APPROPRIATE IVF vs. INAPPROPRIATE IVF

FORMATION OF THE DISCURSIVE SPACE OF IN-VITRO FERITILATION IN TURKEY

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ABSTRACT

An abstract of the Thesis of Feriha Merve Alıcı, for the degree of Master of Arts from the Atatürk Institute for Modern Turkish History to be taken September 2011.

Title: Appropriate IVF vs. Inappropriate IVF : Formation of the Discursive Space of In-Vitro Fertilization in Turkey

This study analyzes the local context of Turkey in which the reproductive technology of In Vitro Fertilization (IVF) takes place. Focusing on the ways in which this global biomedical technology is understood, produced, practiced, experienced and narrativized within the locality of Turkey, this study looks at the particular formation of Artificial Insemination by Donor (AID) as an "inappropriate" technology, and the conceptualization of "conventional IVF," where reproduction takes place between a heterosexual and married couple, as an "appropriate" technology. Looking into the legal, economic and social spheres of the practice of IVF, this thesis highlights the importance of several social processes like medicalization, economic liberalization and the formation of the nuclear family as the ideal form of social, organizational unit, to see how a global conceptive technology is shaped locally, according to the particular, contextual, discursive spaces. Avoiding essentialist explanations on the issue, this thesis looks at the intersection points of three axes – that are, the historical emergence of the nuclear family as the core organizational unit of the nation state, the conservative and family-oriented policies of the government, and the popular cultural values on issues such as motherhood, lineage, adoption and donor insemination, which are expressed repeatedly by women from different educational, social, economic and religious backgrounds. The study examines the ways in which state laws that limit the possible usages of IVF technology in Turkey to a strictly heterosexual married couple overlap with popular, cultural, moral values. Comparing the case of Turkey to Israel, Egypt, Iran, Lebanon and Greece, this thesis shows that a single, global, Western technology is formulated differently as it travels from place to place and encounters different historical, political, cultural spheres. Finally, by analyzing fourteen women's narratives of their experience with IVF, and one woman's telling of her experience with AID, this study pays attention to several ways in which the medical procedure of IVF is carried out on the bodies of women, stressing the conscious strategies they employ as active agents to steer their way in a hectic market of test-tube babies, scrutinizing the meanings they attach to these technologies in their local moral worlds by looking into their narratives.

ÖZET

Atatürk İlkeleri ve İnkılap Tarihi Enstitüsü'nde Yüksek Lisans derecesi için Feriha Merve Alıcı tarafından Eylül 2011'de teslim edilen tezin özeti.

Başlık: Münasip Tüp Bebek - Sakıncalı Tüp Bebek: In Vitro Fertilizasyon Teknolojisinin Türkiye'deki Söylemsel Alanının Oluşumu

Bu çalışmanın amacı küresel biyomedikal bir teknoloji olan In Vitro Fertilizasyon teknolojisini Türkiye'nin yerel bağlamında incelemektir. Bu çalışma küresel biyomedikal teknolojilerin Türkiye yerelindeki anlamlandırılma, üretim, uygulanma, deneyimlenme ve anlatılma biçimlerine bakarak, Donör aracılığıyla Yapay Döllenme (AID) teknolojisinin hangi biçimlerde "sakıncalı" olarak kodlandığını ve buna karşın heteroseksüel ve evli çiftlere uygulanan geleneksel In Vitro Fertilizasyon teknolojisinin hangi biçimlerde "münasip" bir teknoloji olarak benimsendiğini incelemektedir. Bu tez, IVF'nin uygulandığı hukuki, ekonomik ve sosyal alanlara bakarak global üreme teknolojilerinin yerelde şekillenme biçimlerini incelerken, medikalizasyon, ekonomik liberalleşme ve çekirdek ailenin ideal toplumsal yapı birimi olarak ortaya çıkışının etkilerinin altını çizer ve yerel söylemsel alanlarla ilişkilerini gözden geçirir. Konuya dair özcü açıklamalardan kaçınarak, bu tez üç eksenin kesişim alanlarına bakar. Bu eksenler, çekirdek ailenin ulus devletin temel organizasyonel birimi olarak ortaya çıkması, muhafazakar ve aile merkezli hükümet politikaları, ve farklı eğitimsel, sosyal, ekonomik ve dini tabanlara sahip olan kadınların tekrarla ifade ettiği, annelik, nesep, evlat edinme ve donör inseminasyon gibi konularda ortaya çıkan popüler kültürel değerlerdir. Tez, bu eksenlerin kesiştiği alanda, tüp bebek teknolojisinin kullanımını düzenleyen yasaların popüler kültürel kodlarla büyük ölçüde örtüştüğünü gösterir ve bu teknolojinin Türkiye'deki mümkün kullanım alanlarını kati olarak heteroseksüel ve evlilik bağı içeren alanlara iten devlet kanunlarının oluşumunu inceler. Türkiye'yi İsrail, Mısır, İran, Lübnan ve Yunanistan örnekleri ile karşılaştırarak tek bir evrensel, Batı teknolojisinin girdiği farklı mekanlarda, karşılaştığı farklı tarihsel, politik ve kültürel alanlara göre, nasıl değişik şekillerde formülize edildiğini gösterir. Son olarak on dört tane IVF sürecinden geçmiş ve bir tane AID sürecinden geçmiş kadının anlatılarını toplayarak bu çalışma, medikal süreçlerin kadınların bedenlerinde nasıl yaşandığını gösterir. Bu aşamada tez, kadınların karışık bir tüp-bebek piyasası içinde yollarını bulan aktif özneler olarak uyguladıkları bilinçli stratejilere bakmakta ve onların anlatılarını inceleyerek bireysel-ahlaki dünyalarında bu teknolojileri nasıl anlamlandırdıklarını incelemektedir.

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CHAPTER ONE

INTRODUCTION

Involuntary childlessness, or in another term "infertility," is a non-normative reproductive experience that is considered a global health issue,[1] since worldwide 15 percent of all couples are estimated to be suffering from this condition. The experience of involuntary childlessness is argued to create a rupture in the planned life narrative of persons, challenging a normalized and unquestioned part of their lives.[2] Forming an "unanticipated disruption"[3] in their expected course of life, infertility forces them to follow paths different from the perceived normative linearity of entering a heterosexual marriage and bearing children.[4]

From a biomedical standpoint, infertility refers to the state of not being able to conceive a child after a year of regular, contraceptive-free intercourse; or not being able to carry a pregnancy to full term due to repetitive miscarriages.[5] Yet, on the other hand, while human reproduction is a biological phenomenon, it is also

[1] Marcia C. Inhorn, *Local Babies Global Science: Gender, Religion, and In Vitro Fertilization in Egypt* (New York: Routledge, 2003), p.4.
[2]Gweyne L. Jenkins, Silvia Vargas Obando and Jose Badilla Navas, "Childlessness, Adoption, and *Milagros de Dios* in Costa Rica." In *Infertility Around the Globe: New Thinking on Childlessness, Gender and Reproductive Technologies,* ed. Marcia C. Inhorn and Frank van Balen(London: University of California Press, 2002), p.172.
[3] Miriam Ulrich and Ann Weatherall, "Motherhood and Infertility: Viewing Motherhood through the Lens of Infertility," *Feminism and Psychology,* no.10 (2000), pp. 323-335.
[4]Çiğdem Kağıtçıbaşı and Bilge Ataca, "Value of Children and Family Change: A Three Decade Portrait from Turkey," *Applied Psychology:International Review,* no.54 (2005), pp. 317-337.
[5] Arthur L. Greil, "Infertile Bodies. Medicalization, Metaphor, and Agency." In *Infertility Around the Globe: New Thinking on Childlessness, Gender, and Reproductive Technologies,*ed. Marcia C. Inhorn and Frank van Balen(London: University of California Press, 2002),p. 101.

socially constructed and variable through space and time.[6] As Inhorn and Van Balen state, such a definition of infertility suggests that a singular biological condition is not experienced in the same manner across locations and by different people. Thus, infertility as a medically-diagnosed reproductive impairment, and infertility as a socially constructed reality, must be distinguished from each other.[7]

The Technology

The world's first test tube baby, Louise Joy Brown, was born on 25 July 1978, in England. Since her arrival, the technology that made it possible, that is In Vitro Fertilization (IVF), has attracted the attention of diverse groups such as behavioral, biological, social scientists; ethicists; theologians; legislators; social activists; journalists;[8] and reproductively challenged men and women around the world.

Assisted Reproductive Technologies (ART), which include IVF, have been "opening up to debate matters that formerly belonged in the realm of biological givens."[9]Altering the established boundaries between the "natural" and the "social", or in Latourian terms, disrupting the modern "purifying practices"[10] by which we distinguish between "nature" and "culture" or "human" and "thing." ART and their

[6]Marcia C. Inhorn, "The "Local" Confronts the "Global". Infertile Bodies and New Reproductive Technologies in Egypt," in *Infertility around the Globe: New Thinking on Childlessness, Gender, and Reproductive Technologies*,ed. Marcia C. Inhorn and Frank van Balen (London: University of California Press, 2002), p. 263.
[7] Arthur L. Greil and Thomas A. Leitko, Karen L. Porter; "Infertility: His and Hers" *Gender and Society* 2, no.2 (1988), p.172-199.
[8] Margarete Sandelowski and Sheryl de Lacey, "The Uses of a Disease: Infertility as Rhetorical Vehicle," in *Infertility Around the Globe: New Thinking on Childlessness, Gender, and Reproductive Technologies,* ed. Marcia C. Inhorn and Frank van Balen (London: University of California Press, 2002), p.33.
[9] Michelle Stanworth, ed., "Editor's Introduction," In *Reproductive Technologies: Gender, Motherhood and Medicine* (Great Britain: University of Minnesota Press, 1987), p.2.
[10] Bruno Latour, *We Have Never Been Modern,* trans. Catherine Porter (Cambridge: Harvard University Press, 1993), pp. 131-145.

possibilities, ethics, and boundaries have been subjects of discussion frequently, anywhere they reached in the globe.

ART are a set of technologies and techniques designed to intervene in the process of human reproduction. Roughly categorized into four groups, these include contraceptive, management, monitoring, and conceptive technologies, which respectively deal with fertility control, labor and childbirth assistance, pregnancy and delivery control, and the promotion of pregnancy through overcoming or bypassing infertility.[11] Belonging to the fourth and maybe the most controversial category, IVF takes the conception process out of the body and puts it "within glass," or as it is expressed in Latin, "in-vitro," which distinguishes from other ART such as Artificial Insemination (AI),[12] whereby a selected sample of high-quality sperm is injected directly into the womb to increase the chances of conception that will occur within the body.

While there are multiple techniques of IVF, the common procedure for all is the removal of genetic material from the bodies of men and women, its fertilization in the laboratory and the implementing of the resulting embryo in the womb for pregnancy to occur. Thus options such as surrogacy (when a third party female carries another couple's baby), Artificial Insemination by Donor (AID) (when a third party's sperm is involved) or Artificial Insemination by Husband (AIH) (when a woman's legal partner's sperm is involved) do not consist as technologies on their own, apart from IVF, since what is signified in all is the source of genetic materials

[11] Michelle Stanworth, ed., "Reproductive Technologies and the Deconstruction of Motherhood," In *Reproductive Technologies: Gender, Motherhood and Medicine* (Great Britain: University of Minnesota Press, 1987), pp. 10-12.

[12] According to the source of the sperm sample, abbreviations AID and AIH will be used when necessary, respectively meaning Artificial Insemination by Donor and Artificial Insemination by Husband.

rather than the techniques involved in the process. These may or may not involve IVF, according to the "quality" of the gametes.

Amongst all IVF techniques, Intracytoplasmic Sperm Injection (ICSI) is the most prevalently applied, in Turkey and in most parts of the world, due to its higher success rates. It is seen that in most IVF programs, 70 to 85 percent of eggs injected via ICSI are fertilized,[13] one out of five couples "takes home a baby" after one cycle of IVF,[14] and for each cycle the chances of achieving pregnancy vary between 40 to 50 percent.[15] With ICSI, different from IVF, the fertilization process is interrupted and selected sperms are directly injected into eggs with the help of a needle instead of waiting for fertilization to take place on its own.

Technology in Context

Because that ART and in particular IVF has offered new solutions for childlessness, these technologies have spread from the West to the other parts of the world with great speed since 1978. Opening up previously "naturalized" domains like the constituents of a family and the "nature" of reproduction to social scrutiny, ART have been challenging social values and flaming moral, political and socioeconomic debates in the societies they enter; changing them and being changed as they become the center of local negotiations regarding their "appropriate" or "inappropriate" usages, the risks they entail, and the meanings and consumption patterns they create.

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[13] Advanced Fertility Center of Chicago. *Intracytoplasmic Sperm Injection – ICSI and IVF: Highly Effective Treatment for Male Factor Infertility Problems.* Available [online]: http://www.advancedfertility.com/icsi.htm [15 March 2011].

[14] CBC News. 25 July 2003. *Success Rates for Test-Tube Babies Doubled in 25 years.* Available [online]: http://www.cbc.ca/news/health/story/2003/07/25/brown_25anniv030725.html [15 March 2011]

[15] Koşuyolu Kadın Hastalıkları Merkezi. *Tüp Bebek Başarısı*. Available [online]: http://www.jineped.com/tup-bebek/190-tup-bebek-basarisi [15 March 2011].

The Turkish public was introduced to IVF in 1988, when Turkey's first test-tube baby, Ece Çoker, was born in the Ege Medical Faculty.[16]Over these 23 years, IVF has formed an established medical market where the general health insurance covers 70 to 75 percent of the treatment expenses of up to two trials[17] and120 official "test-tube baby clinics"[18]– public and private – serve 150,000 new patients every year, out of an estimated population of two million infertile couples.[19] As banks offer "test-tube baby loans,"[20] the "Turkish Oprah," Seda Sayan, gifts her audience with countless IVF packages,[21]famous obstetricians show up on television programs to inform the public on the latest technologies, and the print media fills pages with "accomplishment stories" of women who have given birth to test-tube babies, IVF has gained tremendous visibility and popularity.

Yet, despite the amount of attention IVF receives in Turkey, it still is largely neglected in the social sciences, taken up by genetic engineering and medical studies more commonly.[22]So, in order to understand how ART are "transformed according to local conditions of practice [and are] transformative of the societies they newly inhabit,"[23] one has to step outside of the walls of the laboratory, understand technologies as tools in the interplay of culture,[24] compare what is going on under the microscope with the social and cultural reality of reproduction and the "microsociological level of human experience with the macrosociological level of

[16] "İşte Tüp Ece," *Milliyet*, 19 April 1989.
[17] Republic of Turkey, *T.C. Resmi Gazete*, no. 25722, 9 September 2005.
[18] For a full list of IVF clinics authorized by the Ministry of Health of the Republic of Turkey, see Appendix A.
[19]*Milliyet.* 30 January 2010. *Türkiye'de 2 milyon kişi kısır.* Available [online]: http://saglik.milliyet.com.tr/turkiye-de---milyon-kisi-kisir/cinselsaglik/haberdetay/30.01.2010/537672/default.htm [11 October 2010].
[20] See Appendix B for the Yapı Kredi Bank example.
[21]*Sabah.* 29 August 2011. *Seda Sayan: "Tüp Bebek İsteyenler Gelsin."* [1 September 2011]
[22] Burcu Mutlu, "The Local Culture of In Vitro Fertilization in Turkey: Women's Narratives of Test Tube Baby Technologies" (M.A. thesis, Boğaziçi University, 2009), p. 2
[23] Kelly Amanda Raspberry, "Conflicted Conceptions: An Ethnography of Assisted Reproduction Practices in Argentina" (Ph.D. diss., University of North Carolina, Chapel Hill, 2007), p. iii
[24] Gay Becker, *The Elusive Embryo: How Women and Men Approach New Reproductive Technologies* (Berkeley: University of California Press, 2000), p.10.

reproductive politics"[25] to see that the seemingly "acultural" technological knowledge is more a play field of legal, economic, and social actors [26]who are the subjects and objects of "bio-politics," and where the power-knowledge interaction shapes identities and subjectivities.[27]

Marcia C. Inhorn suggests that global technologies do not get placed into "cultural voids" when they enter non-Western contexts.[28] As ART generate in the West and disseminate to other geographies, surfaces of friction and negotiation open up, where people actively mobilize local cultural values while interacting in a community composed of doctors, nurses, psychologists, families, neighbors and other people going through the same procedures.

Since "global is imbued with local meaning,"[29] Western technologies do not simply linger in the atmosphere, but "perpetuate their existence through already existing cultural and societal structures and value systems,"[30] engaging with "cultural dialogues"[31] that embody social norms. Through this particular interaction between global technologies and local actors, peculiar understandings of normalcy and deviance result that lead to a division between the "appropriate" and "inappropriate" uses of the same technology. In other words, as IVF encounters different "cultural dialogues," in each context it is endowed with different meanings, appropriated in a different manner and thereby while its certain forms are condemned, excluded and

[25] Frank van Balen and Marcia C. Inhorn, "Introduction. Interpreting Infertility: A View from Social Sciences." In *Infertility around the Globe: New Thinking on Childlessness, Gender, and Reproductive Technologies,*ed. Marcia C. Inhorn and Frank van Balen (London: University of California Press, 2002), p.7

[26] Aditya Bharadwaj, "How Some Indian Baby Makers are Made: Media Narratives and Assisted Conception in India," *Anthropolgy and Medicine* 7, no. 1 (2000), p.64.

[27] Margaret Lock, "Medicalization and the Naturalization of Social Control." In *Encyclopedia of Medical Anthropology,* ed. Carol R. Ember and Melvin Ember (New York: Kluwer Academic/Plenum Publishers, 2004), v1:120.

[28] Inhorn, "Local Babies Global Science," p.7.

[29] Marcia C. Inhorn, "Making Muslim Babies: IVF and Gamete Donation in Sunni versus Shi'a Islam," *Culture, Medicine and Psychiatry*,no. 30 (2006), p. 429.

[30] Burcu Görgülü, "Interpreting IVF from a Foucauldian Perspective" (M.A. thesis, Sabancı University, 2007), p. 4

[31] Becker, "The Elusive Embryo," p.33-34

even banned from the public sphere and cast as "deviant," others are conceptualized as "normal" and become routine procedures, practiced on daily basis. In the case of Turkey, the separation line is drawn between AID and what can be termed "conventional IVF," which might or might not include AIH.

Throughout this thesis my main focus will stay on the formation of this boundary, and I will try to show how this specific local configuration of the global IVF technology came about. To grasp this process whereby the imaginary, crooked and porous line – which has changes, angles and transparency depending on where you are (i.e., in different geographies like Turkey, Israel, Egypt, Iran, Lebanon or Greece) and what you are (i.e., a woman, a middle class woman, a single woman, a lesbian woman, a man, a couple, etc.) – that divides the social space of IVF between the "can-do's" and "cannot-do's" came about, I will try to trace the "social dialogue" between certain institutions and persons who are involved with these technologies.

Looking into the law, the market, and women's narratives of IVF as my fields of inquiry, I ask how state regulations, economic conditions and cultural conceptualizations (i.e. of infertility, motherhood, family, lineage, etc.) work together and form the discursive space of ART where "conventional IVF" is routinely performed, highly normalized; AID is denaturalized, delegitimized; and thus the boundaries between normal-deviant, natural-unnatural appropriate-inappropriate are reinstituted.

Looking at the culture-specific formation of the boundary between the "inappropriate" AID and the "appropriate" "conventional IVF," I will move on three axes of inquiry to understand the local configuration of this global, biomedical technology. First of all, I will provide an account on the centrality of the nuclear family to the nation state structure in Turkey. Here, the processes of medicalization

and Westernization will be taken together with the emergence of the nuclear family as the main organizational unit of the newly formed republic. Secondly, I will look into the conservative, family-oriented policies of the current government that has been the leading party in the national parliament since 2003, the Justice and Development Party (AKP) that regulates the IVF market by limiting the options of how to conceive for women and couples. The historical processes that brought the nuclear family as an indispensable unit to the society, with the emergence of the family as a site to be protected from over-Westernization and thus corruption, which feeds into the conservative ideology of the number one legislative power that operates within a neo-liberal market of IVF, will provide a multi dimensioned view of how the "properness" of one technology is decided upon.

These macro images of the socio-technological terrain of IVF will be intersected by the third axis that I will scrutinize in this thesis, which is the domain of cultural values that form the basis for the legal regulations of the government. Fifteen women's narratives on the IVF process, and their interviews that give us an idea about their conceptualizations of issues such as motherhood, fatherhood, family, the role of children in the family, the child in relation to the mother, lineage, adoption and AID, which stand central to the enabling, justification and reinforcement of the state control over the possible usages of the technology in Turkey.

Instead of pointing to one specific explanation of how AID is considered "deviant" while "conventional IVF" is perceived to be quite "normal," I will try to present a picture where macro structures, legal regulations, historical processes and micro experiences that signal to the existence of popular cultural values that are expressed repeatedly by women of different educational, cultural, religious, economic backgrounds, intersect and form a sphere where the peculiar local

reception, interpretation and application of the global IVF technology takes place. I will argue that this sphere – the intersection point of historical emergence of the nuclear family as the organizational unit of the nation state, family-oriented policies of the government and popular cultural values that are both formed by these two axes and are formative of them, is where the legal regulations of IVF overlap with the cultural values of the locality in which this global technology is experienced, reinforcing each other, shaping and being shaped by each other. Staying within the sphere of IVF technology, I will scrutinize issues concerning the medicalization of daily life, the exacerbation of the nuclear family-oriented policy environment, the formation of the "test-tube baby market," worries over donor insemination procedures, and the narratives of women with IVF experience; asking how legal restrictions on AID are legitimized. Is IVF about making children, making parents or making families? Is IVF a "cure" or a threat to traditional values? Is IVF an ordinary, simple procedure or is it a painful "journey"?

Methodology

For the purposes of this thesis, I have scanned news articles on IVF that have appeared on the Internet since 2000, looked at legal texts and policy statements by government officials on the issue of IVF, and used a vast array of literature on medicalization, bio-politics, and assisted reproductive technologies in different settings. The most important source in structuring my thesis has been the semi-structured interviews I conducted with 14 women who had undergone "conventional IVF" treatment and 1 woman who had conceived and given birth via AID, which she had done in Denmark.

Narratives are crucial to understanding the lived experience of IVF in relation to the other social actors and macro forces that operate within this socio-medical

field. They show us what is at stake in the daily lives of women as they undergo high technology procedures. While these narratives are the product of the greater "social dialogue" on issues such as reproduction, family or children, they are also the active participants of this conversation, shaping and changing it, and making sure that the definitions of the normal and the deviant never stay the same; they transform and are transformed by every new data brought into the equation. Thus, in women's narratives, speaking in the Foucauldian sense, "the power that comes from everywhere"[32]becomes visible, revealing the ways in which women engage in relations with a biomedical technology; adapting to, negotiating with and most importantly "working the system."[33] It is very important that the narratives demonstrate how infertile women are not mere recipients of technologies but rather active and strategic agents who constantly solve problems during the course of IVF treatment.

Looking at the issue from this angle where cultural studies, science and technology studies and women's studies meet,[34]I accessed women who had gone through, or were still in the process of, IVF treatment. I reached my respondents via a network I built with the public IVF clinic of the Cerrahpaşa Medical Faculty, the private Brüksel IVF Clinic, and friends. Using the clinic networks, I requested the help of nurses to get me in touch with women since this way they felt more comfortable speaking to me, being able to associate me with the clinic. I employed my personal lines to contact two of the "conventional IVF" users and the woman with the AID experience. To sustain confidentiality in this study, I will be using

[32] Martin Hewitt, "Bio-politics and Social Policy: Foucault's Account of Welfare," in *The Body: Social Process and Cultural Theory*, ed. Mike Featherstone, Mike Hepworth and Bryan S. Turner (Wiltshire: Sage Publications, 1991), p. 231.
[33] Greil, "Infertile Bodies," p.103.
[34] Charis M. Thompson, "Fertile Grounds: Feminists Tehorize Infertility," in *Infertility around the Globe: New Thinking on Childlessness, Gender, and Reproductive Technologies*,ed. Marcia C. Inhorn and Frank van Balen (London: University of California Press, 2002), p.62.

pseudonyms for all the women I interviewed, including the woman who went through AID even though she is a public figure. In her case my intention is to hold my promise to her, rather than security concerns, since she is well known by the Turkish community and most probably her identification can be figured out through the narrative. Except for her, all my interviewees are married women, between the ages of twenty-four and forty-two, yet mostly in their thirties, which is representative of the dominant medical discourse, which associates advancing female age with infertility,[35] calling women to medical treatment "before it gets too late."

The reason why I chose only women as subjects was first of all due to how they open more easily up to a female student researching their sexual and reproductive lives than men; and second, because women have to endure the social, psychological and physical troubles of the IVF process much more than their male partners as most of the medical procedures take place on their bodies even when the infertility is caused by a male factor.[36]Among the women I talked to, while the reasons for infertility changed from case to case, my sample contained four situations where there was a problem with the female reproductive system, four cases of male-induced infertility and five cases of infertility due to unknown reasons, where the source of the physical inability cannot be traced to either gender. With the other two women, one of them did not have a partner and thus went for AID, and the last was a relative who had not personally experienced the process but by staying with her daughter throughout she qualified herself as a "second hand IVF consumer."

The duration of their treatments being between six months to seventeen years, some of these women had already given birth via IVF. While three of the women I interviewed had had twins, three of the women had given birth to one child through

[35] Burcu Mutlu, , "The Local Culture of In Vitro Fertilization in Turkey," p.8.
[36] van Balen and Inhorn, "Introduction. Interpreting Infertility," p.7

IVF, one woman was four months and another was nine months pregnant and six women had not been able to experience a full-term pregnancy. Also my respondents' socio-economic status varied, and while it could be said that three of them expressed that they had never had any monetary problems with the treatment, two of them were very poor and the rest fell in between. Also, four of these women were devout Muslims and one of them was a practicing Jew. I believe that maintaining this variety in my sample enriched my view and strengthened my thesis by providing converging and contesting views from women of different backgrounds.

