more empowering and beneficial to women, and puts liberal, western conceptions of women's rights into effect. Women's health issues are often brought up in arguments opposing Islamists, citing traditional Islamic practices which lack marital protections for women and severely restrict women's autonomy and access to health services.⁶ Groups which promote Islamic ideals of female domesticity and subservience are thus presumed to have a negative impact on women's health.^{7 8}

This paper will critically examine this assumption by analyzing the outcomes on women's health resulting from the rise of health clinics associated with and funded by Islamist political organizations. Subsumed within the concern that Islamic and Islamist health providers may adversely affect women's health is the assumption that there are, in fact, inherently "Islamic" qualities of hospitals and clinics funded by Islamist political organizations.⁹ This

² Lisa Blaydes and Drew A. Linzer, "The Political Economy of Women's Support for Fundamentalist Islam," *World Politics* 60, no. 4 (2008): 576-609. <http://www.jstor.org/stable/40060212>, 576.

³ Valentine M. Moghadam, "Rhetorics and Rights of Identity in Islamist Movements," *Journal of World History* 4, no. 2 (1993): 243-264. <http://www.jstor.org/stable/20078562>, 243.

⁴ Neil Hicks, "The Muslim Brotherhood: True or False," *Human Rights First*: accessed December 13, 2011, <http://www.humanrightsfirst.org/2011/02/08/the-muslim-brotherhood-true-or-false/>.

⁵ Tarek Heggy, "The Reality of the Muslim Brotherhood," The Hudson Institute, accessed December 13, 2011, <http://www.hudson-ny.org/1882/muslim-brotherhood-reality>.

⁶ Nemat Guenena and Nadia Wassef, 1999, "Unfulfilled Promises: Women's Rights in Egypt," Cairo: *Population Council North Africa Regional Office*, 1999. http://www.popcouncil.org/pdfs/unfulfilled_promises.pdf, 46.

⁷ Lisa Blaydes, "How Does Islamist Local Governance Affect the Lives of Women? A Comparative Study of Two Cairo Neighborhoods," Stanford University 2011. <http://users.polisci.wisc.edu/pec/papers/Service%20Provision.pdf>, 20.

⁸ Guenena, 38.

⁹ Janine A. Clark, *Islam, Charity and Activism: Middle-Class Networks and Social Welfare in Egypt, Jordan and Yemen* (Bloomington: Indiana University Press, 2004), 69.

assumption will also be examined. In Egypt, the “woman question” has been manipulated by the state and Islamist groups alike for political reasons, which challenges the notion that secular institutions generally benefit female empowerment while religious ones are repressive.¹⁰

In my research I have discovered, contrary to common assertions, that Islamists in Egypt have benefitted women’s health and wellbeing by providing superior, modern, affordable healthcare services to those who the government had failed. The Egyptian state has not only created a void in health service provision, but also has varied policies towards women repeatedly, usually in response to Islamist pressure, in order to stay in power. The superior health care provided by Islamic organizations has presented challenges to the state’s legitimacy in the eyes of many Egyptians. This paper does not attempt to refute the contention that Islamism can be detrimental to women’s health and empowerment in all cases. Instead, this research seeks to provide a more complete and nuanced picture of how Islamists affect women and women’s health within the Egyptian context, and the potential of this influence to challenge state legitimacy.

Women’s Healthcare and the State in Egypt:

The Egyptian State’s policies regarding women’s health services have fluctuated wildly since the establishment of the Nasserist welfare state in the 1960s.¹¹ At the beginning of this era, the majority of Egyptian women received government healthcare. However, in the decades since the creation of this system, the Egyptian state’s provision of health services steadily declined, resulting in a major void by the 1980s. The unsteady relationship of the Egyptian state to

¹⁰ Guenena, 12.

¹¹ Denis J. Sullivan, *Private Voluntary Organizations in Egypt: Islamic Development, Private Initiative, and State Control* (Gainesville: University Press of Florida, 1994), 37.

women's healthcare sets the stage for the rise of the Parallel Islamic sector during the last several decades of the 20th century.

