# THE LOCAL CULTURE OF IN VITRO FERTILIZATION IN TURKEY: WOMEN'S NARRATIVES OF "TEST-TUBE BABY" TECHNOLOGIES

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# THE LOCAL CULTURE OF IN VITRO FERTILIZATION IN TURKEY: WOMEN'S NARRATIVES OF "TEST-TUBE BABY" TECHNOLOGIES

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The Local Culture of In Vitro Fertilization in Turkey:

Women's Narratives of "Test-Tube Baby" Technologies

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Thesis Abstract

Burcu Mutlu, "The Local Culture of In Vitro Fertilization in Turkey: Women's Narratives of 'Test-Tube Baby' Technologies"

This study aims to analyze the complex relationship between women and test-tube baby technologies in Turkey through women's narratives of In Vitro Fertilization (IVF). This study focuses on the ways in which how these global biomedical technologies are produced, practiced, experienced and narrativized within the local context of Turkey. In this study, these processes are discussed over the three basic interrelated points. Firstly, the major social processes and actors that converge to produce "the local culture" of IVF in Turkey are examined. It is mainly focused on the legal, religious, economic and popular conditions of its production, through which IVF is defined as a medical treatment, infertility is described as a medical disease and the couple is constructed as a patient unit of IVF. By examining the local production of test-tube baby technology in Turkey, this study aims to reveal that power relations are at stake in the practice of science and medicine. Secondly, it is discussed how gender is at play in the practice of test-tube baby technologies by focusing on the construction of "the couple" within the field of IVF and women's narratives of "becoming a couple" in this process. Finally, the discourse of hope surrounding the world of IVF is problematized. Although through hope discourse test-tube baby technology is represented as a miracle treatment for "infertile" couples, women's narratives of IVF reveal quite different picture of IVF. This study claims that women's narratives shed light on the ignored aspects of their test-tube baby experiences.

Tez Özeti

Burcu Mutlu, “In Vitro Fertilizasyon’un Türkiye’deki Yerel Kültürü: Kadınların ‘Tüp Bebek’ Teknolojileri Anlatıları”

Bu çalışma amacı, kadınların In Vitro Fertilizasyon(IVF) anlatıları yoluyla, Türkiye’de kadınlar ve tüp bebek teknolojileri arasındaki karmaşık ilişkiyi analiz etmektir. Bu çalışma Türkiye yerel bağlamında bu global biomedikal teknolojinin üretilme, kullanılma, deneyimlenme ve anlatılma biçimlerine odaklanmaktadır. Bu çalışmada, bu süreçler birbiriyle yakından ilişkili üç temel nokta üzerinden tartışılmaktadır. İlk olarak, Türkiye’de IVF’nin “yerel kültürü” nü üretmek için bir araya gelen temel sosyal süreçler ve aktörler incelenmektedir. Bu üretimin hukuki, dini, ekonomik ve popüler koşullarına odaklanılmaktadır. Bu üretim sürecinde IVF tıbbi bir tedavi olarak tanımlanmakta, infertilite(kısırlık) tıbbi bir hastalık olarak nitelenmekte ve “çift” IVF’nin hasta birimi olarak kurgulanmaktadır. Bu çalışma, Türkiye’de tüp bebek teknolojilerinin yerel üretiliş biçimine bakarak, iktidar ilişkilerinin bilim ve tıbbın işleyişine içkin olduğunu ortaya koymaya amaçlamaktadır. İkinci olarak, IVF alanında üretilen “çift” kurgusuna ve kadınların bu süreçte “çift olma” anlatılarına odaklanarak, tüp bebek teknolojisinde cinsiyetin nasıl rol oynadığı tartışılmaktadır. Son olarak, IVF dünyasını saran umut söylemi sorunsallaştırılmaktadır. Umut söylemi üzerinden tüp bebek teknolojisi “kısır” çiftler için bir mucize teknolojisi olarak temsil edilmesine rağmen, kadınların anlatıları farklı bir IVF resmi sunmaktadır. Bu çalışma kadınların anlatılarının onların tüp bebek deneyimlerinin göz ardı edilmiş yönlerine ışık tutacağını iddia etmektedir.

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# CHAPTER I

# INTRODUCTION

Fig. 1 *Radikal*'s news article: "First test-tube baby turns 30 years old"[1]
(In the picture, from left to right, are: John and Lesley Brown, Louise Brown and her son.)

On 25 July 2008 the world celebrated the 30th birthday of Louise Brown, because she is the world's first test-tube baby. She is now 30 years old and so is In Vitro Fertilization (IVF) [2] technology. Since her birth in England in 1978, more than

[1] "Tüpten Çıkan İlk İnsan 30 oldu"(24 July 2008). Available online: http://www.radikal.com.tr/Radikal.aspx?aType=RadikalHaberDetay&ArticleID=889966&Date=07.09.2009&CategoryID=96[15 March 2009].

[2] "Assisted reproductive technologies" is a general term referring to methods used to achieve pregnancy by artificial or partially artificial means. IVF is one of these technologies. Rather than the more formal medical terms like assisted reproduction or IVF, "test-tube baby (*tüp bebek*)" is adopted in Turkey as a colloquial term to refer to assisted reproductive technologies in general and IVF in particular. "Test-tube baby" refers to the tube-shaped containers of glass, called test tubes, which are commonly used in labs. Therefore, throughout this thesis, I will use the terms of test-tube baby and IVF interchangebly.

three million babies have been born around the world today thanks to IVF technology![3] Since then, test-tube baby technologies have increasingly become a popular public issue in the world and in Turkey as well.

Since its introduction in Turkey in the late 1980s IVF has become rapidly popularized, and has created a growing sense of urgency about the "disease of infertility." This recent popularity of test-tube baby technologies is reflected in both the mushrooming of test-tube baby clinics in Turkey in the last decade (the number of which exceeds 100), and the increasing number of people who are diagnosed as 'infertile' (a coded word to signify problems in 'natural' reproduction) and who are in search for treatment, whose number has been declared in the newspapers to be 2 million. Many banks have begun to provide "test-tube baby loans" as a type of personal need financial assistance. Famous obstetricians have become regular guests on many television programs, who are hosted to give information about the latest innovations in infertility treatment. The latest developments in test-tube baby technologies and the birth of "miracle" test-tube babies have recently become popular subjects, frequently appearing in daily newspapers.

However, in spite of its big popularity in Turkey, test-tube baby technologies constitute a neglected area in the social sciences. The issue has usually been restricted to either the studies of genetic engineering or medical studies (there have been a number of theses written concerning the techniques and developments in reproductive technologies[4] or its psychological aspects[5]). Rather than taking IVF as

[3] "30th Birthday for First IVF Baby," Available online: http://news.bbc.co.uk/1/hi/health/7505635.stm[15 March 2009].

[4] For example, see Mahmut Balkan, Genetic Studies in Infertile Males (PH.D. Diss., Dicle University, 2006).

an independent technology as such, this thesis attempts to provide a social analysis of this complex phenomenon of reproductive technology in Turkey, based upon the interviews that I have conducted with women who have undergone IVF in different IVF clinics in Istanbul. Moving the issue out of the lab and situating it within a larger socio-cultural picture, I would like to contribute to the study of this field which has been until recently largely ignored by social scientists in Turkey.

IVF has introduced the term "assisted reproduction" into the daily lives of many people. Inspired by recent developments in the fields of medicine and science, scientific "assistance" has taken unprecedented forms. The reproductive processes of humans as well as plants and animals are now technologically modified, monitored, and marketed to an unprecedented extent.[6] Assisted reproduction via IVF is the field where new reproductive technologies are being applied to humans. IVF has become one of the increasingly routinized new reproductive technologies, which are legitimized as a medical treatment for the condition of infertility. Rather than discussing the practice of technology in social terms, the medical discourse justifies IVF as being in the service of people's right to reproduce, and produces universal and uniform "naturalized" claims about the advantages of the technology. Thus, the practice of technology tends to be restricted to the medical field, engaging in the beneficiary mission of assisting people in reproduction. Yet, the question remains: what does "assisting" human reproduction mean? Is it just the transfer of the

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[5] For example see İlknur Yılmaz, The Determinants of Depression and Anxiety in Turkish Infertility Patients (M.A. Thesis, Boğaziçi University, 2006); Nilüfer Yanık Tok, The Analysis of Psychosocial Status of Males among Infertile Couples during Infertility Therapy(M.A. Thesis, Afyon Kocatepe University, 2005).

[6] Sarah Franklin, "Postmodern Procreation: A Cultural Account of Assisted Reproduction," in *Conceiving the New World Order: the Global Politics of Reproduction*, edited by Faye Ginsburg and Rayna Rapp (Berkeley: University of California Press, 1995), p.326.

processes of reproduction from the female body into the lab? Which social processes and motivations are involved in the production and mobilization of test-tube baby technologies in Turkey? Shulamith Firestone had claimed in the 1970s that the technological progress could free women from their biological destiny-reproduction[7], but has the promise of "technological salvation"[8] been actualized for women? How do women respond to the hopeful promises of this new reproductive technology?

With these questions in my mind, I have examined the operation of test-tube baby technologies in Turkey and their reflections on the lives and bodies of IVF-user women. One of the most serious consequences of IVF is its further contribution to an excessive medicalization of reproduction. As Margaret Lock and Patricia A. Kaufert state in the introduction to *Pragmatic Women and Body Politics, "*living in the twentieth century, women have experienced an increasing appropriation of their bodies as a site for medical practice, particularly in connection with pregnancy, childbirth and the end of menstruation."[9] Yet, I have realized that the medicalization process is not a straightforward process of transforming social issues into medical ones. Rather, as science and technology studies underscore, the discourses and practices of biomedicine and technology are played out on a complex cultural ground. In other words, technology itself is a highly contested cultural object, producing its own diverse social constructions, uses and exclusions. In order to

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[7] Shulamith Firestone, *Cinselliğin Diyalektiği: Kadın Özgürlüğü Davası*, translated by Yurdanur Salman (İstanbul: Payel Yayınları,1979).

[8] Charis Thompson, "Fertile Ground: Feminists Theorize Infertility," in *Infertility Around the Globe: New Thinking on Childlessness, Gender and Reproductive Technologies*, edited by Marcia C. Inhorn and Frank van Balen (Berkeley: University of California Press, 2002), p.55.

[9] Margaret Lock and Patricia A. Kaufert, eds., "Introduction," in *Pragmatic Women and Body Politics,* (New York : Cambridge University Press, 1998), p.1.

highlight the complex cultural ground on which one more aspect of women's lives becomes more medicalized with the practice of IVF, I employ Bruno Latour's terms of "purification" and "hybridization" as the analytical tools for my thesis. According to Latour, our lives are full of "hybrids" "that sketch out imbroglios of science, politics, economy, law, religion, technology and fiction." He argues that although the domain of "nature" and the domain of "culture" are in constant hybridization in everyday life, we as "moderns" continue to divide the world as if the world of nature and the world of culture, power and politics can neatly be separated. However, Latour's theoretical framework does not show us how the practices of purification and hybridization are working within the power relations of a given society. By moving the Latourian framework further, I will here use a more "politicized" conceptualization of this "double movement" of purification and hybridization, which is closely linked to the very process of how power relations are configured within a given society. Following a "politicized" Latourian perspective, I argue that IVF offers a fertile ground for examining the making of these boundaries and their interconnections. I suggest that tracing the operation of the practices of purification and hybridization could provide us with a defamiliarizing lens "to map the ambiguous potent intersections of science, technology, medicine, subjects, cultures and politics"[10] in a given place. In other words, in their global distribution these technologies are not transferred to every place in the same format. Instead, "local considerations, be they cultural, social, economic, or political, shape and sometimes curtail the way these Western-generated technologies are both offered to and

[10]Monica J. Casper and Barbara A. Koenig, "Biomedical Technologies: Reconfiguring Nature and Culture," *Medical Anthropology Quarterly* 10, no.4 (1996), p.526.

received by non-Western subjects."[11] In other words, rather than just being perceived as a value-free transfer of technology, the use of these technologies is subject to local formulations, perceptions and forms of consumption. Taking all these into consideration, I will explore the ways in which IVF is produced, used and understood in Turkey; how its "appropriate" and "inappropriate" forms of practice are identified; and how its enactment is stratified by gender, class, age and ethnicity. The way that these cultural understandings are translated into the social organization of daily life regarding IVF reveals the inner workings of social relations.

Focusing on its local articulation, I call attention to the impact of these technologies on everyday experiences of women regarding reproduction and IVF. People everywhere actively use their local meaning-giving systems and social relations incorporate, revise or resist the influence of such technologies.[12] In this thesis, I will focus on the socio-political implications of the relation between IVF technology and women by drawing on these women's narratives of IVF. They reveal the complex ways in which IVF as a technology and process is understood by women in their engagement with this technology.

IVF has generated considerable controversy and debate since its introduction. Due to the close relation of the issue with the female body, the feminist perspective stands at the center of these discussions, resisting the rendering of women as invisible and promoting them as active agents in these debates. These

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[11]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*, edited by M.Inhon and F.van Balen (Berkeley:University of California Press:2002), p.265.

[12] Faye D. Ginsburg and Rayna Rapp, eds., "Introduction: Conceiving the New World Order," in *Conceiving the New World Order: the Global Politics of Reproduction*, (Berkeley: University of California Press, 1995),p.1.

critiques have provided considerable contributions to these discussions in dealing with women's relation with these technologies.[13] Until recently, these critiques have revolved around two dominant feminist views. Radical feminist critique regards IVF as irretrievably patriarchal and therefore inimical to women as individuals. In particular, criticisms are directed at the extent to which IVF treats women's bodies as objects for experimentation under the domination of medical power. On the other hand, the liberal feminist discourse on IVF appreciates the expansion of reproductive choices offered by the new reproductive technologies. It is generally supportive, arguing that technology is neutral or even progressive.

Yet, women's experiences of technology cannot be simply defined in terms of either domination or empowerment as offered by these two perspectives. Rather, a range of complex and contradictory outcomes are produced, contingent on the particular contexts in which these technologies are designed and used. From this perspective, it is important to understand the ways in which women desire, use and reconfigure these technologies. Coming from cultural studies, science and technology studies and women's studies, many feminist scholars have begun to pay close attention to the lived worlds of infertility and new reproductive technologies.[14]

Narratives are essential for understanding these lived qualities of IVF. They reveal, based on IVF users' perspectives, that undergoing an infertility treatment process and dealing with infertility is a long and difficult process. They disclose the frustrations and hopes of these people undergoing medical processes in search of a child. I focus on women's narratives to reveal the meaning IVF has for them within the context of Turkey. It is an attempt to depict the social dynamics inherent to the

[13] Thompson, "Fertile Ground: Feminists Theorize Infertility," pp.52-78.

[14] Ibid.,p.63.

IVF technology from the perspectives of women who have experienced IVF in different times of their lives.

With these concerns, I conducted interviews with 15 women who were former IVF users or are still in different phases of their treatment. Each woman told me her own IVF story. These women had different social, cultural and economic backgrounds but their long and painful infertility experiences with regard to the IVF treatment process as their common points brought them together in this thesis. I did not interview their husbands, so their perceptions of IVF are not included here, except in the way narrated by women. This does not mean that men's lived experiences of IVF are insignificant, but I have limited my analysis to women's experiences of IVF especially in tracing the gendered nature of IVF from women's perspectives, because I find particularly the responses of women significant. Such responses can be helpful not only for revealing the possible effects of the changing position of women in the medico-technological reconfiguration of reproduction, but they can also offer a ground for contesting these changes and highlighting the politics of gender underlying these changes.

All of my respondents are married, as it is a legal requirement for having access to IVF in Turkey. The average age of the women I interviewed was approximately 30 and the average length of their marriages ranged from 3 to 15 years. The age of 30 is representative and in line with the dominant medical discourse, which associates the advancing female age with infertility, but in most cases age increases as the women delayed treatment for financial reasons. The reasons of infertility varied from case to case. Infertility was due to female reproductive impairment in three cases, to male ones in five, and to a combination of

both in seven. The duration of infertility treatment ranged from one to twenty years. Not all of the women I interviewed were childless. Four women achieved to have their test-tube baby twins, and one of these women also had a child naturally almost two years after the birth of her test-tube twins. One woman was pregnant at the time of the interview; she had gotten pregnant naturally in a few months after quitting the IVF treatment. One woman was also pregnant at the time of the interview as a result of the IVF treatment. One woman among my respondents was not continuing the IVF treatment at the time of the interview. After having completed 3 IVF cycles covered by the state, she left treatment. When I talked to her, she was planning to undergo one or two IVF cycles after saving enough money to afford IVF out of her own pocket. Other eight women were actively in the IVF treatment processes at the time of the interview, but all were in different phases of the IVF process. I especially wanted to maintain this variety in my data. I think that it has enriched my analysis and offered an opportunity to reveal the different articulations of both infertility and IVF experiences.

When I started my thesis, I utilized two methods for finding respondents. Firstly I asked my family and friends to help me find respondents. I found some of my respondents through this circle of family and friends. Almost all of these women were the "successful ones" who had successfully given birth upon completion of their IVF treatments. Therefore, they did not hesitate to talk with me about their IVF experiences. Only one woman, who was not "successful," did not want an interview with me; saying "I do not have anything to talk about." She has been trying for years to have a child, but with no result.

Apart from interviewing individual women I also visited some IVF clinics in Istanbul in order to observe the general environment and meet some women who were undergoing IVF treatment. Since most of the women I had interviewed until then were women who underwent their IVF cycles in private clinics, I decided to visit in particular public IVF clinics. The IVF stories I heard there from women provided me with a lens to compare the impact and the meaning of IVF for women coming from different socio-economic backgrounds. The emphasis on socio-economic differences among women is necessary to reveal the changing profile of the IVF consumers in Turkey following the implementation of state insurance coverage for IVF in 2005. During my observations in public IVF clinics, I met with many women. With some of these women I conducted interviews, but with others I only had short conversations about their IVF experiences. I also added the words of these women into this thesis.

The interviews were usually conducted either in a room in women's homes or in a private room in the clinic. The women I met via my family and friends were willing to accept me in their homes for the interview. Upon arriving, I was always received with warmth and hospitality. Entering some homes I realized that the living room immediately gave an impression that there is actually a child in this home. The room was filled with baby items, including feeding bottle, baby blanket and toys. In these cases, there were usually mothers or sisters accompanying the new mother to help take care of the babies while we were talking in another room. For the interviews that were conducted in the IVF clinics, I talked with the women either in a private room or in the waiting room usually before or after their appointments with the doctor or while they were waiting for a medical procedure or a routine control.

Due to the popularity of the issue in the media, some women supposed that I was a journalist doing search about IVF.

For the interviews that I have conducted with women who are still undergoing IVF treatment in the clinic, I received permission from the head doctor of that IVF clinic, namely in one of the university hospitals in Istanbul. He introduced me to the nurses who worked in the IVF clinic, and I recruited my informants who were still in treatment with the help of these nurses. They provided me with a separate room for conducting interviews. They asked the women whether they would be willing to participate in my research. The nurses and women in this clinic were used to people coming for academic research but only through the questionnaire forms. Since the head doctor and the nurses were familiar with quantitative methods which they perceived to be "more scientific and reliable," the head doctor in particular seemed displeased when he learnt that I would like to conduct in-depth interviews with women whom he called patients. He also admonished me as to how I should ask questions to his patients about such a sensitive subject. Most importantly, he could not figure out what I would have to do with IVF as a social scientist, and he spoke as if he was testing me about how much I knew about this complex technology. The general attitude of the head doctor towards me was like a reflection of the boundary established between "natural sciences" and "social sciences." My aim in this thesis is to problematize this perceived boundary and indicate how in the production and practice of technology power relations are at stake, and therefore how they constitute a fertile ground for social analysis.

The interviews with the women usually lasted from 40 minutes to 2 hours depending on where and when we had the interview. The interviews in the women's homes were longer in comparison to those conducted in the clinics. The interviews were tape recorded and later transcribed. The names of the interviewees have been replaced by pseudonyms to maintain confidentiality. Only for Sibel Tuzcu, I did not use a pseudonym since she is a public figure as the founder of the Çocuk İstiyorum Derneği (ÇİDER)[15].

The interviews with the women provide the primary source of data that I use in my analysis in this thesis. But I have also used other sources which I find important for this study. I have collected and analyzed a variety of written materials such as the legal documents on IVF and the media representations of IVF in order to reveal the way IVF is enacted, implemented and represented in Turkey.

The following chapters present the findings of my study on IVF, based on this data. I have grouped the chapters thematically into three sections. They are the production of local culture of IVF in Turkey, the making of the couple within the context of IVF and "hopes and fears" surrounding women's experiences of IVF. As Sarah Franklin points out, technologies not only have implications for the production of new relations in terms of kinship but also add a significant set of new relations to science and technology.[16] "These relationships are quite complex: they are at times tentative, at other times overwhelming, and often confusing."[17] The process of making sense of these relationships is in fact productive of new stories

[15] The Çocuk İstiyorum Derneği (I Want A Child Assosiation) was founded in 2002 by Sibel Tuzcu who had a daughter via IVF after 22 years of efforts.

[16] Sarah Franklin, *Embodied Progress: A Cultural Account of Assisted Conception* (London: Routledge,1997), p.6.

[17] Ibid.

about “old issues” such as reproduction, family, nature, culture, science and gender. Throughout this thesis I will reveal the local production of these stories within the socio-cultural context of Turkey.

After the introduction, in the second chapter, I will discuss the local practice of “assisting” reproduction within the specific context of Turkey. I seek to identify the major social processes and actors that come together to produce “the local culture” of IVF in Turkey. I will mainly focus on the legal, religious, economic and popular conditions of its production, through which IVF is defined as a medical technology, infertility is described as a disease treatable via IVF and the couple is constructed as a patient unit of IVF. While the purifying discourses of science and medicine restrict the issue within the domain of science and medicine, my questions are: How is this hybrid network of social factors involved in the local practice of IVF? How do these factors inform the local definitions of “appropriate” and “inappropriate” uses of IVF in Turkey and thereby reconfigure the boundaries between “nature” and “culture” and their interconnections in local forms?

The third chapter will focus on the issue of “making of the couple” within the field of IVF. With the inclusion of men into the IVF treatment process, the couple has emerged as the new patient unit of IVF. Although the couple is often described as the coupling of the man and the woman in a gender- neutral way, I will argue that this is a hybrid form of subjectivity, and gender is at play in its construction. Throughout the third chapter, I will indicate how the practices of purification and hybridization operate in the construction of the couple within the IVF context. I will discuss women’s complex responses to the discourse of “becoming a modern couple” produced within the biomedical context of IVF. By

exploring their answers to the question of how men are involved in IVF, I aim to uncover the gendered nature of the process of "becoming a couple" during IVF. These will allow us to indicate which pains and experiences remain unrecognized in the presence of the hopeful promises of IVF.

In the fourth chapter, I will problematize the purifying discourse of "hope" surrounding the world of IVF. Although IVF is often represented as a hope technology creating miracles for infertile couples, women's narratives of their IVF experiences reveal a quite different picture of IVF. What does the search for a child with the helping hand of the technology mean for women? What is lived and expressed behind the hopeful promises of the technology? What do they do when their hopes of success continually turn into a fear of failure? What explanatory tools do they deploy to keep their hopes alive in the face of the intensive demands of IVF?

# CHAPTER II

## ASSISTING NATURE THROUGH IVF? THE LOCAL CULTURE OF TEST-TUBE BABY TECHNOLOGIES IN TURKEY

> As the world's first 'test-tube baby,' Louise Brown, turns 8 years old, the topic of test-tube baby technology has come up on Turkey's agenda as well. The Supreme Council for Health met last week and discussed the issue of test-tube baby. A commission consisting of four specialists has begun working on the issue to determine the basic principles of test-tube baby making. Many hospital authorities have stated that they are ready for such technologies in terms of knowledge and lab facilities. Legal specialists pronounce that according to The Civil Law of Turkey the issue of having a child via this method (IVF) is not very problematic, but matters such as surrogate motherhood (women renting out their womb in return for money) are not clear in Turkey, as in Europe. In the meantime, another authority, The Higher Committee for Religious Matters affiliated to The Presidency of Religious Affairs has also been involved in the discussion, and has announced that test-tube baby making is permissible only under certain conditions.
> It seems that these discussions, starting shortly after it was stated that assisted conception is technically possible in Turkey, will continue for a long time to come. The issue, with its all legal, social, ethical, psychological and religious aspects, will be further discussed.[18]

This excerpt is from a weekly magazine in Turkey that was published in January 1987, approximately one year before IVF technology was initiated in Turkey. I began this chapter with this excerpt because it provides a significant starting point for identifying "the local culture of IVF" in Turkey. By "culture" I refer to a network of complex actors and the nexus of their interaction. Rather than regarding IVF as an abstract piece of technology, I examine how IVF is culturally, historically and politically produced and shaped within the particular interaction of place, time, and power relations involved.

[18] Oya Cengiz and Ferhat Boratav, "El Bebek, Gül Bebek, Tüp Bebek", *Nokta*, no.52 (04 January 1987), p.60.

In deploying the notion of "the local culture of technology," I appeal to a particular branch of social constructivism within science and technology studies, which emerged in anthropology as a critical perspective toward science and technology.[19] According to this critical perspective, "science, technology and medicine are defined as distinctive cultures that themselves are embedded within wider cultural milieus,"[20] and "culture is inextricably linked to power, and to how social relations are configured within a given culture or society."[21] This approach challenges the long-standing hegemony of science as a distinctive field grounded in the "natural" world, and promotes social studies of science and technology so that "science, technology, medicine and increasingly nature have come to be seen as social and cultural at their very core."[22] Defining science as a "cultural practice" enables constructivism to move beyond the social/technical binary of science towards the material, social, economic technical conditions of its production, thereby contributing to open "the black box of science."[23]

This view is "an extension of the relationship Bruno Latour and Steve Woolgar propounded as underlying scientific practice."[24] As the authors imply in *Laboratory Life*, the construction of scientific and technological knowledge is not only a mutual give and take between scientists, but figures in a wider social

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[19] Sarah Franklin, "Science as Culture ,Cultures of Science," *Annual Review of Anthropology* 24 (1995), pp.163-184.

[20] Monica J. Casper and Barbara A. Koenig, "Biomedical Technologies: Reconfiguring Nature and Culture," *Medical Anthropology Quarterly* 10, no.4 (1996), p.526.

[21] Ibid.

[22] Ibid.

[23] Ibid., p.528.

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

network, including the legal, religious, economic and social actors as the key players.[25] The text that I have quoted above illustrates this relationship that exists between IVF technology and other social actors. It can be therefore seen as violating the boundary between "nature" (what science and medicine take as given), and "society," which is presumed to be outside the realm of science and medicine. By adopting this approach, I shall define IVF technology as a cultural practice, which "extends beyond the confines of the lab or operating room to encompass a variety of resources in the wider culture."[26]

Recognizing that the use of technology cannot be independent of its social and cultural context, I propose that as a global technology the global circulation of IVF around the world is not a value-free phenomenon that can simply be described as "transfer of technology."[27] Instead, it is transformed according to the local conditions of practice; one can argue that it also transforms the societies in which it is put into practice.[28] Therefore, we could say that Turkey has its own local culture of IVF. In this chapter I will analyze how this complex field of local factors - mainly IVF legislation, the role of religion, the socio-economic context, and popular images of infertility and IVF - converge to produce a localized practice of test-tube baby technologies in Turkey.

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[25] Ibid.

[26] Casper and Koenig, "Biomedical Technologies," p.528.

[27] Marcia C. Inhorn, *Local Babies Global Science*: *Gender, Religion and In Vitro Fertilization in Egypt* (New York: Routledge, 2003), p.14

[28] 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*, edited by M.Inhon and F.van Balen (Berkeley: University of California Press:2002), pp.263–282.

These local factors do not only produce the practice of IVF but also the local meanings that are attributed to the technology, the ways it is used, and the social, political and economic implications for both the providers and the consumers of this technology. IVF is thus produced as a historical and material reality, which is productive of knowledge, discourses, practices and bodies. Therefore, IVF can be seen as a site where bio-political power is practiced, and through which bodily boundaries at the individual and social as well as at the biological level are reconfigured. Medical techniques designed to treat "infertility" may be viewed in this context as belonging to the social processes that give meaning to both IVF technology and in/fertile bodies.[29] The emergence of and social management of these technologies are all part of the regulation of in/fertile bodies and the constitution of their meanings. This chapter will also attempt to highlight the process of how in/fertile bodies are defined within the local culture of IVF in Turkey.

## IVF as "Hybrid"

IVF as a biomedical technology involves a series of basic steps. In IVF, after stimulated by hormonal drugs, eggs are removed from the female body and they are fertilized with sperm in a petri dish in the lab. Then the fertilized eggs (embryos) are transferred back into the woman's uterus. IVF technology has made possible the fertilization of the sperm and the egg in the lab, outside the female body, by juxtaposing previously separated domains of the laboratory and reproduction. So what may have been previously considered impossible becomes a tangible reality

[29] Carmel Shalev and Sigal Gooldin, "The Uses and Misuses of IVF in Israel: Some Sociological and Ethical Considerations," *NASHIM: A Journal of Jewish Women's Studies and Gender Issues* (Fall 2006), p.152.

embodied in flesh and blood. As contraception allows sex without reproduction, IVF has allowed reproduction without sex. Now, it has become technologically possible to produce many different methods of "non-sexual reproduction" which were inconceivable until the last few decades.