While most of the interviews took place in their homes, where the privacy and comfort led to longer dialogues of an hour to two hours, I also conducted five interviews in a private room at the IVF clinic of the Cerrahpaşa Hospital and one interview at a Starbucks coffee shop where the woman requested to meet me. In these semi-structured interviews, I mainly listened to women's own stories, while asking them about their opinions on AID and adoption, trying to learn more about the multiple dimensions to their experiences and searching for patterns between theirnarratives. These accounts not only gave me a sense of their ideas on motherhood, children, family, marriage, kinship, and parenting, but they also drew a picture of the discursive space in which they went through IVF. In the following chapters I will be presenting the local culture of IVF based on this data.

Following the introduction, the second chapter contains a literature review of anthropological studies conducted in Israel, Egypt, Iran, Lebanon and Greece to reveal the culture dependent experiences of IVF. Showing the variety of social, cultural, economic and politic concerns that surround the IVF experience in different locations, this chapter provides an understanding of how one technology can result in unique outcomes as it becomes incorporated into local relations of power, where

systems of meanings and morals form peculiar “social dialogues.”

The third chapter deals with the dynamics of the legal and economic field where specific notions of the family, lineage, propriety, reproduction and motherhood come into play and mould the local experience IVF in Turkey. Looking at the laws and the market that dominantly effect the conduct of IVF practices in this context, I aim to draw a picture of the macro relations and discourses that construct and reconstruct the boundaries between the norm and the deviance, the natural and the artificial, the “appropriate” and the “inappropriate.”

Before concluding, the fourth chapter opens up the ways in which women experience IVF as a bodily technology, while looking at their narratives within the local discursive space of infertility and reproductive technologies in Turkey.

CHAPTER TWO

GLOBAL TECHNOLOGIES, LOCAL CONSUMERS:

IVF IN DIFFERENT SETTINGS

Infertility is a global phenomenon that affects approximately 10 percent of all human populations by the inability to conceive at some point of their reproductive lives.[37] It is commonly a distressing experience which decreases the well-being of persons, breaking the linear life narrative of conception, birth, and the progress of the next generation.[38]

While it could be said that worldwide, women "appear to bear the major burden of infertility, in terms of blame for the reproductive failing; personal anxiety, frustration, grief and fear; marital duress, dissolution, and abandonment; social stigma and community ostracism; and, in some cases, life-threatening medical interventions,"[39] this common denominator should not lead to an assumption on the existence of a universal patriarchy that oppresses all women, everywhere, and in the same way.[40] Because, the way in which infertility and conceptive technologies are experienced is highly dependent on the local context, since childlessness produce

[37] van Balen and Inhorn, p. 7.
[38] van Balen and Inhorn, pp.3-4.
[39] van Balen and Inhorn, p. 7.
[40] Marcia C. Inhorn, *Infertility and Patriarchy: The Cultural Politics of Gender and Family Life in Egypt*. (Philadelphia: University of Pennsylvania Press, 1996), p.85.

culturally moderated consequences and meanings,[41] and the technology to overcome this situation both "embed[s] and is embedded in social practices, identities, norms, conventions, discourses, instruments and institutions – in short, in all the building blocks of what we term the social."[42] Thus, although ART have been rapidly globalizing since the birth of Louise Joy Brown, it cannot be imagined that their impact on different geographies is the same.

With feminist movements and the increase in the numbers of women in academia, the long-neglected subject of reproduction has moved towards the center of scholarly interest, and since then most of the issues that pertain to the reproduction of humans, and in particular of women, have been left unexamined.[43]In the 1970s, focusing on the probable consequences of the new reproductive technologies, feminists believed in the possibility of technological progress to set women free of their reproductive biologies.[44] This supportive environment changed as the 1980s approached and ART were interpreted as, rather increasing than decreasing women's subservience[45] to their roles as reproducers and mothers. Criticizing the biomedical environment in which women and their bodies were subjected to intensifying surveillance and patriarchal control by the means of reproductive medicine, feminists of this generation initiated political conversations about the family and stratification.[46] The latter issue has been conceptualized by Faye D. Ginsburg and Rayna Rapp as "stratified reproduction;" to describe the power relations by which some social, economic, ethnic groups are empowered to nurture and reproduce, while

[41] Frank van Balen, "Infertility and Culture: Explanations, Implications and Dilemmas" In *Marginalized Reproduction: Ethnicity, Infertility and Reproductive Technology, ed.Lorraine Culley, Nicky Hudson and Floor van Rooij. (London: Earthscan, 2009)*, p.34.
[42] Sheila Jasanoff, "The Idiom of Co-production," in *States of Knowledge: The Co-Production of Science and Social Order*, ed. Sheila Jasanoff(New York: Routledge, 2004), p.3
[43] van Balen and Inhorn, "Introduction. Interpreting Infertility," p.3
[44] Thompson, "Ferile Grounds," pp.54-55.
[45] Thompson, "Fertile Grounds," pp.54-55
[46] Thompson, "Fertile Grounds," pp.54-60.

others are disempowered and even stigmatized for overpopulating.[47] Within this field, the experience of infertility in the poorer and more populous societies like Egypt, China, India[48] received attention; revealing the various cultural terrains in which ART produce and receive meanings.

Marcia C. Inhorn suggests that due to a greater desire for children in pro-natalist societies, which leads to an inefficient use of contraceptives among women – heightening the risk of catching sterilizing STDs, unsafe abortions or postpartum infections – infertility appears higher in areas where fertility is also the highest.[49] She names this phenomenon as the "fertility-infertility" dialectic. Thus, the fast spread of various ART and the mushrooming of IVF clinics in these non-Western geographies become easily understandable. Yet, this process of globalization by which reproductive technologies move eastward, should not bring up an assumption that this mobility necessarily homogenizes, Westernizes or Americanizes these spaces.[50] Rather, we should keep in mind that "global is always imbued with local meaning,"[51] and local actors, too, do shape the way global processes unravel in their own historical moments and places.

Altering the boundaries between the biological and the social, blurring the "purifying" modern gaze, new reproductive technologies stir up debates on issues that have been considered natural and thus unchangeable. Enabling and even demanding human decision where before biological destiny prevailed, these technologies politicize issues concerning sexuality, reproduction, parenthood and the

[47] Faye D. Ginsburg and Rayna Rapp, ed., "Introduction: Conceiving the New World Order," in *Conceiving the New World Order: The Global Politics of Reproduction* (Berkeley: University of California, 2005).
[48] For example see Martia C. Inhorn for Egypt; Lisa Hendwerker for China; Aditya Bharadwaj for India.
[49] Inhorn, "Local Babies Global Science," p.7.
[50] Arjun Appadurai,*Modernity at Large: Cultural Dimensions of Globalization*, Public Worlds v.1.(Minneapolis: University of Minnesota Press, 1996), pp.27-47.
[51] Inhorn, "Making Muslim Babies," p.429.

family.[52] As this scene unfolds, people's daily reproductive experiences become drastically altered depending on the peculiar "social dialogues" of the context penetrated by the reproductive technologies of the West. But far from being a unidirectional one, this process holds, as Ginsburg and Rapp write, "local cultural logics and social relations [that] incorporate, revise, or resist the influence of seemingly distant political and economic forces."[53] Not remaining the mere recipients of the global flow of knowledge, technologies and techniques, people everywhere actively engage in the shaping of the uses and conceptualizations of ART. This interaction is described by Inhorn as such:

> …NRTs are not transferred into cultural voids when they reach places like Egypt. Rather, local considerations, be they cultural, social, economic, or political, shape and sometimes curtail the way these Western-generated technologies are both offered to and received by non-Western subjects. In other words, the assumption on the part of global producer nations that these NRTs – as purportedly value-free, inherently beneficial medical technologies – are "immune to culture" and can thus be "appropriately" transferred and implemented anywhere and everywhere is subject to challenge once local formulations, perceptions, and consumptions are taken into consideration.[54]

As the anthropological interest turned towards non-Western settings and gave way to "a new line of inquiry in ART scholarship – one that is more attentive to how reproductive, kinship, and gender logics shape, and are reshaped by, the local uptake of ART,"[55] a focus on what Kleinman calls people's "local moral worlds"[56] developed. Scrutinizing the power relations at stake in a society, through the day-to-day practices of people of ART, these studies shattered the "culture-immune",

[52] Stanworth, "Reproductive Technologies," p.2
[53] Ginsburg and Rapp, "Introduction",p.1.
[54] Marcia C. Inhorn, "The 'Local' Confronts the 'Global'," p. 265.
[55] Lara R. Braff, "Reconceiving Personhood: The Localization of Assisted Reproductive Technologies in Mexico City" (Ph.D. diss., University of Chicago, 2010), p.16
[56] Arthur Kleinman, *Writing at the Margin: Discourse between Anthropology and Medicine,* (Berkeley: University of California Press, 1995)

"value-free", "universal" and "inherently beneficial" perception of Western generated technologies; opening up the black box of local experiences of medicalization, infertility, and biotechnologies. Below, a review of literature on Israel, Egypt, Iran, Lebanon and Greece will be presented.

Rabbis and Assisted Reproduction in Israel

Israel is one of the countries with the highest rate of IVF clinics per capita in the world.[57] In addition to having leading research laboratories that serve to develop ART, it also has one of the most pervasive body of rules issued by the state concerning the application of these technologies.[58] While Israel was the first country, and still remains amongst the few, to legalize surrogacy arrangements[59] in 1996, it also allows all forms of AI practices within the country borders, regardless of the marital status or sexual orientation of the IVF applicants.[60] Moreover, as part of the basic health service, the Israeli state provides its citizens major financial support for unlimited cycles of IVF treatment, until the birth of two live children;[61] requesting only a modest contribution of roughly one hundred dollars from the users.[62] In this context, Susan Martha Kahn looks into the ultraorthodox Jewish community in Israel, and takes us into a world of the Halakhic (Jewish legal) order, where the practical and theoretical challenges taken aboard by the introduction of IVF to this context is tackled with "innovative if often contradictory rulings about their

[57]Ruth Landau, "Religiosity, Nationalism and Human Reproduction: The Case of Israel," *The International Journal of Sociology and Social Policy*, 23, no. 12 (2003), p. 68.
[58] Susan Martha Kahn, "Rabbis and Reproduction: The Uses of New Reproductive Technologies among Ultraorthodox Jews in Israel," in *Infertility Around the Globe: New Thinking on Childlessness, Gender and Reproductive Technologies,* ed. Marcia C. Inhorn and Frank van Balen, (Berkeley: University of California Press, 2002), p.284.
[59] Surrogacy is when a third party female provides gestational care for the embryo of another couple; agreeing to give the resulting child to them. Sometimes this procedure may involve the 'surrogate mother' to donate an egg too.
[60] Kahn, p. 284.
[61] Kahn, p. 284.
[62] Daphna Birenbaum-Carmeli, "The politics of 'The Natural Family' in Israel: State policy and kinship ideologies," *Social Science and Medicine,* n.69 (2009), p.1018.

appropriate use."[63]

There are approximately 600,000 Ultraorthodox Jews around the world, 300,000 of whom live in Israel, forming over 5% of its total Jewish population.[64] Having a two thousand year old legal system – that regulates all parts of the devout Jews' lives; and even the amount of time one should wait after eating meat to drink milk[65] – their encounter with the ultra-modern reproductive technologies have resulted in rather interesting interpretations and adaptations of IVF to the existing cultural domain. Basing the study on her reading of the Halakhic literature interviews with Israeli rabbis and the fieldwork she conducted in infertility clinics around Jerusalem, talking to doctors, nurses and patients; Kahn investigated into the use of IVF amongst ultraorthodox Jews and found answers to questions regarding the workings of the Jewish legal system and how it has allowed innovation through evolving, while preserving and reinforcing certain ideas about the Jewish family.

Kahn describes how rabbinic permission is given to IVF as a result of two sets of concerns. In the first set, the practical concerns are consolidated via the foundation of clinics and hospitals that function under rabbinic consultations; and via the formation of a Jerusalem-based organization named PUAH, which is an abbreviation for a Hebrew name that means the Institute for Fertility Treatment According to Jewish Law. Ultraorthodox Jews seeking IVF treatment usually choose to go to the hospitals working under rabbinic guidance, but they also apply to secular hospitals that contract rabbinic supervision when necessary. On the other hand, PUAH acts as the liaison between ultraorthodox couples seeking IVF treatment, and rabbis that determine the appropriate use of these technologies for each couple

[63] Kahn, p.283.
[64] Kahn, p.283
[65] Kahn, p.289

individually, and usually differently since the interpretation of the Jewish law changes according to needs, and the worldview of the rabbis themselves.

PUAH also coordinates educational programs for *mashginchot*, who are Halakhic infertility treatment inspectors trained by rabbis, and are employed in hospitals where ultraorthodox patients are treated. The main duty of these ultraorthodox women is to watch over the laboratory assistants as they handle the genetic material, and make sure that the right sperm is placed in the right ovum. The second set is composed of theoretical concerns regarding ARTs and IVF. According to Kahn, rabbinic debates on artificial insemination, sperm and ovum donation (which first started in 1940s on the issue of artificial insemination[66]) have resulted in restricted options for IVF receivers, as well as different religious interpretations. Examples of these controversies are described by Kahn in her article. For example, she says, artificial insemination "using Jewish sperm, either from the husband or from a Jewish donor, raises numerous Halakhic questions that have been central to rabbinic debate."

The results of these discussions were that today, in Israel, artificial insemination with the use of a third part sperm donor is allowed to ultraorthodox Jews, as long as the donor is not Jewish. The reason behind this is, first of all, the forbidden status of masturbation for Jewish men in the Halaka, and also the specific description of adultery in the Jewish law as an act that takes place between two Jewish people, and not between a Jew and a non-Jew. The question of ovum donation, being a more controversial than the sperm-donation issue, since Jewish identity is thought to be transferred from mother to children, also was solved on such

[66] Intra-uterine insemination (IUI), which is considered an artificial insemination technique, dates back to 40's, while a more sophisticated technology, IVF, resulted with a live birth in 1978 for the first time. With IUI the fertilization process is not taken outside of the body, while in the latter procedure sperm and ovum meet outside of the womb.

flexible – yet quite literary – readings of the Jewish law, even though the question of whether genetics or gestation is more important to Jewish identity still remains.

So, overall, Kahn states that the convergence of the economic support and the rabbinic permission to artificial insemination with a prevalent pro-natalist culture (which she describes in detail, giving references to the interviews she conducted with doctors, rabbis, and patients) makes IVF an obligatory path to be followed by women, and thus, a regular method of reproduction. Accounts of Rabbinical arguments regarding morally appropriate and inappropriate reproduction stress the importance of local religious moralities in the world of Israeli IVF. While Kahn states that the American "consumer model" of a reproductive technology market has yet to be established, nonetheless many options such as donating gametes, engaging in surrogacy arrangements and single or lesbian parenting are permissible in Israel, in sharp contrast with its neighbor, Egypt.

IVF in Egypt and its "Areas of Constraint"

In 1986, Egypt was one of the earliest countries in the region to open an IVF clinic, and has kept boasting about its centers throughout the years. Inhorn spent several years in Egypt, collected narratives on the particular IVF experience of Egyptian women, and became one of the leaders of medical anthropology. Having published several books on Egypt,[67] Inhorn scrutinized the "limits of agency in a class-stratified, resource-poor, Third World society on the receiving end of global reproductive technology transfer."[68] In her multiple studies in Egypt, she pointed to several areas of constraint that deterred women from using ARTs. To do this, Inhorn approached the subject area by asking "what prevents Egyptian women from

[67] You can look at *Local Babies, Global Science* (2003) and *Infertility and Patriarchy: The cultural politics of gender and family life in Egypt* (1996)
[68] Inhorn, "Local Babies Global Science," p. 29

reaching IVF technologies?" rather than asking the expected question of "what motivates Egyptians to use ARTs?" In conclusion, Inhorn made a point by saying that, using such technologies, women turn into the agents of their own reproductive futures; while the seven different areas of constraints stand on the way of acquiring full agency on reproductive destiny is the Egyptian setting.

Some of the areas of constraint Inhorn designates are, first, the monogenetic understanding of reproduction and second, misinformation on IVF. The reproduction of such understandings, Inhorn states, has been broken down to a certain extent over the years, as information on IVF and reproduction have been spread through media channels, as well as being placed in popular soap operas. Yet, according to Inhorn, due to the continuing stigma and secrecy associated with IVF, widespread misunderstandings about the technology itself will persist for some more time. Third, women's ambivalence regarding taking hormones poses an area of constraint. Since hormones of all sorts are connotative of "weakness" in Egyptian culture, and especially in poorer communities, women hesitate before signing up for IVF, fearing that even though their reproductive organs will get stronger, a general weakness that might follow may result in a worse disease, like cancer.

Fourth, the problem with the actual efficacy of IVF treatments in Egypt, which are exaggerated by clinics to draw more attention and make patients keep coming back, often results in women being gambled and then lost, after they spend months and years with anxiety, spending money and taking risks. A fifth arena is the cultural belief that the "weakness" of the sperm, the chances of which were increased with the introduction of ICSI in the early 1990s, might transfer to the child, making him or her disadvantaged in life.

A sixth concern is the issue of "aging wives," who have stood by their

husband's for years of treatment, yet are dumped and divorced after the introduction of ICSI, which enable the men to reproduce while their wives' reproductive capacity fell over years. Seventh, as well as the secrecy and stigma surrounding the issue of IVF, the belief that envy, or the evil eye of others, an especially that of childless women will cause misfortune in the course of treatment or pregnancy mitigates against the formation of patient coalitions, as many women do not want to disclose their IVF or ICSI successes, or procedures. This in turn results in the experiencing of hopelessness and fear in isolation, too.

Giving the reader a cultural account of how the very global technology of IVF and its application has been shaped according to the moral codes and belief systems of the Egyptian locality, in another article Inhorn also compares the extent to which various forms of IVF are allowed in Egypt, where Sunni Islam prevails, to what Shi'a Islam allows to happen in Iran[69] and Lebanon.[7071]

Shi'a Conceptions of AID in Iran and Lebanon

According to Inhorn's account of the issue, IVF first was practiced in the world of Sunni Islam in clinics opening in Egypt, Saudi Arabia and Jordan in the mid-1980s. The first fatwa given on the subject came out of the prestigious Al Azhar University and has endured in all its significant points up to this day. The basic tenets of this fatwa, which banned all third party intrusions to the "marital functions of sex and procreation" as *zina* (adultery), forbid the adoption of a child that has resulted from an illegal medical operation of assisted reproduction since he or she was

[69] For a more detailed, yet similar account of Iran, look at Mohammad Jalal Abbasi-Shavazi et.al. "The "Iranian ART Revolution": Infertility, Assisted Reproductive Technology, and Third Party Donation in the Islamic Republic of Iran" *Journal of Middle East Women's Studies,* 4, no. 2, (Spring, 2008)

[70] For a different account of Lebanon, look at Morgan Clarke, "New Kinship, Islam, and the liberal tradition: sexual morality, and new reproductive technology in Lebanon" *Journal of the Royal Anthropological Institute* no.14 (2008), p. 153-169

[71] Inhorn, "Making Muslim Babies," p. 427-450

considered to be illegitimate, and belonged to the birthing mother; did not allow any form of surrogacy arrangement; and did not allow the use of a deceased husband's sperm even for the widow. These rules are still widely accepted throughout the Sunni world. Amongst all these rules, the most crucial separation between Sunni and Shi'a Islam is on the performance of AID. While Sunni Islam considers all donor gamete donations as a form of adultery, the fatwa issued by Iran's Ayatollah Ali Hussein Khamanei allows AID and does not consider an action as *zina*, as long as physical intercourse does not take place. While some other Shi'a religious authorities agree with Khamanei, there are still others who oppose the whole issue of AID. As some of those who agree demand that a mut'a marriage[72] should be performed before egg transfer between two women, Khamanei does not even require such arrangement. In fact, as Inhorn states, the Ayatollah Khamanei has even allowed sperm donation under the condition that the woman would divorce the infertile husband and remarry after the procedure. In the Shi'a dominated Lebanon, which is composed of people from various religions and religious sects, the Ayatollah Fadlallah allows egg donations while requiring a mut'a marriage for the procedure, yet finds sperm donation unacceptable. According to Clarke, fertility doctors in Lebanon usually keep a copy of Khamenei's fatwa on their shelf, for possible hesitant Shi'a or Sunni patients.

Clarke's account of Lebanon portrays a setting where global technologies, and (compared to the Sunni states) a relatively liberal conduct on IVF are present, yet do not result in a market where all consumers move freely. Moral issues concerning premarital virginity, a high level of stigmatization and secrecy regarding IVF, and

[72] Mut'a Marriage is a specific form of agreement in Shi'a Islam, which enables temporary marriages of one day to one week or maybe more, for men, with exchange of money that will be given to the woman. It does not necessitate any official recording in neither Iran nor Lebanon, and one witness is enough for the ritual to take place.

concerns over the donors' moral qualities restrict the applicant of such technologies, and lead the way to new configurations of them. So, due to the importance put on female virginity before marriage, young, unmarried woman, who constitute the most of egg donors in the West, cannot donate eggs in Lebanon. Also since "no self-respecting Lebanese woman, Muslim or Christian, would be seen publicly pregnant with the child of a man other than her husband [,] those seeking this solution turn to other quarters."[73]

What is common is that such couples hire domestic servants, or maids who are immigrants from less well-off countries and live with the family during the pregnancy. Yet again, single women are not preferred and the importance of the surrogate mother to be married is stressed, above all possible concerns that could follow such an arrangement. "Morals," *ahlak* referring to especially sexual morality, appears to be a prominent theme in the lives of Lebanese people, and comes up in issues concerning high technology reproduction with IVF, too. Again, Clark notes that while taking donor gametes, Lebanese applicants tend to ask about the "morals" of the donor, such as his or her background, behavior and especially sexually behavior, which also has a medical importance regarding STDs. Yet the medical and moral inquiry is done at the same time.

Getting back to the difference between Shi'a and Sunni Islam with regards to IVF and AID, it should be noted that the prioritization of the *ijtihad,* or "individual religious reasoning through the use of *aql* (mind)"[74] in the Shi'a tradition, in contrast to the general Sunni preferences of scriptural sources, creates the great difference between the Shi'a and Sunni conduct of IVF. Besides presenting the adulterous quality of AID as a basis on which to ban the action, what Sunni authorities also

[73] Clarke, p.161-162
[74] Abbsi-Shavazi, p. 5

stress is the importance of possible confusions in lineage or *nesep*. With *nesep* being one of the most important elements of identity and kinship in Islam, Khemanei's response to the question is quite simple. He claims that the personal *nesep* of the child is not blurred or lost, since he or she is related to the biological parents in *nesep*. That as long as the true biological identity of this child is not hidden, *nesep* does not fall under threat. Accordingly then, the child that is conceived via AID cannot inherit from the social parents, and upon maturing, he or she should act as any stranger in hand shaking or covering before the parent of the opposite sex. Such social inconveniences are the reason why not many Iranians or Lebanese apply for AID, even though it is allowed by the religious authorities and in Iran, by law.

Socially Realized Natures and IVF in Greece

Quite different from the Middle Eastern context, Heather Paxson's study[75] on Greece is about how IVF is accommodated into a prior understanding of "nature as socially realized" in Greece, in comparison to the US and British contexts, where studies show that IVF functions more to make the social construction of nature explicit by breaking previously naturalized boundaries of concepts such as gender, family, and reproduction. In the article, Paxson suggests that while in the US and the UK, concepts of gender and family entered into a crisis with the advent of IVF, because the symbolic order and the conceptualization of the relationship between nature and culture were disrupted, and so, talking about one through the other is no longer possible. "In urban Greece IVF is accommodated into local understandings of reproduction, gender, and nature/culture in ways that are at once familiar to and

[75] Heather Paxson, "With or against nature? IVF, gender and reproductive agency in Athens, Greece," *Social Science& Medicine*, 56 (2003), p. 1853-1866.

distinct from the US and UK cases."[76] What she suggests to be different and similar to the "Western" experience in Greece is that, rather than making the "social construction" of nature distinctive, IVF itself is conceptualized with a previously established sense of "nature" as "socially realized." So, as Paxson says, questions that have come up with the use of IVF in urban Greece usually center on whether a specific use of the technology goes "with" or "against" the particular natures of persons that is supposed to be realized through kinship relations.

Throughout the article, Paxson dwells on the particular conceptualization of "nature" in Greek culture. Giving reference to the greater importance put on the quality of Mary as a mother than as a virgin by the Orthodox Church, Paxson convinces the reader of the great importance given to "motherhood" in Greece; yet not only in itself, but especially because of its assumed role to "complete" womanhood, rather than its direct relation to procreation. In other words, Paxson states that motherhood is not considered to be especially crucial for bringing new life into the world, but for making immature women whole and mature. And as, Paxson says, IVF gets situated in this kind of an understanding of "nature," it turns into an intermediary technology that makes women realize their natural path. In contrast to the understanding of the use of IVF as giving a "helping hand" to nature, in Greece IVF is considered a means through which women complete their own, personal natures, even when the outside "nature" is considered to be responsible for the damage done to their fertility – no matter if it is the woman herself or her husband who is challenged reproductively. So, quoting Paxson with her emphasis, the case is that "With *eksomatiki*[77] Greek women depict themselves as *achieving motherhood* by

[76] Paxson, "With or against nature?", 2003, p.1853
[77] The Greek word for IVF. Literally meaning, "out of body".

taking charge of a natural process."[78]

As women are the ones who take charge, they are considered the ones who "do" IVF, instead of undergoing it, and their husbands are the ones who "agree" to it, instead of being an active member in the decision process. The main part about which Greek men are concerned regarding IVF, Paxson says, is not the genetic ties of the baby to the father but the man's capacity to impregnate his wife, in other words, his own true natural use, and the threat it is considered to be under if the IVF process is disclosed to family and friends. That is why, Paxson says, usually men do not take the blame for infertility, and try to keep the fact that they conceived through IVF a secret, so that no one would doubt their potency – frequently confused with virility, as is the case in Turkey – or the "origins of the baby." Gestation and birth, especially a natural birth, are considered the key elements in "making mothers," thus in Greece ovum donation is not considered to be essentially disintegrating to motherhood. With this study, Paxson shows us how different aspects of IVF are normalized, and considered natural, in compliance with cultural values.