Under the “social contract” of the Nasserist regime, the state spent vast resources to provide subsidized healthcare to millions of Egyptians.¹² Throughout the 1960s, in addition to providing services such as contraception and community clinics, the state also passed liberal legislation which advanced women's marital rights, including raising the minimum marriage age, which correlated with positive health indicators for women.¹³ However, the state's attitudes towards women were often contradictory and are thus not easy to categorize. For example, in 1956 the state simultaneously pronounced women's suffrage and banned feminist organizations from operating.¹⁴ Although the true commitment of Nasser's regime to women's advancement is still debated, this time period is generally regarded as a very progressive one for Egyptian women and consequently, women's health.¹⁵ Despite major attempts to create a true welfare state, the government's efficacy began to deteriorate due to resource constraints while still under Nasser's control, and began failing to provide adequate services, especially in rural areas.¹⁶ Since this period of initial decline, this “economic withdrawal” of the welfare state has been characterized by a “state of constant deterioration” of public health services.^{17 18}

Since Anwar Sadat came into power in 1970, the relationship between the state and women's health in Egypt deteriorated further. In response to Western pressure as well as to the

¹² Carrie Rosefsky Wickham, *Mobilizing Islam: Religion, Activism and Political Change in Egypt*, (New York: Columbia University Press, 2002), 24.

¹³ Iman Bibars, *Victims and Heroines: Women, Welfare and the Egyptian State* (London: Zed Books, 2001), 14.

¹⁴ Bibars, 15.

¹⁵ Valentine M. Moghadam, *Modernizing Women: Gender and Social Change in the Middle East* (Boulder: Lynne Rienner Publishers, 2003), 172.

¹⁶ Sullivan, 45.

¹⁷ Mohammed Zahid, *The Muslim Brotherhood and Egypt's Succession Crisis*, (New York: Taurus Academic Studies, 2010), 11.

¹⁸ Soheir A. Morsy, “Islamic Clinics in Egypt: The Cultural Elaboration of Biomedical Hegemony,” *Medical Anthropology Quarterly* 2, no. 4, (1988): 355-369. <http://www.jstor.org/stable/648939>, 361.

increasingly dire domestic situation, Sadat embarked on a program of economic liberalization shortly after coming into office, implementing an Open Door Economic Policy and undertaking structural adjustments under the direction of the World Bank.¹⁹ These economic policies were damaging to women's health first by causing further reductions in funding from state health services, and also by encouraging private sector growth which decreased women's income earning potential and opportunities to access healthcare.²⁰

Total public funding for health care decreased by half between the mid 70s and 90s alone, a figure which has even greater impact considering population growth and increased demand during that period.²¹ As a result, by the 1980s government health services were in the worst shape in decades. Economic reforms also encouraged male-only jobs in the private sector, thus removing some economic benefits which women had enjoyed under Nasser's regime and increasing their economic hardships.²² In addition to shifts in the job market, there is evidence that the new economic policies actually increased poverty on a microeconomic level, which made it more difficult for many Egyptians to pay for medical services.²³ This reduction in income was detrimental to women's autonomy and capacity to generate income, and thus to women's ability to access health services.

Against the backdrop of economic hardship during Sadat's administration, an unforeseen consequence of economic liberalization was to have a major impact on women's health through the rise of a Parallel Islamic Sector. The more relaxed regulations permitted private investors from the Gulf region seeking to promote Islamic social services to invest heavily in charitable organizations. This massive influx of capital "expanded private wealth available for investment

¹⁹ Zahid, 7.

²⁰ Clark, 47.

²¹ Morsy, 361.

²² Bibars, 77.

²³ Clark, 47.

in community projects”, including community health clinics providing services to women.²⁴ This situation increased the influence of the Gulf region in Egypt, which included conservative interpretations of Islam and also funding to political Islamist groups.²⁵

Overall, since the advent of the Nasserist welfare state, government provision of health services in Egypt have steadily declined, which created a void that by the 1980s was being filled largely by nongovernmental organizations, many of which were religious in character. In order to understand how Islamist political organizations began to have a greater influence on women’s health, it is necessary to discuss the relationship between the state, Private Voluntary Organizations, and Islamists during this time period.

The Rise of the Parallel Islamic Sector:

The 1970s and 1980s were a period of increased Islamization of Egyptian society, which was accomplished largely through Private Voluntary Organizations (PVOs) funded by wealthy Gulf patrons or through local charitable donations. The existence of private Islamic organizations predates Nasser’s rise to power, and ever since the state monopolized healthcare in 1956, these groups have had an uneasy relationship with governmental authorities.²⁶ Despite state efforts to control the rising networks of Islamic PVOs, these groups became extremely successful and formed what is known as the Parallel Islamic Sector, which became a major provider of social and health services in Egypt.²⁷

Islamic social services, including health clinics, have at times endured state repression and at others enjoyed a greater degree of freedom than secular voluntary organizations. Egypt’s

²⁴ Wickham, 96.

