CHAPTER FOUR

THE SON MAKER

Dr. Fareiba

THOSE WHO MAKE it here are the lucky ones.

Most often, the promise of new life arrives by car. Poor hydraulics and patchy road make the heavily pregnant patients under powder-blue burkas sway in the backseat of the battered Toyota Corollas. The sign on the gate shows a crossed-out machine gun: No weapons allowed. That rule will be disregarded, as most everywhere else in Afghanistan. The guards, who have watched each car barrel down the hillside, give a nod to swing open the steel doors. Inside is a two-story hospital, where a handful of doctors work in shifts at this sole medical clinic in a largely Taliban-controlled area of thirty-two thousand people. Some patients are nomads; most are from poor, rural families.

On average, one hundred and sixty-six new Afghans are born in the maternity ward here each month, according to the hospital's records. It rests in the middle of a quiet flat plateau in the Wardak province, about an hour's drive from Kabul. Quiet, that is, on a good day: A few miles north of the hospital is an American military base—the primary target for rocket attacks by insurgents, as all resistance to foreign troops is dubbed. Those insurgent fighters take aim at the foreign enemy from several angles, the hospital squatting between themselves and the target. When fired, the rockets arc through the sky above the little hospital and often hit just outside the grounds. At times, they fall a bit short and hit the hospital.

Thermal cameras on unmanned drones hum in the air above, trying to discover the rockets while they are still on the ground, often mounted on makeshift piles of stones and sticks, connected to batteries and timers. If the drone operator spots something of interest, an attack

rests in the middle of a quiet flat plateau in the Wardak province, about an hour's drive from Kabul. Quiet, that is, on a good day: A few miles north of the hospital is an American military base—the primary target for rocket attacks by insurgents, as all resistance to foreign troops is dubbed. Those insurgent fighters take aim at the foreign enemy from several angles, the hospital squatting between themselves and the target. When fired, the rockets arc through the sky above the little hospital and often hit just outside the grounds. At times, they fall a bit short and hit the hospital.

Thermal cameras on unmanned drones hum in the air above, trying to discover the rockets while they are still on the ground, often mounted on makeshift piles of stones and sticks, connected to batteries and timers. If the drone operator spots something of interest, an attack helicopter armed with machine guns, rockets, and missiles can be dispatched in a preemptive attack.

Regardless of who aims to kill whom out there, most efforts inside the clinic frantically revolve around life. Nobody will ask patients what family or clan they belong to, or who they may have been fighting outside the gate. Every ragged, hollow-eyed child is cared for, every pregnant woman is ushered inside. The men will wait outside, leaning back in rows on benches along a yellow stone wall with a backdrop of snowy mountains, while the fate of their families plays out in the hospital. Most are in the typical villager dress of white cotton pants, vests, and plaid turbans, with open sandals or plastic shower shoes also in the iciest of winter.

Inside, layers of burkas, hijabs, and shawls are pulled back by sunburned henna-painted hands. The hands often look older than the faces underneath, with their soft cheeks and unwrinkled eyes. A few mothers-to-be have only recently become teenagers. Every few hours, a woman's struggle to have a son ends here, inside a white-tiled room, where three gynecological chairs have been covered with black plastic bags. A baby boy is triumph, success. A baby girl is humiliation, failure. He is a *bacha*, the word for child. A boy. She is the "other": a *dokhtar*. A daughter.

The woman who returns home with a son can be celebrated with a *nashrah* ceremony, where music is played and prayers are said. Food and drink will be brought out in abundance. The new mother will be

presented with gifts: a dozen chickens or a goat to celebrate her achievement. She may even be offered a few pounds of butter to help her breast-feed her baby boy to become healthy and strong. She is elevated to a higher status among women. She who can deliver sons is a successful, enviable woman; she represents both good luck and a good wife.

If a daughter is born, it is not uncommon for a new mother to leave this delivery room in tears. She will return to the village, her head bowed in shame, where she may be derided by relatives and neighbors. She could be denied food for several days. She could be beaten and relegated to the outhouse to sleep with the animals as punishment for bringing the family another burden. And if the mother of a newborn has several daughters already, her husband may be ridiculed as a weakling with whom nature refuses to cooperate, a *mada posht*. Translation: "He whose woman will only deliver girls."

One kind of child arrives with the promise of ownership and a world waiting outside. The other is born with a single asset, which must be strictly curtailed and controlled: the ability to one day give birth to sons of her own. She, like her mother before her, has arrived in what the United Nations calls the worst place in the world to be born. And the most dangerous place in which to be a woman.

"WE ARE THE Pashtun people. *We need the son*."