This chapter has outlined the journey of a single technology in different settings where it has received new meanings, has been placed into different belief systems, and negotiated according to diverse local, moral, cultural networks. Shaped according to the religious, economic and legal frameworks of different settings, a seemingly uniform and culture-immune, global medical technology has been "imbued with local meanings."[79]

Now we can turn our gaze to Turkey, and see how its particular cultural context has defined "conventional IVF" and AID as "appropriate" and "inappropriate" technologies respectively, standing in opposition to each other.

[78] Paxson, p. 1860
[79] Inhorn, "Making Muslim Babies," p. 429

CHAPTER THREE

THE LOCAL CONTEXT OF IVF IN TURKEY



İşte tüp-Ece

EGE Üniversitesi Tıp Fakültesi'ndeki operasyon sonucunda Türkiye'nin ilk tüp bebeği Ece, dünyaya gözlerini açtı. Prof. Refik Çapanoğlu, ''Tam gününde ameliyat yapmışız. Rahimde kireçlenme başlamış. Daha bekleseydik, tüp bebek ölebilirdi'' dedi. Ameliyathaneye gözyaşları içinde giren anne, doğumdan önce, ''Çocuğumu kucağıma aldığımda dünyalar benim olacak'' diye konuştu. ''Artık ben de babayım'' diyerek sevinçten uçan baba Atilla Çokar, tebrik telefonlarına yetişemiyor.

HABERİ 8. SAYFADA

Fig. 1 *Milliyet*'s news on the birth of Ece Çoker: "Here is tube-Ece."[80]

Turkey's first "test-tube baby" Ece Çoker was born in the Ege University Medical Faculty, in 1989. In the twenty-two years that have passed, Turkey has witnessed the rapid growth of a well-established ART market where, according to the figures provided by the Turkish Ministry of Health, public and private clinics serve approximately 150,000 new couples out of a two million population of infertile

[80]*Milliyet*, 19 April 1989.

persons, with IVF technology, every year.[81] Following the enactment of the relevant law in 2005, and with the merger of all public insurance systems under the Social Security Institution in 2006, today around 7,500 births take place annually with the use of these technologies.[82] Relevantly, with a sharp increase in the numbers of IVF clinics from 62 to 121 between the years 2007 to 2011,[8384] Turkey has been sustaining a share of 40,000 IVF procedures out of 500,000 taking place worldwide, and became the seventh largest IVF market,[85] serving not only the local consumers but also "reproduction tourists" coming from Europe, Russia and the Middle East.[86]

These numbers might lead to an assumption that the "business" of infertility occurs in a simple market place where ART are sold and bought without any restriction than that of the unequal financial power distribution between persons. Yet when we look at the guide lines by which each market functions, we can see that they are rather shaped specifically by the rules, roles and rationalities of local contexts.[87]Thus, for example, different from its counterparts like Israel, Spain, England, the United States of America and Germany – which hold the six other largest IVF markets – Turkey bans the practicing of AID and arrangements of surrogacy by the hand of the state. So although making a baby with a sperm donor, an egg donor, a surrogate mother and social parents all at the same time is technically possible, these options do not have legal permission and are regarded as socially

[81]*Milliyet*. 30 January 2010. *Türkiye'de 2 milyon kişi kısır.* Available [online]: http://saglik.milliyet.com.tr/turkiye-de---milyon-kisi-kisir/cinselsaglik/haberdetay/30.01.2010/537672/default.htm [11 October 2010]
[82] "SGK kesenin ağzını açtı Türkiye tüp bebekte dünya 7'ncisi oldu," *Hürriyet* (13 February 2011), Avilable [online]: http://hurarsiv.hurriyet.com.tr/goster/ShowNew.aspx?id=17008882 [15 March 2011]
[83]*Hürriyet* (13 February 2011), Available [online]: http://hurarsiv.hurriyet.com.tr/goster/ShowNew.aspx?id=17008882 [15 March 2011]
[84] See "Appendix A" for a full list of IVF clinics authorized by the Ministry of Health of the Republic of Turkey by July 2010.
[85]*Hürriyet* (13 February 2011), Available [online]: http://hurarsiv.hurriyet.com.tr/goster/ShowNew.aspx?id=17008882 [15 March 2011]
[86] John Connell, *Medical Tourism.* (Wallingford: CABI, 2011), p.52.
[87] H. Rika Houtson, "Other Mothers: Fraiming the Cybernetic Construction(s) of the Postmodern Family," *Consumption, Markets and Culture* 7, no.3 (September, 2004), p.195.

unacceptable since they are deemed "deviant" and "unnatural" – in essence, inharmonious with the "natural order." As the nuclear family and heterosexuality continue to dominate cultural dialogues on reproduction in Turkey, marital status and sexual orientation appear to be the social norms that are "systematically used to establish legal and moral barriers against […] access to such services."[88] This cloaking device, i.e. state regulations, turns into a socially constructed moral order that reinforces the boundaries set between nature-culture, normal-deviant, natural-unnatural – which are the generating sources of the device itself – ergo, implies and orders the "appropriate" and "inappropriate" ways to use technology for reproduction.

In order to get a better grasp of the local culture of IVF in Turkey, we need to look further into this purifying practice and its cultural context to see the peculiar ways in which this high technology of reproduction is shaped within the discursive spaces of legal documents, neo-liberal "test tube baby" markets and cultural values. While looking at these spheres, we also have to have a Foucauldian understanding of power as productive and not only repressive,[89] as coming from below and not only imposed top down,[90] and as "a core constitutive element in the makings of technology,"[91] producing realities[92] of infertility, technology and of the experience of IVF in an age of biopolitics.

[88] Houtson, p.201.
[89] Deborah Lupton, *Medicine as Culture: Ilness, Disease and Body in Western Societies.* (London: Sage Publications, 2003), p.120.
[90] Michel Foucault, *History of Sexuality: An Introduction,* trans. Robert Hurley, v.1. (New York: Pantheon Books, 1978), p.94.
[91] Becker, "The Elusive Embryo," pp.34-35.
[92] Hewitt, "Bio-politics and Social Policy", p. 234.

The Legal Context of IVF in Turkey

Turkey's first regulatory text of IVF was published on 21 August 1987 in the official gazette.[93] The purpose of "the code regarding centers for In Vitro Fertilization and Embryo Transfer (IVF/ET)," was to regulate the conditions under which assisted reproduction could take place, targeting the feasibility of facilities, conduct of practitioners, and the requests of patients. The 5th article of the regulation put the "IVF-ET[94] Scientific Committee" in charge of activities such as the licensing, shutting down, and inspecting of IVF clinics in line with the content of the code.

Issuing sample forms for clinics to use for patient intake, bureaucratic and legal procedures, the code determined the criteria that separate the "appropriate" patient and technology from the "inappropriate" ones. Accordingly, only legally married couples that were composed of a wife under the age of 35 and a husband could have had the IVF application, under the condition that they had been officially "diagnosed" as incapable of reproducing without technological "assistance."[95] On the other hand, the 17th article stated that the transfer or selling of any third party gametes or embryos to the couple or their storage for other purposes than allowed in the regulation is strictly forbidden.

On 19 November 2006, the name of this initial law was changed to "the code regarding centers for assisted reproductive treatment," to signify the medical quality of the treatment. And although the contents were edited five times until 2010, changes in the "patient" selection qualifications have been very few except for the lifting of age restrictions for women, even in the 2005 regulation,[96] which was the

[93] Republic of Turkey, *T.C. Resmi Gazete,* no.19551, 21 August 1987.
[94] ET stands for Embryo Transfer.
[95] Further emphasis will be put on the connotations and uses of terms such as 'patient', 'diagnose' in the following section on medicalization.
[96] Republic of Turkey, *T.C. Resmi Gazete,* no. 25869, 8 July 2005.

final reformulation of the 1987 regulation before it was replaced with a new code in 2010.[97] Since 1987, each new edition of the code regarding IVF centers has been more detailed in its content, as technology has improved through time and live births resulted from previously unmanageable procedures like embryo freezing in 1996 and ICSI in 1994,[98] requiring new thinking and ordering. Thus, the most elaborate regulation was passed by the Ministry of Health in March 2010, covering a wide range of issues from the conditions under which freezing of gametes or gonads would be a medical necessity, to the conditions under which they must be disposed of.[99]

Aside from the fact that the 2010 regulation does not modify but replaces the initial code, there are two peculiar aspects to it. First of all the eleventh clause brings out a whole new level of emphasis put on the surveillance of genetic materials by requiring their preservation with matching DNA analyses, stressing the importance of keeping a "chain of custody" of frozen gametes and gonads for the "safety of these materials." The preoccupation with control over the IVF procedure also is observable throughout the text, as the legal grounds for the future establishment of an electronic recording system that will keep detailed information on IVF applicants, from their initial sperm counts to the condition of their frozen embryos, gametes or gonads is formed. Thus it is deducible that a more medicalized future is signaled, where the body of the IVF technology consumer will be a greater source of data and

[97] Republic of Turkey, *T.C. Resmi Gazete*, no. 27513, 6 March 2010.
[98] 1996 is the year when Turkey's first baby was born with the use of embryo freezing. Available [online]: http://tupbebekgenetik.com/en_ilkler.htm
[99] According to the regulation in question, gametes can be frozen up to 5 years and if the scientific commission decides on the necessity of it, more. Conduction of this procedure is allowed before sterilizing operations/therapies like chemotherapy or when sperm is retrieved via medical operation and is too few in amount. After the first year, a formal request from the couple is necessaryfor each extra year that the freezing will continue. If the couple separates due to a divorce or the death of one or both partners, previously frozen gametes and embryos are exterminated, without any permission necessary. This also holds true for a possible disagreement between the couple on the use of such material.

knowledge, observed and kept under constant control to ensure that it does not step across the boundaries set out for it by the law of the state.

Secondly, and most importantly, the regulation of 2010 not only defines all third party gamete contributions, embryo donations and surrogacy arrangements as illegal, it also considers the transferring, directing, encouraging and even advising of patients to conduct these procedures in foreign countries where AID is permissible as a crime. It is clearly stated in the 6th and 7th articles that upon the uncovering of such arrangements between a Turkey-based clinic and a foreign destination, the personnel responsible for the act will be reported to the chief public prosecutor's office for further investigation, together with the "impregnated person" and the donor, and the clinic will receive a warning for the first time, and will be decertified upon the repetition of the same crime.

With the introduction of such an unprecedented rule into the new code, we can see that a transition from simply regulating local clinics on the basis of their activities' consistency with law, to preventing the health-care seeking population from using AID has taken place. While before clinics were the only parties responsible for staying within the lines drawn by the laws of the state, now persons and especially women are held responsible if these new boundaries are transgressed. Although according to the regulation AID is not punishable without the collaboration of an intermediary institution that would direct the patient to a foreign clinic, nonetheless the criminalization of such arrangements fulfills its duty to prevent AID from taking place on a larger scale due to certain areas of constraint. First, since donor insemination is not an openly discussed subject in Turkey, people who intend to perform AID without the knowledge of their social circles are left without institutions or professionals to ask for advice on which clinic to choose. Second, as

IVF does not happen in one day and requires time for all the preparatory procedures such as the hormone induced hyperovulation of women, the "harvesting" of the eggs, the selection of the sperm, the fertilization of the gametes and the transfer of the resulting embryo, a full cycle to perform AID abroad would necessitate the constant presence of the woman there, which requires time and money on top of the actual amount spent at the clinic.

When local institutions were able to intermediate between patients and AID clinics, all applications before the actual day of the embryo transfer were conducted in Turkey and when the time came woman or the couple flew to their destination to complete the cycle. Now with the forced withdrawal of Turkey-based clinics from this equation, the already expensive procedure has become impossible for many who are deprived of these resources. Thus, what seems as a regulation that mainly targets clinics actually closes most of the available doors for those who want to pursue AID, limiting reproduction via IVF to the confines of the legal family unit, ergo fortifying the imaginary division between the "appropriate" and the "inappropriate" uses of technology.

Here we can see the enhancement of bio-power, which is partially established through regulatory controls, i.e. a bio-politics of the population, "serving as the basis of [a] biological process […] with all the conditions which cause [it] to vary."[100] Through these regulative mechanisms that aim to control probabilistic risks and unpredictable phenomena on the national scale, i.e. in this case the mixing of genetic materials of different couples and the confusion of lineage though AID; bio-power is governed and used to govern the population.[101] Yet, the fact that ART are subjected

[100] Foucault, "History of Sexuality," p.139.
[101] Jacob Tanner, "Metaphors of Medicine and the Culture of Healing: Historical Perspectives," in *Biomedicine as Culture: Instrumental Practices, Technoscientific Knowledge, and New Modes of Life*, ed. Regula Valériw Burri and Joseph Dumit (New York: Routledge, 2007), p.39.

to intensifying legal-practical controls by the virtue of the state should not suggest to the existence of a straightforward repression. Rather a Foucauldian understanding of IVF as a disciplinary power should be employed to reveal the complex mechanisms by which new forms of being, knowing and desiring are produced.[102]

As legal power legitimizes itself and its regulations by basing them on the "natural and scientific facts" of how the world functions and how reproduction works, it simultaneously reproduces them and defines a rightful separation between the "illegal" and "legal" practices of IVF. Yet, as legal truths are dependent on the social context in which they emerge, the values they promote – like sexual and reproductive propriety, the nuclear family, and the traceability of lineage – are where "social dialogues" on reproduction take place and where moral narratives are reproduced. Thus to understand how the legal framework positions conventional IVF and AID as "appropriate" and "inappropriate", "natural" and "unnatural", "normal" and "deviant" technologies, we have to scrutinize issues like the medicalization of reproduction, liberalization of the health market and idealization of the nuclear family as a place to raise children on daily practices of IVF, rather than resorting to deterministic explanations of how law sets the limits for the appropriation of new reproductive possibilities.

Medicalization and Infertility

Medicalization is a term used to define the process by which non-medical problems and social issues "become redefined and treated as medical or biological problems usually in terms of diseases or disorders."[103] As a medical frame of

[102] Karen Thorsby, *When IVF Fails: Feminism, Infertility and the Negotiation of Normality,* (Basingstoke: Palgrave Macmillan, 2004).
[103] Gay Becker and Robert Nachtigal, "Eager for Medicalization: The Social Production of Infertility as a Disease," *Sociology of Health and Ilness* 14, no.4 (1992).

definition is applied to understand the various social aspects of life, phenomena formerly understood to be non-problematic turn into sites where medical intervention is deemed necessary and even a right, for all. For example, the emergence of physicians as a professional group and the invention of birth houses for poor women in the eighteenth century, the recent definition of the complex behavioral phenomenon of attention deficiency as a "disorder" caused by neurological "dysfunction,"[104] or following the development of assisted reproductive technologies, the problematization of the once normal and natural condition of midlife infertility as a pathology or at least pathogenic[105] are all manifestations of medicalization.

This process has three different dimensions to it, which are observable on cultural, institutional and interactional levels in ordering and defining problems when a political actor adopts a medical approach to resolve a problem, and during the doctor-patient interaction, respectively.[106] Thus, when we say that infertility is medicalized it means that this social event of childlessness is conceptualized in conformity with the biomedical model of health and illness, that "the authoritative knowledge concerning infertility is deemed the province of medical specialists, who have the exclusive right and obligation to treat it in accordance with the institutional constraints of professional medicine [and that] […] the infertile take on the role of patients, subject to the conditions of doctor patient interaction."[107]

[104] Stefan Beck, "Medicalizing Culture(s) or Culturalizing Medicine(s)," In *Biomedicine as culture: instrumental practices, technoscientific knowledge, and new modes of life* .ed Regula Valerie Burri and Jospeh Dumit. New York: Routledge, 2007. p.19.
[105] Sandelowski and de Lacey, p.35.
[106] Peter Conrad, "Medicalization and Social Control," *Annual Review of Sociology,* no.18 (1992), p.210.
[107] Greil, "Infertile Bodies," p.102.

Another aspect to medicalization is that usually it is understood to be a linear process that unfolds in modernity, together with secularization,[108] a process by which science and biomedicine – i.e., the specific medical tradition of the West, become synonymous with social progress as a move away from theology and towards objectivity,[109] a process "whereby more and more of everyday life has come under medical domination, influence and supervision."[110] Thus, to understand the impacts of medicalization better, we have to have an idea about the ideological construction of the specific type of medical mind it reflects.

The Biomedical Worldview

Medicine, "defined in its broadest sense as organized health practices and decisive therapeutic choices,"[111] is universal in human organizations. As a cultural practice, medicine is both related to power and knowledge,[112] and has different ontological and epistemological commitments in different contexts. Aside from these, the term "biomedicine" is employed by Arthur Kleinman to indicate to the established institutional structure of the '"Western medicine," that has long been on the global scale.[113] "Biomedicine" holds its preeminently biological concern in its name,[114] which, combined with the peculiar imagination of the Western medical tradition of the nature-culture divide, – i.e., nature as standing prior to culture; and underneath all exterior cultural coatings that are superficial "sometimes-things," as

[108] Beck, p. 19
[109] Hilary Rose, "Victorian Values in the Test-tube: The Politics of Reproductive Science and Technology," in *Reproductive Technologies: Gender, Motherhood and Medicine*,Stanworth, *Reproductive Technologies*, ed. Michelle Stanworth (Great Britain: University of Minnesota Press, 1987), p.154.
[110] Irving K. Zola, *Socio-medical Inquiries: Recollections, reflections and reconsiderations* (Philadelphia: Temple University Press, 1983), p.295.
[111]Kleinman, p.21.
[112] Beck, p.39.
[113]Kleinman, p.25.
[114] Gaines, Artwood D. and Robbie Davis-Floyd, "Biomedicine," in *Encyclopedia of Medical Anthropology*, ed. Carol and Melvin Ember (New York: Kluwer Academic/Plenum Publishers, 2004) p.95.

common to all humans everywhere[115] – is conceptualized to be above and beyond all cultural influences and standing in contrast to other medical systems that are assumed to be culturally biased, unscientific, thus "non-medical."[116] This hegemonic self-perception, according to Kleinman, is evident even in the way most people call it just "medicine,"[117] setting it as the unit of measure for all other medicines, such as the Chinese, Ayurvedic or Thai "traditional" medicine.

One of the most important things that sets Biomedicine apart from these and most other medical systems is its extreme insistence on materialism, expressed in the peculiar role of seeing and measuring, as the grounds of knowledge.[118] This particular aspect to Biomedicine turned the medical encounter into a session of surveillance, where the doctor investigate, question and touch the patient, testing, examining and measuring the vital characteristics of the body.[119] It built the categories, ranges and thresholds according to which health is normalized and illness is diagnosed. Idealizing the male body as the norm and the female body as dysfunctional and a deviation from the male prototype, Biomedicine pathologized processes like menstruation, pregnancy, childbirth and menopause, which pertain to women's bodies,[120] subjecting them to technological interventions that find one of their forms as IVF today. This process was conceptualized by Foucault as the "hysterization of women's bodies, as follows:

> […] a threefold process whereby the feminine body was analyzed—qualified and disqualified—as being thoroughly saturated with sexuality; whereby it was integrated into the sphere of medical practices, by reason of a pathology intrinsic to it; whereby, finally, it was placed in organic

[115] Deborah R. Gordon, "Tenacious Assumptions in Western Medicine," in *Biomedicine Examined*, ed. Margaret Lock and Deborah R. Gordon (Dordrecht: Kluwer Academic Publishers, 1988), p.19.
[116] Gaines and Davis-Floyd, p.95
[117] Kleinman, p.25.
[118] Kleinman, pp.29-30.
[119] Lupton, p.26.
[120] Gaines and Davis-Floyd, p.101.

> communication with the social body (whose regulated fecundity it was supposed to ensure), the family space (of which it had to be a substantial and functional element), and the life of children (which it produced and had to guarantee, by virtue of a biological-moral responsibility lasting through the entire period of the children's education): the Mother, with her negative image of 'nervous woman,' constituted the most visible form of this hysterization.[121]

While these suggest that "Biomedicine is a collective representation of reality,"[122] they do not deny this reality that is represented, but rather indicate to the transformation of that never-achievable "ultimate reality." This cultural distance to the reality that Biomedicine holds, manifested in the conceptualization of nature standing prior to culture, in the imagining of everyone sharing a common anatomy and biology, in the acquisition of medical "facts" through measurement – which in turn create an idea of health that assumes an ideal the body should meet[123] – comes with the medicalization process. Thus, the medicalization of a subject never simply means that it is carried into a laboratory, but rather involves a package deal of concepts such as progress, pathology, norm and processes of normalization and routinization regarding the solutions proposed.

The Medicalization of Infertility

It is suggested by Margarete Sandelowski and Sheryl de Lacey that infertility was discursively "invented" at the conception and birth of Louise Brown, in 1978, when it became possible to be "in"- fertile.[124] Accordingly, the possibility of IVF redesigned "in-fertility" as a by-passable and medical condition, a liminal state of going back and forth between reproductive capability and incapability, as opposed to barrenness which defined a terminal and irreversible condition of sterility, and even

[121] Fouault, *History of Sexuality v.1,* p.104.
[122] Gaines and Davis-Floyd, p.98.
[123] Zymunt Bauman and Tim May, *Thinking Sociologically,* 2nd ed, (Singapore: Blackwell Publishing, 2001), p.100.
[124]Sandelowski and de Lacey. p. 34.

connoted a "divine curse" sometimes. So in the world of Louise Joy Brown, infertility was not the reason behind the development of new reproductive technologies, but rather it was a consequence of them. With almost all obstacles before reproduction having been lifted with these new technological innovations, the cultural phenomenon of childlessness has been medicalized and treated in laboratories, and the condition of midlife infertility, which was once considered to be distressing yet natural, has been reproduced as a "biological disease."[125]

During the process of the medicalization of infertility, Biomedicine's conceptualization of the human body as a machine[126] – a collection of separate parts that can malfunction on their own, could be taken out, be corrected and put back into the system – the woman's body was subjected to ever intensifying "medical gaze" through the use of hormone tests, the tracking of menstrual cycles, the observation of the womb by ultra-sound machines, the measuring of "hyper-ovulated" eggs, and the calculation of the perfect age to reproduce. And as bodies appeared to this medical gaze as machines, women's bodies were often envisioned to be flawed machines, requiring experts to monitor and intervene, thus redefining scientific intervention as a needed scientific "assistance to reproduction." Thus with the belief that nature naturally needs a helping hand – an idea as old as the use of forceps to assist the badly designed female reproductive capacity[127] – formed the ground on which the intensifying surveillance of female bodies and medical intervention to reproduction were legitimized; and new reproductive technologies were "naturally" conceptualized to be in the service of the "natural family,"[128] the formation of which

[125]Sandelowski and de Lacey. p. 34.
[126] Gaines and Davis-Floyd, p.98.
[127] Sarah Franklin, "Postmodern Procreation: A Cultural Account of Assisted Reproduction," in *Conceiving the New World Order:The Global Politics of Reproduction,* ed.Faye D. Ginsburg and Rayna Rapp.(Berkeley: University of California, 2005), p.334.
[128] Franklin, "Postmodern Procreation," pp.328-329.

apparently needed a slight nudge and found it with the invention of IVF. Thus, with this image of nature in hand, although new technologies lay different possibilities to how reproduction can occur, heterosexuality was reinstated as the norm, the existence of IVF was legitimized, its application was normalized and its "inappropriate" uses were specified.

With the construction of infertility as a physical impairment and a medical condition to be intervened into, its social dimensions were obscured and treatment turned into the obvious course of action.[129] As a result, IVF clinics spread throughout the world, providing an option for people to have a child without the presence of sexual intercourse, and created a vast market where local consumers and global "reproduction tourists" move and interact with a network of doctors, nurses, patients and clinics; working their way through the system.

The Local Market of IVF in Turkey

Since the 1970s the global market for ART has expanded into a multi-million dollar industry, which seems to have a lot more room to grow.[130] While neoclassical economics view the market as an abstract and static space "in which participants maximize their utility from a stable set of preferences and accumulate an optimal amount of information in order to make rational choices,"[131] the dynamic stage of the "reproductive marketplace" has been conceptualized by Mitchel Abolafia as a terrain where rules, roles and rationalities specific to a local context become definitive of the consumption experiences.[132] Proposing this view of "markets as cultures," he further

[129] Miriam Ulrich and Ann Weatherall, "Motherhood and Infertility," p.331.
[130] Houtson, p.191.
[131] Houtson, p.193.
[132] Mitchel Y. Abolafia, "Markets as Cultures: An Ethnographic Approach," in *Laws of Markets*, ed. Michel Callon (Oxford: Blakwell Publishers, 1998), paraphrased by Houtson, "Other Mothers," p.195-199.

suggests that market makers adopt social identities to define their behavior and the basis of their interaction with other participants; not as calculative agents but as "extremely perceptive participants who employ a 'toolkit' of strategies that is culturally available in the market."[133] This perception approaches markets as socially constructed spaces that take different shapes according to the context in which they evolve. Thus, even though AID is technically possible and consumed in many markets across the globe it does not find place in the Turkish market where it is deemed "unnatural" and "inappropriate."

The Economics of IVF in Turkey

Since the 1980s global economic forces and local demands have been transforming health sectors with consecutive reforms, as an important part of welfare systems.[134] While increasingly inclusive public insurance systems have been being created, at the same time, due to market reforms that aim at increasing the efficiency, quality and speed of services, the share of the private sector in health systems has been increasing.[135] This process gained impetus in Turkey in 2003, with a reform package that the AKP proposed. Accepted in 2006, the new insurance system replaced a highly layered and hierarchical one where the population was divided according to occupation and insured accordingly, with the civil servants receiving the best quality care, followed by workers, free laborers and the poor and the unemployed. In this system that "combined Bismarck-model corporatism and a more

[133] Abolafia, p.195.
[134] Çağlar Keyder, "Önsöz," in *Avrupa'da ve Türkiye'de Sağlık Politikaları: Reformlar, Sorunlar, Tartışmalar,* ed. Çağlar Keyder, Nazan Üstündağ, Tuba Ağartan and Çağrı Yoltar (İstanbul: İletişim Yayınları, 2007), p.7.
[135] Keyder, "Önsöz," p.8.

traditional, family based emphasis,"[136] the priority was given to men, who predominantly formed the working population, and most women obtained health insurance as wives and daughters. Moving along developmentalist ideologies which assumed that male unemployment would disappear in relation to steady economic growth;[137] this model nonetheless proved inefficient as liberalization and globalization brought ideological transformations and interventionism gave way to neoliberal government policies.[138]

By the end of the 1980s, in line with the rest of the world, liberal economic policies were in full bloom in Turkey too, affecting the health system as well.[139] It is in this context that a change from a system where doctors dominated the regulation of services and the use of resources to a system where the state pulled back from providing health services as much as possible, leaving the space it empties to the competition of private providers, between whom the patients were encouraged to choose[140] and increasingly act like customers in a shopping mall with the intensification of the individualization of health care.[141] These changes formed the basis for the abundance of IVF clinics today.