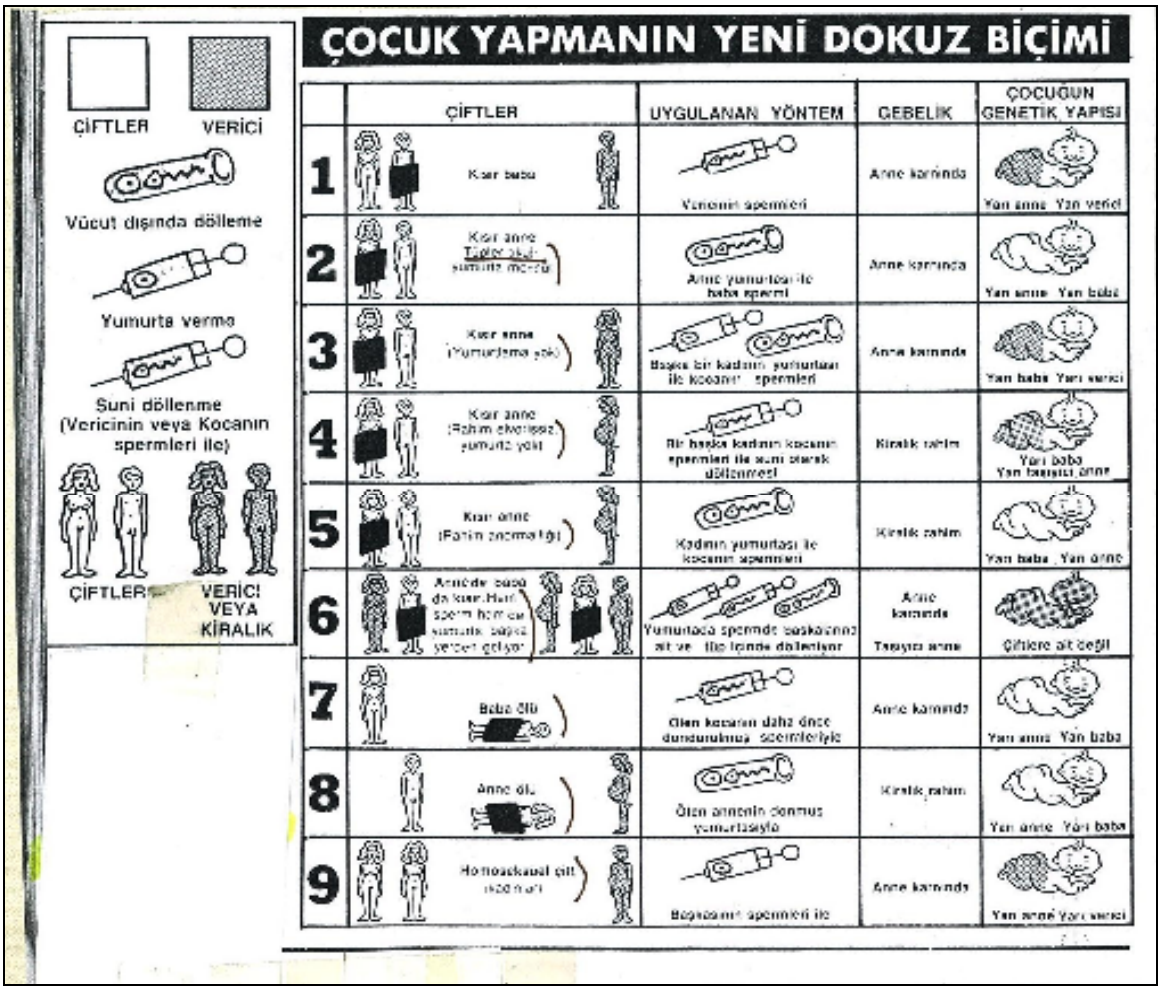


Fig.2 "Nine New Ways to Make Baby," *Nokta*, no. 52 (4 January 1987).

As this figure demonstrates, which was published in a Turkish weekly magazine in 1987 before IVF was introduced in Turkey, there are now more than nine ways to have a child via IVF. The first option shows a married couple whose egg and sperm are fertilized in the lab; or alternatively, the couple can use another man's sperm and/or woman's egg in order to have a child; or the couple's embryo

that is produced from their own sperm and egg can be implanted into another woman's womb; we also see that homosexual couples or single persons can have a child through another man's sperm or woman's egg; or a woman can even have a child with her dead husband's frozen sperm. We will see that although all are technically possible, some of these options are not socially acceptable.

Following Bruno Latour's term, these bodily entities as the product of IVF can be defined as "hybrids" in which the organic and the technological are intertwined. The field of IVF can be examined as the product of double work of two processes: "purification" and hybridization."[30] These two practices work together, and constitute what is presented as "modern" according to Latour. Purification refers to the practice of creating absolute divisions between the domains of "science" and "society," "nature" and "culture," and "human" and "non-human." According to Latour, through this process, "we 'moderns' have fragmented our world so that we understand nature as being 'out there' - incontrovertible, scientifically analyzable, and in a domain distinct from that of society and social relations."[31] As a critique of this boundary-making process, Latour suggests that very work of purification itself simultaneously produces inseparable hybrid networks of these categories in everyday life. From this perspective, "hybrid" presents a critical figure to destabilize the perceived established boundaries between "human" and "non-human" and shows the arbitrariness and the constructed nature of what is considered as "the natural" and "the normal."

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[30] Bruno Latour, *We Have Never Been Modern,* translated by Catherine Porter ( Cambridge: Harward University Press,1993).

[31] Margaret Lock, "Death in Technological Time: Locating the End of Meaningful Life," *Medical Anthropology Quarterly* 10, no.4 (1996), p.576.

However, this "double movement" of purification and hybridization is linked to the very process of how power relations are configured within a given society. By moving the Latourian framework further, since Latour's theoretical framework does not show us how the practices of purification and hybridization are working within power relations of a given society, I will here use a more "politicized" conceptualization of the "hybrid" in discussing the local production of IVF in Turkey. By "politicized" I mean all those social and material practices in which the distribution of power is at stake. I argue that such a perspective enables us to question how these two practices are working within a network of power relations structured within society while constructing the local contexts within which local reproductive relations are played out in terms of IVF. In refusing to separate science from politics and nature from society, such a "politicized" reformulation of the hybrid creates a space for challenging the traditional dualism between "nature" and "culture" within "non-Western" contexts. I argue that focusing on the non-Western contexts, where different systems of dualities and values are at stake, provides us with a fertile ground for examining the local variations of test-tube baby technology. In the sections that follow I seek to reveal the major social processes and actors that constitute and are produced by the local culture of IVF in Turkey. These are mainly IVF legislation, the role of religion as a constitutive actor, the socio-economic context of IVF and lastly the media accounts of IVF which represent and constitute infertility as a "modern epidemic." They will be examined mainly around the question of to what extent IVF is identified as a technology "assisting nature" in a way that defines "appropriate" uses of IVF in Turkey, thereby simultaneously producing the "inappropriate" uses of the technology.

## IVF: Assisting Nature or Defying Nature?

In Turkey as in many other countries some "hybrids" raise little concern while others cause anxiety.[32] In other words, while IVF is regarded "acceptable" in Turkey only for married heterosexual couples, other technologically possible forms of its practice are not considered so. Here the distinction made between "assisting nature" and "defying nature" plays an important role in determining to what extent a hybrid may be accepted within a society. This distinction functions as boundary policing, and its associated practices of "purification" and "hybridization" provide the means through which the relationship of a particular culture to technologies is constituted. It can be argued that boundary policing figures as a crucial feature in the debates about new reproductive technologies such as IVF. It also directs our attention to how the social perception of boundaries is bound up with social processes in reconfiguring the relationship between "nature" and "culture" and in redefining "appropriate" and "inappropriate" uses of IVF technologies in Turkey.

The conceptions of "infertility" and "appropriate and inappropriate" forms of a "couple" are highly significant in this local practice. The distinction made between which hybrids are considered as serving to help nature and which hybrids seem to defy nature reveals how the society's ideals of gender, family, parenthood, sexuality and health are deployed and redefined in the local practice of such technologies. The local practice of IVF in Turkey also involves a process of redefining, and at the same time transgressing, of the established boundaries between "female" and "male," "fertile" and "infertile," and "nature" and "culture." In this process of reconfiguration, we see how IVF is defined as a medical treatment

[32] Ibid., p.578.

which is introduced to "assist nature," how infertility is described as a "biological disease" which can be "assisted" with the "helping hand"[33] of IVF technology, and how "the couple" is construed as the individual patient (consumer) of infertility treatment. We also see how some practices of IVF are considered "inappropriate" because they are regarded as "defying nature" within the very same process.

## IVF as Assisting Nature

Since the birth of the world's first test-tube baby in 1978, more than three million such babies have been born around the world thanks to IVF technology. Increasingly becoming routine medical care, the "normalization" of IVF is fundamentally predicated upon the notion that it is an appropriate medical treatment for the "biological disease of infertility." As it is estimated to be affecting now 15 percent of couples in Turkey, infertility has become a recent focus of medical research and practice, and it is treated as an "incentive" for the development of high biotechnologies. IVF is now routinely recommended to "infertile" couples. So, childlessness has increasingly become a new site for medical intervention like other aspects of female reproductive health such as contraception, pregnancy, childbirth and menopause.[34]

In the social science literature, this process is conceptualized as "medicalization," which describes a process by which non-medical problems, social life and social issues become redefined and treated as medical or biological

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[33] Sarah Franklin, "Postmodern Procreation: A Cultural Account of Assisted Reproduction," in *Conceiving the New World Order: the Global Politics of Reproduction*. Edited by Faye Ginsburg and Rayna Rapp (Berkeley: University of California Press, 1995), p.329.

[34] Arthur L. Greil, *Not Yet Pregnant: Infertile Couples in Contemporary America* (New Brunswick: Rutgers University Press, 1991), p.36.

problems usually in terms of diseases or disorders.[35] Constituting a specific body of literature in itself, which may be termed as "medicalization critique,"[36] this perspective contributes to understandings of power in relation to medical knowledge and practice since its introduction in 1970s. From this perspective, it is criticized that social life and social problems are becoming more and more "medicalized;" thus rather than improving people's health, contemporary medicine undermines it.[37] By using the Latourian term, the process of medicalization can as also be connected to a purification practice since medical power tends to separate its practices from social relations and legitimizes interventions in "nature" by redefining its objects as diseases which are to be subjected to medical cures. The process of medicalization is a purification process in which power relations are at stake. Through this purification process of medicalization, infertility is described as a biological disease, IVF is defined as a medical treatment for this disease and those who suffer from this disease are regarded as patients.

Medicalization of Infertility

Although infertility has similarities to other "deficiencies" such as the "childlessness" that preceded it, it is also different from them. In other words, childlessness may have been among the reasons for the interest in developing certain technologies, but, in fact, infertility is defined as a consequence of these

[35] Gay Becker and Robert Nachtigal, "Eager for Medicalization: The Social Production of Infertility as a Disease," *Sociology of Health and Illness* 14, no.4 (1992).

[36] Deborah Lupton, "Foucault and the Medicalisation Critique," in *Foucault, Health and Medicine*, edited by Alan Petersen and Robin Bunton (London: Routledge, 1997), pp.94-95.

[37] Ibid.

technologies.[38] Post-IVF infertility is a product of the technology, which is discursively produced as a "biological disease."

Although IVF constitutes an intervention in the "natural order," it is "legitimized" as a medical treatment which is practiced to "assist nature" so that it functions in its "proper way." Here, the discourse of helping nature via technology emphasizes the expected benefits to humanity to be gained through technology. Thus, the practice of IVF is particularly justified as being in the service of "nature," with the purpose of helping couples who suffer from "the biological disease of infertility" in their "naturally" reproductive bodies. In this respect, infertility is "naturalized" as a disease, and according to this medical model the source of the disease is seen as primarily in nature as organic, and other explanations (social, religious or cultural) are excluded from any consideration.

This medical model presupposes an image of a "natural" human body. Medical knowledge differentiates and classifies individuals according to their ability to conform to "the normal," and the ones who fail to conform to the norms are treated as pathological.[39] As Foucault emphasizes in *The Birth of the Clinic*, medicine is no longer confined only to curing diseases; now it also needs the knowledge of a healthy (hu)man body as the norm.[40] The norm also defines what is "natural." In order to understand how the infertile body is constructed, we need to look at how the fertile body is produced as the norm/al and according to which the

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[38] Margarete Sandelowski and Sheryl de Lacey, "The Uses of a 'Disease': Infertility as Rhetorical Vehicle," in *Infertility Around the Globe*, p.35.

[39] Christiane Sinding, "The Power of Norms: Georges Canguilhem, Michel Foucault and the History of Medicine," in *Locating Medical History*, edited by F.Huisman and J.H.Warner (Baltimore: The Johns Hopkins University Press, 2004).

[40] Michel Foucault, *The Birth of The Clinic: An Archaeology of Medical Perception*, translated by A.M.Sheridan Smith (New York: Tavistock Publications, 1973), p.34.

infertile body is measured. Almost all popular medical texts regarding IVF start to define "the disease of infertility" by first explaining what fertility is.

> First we should know the normal so we can know what deviates from the normal and how to intervene. In this way, as doctors we can help our patients. First we should differentiate between men and women. Women have eggs, and men have sperm. At the beginning of the event of conception, there is the meeting of the sperm and the egg. The story begins here.[41]

Within this medical framework, the norm(al) body is defined in a way that assumes that human beings are naturally fertile since they have heterosexually sexed bodies, and against which the infertile body could be measured, diagnosed and cured.

Within the medico-scientific context of IVF, the human body is constructed and materialized in reproductive terms as the object and source of medical gaze, knowledge and techniques. In this process womanhood and femininity, and manhood and masculinity are constructed on the bases of their reproductive system, such as in reference to hormones, eggs and sperm. Hormones, eggs and sperm are treated as measurable, manageable and adjustable indicators of sex. While the body with its reproductive system is materialized on the basis of sex, fertile bodies are defined as biologically reproductive, normally corresponding to the "healthy" male and female bodies. This process demonstrates the ways in which "the so-called biological facts of sexual reproduction are produced to confirm the rigid binarism of

[41] Bülent Gülekli, *99 Sayfada Tüp Bebek*, interview by Didem Ünsal (İstanbul: Türkiye İş Bankası Yayınları, 2006), p.3. "Öncelikle normalleri bilmek lazım ki nerede bu normalin dışına çıkılmış, nerede müdahale edilmesi gerekiyor bilebilelim. Hekimler olarak gerekli yardımı hastalarımıza verebilelim. Önce erkek ve kadını ayırmamız gerekiyor. Kadında yumurta var, erkekte ise sperm. Üremenin başlangıcında yumurta ile spermin buluşması var. Öykümüz burada başlıyor."

sex categories by encoding them as pre-existing "natural" differences."[42] Teresa de Lauretis defines gender as a technology of power, organizing the production of sexual difference and producing its meaning.[43] Based upon this so-called "natural difference," infertility is described as any biological obstacle to pregnancy and birth which are viewed as "nature's failures," and the practice of IVF is particularly justified as being in the service of "nature" so that it provides "the meeting of egg and sperm in vitro" in order to help "nature" fulfill its "natural functions."

Based upon such definitions of "nature," IVF is adopted as a medical solution for infertility occurring in "natural bodies," thereby offering the hope of a normality regained through the helping hand of technology. By grounding infertility in "nature," it is the attempt to identify as it were the natural line which separates the "appropriate" uses of IVF from the "inappropriate" uses with reference to the requirements of social order.

Legal Framework for IVF in Turkey

In the legal documents of Turkey concerning test-tube baby making, the local practice of IVF is also regulated according to this distinction between IVF as assisting nature and defying nature. In these documents IVF is described as a medical treatment, and therefore it is legally allowed to be carried out only for "health reasons," particularly for the treatment of the "disease" of infertility. So, through legal discourses medical definitions are reproduced, by giving legal

[42] Sarah Franklin, "Biologization Revisited: Kinship Theory in the Context of the New Biologies" in *Relative Values: Reconfiguring Kinship Studies*, edited by S.Franklin and S. McKinnon (Durham: Duke University Press, 2001), p.308.

[43] Teresa De Lauretis, *Technologies of Gender: Essasys on Theory, Film and Fiction* (Bloomington: Indiana University Pres,1987), pp.1-30.

meanings to what is in/fertile and to the practice of IVF. Legal power seeks legitimacy by basing its legislation upon "scientific facts of nature" but at the same time by reproducing them. Through this process, the "legal" and "illegal" practices and consumers of IVF are defined and discriminated against.

"*The Code Regarding Centers for In Vitro Fertilization and Embryo Transfer (IVF/ET)"* issued on 21 August 1987 was the first regulatory framework on in vitro fertilization in Turkey. [44] It determines the conditions of and requirements for assisted conception for IVF centers, from medical equipment to the personnel and to the physical conditions of the centers. The IVF-ET Scientific Committee, established according to article 5, is responsible for licensing and regulating IVF centers in line with the conditions stated in the regulation.

The regulation also determines the "appropriate" use of the technology, determining who can be an IVF patient. First of all, couples who apply for IVF treatment must be legally married; the transfer of egg and sperm from a third party is prohibited. Secondly, married couples are required to prove in medical terms that they could not have a child employing other existing fertility treatment methods. Restricting legal access to IVF only to married couples[45] is based upon the assumption that reproduction and having a child is accepted only as "appropriate" within marriage, promoting the ideology of the heterosexual nuclear family as the ideal, and the 'healthy' body as heterosexually reproductive but only "within legal marriage;" otherwise it is perceived as going against the legitimacy of the child.

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[44] Republic of Turkey, In Vitro Fertilizasyon ve Embriyo Transferi Merkezleri Yönetmeliği, *T.C.Resmi Gazete*, no.19551, 21 August 1987.

[45] Such emphasis on 'legally married couples' excludes 'religiously married couples' (married by an *imam*(prayer leader)) which are legally unrecognized in Turkey.

The definition of an "appropriate couple" for IVF is established through producing what constitutes the "inappropriate." All forms of donation practices (sperm, egg, embryo donation or surrogacy), since they do not fit into the conception of naturalized heterosexual relationships, are legally forbidden in Turkey. These practices are regulated by article 17 of the Code Concerning IVF, under the title of "*Prohibitions*" (*Yasaklar*). According to this article, embryos produced as a result of in vitro fertilization of sperm and eggs provided by a married couple cannot be used for other purposes or for other couples; and eggs of other women and sperm of other men cannot be used by the married couple in question. They are not allowed to be stored, used, transferred or sold out except under the conditions cited in the Code. Although these practices are technologically possible via IVF, they are considered as "unnatural unions" since they embody the violation of basic cultural assumptions about family, gender and parenthood.

This ideological restriction in access to IVF is also supported by the religious body of the state, the Presidency of Religious Affairs, on the basis that the use of IVF technology is religiously permissible only for the married couples. In the following section, I will discuss how religion participates as a constitutive agent in the local practice of IVF in Turkey, in a way that contributes to the distinguishing line between "appropriate" and "inappropriate" uses of IVF.

Religion and IVF

> A few days ago I watched a TV program. I laughed at our tragic position. It was a tomb or "*yatır*" (a place visited by people for religious reasons, where they believe a holy person is buried) somewhere in Istanbul. Some were touching their wallets to the stone of the *yatır* because it was believed it brings money. Some were visiting *yatır* to give thanks after having had a test-tube baby. When people could not have a baby, they underwent IVF but then they went to the *yatır* for thanks. Think about it! What is IVF? Is it not a science? These people still think that test-tube baby technology is about the grace of a holy person buried in a *yatır*, rather than science and technology. This is quite risky and dangerous. We have to make people understand what science is about before it is too late. [46]

This is an episode from an interview in 2005 with Nüket Yetiş, the president of The Scientific and Technological Research Council of Turkey (Türkiye Bilimsel ve Teknolojik Araştırma Kurumu (TÜBİTAK)[47]. This episode is a significant introduction for the discussion that I will make in this section. Are science and religion mutually exclusive, as the president of TÜBİTAK states in her speech?

According to Max Weber, modernity is a project of disenchantment within which the secular declares its independence from the sacred.[48] However, the divide between the secular and the sacred which is perceived as a precondition for the

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[46] "Bilim Adamı Deyince Zekeriya Beyaz", *Sabah*, 19 December 2005."Geçenlerde bir TV programında seyrettim. Resmen güldüm ağlanacak halimize. İstanbul'da bir yatır. Kimi çantasını sürüyor, para gelsin diye, kimi tüp bebek yapmış, teşekküre gelmiş. Çocuğu olmuyor, tüp bebek yapıyor sonra teşekküre yatıra gidiyor. Düşünsenize. Peki tüp bebek nedir? Bilim değil midir? O hala tüp bebek yapmanın bilim ve teknolojiyle ilgili değil de oradaki yatırın ümmetiyle ilgili olduğunu düşünüyor. İşte bu çok riskli ve çok tehlikeli bir şey. İnsanların bilimi fark etmelerini sağlamalıyız. Hem de çok geçmeden yapmak zorundayız."

[47] TÜBİTAK is the leading agency for management, funding and conduct of research in Turkey. It was established in 1963 with a mission to advance science and technology, conduct research and support Turkish researchers.

[48] Max Weber, *The Protestant Ethic and the Spirit of Capitalism,* translated by Talcott Parsons (New York: Scribner, 1930).

achievement of "modernization" is a modernist fantasy.[49] Many theorists of modernity have described the separation of the sacred from the secular, which ensures that religion remains inessential to politics, economy and science.[50] There are many anthropological studies that have provided fertile ground to criticize such divisions, and show how such realms perceived as separate actually intersect to produce hybrid forms and relations. For example, a special issue of *Culture, Medicine and Psychiatry* is devoted to "problematize the place of the sacred in the modernist 'secular' retelling of science"[51] by underlining that "religion plays a productive role in new reproductive technologies in many different national and religious contexts" [52] such as Ecuador, Israel, Egypt, Greece and India. For example, Elizabeth Roberts explores the productive relation between both science and religion, and official and popular Catholicism in Ecuador.[53] Aditya Bharadwaj focuses on reproductive technologies in India, by showing that IVF in the Hindu context is an incomplete science, and in order to fill the gap created by this incompleteness IVF patients appeal to alternative medical and spiritual practices.[54] In short, these studies point out that "religion frequently enters the lab and the clinic,

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[49] Aditya Bharadwaj, "Sacred Modernity: Religion, Infertility and Technoscientific Conception Around the Globe," *Culture, Medicine and Phychiatry* 30, no.4 (2006), pp.423-425.

[50] For a full discussion of these points see Bruno Latour, *We Have Never Been Modern* and Zygmunt Bauman, "Modernity" in *Bauman Reader*, edited by Peter Beilharz (Malden: Blackwell Publishers,2001).

[51] Bharadwaj, "Sacred Modernity," p.423.

[52] Charis Thompson, "God in the Details: Comparative Perspectives on the Intertwining of Religion and Assisted Reproductive Technologies," *Culture, Medicine and Psychiatry* 30, no.4 (2006), p.557.

[53] Elizabeth F.S. Roberts, "God's Laboratory: Religious Rationalities and Modernity in Ecuadorian In Vitro Fertilization," *Culture, Medicine and Phychiatry* 30, no.4 (2006), pp.507-536.

[54] Aditya Bharadwaj, "Sacred Conceptions: Clinical Theodicies, Uncertain Science and Technologies of Procreation in India," *Culture, Medicine and Phychiatry* 30, no.4 (2006), pp.451-465.

through the words and actions of both patients and practitioners in ways that make treatment possible."[55] Inspired by these studies, I argue that religion does not remain inessential to in vitro fertilization in Turkey as well; instead, religion plays a constitutive role in the localized practice of IVF in Turkey.

In Turkey as in other Muslim countries nonbinding but authoritative Islamic religious proclamations called *fatwa*s (fetva) have profoundly affected test-tube baby technologies. The origin of such *fatwa*s concerning in vitro fertilization dates back to 1989, when the International Islamic Fiqh Academy (Islam Fıkıh Akademisi), tied to The Organization of The Islamic Conference, pronounced in Amman the official Islamic position on medically assisted conception. [56] Having achieved wide acceptance throughout the Muslim World, a number of basic guidelines for IVF have been adopted:[57]

1. In vitro fertilization of an egg from the wife with the sperm of her husband followed by the transfer of the fertilized embryos back to the uterus of the wife is allowed, provided that the procedure is indicated for a medical reason and is carried out by an expert physician.
2. No third party should intrude into the marital functions of sex and procreation. The use of a third party is tantamount to *zina* (adultery).
3. An excess number of fertilized embryos can be preserved by cryopreservation. The frozen embryos are the property of the couple alone.

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[55] Charis Thompson, "God is in the Details," p.557.

[56] Menderes Gürkan, "Tüp Bebek," in *İslam'da İnanç, İbadet ve Günlük Yaşayış Ansiklopedisi*, edited by İbrahim Kâfi Dönmez (İstanbul: Marmara Üniversitesi İlahiyat Fakültesi Vakfı Yayınları, 2006), p.2063.

[57] Marcia C. Inhorn, "Making Muslim Babies: IVF and Gamete Donation in Suni Versus Shi'a Islam," *Culture, Medicine and Phychiatry* 30, no.4 (2006),pp.432–433.

4. All forms of surrogacy are forbidden.
5. Establishment of sperm banks is strictly forbidden.

There is a degree of convergence between official religious discourse and medical practice because in most of the Muslim countries including Egypt, Iran, Kuwait, Jordan, Lebanon, Morocco, Qatar, Indonesia, Malaysia, Pakistan and Turkey third-party donation in IVF is forbidden.[58] However, it is wrong to treat Islam as monolithic. Islam itself takes several different forms in different national contexts, as M. Inhorn states in her ethnographic study on Egyptian and Lebanese IVF clinics, in which she has explored how the attitudes toward donation may differ between Shi'a Islam and Sunni Islam. A bifurcation between Shi'ite and Sunni Muslims has occurred in the late 1990s with an Iranian *fatwa* giving permission to third-party donation under certain conditions (for example, *muta* (temporary) marriage for donation). This *fatwa* has been accepted by Shi'ite Muslims in Lebanon, who until recently had supported the Sunni view, strictly prohibiting third-party donation. [59]

In Turkey, official Islamic discourse was institutionalized under the Presidency of Religious Affairs (Diyanet İşleri Başkanlığı) in the early years of The Republic of Turkey. It is a public institution which is "given the mandate to carry out religious affairs pertaining to faith, worship and moral principles, to inform society on religion and to administer places of worship."[60] Islam can be characterized as a "comprehensive" religion in that the teachings of Islam cover

[58] Inhorn, *Local Babies, Global Science*, p.99.

[59] Inhorn, "Making Muslim Babies," pp.427–450.

[60] "The Structure, Mission and Social Function of the Presidency of Religious Affairs." Available [online]: http://www.diyanet.gov.tr/english/default.asp[ 3 November 2008].

many fields of human activity from spiritual to social and economic arenas, and from politics and medicine.[61] When there is a need for a religious judgment about any subject, the Diyanet is the body responsible for issuing official *fatwa*s, which are nonbinding religious opinions, interpreting whether a behavior or action is religiously acceptable or not. *Fatwa*s cover different areas of social life including test-tube baby technologies.

The date of the first public statement made by the Diyanet regarding in vitro conception goes back to the first years of IVF. 6 days after the birth of the world's first test-tube baby, Louise Brown, the Diyanet announced its official opinion about in vitro fertilization, which had sparked numerous debates across the globe since its inception. The Diyanet stated that in vitro fertilization of an egg from the wife with the sperm of her husband followed by the transfer of the fertilized embryos back to the uterus of the wife was permissible; however, according to the statement, neither third party sperm nor eggs are allowed to be used in IVF, and the procedure should be undergone purely for medical reasons upon consent of both partners.[62] After the introduction of IVF in Turkey in the late 1980s, the Diyanet repeated its opinion about IVF, declaring that IVF is religiously appropriate as a medical treatment for infertile couples to have a child only if it is practiced within the parameters of marriage without third party intrusion.[63] In the 2000s, in addition to its *fatwa*s regarding IVF, indicating IVF as a medical treatment only under certain conditions,

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[61] Inhorn, *Local Babies Global Science*, p.95.

[62] Diyanet İşleri Başkanlığı,"Diyanet İşleri Başkanlığının Tüp Bebek Hakkındaki Açıklaması"( 31 July1978), in Muhammed Ali el-Barr, *Din ve Tıp Açısından Tüp Bebek*. Translated by Adil Bebek (İstanbul: Nesil Yayınları,1989), pp. 151–152.