²⁵ Morsy, 360.

²⁶ Clark, 46.

²⁷ Wickham, 95.

Parallel Islamic sector consists of private mosques, Islamic PVOs and Islamic for-profit businesses which operate largely outside of state control.²⁸ Central to the government's relation to Private Voluntary Organizations is Law 32 of 1964, which granted expansive powers to the state's Ministry of Social Affairs (MOSA) to control non-governmental organizations, including health clinics.²⁹ Following the law's instatement, the Egyptian government began a crackdown on the operations of Islamic PVOs in order to diminish their influence. Law 43 of 1979 was another major attempt by the government to limit the scope of Islamic PVOs.³⁰ As a result, many Islamic medical ventures fell under the jurisdiction of the state, which strictly regulated their activities.³¹

Despite government attempts to control PVOs, many Islamic medical societies were able to thrive beyond government restrictions due to their nominally apolitical natures.³² Although voluntary associations were required to report all fundraising to the government, groups which claimed to be purely religious were able to receive unregulated charitable donations, which "enabled Islamic PVOs to circumvent provisions of law 32 restricting the independent collection of funds, giving them an enormous advantage over their non-Islamic counterparts".³³ As a result, Islamic organizations flourished despite government crackdowns on civil society activities, and increased from 16.57% of total Egyptian NGOs in the 1960s to 32.83% by the early 1980s.³⁴ Health clinics form a major component of many private voluntary organizations, and the rise of the Parallel Islamic Sector thus had major consequences for women's access to healthcare.

²⁸ Ibid., 97.

²⁹ Sullivan, 17.

³⁰ Ibid., 17.

³¹ Morsy, 356.

³² Sullivan, 13.

³³ Wickham, 100.

³⁴ Bibars, 111.

“Islamic” vs. “Islamist”:

The rise of the Parallel Islamic Sector in Egypt is well documented. However, the link between these organizations, many of which claim to be completely apolitical, and the increasingly popular Islamist political groups, is difficult to establish. Many scholars have noted the rise of Islamist activism in Egypt during the 1970s and 1980s and the corresponding increase in nominally Islamic health services.^{35 36} This section will demonstrate that the provision of health services forms a major part of the Islamist mission, and that the rise of Islamist activism is correlated with the increase in Islamic health services provided to Egyptian women.

Ascertaining the extent to which nominally Islamic health clinics in Egypt can be identified as “Islamist” is extremely difficult and in many cases impossible. Social science research on the Parallel Islamic Sector often fails to distinguish between religious clinics working autonomously and those with explicit ties to Islamist Political Organizations, due to the fact that Islamist groups were illegal until very recently. However, there is a significant body of evidence that many Islamic healthcare providers are unofficially linked with, and receive funding from, Islamist groups such as the Muslim Brotherhood.³⁷ Also, many scholars describe the rapid proliferation of this Parallel Health Sector as “part of a greater Islamist trend in Egypt”.³⁸ It is also well established that there is a significant Islamist presence in Egyptian Medical Professional Associations, and that such groups wield a significant amount of influence over the Egyptian health system.³⁹ In the following analysis the term “Islamist” will be reserved for

³⁵ Asef Bayat, *Making Islam Democratic: Social Movements and the Post-Islamist Turn* (Stanford: Stanford University Press, 2007), 136.

³⁶ Richard P. Mitchell, *The Society of the Muslim Brothers* (New York: Oxford University Press, 1969), xi.

³⁷ Robin Wright, *Dreams and Shadows: The Future of the Middle East* (New York: Penguin, 2008), 109.

³⁸ Morsy, 356.

³⁹ Wickham, 182.

describing organizations that are explicitly linked with a known Islamist organization, though the general influence of the greater Islamist trend is an important underlying factor to understanding Islamic healthcare in Egypt.