Dr. Fareiba emphasizes each word in hoarse, broken English. It should not be too hard, even for a foreigner, to understand this fundamental fact of her country. As with many women here, her weathered face betrays no precise age, nor will she offer a number. But she will gladly speak of everything else in short, assertive bursts with one corner of her mouth perpetually turned into an upward smirk. She has brought me through a back door into the disinfectant-smelling, bare-bones hospital for an education on the need for sons after extracting a promise that I will not attempt to speak to any of the husbands outside, which could alert them to the presence of a foreigner and endanger the hospital.

Dr. Fareiba's patients share many circumstances with the majority of Afghanistan's women, whose lives are far removed from that of Azita and others in Kabul. These are the invisible women, now only

temporarily out of the view of their husbands. For some, it is the only time they are allowed to have contact with people outside their own family. Most are illiterate and very shy, even in front of other women. Some hold hands and hesitate to step up to the examination table for the first time, where bulging bellies are carefully touched by doctor's hands.

Dr. Fareiba is known by reputation. She is greeted with respect as she sweeps around the corridors in her work uniform: a burgundy leather coat and a floor-length velvet skirt. She peeks into every room, where women nurse their newborns under thick polyester fleece blankets, or line up along the walls to see the gynecologist. Some smile; others hide their faces. The children, who have come with their mothers, do not smile. Much of the donated brightly colored clothing they wear is either too large or too small. None of them have anything resembling overcoats, and they, too, wear open sandals on soil- and dust-blackened feet. Only one little girl has a pair of red rubber boots. She looks to be around six years of age, with a matted mop of brown hair. Her pale gray eyes quietly follow the movements of the younger siblings left in her charge while their mother is seen by one of the doctors.

Dr. Fareiba asks a few questions of each patient, smiles, and then turns around to give me a matter-of-fact summary. Each contains a life story:

"The husband left her after three of her babies died. Now married to her nephew, as his second wife. She is twenty-five, and pregnant again."

"Seventeen. First child. Married to her older uncle."

"Twenty-one. Three children. Her husband is a powerful man, with many wives."

Birth control is available for free at the hospital. The doctors urge patients to wait at least three months between pregnancies for a better chance of carrying a child to term. Whether patients actually use any form of contraception has less to do with ideology or a conservative husband and more with the practical circumstances of life here. Too much snow, heavy rain, or a mudslide in the spring may block the roads from a small village when time comes to refill a prescription or submit to another injection. Or there simply may be no car, or no gas for the car, or no one to drive it. That also contributes to eighteen thousand Afghan women dying each year of complications from childbirth; about fifty women per day, or one every half hour.

In another room, three women from the same village are in various

stages of pregnancy with complications, but the cost of a car ride could not be justified for just one, or even two of them. So the first two had to wait for the third to go into labor. Only then were they all three driven together, as fast as the car would go. Despite efforts to stem maternal mortality, Afghanistan still ranks among the world's worst countries to give birth in, on par with the poorest and most war-torn nations in Africa. But the odds for survival at this clinic, in the middle of a battlefield, are better than at a home birth.

"She is forty," Dr. Fareiba says of a patient in a postdelivery room. The woman is lacking several front teeth, and has bracelets stacked up on each arm. "A miscarriage. But she has ten live children. Only girls. So she tries for a son, again and again."

When a new wife is blessed with two or three sons as her first children, she will not be pressured to have many more after that. If a few girls follow, that is fine, too. But at a streak of only "girl, girl, girl," in the doctor's words, most women will keep trying for a son. It's a one-sentence explanation to the population question: A total of four or five children is perfectly acceptable to most parents in Afghanistan—but only if that number includes mostly boys. The life expectancy of a woman here is forty-four years, and she spends much of it being pregnant. Most couples know how to limit pregnancies if they want to, but the pressure to have another son often overrides any concern for a woman's survival.

Dr. Fareiba pokes into the blanket of a new mother, who lies on a bed facing the wall. She has been silent since her delivery. The doctor sweeps up the small bundle from her side and turns to the nurse trailing her every step. They nod at each other: Yes, it's a girl.

She is only a few hours old, and she does not have a name yet. Her eyes have been lined with kohl, "for magical luck," and to protect her from the evil eye. The baby blinks a little, and her tiny mouth gasps a few times. She is perfect, down to her tiny, grasping fingers. Yet to many in Afghanistan, she is *naqis-ul-aql*, or "stupid by birth," as a woman equals a creature lacking wisdom due to her weak brain. If she survives, she may often go hungry, because feeding a girl is secondary to feeding a son in the family, who will be given the best and most plentiful food. If, in her family, there is a chance of the children going to school, her brothers will have priority. Her husband will be chosen for her, often before she

reaches puberty. As an adult, very few of life's decisions will be her own.