[63] Diyanet İşleri Başkanlığı, "Diyanet İşleri Başkanlığı Din İşleri Yüksek Kurulu Başkanlığının Tüp Bebek Kararı"(5 January2002). Available [online]: http://www.diyanet.gov.tr/turkish/default.asp# [3 November 2008].

the Diyanet itself entered the IVF sector by opening an IVF center[64] to help infertile couples have a child. The first babies conceived via in vitro fertilization at the Diyanet's clinic were born in 2007.[65]

At this point I would like to examine more closely the discourses on donation which produce the distinction between "appropriate" and "inappropriate" forms of IVF practice in Turkey. These discourses determine not only religiously but also legally acceptable forms of IVF, through which IVF is "approved" as long as the sperm and the egg are derived from a husband and wife. Through such definitions of "appropriate" uses of IVF, predominant cultural notions of what constitutes a "natural" family are redefined in terms of a "married heterosexual couple" which is regarded as "the healthiest" environment for a child both legally and morally.

[64] The 29 Mayıs Hastanesi Tüp Bebek Merkezi was founded on 15 June 2005, by The Foundation of Religious Affairs which was established in 1975 to help and support the Diyanet in religious matters.

[65] "Diyanet'in İlk Tüp Bebekleri," *Sabah*, 11 February 2007.

Fig.3 The cover of a "religiously-sensitive" weekly Turkish magazine: "Illegitimate Relations in IVF: "*Nesepsizlik*" (illegitimate lineage) is being inseminated!"*Aksiyon Dergisi*, no.635 ( 5 February 2007).

The official Islamic discourse declares the appropriate use of IVF, in which it is *helal* or religiously acceptable only if procreative materials (sperm, eggs, embryos) are restricted to the married unit of the husband and the wife. According to this Islamic discourse, there are a number of reasons regarding the moral degradation of third-party donation and why IVF should be restricted to married couples. They revolve around some sets of related issues concerning the donation in IVF. They are the themes of *zina* (adultery), incest and *nesep* (lineage). These discourses on donation were also discussed by Marcia Inhorn in her study on in vitro fertilization in Egypt[66]. This similarity between the two countries reflects their common religious concerns and ideologies that stem from Islamic discourses on third party donation.

[66] Inhorn, *Local Babies Global Science*, pp.85–121.

The moral implication of third-party donation for marriage emerges as the major concern. With regard to marriage, Islam only approves heterosexual marital relations, and describes reproduction as marriage's supreme objective. Although donation in IVF involves no sexual intercourse that resembles an adulterous relation, it is considered to be a form of *zina*, or adultery, since a third- party intrudes into the marriage, which is strictly forbidden in Islam. In the official fatwa of the Diyanet regarding in vitro fertilization, it is described as follows: "However, it is not permissible if the practice involves an alien party whether in the form semen, an ovum, an embryo, or a womb, due to reason that such thing means fornication, and hurts women's feelings."[67] In fact, all of these concerns about *zina* in terms of donation are more about sperm.[68] The intrusion of third-party sperm into a marriage is often connected with *zina*, because the sperm of another man enters the body of a married woman, although there is no sexual contact. It is the female body, which becomes a site for defining an adulterous relation via sperm donation. As the English translation of the fatwa, on the official website of the Diyanet, points out that it is the "women's feelings" which are hurt by (sperm) donation. In this discourse, sperm becomes personified as a little man which is perceived as threatening the integrity of marriage, and "women's feelings" if they were alien. Here an intimate relation is established between the man and his sperm, and the presence of another's man's sperm is treated as if it is the intrusion of another man into the marriage unit, in a way that threatens the masculinity of the husband. This is

[67] Diyanet İşleri Başkanlığı, "The Legal Opinion of The Higher Committee of Religious Affairs about Test-Tube Baby" (5 January 2002) Available [online]: http://www.diyanet.gov.tr/english/default.asp[16 November 2008].

[68] "Türk Halkı Yumurta Nakline Sıcak Bakıyor," *Yeni Aktüel*, no.40 (n.d.).

how the discourse of *zina* (adultery) operates, and it simultaneously reproduces the discourse of "honour" (*namus*). The discourse of *namus* constructs not only femininity but also masculinity.[69] In this discourse, the protection of the woman's body and thus her honour is perceived of as being under the control of her husband as the reflection of his honour. As in this case, if another man appears within a marriage via the transfer of his sperm into the body of a married woman, it is described as a form of *zina*. Through the definition of third party donation as a form of *zina*, while it implies an act dishonourable for the woman, in the words of the Diyanet , it is an act "hurting women's feelings", and as such it becomes a threat to the masculinity of the husband, constructed through his manly duty of protecting his wife's honour.

The other major concern about third-party donation is the potential for incest among children of unknown donors. Moral concerns are raised about the potential for a single donor's offspring to meet and marry each other, thereby forming an incestuous relation of half-siblings.[70] This potential for incest is terrifying for people who describe incest as the main problem with donation. A news article about test-tube baby technologies published in a "religiously-sensitive" weekly magazine, *Aksiyon*, points out the risks surrounding in vitro fertilization in Turkey, especially that caused by third-party donation practices. Among the major concerns is the possibility of incest, cited against the supporters of third-party donation.[71]

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[69] From the speech of Nükhet Sirman at the panel "*Namusu Tartışıyoruz*"( we are discussing honour) organized by *Kültür ve Siyasette Feminist Yaklaşımlar Dergisi* in 12 April 2008.

[70] Inhorn, *Local Babies, Global Science*, p.107.

[71] "Tüp Bebekte Nesep İhlali," *Aksiyon Dergisi*, no.635, 5 February 2007.

Another aspect of third-party donation is the danger of destroying lineage (*nesep*). Here, lineage means the preservation of origin. The preservation of origin is described as the most essential objective of Islam, which means the preservation of every child's relation to a known biological mother and father.[72] It is considered that since third-party donation destroys a child's *nesep*, it is morally unacceptable. Additionally it is argued that lack of knowledge concerning lineage is psychologically devastating to the child. By adopting this reasoning, it is concluded that every child must have a known father and mother; otherwise, bringing a child into the world via third-party donation, more specifically sperm donation, is considered equal to giving birth to an "illegitimate child." Most of the article in question is devoted to warnings about the potential dangers of lineage confusion with in vitro fertilization due to the inclusion of a third-party, with the argument that "*nesep* preservation is the principle of Islam" and "actions that violate this principle are not approved."[73]The importance of preserving this principle is also underlined by the Diyanet in its legal opinion about IVF: "The egg and sperm should belong to the married couple (in order to avoid lineage confusion); there must not be an alien party in such practice."[74]

The issue of "lineage confusion" provokes not only religious concerns but also nationalist fears. It is usually linked to concerns about the danger of a "mixing of races" especially through "foreign" third-party donation. There are hundreds of

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[72] Inhorn, *Local Babies Global Science*, p.107.

[73] Emin Akdağ, "Tüp Bebekte Nesep İhlali," *Aksiyon*, no.635(5 February 2007).

[74] Diyanet İşleri Başkanlığı, "The Legal Opinion of The Higher Committee of Religious Affairs about Tube Baby" (5 January 2002) Available [online]:http://www.diyanet.gov.tr/english/default.asp[16 November 2008].

people traveling between countries in order to have a child. These exchanges of IVF patients between countries have allowed IVF to become a sector of "health tourism" (in the case of IVF, it can be conceptualized as "reproductive tourism"). National newspapers have celebrated Turkey for increasingly becoming an attractive place for reproductive tourism.[75] Since IVF in Turkey is cheaper than in other countries, many people with infertility problems come from other countries to Turkey to undergo IVF. They are mostly from Germany, England, Holland and Belgium.[76] However, reproductive tourism is not unidirectional. It is estimated there is a significant number of people in Turkey who are going abroad in order to have a child through donation, which is forbidden in Turkey. The Unites States, the UK, Israel, Belgium, Greece and Crete are countries which infertile people from Turkey often visit for IVF.[77] Among these countries, Greece and Cyprus have a special place in the popular accounts. Egg-sperm donations offered by these two countries give rise to moral concerns about a "mixing of races" in Turkey.[78] These concerns might be understood as a response to transgression, the outcome of breaking a taboo or crossing a boundary.[79] Bodies of "*Rum"* (resident Greeks in Turkey) have long been the objects of repulsion in Turkey's nationalist imaginary. From such a nationalist imaginary, it is assumed that the Turkish race is "corrupted" through

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[75] "Tıp Turizmi Patlıyor," *Hürriyet*, 4 July 2008.

[76] "Tüp Bebek Turizmi," *Akşam*, 26 June 2005.

[77] "Yumurtalar Kıbrıs'tan Spermler Danimarka'dan," *Hürriyet*, 15 November 2003.

[78] "Yorgo Spermiyle Türk Tüp Bebek," *Yeni Aktüel*, no.40 (n.d.).

[79] Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (London: Routledge& K. Paul, 1966).

donation from "other races", breaching the border between the national self and others and by doing so threatening the nationalist symbolic order.

A good example regarding the concerns about "mixing of races" in Turkey is the discussions in the Turkish Assembly concerning the punishment of doctors practicing third-party donation. This issue came onto the agenda of the Assembly after Turkey's first "sperm scandal" broke out in Balcalı Hospital of Çukurova University's Faculty of Medicine in Adana in 2003 when an IVF doctor used other men's sperms with their IVF patients.[80] After a two year trial, the doctor was sentenced to three years in prison.[81] According to the discussions in the Assembly, such donation practices should be punished since they destroy the lineage of the child. However, one parliament member took the discussion into another direction. It was Canan Arıtman, Izmir parliament member of the main opposition party, the Republican People's Party (Cumhuriyet Halk Partisi). Arıtman "warned" that it was not the "family link" but the "racial link" that was changing via third-party donation; because donation was forbidden in Turkey, people were going to foreign countries for IVF via donation. Among these foreign countries, Arıtman specifically pointed to Greece, where many people from Turkey undergo IVF and get pregnant with embryos produced by "*Rum*" donors. She concluded that "we should not compel our people to use Greek embryos."[82]

In short, test-tube baby technologies raise different moral concerns in different national contexts. As M. Inhorn states, "what is deemed moral in one

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[80] "Skandalı Var, Bankası Yok," *Radikal*, 6 March 2004.

[81] "Sperm Davasında 3 yıl hapis," *Radikal*, 25 November 2006.

[82] "Meclis'te Embriyon Kavgası," *Tercüman*, 1 November 2005. "Bizim insanlarımızı Yunan embriyonlarına mecbur bırakmamak lazım."

country may be considered immoral in the next"[83]. As mentioned above, there are different moral concerns concerning what is acceptable and what is not in IVF practices. Although every form of donation is both religiously and legally forbidden in Turkey, there are examples of such practices carried out in "secrecy," most of which, when found out about, are increasingly used for sensationalist news in the media. For example, there is the case of Leyla Komurcu, a Turkish model and actress who got pregnant with donor sperm in the USA in 2007. [84] She faced serious opposition from different people in Turkey, including her own family. Due to the pressure of her father's family she had to change her surname because she was censured by her own family for giving birth to a child of an unknown father outside marriage. Now she uses her mother's surname, Bilginel. In a TV show she had an argument with Zekeriya Beyaz, a famous theologian, who chastised her for undergoing IVF with a donated sperm, and who described her baby as "illegal."[85]

Surrogate motherhood is another sensational issue for the media. Surrogacy is a method of reproduction whereby a woman agrees to become pregnant and deliver a child for a contracted party. She may be the child's genetic mother, or she may carry the pregnancy to delivery after having been implanted with an embryo of another couple. From the news it can be hypothesized that there are many women pursuing surrogacy in Turkey in exchange for money.[86] Surrogacy is the most controversial practice of assisted reproduction technologies due to its legal, ethical,

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[83] Inhorn, *Local Babies Global Science*, p.100.

[84] "Bekâr Türk manken bankadan sperm satın alıp hamile kaldı," *Milliyet*, 17 January 2007.

[85] "Porno İzleyen Bir İnsan Bana Nasıl Ders Verir!" *Sabah*, 25 September 2008.

[86] "Bebekleriniz İtina ile Doğrulur," *Yeni Aktüel*, no.166, 11–17 September 2008, p.16–19.

cultural and social implications. It challenges the most established ideas about motherhood, family and kinship. In Turkey, objections to surrogacy tend to be based on some basic grounds. Firstly, surrogacy involves the intrusion of a third party into a marriage unit. Secondly, the use of the womb for profit is criticized since it instrumentalizes women as baby-making machines. Since it has a commercial aspect, low class women are more likely to become surrogate mothers for higher class couples. It has even begun to be described as a job opportunity for coping with poverty.[87] Additionally, the practice of surrogacy is criticized since it distorts the "naturalized" relationship between the mother and the child since a woman is carrying the baby for another woman and giving up the baby that she has carried in her womb. Finally, there are also reactions pointing out that surrogacy destroys the child's *nesep* as a result of the inclusion of several people as biological, genetic and social parents of the baby.

## IVF as Defying Nature

In 1987, *Nokta* warned about the "dangerous" possibilities offered by IVF: "Child for Improper Couples". It stated that with the introduction of IVF, it has become possible for homosexual couples or single women or men to have a child.[88] As also reflected above in the discourses on third-party donation, such hybrids are "themselves embodiments of transgressions of boundaries, combining characteristics considered belonging to incompatible categories;"[89] and like all

[87] "Yoksulluğun Yarattığı İş Alanı: Taşıyıcı Annelik," *Milliyet*, 8 April 2009.

[88] Oya Cengiz and Ferhat Boratav "El Bebek, Gül Bebek, Tüp Bebek," *Nokta*, 4 January 1987.

[89] Brian P. Bloomfield and Theo Vurdubakis, "Disrupted Boundaries: New Reproductive Technologies and the Language of Anxiety and Expectation," *Social Studies of Science* 25 (1995), p.536.

"unnatural unions" they invoke feelings of fear and anxiety. Technologies can be therefore be considered as problematic in so far as they represent the possibility of disturbance in existing classifications which comprise the social and moral order.[90] In this manner, homosexual couples or single persons are considered as "inappropriate" for having a child via IVF because they are regarded as "non-fertile." In other words, since their childlessness does not result from "natural failure," their desire for a child is regarded as a violation of what is accepted as "natural." Based upon this assumption, their access to IVF is legally and morally forbidden in Turkey. The practice of IVF appeals to a desire for purity and order, to enable people repair their fertility problems, and thereby calls for purification and restoration of "normalcy." This kind of boundary policing can be understood as a key discursive register for formulating technologies in ways that they imply either assistance or threat. Yet, it has a local form.

In Turkey, the relation with "nature" is reframed in accordance with our self-perception as a society in which relations with the West, with tradition and modernity, and with culture and technology become visible. This self-perception reveals the ambivalence in connection with technologies that intrude into what is taken as the "natural order" of society together with a concern for the mixing of what is understood as self and other.[91] In other words, the making of boundaries and the transgressing of them have local forms. In Turkey, like in many non-Western

[90] Ibid.

[91] Lock, Death in Technological Time, p.579.

countries, the relation between nature and culture is closely associated with its relation between the "West" and "modernization."[92]

Protecting Culture? "Appropriate" Uses of Technology

Attitudes toward science and its associated technologies in Turkey are intimately linked to a wide-spread ambivalence regarding the general process of the so-called "Turkish modernization." Turkey's attitudes toward modernization cannot be understood in isolation from the ever-changing interpretations about the relationship of Turkey with the "West".

One conceptualization of modernization involves an eager quest for science and technology, which are presumed to be the products of Western modernity. Therefore, to be modern requires the non-Western world to adapt science and technology to one's own society but in a way that the core of the culture would remain unaffected.[93] Technology is placed in opposition to culture in this discourse. In this discourse Turkish culture is placed in opposition to Western technology and science, and Turkish culture is presumed to be superior to the culture of the West. Therefore, while transferring technology from the West, the central concern is to protect this sense of "natural" difference, which is naturalized, against the culture of the "other." From this perspective, the adoption of technological innovations is encouraged, but only with the appropriate use of them. It is an attempt to define "national self" as native and different but also as modern.[94] Technology itself is not

[92] Meltem Ahıska, *Radyonun Sihirli Kapısı*, (İstanbul: Metis Yayınları, 2005).

[93] Margaret Lock, "Perfecting Society: Reproductive Technologies, Genetic Testing and the Planned Family in Japan," in *Pragmatic Women and Body Politics*, edited by M.Lock and P.A.Kaufert (New York: Cambridge university Press,1998), p.213.

[94] Ahıska, *Radyonun Sihirli Kapısı*, p.31

perceived as threatening; it can be used for the good of people and country, but should not be used to transform the core of culture. Otherwise, it may threaten the moral order. In this regard, the central concern seems to be its appropriate application.

In this discourse, while Turkish culture is seen as being superior to Western culture, however, the West appears superior in terms of science and technology. In a meeting of the Turkish Ministry of Education in 2008, Prime Minister Erdoğan's public speech reflects this discourse on the West: "we have adopted the West's immorality (*ahlaksızlıkları*), not its science (*ilim*)." From this perspective, technology is the desired indicator of modernity, but its adoption should be "proper;" otherwise, it may lead to "immorality," constituting a "polluted" self-perception vis-a-vis the "Other". Similarly, "inappropriate" uses of IVF in the West are emphasized in the Turkish news reports as a result of the West's "immoral culture." A news article published in a daily Turkish newspaper in 1988, when IVF was very newly introduced in Turkey, is a good example illustrating the discourse which has been functional to set the hegemonic limits of the IVF practice.

> Homosexuals aim to reproduce a generation like themselves. As gay or lesbian couples reproduce a distorted generation trough artificial fertilization, there emerge interesting couplings. With an embryo produced through in vitro fertilization of her mother's egg and her father's sperm, a girl can be a mother. Social scientists state that these technological developments create inextricably complicated kinship relations, and underline that a new generation produced via artificial fertilization is snowballing in the USA and European countries.[95]

[95] "Eşcinsel Döllenme" *Milliyet*, 30 November 1988. "Eşcinseller kendilerine benzeyen bir nesil yetiştirmeyi amaçlıyorlar. Erkek eşcinsel çift ya da lezbiyenler suni döllenme yöntemiyle çarpık neslin ortaya çıkmasına neden olurlarken ilginç çeşitlemeler görülüyor. Anne ve babasının yumurta ve spermiyle kızları suni döllenmeyle anne olabiliyor. Toplum bilimciler bu gelişmelerin akrabalık ilişkilerinde içinden çıkılmayacak bir tablo yarattığını belirtirken, suni döllenme yöntemin yarattığı yeni neslin ABD ve Avrupa ülkelerinde çığ gibi büyüdüğünü vurguluyorlar".

This paragraph seemingly gives information about the consequences of new reproductive technologies which had been practiced in the West for nearly a decade. Yet, it does not only give "information" about "reality," but also shapes "reality." It reproduces the discourse representing the West as the "immoral other" and Turkey as the "moral self" in terms of the "appropriate" and the "inappropriate" uses of technology.

In brief, IVF constitutes an acceptable form of a hybrid as long as IVF is practiced as a medical service to help married couples to have their own children, and utilizes the therapeutic vocabulary of "helping nature." In this manner, the desire to have a child is defined in terms of heterosexual intercourse between the man and the woman within a marriage unit. IVF is not allowed to be used as a "voluntary" or "cultural" alternative to "natural" heterosexual reproduction; in this way, homosexuals or single persons are excluded from the aid of the "technical" since paradoxically they do not suffer a biological or a "natural" problem. The definitions of both infertility and the couple in this frame depend not only on a medical ground, but also are derived from the local articulation of social constructions of family, reproduction, health and gender. The "healthy body" (fertile body) is defined narrowly as a heterosexually reproductive body of the couple both inside and outside of the clinic, which imply the notion that test-tube baby technology is a medical option for "every couple" suffering from infertility, but includes only those who fit into the following profile: "legally married heterosexual couple in which the woman should not be older" than a certain age (the issue of women's age will be discussed in detail later in this chapter). This may be seen as a form of governance, producing and regulating the in/fertile and non-fertile bodies

through the notion of "the couple" in its hegemonic cultural and social definition. The emergence and social management of these technologies are all part of the regulation of in/fertility and the constitution of its meanings in terms of dividing practices and boundary policing. These practices of purification and hybridization regulate the boundary between what is helping nature and what is defying it, thereby constituting "appropriate" and "inappropriate" forms of "the couple" in the field of IVF.

However, every married heterosexual couple cannot have easy access to IVF in Turkey, as in many countries. In the following section I will discuss how economic factors participate in the local practice of IVF in Turkey, thereby contributing to define who can have access to IVF in economic terms. The aim of this section is to present the socio-economic context of Turkey within which "assisting nature" is practiced via IVF.

## Economics of IVF

Having grown widely in the private health sector, in vitro fertilization nonetheless is still expensive for the average people in Turkey. A typical IVF cycle costs approximately $3,000 to $5,000 in Turkey (including medicine).[96] Although it is relatively cheaper than in other countries ($7,000 to $10,000 in the USA and Europe), its costs go beyond the means of the average purchasing power of people in Turkey where the net minimum wage is $331,[97] thereby restricting its availability to the upper and middle classes who can afford to pay the relatively high IVF costs

[96] Since there is no official figure published about the cost of IVF in Turkey, the cost range I stated here is derived from the figures announced in news articles and websites of IVF clinics.

[97] The minimum wage in Turkey was set as net 527 TL ($331) in the first half of 2009.

out of their own pocket and are able to repeat the procedure several additional times due to low success rates in the first trial. In vitro fertilization in Turkey has provided until recently an example of what Faye D. Ginsburg and Rayna Rapp call 'stratified reproduction.' They employed this term in the introduction to their seminal work entitled *Conceiving the New World Order*, "to describe the power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered."[98] They mention not only the stratification of reproduction within a country between different classes, and the exclusion of the uninsured and low income citizens or ethnic minorities; they also look at how reproduction is structured across boundaries, particularly at local/global intersections.[99] In different countries the stratified nature of IVF is enacted in different forms marked by their different social, economic and political histories. For example, as a reflection of the state's pro-natalist desires to "reproduce Jews,"[100] Israel offers a program of government-subsidized new reproductive technologies to its citizens through which all Israeli citizens - regardless of income level, religion or marital status - are entitled to unlimited rounds of IVF treatment free of charge, up to the birth of two live children.

How is the stratification of in vitro fertilization enacted in Turkey? It has been highly stratified in Turkey from its early years, but in 2005 the government passed a new law that enables state insurance coverage of IVF, by accepting IVF as

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[98]Faye D. Ginsburg and Rayna Rapp, eds, *Conceiving the New World Order: the Global Politics of Reproduction*, (Berkeley: University of California Press, 1995), p.3.

[99] Ibid.

[100] Susan Martha Kahn, *Reproducing Jews: A Cultural Account of Assisted Conception in Israel* (Durham: Duke University Press,2000).

a necessary medical treatment for the "disease" of infertility, rather than as a luxury. Access to this technology has been expanded to include lower classes that are covered by social insurance under certain conditions, and in this way the nature of accessibility of IVF in Turkey has changed in a way that also changed the definition of the couple in economic terms.

The first test-tube baby in Turkey, born in 1989, is now 20 years old. Over the course of 20 years, 40,000 other test-tube babies were born. The 2000s represents an IVF clinic boom in Turkey, with the virtual mushrooming of IVF centers throughout big cities in the country. By 2008 the number of IVF centers in the country has tripled, reaching a total number of 104.[101] The number of total IVF trials made in 2007 was 40,000 and these attempts overall cost $300,000.[102] This situation can best be described as "an epidemic of IVF centers."[103] Such rapid growth of the IVF sector in Turkey is a result of many factors. One is the coverage of IVF expenses by the state in 2005. Another is the increasing "privatization of health" under the health care transformation reform, engendering the expansion of the private health care sector. Yet another factor is the emergence of new patient activism, which emerged in parallel with the contemporary neo-liberal transformation of health. As a result of all of these developments, IVF treatment is now provided in both public and private IVF centers in Turkey.

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[101] See Appendix A for table1 illustrating the list of IVF clinics in Turkey.

[102] "2007 Yılında Tüp Bebek İçin 300 Milyon Dolar Harcandı," *Hürriyet*, 1 February 2008.

[103] Inhorn, *Local Babies Global Science*, p.128.

State Coverage of IVF

Until 2005 since infertility was not seen as a public health problem by the state, in vitro fertilization was not covered by state health care in Turkey. For authorities it was a luxury, akin to plastic surgery. However, infertility and IVF had already become public issues, and the "infertile" began to organize within their own civil organizations. As the first example of such an organization bringing the infertile together, the Çocuk İstiyorum Derneği (ÇİDER) actively engaged in attempts to persuade the government to subsidize IVF expenses. The other leading figure of these attempts for the state coverage of IVF was Fatma Şahin, as the Gaziantep Parliament Member of the political party in power, the Justice and Development Party (Adalet ve Kalkınma Partisi (AKP). In October of 2004 she prepared a "test-tube baby report"[104] implying the necessity of demonstrating the "political will" to support IVF treatment via the state health care system, and submitted it to Prime Minister Recep Tayyip Erdoğan and the related Ministries. In order to support her view, she cited some examples in her report from the previous decisions of the public authorities regarding IVF. One example she gave in her report was two recommendations of The IVF-ET Scientific Commission, dated 28 July 1992 and 19 March 2004; the other one was the decision of The Council of State (Danıştay) dated 20 September 2001. In all of these examples, the authorities accepted infertility as a medical disease and IVF as a medical treatment for infertility; and such decisions of the public authorities paved the way for the introduction of state coverage of IVF expenses. Finally with The Directive on Budgetary Practice for the Year 2005, published in the official gazette on 9 February 2005, in vitro fertilization

[104] Fatma Şahin, "Tüp Bebek Raporu".Available[online]: www.fatmasahin.net[ 13 November 2008].

was covered by state health care, implying that infertility was officially recognized as a "public health problem" and IVF was accepted as a "medical" treatment for the disease of infertility.

According to the Act of the Ministry of Health of Turkey which was issued on 11 April 2005, in order for IVF to be covered by state insurance, infertile couples must fulfill certain requirements.[105] They have to get a medical report in which their infertility and need of IVF treatment are determined and approved by a health committee consisting of related professionals of reproductive medicine in a university hospital. Thus, 30 percent of the expenses of an IVF procedure, and 80 percent of expenses of medicine used in IVF are covered by the state. There is also a limit put on drug dosages, according to which total drug dosage is not to exceed 4,500 units for three IVF cycles. In some cases, couples are required to undergo three Artificial Insemination (AI)[106] trials before undertaking IVF treatment. If their AI attempts fail, they can begin the IVF treatment. Additionally, in order to benefit from the state-funded IVF treatment, the couple should not have any previous children. Until 2008, the state covered IVF treatments of up to three IVF cycles for the infertile who are formally registered and hence covered by the state insurance system, with the stipulation that participating women be below the age of 40.

It was the civil servants who were first to benefit from state health care according to the Test-Tube Baby Bill. Then on 4 April 2005 Bağkur (Social Security Organization for Artisans and the Self-Employed) made a legal arrangement for the

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[105] Republic of Turkey, "Tüp Bebek Genelgesi," no.2005/64 (11 April 2005). Available [online]: http://www.saglik.gov.tr/TR/Genel/BelgeGoster.aspx?F6E10F8892433CFF7A2395174CFB32E1D014B919C9A344EA [13 November 2008].

[106] AI is the process by which sperm is directly placed into the female body.

inclusion of Bağkur into the state-funded IVF programs.[107] Then finally SSK (Social Security Organization) on 14 November 2005 was included in the IVF programs.[108] The order in which the three public institutions were integrated into the state-sponsored IVF programs reflects the fragmented and hierarchical structure of the public health care system in Turkey, which was based on the employment status of the beneficiaries.[109] Turkey had a hierarchical three-pieced public insurance system, consisting of three social security institutions. [110] *Emekli Sandığı* (Retirement Fund) covered employees of the State, Bağkur covered the self- employed, and SSK covered workers.[111] The common ground of these separate mechanisms was that they provided health and pension benefits only to citizens who were formally employed, but there were significant differences among these funds in terms of the substance and quality of the services they provided. However, in order to eliminate the hierarchy in public insurance system, the AKP government conjoined the three institutions under the Social Security Institution in 2006.[112] This merger is a basic

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[107] Republic of Turkey, The Act of the Ministry of Health of Turkey, no:2005/69 (22 April 2005).

[108] "SSK'dan Tüp Bebek Müjdesi"(18 November 2005) Available[online]: http://www.ntvmsnbc.com/news/349730.asp [ 15 November 2008].

[109] Ayşe Buğra and Çağlar Keyder, "Poverty and Social Policy in Contemporary Turkey," 2005. Available[online]: http://www.spf.boun.edu.tr/docs/WP-Bugra-Keyder.pdf [ 15 November 2008].

[110]Yet, not everyone is insured by one of these big institutions. In general, the poor – who have not regular jobs or have never been employed or who cannot pay their own insurance taxes - are left out of this system. Then the Green Card system was developed in 1992 in order for this group of people to be covered by the state insurance system. Thus they also benefit from state-funded IVF treatment program.

[111] Since this three-tiered system excluded almost half of the population, in 1992 the "Green Card Program" was introduced to provide health services to poor people who are not covered by any social security institution either as direct contributors or dependents.