As argued by Janine Clark, the creation of alternative social welfare institutions is “an essential aspect of Islamist identity”⁴⁰ which “stand in direct contrast to secular states that appear to have lost their concern for the poor”.⁴¹ Since the foundation of the Muslim Brotherhood, Islamist groups have focused on the moral revival and education of society, of which social services are an integral part.⁴² Beyond mere charitable organizations, Islamist-supported health services “represent the foundations of an alternative society” in the Islamist vision.⁴³

Islamist activism was on the rise during the 1970s and 1980s, and political opposition to state policy and widespread Islamization of civil society are integrally linked to the rise of the Parallel Islamic Sector.⁴⁴ There is a great deal evidence that Islamist organizations gain political support through social outreach by “contribut[ing] to the potential diffusion of Islamist worldviews and the breakdown and rebuilding of social networks with an activist understanding of Islam”⁴⁵ As discussed previously, economic policies which discouraged public sector growth contributed to the already significant “political, economic and social vacuum” in health and welfare services provided by the Egyptian state.⁴⁶ This void was particularly evident in the newer neighborhoods of Cairo which lacked secular providers of welfare and social services.⁴⁷ As noted by Carrie Wickham, the marginalization of the educated middle class during the 1980s was a major part of the appeal of Islamist

⁴⁰ Clark, 14.

⁴¹ Ibid., 15.

⁴² Mitchell, 290.

⁴³ Clark, 15.

⁴⁴ Wickham, 119.

⁴⁵ Clark, 38.

⁴⁶ Bibars, 111.

⁴⁷ Wickham, 123.

groups,⁴⁸ which greatly expanded their social bases through involvement with Islamic PVOs and health providers.⁴⁹ As the void of health services from the previously generous welfare state formed part of this marginalization, Islamic healthcare is thus a major factor in explaining the success of Islamist activism.⁵⁰

Success of Islamic Healthcare:

It is clear that the rise of Islamist activism and of the Parallel Islamic Sector had a major impact on how health services in Egypt are provided. However, to what extent have Islamic clinics permeated Egyptian civil society, and what explains their success as an alternative to government services? This section will provide an overview of major problems with state and private health services, and describe benefits that the increasingly popular Islamic healthcare sector has provided to Egyptian women.

According to the 2008 Demographic and Health Survey, 60% of Egyptians who seek modern medical care go to the Ministry of Health or other public providers, while the remaining 40% patronize the private sector, which includes Islamic clinics.⁵¹ Thus while the state is still the largest provider of services, a significant portion of the population seeks services elsewhere. In addition to their low availability, government services are generally regarded as being of such poor quality that they drive potential patients away.⁵² Government physicians are underpaid and the structure of this system is highly unreliable and often corrupt, and as a result, these physicians are frequently absent from their posts and are renowned for notoriously poor bedside

⁴⁸ Ibid., 92.

⁴⁹ Zahid, 15.

⁵⁰ Bayat, 7.

⁵¹ Fatma El-Zanaty and Ann Way, *Egypt Demographic and Health Survey 2008*, Cairo: Egyptian Ministry of Health, 2009. <http://www.measuredhs.com/pubs/pdf/FR220/FR220.pdf>, 25.

⁵² Clark, 47.

manner.⁵³ There also exist a large number of private clinics and hospitals in Egypt which are not religiously affiliated. However, these services are generally much more expensive than alternatives, and thus are only accessible by a small segment of the population.⁵⁴

Speculations as to the total number of Islamic hospitals and clinics vary widely, and in 1987 were estimated to be between 1-2 thousand nationwide, with 300 to 350 providers within the greater Cairo area.⁵⁵ While they did not constitute a majority of all service providers nationwide, these clinics and affiliated organizations by the 1980s had “gained a central role in Egyptian public life”.⁵⁶ According to research, in many cases Islamic healthcare is “more efficient, has better outreach, and is perceived as more desirable” than services offered by the government.⁵⁷ It is widely acknowledged that many Islamic clinics are modern, well-funded and provide a high-standard of care.⁵⁸ Islamic services range from large operations such as the Islamist-affiliated Mustafa Mahmoud Clinic in Cairo, which employs 200 doctors and offers a wide range of services, including gynecology⁵⁹, to those consisting of a single room with only the most basic provisions.⁶⁰ In addition, these services are generally much more affordable than private alternatives.^{61 62}

Islamic health services are also superior to alternatives in terms of location. In many underserved urban areas, Islamic organizations “offer a variety of popular services...to maintain

⁵³ Morsy, 358.

⁵⁴ Ibid., 357.

⁵⁵ Clark, 50.

⁵⁶ Wickham, 99.

⁵⁷ Bibars, 107.