With the growth of neoliberal tendencies, governments seek to "divest the state of paternalistic responsibility by shifting social, political and economic

[136] Çağlar Keyder, "Giriş," in *Avrupa'da ve Türkiye'de Sağlık Politikaları: Reformlar, Sorunlar, Tartışmalar,* ed. Çağlar Keyder, Nazan Üstündağ, Tuba Ağartan and Çağrı Yoltar (İstanbul: İletişim Yayınları, 2007), p.15.
[137] Nazan Üstündağ and Çağrı Yoltar, "Türkiye'de Sağlık Sisteminin Dönüşümü: Bir Devlet Etnografisi," in *Avrupa'da ve Türkiye'de Sağlık Politikaları: Reformlar, Sorunlar, Tartışmalar,* ed. Çağlar Keyder, Nazan Üstündağ, Tuba Ağartan and Çağrı Yoltar (İstanbul: İletişim Yayınları, 2007), p.57.
[138] Tuba Ağartan. "Sağlıkta Reform Salgını," in *Avrupa'da ve Türkiye'de Sağlık Politikaları: Reformlar, Sorunlar, Tartışmalar,* ed. Çağlar Keyder, Nazan Üstündağ, Tuba Ağartan and Çağrı Yoltar (İstanbul: İletişim Yayınları, 2007), p.42.
[139] Ayşen Bulut, "Türkiye'de Sağlık Reformunun Tarihçesi," in *Avrupa'da ve Türkiye'de Sağlık Politikaları: Reformlar, Sorunlar, Tartışmalar,* ed. Çağlar Keyder, Nazan Üstündağ, Tuba Ağartan and Çağrı Yoltar (İstanbul: İletişim Yayınları, 2007), p.117.
[140] Ağartan, p.48.
[141] Colin Leys, "Piyasa ile Politika Arasında Sağlık Hizmetlerinin Konumu," in *Avrupa'da ve Türkiye'de Sağlık Politikaları: Reformlar, Sorunlar, Tartışmalar,* ed. Çağlar Keyder, Nazan Üstündağ, Tuba Ağartan and Çağrı Yoltar (İstanbul: İletişim Yayınları, 2007), p.109.

'responsibility' to privatized institutions and economically rationalized 'self-governing' individuals."[142] In this process, the state recasts its citizens as rational, self-responsible and self-choosing individuals, who are accountable to their self-government; thus, as described by Nikolas Rose, governing not through society, but through the "regulated choices of individual citizens."[143] What happens when this liberal fantasy fails the expectations of the government, which now works at a distance, is that sovereign power – which works through regulations, laws and the policing of populations– takes care of these populations, legitimizing its act of eradication and exclusion through using the "public risk management"[144] card.[145]

Thus, we can say that, while on the one hand the neoliberal government acts from a distance to its subjects, through the individualized technologies of the self, dispersed expert/bureaucratic/ managerial decision making, and with market models where social welfare is either privatized or re-strategized along the lines of the "free-market" ideology, on the other hand, its economic and governmental entities may still exercise sovereign power via forcefully implementing policies, interventions and technologies.[146] In a way "sovereign power [functions] as the underbelly of biopower […] when biopolitical knowledge and expert authorities fail to produce self-regulating agents, but such supplementation must be legitimized with resource to life itself."[147]

This process finds form in the Turkish IVF market, which is a highly developed one with the domination of private clinics, as the restrictions put on the exercise of AID or IVF for unmarried/same-sex couples. What we see is that while

[142] Majia Holmer Nadesan, *Governmentality, Biopower, and Everyday Life.* Routledge Studies in Social and Political Life, v.57, (Taylor&Francis e-Library: Routledge, 2008), p.32.
[143] Nadesan, *Governmentality,* p.32.
[144] For a general argument see; Nikolas Rose, *The Politics of Life Otself: Biomedicine, Power and Subjectivity in the Twenty-First Century.* (Princeton: Princeton University Press, 2007).
[145] Nadesan, p.35.
[146] Nadesan, pp. 35-37.
[147] Nadesan, p.35.

banks give out test-tube baby loans, clinics offer installment contacts for the charges of treatments,[148] and news cover the success rates of private clinics in a fashion similar to advertising,[149]while the ideal of "active citizenship"[150] is promoted through the choices and advertisements in this market. Nonetheless, the state regulations limit the scope of this transaction between money and service. These restrictions are legitimized not only through an understanding of "nature," but also concerns over the risks of possible confusions in lineages, raising "fatherless" children, and the corruption of the family institution; which are all deemed to be the consequences of using technology "inappropriately" and for "unnatural" purposes. These concerns will be scrutinized later in this thesis.

State Coverage of IVF Expenses

In April 2005, the AKP government passed the first bill regarding test-tube babies and proposed the partial subsidizing of the cost of IVF treatments and the medications by the state, which is today 70% and 30%, respectively. But at the beginning, this bill insured such financial support only to individuals under the state retirement fund, *Emekli Sandığı*, that served civil servants, independent laborers that united under a pension fund for the self-employed, *Bağ-Kur*, and Green Card, *Yeşil Kart*, owners who constituted the uninsured and the poor population that earned less than a minimum wage monthly; yet excluded the individuals insured under the Social Insurance Institution, *Sosyal Sigorta Kurumu (SSK).* Thus it faced public opposition

[148] "Kredi kartına 3 taksitle tüp bebek imkanı doğdu," *Zaman* (28 January 2005). Availabla [online]: http://www.zaman.com.tr/haber.do?haberno=136627&keyfield=74CBC7020626562656B [2 June 2011]
[149] "Şifa sağlık turizminin de lideri olacak," *Zaman* (23 June 2010). Available [online]: http://www.zaman.com.tr/haber.do?haberno=998629&keyfield=74CBC7020626562656B [2 June 2011]
[150] Rose, "The Politics of Life", p.10.

on the basis that it left out five million people within the SSK system and women of 40 years of age and above.[151]

As criticisms increased and NGOs such as the "I Want a Child Foundation," *Çocuk İstiyorum Derneği* – which functions as a platform where IVF applicants, former patients, doctors and clinics meet and form a network that gives support and advice to those seeking help in the market– got involved in the discussions, suggesting that the committee which validates the condition of infertility as a requirement for patients who request state support for their treatment systematically directed them to certain hospitals and thus served the interests of the doctors on this board,[152] the government took immediate action on May 2005. The revision proposed by Fatma Şahin, a member of parliament of AKP, was supported by Recep Akdağ, the Minister of Health, and it was proposed by a member of parliament of the main opposition part, the Republican People's Party (RPP) that the definition of infertility should be changed to a disease, and IVF as its medical treatment, which allowed it to be seen as a necessity and thus a right for all citizens to achieve.

For the long period between 1988 and 2005, the IVF sector in Turkey proved to be an example of what Ginsburg and Rapp call "stratified reproduction," as the cost of treatment disempowered many people from attaining it. Today, despite state support it still is an expensive procedure for many as the minimum wage is 600,000 TL and each IVF cycle costs around 2,000 TL (with the subsidy) to 10,000 TL. As these prices restrict test-tube babies to the middle and upper-middle classes, the regulations that ban non-heterosexual and unmarried persons to apply for IVF treatment restrict it to married couples. Thus, we see that assisted reproductive

[151] "Dar gelirli 1 milyon aile tüp bebek sahibi olabilecek," *Zaman* (6 February 2005). Available [online]: http://www.zaman.com.tr/haber.do?haberno=139876&keyfield=74C3BC7020626562656B
[152] "Tüp Bebeğe Hücum," *Radikal* (22 May 2005). Available [online]: http://www.radikal.com.tr/haber.php?haberno=153478 [10 April 2011]

technologies are still marketed to and consumed by people who are considered "appropriate" candidates to reproduce and who can pay the price of such technological assistance.[153]

Concerns Over AID in Turkey

In order to understand the construction of the distinction between the "appropriate" and "inappropriate" forms of technology in a given context, we have to look at the processes by which one is considered to be 'normal' and the other as "deviant," a potential threat to the social order. Starting with the process of medicalization and its specific meanings in the Turkish context is a good place to start this investigation, which will give us a better idea of what is considered to be at stake in the daily practices of IVF, on a societal level.

Medicalization, Modernization and IVF in Turkey

Turkey's history with the modernization of medicine and medical institutions started with the nineteenth century when the first European-style medical faculty was built in the time of the Ottoman Empire, following the request of the chief medical attendant and the relevant fatwa of the shaky al-Islam.[154] Then, during the Turkish Independence War, right after the foundation of the parliament in April 1920, in May, the ministry of health was established.[155] This shows us that medicine, and especially Western medicine has been of central importance for the state mechanism, as a tool to gather and organize the public.

Christopher Dole scrutinizes the relationship between medicine, modernity and medicalization in Turkey during the transition from the Ottoman Empire to the

[153] Houtson, p.199.
[154] Bulut, p.112
[155] Bulut, p.112

Republic of Turkey, stating that "from the outset, the emergence of Turkey as a sovereign political entity and the development of Turkey's medical system were closely intertwined."[156] Accordingly, following the late Ottoman era tradition of conducting reforms that aimed to modernize the state through adopting European models into the military and health systems, during the transition from the Empire to the Republic, Western Biomedicine was imposed upon the population via forming a modern health care network throughout Anatolia. Embracing Biomedicine as a means to insert the state's presence into the everyday lives of the people, particular formulations of subjectivity and citizenship were formed against the modes of religious-political authority and social practices represented by "traditional medicines." As health care personnel and facilities grew in numbers and influence areas, Turkish national development and medical infrastructure became closely related, the former producing "social practices and scientific knowledge […] that articulate[d] corresponding notions of society and citizen."[157]

The employment of medicine as a Westernizing and nation building tool, reaching every corner of the new Republic and modernizing the habits, bodies and needs of the citizens, also put secularization as a goal for the nation, standing in contrast to the midwives and other traditional healers, who were identified as "backward", "ignorant" and "deceiving" against the "modern", "scientific" and "correct" biomedical practices and practitioners.

> The nationalist thematic that took hold after the founding of the Republic of Turkey in 1923 was heavily influenced by the work of Ziya Gökalp, […] distinguishing "culture" (the set of values and habits current within a community) from "civilization" (a rational, international system of knowledge, science, and technology) [...] The regeneration of Turkey was to come with the replacement of a

[156] Christopher Dole, "In the Shadows of Medicine and Modernity: Medical Integration and Secular Histories of Religious Healing in Turkey," *Culture, Medicine and Psychiatry,* no.28 (2004), p. 258
[157] Dole, p. 258

> medieval Islamic-Byzantine civilization with a European one while maintaining a hold upon Turkish culture. This became the foundation of […] Kemalism […] With the realization of the Kemalist principles, a society based upon science, rationality and reason would be created – a society free from, by implication, unscientific, and irrational religio-political authority.[158]

The fundamental separation between culture and civilization in the founding ideology of the Republic, seeking to modernize along European lines, composes the very basis upon which AID and conventional IVF are positioned against each other today. This surface on which AID is conceptualized as the "corrupting" while "conventional IVF" is identified as the "helping" face of Western reproductive technology is best described by Meltem Ahıska's formulation of the "Occidental fantasy":

> Occidentalism is produced by the reified images of the West as markers of modernity. These images are simultaneously differentiated and consumed in a moral economy of good and bad. If the good West is the ideal, the bad West generates a constant source of threat. Accordingly, Occidentalist fantasy evokes the ideal, but implicates the national difference in relation to the threat of too much western influence… The fantasy itself Is devoid of historical time and instead refers to the timeless modality of being Western and national at the same time.[159]

According to this, it could be said that while practicing AID is associated with "too much Westernization" or "crossing the line" between the beneficial and harmful, performing "conventional IVF" is marked to be a source of progress, and part of modernity. So although "conventional IVF" does very much intervene into the "natural flow of reproduction," when we view it together with the conceptualization of Western medicine as progressive and scientific, with the medicalization process having been supported through state conducts such as

[158] Dole, p. 258
[159] Meltem Ahıska, "Occidentalism and registers of truth: the politics of archives in Turkey" *New Perspectives on Turkey,* no. 14 (2006), p. 25

carrying biomedical services to villages, opening Western style medicine faculties, passing laws regarding public hygiene in 1920, as part of a national agenda, then it becomes easier to understand how the pathologization of infertility as a disease has had direct links with the normalization of IVF as a "neutral technology." In other words, when we see how medicalization leads to the reconstitution of infertility as a disease and how the technology to overcome it is pervasively legitimized as a "medical treatment;" then the perception of IVF as a benevolent technology that offers the "naturally defective nature" a helping hand to fulfill its natural course of heterosexual reproduction and function in its "normal" way makes sense.

This shift of IVF from being a technology to being a treatment is also observable in the title of the code regarding the procedure, which underwent a change and became "The code regarding centers for assisted reproductive treatment" in 1996.[160] Also, when we look at the abstract of the verdict of a case that took place in 2001[161] regarding the request of an IVF applicant to be transferred to a hospital for treatment purposes, the following passage strikes the eye:

> […] An "IVF-ET Scientific Committee" met on 28 July, 1992, discussing the issue of state coverage of the civil servants who desire to conceive via In Vitro Fertilization and Embryo Transfer, and decided that this procedure is a medical treatment method, in the 4th article.[162]

Yet, such definition of infertility as a disease loses its validity when AID comes into question since it fails to get incorporated into a 'natural' understanding of reproduction in the Turkish context. While in Israel, France, Germany, Spain,

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[160] Republic of Turkey, *Resmi Gazete*, no. 22322, 19 November 1996

[161] Available [online]: http://www.danistay.gov.tr/kerisim/ozet.jsp?ozet=metin&dokid=22066 [25 April 2011]

[162] *"IVF-ET Bilim Kurulu oluşturulmuş IVF-ET (Tüp Bebek) Bilim Kurulunun 28.7.1992 günü yapılan toplantısında gündem gereğince Invitro Fertilizasyon ve Embriyo Transferi yolu ile çocuk sahibi olmayı arzulayan ve Devlet memuru olan evli çiftlerin tedavi giderlerinin Devlet tarafından karşılanması konusu tartışılarak 4. madde ile bu uygulamanın bir tedavi yöntemi olduğuna karar verilmiştir."*

England or the USA, AID can be seen as a solution to come over constraints before reproduction, in Turkey it creates anxieties regarding the structure of the nuclear family and the purity of lineage.

Nuclear Family, Familial Citizenship, Appropriate Reproduction

> Family is the foundation of the society. This is not an exaggerated statement to demonstrate the importance given to the family, but a sociological fact. (…) Turkish society almost sanctifies the family due to its religious belief system as well as its tradition. In order to look to the future with hope and confidence, all societies have protected the family institution in one way or another. Since family is the foundation stone of the society, its durability means the durability of the society, and its happiness means the happiness of the society. What holds the society upright is the family, and what holds the family upright is the child.[163][164][165]

The passage above is from the "Test Tube Baby Report" Fatma Şahin prepared in 2004, when she was the Gaziantep deputy of the AKP, to persuade the government to subsidize IVF expenses. While she was successful in her efforts, as the required regulations were realized the following year by the government, the text she prepared sheds light on the particular conceptualization of the nuclear family in the context of Turkey. The direct link drawn between the well-being of the family and the well-being of society especially catches attention, indicating an existential relation between the two.

The local discourse of "family" in Turkey places it at the foundation of the

[163] Fatma Şahin, "Tüp Bebek Raporu," acquired through Burcu Mutlu who had retrieved it from www.fatmasahin.net on13 November 2008.
[164] "*Aile toplumun temelidir. Bu, aileye verilen önemi gösteren abartılmış bir yargı olmaktan öte, sosyolojik bir gerçeğin ifadesidir. Nitekim aile yapısı güçlü olmayan toplumların, içeriden ve dışarıdan gelen tehdit ve tehlikelere bağlı deprem ve sarsıntılara karşı dayanıklı olmadıkları tarihin şahitliğinde ispatlanmış bir gerçektir. Bu nedenle inanç sistemlerinin hemen hepsi , düşünce sistemlerinin ise geneli aileye büyük önem atfetmiş olup, dünyanın her yerinde aile kurumuna büyük ve önemli misyonlar yüklenmiştir. Türk toplumu ise, gerek inanç sisteminden, gerekse gelenek ve göreneklerinden kaynaklanan nedenlerle, aileyi adeta kutsamaktadır. Bütün toplumlar geleceğe güvenle ve umutla bakabilmek için aile kurumunu, değişik yöntemlerle de olsa, korumak durumunda olmuştur. Aile toplumun temeli olduğuna göre, ailenin sağlamlığı toplumun sağlamlığı, ailenin mutluluğu toplumun mutluluğu demektir…"*
[165] See Appendix C for the full text in Turkish.

society, and marks as the sight of difference from and superiority to the Western societies. In this interrelated presence of the Western and Turkish societies, the former is imagined as devoid of strong familial ties, filled with interest driven relations and with a corrupted, loose sense of morality which is the main threat on both the Western world, and Turkish society. In contrast, Turkish society is described as depending on a traditional family unit, personalized relations, emotional ties and strong morals. Yet the latter is never safe of the "immoralities" of the West, thus what is being transferred from the Western culture always should be checked and balanced. What Recep Tayyip Erdoğan, the prime minister of said in 2008; "We took the immorality of the West, not its art and science"[166] is a summary of the fears felt towards the "corrupting" West.

The family, and especially the construct of the father, mother and child, is conceptualized both as the strongest and most vulnerable part of society against the West. While it is the source of "our superiority," it is also in need of constant protection[167] as the core of the society and the lagoon of "traditional values." The particular sense of "nature," which has been constructed through the process of medicalization, is also present in the very form of the nuclear family and can imagined being in mutual constructive relation with the "natural" body.

In other words, as the "healthy body" is constructed to be the heterosexual, reproducing, male or female body, the "healthy family" is designated the heterosexual, reproducing unit of a man and a woman. Thus any sort of non-heterosexual unit, or the single person is kept out and away of this package, not

[166] Radikal (25 January 2008) Available [online] http://www.radikal.com.tr/haber.php?haberno=245471

[167] For a full argument of this seperation between the public and the private spheres, and the identification of the latter with the 'core values' of the nation that are in need of protestion, see the work of Partha CHatterjee, who scrutinizes these relations in the post-colonial India. Parta Chatterjee, *The Nation and its Fragments: Colonial and Postcolonial Histories.* (New Jersey, Princeton University Press, 1993).

recognized as a unit in and by itself in the Turkish law – as the Article 41 of the current constitution of the Republic of Turkey states, "family is the foundation of the Turkish society," and no forms of marriage except for the one between a man and a woman are recognized by the state. Accordingly, the only approved patient of IVF technologies is the legally married "couple," the smallest unit of reproduction decided upon by the state. As this unit is seen as the most natural and acceptable reproductive entity, any other combination of persons, or an intrusion to the already established man-woman combination is banned by the state.

Based on this idea of the naturalness of the heterosexual nuclear family, it could be suggested that an "intimate public sphere" has been formed, where what are in fact private concerns have become debates on what the people stand for in Turkey.[168] The nation is posed to be dependent on the personal acts and identities formed in intimate domains, and social membership in the community is produced by personal acts and values that originate in and towards the family. As the nation is conceptualized to be a collection of the simultaneously lived private worlds, normal intimacy turns into the foundation of the citizens' happiness. Thus, for example whenever a celebrity who steers towards other forms of reproduction than that of between a man and a woman, or their legally married genetic materials, her story is covered by the media with stereotyping titles that suggest that they are marginal, spoiled and eccentric women who are not in touch with the community and its values, huge public debates erupt over their reproductive choices, and their most confidential relations with their unborn children are turned into public concern regarding what these women will tell their future kids about their fathers' identity – who is apparently "non-existent" to the Turkish community. Thus, AID is perceived

[168] Lauren Berlant, *The Queen of America Goes to Washington: Essays on Sex and Citizenship.* (Durham: Duke University Press, 1997), pp.1-23.

as a great danger to the core values of the society, the nuclear family being one of the most important amongst them. While the emphasis put on its naturalness is a crucial aspect to its centrality, yet it is not the only one. Here Nükhet Sirman's conceptualization of "familial citizenship," can come in handy to understand the sociological processes by which family became the organizational unit of the nation state.[169]

Accordingly, the building of a national sovereign state takes place with the making of the proper citizen, who is endowed with a package of rights and duties, subjected to specific operations of power and to a moral subjectivity, which has unfolded as "familial citizenship" in Turkey.[170] This indicates to "a gendered discourse in which the ideal citizen is inscribed as a sovereign husband and his dependent wife/mother rather than an individual, with the result that position within a familial discourse provides the person with status in the polity."[171] This is because during the transition from the empire to the nation state, Turkey experienced a restructuring of the social space, where the previous hierarchies between different houses and between the men in one house were abolished with the foundation of the nation state which equated all men on paper as citizens.

In this new system the "love" that was felt between couples replaced all other sorts of other bonds and belongings, standing as the one true relation that based itself as "sacrificing" and "unsparing," which in turn legitimized and normalized these relationships, blurring the gendered inequalities residing in them. In this model, conjugal family emerged as the hegemonic institution and subjectivity which was

[169] Nükhet Sirman. "The Making of Familial Citizenship in Turkey," in *Citizenship in a Global World – European Questions and Turkish Experiences,* Fuat Keyman and Ahmet İçduygu, eds. (London: Routledge, 2005), pp..147-172.
[170] Sirman, p.148.
[171] Sirman, p.148.

fortified in various domains, like in school books, where the drawings of a Western looking family as composed of a light skinned father, a modern dressed mother and one or two children filled pages. Ergo it was naturalized as the most basic form of social organizations, usually compared to the cells of the body. So the ART market in Turkey was formed within a context where the mother-father-genetically related child formed its hegemony not only through the process of medicalization by which the human body was conceptualized to be either male or female, but together with the assumed naturalness of the family unit itself.

Now we can turn our gaze towards how women, as the dominant actors in this market, experience IVF physically, psychologically and within the local moral context of reproduction and reproductive technologies in Turkey.

CHAPTER FOUR

LOCAL EXPERIENCES OF IVF FOR WOMEN

Infertility medicine is not a simple matter of applying medical knowledge about human reproduction to subjects. Rather it illuminates the sociocultural worlds of "(re)production of reproduction" in technology, as part of the dominant culture,[172] threatening and reinforcing the moral, technical, scientific discourses and in the case of Turkey, reestablishing the boundary between the "appropriate" and "inappropriate" forms of reproduction.

Although infertility is considered to be a major life crisis for all partners, causing depression, anxiety, sexual dysfunction,[173]women tend to bear more of the burden of infertility and IVF than men. This is because, aside from the cultural and moral values put on women's fertility, the biological construction women leads to their involvement in the processes of the treatment with more intricate relations than men, since they are the ones who embody the pain, the hope, the loss, the risk associated with these technologies more directly. Thus, looking into women's narratives, without disvaluing the male perspective, can open a window for us to see the inner workings of reproductive technologies, the construction and reconstruction

[172] Charis Thompson, *Making Parents: The Ontological Choreography of Reproductive Technologies*, (Cambridge: MIT Press, 2005), p.80.
[173] Batool Rashidi, Ali Montazeri, Fatemeh Ramezanzadehi, Mamak Shariati, Nasrin Abediniai and Mahnaz Ashrafi, "Health-related quality of life in infertile couples recieving IVF or ICSI treatment," (19 September 2008), Available [online]: "htto://biomedcentral.com/1472-6963/8/186 [2 February 2011].

of the discourses that dominate the ideas on reproduction, and of course the personal experiences that take place within these discursive spaces.

Beginning IVF

For almost all of the women I talked to, their IVF journey started somewhere between hope and fear, believing that they would achieve their goal of having a baby and yet not knowing it for sure. "We never had any thought of not being able to have a child, but still sometimes I used to ask my husband, 'what will we do if we cannot have one?'… I even suggested to my husband that we can separate if it did not happen,"[174] said Fidan, who could not conceive due to a hormonal imbalance and had been under treatment for over two years when we talked. Serpil, a nine months pregnant woman who worked in the finance sector, added; "I never thought before whether it [pregnancy] would happen or not, it was a very natural thing and I guess I thought it would eventually take place. I was never particularly excited about having kids when I was a young adult, but I also never thought that I might 'not be able to' have one."[175]Faced with a disruption in their lives, these women turned to IVF, to find a solution to their problem of childlessness.

How they came to find their IVF center was usually dependent upon recommendations, which indicates the existence of an informal network where women share their experiences in different settings with each other as a strategy, depending more on the live examples of success rather than the "take-home-baby" rates that are posted on IVF clinics' web sites. "A friend of mine started this journey

[174] Interview by author, tape recorded, Istanbul, Turkey, 29 April 2009. "hani çocuğumuz olmaz hiç olmazsa diye bir düşüncemiz olmadı. Yani sadece ben bazen eşime sorardım akşamları işte 'olmazsa ne yaparız?' filan, ben hatta olmazsa ayrılabiliriz de bile teklifini yaptım eşime."