LOOKING AT THE revered Dr. Fareiba, though, it is hard to imagine that she would allow a man to rule any aspect of her existence. She herself has defied tradition by working under almost every form of government in the past twenty years, as well as no government at all, since there was always a need for female doctors. Dr. Fareiba has delivered "maybe one thousand babies," by her own estimate.

"But why do only sons count here? What is it that women cannot do?" I ask.

Dr. Fareiba raises her hands in the air to express frustration. She already explained this: It is not about capability. Men and women just have different roles and different tasks. It is about how society is arranged and what works. It is about how it's always been.

The pressure for sons is not just perpetuated by men, either. Women need sons just as much, Dr. Fareiba says, using herself as the example. Her three sons are not only her proudest achievement; they are essential to the survival of her family. Who other than a son protects and cares for his parents, should they survive to old age? If the family needs to flee from yet another war? In case of a dispute, or a violent conflict, with another family? There is no social security, little health care, and virtually no rule of law in Afghanistan. There is just unemployment, poverty, and constant war. In this environment, the number of sons equals a family's strength, both financially and socially. They are insurance. A 401(k). A bank. Dr. Fareiba's sons will support and ensure not only her life but her family's longevity and legacy.

Dr. Fareiba has a daughter, too. But she will be married off to a man of her parents' choice, and move away to live with her husband's family. The ownership of an Afghan girl is literally passed on from one male—her father—to the one who becomes her husband. He will take over the ruling of her life, down to the smallest details if he is so inclined. Dr. Fareiba may not even see her daughter again, if her future son-in-law and his family decide to move far away. On the other hand, when her own sons marry, they will take their new brides back to Dr. Fareiba's house to start new families there. More sons will hopefully be born, and her family will grow larger and stronger.

"The daughter is never ours. But the son," says Dr. Fareiba in a matter-of-fact tone, "will stay with us forever."

It is how things always worked in this country, where tribal law and strict patrilineal tradition have historically offered a higher degree of stability than most governments. In Afghanistan, not much is for certain other than an open sky and eventual death. In between the two is family.

Dr. Fareiba leaves it at that.

But the patriarchal system, with the idea that women should be subordinate to men, and that sons are more valuable than daughters, was in fact never a "natural" nor a God-given order that always existed. It can be traced back to entirely human-created historical events.

When American scholar Gerda Lerner pioneered the study of women's history in the 1980s, her research provided both evidence and an explanation for how patriarchy originally began to form. It was not until around the dawn of agriculture, when humans transitioned from being hunters and gatherers to becoming herders and farmers, in the fourth to second millennium BC, that notions of personal property and ownership also created the need to control reproduction. Specifically that meant the wombs of women, since those with the most children gained an advantage. Both children, who could be used for labor, and women, who could produce the children, became resources that could be bought and sold to create alliances and thereby expand upon personal ownership. Land as well as capital was passed down solely through male heirs, creating an absolute need for sons to preserve wealth and build legacies. Many societies grew out of this raw version of the patriarchal system, which is still very much in place in the world's most conservative countries, and has visible remnants in most other societies.

In addition to Gerda Lerner's historical explanations of the origins of patriarchy, one may inch closer to an understanding of Afghanistan's honor culture and the standing of women by considering the struggles of women in Western societies only a few generations ago. A tried-and-true reporter's strategy is also useful: to follow the money, and observe how those who control it will use every worldly and otherworldly argument for not sharing it.

BUT HOW DOES someone like Dr. Fareiba come to exist in this environment, where most Afghan women—and men, for that matter—have seen little diversion from the original version of patriarchy?

In reality, almost every truth about Afghanistan can be easily contradicted, and almost every rule can be bent—when it is practical. There have always been fathers with more liberal minds who had daughters and urged them to take on the world outside. Dr. Fareiba is one of those daughters, having been born into a well-off Pashtun family, which allowed her to complete most of her education during the Communist period. Her father, also a doctor, her four brothers, and her seven sisters all graduated from university. Their family could afford it and saw no reason to differentiate between the education of sons and daughters. Dr. Fareiba's husband is also a physician, carefully chosen by her parents because he would allow their daughter to work.

Still, she must respect the rules of life here, even those she finds frustrating, and she cuts me off when I question the system of male inheritance and forced marriages. "This is our society. Our culture."