[112] Republic of Turkey, Social Security Institution Law, *T.C.Resmi Gazete*, no.26173, 20 May 2006.

part of the Health Transformation Reform, which has been on the agenda of Turkey for years.

IVF under the Neo-liberal Health Transformation Regime

The health care system in Turkey is under transformation in line with the desired neo-liberal policies of the post-1980s. On 12 September in 1980 Turkey underwent another military coup, which introduced remarkable changes in the political and economic life of Turkey: "One of the most significant developments that characterized this period was the dramatic shift of economic policy towards a strategy of liberalization."[113] It represents a remarkable shift of philosophy concerning the role of the state in economic affairs. The health sector offers a field to trace the implications of these changes in the broader policy framework. Under the guidance of "a more neo-liberal perspective, healthcare and social security are begun to be viewed as services whose price would be determined in the marketplace on the basis of the principles of supply and demand."[114]This process involves the restructuring of the economy and the transformation of state power. This does not refer to the end of state intervention and direction. As Nikolas Rose states, "neo-liberalism does not abandon the will to govern."[115] Rather, a new form of cooperation among the state, private actors, experts and individuals is taking place. In this "new" picture, the state's main role has shifted from the provision of social

[113] Tuba I. Ağartan, "Health Sector Reform in Turkey: Old Policies New Politics," a paper presented at the 2005 ESPANET Young Researchers Workshop (July 2005), p.4.

[114] Ibid.

[115] Nikolas Rose, "Governing 'Advanced' Liberal Democracies," in *Foucault and Political Reason: Liberalism, Neo-liberalism and Rationalities of Government,* edited by, A.Barry, T.Osborne and N.Rose (London: Routledge,1996), p.57.

services toward the regulation and the financial funding of these services which are offered by private actors.

Recent transformations in the health policies in Turkey are also in line with the contemporary neo-liberal health regime of the post-1980s. It is a global trend, diffusing into almost every country all over the world.[116] Via "new health reforms" the aim is to establish an effective, accessible and high quality health care system which everybody can access, with the co-operation of the private sector, by emphasizing the urgency for re-regulation of health services and expenditures.[117] In 2003 health care reform was eventually put into practice as the "Health Transformation Reform" by the AKP government. From the very first day, "The AKP portrayed itself as a 'reform government' determined to carry out the necessary reforms that have been on the political agenda for many years."[118] This reform package is also driven by wider macroeconomic policies formed under the direct and indirect influence of the international fiscal community, the World Bank and the IMF.[119] "This economic strategy, adopted in the 1980s, aims at decreasing both the scale of the public sector activity as well as the degree of state intervention in the operation of the market."[120] Since it took office in 2002, the AKP government has actively been pursuing these neo-liberal policies. It is in this context that health sector reform has emerged onto the political agenda.

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[116] Çağlar Keyder, NazanÜstündağ, Tuba Ağartan and Çağrı Yoltar, eds., "Önsöz," in *Avrupa'da ve Türkiye'de Sağlık Politikaları: Reformlar, Sorunlar, Tartışmalar* (İstanbul: İletişim Yayınları,2007), p.7–13.

[117] Çağlar Keyder, "Giriş," in *Avrupa'da ve Türkiye'de Sağlık Politikaları*, p.33

[118] Ağartan, "Health Sector Reform in Turkey," p14.

[119]Ibid., p.12.

[120] Ibid.

With this policy, private hospitals have been designated equal status with public hospitals, and thus the state has begun to provide services through the private sector. This is the basic paradigm of the neo-liberal transformation in health; thereby the state begins to provide health services via private actors while financing them in return.[121] In this context, IVF is recognized as a public health issue and thus began to be covered by the state. With attempts to eliminate the public-private divide in the health sector, private hospitals have opened their doors to patients whose IVF expenses are covered by the state. In this manner, IVF has been integrated into the market through the help of the state. So, following state coverage and the opening of private IVF centers' doors to '*SSKlılar*' (people covered by SSK),[122] the number of IVF clinics has doubled in this period, from 50 in 2005 to 104 in 2008, and the number of IVF cycles conducted in a year doubled from 20,000 to 40,000 cycles. [123]

On 1 July 2008, new regulations regarding the state-funded IVF programs in Turkey were announced. These regulations are the part of the social security reform process accelerated in the last few years by the AKP government. Social Security Reform has been on the agenda since the beginning of the 2000s. There are two basic components of the reform. One is, as mentioned above, the merging of the three public security institutions under the Social Security Institution in 2006. The second is the Social Security and General Health Insurance Law, which introduced controversial changes into the existing social security system. Since it offers a social security system which imposes more work, more premium payments, additional

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[121] Osman Savaşkan, "Neoliberalizm ve Sosyal Politikanın Yeniden Kurumsallaşması Süreci: Türkiye Örneği," *Toplum ve Hekim* 23, no.5 (2008), p.384.

[122] "SSK'lıya 'Özel'de Tüp Bebek Müjdesi," *Milliyet*, 30 January 2006.

[123] "Tüp Bebeklerimiz Artıyor," *Birgün*, 31 January 2008.

costs and more responsibility upon citizens,[124] the Law faced serious opposition from different groups. Due to such serious opposition by diverse groups, from labor organizations to feminists, the approval of the law took a long time.[125]

The Social Security Law also introduced changes in the current practice of test-tube baby technologies in Turkey. According to article 63 of the law, the number of IVF attempts funded by the state has been reduced from 3 to 2; and a new age limit was determined for women desiring treatment, and the maximum age was decreased from 40 to 39, and a minimum age of 23 years was established for IVF treatment funded by the state.[126] These amendments came into force on 1 July 2008. This limitation in subsidized in vitro fertilization was justified by the state as a step toward reducing public expenditures in the health sector. With the implementation of the "transformation in health" policies, health care services have been increasingly opened to the private sector. Consequently, this trend in health towards the private sector has caused a great increase in health expenses despite the fact that the main goal of the reforms in the health sector was claimed to be reducing expenses.

While state-funded IVF programs became available in 2005 during the reign of the AKP government in an era in Turkey when socio-economic life is undergoing neo-liberal transformation, the ideological orientation of AKP also stimulated this process. "Family" stands at the heart of its conservative ideology. Since the existing

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[124] Gülnur Acar Savran, "SSGSS, Görünmeyen Emek ve Feminist Politika," *Amargi*, no.8, (Winter 2008), p.16.

[125] Ayşe Buğra, "AKP Döneminde Sosyal Politika ve Vatandaşlık," *Toplum ve Bilim*, no.108 (2007), p.143–166.

[126] Republic of Turkey, The Act Concerning the Law numbered 5510, Available[online]: http://www.sgk.gov.tr/sgkshared/dokuman/5510/genelge/2008_59.pdf [ 18 November 2008].

social security system is worsening under the contemporary neo-liberal system, the importance of family has been emphasized to fill in the gap left by the social state. Since childlessness is seen as a social problem threatening the integrity of family and society as well, the attempts to fund IVF programs are supported in the name of saving the integrity of family and society. In Fatma Şahin's report on test-tube baby conception we can trace the party's conservative ideology: "Since the family is the basic unity of the society, the strength of the family means the strength of the society, and the happiness of the family means the happiness of the society. As family sustains the society, children sustain the family."… "The mission of the AKP is to help childless families experience the pleasure of having a child."[127] This particular emphasis on IVF is surely part and parcel of the pro-natalist discourse of the AKP government, which recently appeared in Prime Minister Erdoğan's speech at 8 March Women's Day celebration in Uşak, where he declared that women should bear at least three children.[128] So, IVF is a good example within which the neo-liberal and conservative ideals of AKP government are combined.

Closely linked to the contemporary understanding of health and health care, neo-liberalism inspires new forms of patient activism, which I define as "active patienthood." As Nikolas Rose states, neo-liberalism is a form of rule, which involves creating a sphere of freedom for subjects so that they are able to exercise a regulated autonomy. In this manner, the neo-liberal health discourse emphasizes "*the entrepreneurial individual,"* endowed with freedom and autonomy and the

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[127] Fatma Şahin, "Tüp Bebek," Available[online]: www.fatmasahin.net. " Aile toplumun temeli olduğuna göre, ailenin sağlamlığı toplumun sağlamlığı, ailenin mutluluğu toplumun mutluluğu demektir."…"AK Parti misyonu çocuksuz ailelere çocuk zevkini tattırmalıdır".

[128] "Erdoğan: En Az Üç Çocuk Doğurun," *Hürriyet*, 7April 2008.

capacity to properly care for oneself.[129] Alan Petersen argues, "Neo-liberalism calls upon the individual to enter into the process of his or her self-governance through processes of endless self-examination, self-care and self-improvement."[130] These are the health promotion strategies through which health has become one of the key contemporary ethical values. Encouraged to take an active interest in their own health, individuals are now activated by the ideal of "*active citizenship*."[131] Rather than being merely passive recipients of medical practice, individuals are encouraged to become consumers actively choosing and using medicine in order to maximize and promote their health. Under this neo-liberal regime, active citizenship emerges as a new ethics of self, imposing "a set of techniques for managing everyday life in relation to a condition and in relation to expert knowledge."[132] It identifies an aspect of the person to be worked on, problematizes it in certain ways, elaborates a set of techniques for managing it, and sets out certain objectives or forms of life to be aimed for. [133] It can be understood as a strategy of neo-liberal governmentality through which bio-power is exercised.

Following Foucauldian analysis, power is not only a negative concept, but a productive phenomenon which structures all social relations.[134] It is "a relation

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[129] Nikolas Rose, "Government, Authority and Expertise in Advanced Liberalism," *Economy and Society* 22, no.3 (1993), p.288.

[130] Alan Petersen, "Risk, Governance and the New Public Health," in *Foucault, Health and Medicine*, edited by Alan Petersen and Robin Bunton (London: Routledge,2006) , p.194.

[131] Nikolas Rose, *The Politics of Life Itself: Biomedicine, Power and Subjectivity in the Twenty-First Century*, (Princeton: Princeton University Press,2007), p10.

[132] Ibid., p.146.

[133] Ibid.

[134] Michel Foucault, "Truth and Power," in *The Foucault Reader*, edited by Paul Rabinow ( New York: Penguin Books,1984), p.61.

between people, resulting in a specific form of governmental practice in which certain rationalities and actions come to manifest themselves as true and proper way of acting and thinking."[135] This understanding of power is summarized in the notion of governmentality, in which subjects are directed and shaped to act upon themselves and thus conduct themselves in certain ways. Thus, active citizenship imposes the responsibility for health upon the self. This idea of activism and responsibility has now become not only desirable but virtually obligatory, part of the obligation of the active citizen to live their lives through acts of calculation and choice.[136] Of course, "this new configuration has its own complexities, its own logics of incorporation and exclusion."[137] Those "excluded" from this notion of active citizenship are deemed "irresponsible" and become targets of social techniques for their reconstruction as "active citizens."

Within the contemporary neo-liberal context, active citizenship inspires new forms of active patienthood. Active patienthood is both individualizing and collectivizing. It is individualized to the extent that individuals conduct their relations with themselves within a contemporary regime of self as enterprising individuals actively shaping the course of their lives through acts of choice.[138] It may take such forms of activism at the individual level as a continual search for information, consuming specific products, changing life-styles (stop smoking, lose fat, start mediation or reiki) or undergoing treatment. Active patienthood also has a

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[135] Lene Koch and Mette Nordahl Svendsen, "Providing Solutions Defining Problems: The Imperative of Disease Prevention In Genetic Counselling," *Social Science&Medicine* 60, no.4 (2005), p.825.

[136] Rose, *The Politics of Life Itself*, p.147.

[137] Rose, "Governing 'Advanced'Liberal Democracies," p.59.

[138] Rose, *The Politics of Life Itself*, p.134.

collectivizing moment. These new forms of collective identification are described by Paul Rabinow as "biosociality"[139]. This term refers to "the certain formation of new groups and individual identities and practices arising out of these new truths."[140] Thus biomedicine has not simply changed our relationship to health and illness, but has also modified our relationship to ourselves. Paul Rabinow has proposed the concept of biosociality to characterize these forms of collectivization organized around the commonality of a shared genetic status, genetic risk and suffering. However, moving beyond genetics, the concept of biosociality can be deployed to characterize new socialities and social groupings organized around any shared experience of health and illness. For example, ÇİDER corresponds to such a form of biosocial collectivization around the experience of infertility and IVF, and involves a form of collective activism such as campaigning for better treatment, gaining more access to treatment services, and sharing experience and information.

ÇİDER: Active Patienthood and the Growth of Self-Help Organizations for IVF

In dealing with infertility, people may take several forms of actions. These may take a wide range of forms, such as undergoing assisted reproductive technologies, seeking out alternative forms of healing or joining self-help groups. In the 2000s Turkey's first self-help organization for infertility and infertility treatment, ÇİDER was established by a woman, Sibel Tuzcu, who herself has a daughter conceived in vitro after having undergone fertility treatment for more than twenty years.

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[139] Paul Rabinow, "Artificiality and Enlightenment: From Sociobiology to Biosociality," in *Anthropologies of Modernity: Foucault, Governmentality, and Life Politics*, edited by Jonathan Xavier Inda, (Malden, MA: Blackwell Publishers,2005).

[140] Ibid.

ÇİDER began as a website which was founded by Sibel Tuzcu. She previously suffered from long years of infertility and treatment. After more than twenty years trying to have a child, including more than 10 AIs and 6 IVF cycles, she eventually became pregnant with her daughter on her sixth IVF attempt in 1998. Then she decided to share her infertility and treatment experience with other people and she established a website, 'cocukistiyorum.com,' in 2000. After two years, it was legally institutionalized in 2002 as an association named ÇİDER. Since then it has become an important actor within the field of IVF in Turkey, with its support groups, informational meetings, various forms of online services and telephone support lines, and it works on and lobbies for legislation, cooperates with physicians and IVF clinics, and attempts to disseminate information about infertility and reproductive technologies, and offers adoption services as well. Now there are 45,000 active members of the cocukistiyorum.com website and 5,600 members of the Association.[141] Its members are predominantly middle class women.

The primary goal of ÇİDER is to provide information and support for people experiencing infertility. With this aim, it holds informational meetings in nearly every city of Turkey. Until now, more than 170 informational meetings have been held by ÇİDER in approximately sixty cities in Turkey, in coordination with municipalities, hospitals and social organizations. ÇİDER also provides for its members online and offers telephone support services. Lobbying for social policies related to infertility and IVF is also among the primary goals of ÇİDER. As mentioned above, it had an active role in the implementation of state coverage of

[141] Çocuk İstiyorum Derneği, "Hakkımızda". Available[online]: http://www.cocukistiyorum.com/tr/content.asp?PID=%7BED487D6A-B4E1-4468-A287-93B550B24402%7 D&PT=Hakkımızda

IVF. It also cooperates with related public authorities in the development of social projects concerning infertility, including IVF and adoption. For example, the "S*evgi Anneleri*" (Mothers of Affection) project[142] is one of these projects developed in 2005 by ÇİDER in cooperation with Social Services and Society for the Protection of Children Head Office (SHÇEK) and Turkish Ministry of Family and Woman. Through the project, volunteers visit the children's homes of SHÇEK four times a week for 2 to 4 hours and take care of the needs of children from nutrition to education for at least 6 months or up to a maximum of one year. [143]

Self-help groups can be defined in terms of "taking action."[144] Such contemporary patient movements constitute a form of identity politics and means of struggle for power. They reflect a shift to a politics of difference. Difference here refers to the experience of 'abnormality,' not conforming to the norms and definitions of "normal" due to the "failure" to conceive. This experience of difference can bring people together who share this difference, and can provide a ground for these people to undertake several forms of actions collectively.[145] These actions may offer possibilities of both personal and collective transformative experience for these people. The transformative qualities of these collective actions can influence cultural themes, institutional practices and social policy, as ÇİDER

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[142] This is a social project initiated by ÇİDER in coordination with SHÇEK in 2005. The project was immediately put into action two months after a scandal broke with the appearance of the secret camera images of physical violence in the Malatya children's home, one of the children's homes of SHÇEK, in October 2005.

[143] "Yuvalara Sevgi Anneleri Geliyor," *Radikal*, 2 December 2005.

[144] Gay Becker, *The Elusive Embryo: How Women and Men Approach New Reproductive Technologies* (Berkeley: Univesity of California Press,2000), p.102.

[145] Ibid., pp.102-103.

had actively engaged in lobbying for the enactment of state insurance coverage for IVF in 2005.

In addition to all these discussions, another aspect of the growth of self-help groups is the issue of support. The establishment of both professional and patient-led support groups is now a common feature of infertility in many countries[146] and in Turkey as well. These groups provide people with a place where they can come together, share their experiences with each other and receive support in dealing with their health problems. The existence of self-help groups provides a social context for the normalization of treatment methods such as IVF and, in our case, for overcoming the stigmas surrounding the experience of infertility and IVF. ÇİDER, for example, has contributed to the process of normalization of IVF in Turkey after its establishment in the 2000s. As Marcia Inhorn points out for the case of Egypt, self-help groups are not welcomed in Egypt, especially due to cultural factors such as the stigma surrounding infertility and IVF. So, it leads to the formation of a social environment in which infertile people are unable to access this form of support in Egypt.[147] However, it should be also noted that the support provided by self-help groups usually becomes available for the middle class since they have opportunities to have access to such groups.

After ÇİDER, many other self-help groups have been founded in Turkey in order to support those suffering from infertility and IVF patients. Two of these are *ÇARE* (Relief) and *Bebek Hasreti Derneği* (Longing for A Baby Association). The

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[146] Self-help groups designed to empower infertile people have existed in the US since 1974, The UK since 1976,Canada since 1987, France since 1988 and Italy since 1995. See Marcia Inhorn, *Local Babies Global Science*, p.258.

[147] Inhorn, *Local Babies Global Science*, pp.258–262.

scope of self-help groups in Turkey has extended from patient-led support groups to involving civil society organizations led by IVF providers. For example, there is the Association of Private Test-tube Baby Centers (Özel Tüp Bebek Merkezleri Derneği). It was founded in 2006, and is composed of obstetricians, gynecologists and embryologists. It aims to enhance cooperation and communication among IVF providers, determine the standards for the practice of IVF, and undertake the role of a mediator between the state and society and inform society about developments in the context of IVF.[148]

To sum up, the growth of test-tube baby technologies in Turkey is occurring in such a socio-economic environment. Although the highly stratified nature of IVF has been altered in favor of the lower classes covered by state insurance to some extent, the financial burden of the IVF treatment still continues to restrain the access of the lower classes. The economic status of a patient continues to have an enormous influence on the choice of the clinic, which is not optional, but depends strictly on the kind of state insurance the patient has. On the other hand, along with the growth of self-help organizations like ÇİDER, state coverage of IVF has paved the way for the "normalization" of IVF in Turkey in the 2000s as has been reflected by subsequent increases both in the number of people undergoing IVF treatment, and IVF centers.

With the increasing use of IVF technologies, infertility has become a popular subject of health. The popular press has been replete with articles describing the "disease" of infertility and IVF technologies as a miraculous cure for it. The increasing use of test-tube baby technologies has provoked a rising public concern

[148] Özel Tüp Bebek Merkezleri Derneği. Available[online]: http://ozeltupbebekmerkezleridernegi.com [ 18 December 2008].

about the dramatic increase in infertility cases in Turkey as well. How to account for the current public attention given to infertility as well as the rising urgency about "nature" which needs the helping hand of technology?

The Media and IVF: Popular Accounts of Infertility as a "Modern Epidemic"

"Rush to In Vitro Technologies"[149]

"2 million Women Waiting for IVF"[150]

"Test-Tube Has Exploded!"[151]

"Infertility On the Rise, Hope With In Vitro"[152]

The "increased" infertility is narrativized as a story of a modern epidemic,[153] which is the embodiment of modern problems of the modern body, such as "changing life-styles, habits and diet, stress and postponing having a child,"[154] producing populations that are unable to sexually reproduce without assistance. Therefore, the "medicalization" of infertility does not merely reflect changing medical knowledge and practice. Medical discourse operates within a larger social milieu both reflecting and shaping gender norms. In order to explore the relation between infertility and the specific cultural values about gender identity and ideas about fertility present in the contemporary social context of Turkey, we need to

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[149] "Tüp Bebeğe Hücum," *Radikal*, 22 May 2005.

[150] "2Milyon Kadın Tüp Bebek Sırasında" (18 August 2007). Available[online]:http://www.ntvmsnbc.com/news/417031.asp[ 20November 2008].

[151] "Tüp Patladı," *Star*, 13 August 2007.

[152] "Kısırlık Artıyor, Umut Tüp Bebekte," *Milliyet*, 30 December 2006.

[153] Shirley A. Scritchfield, "The Social Construction of Infertility: From Private Matter to Social Concern," in *Images of Issues: Typifying Contemporary Social Problems*, edited by Joel Best (New York: A.De Gruyter,1995), p.131.

[154] "Çocuk Sahibi Olmak İstiyorsanız Geç Kalmayın" (26 September 2005). Available[online]:http://www.tempodergisi.com.tr/saglik_cinsellik/08918/ [ 19 December 2008].

focus on the discourse of the "modern epidemic of infertility." The focus on this discourse will also give us a ground for investigating the change of the patient unit of IVF and infertility from "the woman" to "the couple," with the recent inclusion of men into the practices of infertility treatment. The expansion of the scope of infertility factors toward including the male body is represented and constructed in 'the infertility epidemic' discourse, by indicating a growing concern about the fertility of men in crisis. I will firstly look at how female infertility is constructed in the discourse of the infertility epidemic. Then I will analyze some popular accounts such as a reported decline in sperm counts, thus raising an alarm about the male infertility "epidemic." Drawing on these media representations of infertile couples and IVF, I will indicate how the stories told in these accounts have resulted in the "narrativization of infertility" as a major problem, in a way that female and male infertility are constructed in a highly gendered manner. What sort of "gender trouble" is produced by this discourse?

"Career Woman" and the Discourse of Female Fertility in Crisis

> "Career Ambition Causes Infertility"[155]
>
> Test-Tube baby, The Choice of the White-Collar: In modern life women now prefer to have a "Career" first. They postpone having a child because they think that they can have a child whenever they want. This is not always the case. Not all women can have a child whenever they want. Sometimes attempts take years, treatment cost millions.[156]

[155] "Kariyer Hırsı Kısırlığa Yol Açıyor" (15 July 2008) Available[online]: http://bebeksagligi.net/kariyer-hirsi-kisirliga-yol-aciyor [15 February 2009].

[156] "Kariyer de Yaparım Tüp Bebek de," *Star*, 7 January 2007. "Beyaz Yakalıların Tüp Bebek Seçimi: Modern hayatta kadınlar artık önce 'Kariyer' diyor. Çocuk sahibi olmayı ise 'Nasıl olsa istediğim zaman yaparım' diyerek erteliyor. Ancak işin iç yüzü hiç de öyle değil. Her kadın istediği zaman bebek yapamayabiliyor. Bazen denemeler yıllar sürüyor, tedaviye milyonlar akıtılıyor."

The recently renewed focus on infertility is narrated in terms of "modern problems" of the modern body. Many factors are thought to contribute to the modern epidemic of infertility. At the top of these factors is women's delaying of childbirth for education or career reasons. Other factors are thought to be the risk factors of modern life such as environmental pollution, processed foods, mobile phones, chemicals or risky life styles. Most of these factors presume a change, especially in women's bodies.

> Environmental factors may also cause infertility. Moreover, many other factors, from food additives to the spread of heat and radiation from the technological devices that you use may bring about infertility because they may damage the quality of eggs in women and sperm in men. Smoking may also have adverse affects on fertility. It may even cause premature menopause in women.[157]

In these accounts, infertile women are increasingly perceived as bringing such problems upon themselves through modern lifestyles and choices. This is a reflection of a tendency to view a woman's body and especially her reproductive capacity as a direct index of conformity or non-conformity to appropriately gendered behavior. From this perspective, it is seen that intellectual or career pursuits can potentially divert women's bodies away from reproduction. Infertility has increasingly been narrated as an epidemic of modern living. Thus, the infertile female body becomes a source of anxiety for the larger social body.

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[157] "Toplumda Kısırlık Oranı Neden Artıyor?" (10January2009). Available[online]: www.bebecik.net/toplumda-kisirlik-orani-neden-artiyor-8 [15February 2009]. "Çevre faktörleri de kısırlığa neden olabiliyor. Bununla birlikte yiyeceklerdeki katkı maddelerinden, kullandığınız teknolojik aletlerden yayılan ısı ve radyasyona kadar bir sürü faktör, bayanlarda yumurtaların, ekreklerde spermlerin kalitesini bozduğu için kısırlığa yol açabiliyor. Sigara kullanımı da doğurganlığı olumsuz etkiliyor. Kadınlarda erken menepoza dahi yol açabiliyor."

In the popular media, today's modern woman image is often described as a "superwoman"[158] who is supposed to be good at everything: at her career, housekeeping and mothering. It is assumed that modern women can manage to balance her roles of working-woman and mother. A popular slogan for this kind of woman was developed in the advertising of a famous brand of sanitary pads: "I can have both a career and a child!" (*Çocuk da yaparım kariyer de*!). While undertaking all of the social responsibilities of modern life, it is affirmed that she does not have to worry about her "fertility." Everything is under control!

However, the expansion of IVF services and "increased" infertility on the other hand have begun to create a rising concern about "non-reproducing women" and has led to the belief that female infertility is increasing as a result of her increasing participation in various aspects of modern life. Medical professionals have begun to warn women about the decreasing fertility at later ages: "Don't postpone childbearing!"[159] We are now faced with "warnings" in both medical and popular texts. The issue has been handled in the newspapers and magazines under such titles: "Don't postpone childbearing for a career"[160]. They say that if women postpone childbearing, then the slogan would be transformed into: "I could have a career and a test-tube baby!" [161]

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[158] "Süper Kadın Yoktur, Süper Dayatma Vardır" (16 November 2007). Available[online]:http://www.bianet.org/bianet/kategori/kadin/102958/super-kadin-yoktur-super-dayatma-vardir%20[15 February 2009].

[159] "Anneliği Ertelemeyin," *Takvim*, 16 January2008; "Anne Olmayı Ertelemeyin" (28 May 2005) http://www.ntvmsnbc.com/news/266060.asp.

[160] "Kariyer Yapma Uğruna Anneliği Ertelemeyin," *Sabah*, 30 July 2004

[161] "Kariyer de Yaparım Tüp Bebek de," *Star,* 7January2007

In the quarterly magazine, *Family and Society* (Aile ve Toplum), which is published by the Prime Ministry of Turkey, the General Directorate of Family and Social Research (Başbakanlık Aile ve Sosyal Araştırmalar Genel Müdürlüğü) has also recently addressed the same issue:

> We are living in a century in which communication and interaction have rapidly increased and there have been extraordinary technological and informational changes. These formations, which have many economical, social, political and cultural influences, markedly affect our social lives and interactions. The institution of the family, which regulates human relations and social life, is also affected by these changes.[162]

In the article, these changes are defined as "current risks to the family institution," which include an "increasing rate of divorce, single-parent families, unmarried unions, homosexual marriages, and resistance to having a child." Thus, women's "resistance" to have a child constitutes a "current risk to the family institution." In such popular images, childlessness is presented as the "choice of the individual, and mostly it directly or indirectly refers to the female individual." It is assumed that modern woman delays childbearing for such reasons as "individualism, selfishness, the desire for a career or just the desire to enjoy life," but, as modern individuals, they should make reasonable decisions, exercise them and take responsibility of their actions.

In the way the infertility epidemic is narrativized, it is therefore always the middle class woman whose fertility becomes the focus. The work of bio-power, as it is embedded within social relations, is shaped by such social factors as class, gender

[162] Ünal Şentürk, "Aile Kurumuna Yönelik Güncel Riskler," *Aile ve Toplum* 4, no. 14(April-May-June 2008), p.7. "İletişim ve etkileşimin arttığı, değişim ve dönüşümün hızlandığı, bilimsel bilgi ve teknoloji alanında olağanüstü gelişmelerin ortaya çıktığı bir yüzyıl yaşanmaktadır. Ekonomik, sosyal, siyasal ve kültürel alanlardabüyük bir etki yaratan bu oluşumlar, sosyalhayatı ve insan ilişkilerini derinden etkilemektedir. İnsan ilişkilerini ve sosyal yaşamını düzenleyen birkurum ve çevre olan aile de bu durumdan etkilenmektedir."

and ethnicity. Therefore, while modern middle class woman is represented as being "less fertile," lower-class woman's body embodies "over-fertility," which is often the target of family-planning programs. Faye Ginsburg and Rayna Rapp's concept of "stratified reproduction" is also useful here in order to describe the power relations by which some categories of people are empowered to nurture and reproduce while others are disempowered. The authors give as an example that low-income African mothers often are stereotyped as undisciplined "breeders" who exhaust the resources of the state through incessant demands on welfare; but still they would be accepted as "good enough" nurturers to work as childcare providers for other more privileged class and ethnic groups. Through such "stratifying" discourses and practices "some reproductive futures are valued while others are despised."[163] Signaling the specifically reproductive failures of middle class women, infertility discourse involves a language of "race suicide."[164] The discourse of the infertility epidemic appears to stabilize such differences that are hierarchically arranged in the social order according to class and ethnicity.[165] It performs two roles simultaneously in response to crises of modernity: stabilizing the meaning of class and ethnic differences while providing a reactionary response to the changing roles of women and meanings of gender. In this discourse, middle class women are regarded as unwilling or incapable of bearing many or any children, while low class women are the ones who give birth easily and often. So, "white" middle class

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[163] Ginsburg and Rapp, eds, *Conceiving the New World Order,* p.3.