[175] Interview by author, tape recorded, Istanbul, Turkey, 12 April 2011. "Daha önce olur mu olmaz mı düşünmemiştim, çok doğal bir şeydi ve olur bir zaman herhalde [diye düşünmüştüm]. Çok hayal eden ve isteyen bir genç kız da değildim çocuğu ama hani hiç *yapamayabilirim* de diye de bir şey geçmemişti aklımdan."

with Doctor Yücel," said Çağla, a mother of one boy who was born via IVF just three months ago. "She was pregnant with her second child when we met. She asked me why I did not have a baby when I loved them so much, asked me whether I was not able to. So I told her the situation. I said I have this problem and she told me that she would introduce me to Doctor Yücel, who could tell whether I could or could not conceive."[176] This strategy of asking and advising others for trustworthy doctors can be considered a response to women's worries over being exploited or not being well taken care of in money-hungry private clinics or careless public clinics.

Working the System

Although medicalization and the imagination of the body being subjugated and dominated by medical discourses and practices might create a view of women as passive subjects of the doctor-patient relationship, unable to resist, manipulate or interpret the processes that take place on their bodies, the more they give accounts of "working the system"[177] around for their own benefits, the more this view proves invalid. Not the sole perpetrator or the recipient of power – i.e., in this case medical power, the body cannot be assigned a role of the active or the passive, but rather it operates within the confines of power relations[178], like those between men and women or doctor and patient. Thus women, too, without totally rejecting or totally accepting the IVF scene, show "creativity and agency in working with the medical framework to achieve their own ends;"[179] reacting strategically to medical treatments, pushing and shoving and working as critical consumers rather than

[176] Interview by author, tape recording, Istanbul, Turkey, 12 March 2011, "Benim bir arkadaşım Yücel Hoca'yla başlamış bu yola, işte ikinci bebeğine hamileydi geldiğinde bana. İşte sizin çocuğunuz olmadı mı? Niye sen çocukları çok seviyorsun ama çocuk yapmıyorsun? Dedi. Ben de ona anlattım durumu. Yani böyle böyle bir sorun var, o dedi ki ben seni Yücel Hoca'yla tanıştırayım dedi onla bir görüş sen dedi o sana hani olup olmayacağını söyler."
[177] Greil, "Infertile Bodies,"103.
[178] Foucault, "History of Sexuality," pp. 95-96.
[179] Greil, "Infertile Bodies,"103.

victims of biomedicine and the test-tube baby market. To this end, changing doctors emerged as a common technique amongst women to exert their influence on the treatment process. Most women had already been to another center before coming to the destination where they were introduced to me. For example Serpil said:

> Later on I changed my doctor. I went to a couple of clinics that I knew, those that I had encountered while searching on the Internet or had heard about from friends, those that I was convinced were good and I can trust. After the initial visits, I made my decision. […] The first clinic belonged to a private hospital, but I lost my trust in their approach to me. [After the first cycle] they encouraged me to try once more, immediately. But I was for a little more investigation. Yes, I know that not all kinds of infertility are due to known reasons, and failure is always a chance, but why not check a couple of more things before restarting. My approach was to ask why it did not happen; after all, we were going to try it the exact same way. […] Then I heard that my friend had conceived at the last clinic she did [IVF], on her first trial in this clinic after five four others [conducted elsewhere].[180]

Also Çağla expressed her determination, emphasizing her competence in the IVF procedure as such:

> I went to a clinic in Taksim. The doctor told me to come back the next day, so that we could initiate the treatment. I asked him how come [this is possible]? Because I had been researching... I did a very thorough study of it and there is no way possible that a doctor can ask you to come back right away. There is a time for it, I mean you have to have your period […] I left that doctor that day and never went back.[181]

[180] Interview by author, tape recording, Istanbul, Turkey, 12 April 2011, "Doktor daha sonradan değiştirdim. Birkaç merkezle görüştüm çevremden, internette araştırmadan [öğrendiğim] falan duyduğum, güvenebileceğimi düşündüğüm birkaç bu konuda iyi olduğunu düşündüğüm merkezle görüştüm. Ön görüşmelerden sonra bir yere karar verdim. […] İlk klinik özel bir hastaneydi. Sonra oradaki yaklaşıma bir şekilde güvenimi kaybettim. Hemen, bir daha deneyelim [dediler]. Hani ben biraz daha araştırılması taraftarıydım yani. Tamam, hepsi de sebebi belli değil, olmaması mutlaka bir olasılık ama bir şeyleri daha kontrol edelim, çek edelim ondan sonra devam edelim. Yani bir sorup neden olmamış – sonuçta aynı şeyleri yeniden yapacağız – gibi bir yaklaşımım vardı."

[181] Interview with author, tape recording, Istanbul, Turkey, 12 March 2011. "Taksim'de bir tüp bebek merkezine gittim ben. Oradaki doktor bana hemen yarın gel, başlayalım dedi. Dedim, nasıl yani? Ben o kadar araştırıyorum, ben çok ciddi araştırdım çünkü. Mümkün değil, ertesi gün hemen gel tüp bebeğe başlayalım diye bir şey olamaz bunun bir zamanı vardır, adet olman gerekir. […] Ben o gün o doktordan çıktım bir daha da gitmedim zaten.

In Çağla's speech we can see another strategy by which women "work the system." In contrast to their portrayal as the passive receivers of a medical technology, they learned as much as they could about the medical system to be able to move around freely. For example, Funda, whom I met in the IVF clinic of Cerrahpaşa after she had left a private clinic nine months earlier, described the way she overcame the doctors' indifference like this:

> [doctors] are very busy. But there are many people around me who had done it [IVF], who had gone through these steps. […] When they told me that we were going to start a test-tube baby cycle I looked up all the information on the Internet. I mean, I already know the processes that I would go through. […] Knowing what I would go through, I came here more easily.[182]

This sort of strategizing also was present when they actively got involved in the decision making processes regarding the pregnancy or the fetuses. Tülay, a thirty five year old woman who could not conceive due to her husband's condition in which all his internal organs were reversed, which caused infertility besides other problems, talked about the first fifteen days after her second embryo transfer like this:

> Those fifteen days after you have the transfer… so much hardship one goes through! You lie all the time… My mother-in-law took care of me. I had not lied down on the first trial, they had told me at Cerrahpaşa that I should not. I mean they had said that after taking a rest for two days, I should go back to my normal life, except I should not do heavy duties. I did what they said and it [the embryo] did not hold on [to the wall of the womb]. On the second time my mother-in-law told me to lie down and that she would take care of me.[183]

[182] Interview with author, tape recorded, Istanbul, Turkey, 15 November 2010. "[doktorlar] yoğun olduğu için çok fazla vakit ayıramıyorlar ister istemez. Bir de şey zaten çok fazla etrafımda da yaptıran insan var bu aşamalardan geçen insan var. […] İlk tüp bebeğe başlanacak dendiği zamandan itibaren internete girdim tüp bebekle ilgili bütün bilgileri oradan gözden geçirdim. […] Geçeceğim aşamaları bildiğim için daha rahat geliyorum.

[183] Interview with author, tape recording, Istanbul, Turkey, 2 April 2011. "Hele o transferi yaptıktan sonraki on beş günlük aşama… insan mahvoluyor, yatıyorsun. Kayınvalidem baktı gerçi bana. İlkinde yatmadım, dediler bana Cerrahpaşa'dan 'yatmayacaksın.' Yani iki gün dinlendikten sonra normal hayatına devam edeceksin, ağır işler yapmamak kaydıyla. Aynı o şekilde yaptım tutmadı. İkinciyi kayınvalidem dedi yatacaksın ben bakacağım sana."

Similarly Beril, a thirty nine year old woman with a twelve year old daughter and a two month old baby conceived via IVF told me about the decision she had made when doctors had asked that an amniocentesis to be performed as they suspected that something might be wrong with the baby. Knowing that this procedure entailedthe risk of miscarriage, Beril relived the moment while pacing in her living room with the baby on her shoulder, trying to make her fall asleep:

> A risk showed on the second test results, they told me that they should do an amniocentesis. I was very afraid that day, I mean I was not thinking of anything like that [having an abortion], I mean what would we have done if they had told us that the baby is negative [has a syndrome]. […] I called Sami, crying, told him about the risk, […] so what can I do, I found Süreyya Menteş […] He told us that it was the right thing to do the first test, and its results had already come out good, but that the second test has not been accepted to be an effective method by medicine yet, and asked me why I had it done in the first place. How could I know whether it is necessary or not? They told me to have it done and we did it. So later he thoroughly examined us, and I went there for two days. He monitored all the organs of the baby, her hands and feet. And told us that […] Derya opens her hands, and apparently babies with Down syndrome do not do that. […] His examination reassured me and we did not have it done.[184]

What we see here is that a woman who was afraid of a procedure which might make her lose her baby took charge of the process by consulting a different doctor. While before she had complied with the suggestions of her doctor to take certain tests, when the situation turned into something she was unsure of, contrary to the image of the patient who obeys the doctor-who-knows-best, took the process and bent it in her

[184] Interview by author, tape recorded, Istanbul, Turkey, 4 June 2011. "Dörtlü testte risk çıktı, aniyosentez yapmalıyız gelin dediler. Ben çok korktum o gün, hani öyle bir şey düşünmüyordum. Bebek hani olumsuz dese ne yapacağız? […] Ağlaya ağlaya Sami'yi aradım, böyle böyle risk çıkmış dedim. Ne yapayım ne edeyim […] Süreyya Menteş'i buldum […] Adam şey yaptı, ikili test tamam doğru bir şey yapmışsınız, iyi çıkmış zaten [dedi]. Dörtlü test, henüz dedi, tıbben kabul görmüş bir test değil […] niye yaptırdınız dedi. Ben bilemem ki bunun gerekli mi gereksiz mi olduğunu, yap dediler yaptırdık. Ondan sonra o sağ olsun baya detaylı bizi muayene etti, iki gün boyunca gittim ben oraya. İzledi, bebeğin bütün organlarını, ellerini ayaklarını. İşte bize anlattı […] Derya elini açıyordu, Down sendromu olan bebekler açmazmış. […] Onun muayenesi beni teselli etti, yapmadık.

hands, believing in a solution. It was also Beril, who did refused to be a victim of the market, which will be described below.

The IVF market in Turkey, with its 121 public and private clinics is almost like a carnival for persons seeking medical help to conceive. While news on the Internet, newspapers, television channels attract potential patients to them, forums and personal connections remain as sources of advice when it comes to choosing the right clinic. It is important for women to be in the right place, not only because of success rates but also because of the concerns they have over being exploited. Güneş, a thirty-five year old Jewish woman with a boy and a girl twins that were conceived though IVF described the situation like this:

> Doctors must not exploit people. Because people are so in need, so much like "really doctor, is that so" [obeying]. If he were to tell her that there was something in her ovary and that he would have to cut her open, believe me most of the mother candidates would say "yes, okay, for a child (I am going to do it)" […] It is so important that the doctor should not use you, should have good intentions, be sincere in not exploiting. It is so important, or else you would get ruined, you would abandon yourself to him. The stories we hear… What people would not do for money![185]

Although what is stated by Güneş could be true in some cases when, for example, people are deceived by clinics with fake licenses, [186] or doctors who commit malpractice by performing AID without the knowledge of the women.[187] While the same concern is expressed by other women, too, like Serpil who said, "It is an area

[185] Interview by author, tape recorded, Istanbul, Turkey, 20 January 2011. "Doktorlar insanları sömürmeli, çünkü insanlar o kadar ihtiyaçlı, o kadar 'hah, öyle mi doktor bey…' ki. Dese ki sizi keseceğim, yumurtalığınızda bir şey var filan, inanın çoğu anne adayı 'hah tamam olsun, çocuk uğruna…' […] Çünkü bu çok önemli, doktor sizi kullanmamalı yani iyi niyetli, samimi, sömürücü olmamalı. Çok önemli bu yoksa mahvolursunuz, mahvolursunuz teslim edersiniz kendinizi. Öyle neler duyuyoruz yani… Para için neler yapıyor insanlar."

[186] "Ruhsatsız tüp bebek merkezine operasyon," *Zaman*, (8 October 2009). Available [online]: http://www.zaman.com.tr/haber.do?haberno=901051&keyfield=74C3BC7020626562656B [2 June 2011]

[187] "Tüp Bebekte Sperm Skandalı," *Milliyet*, (30 December 2001). Available [online]: http://www.milliyet.com.tr/2001/12/30/yasam/yas02.html [11 October 2010]

open to exploitation very much. (They would say) let's do it one more time, (and you would say) let's do it, because they always have a chance to fail and you cannot hold them responsible."[188] Still this does not mean that women are helpless victims of the exploitative IVF market. This is evident in the case of Beril, who refused to pay her debts to the IVF center of a private hospital after she was crushed when none of her embryos survived the laboratory, even though she was made sure that they were healthy and growing steadily. Sitting in her living room, which was filled with photos of Derya as a newborn, she retold the event like this:

> There were these (shows) where they distributed money and (cheered) "come and join us." And there was big wheel, and crazy music… You find yourself in that and think that you are going to get rich. Well the test-tube baby unit is like that. You find yourself in this amazing thing, they sweep your feet off the floor. (And you think) yes, everything will be perfect. Right away they load you up with hormone shots…[189]

Her husband Sami, who spent a little time with us that day, interrupted to express his frustration:

> I will tell you the words they use: " the sperms are excellent!" "Don't you let this man get away Beril." "Eggs?""The eggs are really good, too, there is no chance of failure!" This was when the process was just beginning, their words changed over a day.[190]

Beril continued:

> And you are in such a mood (that) […] you say that you will be pregnant within a month. Anyway, everything went really well and they took my eggs that day and told me that there was a probability of double or triple fertilization, your eggs are in very good condition,

[188] Interview by author, tape recorded, Istanbul, Turkey, 12 April 2011. "Çünkü çok sömürülebilecek bir alan. Ya, 'bir deneme daha yapalım' [derler], yani 'yapalım' [dersiniz]. Onlar için çünkü olmama ihtimali var ve hiçbir sorumlulukları yok."

[189] Interview by author, tape recorded, Istanbul, Turkey, 4 June 2011. "Bir ara şeyler vardı, şans dağıtıyorlar size işte para. Gelin işte bize katılın [diyorlar]. Bir halka, çılgın müzikler filan, siz bir anda orada kendinizi buluyorsunuz. Çok zengin olacağım diye gidiyorsunuz. Tüp bebek bölümü de böyle. İnanılmaz bir şeyde buluyorsunuz kendinizi, bir anda ayaklarınızı yerden kesiyorlar. Evet, tamam, mükemmel her şey, süper olacak, hemen size bir sürü hormon iğneleri filan yükleniyor.

[190] Interview by author, tape recorded, Istanbul, Turkey, 4 June 2011. "Kullandıkları lafları söyleyeyim: 'sperm mükemmel!' 'aman bu adamı kaçırma Beril' filan.'Yumurtalar?' 'Yumurtalar da çok iyi, olmama ihtimali yok.' Yeni başlayan bir süreç, bir günde değişti lafları.

> would you be up for that? We said, of course we would want it […] so I went out thinking that I would be pregnant with twins or triplets. This was imposed on me.[191]

On the second day, Beril called the clinic and received the good news that everything was going according to the plan, until the third day when she received a call telling her that fertilization had not happened with any of her eggs. When she asked for an explanation as to why the perfectly good process had come to an end like this, she could not get an answer. So she continued her story like this:

> I was devastated. […] There is no one seriously answering you. And also (they said) "No big deal, Beril, we are not saying that it will not happen at all! Now we will try the second method instead." I guess it included a different type of medication. So I asked them why they had not used that one in the first place. And they told me that it is normal to try them one by one until success is achieved. So am I a guinea pig! They asked me for 7,500 TL each time, as if I were a customer. "Give me 7,500 TL!" And they can see that you want it really badly. You are willing, you want to have a child, they discovered that about you… So what do they do? (They think) that this one will try it three times, five times, and each time she will give me 7,500 TL.[192]

Yet, in contrast to the market-trodden, helpless, gullible patient image Beril did something else and went to a lawyer:

> We were in about 4,000 TL debt to the hospital. We did not pay it. We told them that because of their conduct, we would not pay it. We told them that they had promised us 100% success. They told us that they would sue us, and we told them to go ahead. So they sent us a

[191] Interview by author, tape recorded, Istanbul, Turkey, 4 June 2011. "Ve şimdi böyle bir havaya girdiniz […] bir ay sonra hamile olarak çıkacağım diyorsunuz. Neyse sonra her şey çok güzel işledi, o gün yumurtalarım alındı ve şey dendi bana, ikili üçlü döllenme söz konusu, yumurtalarınız çok iyi, ister misiniz? Biz tabi isteriz dedik. […] neyse yani ben öyle bir şeyle çıkıyorum ki ikiz üçüz hamilelik yaşayacağım. Öyle bir şey empoze edildi."

[192] Interview by author, tape recorded, Istanbul, Turkey, 4 June 2011. "İnanılmaz yıkıldım ben. […] Böyle karşınızda ciddi bir adam yok. Şey bir de, 'Beril Hanım önemli değil, biz size olmaz demiyoruz ki! İkinci yöntemi deneriz." Yani farklı bir ilaç kullanıyorlarmış galiba… Eh dedim baştan niye onu kullanmadınız ya. Eh biz en az şeyden başlıyoruz, tek tek deniyoruz olana kadar [dediler]. Eh ben denek miyim! Yedi buçuk milyar istiyorsun benden her seferinde, şey, müşteri gibi. Yedi buçuk milyar ver. Bir de çok istekli görüyor ya, sen çok isteklisin. Çocuk sahibi olmak istiyorsun, onu da sende keşfetmiş… Ne yapılıyor? Bu üç kere de dener beş kere de dener, bana da her gelişinde yedi buçuk milyar verir [diye düşünüyorlar]."

> notification […] and we gave it to our lawyer, who wrote something (to them) […] and they never called us back, and never requested the money again. Our lawyer told us that if we had gone to the court, the clinic would have been found 100% guilty, and there would have been no come back from that.[193]

What Beril fought against, the clinic's attitude towards her and the high hopes given by doctors, is actually not reserved to one single IVF center, nor could it be explained only by the inexperience, carelessness or bad conduct of any center. Rather, it is symptomatic of the discourse of hope generated within the practice of reproductive technologies and during the marketing of IVF.

The Technology of Hope

Before they reached the final destination where I met them, most women whom I interviewed had been to other clinics. For example Cemile, a twenty-four year old woman who had been married for six years and had been going on and off IVF treatment for over three years, said in exhaustion; "I mean I must have been to ten doctors. My brother-in-law was saying that maybe test-tube baby is not necessary, that maybe I can conceive naturally. But we said there must be something good in it (in trying) and they recommended this place, so we came."[194] Or Sevda, the thirty-seven year old mother of twin three year olds, Ayşe and Berke, who had been conceived via IVF after a seven years of her struggle with doctors, clinics, and her own body, describes the times she tried to conceive as such:

[193] Interview by author, tape recorded, Istanbul, Turkey, 4 June 2011. "4 milyar kadar bir borcumuz kalmıştı hastaneye. Ödemedik onu. Bu tavırlarından dolayı ödemeyeceğiz dedik, siz bize %100 garanti verdiniz. Dediler ki dava açarız, açın dedik biz de. Bize tebligat gönderdiler […] biz de kendi avukatımıza gönderdik. Bir yazı yazdı işte […] Bir daha bize dönüp dava açmadılar, parayı da talep etmediler. Çünkü mahkemeye gidilse %100 suçlu durumunda kalacaklardı, avukatımız da zaten öyle söyledi, geri dönüşü olmaz dedi.

[194] Interview by author, tape recorded, Istanbul, Turkey, 20 April 2009. "De ki burada on doktor gezmişim. Benim kaynım diyordu ki hani belki normal yolla yaparsın, tüp bebeğe gerek yok. Ama işte biz bunda da hayır vardır dedik, burayı tavsiye ettiler biz de buraya geldik.

> I was going to this doctor, leaving him and going to that doctor. And of course, doctors are so expensive. Think about it, I had been married for thirteen years and I had been making good money all along, so I should have been able to buy my own house and everything by now. Think about it. But you know how you give five lira to a child and what the child does? He runs to the store and spends it until it is gone. We were getting our pay checks, going to the doctor and spending it until the last drop.[195]

While this can be explained within the framework of empowerment and construction of agency for women who are no longer bound to the practices of one doctor, it is also possible to link this behavior to the fact that most of the time they face failure in IVF clinics, not specifically because of the poor practice, but because failure is an integral part of reproductive technologies. This quality of IVF plays a major role in the constant search for new clinic and doctors, the "never-enough quality"[196] of the treatment, and the constant repetition of IVF cycles.

Margarete Sandelowski argues that the conceptive technology is very successful in compelling one to use and reuse it, instead of a technology which is just there to provide the patient with means to act on a diagnosis. The particular techniques used during the IVF treatment, such as the induction of ovulation, adjustment of hormones and artificial insemination are "continuing" treatments rather than "one time" things. Thus they make the whole IVF journey a constant repetition of therapies for women.[197] Moreover, this continuing aspect to ART is similar to the way conception occurs naturally. Couples try and re-try in both of the examples, which might be making artificial insemination more tolerable than if it did

[195] Interview by author, tape recorded, Istanbul, Turkey, 21 November 2010. "Bu arada ben o doktora gidiyordum, o doktoru bırakıyordum bu doktora gidiyordum. Tabi o kadar pahalı ki bir de doktor, düşün on üç yıllık evliyim ben ve on üç yılda çok iyi kazanıyorduk. Evimi her şeyimi almıştım düşün yani… Ama böyle ne yaparsın, çocuğa bir beş milyon para verirsin, çocuk parayı alınca ne yapar? Bakkala koşar bütün sonuna kadar harcar. Maaşımızı alıyorduk, doktora gidiyorduk ve sonuna kadar harcıyorduk.

[196] Margarete Sandelowski, "The Never-Enough Quality of Conceptive Technology," *Medical Anthropology Quarterly*, 5, no.1 (March, 1991), pp.29-47.

[197] Sandelowski, p.33-35.

not have such a point of reference.[198]

Yet as women try doctor after doctor and cycle after cycle, they fail and try to conceive with IVF multiple times, sometimes over years and sometimes even over months. Thus, they prefer to be under the gaze of more down-to-earth doctors who cannot be less than cautious, reminding of them of the risks and the possibility of failure many times, before and during pregnancy. For example, Beril compared her second doctor to the first whom had given her false hopes by saying; "I mean they tell you 'yes, we will do whatever is in our power, our laboratory work is very successful, but it might happen or it might not happen. There is no guarantee with this business.' This is something else, [something good] that the doctor starts by saying this and tells you all the negative things."[199] Similarly Sevda, who had major difficulties during IVF trials due to certain problems related to her womb, and who had been crushed in just the same way Beril had been, and interestingly in the same hospital but just years apart, when the high hopes given by doctors did not result in conception, expressed her gratitude towards her doctor who always kept her aware of the risks, maybe even too aware.

While it seems like this preference of women to hear the bad news and possible risks about their IVF cycles or pregnancy is related to the medical culture of heightened surveillance and calculation of odds, it actually is more about their experiences of failure with IVF. As a discourse of hope surrounds the reproductive technologies within clinics' walls as doctors and nurses cheer about conception, and with the selective coverage of IVF stories in the media, where the romance of the "joining"or "reuniting" of the mother and the unborn child, and the happiness of the

[198] Sandelowski, p.38.
[199] Interview by author, tape recorded, Istanbul, Turkey, 4 June 2011. "Hani şey diyorlar, 'evet biz elimizden geleni yapacağız, laboratuvar çalışmamız çok başarılı ama olabilir, olmayabilir, hani bir garantisi yok bu işin' demekle başlamak ayrı bir şey, doktorun sana tüm olumsuzlukları anlatması…"

heterosexual couple with the bundle of joy they conceived via the helping hand of technology fills pages, and the down sides of this treatment, like physical pain, probable complications and above all stories of failure, are almost inexistent in the same sources, the first time women are "let down" by IVF and their doctors is experienced as a devastating moment. A statement about this was given by Figen, who waited seventeen years to be the mother oftwin boys, who are, now, eight month old.

Having faced infertility due to her husband's condition of azoospermia, whereby the man does not have any live cells in the seminal fluid, for seventeen years Figen had been turned down countless times from the clinic doors without any IVF trials. Not accepting AID and not favoring adoption, she waited until the technology developed and allowed doctors to find live sperm in her husband's testicles. With only enough sperms for two cycles of IVF, the first time conception did not occur. Figen describes her moment of finding out that she was not pregnant like this:

> When the results came from that test and Doctor Yücel told me that I was not pregnant, my whole world ruined. For seventeen years I had not been able to be a mother and I had never felt this sad about it. For seventeen years, I had always said that I was not the only person who did not have a child, so what could I do? I lived by saying that this was my fate and if I could not have it then I could not have it. But the thing I heard that day hurt me so bad. I felt so badly; as if the walls of the clinic had fallen down on my head. It is a horrible situation. You prepare yourself to be pregnant (and you tell yourself) I will get pregnant and you always have this thought. And after seventeen years my longing for motherhood will finish… But when he said that it had not happened, I felt terrible. I mean, I do not know how I came back.[200]

[200] Interview by the author, tape recorded, Istanbul, Turkey, 20 March 2011. "O testin sonucu geldiğinde, Yücel Hoca bana hamile değilsin dediği zaman bütün dünyam mahvoldu. Ben on yedi sene anne olamadım, bu kadar üzülmemiştim. On yedi sene, yani hep dedim ki tek çocuğu olmayan insan ben değilim ne yapayım bu da benim kaderim, olmazsa olmaz diye yaşadım. Ama o gün duyduğum söz o kadar canımı acıttı ki, o kadar kötü oldum ki. Sanki klinik başıma yıkıldı yani. Çok kötü bir şey. Hamile olmaya hazırlanıyorsunuz, hamile kalacağım ve hep bu düşüncedesiniz. Ve on

Similarly, Beril said; "I told them whether they thought of this as a game, since they tell us to come and then if it does not happen, come again and again… Psychologically, Sami was devastated; he could not get back to his old self for three months. We felt like we would never be able to have a child again, psychologically."[201]On the other hand, Funda talked about how she managed to keep on going with her life after each failure:

> For example, the period after the transfer, especially that time when there is about a week until your period is very difficult for me. Because you (worry) has it happened? Has it "hold on" (the embryo holds onto the walls of the uterus)? Of course you have an expectation, and when it turns out negative the first day I felt shaken, upset but then, after the first day life went on. We did not quit in the end. Because we would try again, I tried to get back to normal quickly, but I did get effected.[202]

So why is failure so devastating? And what sorts of strategies do these women employ to "get back to normal?"