It's typical. Even though an Afghan may privately declare that something is illogical, illegal, silly, or just plain wrong, he or she can at the same time make an argument for why it must be adhered to: Society demands it; society is not ready to accept any diversion. This is the meaning of the frustrated shrug, the "I wish it would be different, but ..." explanation.

The punishment for going "against society" is "gossip" and with it the threat of losing one's good reputation and family honor. Too much gossip makes life complicated and dangerous. The disapproval of neighbors, friends, and even one's own family can make accomplishing basic things for a man—getting a job, marrying a daughter into a good family, or borrowing money to build a bigger house—almost impossible. In a place where the state hardly exists and few institutions function, reputation is one of few valid currencies, and preserving it must always take priority. With the consequence that sons must be had at all costs.

"THEY CALL ME the maker of sons," says Dr. Fareiba as we sit down for tea at a later time, unwrapping dusty caramels from a glass tray. She will put one behind her front teeth and suck her tea through it to make it

sweet, the way many Afghans do.

Making sons is a specialty, and one she says she shares with some other Afghan doctors, who are known to offer it as a service on the side. It costs a little extra. Dr. Fareiba is well aware that the male sperm decides the sex of the fetus, but she still believes that "changing conditions" inside a woman's body can make the environment more or less favorable for the "right" sperm—those carrying the male chromosome combination. The man needs no special treatment, however. His body is already complete and ready to produce sons.

Dr. Fareiba makes a reference to her own sister, who has a university degree and a husband who is an engineer. But they were pitied as they didn't have a son, only four daughters. So she came to Dr. Fareiba.

"She asked me: 'Why don't you get any girls—you get boys? What is the problem with me?' And I treated them one year ago, and now thanks God she has a son."

Dr. Fareiba beams. Her nephew, now seven months old, was conceived after his mother was put on Dr. Fareiba's special regimen of certain foods, homemade potions, and sexual positions. "I made him for you," she is fond of telling her sister.

Those tried-and-tested methods for creating sons have been passed down to her from female relatives through generations and finessed through experimentation and by trading tips with fellow Afghan doctors.

"Hot foods make boys," Dr. Fareiba explains, citing the various dishes, black tea, and dried fruits she prescribes for the woman who needs a son. Eating yogurt, melon, and green tea, on the other hand, count as "cold" foods, and are more likely to result in girls. Creams and powders can also help. Dr. Fareiba makes most of them at home and trades them with other doctors. Her female patients are instructed to insert the potions into their vaginas, meant to help along those sperms carrying the male-determining Y chromosome.

Conventional medicine does acknowledge that male sperm swim faster and tire sooner, while the female-chromosome-carrying sperm are slower but have more stamina and stay alive longer in the uterus.

Dr. Fareiba also advises her female patients to lie flat after intercourse, to allow the precious male sperm every advantage without gravity derailing things. According to conventional medicine, however, there is

only one way to ensure conception of a specific sex: to remove the egg and vet the sperm in advance before implanting a fertilized embryo back into a woman's womb. When I tell Dr. Fareiba this, she just smiles. She has too successful a track record, and her science is ancient: "Tell me," she says. "What do *you* believe?"

I will remember her question. In Afghanistan, as Carol first suggested, believing can be more important than anything else, and mythos counts as much as logos.

But even Dr. Fareiba concedes that failure must sometimes be declared. After she and other experts have done all they can, parents do resort to other solutions.

Yes, she says, there may be other girls like Mehran, who masquerade as boys. Simply because everybody knows that a made-up son is better than none at all. Dr. Fareiba lowers her voice when she speaks of a certain type of family. As a physician, she has attended several births where an infant girl is announced as a son. The child is then presumably brought back to the village and reared as a boy for as long as the lie will hold, or as long as the community goes along with it, knowing that it is merely an honorary boy. Dr. Fareiba and her colleagues have also learned not to ask too many questions when young boys have been brought to the hospital's emergency room, only for the doctor on call to make a startling discovery when examining the child. They all keep face, in a silent agreement with the parents.

Children's rights are a concept unacknowledged in Afghanistan. If parents want a girl to look like a boy, then it is within the right of the parents to make that happen, Dr. Fareiba believes. This temporarily experimental condition will right itself later on. Children, just as Carol le Duc mentioned, take a predetermined path in life. For girls, that means marrying and having children of their own. For boys, it means supporting a family.

Dr. Fareiba does not imagine there is any documentation about what she refers to as the private circumstances of each family. Nor is she keen on offering referrals to anyone who might know more about it. The creation of such a son would be the parents' decision, and their choice should be respected. And what does it matter, anyway? These girls are hidden, and that is exactly the point. To everyone on the outside, they are just *bachas*.