[164] Laura Briggs, "The Race of Hysteria: 'Overcivilization' and the 'Savage' Woman in Late Nineteenth Century Obstetrics and Gynecology," *American Quarterly* 52, no. 2 (2000), p. 246–273.

[165] Here I use the term "race suicide" in a broader sense that encompasses not only racial differences but also class differences.

women's childlessness as a symptom of modern life is encoded as a danger to the social order.[166] Operating within such a larger social milieu, the discourse of infertility is based upon a medical image of the female body which contributes to the way the female body is seen and interpreted.

## Negative female body image

In the medical discourse male and female reproductive organs are depicted as systems for the production of substances such as egg and sperm that are valuable for reproduction.[167] The picture produced by this discourse relies on stereotypes central to our cultural definitions of the male and the female. In scientific accounts, the male is described as the lucky one in "nature" since it is assumed that his reproductive system can produce millions of sperms per day in his lifetime until his death without being subject to a "fate of decay" like a woman. On the other hand, in the case of the woman, her reproduction system is mostly defined in terms of a "failure."[168] The "modern infertility epidemic" discourse is based upon this negative female body image, which makes reproduction a matter of urgency for women.

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[166] Given in the meeting of an AKP's women's branch in Uşak in March 2008, Prime Minister Erdoğan's speech on 8 March, calling for women to give birth to at least three children can be also evaluated as a form of language of "race suicide." "Turkey currently has a young population, but if current trends continue it will be aging by 2038. Western societies are currently facing an aging population problem. Every family should have three children if we wish to preserve Turkey's young population. I have four children and I wish I had more. Children are a blessing," he said. According to Erdoğan, the current decreasing trend in the birth rate constituted a potential danger to both the political and economic power of Turkey. He described this current trend as a way to "exterminate the Turks." As a response to this danger, he said that women should have at least three children. Feminists criticized Erdoğan's speech with a slogan: "Bana bak Başbakan, tepemizi attırma, kendin yat kuluçkaya, 1 Türkçük 2Türkçük 3Türkçük doğurmaya" ( Look here, Prime Minister! Incubate yourself! For giving birth to one little Turk, two little Turks, three little Turks!)

[167] Emily Martin, "The Egg and The Sperm: How Science has Constructed a Romance Based on Stereotypical Male-Female Roles," *Signs* 16, no.3(1991), p.486.

[168] Ibid.

The monthly cycle of women is described as "being designated to produce eggs and prepare a suitable place for them to be fertilized and grown,"[169] for the making of babies; but in the end when fertilization does not occur, menstruation begins as a "death of tissue." So, female reproduction is defined as naturally designed to be an "inevitable decay." Unlike man, woman is depicted as "unlucky" by nature. At birth, female ovaries contain an estimated number of one million eggs, and no new ones are produced after birth. In contrast to the male, only a few of the eggs she has before birth remain in the newborn female body, and in her reproductive age she "loses" every month one of these eggs, first the high quality ones. This process ends with menopause which is usually defined in terms of loss and deficiency. Thus, the female body is constructed in terms of "waste," "loss," and the "inevitable fate of decay." This fate of decay that all women have to face and deal with is associated with menopause in terms of "the loss of the eggs." [170]

From this perspective, menopause is linked with infertility in a way that all women are placed in a "risk group," and by referring to the "decay or loss of ability to reproduce," being at the age of 35 and above is regarded as a "risk factor" for women.

> Today it is found that there are three vital ages for women. One is the age of menstruation. Second is the age of menopause when they cease to menstruate. The third one is the age of 37, or more simply the age of 35. After 35 the number of eggs in the ovaries begins to sharply decline.[171]

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[169] Ibid.

[170] Ibid.

[171] Bülent Gülekli, *99 Sayfada Tüp Bebek*, p.8. "Bugün kadınlar için 3 tane önemli yaş olduğu ortaya çıktı. Bir tanesi, ilk adet gördükleri yaş. İkincisi, adetten kesildikleri menopoz yaşı. Üçüncüsü de 37 yaş, daha da basitleştirelim 35 yaş. 35 yaşından sonra yumurtalıklar içerisindeki yumurta sayısı anlamlı şekilde azalıyor."

> Modern medicine has determined three important age periods which make a mark on women's lives. According to the medical specialists who designate the age of 35 and over as critical, in addition to the age of menstruation and menopause, for women since it is the age when the number of eggs in woman's body starts to decline sharply, the shortage of the ovarian reserve gives rise to premature menopause.[172]
>
> Medical specialists especially pay attention to fact that that after age 35, the possibility to get pregnant declines.[173]

According to the figures depicting IVF success rates, "the age of a woman" plays a critical role. The success rate of IVF is determined in terms of "women's age." Mustafa Bahçeci, one of the most famous IVF doctors in Turkey directing a private IVF center in Nişantaşı Istanbul, describes how the success of IVF changes according to a woman's age in an interview with *Sabah*, a Turkish newspaper: "In our IVF program, the rate of pregnancy at IVF cycles is 62 percent for woman at the age of 40 and below while it dramatically decreases to 25percent for women above the age of 40."[174] The age of women has also been taken into consideration in determining the basic principles for state coverage of IVF. While the upper age limit for state coverage of IVF expenses was 40 for women in the first legal document regulating the conditions for state insurance coverage of IVF, it was decreased to 39

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[172]"Kadınlarda Üç Önemli Yaş Belirlendi" (28 May 2005).Available[online]: http://arsiv.ntvmsnbc.com/news/234851.asp [15 February 2009]. "Modern tıp, kadın yaşamına damgasını vuran üç ayrı yaş dönemi olduğunu belirledi. İlk adet ve menopoz dönemlerinin yanı sıra yumurta sayısında şiddetli bir düşüşe geçilen 35 yaş ve sonrasının önemine işaret eden uzmanlara göre, yumurta rezervinin azlığı, erken menopoz habercisi sayılıyor."

[173] "Yumurtalarınız Kaç Yaşında?" (7June 2007)Available[online]: http://arsiv.ntvmsnbc.com/news/402070.asp[ 16 February 2009]

[174] "Tüp Bebekte Başarı Oranı Yüzde 62," *Sabah*, 31 May 2005.

in the recent legal amendment in July 2008. In such a social and medical context, women are warned "not to be late in becoming a mother"[175].

When this knowledge is associated with women delaying childbearing, the issue seems to be figured out, especially for women: "If your age is 35, hurry up and undergo IVF without delaying it."[176] Such warnings in the media usually target "career women." In other words, if women pursue their career, they might reproduce via in vitro fertilization. While the medical discourse contributes to discourse of infertility by producing such a "negative female body image," IVF appears as a modern technology offering a medical cure to fix the modern problems of the modern female body. In this process, obstacles to reproduction are redefined as nature's failures which could be any problem in the natural body preventing nature from fulfilling its reproductive function. When this is the case, IVF offers a helping hand for nature to fulfill its function. In short, it is the way the discourse of "nature's failures" is constructed and "naturalized" based upon this medical image of the female body, and subsequently provides justification for the operation of the discourse of infertility as a modern epidemic.

Although in these popular representations, infertility is usually associated with the female body and defined as a problem of the female body, with recent developments in IVF technology, male infertility has also been included among the subject matters of reproductive medicine. This recent "discovery" of male infertility has been reflected in the discourse of a crisis in fertility, in a way that the relationship between masculinity, reproduction and sex is reconfigured.

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[175] "Anne olmak İçin Geç Kalmayın" (19 November 2007). Available[online]: http://www.ntvmsnbc.com/news/425785.asp[ 16 February 2008]

[176] "Yaş 35 İse Acele Etmeli," *Radikal*, 2 December 2005.

"Alarming Decline in Sperm!": Masculinity under Threat

Since IVF has begun to be offered for male infertility, we increasingly encounter medical and popular accounts announcing the urgency of the issue. The headlines of newspapers proclaim an "increase in male infertility"[177] even surpassing the rates of female infertility. Now, many media reports inform us that men are producing less sperm, thereby showing "the seriousness of the male reproductive crisis."

"The Number of Men Undergoing Infertility Treatment On the Rise!"[178]

"Low Sperm Quality Sending out SOS!"[179]

"Sperm Counts Drop by Half, Male Infertility On the Rise!"[180]

"New Nightmare of Men: Woe! My Sperm Count is Decreasing!"[181]

These news reports involve scientific reports in order to legitimize their conclusions by appeals to science and scientists. In this way, a consensus begins to develop that sperm counts in males are "alarmingly" in decline. These popular accounts are important to give an insight about how the relationship between fertility and masculinity is represented and constructed.

The urgency and seriousness of the male reproductive crisis is further emphasized by presenting the possible causes of declining sperm counts. There are

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[177] "Erkeklerde Kısırlık Artıyor," *Sabah*, 19 June 2004.

[178] "Kısırlık Tedavisi Gören Erkekler Arttı" (1July 2005). Available[online]: http://arsiv.ntvmsnbc.com/news/330177.asp

[179] "Düşük Sperm Kalitesi S.O.S Veriyor" (24 February 2008). Available[online]: http://www.bisohbet.com/dusuk-sperm-kalitesi-sos-veriyor.html. Quoted from *Hülya Dergisi(n.d.).*

[180] "Sperm Sayısı Yarıya Düştü, Erkeklerde Kısırlık Artıyor."*Akşam*, 29 January 2006.

[181] "Erkeklerin Yeni Kâbusu: Eyvah Sperm Sayım Azalıyor!" (8 August 2007). Available[online]: http://www.haberx.com/n/1039073/erkeklerin-yeni-kbusu-eyvah-sperm.htm.[17February 2009].

several reasons stated for explaining the supposedly dramatic rise in male infertility. Some reasons are seen as being the results of wrong life-style choices like smoking or alcohol use. Yet, the great emphasis is put on "chemicals" by claiming that modern men are surrounded by a "great sea of estrogens."[182]

"Environmental Pollution Transforming Men!"[183]

According to this headline, environmental pollutants are transforming men, but into "what"? The answer is "into a woman." In this newspaper report, based upon the results of a scientific research published in *The Independent*, a British newspaper, it is stated that environmental pollution is "weakening the male species both in humans and animals." The research seems to show that the "fundamental characteristics of men are under threat because in recent years both humans and animals are dramatically exposed to more than 100 new chemicals." Some changes in animals are used to prove these claims: being exposed to environmental chemicals, "male crocodiles have had less testosterone and more estrogen, deer have had damaged testicles and male mice have produced almost no sperm." For human beings, it is also concluded that when pregnant women are heavily affected by such chemicals, "their boys tend to play with dolls and a toy tea set."[184]

In this respect, declining sperm counts are closely linked to synthetic estrogens and other environmental pollutants. Men may be also subjected to the risks of these chemicals by using ordinary consumer goods such as computers and

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[182] Celia Roberts, "Drowing in a Seas of Estrogens: Sex Hormones, Sexual Reproduction and Sex," *Sexualities* 6, no.2 (2003).

[183] "Çevre Kirliliği Erkeği Dönüştürüyor," *Radikal,* 8 December 2008.

[184] Ibid.

mobile phones or they can even be affected by food or clothes which have become so "chemicalized." These chemicals seem to change the structure and functions of the male reproductive system, causing a decrease in male sperm counts. The nature and extent of the crisis is suggested through a comparison with previous generations, and aim to emphasize the seriousness of the current crisis:

> In recent years, there has been a marked increase in male infertility, because sperm counts and quality are incredibly decreasing. This issue was brought up firstly as a result of research conducted in Denmark in 1991. It stated that in the last fifty years men's sperm counts have dropped by half. Recently, Norwich Union Healthcare in England has also declared that "One of every 10 men has an infertility problem." Although it is not exactly known what has caused the weakening of sperm in the last years, experts state that it can result from such environmental factors as hormones in food, smoking and alcohol use, the weakening of chromosome Y, agricultural chemicals and radiation.[185]

Therefore, such chemicals are considered to be sperm-killers. Through these accounts, men are represented as the sperm, and any threat to the sperm is represented as a threat to men in particular and to masculinity in general. Thus, men are positioned as vulnerable and threatened by environmental pollutants in a way leading to the "feminization of men." The fertility crisis is constructed to be not only simply a declining fertility but also a crisis in the hegemonic conception of what it means to be a man.[186] This is clear from the way in which environmental chemicals

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[185]"Sperm Sayısı Yarıya Düştü, Erkeklerde Kısırlık Artıyor," *Akşam*, 29 January 2006. "Son yıllarda erkeklerde kısırlık çok daha dikkat çekici bir artış gösteriyor. Çünkü sperm sayısı ve sperm kalitesi gittikçe azalıyor. Durum ilk kez 1991 yılında, Danimarka'da yapılan bir araştırmayla ortaya konulmuştu. Araştırma son 50 yılda erkeklerin sperm sayılarının yarı yarıya düştüğünü ortaya koyuyordu. Geçtiğimiz günlerde İngiltere'de Norwich Union Healthcare'in yaptığı açıklama da aynı noktaya parmak bastı: "Her 10 erkekten birinde kısırlık problemi var." Ancak spermin son yıllarda güç kaybetmesinin nedeni kesin olarak açıklanamıyor. Yine de uzmanlar hormonlu gıdaları, sigara ve alkol tüketimini, Y kromozomunun zayıflamasını, tarımsal ilaçlar ve radyasyon gibi çevresel etkenleri, bu durumdan sorumlu tutuyor."

[186]Kenneth Gannon, L.Glover and Paul Abel, "Masculinity, Infertility, Stigma and Media Reports," *Social Science and Medicine*, no.59 (2004), p.1172.

are linked to estrogens. This connection can be seen in the headlines to some news articles on the declining sperm counts:

"Chemicals Feminize Men!" [187]

"Chemicals Killing Masculinity!"[188]

The panic regarding fertility as represented in these accounts depends on a cultural understanding of sex differences as antagonistic. The description of estrogen as a female hormone is based upon the notion that the possession of estrogen is exclusively a female characteristic, even blurring into "a form of homophobic boundary policing."[189] So, chemicals are associated with "female hormones," which acts as a threat to male sexuality. Exposure to such female hormones is perceived as threatening the essence of masculinity because any changes in hormones are presumed to affect male identity, thereby leading to the "feminization of men." In this formulation, sperm is personalized in a way that an intimate relationship is established between a man and his sperm so that any damage to the sperm is perceived as damage to the man's reproductive capacity and his masculine identity.[190]

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In conclusion, to cope with these new "facts of life"[191] IVF seems to offer numerous techniques to assist with the reproductive activities of both men and

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[187] "Kimyasallar Erkekleri Kadınsılaştırıyor" (12 December 2008). Available[online]: *http://arsiv.ntvmsnbc.com/news/468570.asp*[17 February 2009].

[188] "Kimyasallar Erkekliği Öldürüyor!" *Radikal*, 7 December 2008.

[189] Roberts, "Drowning in a Sea of Estrogens," p.204.

[190] Gannon, Glover and Abel, "Masculinity, Infertility, Stigma and Media Reports," p.1173.

[191] Franklin, "Postmodern Procreation," p.348.

women. While scarce, immotile or immature sperm is injected directly into the egg to produce embryos, and women are hyper-ovulated with large doses of hormones to produce eggs for this procedure. In this chapter, I dwelled on the local production of IVF in Turkey in terms of legal, economic, religious and social factors that are involved in this local practice. Within this field of interaction, appropriate and inappropriate uses of IVF are constructed, and in this process infertility is described as a medical disease, IVF is defined as a medical treatment, and sufferers of infertility are considered as patients. Although women are more subjected to such medico-scientific technologies, male fertility malfunction has also become a recent object of such technologies. With the inclusion of men, "the couple" has emerged as a new patient unit of infertility and IVF technology. I discussed, in this chapter, the local articulation of "the couple," producing "appropriate" and "inappropriate" definitions of the couple within the "hybrid socio-scientific" field of IVF. In the following chapter, I will discuss "the couple" as a hybrid form of individuality, which emerges within the field of IVF as a result of the operations of specific processes of purification and hybridization.

# CHAPTER III

# THE MAKING OF "THE COUPLE" IN IVF

Within the techno-medical field of IVF it is increasingly the couple, rather than the woman, that is considered to be the patient unit of infertility treatment. The previous chapter was dedicated to the discussion of how the construction of the couple has a local character, involving the local articulation of social, economic and cultural factors. In this local context, "married heterosexual couple" is legally and morally accepted in Turkey as "appropriate" for having access to IVF.

Since infertility has begun to be described as a couple's problem rather than only the woman's problem, the couple refers to a strange entity which embodies not only a blending of nature, technology and society but also a combination of two individuals as one. In other words, a man and a woman who make up a couple are counted as one, as one patient unit of IVF. As discussed in the previous chapter, this process of hybridization is a result of the purification process in which "the so-called biological facts of sexual reproduction are produced to confirm the rigid binarism of sex categories by encoding them as pre-existing 'natural' differences"[192]. Through this process, the combination of the man and the woman as a couple is "naturalized" as a scientific fact by rendering invisible the roles of socio-cultural, political and economic factors in the construction of the couple. Based upon this so-called "natural difference," the couple is treated as a gender-neutral category.

[192] Franklin, "Biologization Revisited," p.308.

The emergence of the couple is informed by the recent inclusion of men in the epidemic of infertility and its treatment. So, it is assumed that with the inclusion of the man, the woman no longer has to shoulder all the burdens of infertility and infertility treatment process. Now both the man and the woman are supposed to share "equally" all of the medical, social and psychological burdens of infertility and IVF. From this perspective, the couple as a patient unit is treated as gender-neutral in a way that it seems to secure "gender equality between the man and the woman." In this respect, IVF is encouraged as a method of modern infertility treatment, offered to infertile couples as modern individuals for curing the "disease of infertility." In this way IVF is regarded as more modern than the "traditional solutions" in society which "victimize" women, such as men opting for a fellow wife (*kuma*). Thus, the process of "becoming a couple" in IVF by promising a supposed gender-equality is seen to contribute to the modern identity of the individuals who use IVF.

However it should be asked how this process of 'making a couple' is experienced by the couples themselves? I find particularly the responses of women significant because they can be helpful in revealing the possible effects of the changing position of women in the medico-technological reconfiguration of reproduction. They also offer a ground for contesting these changes and highlighting the politics of gender underlying these changes. In this chapter I will focus on women's accounts of how they experience the "making and becoming a couple within the IVF context." These accounts also revolve around some themes related to the way men interact with and are involved in IVF. While talking about their partners' experiences, these women construct their self-identity and the very notion

of being a modern couple in this context. By focusing on these accounts I will indicate how these women respond to the processes of purification and hybridization through which the couple emerges as a highly gendered category within the field of IVF.

## The Emergence of "the Couple" in the Context of In Vitro Fertilization

Test-tube baby technology was initially developed in the late 1970s and introduced to Turkey in late 1980s, with the aim of overcoming the problem of blocked fallopian tubes which prevented women from getting pregnant. In this context, there was little confusion about who was the patient. With the inclusion of other techniques into this field, especially the development of ICSI (Intracytoplasmic sperm injection)[193] as a variant of IVF for the treatment of male-factor infertility, the range of forms of infertility has been extended, including various female factors, male factors, both male and female factors and unknown infertility factors. Currently, infertility is defined as a problem of a couple who cannot naturally achieve conception after one year of trying through unprotected sexual intercourse. Based upon this description, it is assumed that the share of male and female factors causing infertility has been "equalized" within the individual patient of "the couple." It is estimated that female infertility accounts for about 30 percent of all infertility cases, male infertility accounts for about 30 percent, and the

[193] ICSI refers to a recently developed procedure in the field of assisted reproductive technologies, in which a single sperm is injected directly into an egg, using a glass micro-pipette.

remaining 40 percent is due to either both male and female factor infertility or to unexplained factors leading to infertility.[194]

This shift of the focus from infertility as a female-factor disease to one as a problem of the couple can also be traced through the changes in the legal regulations of the practice of test-tube baby technologies in Turkey. The first legal regulation of in vitro fertilization in Turkey dated 21 August 1987, refers to "women" as the patients of IVF: "married women who failed to get pregnant." With the change in the regulation on 19 November, 1996, the patient unit of the IVF treatment was replaced by the "married couple who failed to have a child." This date corresponds to the time when ICSI was introduced to overcome "male- factor infertility." Since then infertility has begun to be defined as a problem of "the couple," not only of the woman, thereby expanding the scope of infertility, its treatment and the conception of the patient.

## The Making of "the Couple"

As discussed in the previous chapter, with the introduction of IVF, infertility has increasingly been medicalized, becoming a medical disease that can be treated. Yet, although infertility has been viewed as a disease, it differs from the traditional definitions of illness in some significant ways. Firstly infertility refers to a liminal state, because infertility is not really a pathological condition, instead it is the absence of a desired condition - having a child. Infertility is "variously conceptualized as itself a disease, a symptom of a disease, a cause of disease, a

[194] "Kısırlık(İnfertilite) Nedir?".Available[online]: http://www.istanbultupbebek.net/kisirlikvetupbebek.asp#[15 October 2008].

consequence of a disease, and as not a disease at all."[195] Due to that ambiguous definition of infertility, a couple without any physical symptoms can be regarded just as infertile as a couple in which one or both members have obvious fertility impairment. The common point of these couples is only their inability to conceive.

Furthermore, although a disease is usually seen as a phenomenon affecting one individual patient, the patient unit of infertility is the couple, which involves the blending of two bodies, male and female. By deploying the Latourian term, Irma Van der Ploeg describes the construction of the couple in IVF as a "hybrid form of individuality."[196] In her article, she focuses on two fields within reproductive medicine and technology, IVF and fetal surgery, and examines the emergence of two new types of patients in these two fields: the couple and the fetus as "hybrid forms of individuality." They both depart from the conventional notions of what counts as an individual patient. The couple in IVF and the fetus in fetal surgery have come to be considered as independently identifiable and treatable patients: "Significantly they have emerged as such in contexts where women now are being medically treated for problems that used to belong to others, that is, for problems that used to be their children's and male partners'."[197] These new constructs challenge the traditional understanding of the individual patient, and render unclear precisely whose selves or whose bodies, and to what extent are involved. In other

[195] Sandelowski and Lacey, "The Uses of a Disease: Infertility as Rhetorical Vehicle," p.35.

[196] Irma Van Der Ploeg, "Only Angels Can Do Without Skin: On Reproductive Technology's Hybrids and the Politics of Body Boundaries," *Body and Society* 10, no.2-3 (2004), p.153-181.

[197] Ibid., p.156.

words, it becomes unclear how many selves and bodies are involved in the treatment process.[198]

Following Van der Ploeg's formulation, I define the emergence of the couple within the techno-medical context of IVF as a hybrid form of individuality. I argue that to name the couple as a hybrid provides us with a vantage point for problematizing what is camouflaged as a natural, and furthermore a gender-neutral, entity through the purifying discourses and practices of medical power.

Contributing to the ambiguity of the couple, IVF is regarded as introducing a sort of 'equality' between the man and the woman in terms of the couple being the "infertile patient" in IVF. This supposed equality between the man and the woman works to veil the gendered nature of the couple by promising new claims of modernity such as becoming modern couples. In this way, instead of "traditional solutions" IVF is presented for the infertile couples as a more "modern" way to handle infertility.

> "In Vitro Reducing 'Kuma' in the South East of Turkey"[199]
>
> "It is Argued that Women Empowered by In Vitro in the South East!"[200]
>
> "In Vitro Contributes to Women's Rights"[201]

As can be seen in the above headlines of some news articles, IVF has been promoted as a modern technology for dealing with infertility. Since modern couples are seen as the subjects of IVF, the man and the woman are thus in theory sharing

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[198] Ibid.

[199] "Tüp Bebek Uygulaması Güney Doğu'da Kumayı Azalttı,"*Vatan*, 23 August 2008.

[200] "Güneydoğu'da Kadının Gücü Tüp Bebek Sayesinde Artmış!" *Radikal*, 27 May 2008.

[201] "Tüp Bebek Kadın Haklarına Katkıdır," *Yeni Şafak*, 17August 2007.

the burden of infertility and the treatment process in a way that would favor women. *Vatan* and *Radikal* base their news articles upon an interview with Dr. Zeki Akkum who has practiced IVF in Diyarbakır since 2004. Akkum argues that "childlessness is a serious social problem" especially in the Eastern part of Turkey and "it constitutes one of the main reasons for men opting for a fellow wife." Then referring to an interview with Mazhar Bağlı, a sociologist in Dicle University, it is underlined how the introduction of IVF contributes "to demolish the taboos regarding childlessness in this region," particularly "the taboo that it is only the woman who is responsible for childlessness." Mazhar Bağlı states that "thanks to IVF people have learned that infertility can be due to both the man and the woman." It has begun to be perceived as a couple's problem, not as only a female problem. Since men have realized that they can also be the infertile spouse, it becomes meaningless for them to get married to another woman. According to these articles, instead of opting for a second wife, IVF emerges as a proper solution for these couples. As a result, "IVF relieves women's fear of a fellow wife coming in," in Dr. Zeki Akkum's words. Additionally, it is stated that since people in this region live in extended families, the childless woman as well as man are more likely to encounter pressure from several family members like the mother- in-law, the husband's sisters and others. IVF offers women relief from such family pressure. In short, IVF is represented in these articles as a great "contribution to women's rights"[202] since it represents infertility as a couple's problem, whose burden is supposed to be shared equally between the wife and the husband.

[202] From an interview conducted by *Yeni Şafak* with one of the more famous IVF doctors in Turkey, Dr. Teksen Çamlıbel in the daily *Yeni Şafak*. "Tüp Bebek Kadın Haklarına Katkıdır," *Yeni Şafak*, 17 August 2007

Yet, we need to retrieve what gets unrecognized and excluded in this gender-neutral definition of the couple within the context of IVF. Which experiences and pains are ignored in this process of 'becoming a modern couple'? How is the inclusion of men in the IVF process perceived by women themselves? Which pains and desires do these women have in relation to IVF while they are being treated as a "couple"?

## How is "Becoming a Couple in IVF" Experienced and Narrated by Women?

In this section I will focus on women's narratives of IVF and the way they narrate their experiences of in vitro fertilization processes as a couple. The emphasis will be on the ways in which women talk about men's involvement in and interaction with assisted conception processes. By focusing on women's accounts regarding how men interact with and are involved in IVF, I aim to reveal what gets unrecognized and excluded in the construction of the couple and thereby highlight the gendered nature of its construction. I see these narratives not just as a way of transmitting some already articulated words and ideas, but also as a productive process, reconstructing experiences and producing selves. While the women are narrating their husbands' involvement into the treatment process and their experiences as a couple, they are producing stories about their relation with technology, medicine and society, in which their sense of selves and the meaning of being a couple as well as the very notion of being a modern couple are redefined in this context. These accounts reflect the subjects' investments in the practice of in vitro fertilization in Turkey.

## Men's Involvement in the Process according to Accounts of Women

In the accounts of the women whom I listened to, we can point to three key themes about the ways men are involved in and interact with the IVF treatment process. They are the husband as a sperm provider, the supportive husband and the husband who does not talk. Through these themes I seek to reveal what "becoming a couple" in IVF, which embodies desires and pains, as well as expectations and fears, means for women.

### 1.The Husband as a Sperm Provider

#### Sperm Provision in IVF

In an IVF trial, both egg and sperm need to be taken outside of the body for the purpose of fertilization in the lab. Therefore, the provision of a sperm sample from the male body is an important part of the procedure. Men are requested to give their sperm sample after three to five days of sexual abstinence. They are asked to place their sperm sample in a plastic cup via masturbation in a special room dedicated to sperm collection in the clinic or the hospital. If there is no sperm in the sample, surgical operations can be performed in order to find sperm in the testis.

In order to determine the infertility treatment protocol, the sperm sample is collected for the purposes of diagnosing the infertility factor. A sperm sample provided by the man is evaluated in terms of certain parameters. These are some basic parameters, which are approved by the World Health Organization (WHO) for designating the "healthy sperm" to be used for fertilization. There are mainly three

parameters: sperm count, motility and morphology (form).[203] Sperm count measures how many sperm exist in a man's sperm sample. Anything over 20 million sperm per milliliter is considered normal. The WHO criterion for normal motility is that at least 50 percent of the sperms in the observed sample should propel themselves normally. Finally a sample is defined as normal if 30 percent or more of the observed sperms have normal morphology (form). If there is a problem with the sperm, men are asked to undergo medical treatment or a surgical procedure, such as a varicose operation which is the most common. The husbands of the twelve women I interviewed had reproductive malfunction. All of them were diagnosed with low sperm counts, together with low sperm motility in two cases and with abnormally shaped sperm in one case. As Emine and Aynur mention below, many husbands had been subject to medical treatment for their fertility problems:

> Emine: My husband's (sperm) was a little immobile, so he took some drugs and it increased a little.[204]
>
> Aynur: His (sperm count) was a little low. We went to another doctor. The doctor said that 'surgery' was needed. He underwent an operation, but it did not help either.[205]

Giving a sperm sample also garners a different meaning in the accounts of the women who benefitted from the state insurance system in order to undergo IVF. In this context, sperm analysis is one of the requirements of the state insurance system for the IVF treatment in order for IVF to be covered by the Insurance.