Living and Dealing with IVF

Before starting their journey with IVF, most women do not know much about it, except for the information disseminated on television, in newspapers, on the Internet and the pamphlets of clinics. While these may seem like enough sources, the problem does not lie with the quantity, but with the quality of such displays of the technology. For example, on a popular website that provides short videos of famous

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yedi sene sonra annelik özlemi bitecek, ama olmadı deyince çok kötü oldum. Yani oradan nasıl geldim bilemiyorum.

[201] Interview by author, tape recorded, Istanbul, Turkey, 4 June 2011. "Dedim, çocuk oyuncağı mı bu. Hadi gel, olmadı bir daha gel, olmadı bir daha gel… Psikolojik olarak Sami acayip yıkıldı zaten. Üç ay kendine gelemdi. Bir daha çocuk sahibi olamayacağımız şeyine girdik, yani psikolojisine girdik."

[202] Interview with author, tape recorded, Istanbul, Turkey, 15 November 2010. "Yani mesela aşılama yapıldıktan sonraki dönem, o özellikle adete bir hafta kalan o dönem benim için zor oluyor. Çünkü hani acaba oldu mu? Tuttu mu? Bir beklenti oluyor tabi, bu beklenti negatif çıkınca ilk gün beni sarsıyor, üzülüyorum ama ilk günden sonra hayat devam ediyor, sonuçta pes de etmiyoruz. Uğraşacağız diye tekrar normale dönmeye çalışıyorum ama etkileniyorum.

doctors' speeches on various issues, from heart diseases to Alzheimer's disease, from healthy diet to infertility, the test-tube baby procedure is described by two of these doctors. Op. Dr. Aytuğ Kolonkaya and Op. Dr. Aykut Coşkun, respectively: "The couples that we treat with test-tube baby go through a really easy time during the process […] (as) almost all of our patients can apply these injections themselves." [203] "As a process, it is really short and actually very enjoyable for the mother."[204]

The accounts by which IVF is described as a simple technique, an easy process, obscures the very real and painful experience of test-tube baby making, which is performed on women's bodies. As IVF is presented as a perfect procedure, the number of ways in which it can fail is not conveyed to the audience.[205] Even its name, "In-Vitro Fertilization" or "test-tube baby" do not signal any contribution of the female body to the making of the baby, making it sound like fertilization can be completed or the baby can be born independent of the womb.[206] In fact, far from its description as a simple thing, women repeatedly describe the "unanticipated complexity" of IVF.[207] It also becomes a consuming practice for all, occupying their minds and making their bodies ache constantly.

> It is exhausting… so much… It depends on your personality actually. I am a Pisces and I have a sensitive nature. I got upset, worn out […] when I used to hear news of my friends' getting pregnant… Of course, I was very happy, but you cannot help it and one feels jealous […]. You do not want to go out anymore, or hear pregnancy news. When you hear that people… when you hear that they conceived at once, you say "oh!"

[203] "Tüp Bebek Nedir?," Available [online]: http://www.doktorsitesi.com/video/tup-bebek-nedir/1239 [15 July 2011].
[204] "Tüp Bebek Nedir?," Available [online]: http://www.doktorsitesi.com/video/tup-bebek-nedir/1389[15 July 2011].
[205] Sarah Franklin, *Embodied Progress: A Cultural Account of Assisted Conception.* (London: Routledge, 1997), p.105.
[206] Frankin, "Embodied Progress", p.105.
[207] Frankin, "Embodied Progress," P.106.

> without intending to feel that way. You change. Your life becomes all about a child. Nothing makes you happy.[208]

Güneş's statement above shows the way in which IVF and the related expectation of conception and pregnancy dominate one's life during this period. On the other hand, Çağla accounts for the physical side of the way IVF turns into a "way of life" for these women:

> One day they told me to get it (pregnancy) out of my mind and that I would get pregnant then. I told asked them how I could get it out of my mind. I went for an injection in the morning and I thought about it, and then I went for an injection in the afternoon and I thought about it, then I wnet for an injection in the evening and I tought about it. It was so that I was no longer able to sit down because of all the injections.[209]

A different aspect of the not so pleasing process of IVF is highlighted by Beril:

> You are examined from below (vagina) all the time. One (doctor) comes and looks; the other one comes and looks. Then three people come and look. (Thinking aloud) what happened? Did it happen? Should we harvest eggs now or not? […] Constantly! Think about it, it's a horrible thing. I'm even normally not comfortable about seeing a gynecologist […] now you give up such a thing (privacy). You turn into someone who shares her everything with others. You are in the hands of people, but you want something very much and just gloss over that. I mean it's not a big deal, but later when it does not happen (pregnancy), (it turns into a) huge crush, psychologically… [210]

[208] Interview by author, tape recorded, Istanbul, Turkey, 20 January 2011. "Çok yıpratıcı. Nasıl yıpratıcı… Herkesin kişiliği ile alakalı bir şey aslında. Ben Balık burcuyum. Biraz hassas bir yapıya sahibim. Üzüldüm, yıprandım. […] Arkadaşlarımın bir hamilelik haberini duyduğum zaman… Tabi ki çok seviniyordum ama ister istemez insanda böyle bir kıskançlık, işte ne bileyim. […] Artık böyle dışarı çıkmak istemiyorsunuz, ya da hamile duymak. Artık siz yani, insanları böyle duyunca pıt diye hamile [kaldıklarını], böyle 'ay' oluyorsunuz, istemeden yani. İnsan değişiveriyor yani. Sadece hayatınız çocuk oluyor. Hiçbir şeyden mutlu olamıyorsunuz.

[209] Interview by author, tape recording, Istanbul, Turkey, 12 March 2011, "Kafandan çıkar hamile kalırsın dediler bir gün bana. Dedim ki ben nasıl kafamdan çıkarayım. Ben sabah iğne olmaya gidiyorum aklıma geliyor, öğlen iğne olmaya gidiyorum aklıma geliyor, akşam iğne olmaya gidiyorum aklıma geliyor. Artık oturamaz hale geldim iğnelerden yani."

[210] Interview by author, tape recorded, Istanbul, Turkey, 4 June 2011. "Sürekli alttan muayene olmak… Biri gidiyor bakıyor, öbürü gidiyor bakıyor. İşte üç kişi gelip bakıyor. Ne olmuş, olmuş mu, alalım mı, almayalım mı? […] Sürekli. Düşünsenize, korkunç bir şey yani. Zaten normalde bile gitmek bana zor gelir kadın doğum doktoruna […] Şimdi böyle bir şeyden geçiyorsunuz, her şeyinizi herkesle paylaşır hale geliyorsunuz. Birilerinin ellerindesiniz ama bir şeyi çok istiyorsunuz ve onu göz ardı ediyorsunuz. Çok önemli değil ama sonradan olmayınca da çok müthiş bir yıkıntı, psikolojik…"

So, thinking about IVF as a technology that dominates women's lives physically, psychologically and in forms of ideas, then we can understand the depth of their disappointments. Then, let us ask again, how do these women deal with failure? How do they take care of themselves?

Controlling Information, Curtailing Hopes

"Everyone asks and we say [that] "we don't want" [children] because everyone asks and asks and you get sick of it…"[211] said Sevda. Her statement is almost like a summary of the situation where women tend to take control of a situation that, in the end, is out of their capabilities to shape or conclude. Usually after experiencing an "abandonment" of the IVF cycle, women try to limit the amount of people who have knowledge of the treatment going on. Şenay, a thirty-three year old woman who had been on and off IVF cycles for ten years, trying to have a child with her husband who suffered from low sperm counts on her third trial of IVF, told me the same story:

> The other time I told it to anyone you can think of. And everyone was very happy that I was going to make a test-tube baby. You do not know how it's going to turn out then, when you first start it. But now, because I know how things are I did not tell anyone anything, because I mean… I mean also when you cannot conceive it [feels] as if like people [say] "oh poor, poor Şenay, she couldn't make it again." You feel as if they are going to pity you. I do not want to live with that feeling. Let no one in my circle knew about it. Except for my family, my brothers, I did not tell anyone about it. I mean I did not find it necessary, so I am not seeing anyone these days. I can say that I have closed myself to others, staying home…[212]

[211] Interview by author, tape recorded, Istanbul, Turkey, 4 June 2011. "Herkes soruyor. "İstemiyoruz" diyoruz çünkü herkes soruyor, soruyor, sıkılıyorsun…"

[212] Interview by author, tape recorded, Istanbul, Turkey, 7 April 2009. "Tabi öbür sefer dokuz mahalleye yaydım. Şeydi yani herkes seviniyordu tüp bebek yaptıracağım [diye]. Sonucunun ne olacağını bilmiyorsun o zamanlar, ilk başladığında. Ama şimdi neyin ne olduğunu bildiğim için kimseye bir şey söylemedim, çünkü hani… Bir de şey sanki o tutmadığı zaman sanki insanlar 'ah yazık yazık, bak Şenay yine olmadı,' böyle acıyacaklar gibi bir his geliyor. Bu duyguyla yaşamak istemiyorum. Böyle kimse bilmesin kendi çevremden, birkaç kişi hariç işte kendi ailem, ağabeylerim filan biliyor, başkalarına söylemedim. Yani gerek duymadım, o yüzden de kimseyle görüşmüyorum bu sıralar. Yani içime kapandım diyeyim işte, evde…

By not allowing people to know, women who are going under a treatment that does not guarantee success, is very unpredictable, and can be devastating in result when it does not conclude with an achieved goal, they protect themselves from psychological harm. This also is a part of the ways in which they curtail hope, a strategy by which they prepare themselves for failure.

The other part is women expressing their disbelief in success, and convincing themselves that the process will not result in pregnancy. In Çağla's narrative it is very apparent. After having a miscarriage during the second month of her marriage, and then trying to get pregnant via IVF for five years and failing constantly, when she went through heavy vaginal bleeding during a pregnancy that occurred in the fifth year of her marriage and with IVF, she described her disbelief as such:

> When they said that I would have a miscarriage, since I did not really believe that I would give birth anyway, I did not (get upset) that much. My problem was rather (about me); I started thinking "would I feel too much pain" and stuff like that. You know there is going to be a miscarriage, and I lived through that one […] so I did not care about the baby because I did not believe in it in the first place […] I did believe in the technology, but I did not believe that I would have a child. Now when you work for it that much for five years and get no results, you lose your belief and it feels like a dream, something will happen and it will go away. I mean you feel like your life will always be like that. Always; I will not have a baby so I should get used to it. I was somehow indoctrinating myself. For example, I was telling everyone, all the time, to think the worst possibility, to think that it would not happen so that we would not get too upset when it really did not happen, and very happy when it did. [213]

[213] Interview by author, tape recorded, Istanbul, Turkey, 12 March 2011. "Düşecek dendiğinde, ben zaten çok inanmadığım için doğuracağıma çok da fazla şey yapmadım. Derdim daha ziyade [kendimleydi]. 'Benim canım çok yanar mı acaba' falan diye düşünmeye başladım. Hani düşük olacak. Çünkü bir kere yaşamıştım ya onu […] hani ben artık çocuktan geçmişim, zaten inanmıyordum ben çünkü. […] Teknolojiye inanıyordum, ben benim çocuğum olacağına inanmıyordum. Şimdi beş sene insan o kadar uğraşıp hiçbir sonuç alamayınca inanmıyorsunuz. Rüya gibi geliyor, bir şey olacak gidecek… Hani hayatınız hep öyle devam edecekmiş gibi geliyor size. Hep çocuğum olmayacak benim, ben böyle yaşamaya alışmam lazım [diyorsunuz]. O biraz da psikolojik telkin kendime. Ben hep şey diyordum mesela; siz en kötüsünü düşünün, olmayacak diye düşünün ki olmadığında çok üzülmeyelim, olunca çok sevinelim."

Figen told a similar story regarding her experience with IVF when she tried to conceive with the last sample of sperm that was taken from her husband's testicles, after failing the first time: "I was sitting by the shore of Ortaköy, the weather was very cold but I did not want to go inside. It was as if I could not fit İstanbul, did it happen or not [pregnancy]? But I prepared myself for "not" all the time, because the first time I had prepared myself to the positive result and had been very disappointed…" [214]

Because failure is so difficult to cope with, "hope management" turns into a necessity for women who have to "balance a sufficient amount of hope against a realistic appraisal of the likelihood of failure, that a certain kind of psychological determination is required to continue with IVF."[215] So as managing the dissemination of information regarding treatment and curtailing hopes about pregnancy appear to be two conscious strategies developed effectively to cope with IVF, another strategy shows itself as belief in a master plan and *tawakkul,* leaving it up to God.

Leaving it up to God

As she was getting ready to go through her second embryo transfer, Figen said that she was crying, knowing that it was her last chance to have a child that was genetically related to her and her husband. She said, "on the day they put the eggs in I begged God, because we did not have any other chance. There was even no possibility to find more sperm in my husband, it was all gone, we had tried all that was present and this was the last of it. We had nothing left in money either. I mean we had only one house that we could have sold. I said, *inşallah*, my God it will

[214] Interview by author, tape recorded, Istanbul, Turkey, 20 March 2011. "Ortaköy'de sahilde oturuyorum bir soğuk hava ama içeri girmek istemiyorum sanki İstanbul'a sığmıyorum acaba oldu mu olmadı mı? Ama ben hep kendimi 'olmadı'ya hazırladım çünkü ilkinde hep 'oldu'ya hazırladım çok büyük hayal kırıklığına uğradım."
[215] Frankin, *Embodied Progress,* p.158.

happen and I lay on the table praying."[216]

And then again, when it was time for her to decide whether to proceed with amniocentesis or not, knowing the risks of miscarriage, having no other possibility to conceive with her husband, and fearing the birth of defected children, crying in a corner of the clinic, torn between risking miscarriage or having babies with the Down syndrome, Figen said that she told herself: "My God, if you have intended for me to have these kids, they will be born; but if you already have not intended for them to be mine, they will die following this test…"[217]

What we see in the accounts given by Figen is that *tawakkul*, leaving things to God, appears to be a comfort mechanism by which the person can distance herself from possible negativities and make a decision. Yet this conduct should not be considered as passivity or lack of agency. The fact that women who try to conceive via IVF, who would go all the way and calculate, measure, adapt every single part of their lives and bodies to have a baby still believe that there is nothing they can do after a certain point, that in the end it is not the risk percentages but God who will decide what is going to come out of a procedure should not contradict each other. Rather, the distinction between predestination and choice makes it all understandable; pointing to a place where God does determine one's fate, for example, whether someone will have kids at all or not, but still human beings are the ones to choose how they will deal with situations as they come up.[218] So what seems like passivity is actually a manifestation of agency, whereby leaving things to God is

[216] Interview by author, tape recorded, Istanbul, Turkey, 20 March 2011. "Yumurtaların konduğu gün Allah'a yalvarıyorum çünkü başka şansımız yok, yani tekrar eşimden sperm bulma şansı yok. Bitti. Olanı da denedik, en sonunu deniyoruz. Bizim artık maddi yönden satacak hiçbir şeyimiz kalmadı, yani bir evimiz var onu satacağız. İnşallah Allah'ım olur diyorum ama böyle dua ederek yattım masaya."

[217] Interview by author, tape recorded, Istanbul, Turkey, 20 March 2011. "Allah'ım sen bana bunu nasip ettiysen zaten bu çocuklar doğar, ama zaten nasip etmediysen bunlar bu testten sonra da ölür…"

[218] Saba Mahmood, *Politics of Piety: The Islamic Revival and the Feminist Subject* (Princeton: Princeton University Press, 2005), p.173.

the act itself, whereby women engage in a decision-making process regarding their bodies' relation to medical technologies and interventions.

This view of people doing the best they can with situations, knowing that there is a final call but without knowing what it is, is very well expressed by Nurgül, a thirty-eight year old woman, who is a pious Muslim in hijab, as such: "A child is very important [to a marriage], but no matter how important it is, it should not lead to a break up in my view. My husband thinks the same way. 'What can we do' he says. Even if God does not give us one, we still should perform our duty, we should get our treatment, I mean, but the result is something that is up to God… So what can we do about it, we cannot break up over it right?"[219]

Similar to this, a belief in a grand plan, a design of God that gives meaning to why and when events happen or not happen, appear frequently in women's narratives of IVF. Some women ask themselves questions like Fidan's:

> People who married after us even have kids, and then you say "what?" (You ask yourself) Why am I not having one? Why can't we have one? Why can't I make my husband feel fatherhood? Why can't I feel motherhood? Why can't I have a baby? I mean you know what the problem is, but why is it like that? For what? You ask these questions.[220]

Some try to answer these impossible questions by expressing their belief in a grand mind, which is in fact trying to help the individual. Şenay states:

> I used to beat myself up whenever these test-tube babies did not work out. […] I have a sister in law who is enrolled in a dervish lodge. She knows a great deal about the Qur'an, and whenever I talked to her about religion she always comforts me. One day, I was back from an

[219] Interview by author, tape recorded, Istanbul, Turkey, 27 November 2010. "Çocuk çok önemli ama ne kadar önemli olsa bile bu da bir ayrılmaya neden değildir bence. Eşim de aynı düşünüyor, yani 'ne yapalım' diyor. Allah vermezse bile biz sonuçta görevimizi yapalım, tedavimizi yapalım yani, sonucu Allah'a kalmış bir şey… Yani ne yapabiliriz ki, bunun için de ayrılmak olmaz herhalde."

[220] Interview by author, tape recorded, Istanbul, Turkey, 29 April 2009. "Yani tabi sonuçta sizden sonra evlenen insanlar bile bebek sahibi oluyor, bu sefer 'ne?' oluyorsunuz. Benim niye olmuyor? Bizim niye olmuyor? Niye ben eşime babalık duygusunu tattıramıyorum? Neden ben annelik duygusunu tadamıyorum? Niye benim çocuğum olmuyor? Diye… Yani sorun, niye olduğunu biliyorsun ama yine de hep böyle neden? Niye? Sorularını soruyorsun kendine."

> obligatory abortion and I was crying my eyes out, not seeing anyone, not answering phones or anything… Then she asked me, why are you beating yourself up? Why are you defying God? She said that was exactly what I was doing. She said, if God is not granting you any child maybe he knows something better. Maybe you would have a disabled child, and because God loves you so much maybe he does not want you to go through that. Maybe he does not want you to suffer for a life time, so he is not giving you any kids. Or maybe you will have a child and he will grow up to be a rambler, he will beat you, swear at you, or defy you even more… Maybe he does not want you to live such things; maybe he deems you worthy of the spousal love you already have and maybe that's why he does not give you any kids. Why are you wearing yourself out she told me. That affected me a lot. I mean just like she says, when you think of it like that, what happens is what God wants. So apparently God knows something and that's why he is not granting me children. But of course if he were to give us one, I believe we would be very happy.[221]

The same logic was employed by Güneş to give meaning to the previous failures she endured before meeting her second husband, with whom she had twins via IVF:

> To believe, to pray; I always say this. Because the reality (is that) whenever and whatever, God will always help people. Thing must have a reason, if it (child) is not happening at that period of time. It means that it is not going to happen then, but sometime later… when one thinks about these (failures) at the time, she gets upset but one should think that there is a good in everything. (One should) say that God sees and knows everything.[222]

[221] Interview by author, tape recorded, Istanbul, Turkey, 7 April 2009. "Daha önce çok yıpratıyordum kendimi bu tüp bebeklerde, olmayınca filan. […] Bir yengem var o şey nasıl diyeyim dergahlara filan üye, Kuran'la ilgili çok bilgisi var. Ben onunla ne zaman dini konuşsam beni rahatlatırdı. Bir gün bana yine, o zaman kürtaj olduğumda geldiğimde çok ağlıyordum falan, kimseyle görüşmüyordum, telefonlara çıkmıyordum falan… Sonra bana dedi ki, niye bu kadar yıpratıyorsun kendini? Niye Allah'a karşı geliyorsun? Dedi, senin yaptığın budur. Demek ki, dedi, Allah sana evlat vermiyorsa bildiği bir şey vardır. Belki evladın olacak sakat olacak, sen çok sevdiği için Allah belki bunu yaşamanı istemiyor. Ömür boyu çile çekmeni istemiyor o yüzden evlat vermiyor. Ya da evladın olacak ileride büyüyecek serseri olacak, seni dövecek, sövecek ya da daha bir karşı gelecek… Yani belki bunları yaşamanı istemediği için belki de sen böyle karı koca çok mutlusun, belki sana bunu layık gördüğü için, o yüzden evlat vermiyor. Neden kendini yıpratıyorsun? Diye akıl vermişti. O bana bayağı bir etki yaptı. Yani dediği gibi, o tür mantıkla düşündüğün zaman Allah'ın dediği olur. Yani demek ki Allah'ın bildiği bir şey var ki vermiyor. Ama verirse de tabi çok mutlu olacağız gibime geliyor."

[222] Interview by author, tape recorded, Istanbul, Turkey, 20 January 2011. "İnanmak, dua etmek, hep onu diyorum. İnsan çünkü, gerçekten, ne zaman ne olsa Allah insanlara hep yardım eder. Mutlaka bir şeylerin sebebi vardır. O, o süreçte olmuyorsa demek ki o zaman değil başka zaman… İnsan bunları düşündüğü zaman çok üzülüyor o an, ama hayra yormak lazım. Allah görüyor, biliyor deyip…

After looking at how women experience infertility and IVF, and how they deal with losses and failures, now we can look into some of the strongest reasonswhy they want children and how these reasons are shaped by discourses on nature, culture and the boundary between "appropriate" and "inappropriate" forms of reproductive technology.

To Reproduce or How to Reproduce: The Appropriateness of IVF

While the IVF journey is full of ups and downs, and despite the picture drawn by the media and clinics that it hold failure as a major composing element of its structure, nevertheless, women tend to apply for consecutive procedure, sometimes even for a year. So what are some of the motivations behind their enthusiasm? And how do these desires converge with an idea of nature as heterosexual and society as composed of nuclear families?

Building the Family

For many of the women with whom I spoke, being a family necessitated the presence of a child, and motherhood was deemed as a unique experience and even a "craving," something worthy of everything. They stated the ideal of building a family frequently, as came up in Tülay's narrative:

> When I was married for two years, I did not (care) so much about it. You are just beginning to get to know your spouse, and it took us five years to fully know each other. After the first two years I started to want a child… I told myself that this has been (good) until now; the longing for a child comes without your control… You cannot help it, you want it. You feel its void, and I still do. They used to tell me that the child completes the family, and I did not know what they were talking about, but it now appears that they were right.[223]

[223] Interview with author, tape recording, Istanbul, Turkey, 2 April 2011. "İlk iki sene evliyken o kadar şey yapmıyordum, eşinde birbirini yeni tanımaya başlıyorsun. Zaten beş sene sürdü bizim birbirimizi tamamen tanımamız. O iki seneden sonra işte istemeye başladım ben, ondan sonra bir yere kadarmış diyorum, insan ister istemez çocuk özlemini… Elinde olan bir şey değil, ister istemez istiyor

But when we think about the importance the family holds in the narratives of the women I interviewed, an approach that would view the family as an ideology that crushed women's agency down; but we should think of it as a value kept close to the hearts of these women, even though it nonetheless is a patriarchal value. For example Zeliha, a woman aged thirty-three, who was a newlywed and was on her first trial of IVF said: "I mean a family is complete only with child, but I still can envision one without it too…"[224] So the family, apart from being the site where children are procreated, is also a bed for the conjugal love that is highly valued by the nation state, as a space where patriarchal hierarchies are turned invisible through the discourse of 'love, '[225] and prospective children are raised. It is held valuable as a site of unconditional support even in the account of Zeynep, a thirty-nine year old public figure who had a child though AID about two years ago. She said: "The important thing is that until that day (when she would ask about her father) the child has a family of some sort, the idea of a family, a grandmother, an uncle, an aunt, a grandfather… It is important that these exist. […] Family, and that the child knows that she is not alone are very important things."[226]

What we can see here is that while the family does not hold its classical nuclear structure for Zeynep, it is, nonetheless, considered as the ideal environment for the psychological development of the kids. Thus, even when its traditional boundaries are transgressed, the family unit is fortified through the IVF technology,

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insan. Onun boşluğunu hissediyor yani, hala da var. Aileyi çocuk tamamlıyor diyorlardı da inanmıyordum, ama öyleymiş.

[224] Interview with author, tape recording, Istanbul, Turkey, 7 December 2011."İnsan çocukla aile, çocuk olunca daha bir aile hani oluyor ama çocuksuz da aile olunacağını düşünüyorum ben."

[225] Sirman, pp.147-149.

[226] Interview with author, tape recording, Istanbul, Turkey, 2 June 2011. "Ama işte önemli olan, o gün gelene kadar çocuğun öyle ya da böyle bir aileye sahip olması, aile kavramına… İşte anneanne olsun, dayı olsun, teyze olsun, dede olsun… Bunların olması çok önemli. […] Aile, ve çocuğun yalnız olmadığını bilmesi çok önemli."

which makes birthing and motherhood tangible ideals for many women who would not have had a chance before, and who, with the advent of the technology, now feel "compelled to try"[227] over and over again.