⁵⁸ Wickham, 100.

⁵⁹ Clark, 51.

⁶⁰ Ibid., 42.

⁶¹ “Social Programmes Bolster Appeal of Muslim Brotherhood.” *IRIN Humanitarian News and Analysis*. 22 February 2006. Accessed March 1, 2012. <http://www.irinnews.org/Report/26150/EGYPT-Social-programmes-bolster-appeal-of-Muslim-Brotherhood>.

⁶² Sullivan, 76.

a highly visible and prominent presence.⁶³ Such clinics are often attached to Mosques, which guarantees their convenience. There is also evidence that Islamist healthcare has met with greater success than competitors in delivering services to underserved sectors. Lisa Blaydes' 2010 study of women's health under Islamist rule demonstrated that women who received Islamist services "enjoyed higher levels of prenatal care, fewer home births and lower fertility rates" than women in similar socioeconomic conditions without Islamist influence.⁶⁴

Overall, Women in Egypt have benefitted from the work of Islamist organizations in terms of provision of health services, demonstrating that Islamist influence "has the potential to produce positive outcomes for women as a result of the depth and breadth of services typically offered by such groups".⁶⁵ This finding contradicts common Western perceptions that Islamist groups are usually damaging to women's health.

What Makes Islamic Healthcare "Islamic"?

Along with Western mistrust of Islamist groups, many outsiders also view Islamic healthcare as political recruitment grounds or Islamic brainwashing enterprises, a fear based on the assumption that there is something inherently Islamist, or at the very least "Islamic", about clinics that promote themselves as being religious organizations. However, this assumption may be unjustified, as illustrated by the work of Janine Clark in examining the religious aspects of nominally Islamic health providers in Cairo. According to her research, even clinics affiliated with Islamist groups in practice often operate autonomously and appear relatively uninfluenced

⁶³ Diane Singerman, *Avenues of Participation: Family, Politics and Networks in Urban Quarters of Cairo* (Princeton: Princeton University Press, 1995), 252.

⁶⁴ Blaydes, 20.

⁶⁵ Ibid., 20.

by Islamist ideology.⁶⁶ Western biomedicine became the norm in Egypt early, with traditional practices coming under harsh scrutiny during the late 19th century.⁶⁷ Since this era, there has been “a shared agreement between the state, the women’s groups, and many Islamists on the modern notions of health and hygiene”, a statement which is supported by research in the field.⁶⁸

In her research, Janine Clark discovered that there are very different perceptions of Islamic clinics as opposed to secular ones. She found that “patients generally expect to find a higher degree of personal attention, care charity and honesty in Islamic clinics”, in addition to gender segregation modest dress among the staff.⁶⁹ However, the actual operations of many such clinics did not conform to these expectations. Clark observed female doctors “treating both men and women”, as well as “little or no segregation in the clinics”.⁷⁰ Even the view of the physicians was not colored by Islamist ideology, who saw Islamic clinics as having “reasonable prices, low wages...helping poor Muslims...[and utilizing] cooperation, solidarity and family-like relations, including tolerance, patience, consensus and consultation”.⁷¹ Thus, though social scientists have argued that Islamist groups do establish political constituencies through social outreach, the nature of the Islamic healthcare sector has been shown to be much more nuanced than the common perception that such clinics serve primarily as recruiting grounds for religious extremism.⁷²

⁶⁶ Clark, 73.

⁶⁷ Kamran Asdar Ali, *Planning the Family in Egypt: New Bodies, New Selves* (Austin: University of Texas Press, 2002), 142.

⁶⁸ *Ibid.*, 159.

⁶⁹ Clark, 69.

⁷⁰ *Ibid.*, 70.

⁷¹ Clark, 73.

⁷² Sullivan, 65.