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[203] World Health Organization, *Laboratory Manual for the Examination of Human Semen and Sperm-Cervical Mucus Interaction* (New York: Cambridge University Press,1999).

[204] Interview by author, tape recording, İstanbul, Turkey,"Eşiminkinin hareket azlığı vardı. İlaç kullandı. Biraz düzeldi."

[205] Interview by author, tape recording, İstanbul, Turkey, 15 March 2008. "Onun az çıktı. Başka doktora gittik. Doktor ameliyat dedi. Oldu. Ama işe yaramadı."

According to the medical parameters determined for diagnosing male infertility, the sperm sample taken from the man has to be measured and the medical report given to the couple, which is required by the state health care system. For example, Aliye who works as "a house cleaner" says that she works to save money for another treatment cycle in a private clinic. After three failed cycles, they have used up their quota of three cycles covered by the state (the quota of three cycles covered by the state was reduced to two cycles in July 2008). She stated that her husband gave a sperm sample for analysis, one of the requirements in order to get 'the report' from the commission of doctors at the university hospital.

Another woman, Çiğdem complained that IVF had become a difficult process of continually visiting the hospital for her husband since it is a requirement to examine the man as well:

> The man… He also starts (the treatment) at the same time. He is going to the andrology or whatever else while I am coming here. Separate tests... I mean I go through different medical examinations while he goes through other examinations. He takes medication, and they give him other medications, and they examine him.. According to it (the analysis) his condition is evaluated. Meanwhile he is examined; I mean my husband frequently visits the hospital. Because I…for example let us suppose that he should use a drug for 15 days. 15 days after using the drug they call… It passes just in that way. You give a sample to be analyzed, but you cannot get the results quickly. A week later… I wish I could get the results immediately when I come, everything would happen be more quickly.[206]

Sperm is collected not only for the purpose of diagnosing the male factor in infertility, but also for the purpose of fertilization in the lab during an IVF cycle.

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[206]Interview by author, tape recording, İstanbul, Turkey, 27 June 2008. "Erkek… Zaten aynı zamanlarda başlıyor. O androloji mi ne o oraya başlıyor ben buraya. Ayrı tahliller… Yani bana ayrı tetkikler uygulanıyor eşimin ayrı. İşte ilaç kullanıyor, ona da ilaç veriyorlar, işte tahlil veriyorlar. Ona göre durumunu değerlendiriyorlar. O sırada onun da tahlilleri falan oluyor, yani eşim de bayağı gidip geliyor. Çünkü hem ben… Mesela diyelim ki bi ilaç kullanacak, 15 gün kullanması gerekiyor 15 gün sonra arıyorlar… Öyle öyle geçiyor yani. Tahlil veriyorsun hemen çıkmaz. Bir hafta sonra... Keşke hemen geldiğim zaman alabilsem daha çabuk olur her şey."

The same day when hormonally stimulated eggs are removed from the ovaries of the woman under general anesthesia, the man is also asked to give his sperm sample, and the sperm are prepared for fertilization with the eggs in the lab. After the fertilization is realized in the lab, the produced embryos are transferred into the uterus of the woman. Aynur describes this process in this way: "That day they (the doctors) call your husband, and you go (to the hospital) together. While the eggs are being collected, your husband is there too because he gives his 'analysis' (sperm sample). After that, (embryo) transfer is performed."[207]

"*Man Just as a Sperm Provider*," Gendered Experience of IVF

When I asked the women how the men usually were involved in the IVF process, most of them defined the men's role merely as a "sperm provider." According to the women, in vitro fertilization is a procedure which is performed on the female body, even in the cases of male factor infertility. Türkan is one of these women. She complained that all the IVF procedures are performed on her body although the cause of infertility is her husband. Her husband has an alcohol problem, and he is suffering from a low sperm count. According to Türkan and the doctors as well, if he quits drinking alcohol, their entire infertility problem would come to an end. She thinks that as long as he drinks alcohol, they cannot have a child and they have to undergo IVF. From her experience of IVF, Türkan has realized that even if there is a male reproductive malfunction, IVF is performed on the female body and this makes IVF easy for men:

[207]Interview by author, tape recording, İstanbul, Turkey,15 March 2008. "O gün eşini çağırıyorlar, beraber gidiyorsun. Yumurta toplanırken eşin de olduğun için eşin de tahlil veriyor. Ondan sonra transfer yapılıyor."

> For men it is another easy thing. Even I told him that before I came here (laughing). Like I said we live in the village. Because there is still stuff to do, he is now waiting in the village, he is waiting for my call to come here. It is me who has shouldered all the burden of IVF here, it is me who has taken all the injections and undergone all the medical examinations. He only comes and just gives sperm, that's all. There is nothing much performed on the man during IVF. I mean it is the woman who experiences all the difficulties. There is not much done by the man.[208]

Infertility is defined as a problem of the "individual couple" but most of the infertility treatment procedures are conducted on the female body since the female body is perceived as the source of reproduction as well as the failure of it. For example, Nilay was diagnosed with Polycystic Ovary Syndrome.[209] In further steps, her husband was also examined and diagnosed with a low sperm count: "He was diagnosed with a low sperm count. However, they (the doctors) did not see it (the low sperm count) as a problem. Mainly the problem is in me."[210]

Nilay also adds that "giving a sperm sample is probably a bizarre situation for men as well." The act of giving a sperm sample constitutes the main bodily experience of men with the in vitro fertilization treatment process. IVF is a global technology but is inflected by the local culture of where it is used. For example, the social context in which gender and body are constituted affects the way men's involvement in and interaction with IVF technology. In her study on men's

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[208]Interview by author, tape recording, İstanbul, Turkey, 26 June 2008. "Vallah erkeğin bir de o rahatlığı var. Hatta daha şimdi gelirken ona dedim(gülüyor). Köyde yaşıyoruz ya. Şimdi işler bitmedi, o şimdi köyde bekliyor yani onu çağırmamı bekliyor. Bütün zahmeti çeken benim burada, iğneleri vurulan benim, muayenelere giren benim. O işte sadece gelip spermini veriyor, o kadar. Erkekte yapılacak bir şey yok yani bu tüp bebekte. Yani burada bütün sıkıntıyı kadın yaşıyor diyebilirim yani. Erkekte fazla bir şey yok."

[209] An endocrinological disorder affecting women in which the ovaries are stimulated to produce excessive amounts of ovarian cysts. Its name also comes from the existence of these multiple ovarian cysts. In fact, these 'cysts' are actually immature follicles (eggs), not cysts.

[210]Interview by author, tape recording, İstanbul, Turkey, 26 March 2008."Sperm sayısında azlık dendi. Ama bunu çok sorun etmediler. Esas olarak problem bendeydi."

experiences of semen collection in the IVF treatment process in the infertility clinics of Egypt and Lebanon, Marcia Inhorn discusses how cultural discourses on the male body and masturbation shape male's embodiment of IVF technology.[211] She thus takes male experiences into consideration as well. Although I did not include male patients directly into my research, this does not mean that I completely ignored this aspect of IVF. Since my research focuses on women's experiences, I have tried to examine male experiences from the perspectives of women.

Every woman I interviewed described the man's role during IVF in a very similar fashion. According to these accounts, it is the female body which is the main target of medical interventions during IVF:

> Aliye: Not too much is done to the man in fact (*laughing*). A blood test is required for the insurance, that's all. When my eggs are collected, the stuff (sperm) is taken from my husband, that's all. No other procedure, nothing else is done. That's all that's done to him as far as I know. [212]
>
> Leman: Nothing is done to the man; he just gives his sperm, that's all. Nothing else is done![213]
>
> İlknur: As far as I can see, he is not doing much.[214]
>
> Zerrin: Actually the man is not involved so much in the treatment process. Whether the problem is with the man or with the woman, the man is not involved so much in IVF. Of course in order to rectify the problem some medical interventions are also undertaken on the man, such as surgery. However, in our case, it (surgery) was not

[211] Marcia C. Inhorn, "Masturbation, Semen Collection and Men's IVF Experiences: Anxieties in the Muslim World," *Body and Society* 13, no.3(2007), pp.37–53.

[212] Interview by author, tape recording, İstanbul, Turkey, "Erkeğe pek fazla bişey yapılmıyor aslında(gülüyor). Kan tahlili falan isteniyor Sigorta'dan, o kadar. Yumurtlarım toplandığı zaman eşimden de şey alınıyor, o kadar işte. Başka işlem bi şey yapılmıyor yani. Ondan o kadar diye biliyorum yani."

[213] Interview by author, tape recording, İstanbul, Turkey,26 June 2008. "Erkeğe pek bir şey olmuyor, sadece sperm alınıyor, o kadar yani. Başka bir şey olmuyor."

[214] Interview by author, tape recording, İstanbul, Turkey,26 June 2008. "Anladığım kadarıyla, pek bir şey yapmıyor yani."

> necessary because he has a very low sperm count. I mean, the doctors said that even if he undergoes treatment, it cannot be fixed. You have to trust (them) that you have no alternative, unfortunately. If you start IVF, the man during the IVF process doesn't have any treatment, no drugs, nothing. Since we have the motherhood thing, the carrying thing, I mean pregnancy, even if you are healthy, all of the hormonal drugs, injections and so on, all of these are applied to you (women). Of course it is difficult. However, the only thing the man does is to give sperm after the eggs are collected (from the woman).[215]

Since infertility is defined as a problem of the couple, women are treated for their husband's infertility and medical interventions on their bodies are "legitimized" as appropriate and effective therapeutic and diagnostic procedures. Canan's account is an example of how what is done over the female body is reduced to the status of diagnostic procedure and thus remains unrecognized.

After waiting one year Canan decided to go to a doctor (gynecologist) in order to understand why they had failed to have a child. Most of the women first went to a gynecologist. In this way, the focus is thus put on the female body in the initial step. Generally, men are included in the process in following steps. When she went to the doctor, only Canan was examined by the doctor for "discovering" the cause of infertility, and her husband was not involved in the diagnostic process. Since the diagnosis was made according to the results of tests conducted on her body, at the beginning their problem was defined as female factor infertility, and according to this diagnosis a specific treatment protocol was followed by the doctors. Later, a sperm analysis was required, but it was said that "there is nothing

[215] Interview by author, tape recording, İstanbul, Turkey, 28 June 2008."Erkek tedavi sürecinde çok fazla bulunmuyor aslında. Problem onda da olsa bayanda da olsa çok fazla katılmıyor yani tüp bebekte. Tabi problemi ortadan kaldırmak için erkeğe de müdahaleler yapılıyor bazen işte ameliyatlar vs. Ama bizde ona bile gerek duymadılar çünkü sayı olarak oldukça düşük. Yani tedavi olsa bile bu sayıyı düzeltemeyeceklerini söyledi doktorlar. Güvenmek zorundasınız başka da alternatifiniz kalmıyor ne yazık ki. Onun haricinde eğer tüp bebeğe başladıysanız erkek bu süreçte hiçbir(gülüyor) tedavi, hiçbir ilaç, hiçbir şey görmüyor. Yani annelik, ya da ne bileyim taşıyıcılık, hamilelik bizde olacağı için sağlıklı da olsanız bütün hormon ilaçlarını, iğneleri vs bütün şey size uygulanıyor. Tabiî ki zor oluyor biraz. Ama erkeğin yaptığı tek şey yumurta toplama olayından sonra sperm vermek."

wrong (with the sperm)". Based on the diagnosis of female factor infertility Canan underwent an IVF trial. When it failed, she went to another doctor, and this doctor did not accept the sperm analysis that had been made for her husband before, because it was not done properly according to this doctor. A new sperm sample was taken from her husband and according to this sample it was realized that he had a low sperm count:

> They asked Mehmet to come (to the clinic) again. The analysis was done again and from that analysis it was understood that the problem was with Mehmet. It was understood that there was no problem with me…It (the problem) was with Mehmet. He had both abnormal sperm form and a low sperm count.[216]

When I asked Canan how men get involved in the treatment process and what is done to men during IVF, she answered that the man just gives his sperm and in fact the procedure is conducted on the body of the woman.

> B: How is the man involved in the treatment process, what does he do?
> Canan: The man just gives sperm, once. The analysis is done. And again the transfer thing… On that day when the eggs are collected from me, he gives sperm again. There is nothing else, like using medication, required of him.
> B: Is it different from what women experience?
> Canan: Of course, it is different from what women experience. I mean, this procedure… It doesn't matter whether or not the 'fault' is with the woman because the procedure is conducted on the woman, it is done to the woman. I mean, the woman lives through (it), the man goes through nothing. I mean… Excuse me, they just put a cup into his hand and send him off (laughing). There is nothing else. [217]

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[216] Interview by author, tape recording, İstanbul, Turkey, 31 March 2008."Tekrardan Mehmet'i istediler. Tekrardan tahlil yapıldı ve orda sorun Mehmette olduğu anlaşıldı. Bendehiçbir sorun olmadığı anlaşıldı."…"Mehmette çıktı. Mehmette hem şekil bozukluğu ham spermde azlık vardı."

[217] Interview by author, tape recording, İstanbul, Turkey, 31 March 2008.
B: Erkek tedavi sürecine nasıl katılıyor, neler yapıyor?
C: Erkek sadece bir kere sperm veriyor. Tahlil yapılıyor. Ve yine transfer şeyi... Benden yumurta toplandığı gün yine sperm veriyor. Başka onun herhangi bir ilaç kullanımı şeyi yok yani.
B: Kadının yaşadıklarından farklı mı?
C: Tabi, kadının yaşadığından farklı oluyor. Yani bu işlem… Kadında kusur olsa da olmasa da kadına yapılacağı için işlem, işlem kadına yapılıyor. Yani kadın görüyor, erkek hiçbir şey görmüyor. Yani, affedersin, eline bir bardak veriyorlar gönderiyorlar (gülüyor). Başka bir şey

What was performed on Canan's body until her husband was diagnosed with a low sperm count was thus reduced to a diagnostic procedure. Yet, all of these medical procedures during IVF are comprised of invasive bodily interventions for women. The stories of women undergoing IVF reveal various themes of embodied suffering that is experienced usually as a result of various kinds of painful bodily procedures in IVF, and the repetition of these procedures in IVF treatment last several years. Therefore almost all of the women describe the IVF process as a "difficult", "stressful" and "exhausting" process.

For example, taking hormones emerges as an important part of women's stories about IVF. Almost every woman takes more than three kinds of medication during a single IVF cycle. Therefore, during the IVF process women are subjected to a complicated drug-taking regimen. With hormonal treatment it is aimed at stimulating the development of multiple eggs in the woman's body during a single treatment cycle, supplanting the woman's ongoing monthly production of one ovum. A typical hormone protocol involves approximately 10 or 15 days of injections. Throughout a typical IVF cycle women can receive hormones through injection, orally and vaginally, but injection is the most common way of taking hormones. Hormone injection is usually given in the hip or abdomen. Women are taught by the nurses how to inject their daily shots. Women undergoing hormonal stimulation protocol under close monitoring receive injections of hormones daily or once every two days to mature several eggs. In some women the ovary responds to hormonal stimulation with maturation of one or two eggs, in others up to twenty or thirty.

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yok yani.

Hormonal drug taking associated with IVF is thus an intense experience for women, involving daily injections and ultrasound scans of ovaries and blood tests, as well as checking hormone levels. Furthermore, various side effects may accompany this intense hormone-regimen process. Although most women who take these hormones as a part of IVF complain of side effects, they are too often downplayed by scientists and doctors as a minor burden of the treatment. Although women believe that hormone use is necessary in IVF and it serves to "fix" something in their bodies, they have complaints about using them due to a number of uncomfortable side effects of hormones, which emerge in women's accounts in different forms and to varying degrees. Women mention a range of adverse reactions to hormones in their bodies, including "getting fat, having a swollen body and pain caused by intense daily injections or emotional mood swings".

In contrast with how the stages of the IVF treatment are experienced by the women, in the medical texts these bodily lived procedures are also reduced to the status of preparation, necessary to start with the "real" treatment in the lab. In other words, those aspects of IVF treatment that are experienced bodily by these women are excluded. This exclusion is reflected in the phrases employed to define the procedures of IVF: "hormone stimulation protocols," "egg retrieval" and "embryo transfer."

As Irma Van Der Ploeg explores in her provocative essay, through such discursive mechanisms reducing women's lived experiences of IVF to the diagnostic or preparatory procedures, the couple is defined as a gender-neutral phenomena and gendered embodiment of IVF remains unrecognized.[218] Therefore, it is important to

[218] Van der Ploeg, "Only Angels Can Do Without Skin," p.157–162.

focus on such gendered discursive mechanisms that redraw the boundaries between the male and the female within the construction of the individual couple.

Husband or Sperm Provider?

In the accounts of women, the role of the man in IVF usually is described as merely being a sperm provider. However, it is clear that the sperm symbolizes more than just reproductive material, which gives us reason to look more closely at how the relationship between "husband" and "sperm provider" is established in a way that the ideals of family, sexuality and gender are ascribed to the "sperm." Through this relationship, we have to see to what extent the practice of IVF is portrayed as "assisting nature" rather than "defying nature."

During IVF, the man and the woman are involved in the treatment process as the providers of reproductive materials in a non-organic way that fertilization occurs in the lab, outside the female body and without sexual intercourse. Yet it does not mean that this non-organic way of conceiving is performed merely as a medical act in the lab. In practicing, narrating and experiencing IVF, society's "organic" values of family, gender and parenthood are ascribed to this "non-organic" act of conceiving; through such transaction between the domains of the 'organic' and the "non-organic," IVF is produced as a hybrid. The concerns about the sperm within the context of IVF offer a ground to explore how these "organic" ideals of family, gender and parenthood emerge in association with IVF. The main concern is if the husband's sperm will be accidentally replaced by another man's sperm, which threatens both the ideals of gender and family by simultaneously contributing to the reconstruction of them. From this respect, the man is closely associated with his sperm, and any mistake about his sperm seems to cause a threat to his masculinity as

a husband within marriage. This association between the man and his sperm raises concerns about in vitro fertilization and leads to the stigmatization of IVF.

Whose sperm? : Disembodied masculinity and Stigmatization of IVF

Although all forms of third-party donation are both religiously and legally forbidden in Turkey, as discussed in the previous chapter, IVF is nonetheless related indirectly to the issue of donation. Since in the practice of IVF the sperm and the egg are removed from the body, this generates an anxiety that his sperm may accidentally be replaced by another man's sperm. Such concerns surrounding IVF is thus tied to the possibility of morally illicit third-party intrusion into the marriage unit, especially another man's sperm, which would lead to the potential stigmatization of the resultant in vitro baby. This issue is closely tied to discourses on and concerns about third-party donation revolving basically around the themes of *zina*, incest and *nesep*, as explored in detail in the second chapter. Although women are certain that they are "doing nothing wrong!" the judgments or allusions by others disturb them in numerous ways. Disapproval of IVF can originate from people outside the family or even from husbands and husbands' family members.

> Canan: My friends… everybody sees a test-tube baby as something made with someone else's (sperm).[219]

In the waiting room of a public hospital, I had a short conversation with a woman who was coming from Gebze to İstanbul three to four times a week for her first IVF cycle. She mentioned how they face stigmatization everywhere, even in the hospital. One day while she was walking around in the hospital's yard waiting for

[219]Interview by author, tape recording, İstanbul, Turkey, 31 March 2008. "*Yani arkadaşlarım… Mesela tüp bebek denince herkes şey zannediyor tüp bebek işte başkasından alınıp yapılan şey olarak görüyor insanlar.*"

the end of the lunch break for the doctors, she met a woman coming to visit a relative who had recently given birth in the obstetrics unit of the hospital. She mentioned her dialogue with this woman as an example of the stigmatization surrounding IVF:

> There are people who see in vitro-conceived children in a negative light. Just like in the hospital's yard I talked with a woman, and she asked me how I could agree to have a test-tube baby, how my husband could permit it. Because I was a woman with a headscarf, she said these things to me, I think. There was another woman with me, she explained to that woman how it is made with our own sperm (and egg), which are combined and implanted. Such reactions come from people.[220]

Some of the women I spoke with also faced the disapproval of their husbands for IVF treatment, and they discussed how they tried to persuade their husbands to let them begin the treatment. It has taken years for some women to persuade their husbands to let them receive IVF treatment. Türkan underlines the family's influence on the husband's decision. When the man's family is also against IVF, it becomes even more difficult for a woman to convince her husband. Türkan lives in a village in Tekirdağ, and both the husband and wife are farmers. After going through many ups and downs of separating and coming-together, she has "succeeded" in convincing her husband that they should get IVF treatment after 15 years. At the time she had come from Tekirdağ to İstanbul for her first IVF cycle.

> Türkan: At the beginning he (her husband) was against test-tube baby.
> B: Why?
> T: I don't know. A few years ago, people thought that with in vitro fertilization, the sperm was taken from another man and implanted into the woman; they were afraid of that. That's why he had a bad

[220] "Tüp bebeğe kötü bakanlar var. Hastanenin bahçesinde bir kadınla konuşurken kadın bana nasıl tüp bebek yaptırıyorsun dedi, nasıl izin verdi eşin dedi. Beni türbanlı gördü ya öyle diyor. Başkası vardı yanımda o da yok dedi kendi spermleriyle birleştirip koyuyorlar dedi. Böyle tepkiler geliyor."

opinion about it. However, it has now become commonplace. We listen and watch shows about this on almost every channel on the television, and it has been said that anything like that act (mixing) is forbidden. After hearing this, he finally agreed, 15 years later (laughing). His family was also against it. It was difficult to convince them. It was hard for me to convince my husband and his family. We have been married for 15 years now. We have lived through lots of things, we even came to the verge of breaking up. He realized that he was losing me… I mean, I came to that point, because I had gone through too many things.
B: What kinds of things?
T: Difficulties… His family acted in a similar way as well… The family is very important in this issue. Since we live in a village, our husbands refer to their elders about this. When you talk about a test-tube baby, they say ok it is test-tube baby but whose (sperm) will be used! When a mother and father tell their son such a thing, he gets distanced from this business. [221]

Aliye also talks about how her husband was prejudiced regarding IVF in the beginning: "In the beginning, he was saying something like that it (IVF) was done using another man's sperm. He meant that the egg was fertilized with someone else's sperm, not the husband's sperm. It was known like that."[222]

Naciye also tells a similar story about her experience:

B: How are test-tube babies perceived by people?

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[221] Interview by author, tape recording, İstanbul, Turkey, 26 June 2008.
T: İlk başlarda çok karşı çıktı tüp bebeğe.
B: Neden?
T: Ne bileyim. Eskiden işte tüp bebeği sanki spermi başkasından alıp da kadına koyuyorlar düşüncesi vardı insanlarda, bunun korkusu vardı. O yüzden buna biraz şey bakıyordu, iyi bakmıyordu yani. Ama şimdi tabi daha yaygınlaştı. Televizyonlarda neredeyse her kanalda bunları duyuyoruz seyrediyoruz ve böyle bir şeyin yasaklandığını artık söylediler yani. Bunun üzerine kabul etti sonuçta, 15 yıl sonra(gülüyor). Bir de ailesi de biraz ters bakıyordu. Onları kandırmam biraz zor oldu. Eşimi, ailesini ikna etmek biraz zor oldu. 15 yıllık evliyiz şu anda… Çok şeyler yaşadık biz, ayrılma dönemlerine kadar geldik yani. Baktı ki artık beni kaybediyor yani… Ben buralara kadar geldim çünkü çok şeyler yaşadım yani."
B: Ne tür şeyler?
T: Sıkıntılar ya… Şimdi mesela onun ailesi de aynı şekilde... Zaten biraz da aileler çok önemli bu konuda. Bir de biz köy yerinde yaşadığımız için daha çok eşlerimiz büyüklerini dinler bu konuda. Şimdi tüp bebek mesela denildiği zaman tüp bebek ama acaba kimden konulacak! Bunu bir ana bir baba oğluna dediği zaman o, bir o kadar daha uzaklaşır o işten yani.

[222] Interview by author, tape recording, İstanbul, Turkey, 29 May 2008."Öncelerde mesela şey diyordu (eşi), mesela başka birinin spermiyle oluyor gibisinden. Hani kendi eşinin spermi değil de başka birinin spermiyle yumurta dölleniyor gelişiyor diye. Öyle duyuluyordu."

> Naciye: Not in a good way. Some people say it is not your husband's sperm, that there is some mixing going on. There was also some news about such things on television. But my own family, even my father, did not have such views about it… My husband also didn't want a test-tube baby. But because I insisted so much, he finally gave in.[223]

Although the women realize that they are doing nothing wrong, some of them discuss their encounters with stigmatization because they are IVF patients, by referring to the widespread public misunderstanding of IVF. Therefore they develop their own strategies to deal with the stigma surrounding IVF. For the most part the strategies developed by these women focus on: "to tell or not tell." When a situation is potentially stigmatizing, individuals manage information about themselves in their social interactions. They control what others can know about them. Thus they try to manage to whom and under what conditions things have to be told. This leads to dilemmas of disclosure for some women who are the patients of IVF-treatment.

In my research, I did not encounter examples of absolute secrecy. In other words, there was no case in which the IVF treatment was kept a secret strictly between the wife and husband. Rather, I found that the women generally conduct selective disclosure, thus controlling any information shared with others. Keeping the issue in the family is generally the most desired option among the women I spoke with, and they related that it was their mothers, sisters and other close family members whom they prefer to inform. In other words, they share information

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[223]Interview by author, tape recording, İstanbul, Turkey,27 June 2008.
B: Peki tüp bebeğe bakış nasıl?
N: İyi değil. Eşinizin spermi olmaz diyor bazısı. Karışıyor gibisinden. Televizyonda da o tarz şeyler çıkmıştı. Ama o şekilde yani bakış açısı ailem bir şey yapmadı da babam falan… Eşim de istemedi tüp bebek. Ben fazla ısrar ettiğim için, sonra etti.

regarding their IVF treatment only with the members of their own families, keeping it secret from their husbands' families.

Feelings of intimacy can also extend to friends. Some of these friends are previous or recent utilizers of IVF technology, making it easier to discuss their IVF experiences. However, in some situations selective disclosure is rarely possible. Some women mention the fact that living in a community like in a village or *mahalle* (neighborhood district) for a long time, or working in the same place for years makes it harder for them to keep their treatment secret from people because not only her "childlessness" but also her regular everyday visits to the clinic can easily become common knowledge.

The dilemmas concerning disclosure may also involve concerns about the future stigmatization of children conceived in vitro. Since IVF is morally charged with a stigma due to the anxiety that third-party sperm may corrupt insemination, children born via assisted conception might be considered potential "bastards" because of the means of inseminating the egg, suggestive of the potential dangers of *nesep* confusion. Çiğdem mentioned how she was careful in disclosing information since she worried about the stigmatization of her future test-tube baby. According to her, her child could be questioned by others for his/her test-tube baby origins, or even the child might her/himself question his/her own origins by asking "Was I conceived in vitro, how did I come into being, from what did I originate?" So she stated that if she does have a child via this treatment, she will not disclose this information to her child in order to protect him/her from her/her future friends, or from any person who might hurt her/him for her/his in vitro origins. She worried

that because of such negative reactions her future child might develop psychological problems, and that these may even affect his/her educational life.

Stigmatization of children conceived via test-tube baby technologies actually surfaced in the 1990s in Turkey, for example in football stadiums. "Test-tube baby" was used as a metaphor, as part of the abusive language employed by Galatasaray fans against Fenerbahçe fans, targeting the president of the Fenerbahçe Sports Club: "Ali Şen's son is a test-tube baby."[224] I also witnessed in my research that some women have been subject to such negative remarks about the origins (*nesep*) of their IVF children in their daily social interactions.

Canan, after three failed IVF cycles, got pregnant in the fourth IVF cycle and gave birth to twins who are now 3 years old. She describes what kinds of reactions she has been subjected to coming from some people who know that her twins were conceived utilizing IVF technology:

> B: Have you ever faced negative reactions from people in vitro conception?
> C: Yes. For example, someone told me that if I were you, I would have a DNA test done. In order to be sure if the child is really mine or not, I would have a DNA test, she said. I was pregnant, close to giving birth, when she said this to me.
> B: Have you ever had any doubts?
> C: I have no doubt. I never had any doubt. After they were born, when you see they look like you, and my children look like their father and his family, you have no doubt. 'Even if it were so, what could I do, I carried them in my own belly, gave birth to them (laughing), I suckled them, so they are mine' I said to her. Think about that, even if I had a doubt, and if I had a DNA test and the result said that they were not my own children, what would I do? Would I put these children on the street? Is this possible?
> B: Why do people say things like this?
> C: Because sperm can be taken from someone else and it (in vitro embryo) can be made.
> B: They say that about the egg?