Motherhood, Adoption and AID

"I used to believe that I would not die without being a mother, and now I will not. I guess because I really believed in it that I managed to do such a thing."[228] Says Zeynep, at a crowded cafe in Taksim where we sat. And her words revealed the depth to which she "craved" to be a mother. This is common to most of the narratives that I collected, where women describe motherhood and mothering as natural and unstoppable "urges" or a very unique experience that is could not be missed out on. This is maybe the most apparent in Figen's description of how she felt about adoption, after thinking about it for years and even having had started researching on orphanages before she found Doctor Yücel :

> You want to adopt to save a life, I mean the kids' there. Not to quench your motherhood or fatherhood, but to save the life of a child there. Because we see it all the time… The kids in orphanages... At least she can grow up in a family, have a mother and a father – but of course you will tell her in the future that you are not her actual parents. She won't think that you are her mother and father, but just as a family that raised her. But that was what I wanted, I wanted to take a girl, a baby girl even so that her life would be saved, a baby's life would be saved. That was my only goal; I mean it was not about quenching my (thirst for) motherhood. Because you cannot, you do not get pregnant, you do not breastfeed… In the end it is a baby that came from outside to you. I mean it's like ordering in. You would put effort into the food you cook at home, and you eat it with great apatite, but what you order in is a food that is cooked by someone else, you just eat it. [229]

[227] Sandelowski, p.38.
[228] Interview with author, tape recording, Istanbul, Turkey, 2 June 2011. "Anne olmadan ölmeyeceğime inanıyordum ben ve anne olmadan ölmeyeceğim artık yani. Gerçekten inanmışım ki bunu becerdim diye düşünüyorum."
[229] Interview by author, tape recorded, Istanbul, Turkey, 20 March 2011. "İnsan evlatlık almayı yani oradaki çocukları, bir hayat kurtarmak için istiyorsun. Anne babalığınızı gidermek yerine oradaki bir çocuğun hayatını kurtarmak. Çünkü görüyoruz, çocuk esirgeme kurumlarında kimsesiz çocukları. Hiç olmazsa bir aile ortamında büyüsün, bir anne babası olsun… Ki, ileride o çocuğa anne baba

While the way she employs words like "quenching a thirst" to describe a feeling of motherhood, Figen constituted this social role as a biological need, a thirst that came naturally and unless "quenched," gave great discomfort. While her choice of words was unique, I believe that it provided a very good perspective on the reading of other narratives as well. It was this notion of motherhood as a basic need and something unique that made other women have doubts about adoption as well. For example, Serpil said:

> To take a kid (from orphanage) if you cannot have a child is a very good, a very nice thing. More like a good deed. There must be certain feelings that it will make you experience, but it is not the same thing as living it [pregnancy and childbirth] from beginning to end. Not to consider it an equivalent of this, but maybe I can think of adoption in a different category. […] They cannot hold each other's' place […] It is a little bit about not being able to live the process from pregnancy onwards, not being able to live those feelings.[230]

Except for hearing the argument that adopting and birthing are very different things, another aspect to it that concerned the women and was common to all narratives except for two, was the issue that was described by Zeliha's mother, a sixty-five years old mother of three who did not know much about IVF before her daughter went through it, but who now considered herself to be something of an expert on the issue:

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olmadığını söyleyeceksin, seni anne baba olarak bilmeyecek sadece büyüten bir aile olarak bilecek. Ama yani sırf benim istediğim oydu, bir kız çocuğu almak istiyordum hatta bir bebek kız alalım onun hayatı kurtulsun, bir bebeğin hayatı kurtulsun diyordum. Tek amacım oydu yani, anneliğimi gidermek için değildi. Çünkü gideremezsiniz. Hamile kalmıyorsunuz, emziremiyorsunuz sonuçta dışarıdan elinize gelmiş bir bebek. Hani hazır yemek söylemiş gibi oluyor. Evde pişirdiğiniz yemeğe bir emek sarf ediyorsunuz, onu iştahla yiyorsunuz ama dışarıdan söylediğiniz başkasının yaptığı bir yemek, sadece yiyorsunuz."

[230] Interview by author, tape recorded, Istanbul, Turkey, 12 April 2011. "Çocuğum olmuyorsa evlat edineyim, çok iyi çok güzel, belki daha çok bir iyilik gibi. Mutlaka size yaşatacağı duygular da var ama hani bunu baştan sona yaşamakla aynı şey değil yani. Muadili olarak düşünerek değil de daha farklı bir kategoride belki düşünebilirdim onu. […] benim için tam birbirinin yerini tutan şeyler değil. […] Biraz da bu, hamilelikten itibaren o süreci yaşayamamak, o duyguları yaşayamamaktan dolayı aslında.

> My husband told me during the 1990s when there were the Yugoslavia events going on that there were lots of kids abandoned and orphaned, and that maybe we could take one of them and raise him. Okay, fine, we are going to do a charity work but I told him this: I can let my daughter wear dirty clothes, I can let her wear old clothes, I can even slap her once, scold her but because I would be taking him from the outside, people would say that, even if told him to move a bit or if I lowered my face a little, that "she took the kid, and now she is treating him badly." That's why I hesitated. Because I see this around me.[231]

Also, women of very different socio-economical stand than Zeliha's mother Serpil and Sevda, or Çağla who is much different than others regarding her middle level income and younger age, all expressed the same concern: Treating the adopted kid like their own, which might involve tension, but then feeling like or being perceived as "bad women" and "step mothers" who discriminated against these children on the basis that they were not their "natural" birth mothers. Thus raising their voice, letting them wear old clothes, or spanking their bottoms lightly all posed the threat of being criticized by others and by themselves, as treating the adopted child unfairly, even though these might be perfectly okay with the genetically related child, because of an implied lack of mother-child bond between them that could only be acquired through pregnancy, childbirth and the nurturing of the baby.

While the women expressed their belief in the fact that they would be the real mothers, that they would have every right to treat them just as they would treat any other kid of their own, after they expressed their reservations and I asked them to tell me how the two statements made sense together, they answered, for example, like Funda:

[231] Interview with author, tape recording, Istanbul, Turkey, 7 December 2011. "Ben, eşim hatta şey dedi bana bu 90'larda Yugoslavya olayları vardı ya, çocuklar çok kaldı dedi, bir tane alalım dedi, bir tane alıp yetiştirelim dedi. Tamam, iyi güzel hayır işi yapacağız ama dedim ben kızımı kirli giydirebilirim, eski giydirebilirim, ama bir tane tokat vurabilirim, azarlayabilirim ama onu dışarıdan aldığım için çevreden bana diyecekler ki, bak ben ona ileri git desem, biraz asık suratla dursam, 'hem aldı hem çocuğu şey yapıyor, kötü davranıyor' derler. Ondan sebep geri durdum. Çünkü çevremde de görüyorum."

> Now a person can yell at her own child, and forget about it in two minutes. But if I were to yell at her, for example, if that was to happen, if I got mad at her I feel like I would feel a (burden) on my conscience more. […] It really does seem like a much greater responsibility than if you have to your own child. […] Of course, she will be my child, but still I am uneasy, you know because she is actually not my child.[232]

So while adoption is seen as a good thing to do, nonetheless it is not favored due to the conceptualization of "natural motherhood" as providing a "unique bond" between the child and the mother, which makes a series of actions that would be considered rude and unjust if applied to a stranger, normal and unimportant. This "naturalness" of the relation between the parent and the offspring finds another place to show itself when we look at the issue of AID too.

> I would not considered donation as an option, because of my beliefs and my morals actually. Getting impregnated by just any sperm… Because I think about it as a sharing between me and my husband, I mean what happens there is something common to us. I do not think of (donation) to be a replacement. It is not all about birthing a child; it is something you have in common with your spouse. That is the meaning of having children.[233]

Said Serpil, expressing her feelings about AID and how it breaks the bond that is supposed to be built between the spouses and the children. Largely, AID is thought of as a method that serves injustice to the husbands, who would be made to love "another man's child." This connection between sperm and "carrying men's children" came up frequently as a linguistic choice as I talked to women. For example Tülay said: "I am definitely against that (donation). It is another person's

[232] Interview with author, tape recorded, Istanbul, Turkey, 15 November 2010. "Şimdi hani insan kendi çocuğuna belki bağırır hani iki dakika sonra unutursun ama şimdi ona bağırsam diyorum, mesela öyle bir şey olsa, kızarsam hani onun vicdanen şeyliğini daha fazla hissederim gibi geliyor. Ya da ne bileyim çok büyük bir sorumluluk gibi geliyor, gerçekten kendi çocuğundan daha büyük bir sorumluluk gibi geliyor bana. […] Çocuğum olacak tabi ki de, hani yine de böyle bir şey olur mu, hani benim çocuğum değil ya.

[233] Interview by author, tape recorded, Istanbul, Turkey, 12 April 2011. "Donayonu düşünmezdim, inançlarım ahlaki konular açısından düşünmezdim açıkçası. Herhangi bir spermden hamile kalmak… Çünkü benim eşimle bir paylaşımım olarak düşünüyorum, yani ikimizin ortak bir şeyinin olması oradaki, o onun yerini tutan bir şey olarak düşünmüyorum. Sadece çocuk doğumak değil, eşinizle ortak bir şey o benim için, anlamı çocuğun biraz da o.

child in the end… It belongs to someone else. The genes belong to someone else. I can never accept that, because I love my husband very much, because he will look at me too, and see that I am pregnant with another man's baby."[234] Carol Delaney[235], in her known study on the ideas and beliefs on cosmology in the Turkish village community, discusses that the prevalence of the theme of "seed and soil" in explaining the conception, birth and characteristics of a child – where the womb is considered to be a fertile yet anonymous field and the seeds of men determine the strength, nature and type of the product – appears a result of the monolithic imagination of the reproduction process as well as the religious worldview of the villagers, that give dominance to the will and capabilities of the men and present women as the mere carriers of their children. While what we see here surely has a relation to the "seed and soil" imagination on reproduction, it would be too totalizing and essentialist to attribute this view to religion only. Since these women are highly aware of their own contribution to the conception process, I believe that if we want to look for answers we would have to go deeper than the layer of religion and look into women's ideas on conjugal love, fatherhood, and how these conceptualizations have occurred in a patriarchal setting.

Except for the relation she built between the image of a sperm and the image of a child as belonging to another man, one more thing that we see here is the stress Tülay put on genes. This emphasis is a very strong one when the issue of AID is taken up by women. Genes, as determining the lineage of a child – i.e. the genetic line of inheritance between generations – hold a large place in delegitimizing AID as a method, since the confusion of lineage brings about different fears pertaining to the

[234] Interview with author, tape recording, Istanbul, Turkey, 2 April 2011. "Ona kesinlikle karşıyım. Sonuçta başkasının çocuğu… Başkasına ait. Genler başkasına ait. Kesinlikle kabul edemem, eşimi çok sevdiğim için. Çünkü o da bakacak, bakacak başkasının çocuğuna hamileyim…"
[235] Carol Delaney, *Seed and Soil: Gender and Cosmology in Turkish Village Socity*, (Berkeley: University of California Press, 1991)

potential incestuous relationships forming between future siblings who would not know about each other, and about the psychology of the resulting children who would feel lost and have an identity crisis if they were not to know their fathers. For example, Figen, who had been offered AID as an option by her doctor and by her husband's cousin, who was willing to donate sperm for them to use, said:

> These babies that are conceived via sperm banks, their lineage is not clear. They are kids with unknown fathers. I mean you go there, and [take sperm] like taking any other medication. This is present in foreign countries. The woman does not marry but becomes a mother. […] The father is unknown.[…] That's why I did not want it. Both religiously and also logically, I could not be comfortable with the idea. Another person's child [you take], to become a mother…[236]

Also Çağla added*"*(the kid will) ask about the father. So, where is my father (she will ask). What is she going to say to her, "I got you from the bank"? How is she going to say it, how is she going to explain it?"[237]Thus, by creating an analogy between the sperm and the actual child, and by placing the father as the main source for the traceability of lineage, and his presence as an important part to the psychological development of the child, the physical obviousness of the mother-child relation is formed between the child and the father too. As a result, women who do not care for this essential fact in the making of a child are deemed spoiled and distant from the values of the society. Beril said:

> Now I think about the people who have this done (AID), are there many from the common people? […] It would be very difficult to do outside of a marriage; I do not assume that common people do this. I see it amongst artists, and I see it as populism. I mean it's like Angelina Jolie

[236] Interview with author, tape recording, Istanbul, Turkey, 2 April 2011. "sperm bankasından edinilen bebekler nesli belli olmayan, babası belli olmayan çocuklar. Yani gidiyorsunuz, herhangi bir ilaç alır gibi yabancı ülkelerde bu var yani. Kadın evlenmiyor ama anne oluyor. […] Yani çocuğun babası belli değil. […] O yüzden ben istemedim, hem dinimiz açısından hem de şeyim kabul etmedi, mantığım mı diyeyim, yani içime sindiremedim bir başkasının çocuğunu, anne olmak için…"

[237] Interview with author, tape recording, Istanbul, Turkey, 12 March 2011."Baba soracak, hani nedere benim babam? "Ben seni bankadan aldım" mı diyecek? Nasıl diyecek, nasıl açıklama yapacak, nasıl bir izah?"

> adopts kids and looks so likable right, so [they think], let me have one too. I see it something like a fashion.[238]

Zeynep, one of the women who had been attacked by the media on these terms, explained her situation vis-à-vis these criticisms that came from every direction, from journalists to celebrities who accused her of aspiring to Western values and being simply spoiled, like this:

> So what is it to you? (that I conceived via AID) If I were to use this to put myself on the agenda I would have given interviews on how I did it […] I mean this is a very medical issue, a psychological problem, something that can devastate me psychologically, and it is my own business, what do you care! […] But these are not the real people's reactions. I measure public reaction from the market owner, the local businessmen. I would measure it according to how they treat me in the civil registry office or in the health care center. These are the people, not you […] you are media monkeys. […] Very funny that if I ever received any reaction, even though in general women are more cruel and aggressive, I have not received it from women expect for these couple of "media monkeys", because women understand. Unfortunately they can sympathize with the situation. I say unfortunately because I mean I know how much of a heavy and painful burden it could be on the shoulders of those who feel the pain of its absence. But men… No women asked me how I was going to explain the father situation to her. Only men asked. Just out of curiosity though… I do not know whether they thought they could be kicked out of their houses (because they were useless now), but they asked. But when I convinced them that I had no other solution (to have a child), that this was not a riot or an anti-men attitude, they said "ok."[239]

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[238][238] Interview by author, tape recorded, Istanbul, Turkey, 4 June 2011. "Ama ben şimdi yapan kesimi düşünüyorum, çok halktan insan var mı bu işi yapan? […] Evlilik dışı çok zor, bunu halktan birilerinin yaptığını sanmıyorum. Sanatçı kesiminde çok görüyorum, o da popülizm gibi geliyor bana. Yani şey Angelina Jolie evlatlık çocuk ediniyor, ne kadar sempatik görünüyor herkese. E ben de edineyim o zaman. Onu biraz çok şey görüyorum hani, moda gibi bir şey yani.

[239] Interview with author, tape recording, Istanbul, Turkey, 2 June 2011. "Yani kardeşim sana ne. Ben bunu gündeme gelmek için kullanıyor olsaydım böyle yaptım şöyle ettim diye zaten size demeç verirdim. Yani bu son derece tıbbi bir sorun, psikolojik bir sırun yani sonunda da psikolojik olarak bende yıkıma yol açacak bir sorun ama bu benim kişisel sorunum, sana ne.[…] Ama bunlar gerçekten toplum tepkileri değil. Ben toplum tepkisini kimden ölçerim, bakkaldan ölçerim, esnaftan ölçerim atıyorum. Nüfus memurluğunda bana nasıl davranıyorlar, sağlık ocağında nasıl davranıyorlar onlardan ölçerim. Hani toplum dediğimiz insanlar bunlar, siz değilsiniz yani. […] Medya maymunusunuz siz. […] Çok komik ben yine biraz tepkilerle karşılaştıysam da genelde kadınlar daha acımasız ve saldırgandır, ama işte bu birkaç medya maymunu dışında etrafımda kadınlardan hiç tepki almadım çünkü kadınlar anlıyorlar. Kadınlar bu konuda empati, maalesef, kurabiliyorlar. Maalesef diyorum hani maalesef yani bunun acısını ve yoksunluğunu hisseden insanlar var ki, bir zamanlar o yoksunluğu çeken biri olarak bunun ne kadar ağır ve acı gelebileceğini insana biliyorum fakat erkeklerde… "peki

What we see in Zeynep's speech brings us to the conclusion that while she might not hold as an example for all women who consider conceiving via AID, in my sample and for the purposes of this thesis she proves to be an example of how the naturalized urge and desire for motherhood acts as a normalizing tool for these technologies. Yet, their normalization does not suggest that the boundary between the "appropriate" and "inappropriate" is lifted. Women consider any technology that provides and helps re-institute the naturalized bond between the mother and the child, the father and the child and the couple as a normal thing; while they condemn other practices as being devoid of the societal values pertaining to the Turkish context. In addition, we should not understand that the normalization of these technologies indicates a naturalization of them. What is naturalized, and in fact re-naturalized is issues like motherhood, fatherhood, family, lineage and conjugal bond; not the technology itself. Although normalized, it is still seen as an artificial intervention, nevertheless a benevolent one. I would like to conclude this chapter with a light quote from Zeynep, which proved this point that IVF, whether AID or conventional, was still thought of as high-tech:

> For fourteen days you have to inject yourself in the stomach. So this is not something you can do in front of everyone, but during that time a friend of mine lost her mother and we went to the mosque, to the bathing cubicle, to wash the dead body. I told them that I had to use the bathroom and I injected myself in the toilet of the mosque. I mean then I really felt like a spy, an agent or something. So yes, now I inject my blood with the "blah blah antidote" and then something happens, ta-da… and then I went out and we continued with the burial ceremony as if nothing happened.[240]

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bunun babasını nasıl açıklayacaksın" sorusunu soran bir tek kadın olmadı. Sadece erkekler sordu iş yerimde filan. Ha salt meraklarından sordular. […] Kendilerini bir anda kendi evlerinden atılacak diye düşünüyorlar ne bilmiyorum ama onlar sordular. Ama başka bir çarem olmadığı konusunda, ynai bunun bir başkaldırı, isyan ya da erkeklere karşı bir tutum olmadığı konusunda ikna ettiğimde 'ha tamam' oldular."

[240] Interview with author, tape recording, Istanbul, Turkey, 2 June 2011. "Her gün aynı saatte on dört gün boyunca karnınıza iğneler yapmanız gerekiyor. E şimdi bu herkesin önünde yapabileceğiniz bir şey değil, ama o sırada bir arkadaşımın annesi vefat etti ve hani camiye gittik, gusülhaneye, ölü yıkamaya. Ay benim tuvaletim geldi dedim, camii tuvaletinde karnıma iğne yaptım. Yani o zaman gerçekten kendimi bir hani casus filan gibi hissettim, ajan gibi hissettim. Ah evet işte, işte karnıma

CHAPTER FIVE

CONCLUSION

The aim of this thesis was to provide an introduction to a local context where the global, biomedical technology of In-Vitro Fertilization shapes the local discourses on motherhood, family, and lineage while being shaped by them in turn. This study approached the context-dependent discursive space of IVF in Turkey from different angles to avoid an essentialist attitude. How the global reproductive technology, IVF, is perceived, received, applied and regulated in Turkey was analyzed at the crossroads of three axes, which are, first, the centrality of the nuclear family unit to the nation state, second, AKP's current conservative policies that value the traditional, nuclear family that is shaped within the legal discourse which overlaps with the cultural-moral perceptions of this modern technology, and third, popular moral values on motherhood, family, adoption, lineage and fatherhood that have been expressed by women with different class, educational, religious backgrounds.

In order to understand the specific ways in which IVF is regulated and perceived today, in the third chapter of this thesis I tried to bring a perspective on the central role the family holds in Turkey's locality by scrutinizing the phenomena of Biomedical worldview, Westernization and modernization. Starting at the end of the Ottoman Empire, as Western medicine and medical institutions were adopted, the Biomedical worldview they encompassed was also embraced. This specific way of medical thinking envisioned the body as the sum of the parts, which can be taken out,

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bilmem ne panzehri enjekte ediyorum da bilmem ne, dan dırı dan dan diye… Sonra da çıkıp hiçbir şey olmamuş gibi hani cenazeye gittik falan filan.

fixed and reinstalled like the pieces in a puzzle, thus justified invasive, surgical interventions to the body. Since also the ideal form was taken to be a male one, an imagination of the female anatomy and its processes as inherently problematic and in need of outside help, made its constant monitoring and "giving (its) nature a helping hand" through assisting the fertilization process, logically acceptable actions. This view of the body and its nature, which can be offered help by the practitioners of Biomedicine, i.e. doctors, from time to time, was placed in a context where Western medical institutions were used by the newly formed state, as a means to reach out to Anatolia and constitute one of the initial sites for state-citizen interaction. Yet, too much Westernization provoked fears of degeneration and assimilation, which created a distinction between "the good Westernization" and the "bad Westernization," between adopting the scientific discoveries and rejecting the cultural influence of the West, respectively. This setting, where the nuclear family appeared not only as the basic organizational unit of the new nation state in its transition from the Ottoman Empire, but also as the site of cultural superiority against the West, created it as a core constitutive element of the Turkish society, which had to be protected from disintegration and corruption.

This historically shaped, peculiar importance of the nuclear family - the building stone of the society and as a site where true societal values, which are held above the corrupted Western image - finds its place in the current, family-oriented, conservative policies of the government as well. This stand is epitomized in AKP member of the parliament, Fatma Şahin's "Test Tube Baby Report," which dates back to 2005 and demands partial state coverage of the treatment expenses on the basis that societal happiness is dependent on the happiness within the family, and familial happiness is dependent on the presence of the children, and that AKP, as the

leading party, must work to avoid the disintegration of marriages due to infertility.[241] The distinction between the "appropriate" and "inappropriate" forms of IVF, which are "conventional IVF" and AID respectively, makes sense only when the particular significance of the nuclear family unit, which falls under threat with the introduction of a reproductive technology that provides alternatives to its basic mother-father-genetically related child schema, is considered in a historical context and within today's political discursive space.

While the first two axes, that are the historical significance of the nuclear family and the conservative policies of the AKP government, are scrutinized in relation to the application and regulation of IVF in Turkey in the third chapter, the fourth chapter looks into a third axis, to shed light on the peculiar division between "appropriate" and "inappropriate" forms of IVF in this local setting. Interviews that I conducted with women who had been through IVF in at least on period of their lives show that although they come from different backgrounds regarding their education, socio-economic situation, religious devotion and experience with infertility and with IVF, they express similar beliefs and attitudes towards issues like motherhood, family, adoption and lineage. Repeated manifestation of ideas such as, that motherhood is a unique experience that should not be missed; that a family becomes a whole with a child; that conjugal love is strengthened by the birth of an offspring that is genetically related to both parents; that an adopted child will never be "a child of one's own" since there is a special bond between the mother and the child she carries inside her, which apparently justifies the occasional mistreatment of the kid; and that taking another man's sperm via AID will make the husband feel like his wife is carrying another man's child, which indicates to an almost direct connection

[241]Fatma Şahin, "Tüp Bebek Raporu," acquired through Burcu Mutlu.

formed between the sperm and the baby, indicate to a set of overarching cultural values employed during the encounter with a global, biomedical, reproductive technology. While the overlapping narratives concerning the interviewed women's ideas on lineage or their use of *tawakkul,* leaving things to God's hands, at critical points in the course of the IVF process may be explained by the impact of Islam as a religion and a culture – like in Delaney's work – this thesis shows that explaining a very complex terrain of medical-technical-social encounters with one single element, that is religion, does not come in sufficient. To understand the particular social unfolding of the introduction of a global, reproductive technology into a local, non-Western setting, one should rather look at the intersections of multiple axes of legal, historical, political and social structures, concepts, currents and values.

We can see that the local legal system overlaps with what we encounter in women's narratives in chapter four as cultural and moral values on the issues of motherhood, family, lineage etc., in chapter three. Since the introduction of the first regulation of IVF in 1987, the state has been involved in the conditions under which assisted reproduction takes place in Turkey. While this initial legal framework was changed and adapted to the technological improvements over the years until 2005, every new version of the law, held the derivative of the same understanding. All laws that derived from the 1987 regulation were mainly concerned with the regulation of IVF institutions, so that they did not break the rules and helped preserve the conventional family unit in Turkey, in the long run. The real change that fortifies the culturally-built boundary between what is deemed "appropriate" and what is deemed "inappropriate" regarding reproduction, happened in 2010, with the replacement of the initial law on IVF.

The 2010 law brought intensified scrutiny over the artificial insemination

processes by putting emphasis on the preservation of lineage through more systematic surveillance of genetic materials and by criminalizing all actions taken by IVF clinics to help, refer or advice a patient to seek AID. Suggesting a system for meticulous measurement of the conditions of genetic materials' and their preservation with matching DNA analysis, the 2010 law took biomedical regulation to the next level. What was once the regulation of local clinics changed into a deterrent law aiming at people, who may use AID and form "unconventional" families. While the previous law and its versions until 2005, based their legitimacy on culturally and morally accepted codes and values on families, the 2010 law was even stronger in stressing its higher purpose of protecting the "founding stone" of the society, which is the "nuclear family". As these laws claimed to be about the "natural and scientific facts" of how healthy, functioning families and a society free from the Western moral corruption can be maintained, they reproduced a self-evident separation between what is "appropriate" and what is "inappropriate" IVF.

While this is the current legal, cultural, moral separation of the "good" and the "bad" IVF, going back to the second chapter of this thesis, I wanted to present different images of how the same technology received different meanings and thus gave way to various legal regulations in the settings of Israel, Egypt, Iran, Lebanon and Greece. So we can see that while the Rabbinic permission on AID and the economic support of the state due to its pro-natalist policies formed a quite liberal yet also stressing environment for reproductively challenged women in Israel, the same technology is approached with caution in Egypt due to pervasive cultural beliefs on hormone intakes to cause great diseases, weakness of the sperms to pass on to the offspring that will be conceived via IVF, and due to the exploitative IVF market that strips women off their savings by convincing them to repeatedly invest into clinics

that present a higher success rate than they actually have. Also, the difference of the Shi'a approach to AID than the Sunni bans on all forms of donor involvement in the conception and gestation processes on the basis of confusing the lineage has created a more flexible social environment in Iran to discuss the appropriate and inappropriate forms of IVF. Yet, the example of Lebanon shows that, even if questions on the confusion of lineage may be put aside for a while, others concerns such as the morals of the donors come up as areas of constraint for couples who consider AID but who are concerned about the religious devotion and sexual habits of the women who will donate eggs or be a surrogate, which are imagined to pass onto the child. Women in Greece, on the other hand, normalize and embrace IVF quite much since this technological assistance is incorporated into a more general understanding of one, fulfilling her own true nature to become a mother. Thus, in Greece, IVF is not only widely practiced, but also it is considered a sign of a woman's devotion to become a mother, one way or another.