Challenges to State Legitimacy:

It is now clear that Islamic Private Voluntary Organizations associated with Islamist groups provide quality healthcare to many Egyptian women. However, there remains the question of how Islamist provision of health services has affected attitudes towards the state and perceptions of its legitimacy. This section will demonstrate that not only is Islamic healthcare preferred over state services by many Egyptians, but these organizations also form part of the Parallel Islamic Sector⁷³, which through its massive popularity and potential for development has presented major challenges to the Egyptian state.⁷⁴

Islamic clinics are often perceived to be superior to alternative care providers due to their legitimacy as religious institutions.⁷⁵ Field research on the subject often reports a widespread trust for Islamic medical institutions in addition to perceptions of superior care.⁷⁶ This reputation stems not only from reports of “courteous treatment extended to patients” in Islamic hospitals but also a belief that what is Islamic is inherently better than a secular institution.⁷⁷ Researchers have suggested that patients of Islamist clinics enjoy an additional “placebo effect provided by religious symbolism” which increases the legitimacy of these institutions and that of the “Islamic Alternative” in general.⁷⁸ It is clear that “the perception of quality and of care is a powerful force” for many Egyptians who choose Islamic healthcare, a reality which may have wider consequences for Egyptian governance.⁷⁹

To what extent the success of Islamic health services contributes to political alliance with Islamist groups is difficult to ascertain in detail. However, these services clearly constitute a

⁷³ Singerman, 272.

⁷⁴ Sullivan, 66.

⁷⁵ Bibars, 111.

⁷⁶ Sullivan, 48.

⁷⁷ Morsy, 357.

⁷⁸ Ibid., 366.

⁷⁹ Sullivan, 77.

major component of the vibrant Parallel Islamic Sector which, largely due to Islamist activism during the 1970s and onwards, effectively “wrested much of society from state control” in Egypt.⁸⁰ As discussed by Dennis Sullivan, Islamic voluntary associations “have tremendous potential to achieve significant advances in economic and social development. Therefore, they have the potential to challenge the government, which has promised (but often failed) to achieve those very objectives”.⁸¹ More difficult is to establish the potential political challenge that this sector could present, as the majority of services are not nominally political.

One indicator that Islamic PVOs represent a threat to state legitimacy is the Egyptian state’s long history of contention with such groups.⁸² As discussed previously, the state, despite Law 32 of 1964, has attempted to control the activities of Islamic PVOs, and has also resorted to tactics such as the promotion of secular organizations “to compete against Islamic forces that might challenge the secular nature of the state by demonstrating the power of and potential for socioeconomic development at which Islamic organizations excel”.⁸³ Finally, the Egyptian state has periodically attempted to co-opt Islamist success in providing health and welfare services. To the greatest extent possible, the state supervises the provision of medical services supplied by Islamic organizations, and also sponsors clinics attached to mosques in a very visible manner, in an attempt to increase the legitimacy of state social services.⁸⁴

The great lengths that the state has gone through to accommodate, control and out-compete the Parallel Islamic Sector suggest that it did present a threat to state legitimacy, even without explicit political mobilization. This seemingly indirect challenge to state legitimacy is illustrated in Asef Bayat’s *Making Islam Democratic*, which claims that the Islamist movement

⁸⁰ Bayat, 137.

⁸¹ Sullivan, 65.

⁸² Ibid., 92.

⁸³ Sullivan, 84.

⁸⁴ Morsy, 360.

in Egypt, rather than directly challenging its legitimacy, “*socialized the state* to the society’s prevailing sensibilities, and by penetrating the state apparatus helped create a kind of ‘secularreligious’ state”.⁸⁵ From this perspective, then, Islamist healthcare, along with other services, captured Egyptian civil society to the extent of forcing the state to refashion itself to conform to this new Islamic reality.

Conclusion:

Overall, Islamist political activism has contributed to providing high quality, accessible and affordable health services to many Egyptian women, successfully filling the void left by the deteriorating Egyptian welfare apparatus. Women in Egypt, despite the nominally secular and egalitarian character of the state, have been subjected to major fluctuations in policy concerning their rights and have not benefitted in many ways from what the state had to offer, which permitted the rise of Islamic voluntary organizations. Despite Western perceptions that Islamist organizations are detrimental to women’s health and wellbeing, through the sheer success of the Parallel Islamic Sector, Islamism has shown to have tangible benefits for many.

The success of Islamic healthcare is correlated with the rise of Islamism and the challenge that this social movement presented to the legitimacy of the Egyptian state. During the past 50 years, the state, recognizing the latent power of the Parallel Islamic Sector, has alternately repressed and attempted to co-opt the success of Islamism, with limited success. The transformation of the Egyptian state into an increasingly Islamic institution is one example of the changes forced upon the government by Islamist social forces. Whatever the outcomes of the new democratically elected Islamist political parties in the years to come, it is clear that Islamist

⁸⁵ Bayat, 166.

movements and their provision of women's health services have permanently altered the nature of state power in Egypt.

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