[224] I am thankful to Can Açıksöz for mentioning me about this event.

C: Not for the egg, but always for sperm, people always think that the sperm has been taken from someone else.
B: What about the mixing of eggs?
C: People do not think that the eggs may be mixed. They do not consider that. Besides, in Adana... In Adana, at the Faculty of Medicine, it (mixing of sperm) happened[225]. After it was made public, people began to say things like that. For example; recently my neighbour's mother-in law was here. It was one or two months ago. When my neighbour said they were test-tube babies, 'Oh, are they really test-tube babies?' she (the neighbour's mother-in law) asked me. "Yes they are, aunt!' I said. 'I didn't know that,' she said. You learned now, does it matter whether you learned that now or before! (laughing). 'How do you know they are yours?' she said. There are still such people talking in this way, there are ignorant people! [226]

## Modern Identity Work in the Face of Stigmatization

The fact that IVF in Turkey is morally loaded with stigma has led to some interesting and paradoxical results. On the one hand, IVF technologies are

[225] This event was named the "sperm skandal" in the media. The event occured in the Cukurova University Faculty of Medicine Hospital in Adana in 2003. The doctors were accused of getting female IVF patients pregnant with someone else's sperm. The doctors were sentenced to three years imprisonment.

[226] Interview by author, tape recording, İstanbul, Turkey,31 March 2008.
B: Tüp bebek konusunda olumsuz tepkilerle karşılaştınız mı?
C: Evet. Mesela birisi bana dediki senin yerinde olsam DNA testi yaptırım dedi. Bunlar benden mi değil mi diye DNA testi yaptırırdım dedi. Hamileydim doğumuma yakındı, bunu bana söylediğinde.
B: Şüpheye düşürüyor muydu?
C: Ben şüpheye düşmedim. Hiçbir zaman şüpheye düşmedim. Doğduktan sonrası zaten sana benzediğini görünce ki benim çocuklarım daha çok babasına benziyor, o tarafa benziyor, hiçbir şekilde şüphem olmadı. Bir de dedim ki yani napalım öyleyse bile sonuçta ben karnımda taşıdım doğurdum (gülüyor) ben emzirdim benimdir dedim yani. Ya bir düşün, şüphem bile olsa gidip bir DNA testi yaptırsam çıksa benim çocuğum olmadığı, ne yapacağım sokağı mı atacağım ben bu çocukları, sonuçta böyle bir şey var mı?
B: niçin böyle diyorlar?
C: ya sperm başkasından alınıp yapılabilir diye.
B: Yumurta için söylüyorlar mı?
C. Yumurta için değil de hep sperm için, insanlar hep onu düşünüyor başkasından alınacağı spermin.
B: Ama yumurtanın karışabileceğini?
C: Yumurtanın karışabileceğini şey yapmıyor insanlar. Onu kondurmuyor yani. Bir de Adana'da... Adana Tıp Fakültesi'nde yapılmış o olay. O da ortaya çıkınca insanlar daha çok böyle şey yapmaya başladı. Mesela geçenlerde komşumun kayınvalidesi vardı. Bir-iki ay öncesi tabi. Komşum bunlar tüp bebek falan dedi. 'Ahh bunlar tüp bebek miydi' dedi bana. "Evet, teyze" dedim. "Ben yeni öğreniyorum" dedi. Eh öğren ne olcak ki (gülüyor) senin yeni ya da eski öğrenmiş olman neyi ifade etçek. "Sen peki nerden biliyorsun senden olduğunu"dedi. Düşün hala bu şekilde söyleyenler var yani, cahil insanlar var.

increasingly becoming part of ordinary life, even for lay people who have no experience with infertility and IVF technologies. On the other hand, stigmatization still continues to be a persistent component of in vitro fertilization in Turkey. Among my informants, stigmatization of IVF was not mentioned by women who are middle class, have high school or university degrees and are working white-collar jobs. On the other hand, some lower middle class women describe their experiences of IVF in terms of stigmatization in their daily social interactions. How and under what circumstances stigmatization occurs and is negotiated reflects the complex nature of IVF in Turkey.

When the incorporation of such global technologies into local contexts is discussed scholarly, it is generally examined in terms of two main local responses: IVF seen as a sign of modernity or as a source of stigma. For example, in China[227] it is perceived of as a sign of modernity; in Egypt[228] it represents a stigmatizing practice. Marcia Inhorn describes such different perceptions of IVF in different local contexts as the very heterogeneity of local responses to this globalizing technology.[229]In other words, the introduction of a global technology into a local context does not lead to immediate "normalization" of this biomedical practice. In Turkey, IVF has increasingly become a part of everyday life, but has not immediately been normalized. The normalization process requires a series of negotiations, such as concerning the stigma surrounding IVF. In this thesis I argue

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[227] Lisa Handwerker, "The Politics of Making Modern Babies in China," in *Infertility Around the Globe*, edited by M.Inhorn and F. van Balen (Berkeley: University of California Press, 2001),p.298–314.

[228] Inhorn, *Local Babies, Global Science*.

[229] Ibid, p.247.

that IVF is accepted as a modern technology in Turkey, and its use is narrated by women as constitutive of modern identity. Therefore, I claim that the issue of stigma in women's narratives serves the purpose of acquiring or maintaining a modern identity. I have observed in my research that while some women talk about stigmatization as part of their experience of IVF, others talk about the "absence of stigmatization" in their accounts of IVF. These heterogeneous responses coming from the women reflect the differences in their social backgrounds; however, these differences in women's narratives are structured through a similar narrative line, which constructs their "modern identity." Employing Catherine K. Riessman's term, it is the modern "identity work"[230] done by women while talking about their experiences of IVF. It is the way women interpret their IVF experiences "to communicate how they want to be known."[231] In other words, when we tell stories about events in our lives, we perform our preferred identities.[232] Educated middle class women reconstruct their modern identity by narrating the absence of stigma of IVF in their daily lives in a way that helps to describe the people around them, including especially their husbands and themselves as modern people who do not stigmatize IVF. On the other hand, in other women's accounts, their encounter with stigmatization of IVF in their social interactions works as a means of distinguishing themselves from "those people who are stigmatizing IVF." They describe these people in such words as "*cahil, köylü, bilinçsiz, kendini geliştirmeyen*" (as ignorant,

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[230] Catherine Kohler Riessman, "Positioning Gender Identity in Narratives of Infertility: South Indian Women's Lives in context," in *Infertility around the Globe*, edited by Marcia C. Inhorn and F. van Balen(Berkeley: University of California Press,2002), p.152.

[231] Ibid.

[232] Kristin Langellier, "You're Marked: Breast Cancer, Tattoo and The Narrative Performance of Identity," in *Narrative and Identity*, edited by J.Brockmeier and D. Carbaugh (Amsterdam: John Benjamins,2001), quoted from C.K.Riessman, "Positioning Gender Identity in Narratives of Infertility," p.152.

villagers, senseless, and who have not been able to develop themselves), and they say that these people therefore misunderstand the practice of IVF, and stigmatize it and its users. By differentiating themselves from "those people," these women narrate their participation into the modern practice of IVF as a reflection of their modern identity.

However, this does not mean that stigmatization of IVF has no negative effects on these women. They develop their own strategies to cope with such negative reactions, such as "selective disclosure." When it is the case that their husbands or their family members object to IVF, women try to "convince" them; and they describe their involvement in the world of IVF as a process of "consciousness-raising" for themselves and even for all of the family members. The issue of disclosure is raised by middle class women in a different way though, as a means of "stress management;" they usually behave in such a way that people cannot ask them questions about their IVF process. Thus, all of these women develop a kind of identity work in the face of stigma surrounding IVF. Their narrative accounts work to position them in the social world by articulating the contradictory meanings in their IVF experiences. Through their identity work they position themselves as modern couples, participating in the modern practice of IVF.

2.Supportive Husband

Another theme that emerged in my research regarding the way women describe their husbands' involvement in the IVF process was the "supportive husband:" a husband present in all phases of the IVF process. Aliye explains the presence of her husband during the IVF process in the following way:

> B: What did your husband experience during this process in your view?
> Aliye: We did not have any problems at home. For example, when I was upset, my husband comforted me. He hardly showed (his feelings). I mean, I did not see that he was sad. However, my husband always supported me, comforted me. He was supportive. 'It doesn't matter if it comes about. Never mind. It does not matter,' he always said.[233]

Yet, it does not mean that infertility and its treatment are easy processes to handle for these couples. Almost all the women I talked to mentioned that infertility and the following treatment process caused tensions in their marriage. The tension may take several forms including financial, psychological, bodily, emotional, social and familial problems. For this reason, recently many IVF clinics have begun to offer psychological counseling for infertile couples in order to help them deal with the problems that emerge within the marriage due to infertility and its treatment. In the women's accounts tensions that occurred after the diagnosis of infertility and in the following treatment process took several different forms. In some cases such tensions were even able to bring couples to the brink of divorce.

When asked about how infertility and the IVF process affected their relationship with their husbands, the issue of divorce emerges in women's accounts as one serious aspect of the experience of infertility as a couple. However not all of them got divorced. Among the women I have interviewed there is only one woman, Sibel, who got divorced due to her infertility. She had married in her early twenties, and about a year after getting married, Sibel and her husband wanted to have a child

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[233]Interview by author, tape recording, İstanbul, Turkey, 29 May 2008.
B: Sence eşin bu süreci nasıl yaşadı?
A:Ev içinde aslında pek bizim şeyimiz olmadı yani. Böyle mesela ben üzüldüğümde eşim bana teselli verdi. Eşim bana pek belli etmedi. Yani eşimin üzüldüğünü ben pek şey yapmadım. Ama eşim bana devamlı destek verdi, teselli verdi. Hani şey destek olurdu. "Olursa olur olmazsa, boşver, canımız sağolsun" derdi.

as “the fruit of their happy marriage.” Yet, she had realized there was something wrong because she could not conceive. When she went to see a doctor she was told that she could not have children. Sibel explains this event as “a turning point in her life so troublesome that she does not even want to remember.” After the diagnosis of infertility, their four years of marriage came to an end.

> My husband… I did not have too many problems with him on this topic. I guess it was his family that caused these problems. I think he wasn’t able to defend me against his family. All these… He could not silence all these voices. In the fourth year, our marriage ended. After that, I didn’t think about marriage for a long time, I stayed single.[234]

After nearly thirteen years of a single life, Sibel decided to marry her current husband, a man who was also divorced and living with his son. Although she married a man who has a child, Sibel did not give up on the idea of undergoing infertility treatment, and all of her efforts to have a child also began causing some problems with her present husband. Finally after more than twenty years of trying, she has a daughter conceived in vitro and all her problems are gone.

The issue of divorce was brought up by two other women but in a rather different way. One is Emine and the other is Canan. Emine got married in her mid-twenties. After using contraceptives for six months, Emine and her husband wanted to have a child. After they tried to conceive for six months with no success they decided to go to a doctor. They learnt that there was an infertility problem, and the cause of the problem was with Emine. They were advised by the doctor to undergo IVF, but it failed. Emine describes this failed IVF trial as a “disaster” and “the end of their dreams.” She mentions that during this period she unwillingly suggested to

[234]Interview by author, tape recording, İstanbul, Turkey,15 November 2007. “Eşim… Çok fazla şeyini görmedim bu konuda ama. Sanıyorum ailesi tarafından olan şeyler. Onun arkamda durmaması gibi algılamış olabilirim. Bunlar… Sesleri susturamamış olması. Dördüncü senede evliliğimiz bitti. Ondan sonra da ben uzun süre evlenmedin, bekâr kaldım.”

her husband that they should get divorced, so that he could marry someone else and have a child, since she thought the problem was with her.

Canan also married in her early twenties. She and her husband did not use any contraceptives because they wanted to have a child. After one year of trying to conceive they went to a doctor. They underwent several IVF trials but all of them failed. Canan says that after every failed IVF trial, her husband suggested getting divorced because he was diagnosed "infertile."

After a few years, and after several failed IVF trials both women finally had test-tube twins. When I spoke with them, both women had already "achieved" success with IVF and had become the mothers of twins. Significantly, their narratives are not so much about what is actually remembered, but about a constructed past in the present. As I have stated before, what people tell is not only a way of representing but of constituting reality.[235] While telling their IVF stories, Emine and Canan simultaneously reconstruct them. Both narrativize how infertility and the IVF process have affected their relationships with their husbands and the issue of divorce plays a crucial role in their accounts. They mention that as couples they were affected seriously by all these long and intense processes of trying to have a child, and underline the seriousness of what they experienced by focusing on these problems that brought them even to the brink of divorce. However, although the issue of divorce emerged in their marriages during the infertility treatment process, they also mention how they, with their husbands, have "made the achievement" of overcoming these problems within their marriages, and strengthened both their relationships and their marriages. The closure of their narratives was their success in

[235] Jerome Bruner, "The Narrative Construction of Reality," *Critical Inquiry* 18 (Autumn 1991), pp.1–21.

IVF, resulting in the birth of their twins. Both Canan, by not accepting her husband's suggestion of divorce, and Emine's husband, by not accepting Emine's suggestion of divorce, proved that their marriages have "achieved" the conquering of their problems resulting from the diagnosis of infertility and the long-IVF treatment process, and they have become strengthened in the process. Their efforts bore fruit in the end and they "succeeded" in having their test-tube babies. Their accounts constitute a narrative of "a double-achievement" as a couple in the face of a difficult IVF process.

The support of the husband

Although there are certain differences that exist between the ways couples experience infertility and the subsequent infertility treatment process, almost all of the women I interviewed said that this process has affected their relationships with their husbands in some ways and caused some problems. They go on to explain how they have managed to deal with these problems, especially with the support of their husbands. Almost all of the women tend to evaluate their husbands in terms of their support. The support of the husband can take many different forms in the women's accounts. For some women the support of the husband corresponds to "permission" given by the husband to undergo IVF, or to "convincing" the husband to undergo IVF.

During my observations in the IVF clinic in a public hospital, I met several women in the waiting room of the IVF clinic, who were undergoing IVF treatment. When I spoke with them about their IVF process and asked them about their

husband's involvement, one of the women replied, "He permitted me to come the hospital and undergo IVF, and he has not intervened".

For Türkan and Aliye, the supportive husband refers to a "husband convinced about IVF." Both women stated that their husbands were initially opposed to IVF because they were worried about the possibility that their sperm may be replaced with another man's sperm during the process of IVF. After their wives' intense efforts to convince them, both husbands finally agreed to start IVF.

The support may also be physical, such as helping with the injections of the hormonal drugs into the wife's body. Serpil discussed her husband's supportiveness in terms of his help for her hormonal injection shots: "He has always been supportive. Even in recent days, I have to take (hormone) injections, and my husband has done these injections. He has taken very good care of me during this period of (hormonal) medication use."[236]

The image of the supportive husband also emerges in the women's descriptions of the husband accompanying his wife during her routine visits to the clinic or hospital.

> Nilay: We always went together, he never left me alone. I mean, it was good in terms of that. He never left me alone, including such things as when all these procedures were done. When I went every day to give a blood sample to check hormone levels, he always came with me. Even when I was just giving a blood sample for analysis, and just that, he never left my side. And he was never bothered by that, I mean, to go and give a sperm sample… He never perceived it as 'a matter of manhood'.[237]

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[236]Interview by author, tape recording, İstanbul, Turkey,27 June 2008. "Sürekli destek oldu. Hatta bu dönemlerde işte iğne yapılması lazımdı eşim yapıyor iğneyi. Çok ilgileniyor ilaçlar nedeniyle filan."

[237]Interview by author, tape recording, İstanbul, Turkey,26 March 2008. "Hep beraber gittik, hiçbir zaman yalnız bırakmadı beni. Yani o açıdan çok iyi bir durumdu yani. Hiçbir zaman beni yalnız bırakmadı, şeyler dâhil tüm o uygulamalar yapılıyor. Hormonlara bakmak için her gün kan vermeye gidiyorum ve her gün gelirdi. Alt tarafı kan veriyorum çıkıyorum o kadar, hiçbir zaman yalnız

Men's involvement in the routine visits of women to the hospital also reflects class differences. While women narrate their husbands accompanying them in their visits to the hospital as an indicator of their "supportiveness," this form of support has a different meaning for those women who undergo treatment in private clinics and those who undergo treatment in a public hospital with insurance coverage. In private clinics, husbands are encouraged to accompany their wives in their routine clinical visits as an indicator of being a "modern intimate couple" in which the husband supports his wife. Canan mentioned that in the private clinic (in which she underwent two treatment cycles, and in the last one she had twins) couples are encouraged to come to the clinic together as a part of the psychological therapy provided by the clinic. While most of the women emphasize their husbands' involvement in the treatment as an indicator of being a modern intimate couple, which contributes to their middle class identity, for other women undergoing IVF in public hospitals the accompaniment of the husbands during IVF may mean that the husband could lose his job. Because every routine visit to the clinic requires permission from the boss, it may endanger the husband's employment.

Supportive Husband as an Indicator of a Modern Couple

> Canan: However, about everything, he was very good to me, he supported me. I cannot ignore this (laughing). Because during this treatment, the support of the husband is very important. Let me give you an example from my own experience. When you go to the hospital, you give a blood sample, and it is very crowded. You wait your turn, and then you are examined. You have to wait again after that (the examination). The doctor examines you again and prescribes your medication, and what you will use and how much you will take. You wait there for almost two hours. For example, I saw how women were trying to get their husbands to calm down

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bırakmadı. Ve hiçbir zaman bundan gocunmadı, hani gidip sperm vermek… Bir erkeklik meselesi haline getirmedi."

> (during this period of time). For example, a husband got nervous and the wife tried to calm him down. Therefore the woman had to deal not only with her own stress, but with her husband's as well. It was just the opposite of that in our case. It was always me that got tense, and it was Mehmet who comforted me. That is what happened.[238]

We can see that in all of these accounts, the women's emphasis on their husbands' "supportiveness" garners a different meaning. However, they are underscoring this phrase as a way of defining themselves as a "couple" in the IVF process. They evaluate themselves as "a modern intimate couple." This ideal refers to "the modern couple" who seeks "modern solutions" to their "modern problems" in "a modern way." In this respect, becoming a couple in the context of in vitro fertilization, seems to reflect their modern identity when they seek modern solutions like IVF in the face of infertility, rather than following "traditional solutions" such as marrying a second wife (*kuma*). For example, a woman in Batman initiated a petition to open an IVF clinic. She had been married for twenty-five years and could not get pregnant. Two years prior her husband had brought home a second wife, and now she wants an IVF center to be established in Batman in order to prevent men from bringing home another woman because of infertility problems.[239]

However, undergoing the IVF treatment is not regarded as sufficient to be "modern." In this regard, the supportiveness of the husband plays a crucial role in completing the couple's modern identity. So when women evaluate their husbands'

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[238]Interview by author, tape recording, İstanbul, Turkey,31 March 2008. "Ama her şeyde de bana çok güzel şey oldu, destek oldu. O konuda gerçekten hakkını yiyemem yani(gülüyor). Çünkü bu şeyde tedavide eşin desteği çok önemli. Ben bir kere karşılaştım mesela. Orda gittiğin zaman, kan veriyorsun, çok kalabalık oluyor, orda sıra bekliyorsun, ondan sonra şeye muayene oluyorsun. Bi daha bekliyorsun. Doktor bi daha görüyor, ilacını yazıyor, ne kullanacağını, kaç tüp kullanacağını yazıyor. İki saat falan bekliyorsun orda. Mesela kadınların erkekleri sakinleştirdiğini gördüm. Adam sinirleniyor, kadın onu sakinleştirmeye uğraşıyor, kadın stresini yaşayamıyor o yüzden. Bizde tam tersi oldu hep. Hep gerilen ben oldum beni hep yatıştıran Mehmet oldu mesela. Yani öyle."

[239] "Kumaya Karşı Tüp Bebek Kampanyası", *Akşam,* 2 March 2006

involvement in the IVF process in terms of their supportiveness, this narrative helps them to distinguish themselves from "the other couples" in a way that contributes to their modern identity.

Canan's above account is a good example of this. She distinguishes her husband and herself as a couple from "the other couples" who were waiting at the same time in the waiting room of the IVF clinic, in terms of her husband's support in comforting her and treating her in a proper way. Another example comes from Aliye:

> B: What bothers you?
> Aliye: I have never come across anything like that (negative remarks). Everybody in my family says 'never mind, it doesn't matter whether or not it happens'. Nobody from my family did anything like that. Nothing happened, like putting pressure on the wife because of infertility as in the Eastern provinces. My husband always tells me never to think of anything negative like that. Sometimes when I think about things like that, my husband says to me that I shouldn't dwell on negative things.[240]

Nilay also compares herself and her husband, as a couple, with the "other couples:"

> I saw women in the hospitals whose husbands wanted to have a fellow wife. Their situation is difficult. I am good with my husband, we are happy. The times of crisis have helped us get to know each other. The husbands of many of my friends have failed to show the same tolerance. I am lucky in terms of that.[241]

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[240] Interview by author, tape recording, İstanbul, Turkey, 29 May 2008. "Öyle bir şeye rastlamadım yani. Herkes ailede olur sağlık olsun diyorlar mesela, olursa olur olmazsa da sağlık olsun gibisinden. Öyle şey yapan olmadı yani ailelerden. Öyle doğu yerlerindeki eşine baskı yapan şeyler olmadı yani. Eşim zaten hiç öyle bir şey aklına getirme diyor. Mesela olur mu diye düşünüyorum da eşim hiç öyle aklına getirme diyor."

[241] Interview by author, tape recording, İstanbul, Turkey, 26 March 2008." Hastanelerde kocalarının üzerlerine kuma getirmek istediği kadınları gördüm. Onların durumu zor. Bizim eşimizle aramız iyi, mutluyuz. Kriz anları birbirimizi tanımamıza yardım etti. Birçok arkadaşımın eşi aynı anlayışı göstermedi. Ben o konuda şanslıydım."

Aynur compares her husband with her neighbor's husband. Her female neighbor had been trying to have a child for eight years, but she complained about her husband's insensitivity during this process. After giving the example of her neighbor's situation, Aynur added: "but my husband did not treat me like that. It does not matter if it (child) happens or not, don't worry," he always said. I never saw any improper reactions from my husband."[242]

Merve's account is another example:

> My husband… I have no problem with my husband. There are some men who refuse to go to the doctor. There are other women who complain that the man does not go to the doctor or that the problem is with him. They cause such problems. From the beginning, since the first day my husband has never done this. He has always supported me both about going to the doctor and during the treatment. I am extremely stressed, but my husband is just the opposite, he is very calm. Conversely, he has supported me. For some men it is a problem. Yet, I did not have such a problem with my husband, thank God! [243]

She concludes, "Although our marriage is an arranged-marriage (*görücü usulü*) we have a good relationship, between my husband and I, more than the couples who have love marriages."[244]

İlknur also emphasizes that "there is no problem between us (between İlknur and her husband)." When I ask her why, she replied: "Because we both share

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[242]Interview by author, tape recording, İstanbul, Turkey, 15 March 2008. "Ama ben eşimden öyle tepki görmedim yani. Olmazsa olmaz yani üzülme derdi bana hiç. Ben hiç yani yanlış tepkiler görmedim."

[243]Interview by author, tape recording, İstanbul, Turkey, 27 June 2008. "Benim eşim… Hiçbir sorun yaşamadım eşimle. Hani bazı erkek vardır ben doktora gitmem. Bazıları var erkek doktora gider mi, yok benden mi bu çocuk olmuyor. bu tür problemler yapıyor. İlk aşamasından bu tarafa, ilk günden bu tarafa hani benim eşim hiçbir zaman yapmadı. Yani gitme konusunda olsun, tedavi boyunca da sürekli destek yaptı. Ben çok stresliyim aşırı derecede, eşim tam tersi çok rahat. Bana destek oluyor tam tersine yani. Öyle bazısı erkek problem yapıyor. Ama benim eşimde öyle bir problem yaşamadım çok şükür."

[244]Interview by author, tape recording, İstanbul, Turkey, 27 June 2008. "Görücü usulüyle evlendik ama severek evlenenden daha iyi anlaştık."

everything with each other. We share everything, good or bad, everything. Otherwise, we wouldn't have been able to handle this till now."[245]

Gül also mentions that during IVF they as a couple did not have any serious problems. According to her, this results from the fact that both she and her husband are "conscientious" (*bilinçli*). She continues, "We have accepted it (infertility) as a normal disease and continued with our lives rather than considering it as an imperfection or a defect."[246]

I have tried to discuss in this section how women tend to describe men's involvement in IVF in terms of the husband's supportiveness. Since infertility is defined as a couple's problem, IVF and infertility are increasingly becoming one of the most common problems to be handled by married couples. In the face of infertility and the subsequent IVF process, the support of the husband is especially underscored by women. The support of the husband takes several different forms in the women's accounts. However, it is significantly utilized by women in defining their modern couple identity as opposed to "other couples." The women also emphasized their husband's supportiveness even when it was the husband who had been diagnosed with infertility. In these accounts, an ideal husband is thus described as one who supports his wife in "her time of adversity." It can be claimed that in these cases infertility still seems to be mainly a female problem for women. The husband is regarded just as a "supportive" spouse in this process.

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[245] Interview by author, tape recording, İstanbul, Turkey, 26 June 2008. "İkimiz de her şeyi paylaştığımız için. Her şeyi paylaşıyoruz, olumlu olumsuz her şeyi paylaşıyoruz. Zaten bu zamana kadar bilmiyorum onun altından hiç kalkamazdık zaten."

[246] Interview by author, tape recording, İstanbul, Turkey, 27 June 2008. "Onu bir eksiklik kusur değil de normal bir hastalıkmış gibi kabul edip hayatımıza öyle devam etmek."

3. A Husband who does not talk, "*Men do not cry*!"

Another theme that emerged in the accounts of the women was their description of their husbands as "not being talkative" during the IVF process. I have encountered this theme during many of my interviews. This description works as an emotional script of heterosexuality in a way within which femininity and masculinity are reconstructed through gendered codes: while women describe themselves as the one talking and easily able to share her emotions, they describe their husbands as "not talking, not expressing their feelings and hiding their emotions." In this manner, the woman corresponds to "the emotional" one who can easily express her emotions while the man becomes "the rational" one who can control his feelings by "not expressing them." Aynur and Emine explain how their husbands hid their own feelings during the IVF process:

> Aynur: He never shows (his feelings) to anyone. He never showed (his feelings), even to me.[247]
>
> Emine: He is a withdrawn person, he does not share (his feelings). I was sharing... My grief… I mean if I did not share, I would be worse off (emotionally).[248]

Emine stated that she always wanted to share her feelings during the IVF process, unlike her husband. Within the context of IVF, such "emotional" reactions of women during IVF are usually associated with the image of "the hormonally-

[247]Interview by author, tape recording, İstanbul, Turkey. 15 March 2008. "O hiç dışarı belli etmez. Hiç bana bile belli etmezdi."

[248]Interview by author, tape recording, İstanbul, Turkey, 23 October 2007. "O daha içine dönük bi insan, dışarıyla paylaşan bi insan değil. Ben paylaşıyordum… Ben üzüntümü… Yani dışarıya yansıtmasam daha kötü olurdum."

emotional woman."[249] This image is produced by medical discourses and practices which take women as a biological entity, and naturalize sex differences between men and women in terms of hormones.[250] As a consequence, women and men do not only have different bodily organs with different functions but also have different chemical substances inspiring different emotions, modes of behavior and degrees of fitness for social roles and functions.[251] In this biomedical model, femininity is constructed in association with the hormonal cycles which refer to the phases of female reproduction like menstruation, pregnancy and menopause, becoming one of the central "natural" facts of the 20th century.[252] In this way, female sex hormones are associated with the emotional states of women, producing "emotionally unstable women" controlled by hormones: "In recent years the increasing use of hormonal fertility drugs to stimulate female ovarian production during IVF has produced a new site for such 'hormonal thinking.'"[253] The emotional instability during IVF is thus easily linked to the hormones utilized during IVF. Under such biomedical and popular assumptions about female bodies and emotions, the emotional responses of women to the IVF process are pathologized as the result of hormones. Based on these views, the emotional responses of women within the IVF process are generally

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[249] Elizabeth F.S. Roberts, Equatorial In Vitro: Reproductive Medicine and Modernity in Ecuador, (Ph.D. Diss., CaliforniaUniversity,2006), p.128

[250] Nelly Oudshoorn, "On the Making of Sex Hormones: Research Materials and the Production of Knowledge," *Social Studies of Science* 20, no.1 (1990), pp.5–33

[251] Merete Lie, "Science as Father? Sex and Gender in the Age of Reproductive Technologies," *The European Journal of Women's Studies* 9, no.4 (2002), p.389.

[252] Nelly Oudshoorn, *Beyond The Natural Body: An Archeology of Sex Hormones* (London: Routledge,1994), quoted from Roberts, Equatorial In Vitro, p.126.