As examples from different countries are compared with Turkey's understanding and practice of IVF and AID, it is possible to see that the distinctions made between the "appropriate" and "inappropriate" forms of the global, biomedical, reproductive technology of IVF are highly culture dependent. According to the set of social values, religious practices, political environment and historical processes that receive the Western ARTs, different cultural interpretations, daily applications and legal regulations of them appear. In order to understand the culture-specific significance of IVF and the various formulations of its properness, one has to look at this complex web of interactions and intersections between different levels of social input, within the legal-political context of the given place.

Overall, basing my discussion on the scrutinization of phenomena such as

modernization, Westernization, medicalization, and by supporting these macro subjects with the micro realities of the fifteen women interviewees, I tried to present a tangible image of the local understandings of IVF in Turkey. In the course of the thesis, I also tried to show how the perceived boundaries between "nature" and "culture," "normal" and "deviant" applied on the use of this technology, which in turn strengthened these divisions and allowed the generation of an understanding of "appropriate" IVF and "inappropriate" AID, which stands in line with the conceptualizations of what constitutes the natural, and from which a justified, legal, regulative space of state decision-making that limits the possibilities of this technology surfaces, reinforcing the cultural values on which it stands while being nurtured by them.

Although I was able to give an introduction to the local context of Turkey, regarding the ways in which global biomedical reproductive technologies are appropriated to the market and to the daily lives of women, my study could be improved by adding aspects to it, which I could not do due to time and space limitations. I believe that a study of men and women who are outside of the reproductive technology market could be very enriching to the discussion of AID and its "properness." Also the religious domain and the media representations of conventional IVF and AID can be investigated to provide a more inclusive view of the cultural terrain of conceptive technologies in Turkey. In addition, professionals' views on this subject can be brought in to give another dimension to the study of IVF in Turkey, giving an idea of how the medical system positions itself in relation to, and effects the cultural understandings of normality, abnormality.

Also another important thing to look at is the stratified aspects of reproduction in Turkey. I strongly believe that a study should be conducted to see

how ideas on reproduction, body, motherhood, family, and lineage differ according to the socio-economic status of different persons. It also would be very interesting to see how these differences change the bodily experience of IVF as well.

APPENDIX A

Table 1. The official list of IVF clinics in Turkey published in July 2010 by the Ministry of Health of the Republic of Turkey.

#	CITY	CENTERS FOR ASSISTED REPRODUCTION
1	Adana	Başkent Üniversitesi .Adana Uygulama ve Araştırma Merkezi
2	Adana	Çukurova Üniversitesi Tıp Fakültesi
3	Adana	Özel Adana Tüp Bebek Merkezi
4	Adana	Özel Ankada Tüp Bebek Merkezi
5	Adana	Prof.Dr. M.Turan Çetin Tüp Bebek Merkezi
6	Afyonkarahisar	Özel Telek Kadın Hastalıkları ve Doğum Dal HastanesiÜYTE Merkezi
7	Ankara	Anatolia Tüp Bebek ve Kadın Sağlığı Merkezi
8	Ankara	Ankara Üniversitesi Tıp Fakültesi
9	Ankara	Başkent Hastanesi Üniversitesi Tıp Fakültesi ÜYTE Merkezi
10	Ankara	Dr. Zekai Tahir Burak Kadın Sağlığı Eğitim ve Araştırma Hastanesi
11	Ankara	Fatih Üniversitesi Tıp Fakültesi Hast. ÜYTE Merkezi
12	Ankara	Gazi Üniversitesi Tıp Fakültesi Kadın Hastalıkları ve Doğum Ana Bilim Dalı
13	Ankara	Gülhane Askeri Tıp Akademisi Kadın Hastalıkları ve Doğum Ana Bilim Dalı
14	Ankara	Gürgan Clinik Yardımcı Üreme Teknikleri Merkezi
15	Ankara	Hacettepe Üniversitesi Tıp Fakültesi Kadın Hastalıkları ve Doğum Ana Bilim Dalı
16	Ankara	Nisan Sağlık Hizmetleri
17	Ankara	Özel Ankara Tüp Bebek Merkezi
18	Ankara	Özel Centrum Klinik ÜYTE Merkezi
19	Ankara	Özel GEN-ART Kadın Sağlığı ve Üreme Biyoteknoloji Merkezi
20	Ankara	Özel Güven Hast
21	Ankara	Maya Tüp Bebek ve Kadın Sağlığı Merkezi
22	Ankara	Etlik Doğumevi ve Kadın Hastalıkları Eğitim ve Araştırma Hastanesi Yardımcı Üreme Teknikleri ve Tüp Bebek Merkezi
23	Ankara	Özel Prof.Dr. Hakan Şatıroğlu Kadın Hastalıkları ve Doğum Merkezi Tüp Bebek Ünitesi
24	Ankara	Ankalife Kadın Sağlığı ve Tüp Bebek Merkezi
25	Ankara	Özel HRS Ankara Kadın Hastalıkları Doğum Dal Hastanesi ÜYTE Merkezi
26	Ankara	Özel Lokman Hekim Sincan Hastanesi ÜYTE Merkezi
27	Ankara	Özel Medicana İnternational Ankara Hastanesi ÜYTE Merkezi
28	Antalya	Akdeniz Üniversitesi Tıp Fakültesi
29		

	Antalya	Antalya Özel Anadolu Hastanesi ÜYTE Merkezi
30	Antalya	Özel Antalya ÜYTE Merkezi
31	Antalya	Gelecek Tüp Bebek Merkezi
32	Bursa	Bahar Hastanesi Jinemed – Bursa Tüp Bebek Merkezi
33	Bursa	Pembe Mavi Tüp Bebek Merkezi
34	Bursa	Bursa Kadın Hastalıkları Kısırlık ve Tüp Bebek Merkezi
35	Bursa	KTB Koza Tüp Bebek Merkezi
36	Bursa	SORANUS Kadın Hastanesi ve Doğ. Merk.
37	Bursa	Acıbadem Tüp Bebek Merkezi
38	Bursa	Özel Jimer Hastanesi ÜYTE Merkezi
39	Denizli	Özel Denizli ER-PA Sağlık Hastanesi
40	Diyarbakır	Özel Metropol Hastanesi ÜYTE Merkezi
41	Diyarbakır	Eurofertil Kadın Hastalıkları ve Doğum Dal Merkezi Tüp Bebek Merkezi
42	Elazığ	Özel ElazığUfuk Tıp MerkeziJinofertil Tüp BebekMerkezi
43	Elazığ	Fırat Üniversitesi Tıp Fakültesi Hastanesi ÜYTE Merkezi
44	Erzurum	Özel Erzurum Şifa Hastanesi ÜYTE Merkezi
45	Eskişehir	Osmangazi Üniversitesi Tıp Fakültesi ÜYTE Merkezi
46	Gaziantep	Özel Konukoğlu ÜYTE Merkezi
47	Gaziantep	Gazi Euro Fertil ÜYTE Merkezi
48	Isparta	Özel Isparta Hastanesi ÜYTE Merkezi
49	Isparta	Süleyman Demirel Üniversitesi Tıp Fak.Kadın Hast.Doğum AD Araş.ve Uyg.Hastanesi ÜYTE Merkezi
50	İstanbul	Eurofertil Üreme Sağlığı Merkezi
51	İstanbul	Ferticenter İstanbul Tüp Bebek Merkezi
52	İstanbul	Internatıonal Hospital Üremeye Yardımcı Tedavi Merkezi
53	İstanbul	İstanbul Üniversitesi İstanbul Tıp Fak.İnfertilite Ana Bilim Dalı
54	İstanbul	İstanbul Özel Kalamış Tıp Merkezi
55	İstanbul	İstanbul Üniversitesi Cerrahpaşa Tıp Fakültesi
56	İstanbul	Jinemed Tıp Merkezi ÜYTE Merkezi
57	İstanbul	Marmara Üniversitesi Tıp Fakültesi Kadın Hastanesi ve Doğum AD
58	İstanbul	Metropolitan Florance Nigtingale Hastanesi
59	İstanbul	Özel Acıbadem Hastanesi
60	İstanbul	Özel Alman Hastanesi
61	İstanbul	Özel Amerikan Hastanesi
62	İstanbul	Özel Batı Bahat Hastanesi ÜYTE Merkezi
63	İstanbul	Özel Ferti-Jin ÜYTE Merkezi
64	İstanbul	Özel İstanbul Cerrahi Hastanesi
65	İstanbul	Özel İstanbul Tüp Bebek ve Kadın Sağlığı Merkezi
66	İstanbul	Özel Kadıköy Şifa Hastanesi
67	İstanbul	Özel Medicana Hospitals Çamlıca ÜYTE Merkezi
68	İstanbul	Özel Medicana Hospital
69	İstanbul	Özel Memorial Hastanesi
70	İstanbul	Özel Nisa Hastanesi ÜYTE Merkezi

71	İstanbul	Özel Şafak Hastanesi
72	İstanbul	Özel Türkiye Gazetesi Hastanesi
73	İstanbul	Özel Yıldız Tabya Bilge Hastanesi ÜYTE Merkezi
74	İstanbul	Özel Umut Tüp Bebek Merkezi
75	İstanbul	Özel Erdem Hastanesi Tüp Bebek Merkezi
76	İstanbul	Özel Gaziosmanpaşa Hastanesi Tüp Bebek Merkezi
77	İstanbul	Süleymaniye Doğum ve Kadın Hastalıkları Eğitim ve Araştırma Hast.
78	İstanbul	Yeditepe Üniversitesi Hastanesi ÜYTE Merkezi
79	İstanbul	Zeynep Kamil Kadın ve Çoc.Hast.Eğ.ve Arşt.Hastanesi
80	İstanbul	GATA Haydarpaşa Eğitim Hastanesi ÜYTE Merkezi
81	İstanbul	Özel Hospitalium Ümraniye Tıp Merkezi ÜYTE Merkezi
82	İstanbul	Özel Medicine Hospital Asya Hastanesi ÜYTE Merkezi
83	İstanbul	Özel Medikal Park Bahçelievler HastanesiÜYTE Merkezi
84	İstanbul	Özel Brüksel Tüp Bebek Merkezi
85	İstanbul	Özel Mecidiyeköy Çevre Hastanesi ÜYTE Merkezi
86	İstanbul	Özel Jinepol Kadın Sağlığı ve Tüp Bebek Merkezi
87	İstanbul	Özel Medical Park Göztepe Hastanesi ÜYTE Merkezi
88	İstanbul	Özel Medicana İnternational İstanbul Hastanesi ÜYTE Merkezi
89	İstanbul	Özel IVI İstanbul Tüp Bebek Merkezi
90	İstanbul	John.F.Kennedy Hastanesi ÜYTE Merkezi (JFK)
91	İstanbul	Özel Acıbadem Maslak Hastanesi ÜYTE Merkezi
92	İstanbul	Özel Bahçeci Fulya Tüp Bebek Merkezi
93	İzmir	Dokuz Eylül Üniversitesi Tıp Fakültesi Kadın Hast. ve Doğum A.D.
94	İzmir	Ege Üniversitesi Aile Planlaması Kısırlık ve Araştırma Uygulama Mrk.
95	İzmir	Özel Ege Tüp Bebek Merkezi
96	İzmir	Özel İrenbe Tıp ve Tüp Bebek Merkezi
97	İzmir	Özel Kent Hastanesi
98	İzmir	Özel Smyrna Art Tüp Bebek Merkezi
99	İzmir	Özel Şifa Hastanesi
100	İzmir	İzmir Ege Doğumevi ÜYTE Merkezi
101	Kayseri	Erciyes Üniversitesi Tıp Fakültesi Kadın Hastalıkları ve Doğum A.D.
102	Kayseri	Özel Kayseri Sevgi Hastanesi ÜYTE Merkezi
103	Kayseri	Kayseri Tüp Bebek Merkezi
104	Kayseri	Özel Acıbadem Kayseri Hast.ÜYTE Merkezi
105	Kocaeli	Özel Anadolu Sağlık Merkezi Hastanesi ÜYTE Merkezi
106	Kocaeli	Kocaeli Üniversitesi Tıp Fakültesi Eğitim ve Araştırma Hastanesi ÜYTE Merkezi
107	Konya	Özel Selçuklu Hastanesi
108	Konya	Selçuk Üniversitesi Meram Tıp Fakültesi
109	Konya	Özel Türkiye Kızılay Derneği Ticaret Borsası Hast. ÜYTE Merkezi
110	Konya	Konya Eurofertil Tüp Bebek ve Kadın Sağlığı Merkezi
111	Malatya	Özel Doğu Fertil Tüp Bebek Merkezi

112	Malatya	Özel Dr. Fethiye Ersan ÜYTE Merkezi
113	Mersin	Özel Mersin Tüp Bebek Merkezi
114	Sakarya	Özel Adatıp Hastanesi
115	Samsun	İlk Adım Üreme Sağlığı Merkezi
116	Samsun	19 Mayıs Üniversitesi ÜYTE Merkezi
117	Samsun	Özel Medicalpark Samsun Hastanesi ÜYTE Merkezi
118	Şanlıurfa	Özel OSM Ortadoğu Hastanesi ÜYTE Merkezi
119	Trabzon	Özel Karadeniz Hastanesi ÜYTE Merkezi
120	Trabzon	Özel Clinart Tüp Bebek Merkezi
121	Trabzon	KTÜ Farabi Hastanesi ÜYTE Merkezi

APPENDIX B

Fig. 1 Yapı Kredi Bank offers its customers a loan for IVF expenses, named “Test-Tube Baby Credit” Available [online] http://www.yapikredi.com.tr/tr-TR/bireysel_bankacilik/krediler/bireysel_krediler/tupbebek.aspx [12 July 2011]



APPENDIX C

"Test Tube Baby Report," presentedin 2005 by the AKP Member of Parliament,Fatma Şahin.

TÜP BEBEK

Aile toplumun temelidir. Bu, aileye verilen önemi gösteren abartılmış bir yargı olmaktan öte, sosyolojik bir gerçeğin ifadesidir. Nitekim aile yapısı güçlü olmayan toplumların, içeriden ve dışarıdan gelen tehdit ve tehlikelere bağlı deprem ve sarsıntılara karşı dayanıklı olmadıkları tarihin şahitliğinde ispatlanmış bir gerçektir.

Bu nedenlerle, inanç sistemlerinin hemen hepsi, düşünce sistemlerinin ise geneli aileye büyük önem atfetmiş olup, dünyanın her yerinde aile kurumuna büyük ve önemli misyonlar yüklenmiştir. Türk toplumu ise, gerek inanç sisteminden, gerekse gelenek ve göreneklerinden kaynaklanan nedenlerle, aileyi adeta kutsamaktadır.

Bütün toplumlar geleceğe güvenle ve umutla bakabilmek için, aile kurumunu değişik yöntemlerle de olsa, korumak durumunda olmuştur.

Aile toplumun temeli olduğuna göre, ailenin sağlamlığı toplumun sağlamlığı, ailenin mutluluğu toplumun mutluluğu demektir.

Toplumu ayakta tutan aile, aileyi ayakta tutansa çocuktur. Çocuk aile yaşantısının güzel bir meyvesidir. Şu bir gerçek ki, çocuksuz ailelerin mutluluk tablolarında yeri doldurulamaz bir eksiklik vardır. Eşler Leyla ile Mecnun, Ferhat ile Şirin, Tahir ile Zöhre bile olsa, çocuk yoksa, mutluluk gölgelenmektedir.

Toplumun temeli olan aile içinde, çocuksuzluk ya da diğer bir deyişle kısırlık sebebi ile meydana gelen hasar ve tahribat ne yazık ki, sadece aile ile sınırlı kalmayıp, toplumu sarıp sarmalayan bir soruna dönüşebilmektedir.

Ülkemiz insanlarının kadercilik anlayışlarına rağmen, kısırlık yine de kabullenilmesi çok zor bir durum olarak karşımıza çıkmaktadır. Özellikle feodal yapının kırılamadığı ve cehaletle beslenen bir takım örf ve adetlere dayalı kabullerin geçerliliğini koruduğu yörelerimizde çocuksuzluk erkekliğe kondurulmak istenmeyen bir ayıp ve kadın için bir noksanlık olarak algılanmaktadır. Doğu ve Güneydoğu Anadolu bölgemiz başta olmak üzere Anadolu'nun bir çok bölgesinde sıkça rastlanan "kuma" olayının en başat nedeni çocuksuzluktur.

Maalesef çocuksuzluk, eşlerde depresyona, aile üzerinde ise yıkıcı etkisi görülen depremlere neden olmaktadır. Nitekim yapılan araştırmalar, çocuksuz çiftlerde intihar olaylarının çocuk sahibi çiftlere göre çok daha fazla olduğunu ortaya koymaktadır. Ayrıca çocuğu olmayan eşler, yakın çevrelerinde ve toplumda olumsuz davranışlara muhatap olmakta ve bu durum, kısırlık sorununun tedavisini güçleştirmektedir.

Kısır çiftler bu gerçeği öğrendiklerinde bir çok duygusal aşamadan geçmektedir; önce inanamama, sonra gerçeği inkar etme, kızgınlık ve sonunda kabullenme... Çocuksuz aileler, toplum içinde kendilerini daha yalnız hissetmektedir. Maalesef toplumun olumsuz, yadırgayıcı bakış açısı ve tavrı bunda etkilidir.

Kısırlık, kadına bağlı bir noksanlık olarak algılanmakta, çocuk doğuramayan kadın, statü kaybına uğramaktadır. Zaten kadın-erkek eşitliğinin tam olarak sağlandığını söylemenin zor olduğu ülkemizde kadın, eğer bir de çocuk doğuramamışsa, iyice itilip kakılmakta, horlanmaktadır. Bu nedenle kadın için çocuk sahibi olmak bir hak, çocuk doğurmak ise zorunlu ve asli bir görevdir.

Nitekim yapılan araştırmalar Doğu ve Güneydoğu bölgesinde özellikle kadınların kuma korkusu ve kısır damgası yeme endişesi nedeni ile tüp bebek merkezlerine yoğun ilgisi olduğunu göstermektedir.

Tüp Bebek

Literatürde kısırlık, korunma olmaksızın bir yıl boyunca gebeliğin gerçekleşmemesi olarak açıklanmaktadır.

Çocuk sahibi olamayan ailelerin yüzde 80'inde kısırlığı açıklayan bir tıbbi neden bulunmaktadır. Geri kalan yüzde 20'de ise kısırlık açıklanamayan nedenlere bağlı olarak ortaya çıkmaktadır. Yapılan araştırmaların ortaya koyduğu bir başka gerçek de şudur: Evli çiftlerin yüzde 15'in de kısırlık vak'ası görülmektedir.

Tarih boyunca kısırlığa çare olmak üzere bir çok yol, yöntem düşünülmüş ve uygulanmıştır. Tıp, kısırlığa karşı en son çare olarak tüp bebek uygulamasını keşfetmiş bulunmaktadır. Tarihler 25 Temmuz 1978'i gösterdiğinde Britanya'nın Oldham kentinde Louise Brown isimli ilk tüp bebek gözlerini dünyaya açmıştır. 10 yıl sonra 22 Aralık 1988'de ise Dilek isimli ilk Türk tüp bebek doğmuştur. Halen bütün dünyada yaklaşık 1.5 milyon tüp bebek olduğu sanılmaktadır.

Uygulama, giderleri devlet tarafından karşılanmadığı için zor ve meşakkatli olmasına rağmen, ülkemizde tüp bebek merkezleri mantar gibi bitmektedir. Nitekim halen ülkemizde tüp bebek uygulamasını başarı ile yapan 52 merkez bulunmaktadır. Bu bile, ülkemiz için ne kadar önemli bir sağlık sorunu ile karşı karşıya olduğumuzu göstermeye yetmektedir.

Şu anda 2-3 bin dolar tutan tüp bebek uygulaması, cüzdanla yakından ilgili olduğu için, bir çok aile maalesef çok istemesine rağmen bu mucize yöntemden istifade etme imkanı bulamamaktadır.

Türkiye'de tüp bebek neden sosyal güvenlik kapsamında değil?

Dünyanın bir çok yerinde tüp bebek uygulaması, zorunlu sağlık sorunu olarak algılanmakta ve kabul edilmektedir. Amerika Birleşik Devletleri ve Avrupa Birliğinin bir çok ülkesinde değişik sistemler dahilinde, değişen oranlarda tüp bebek uygulaması giderleri devlet tarafından zorunlu sigorta kapsamında değerlendirilerek karşılanmaktadır. Kanada'da ise yıllık 15 bin dolara kadar infertilite giderleri gelir vergisinden düşülmektedir. (Dünyadaki uygulama örnekleri ekte sunulmuştur.)

Literatürde tüp bebek uygulaması zorunlu sağlık sorunu olarak kabul görürken, Türkiye'nin bugüne kadar estetik operasyon gibi değerlendirmesi ve zorunlu sağlık sigortası kapsamının dışında tutması anlaşılır bir şey değildir.

Tüp Bebek Bilim Kurulu 28.07.1992 ve 19.03.2004 tarihlerinde iki kez tavsiye kararı almıştır. Bilim Kurulunun tavsiye kararına göre; "İnfertilite (kısırlık) bir hastalık olarak kabul edilmekte ve bu tedavide uygulanan tıbbi ve cerrahi yöntemlerle ilgili ve bu amaçla kullanılan ilaç, sarf malzemesi, tetkik ve tahlillere ait giderler yanında, tüp bebek uygulaması ile ilgili işlemlere ait giderlerin de devlet bütçesinden karşılanması" önerilmektedir.

Ayrıca konuyla ilgili bir de Danıştay kararı bulunmaktadır. 2001/3138 sayılı Danıştay kararıyla, "İnfertilite teşhisi konulan ve tüp bebek yöntemi ile çocuk sahibi olabileceği sağlık kurulu raporu ile belgelenen davacının üremeye yardımcı tedavi merkezine sevkinin gerektiği" hükme bağlanmıştır.

Gerek Tüp Bebek Bilim Kurulunun tavsiye kararları gerekse Danıştay kararları bütün çıplaklığı ile ortada dururken, bunu kulak arkası etmek doğru olmadığı gibi, esasen artık mümkün de değildir.

Nitekim bu Türkiye ve dünya gerçekleri görülmüş AK Partinin aileye verdiği önem ortaya çıkmış olmalıdır ki, Sağlık Bakanlığı ile Maliye Bakanlığı 2005 bütçesi için bir hazırlık içine girmiş bulunmaktadır.

Çocuklar istikbalimiz olduğuna göre, vatana millete hayırlı evlatlar yetiştirmek eşler için görev olduğu kadar, bir haktır. Sosyal devlet anlayışı uyarınca, tıp elverdikçe, bütçe imkanları ölçüsünde her eş bu haktan yararlandırılmalıdır. Bu, devlete düşen en kutsal görevlerden biridir.

Bilim bunu önermekte, hukuk bunu buyurmakta, sosyal devlet bunu icap ettirmekte, AB ve dünya ile uyum bunu gerektirmektedir. Kutsal aile kurumunun korunması, kadının kusurlu (defolu) muamele görmekten ve bu nedenle ezilmekten, horlanmaktan kurtarılması, bürokrasinin çarklarına ve insafına terk edilmemelidir.

AK Parti misyonu çocuksuz ailelere çocuk zevkini tattırmalıdır.

Bu nedenlerle;

1-Sağlık Bakanlığında oluşturulan komisyon çalışmaları bir an önce bitirilerek, tüp bebek uygulamaları ile ilgili giderlerin devlet bütçesinden karşılanması için 2005 Mali Yılı bütçe kanununa ödenek konulmalıdır.

Bu konuda da AB ile uyum yakalanmalıdır.

2-Bu konu sosyal bir proje olarak ele alınmalı, özellikle Doğu ve Güneydoğu Anadolu bölgesi pilot bölge olarak seçilmelidir. Devlet imkanları elvermediği yerde, değişik fonlardan istifade etmelidir.

3-SSK ve Bağ-Kur, Sağlık Bakanlığı ile eşgüdümlü olarak bu konuda üzerine düşeni yapmalıdır. Sosyal güvenlik kurumlarını tek bir şemsiye altında toplamayı konuştuğumuz şu günlerde, tüp bebek uygulaması konusunda sosyal güvenlik kurumları arasında farklılık ve ayrım ortaya çıkmamalıdır. SSK ve Bağ-Kur mensupları bürokrasinin ağır çarkları nedeni ile bir kez daha mağdur duruma düşürülmemelidir.

4-Üremeye yardımcı tedavi yöntemleri merkezleri Türkiye'nin her yanında mantar gibi bitmesine rağmen, bu konuda bir başıboşluk hissedilmektedir. Tüp bebek uygulamaları ve sonuçlarına ilişkin Sağlık Bakanlığında dahi gerekli veri ve envanter yoktur. Merkezlerin çalışmaları bakanlığın yakın gözetiminde ve denetiminde olmalı, bu konuda gerekli envanter tutulmalıdır.

5-Maalesef üremeye yardımcı tedavi yöntemleri merkezleri, tüp bebek uygulamasına tamamen ticari bir olay gibi yaklaşmaktadır. Tabiplik mesleğine ve tedavi merkezlerine ticari bir veche verilemez ve her ne suretle olursa olsun reklam konusu yapılamaz. Sağlık Bakanlığının tüp bebek irtibat büroları kurulamayacağı hakkındaki genelgesine rağmen, medya kullanılarak alabildiğine açık ve örtülü reklam faaliyetleri sürmektedir. Varsa yasal boşluklar doldurulmalıdır.

Kısırlık sorunu yaşayan aileler için bir çocuk sahibi olmanın dünyalara sahip olmak demek olduğu ya da bir çocuk sahibi olabilmek için dünyaları vermekten çekinmeyeceği unutulmamalıdır. Bu konuda küçük hesaplar ve küçük politikalar artık bir kenara bırakılmalıdır.

AK Parti hükümeti bu önemli sağlık sorununa neşter atacak ve halkımızın hayır duasını alacaktır. Sivil toplum kuruluşları da üzerlerine düşeni yapmalıdır.

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