[253] Roberts, Equatorial In Vitro, p.126

understood as hormonally produced, rather than understood as a normal response to an invasive IVF process.[254]

Some of the women I interviewed employed hormones as an explanatory tool for explaining the difference of their emotional reactions from their husbands' reactions. Naciye put hormones to work as a means of expressing her IVF experience in terms of how the hormones affected her emotionally and physically:

> The most difficult part is taking hormone injections. It is especially hard to put up with them on hot days. I also took a lot of injections during the previous cycle; the doctors gave me more than 400 dosages because my eggs would not develop. But, they (the hormone drugs) affected me adversely, I couldn't even sleep on some nights. They stressed me out, making me feel anxiety.[255]

Canan also explained her emotional imbalances during IVF as a result of hormonal imbalance, which made her stressed and anxious. In these two examples, both women used hormones as an explanatory framework for defining their emotional instability.

Canan compared her attitudes with her husband's: "It was always me who got tense and he was always the one who comforted me." When I asked her for the reason of this difference, she replied, "It resulted from the hormonal changes. You have to take so many hormonal injections.… I think it (the difference) resulted most probably from the hormonal changes (in her)… Due to the hormonal imbalance, I

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[254] Ibid.,p.127.

[255]Interview by author, tape recording, İstanbul, Turkey, 26 June 2008. "En zor işte iğneler, çok ağır geliyor bu sıcaklarda. Geçenkinde de çok ağır, 400ü geçik veriyor doktorlar yumurta büyümediği için. O da çok sıkıntı yapıyor, gece uyuyamıyorum. Stres yapıyor, sinir yapıyor."

was getting more irritable"[256] According to Canan, in contrast to her "hormonally-emotional imbalance," her husband's attitudes during IVF were the exact opposite:

> He was more at ease than me. He did not show his… despair, or distress. He always hid his feelings. He never showed what he felt. He never talked about that. He always kept it to himself. He always said, 'It doesn't matter if it happens or not.' He always treated me that way. [257]

Çiğdem is another woman who described her emotional swings during IVF also in terms of hormones: "The medication makes me stressed, it gives me a temperature and makes me irritable. They have such side effects. They make you get worked up at the drop of a hat about everything or other such things."[258]

In short, discussing the emotionality of women in terms of hormones reproduces the gendered codes through which the "emotional" woman is placed in opposition to the "rational" man. Although in the women's accounts the husbands were described as the ones who usually hid their feelings and didn't talk about what they feel, the women believed that their husbands were also affected and saddened by what they experienced during the process of IVF. According to the women, their husbands were also sad but they didn't not express it, preferring to keep it inside.

> Naciye: I think he lives it in his inner world. He does not talk about it.[259]

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[256] Interview by author, tape recording, İstanbul, Turkey, 31 March, 2008."Hormonların değişmesinden kaynaklanıyor yani çok fazla iğne yiyorsun"… "O hormonların değişmesinden kaynaklanıyor büyük bir ihtimalle."… "Hormonların dengesizliğinden daha sinirli oluyordum".

[257]Interview by author, tape recording, İstanbul, Turkey,31 March,2008 "O fazla böyle şeyini belli etmiyordu, üzüntüsünü sıkıntısını. O duygularını her zaman sakladı. Hiç bir zaman açığa vermedi. Konuşmadı hiçbir zaman konuşmadı. Hep içine attı. Her zaman olsun olur kafana takma. Bana her zaman böyle yaklaştı yani."

[258]Interview by author, tape recording, İstanbul, Turkey, 31 March, 2008, 27 June 2008. "İlaçlar sıkıntı yapıyor, ateş basıyor, sinirlilik yapıyor yani yan etkileri oluyor. Her şeye sinirlenirsin şey yaparsın mesela öyle o tarz şeyler.

[259]Interview by author, tape recording, İstanbul, Turkey, 26 June 2008. "O da içinde yaşıyor belki, o bişey anlatmıyor yani."

> Merve: He doesn't show ( his feelings ) to me. He absolutely doesn't show what he feels directly to me. Yet there are many things that make him sad of course.[260]

Aynur explained how her husband experienced the IVF process in terms of the changes that occurred after the birth of their in vitro twins:

> He never expressed his feelings. He did not show it (his feelings) even to me. He weighed less than he does now, he couldn't put on any weight. Yet now (after the birth of test-tube twins) he has put on weight easily. He eats… When we talk now, he says, 'I did not tell you about it (his feelings). Even if I was really sad, I did not tell you'.[261]

When I asked her what the reason could be for why, in her opinion, he didn't express his feelings, she replied: "I think he did not want to make me sad."

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In conclusion, since infertility is described as a couple's problem, the wife and the husband are both involved in the IVF process, so it is likely that they relate to the technology in different ways and have different experiences of it. Here, I have focused on the women's accounts and explored their perspectives of what it means to "become a couple" within the context of IVF. While the women narrate their husbands' involvement in the treatment process and their experiences as a couple, they produce stories about their relations with technology, medicine and society. In the women's accounts, there are three main themes around which they narrate their husbands' involvement in the IVF process, while producing different responses to

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[260] Interview by author, tape recording, İstanbul, Turkey, 27 June 2008."Bana yansıtmıyor. Bana direkt yansıtmaz kesinlikle böyle hani..ama içinden üzüldüğü yönler oluyor tabiî ki."

[261] Interview by author, tape recording, İstanbul, Turkey,15 March 2008. "O hiç dışarı belli etmez. Hiç bana bile belli etmezdi. O zamanlar ne bileyim daha çok zayıftı, kilo bile almazdı. Ama şimdi bakıyorum hep kilo alıyor. Yemek yer"… "Konuşuyoruz ama ben sana söylemiyordum diyor, üzülsem bile söylemiyordum"

the highly gendered experience of "becoming a couple." Firstly, they defined the man's role during IVF as merely "a sperm provider," and they usually underscored that all of the IVF procedures are practiced over the female body even if it is male factor infertility. So, by underscoring the role of the man during IVF as a mere sperm provider, these women highlight the gendered nature of the inclusion of the man into the IVF process. On the other hand, the same women also describe the inclusion of their husbands in the IVF process in terms of "support." The issue of support can take several forms. But most significantly, the issue of support plays a role in defining the couple's modern identity as opposed to "other couples" that are "traditional and ignorant." Yet, when the women evaluate their husbands in terms of their support during IVF, they seem to identify infertility as mainly the wife's problem, because even in cases of male factor infertility the women continue to emphasize their husband's supportiveness. The man, whose role is criticized as a sperm-provider during IVF, is appreciated as a "supportive husband." Although the image of the "supportive husband" seems to contradict the image of the "sperm-provider husband," these two themes are employed by women in expressing both their discontent and desires while undergoing IVF with their husbands as a couple. Besides the pains and fears experienced by women during IVF, the women also have a desire to participate in IVF to have a child, and simultaneously contribute to their modern identity. Finally, the last theme revolves around the gendered emotional scripts of the constitution of the couple, in which the woman is considered as emotional while the man is rational. This duality can be traced in the women's accounts in which they explain how during the IVF process while they could easily express their feelings while their husbands do not. According to these

women, their husbands also suffer during IVF just as much as they do, but they cannot express what they feel due to the "natural(ized) difference" between the (rational) man and the (emotional) woman.

IVF is promoted as a helping hand of technology by utilizing social codes and triggering pains and desires within that context. In this chapter, I have discussed the emergence of the couple as the patient unit of IVF from the perspective of women. I attempted to problematize the question of "who is assisted by the helping hand of IVF." In the next chapter I will focus on the question of what happens if the helping hand of IVF technology fails to assist while infertile couples are encouraged to undergo IVF as a miracle solution. With this aim, I will highlight further aspects of women's experiences of IVF which alternate between success and failure, and hope and fear, and discuss the ways religion is utilized as an explanatory tool by these women in making sense of the complex nature of their IVF experiences.

# CHAPTER IV

## "BETWEEN HOPE AND FEAR": WOMEN'S NARRATIVES OF TEST-TUBE BABY TECHNOLOGIES

Leman is a 30 year-old housewife. Her husband is a 36 year-old police officer. They have been married for four years. After trying for one year to have a child via unprotected sex, they decided to see a doctor. Leman was diagnosed with polycystic over syndrome while her husband was diagnosed with a low sperm count. In fact, her husband had undergone a varicose surgery when they were engaged. But when her husband's surgery seemed not to work, and she was diagnosed with a problem as well, they became involved in a long and difficult infertility treatment process that lasted four years. They applied to a university hospital for infertility treatment and their expenses were being covered by the *Emekli Sandığı* which her husband's employed provided. Firstly they had to undergo Artificial Insemination (named as "*aşılama*" in short in Turkish) three times. Based upon the infertility factor, before starting IVF, the couples are required to undergo three AI cycles in order to be covered by the state health care system.

In her AI attempts, she took several doses of hormones to induce the maturation of the eggs. Unlike in IVF, in AI the sperm is directly placed into the female body without removing the eggs outside the female body. Therefore fertilization takes place inside the female body. Leman's first AI cycle failed. In the second attempt, her doctor increased the hormone dosage, but this caused

excessive ovulation and nullified the AI attempt. Due to the fact that the second cycle had not been completed, it was repeated. After three failed AI cycles (officially-accepted) were completed (in fact Leman had four failed AI cycles with one uncompleted cycle), Leman began IVF treatment. She had to take hormones again, and 18 hormonally stimulated eggs were collected from her body. The eggs were fertilized with her husband's sperm in the lab. Only 3 of 18 fertilized eggs were "good" enough to be transferred back into Leman's body. After embryo transfer, Leman had to wait nearly 12 days for the result. She says: "I was very afraid of that they (the embryos) would fail to adhere (*tutmak*). So I lied down for 12 days." After 12 days of waiting, she received the pregnancy test result: it was positive. Leman had "succeeded" in getting pregnant with her first IVF attempt. She was informed that it was a triplet pregnancy. In other words all three embryos transferred had "succeeded" in adhering. Yet, when her pregnancy reached three and half months, she had a miscarriage. Since it was a multiple pregnancy, the doctor had already warned Leman about the risks of "miscarriage, premature birth and even birth defects."

Then Leman began the second IVF cycle, thinking there was no other choice. She took hormonal medication again but this time they caused cysts to develop on her ovaries. Therefore, she stopped taking hormones, and her second cycle was not completed. Because it was an uncompleted IVF attempt, she did not count it as a second IVF cycle. After a break of six months following this uncompleted cycle, she started her "real" second IVF cycle. This time, nine "good quality" embryos were successfully fertilized in the lab. Three of them were transferred, and the remaining ones frozen for the next try. At the end of the

cycle when Leman got the pregnancy test result, it was positive again. Yet, she feared that she could miscarry once again. When she learnt that only one transferred embryo managed to adhere, Leman became more hopeful that this time it may "stay" (*durmak*). She thought that she "lost" (*kaybetmek*) the previous pregnancy because it was a triplet pregnancy. Yet, when she was four mounts pregnant, she had a miscarriage again.

During the following IVF cycle her frozen embryos were used. Yet they failed as well. She said that she was not so hopeful about this cycle because she heard that the "quality" of the frozen embryos decreased when they were "thawed" *(çözülmek)*. Now she is taking hormones for her fifth IVF cycle. Yet, the uncompleted second cycle was not accepted as a "real" attempt by Leman herself and the state insurance as well. Since her insurance also does not consider an IVF cycle a "real" attempt if it is done with frozen embryos, Leyla's IVF attempts with frozen embryos were not counted in terms of the quota of IVF cycles that are covered by the state. Based upon this calculation she is now in her third IVF attempt even though it is really the fifth. Until July of 2008 the State offered a quota of three IVF cycles covered by the state insurance. According to this quota, it is Leman's last IVF cycle that will be covered by *Emekli Sandığı*. When I ask her what she is hoping from her ongoing IVF cycle, she replies: "It is between hope and fear. I do not know. I mean it is a very different kind of feeling. I don't know how I could explain it."

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Like many other infertile couples undergoing IVF, Leyla and her husband have been involved in a long and intensive infertility treatment process in the hopes

of having a child with the helping hand of bio-technology. Although it is represented as a modern technology creating miracles for "desperate infertile couples," from the very beginning IVF appears for those couples as a more complicated process than its representation as a simple technology creating miracles, replete with new dilemmas, uncertainties and disappointments. In other words, IVF may not always "assist". As in Leyla's case, the infertility treatment process is divided into multiple stages, and each stage creates its own hopes and disappointments thereby turning IVF into a cycle of successes and failures even if it results in a pregnancy. Based upon the interviews I conducted with the women who have undergone IVF, this chapter aims to address the paradoxes of IVF and the explanatory models those women construct to reorganize their stories and make sense of the uncertainties of IVF. In these accounts, "hope in technology" takes on different meanings. For many women assisted conception involves God's helping hand as much as that of technology. These women associate "hope in technology" with "hope in God" while some place their hopes in "nature" to engage with the uncertainties of IVF. So, in this chapter, my aim is to indicate how these women respond to the "purifying" discourse of "hope technology" by producing hybrid narratives about IVF in which religion becomes an explanatory tool in explaining their IVF experiences.

## IVF as Hope Technology

As discussed in the first chapter, although IVF involves a medical intervention in "the natural," it is justified as being a helping hand of technology to assist "nature" in reproduction. In this manner, IVF represents the hopeful promise of modern biomedicine for "infertile couples." This image of IVF is reproduced in

popular media accounts as well as by IVF providers, in a way that IVF assists hopeless infertile couples and turns them into happy families with the coming of the desired test-tube baby. The following is an extract from a Turkish newspaper *Sabah*, depicting a highly characteristic public representation of how dreams of a "desperate" infertile couple have come true with the help of IVF.

> Although doctors said they would never have a child, Melahat and Mustafa Güner, a couple who has spent 13 years of their 16 year marriage receiving treatment, finally have experienced motherhood and fatherhood at the end of 15 days of IVF treatment.[262]

This can be described as an account which celebrates IVF as bearing hope for success even for hopeless cases such as that of Melahat and Mustafa. It is a narrative of hope: hope for a child through scientific progress. It involves a "purifying" discourse through which science and technology are always associated with progress, development and certainty. In this respect, Sarah Franklin describes IVF as "hope technology"[263] whereby "professional aspirations, commercial ambitions and personal desires are intertwined and reshaped"[264] around the maintenance of hope. As Franklin states, "it is the hope it promises, as much if not even more than a 'successful' outcome, which leads to be seen as a desirable option, even when it is expected to fail."[265] Most of my informants also said that they began IVF as their last hope for having a child. Thus, all of these women underwent IVF

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[262]"13 Yıl Sonra Gelen İkiz Mutluluk," *Sabah,* 18 April 2006. "Doktorların 'Bebek sahibi olamazsınız' demesine rağmen, 16 yıllık evliliklerinin 13 yılını tedaviyle geçiren Melahat-Mustafa Güner çifti, 15 günlük tüp bebek tedavisinin ardından anne-babalığı tattı."

[263] Sarah Franklin, *Embodied Progress: A Cultural Account of Assisted Conception* (London: Routledge, 1997), p.192.

[264]Rose, *The Politics of Life Itself*, p.135.

[265] Franklin, *Embodied Progress*, p.192.

with the hope of filling the gap created in their lives by the discovery of "infertility." Yet, the world of assisted conception offers a very different model of conception. Most women stated that from the very beginning they have encountered the "shocking surprises" of the reality of IVF, which are usually ignored by discourses of hope. In the next section I will focus on women's accounts of how demanding the IVF process can be, in a way that produces its own gaps, uncertainties and fears, in addition to hope; and in doing so, I will try to indicate their complex negotiation of such "surprises" of IVF.

## Encountering the "Surprises" of IVF

IVF is usually represented as a simple procedure which involves a number of basic stages. Yet, this image of IVF fails to convey how all these stages are bodily lived by women themselves. In their narratives of IVF, women usually underscored that when they entered the world of IVF, they were shocked to realize how demanding the IVF process can be. Hence, their accounts usually revolve around the theme of the unanticipated complexity of IVF. For those women, not only the IVF procedure but the entire infertility treatment process from the very beginning may become an intense process for which they are usually unprepared. Their narratives indicate to what extent their lives become medicalized through such intense infertility treatment processes.

### IVF like a project

In line with the model of conception provided in the world of assisted conception, women usually narrativize their infertility treatment process in terms of serial procedures which are medically offered based upon the infertility problem of

the couple. There emerged basically three procedures of assisted conception in the women's accounts. There are many women among my informants who have used fertility medications as a medical treatment offered by their doctors first hand, which is usually accompanied by scheduled sex. The sole aim of this procedure is to regulate the woman's ovulation without any other medical interventions like removal of the egg or sperm outside of the body. If this does not work, the doctor usually offers Artificial Insemination (AI) as a next step. If none of these techniques work, IVF remains as the final option. For most women, there are also other medical interventions like surgical operations, continual blood tests and routine controls that accompany these procedures during the treatment process. Nilay describes this entire infertility treatment process "like a project" conducted over women's bodies by the doctors who "act like engineers."

> It is very awkward process. The doctors act like engineers. They are never interested in what you feel. It has adversely affected me. They consider it a project and there are a certain number of stages that are followed (by the doctors) in each stage, one by one… It comes to light that this business goes step by step. I mean, IVF is not the first step. We have learned that there are other things that are done before it, and then comes IVF. [266]

The metaphors of "project" and "engineer" that she uses to describe the treatment process and the attitudes of the doctors convey the feelings that accompanied Nilay's treatment experience. The metaphor of "project" implies how reproduction becomes technologised, commodified and professionalized in the world of biotechnology. Nilay felt depersonalized during the IVF process, because

[266] Interview by author, tape recording, İstanbul, Turkey, 26 March 2008. "O süreç garip yani böyle. Bir kere doktorlar şey gibi mühendis gibi yani. Hani sen o sırada ne hissediyorsun ne hissetmiyorsun ilgilenmiyorlar. Beni bu çok etkilemişti. Tamamen bir şey olarak bakıyor, bir proje bu ve belli şeyleri var yapılan belli aşamalar var onların tık tık yapılması."… "Bunun zaten step step olduğu ortaya çıktı. Yani ilki tüp bebek değil de ondan önce bir şeyler yapılıyor ya sonra tüp bebek diye gittiği anlaşıldı."

she was treated as an objectified body upon which the IVF project is conducted by doctors behaving like engineers.

Based upon this "project", Nilay was first recommended to use fertility medication in order to regulate her ovulation. Yet she ceased taking these drugs because she was "impatient and did not want to waste time in this," in her words. She wanted immediate results and therefore did not continue with other techniques which she believed would not work. Then her doctor suggested that she undergo AI. She underwent one AI attempt but it did not succeed as well. Finally, after all these attempts, she began IVF.

Nilay explains the reason why she was "impatient" to start IVF because she had no expectations regarding AI, as the doctors had told her that AI had only a 15-20 percent success rate. Because of this low rate of success, she already prepared herself for a negative AI result. Therefore, for Nilay like many other women AI constitutes just a step toward IVF. Each technique is defined with different success rates, and among them IVF is usually represented as the last hope with the highest chance of success. Therefore, other techniques are regarded by those women as obstacles that have to be overcome on the way towards IVF. For this reason, when any of these techniques other than IVF succeed, women are usually surprised by the result. Merve is another woman who also described AI as just a procedure leading to IVF. Therefore, when her AI cycles resulted in pregnancy she mentioned how she was shocked because she did not believe that it could work.

Merve's two AI cycles resulted in pregnancy but she miscarried both. Then she began with IVF. She applied to an IVF clinic at a university hospital. For economic reasons, she was undergoing a state-sponsored IVF program using her

husband's insurance. Yet, in some infertility cases, in order for an IVF treatment process to be covered, the couples are required to undergo three AI cycles before starting IVF. If they don't work, IVF constitutes the next step. Before applying to the university hospital, Merve had already undergone two AI cycles. Since she could not document them officially she was required to undergo another three AI cycles.

Additionally, an AI cycle can also be cancelled in any stage due to various reasons like excessive accumulation of fluid in the body due to hormone drugs. When this is the case, the uncompleted AI attempt is not accepted officially, and the patient has to repeat the cycle. In the waiting room of a public IVF clinic, I met many women who were trying to complete their three AI cycles required by the state, although many of them had already at least five AI attempts. One of these women said, "When I manage to complete my AI cycles, I will "gallop" (*dört nala koşmak*) through IVF." The metaphor of "*galloping*" indicates this woman's hopes in IVF. So, for many women AI stands like an obstacle that needs to be overcome before beginning IVF. It can also put an additional burden on such economically disadvantaged women who can have access to IVF only through the state-sponsored IVF programs.

## Learning IVF through Living It

After completing all of the other procedures offered by their doctors, IVF appears as the last option for those women. Most women begin IVF with high expectations. Before starting IVF women usually know just as much about IVF as ordinary people know. In any booklet or website of IVF clinics, or in any news article, IVF is usually described as a simple technique which consists of certain basic stages: taking hormones, the removal of hormonally stimulated eggs, the

fertilization of egg and sperm in the lab and finally the transfer of the embryo(s) produced in the lab back into the female body. In theory each stage leads to the next stage. Yet, in practice, the entire process becomes more complicated. Each stage of IVF itself may impose upon women many demands which bodily and emotionally affect women. Therefore, in women's accounts IVF is usually described in such words: "it made me sick;" "difficult and stressful;""extremely bothersome;" "too difficult, I do not want to remember;" "extremely hard and exhausting process;" and "disgusting."

For example, for women, taking hormones is not just a simple step in the process of IVF; rather it is described in their accounts as one of the most demanding physical and emotional aspects of a single IVF cycle. A typical hormone protocol involves daily injections, ultrasound scans of ovaries and blood tests for checking hormone levels. After taking tens of hormone injections for days, women are prepared for the "egg acquisition" procedure. Some doctors describe this process to their patients as "let's put the eggs into the basket." Yet, it is another step of IVF which is not so simple for those women. Since this procedure is conducted upon the female body under general anesthesia, women often don't remember it. However, Canan's account uncovers what is bodily lived by the woman at this "simple stage."

When I asked Canan what was the most difficult thing about her IVF experience, she replied by saying, "the collecting of eggs." During her first IVF cycle, her eggs were collected under local anesthesia. She was not given general anesthesia because, as explained to her by the clinic, if the patient asks for general anesthesia, its cost must be paid out of her own pocket. Because she was not informed about this general procedure before, she had to undergo the egg

acquisition under local anesthesia. While her eggs were being collected, Canan experienced great pain. She explains this as the fault of the doctor. According to her, the doctor was at fault because he did not give her enough anesthesia which would have prevented her from feeling any pain during the procedure. While the doctor continued collecting the eggs from Canan's body, the pain was becoming more intolerable: "I was about to lose consciousness due to the pain, I told the doctor I was getting worse, I was going to lose consciousness and he stopped… My eggs were collected as I was crying in pain."[267] She described the pain she felt during this process like "detaching a piece from your living body *(canından can koparmak)."* Canan also said that after this event she had pain in her left ovary for months. She related this pain to the eggs that were left behind in the first IVF attempt. After this negative experience of egg acquisition in her first IVF attempt, this procedure became one of the most difficult things for her subsequent IVF trials. She had to undergo four IVF cycles, and she told me that at each cycle it became more difficult for her to wake up from general anesthesia. In her last attempts it even took hours.

As these narratives highlight, far from being just a simple technique, IVF corresponds to a bodily and emotionally painful process for these women. In addition to the painful stages of IVF like invasive daily injections, egg collection and embryo transfer, women also have to come to the clinic almost every day for hormone check-ups and ovary scans. These daily visits to the hospital and the long hours of waiting for the test-results or to see the doctor are also exhausting for women. During this intense treatment process working women have to manage both

[267] Interview by author, tape recording, İstanbul, Turkey, 31 March 2008. "Acıdan bayılmak üzereydim. Doktora ben kötüyüm, bayılcam dedim. O da bıraktı."… "Öyle diri diri bağıra çağıra yumurtalarım toplandı."

work and treatment. It is especially difficult for them to arrange their working hours according to their hospital visits. For such routine visits they have to get leave almost every day, and this situation usually causes tension with their bosses, and they may lose their jobs or be forced to take a break from work during the treatment process.

IVF comes up in women's accounts as a bodily and emotionally more intense experience than they had initially thought. Türkan and Canan discussed how they gained familiarity with IVF by "living through it." They describe IVF as a process which is "learned about by living through it."

> Canan: You expect that it will happen immediately. Yet, you do not know how the process is going. We did research about it, but still you can't know without living it.[268]

For Türkan what she learned was not only the medical procedures of IVF but also the difficulties in doctor-patient relations. She complained about the bad attitudes of the doctors toward her. She was undergoing her second IVF cycle. From her first attempt, she learnt many things about IVF treatment but also about how the doctors can treat their patients badly, especially when they expect patients to understand immediately what they say. If she didn't understand and wanted to ask the same thing twice, she was scolded by the doctor:

> I really experienced the difficulty of this. But I now am better… I have learned! But by being scolded and scolded. I learned with my psychological state going downhill… In my first try here, I can say that I was dehumanized. I began to wonder about myself, if I am an idiot.[269]

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[268]Interview by author, tape recording, İstanbul, Turkey,31 March 2008. "Hemen olacağını zannediyorsunuz. Sürecin nasıl gittiğini bilmiyorsunuz. Biz araştırmıştık. Yine de yaşamadan bilmiyorsun."

[269] Interview by author, tape recording, İstanbul, Turkey, 26 June 2008. "Gerçekten bunun zorluğunu çok çektim. Ama şu anda biraz daha rahatım. Öğrendim ama azarlana azarlana öğrendim yani.

The unanticipated difficulties of IVF are not only limited to bodily and emotionally intensive processes. Women also mention how IVF can be a major financial burden for them. This financial aspect of IVF is informed by class differences among women that undergo IVF. In order to manage the financial demand of IVF, women develop certain strategies and try to keep their hope alive. As I have mentioned in the first chapter, in addition to the social, cultural and religious factors, the economic factor is also part and parcel in the production of the local practice of IVF in Turkey. At this point I will examine more closely the women's accounts about the financial aspect of their IVF experiences, which constitutes hybrid narratives involving women's complex negotiations of economy, technology and reproduction.

## Money that Goes for IVF

We have seen that the privatized IVF services in Turkey have engendered a stratified accessibility to this technology, in which only the upper classes had easy and unlimited access to IVF treatment. As for the middle class, they could afford it under limited circumstances without any kind of assistance. In this respect, state insurance coverage of IVF offers an important opportunity for this group of patients, because most of them emphasize that without this assistance they could never afford the treatment. Yet, no women in my research considered IVF easily affordable. They described IVF as "very expensive" and "very costly." Only two women undertook

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Psikolojim bozularak öğrendim."… "Ben burada ilkinde insan olduğumu unuttum diyebilirim. Acaba dedim ben geri zekâlı mıyım, kendimden şüphe etmeye başladım."

multiple IVF cycles in private centers without benefiting from any state subsidy, but they also identified IVF as a financially stressful process.

Other women's IVF treatments were subsidized in some way to varying degrees. Some undertook their IVF cycles in private IVF clinics by paying the costs out of pocket, but their medications were covered by the state. For many, it could never be affordable without any assistance. Hence, all these reflect the complicated picture of the availability of IVF in Turkey for women from different class backgrounds. All of the women that I spoke with had to deal with the financial demands of the IVF treatment process, and managed to cope with its demands via their own strategies developed within their own social contexts.

Çiğdem is one of the women who had to delay or discontinue their treatments due to the high IVF costs. She is now undergoing her second IVF trial in a university hospital and her IVF expenses are being covered by SKK, after her first failed attempt in the same hospital 6 months ago. She got married in 1997. After one year of waiting, they began to do research to learn why they could not have a child. During this period, all of the doctors told them that in vitro fertilization was their only chance to have a baby due to male factor infertility. But they had to delay IVF treatment due to financial reasons:

> Years passed, because our financial situation was not good… We always put it off because our financial situation was weak. I mean, we tried to find out how we could afford it, how much it cost. Because of our financial situation we could not afford it though, and we kept putting it off.[270]

[270] Interview by author, tape recording, İstanbul, Turkey, 27 June 2008. "Aradan yıllar geçti. Maddi durumumuz olmadığı için o zamanlar." "Maddiyat olmadığı için hep erteledik. Hani nasıl yaptırabiliriz, araştırma yaptık, kaça malolur, ne kadara çıkıyor. Maddi durumumuz yetmediği için hep erteledik yani."

With state insurance coverage they got a chance to begin IVF treatment: "Now we got an opportunity to undergo the treatment, since SKK meets some of the costs, at least."[271]

In order to deal with their financial problems in light of the high costs of IVF, women are forced to develop various money-generating strategies. One such strategy is borrowing money, usually from close family members, to provide enough money to undergo IVF treatment.

Before the implementation of state insurance for IVF, Çiğdem and her husband decided in 2002 to try IVF at least once by borrowing money from their family members. When they had gathered enough money to undergo an IVF cycle, they went to a public hospital where an IVF cycle cost between 3,000-4,000TL in her case. They took the required tests to begin their first IVF cycle. However, their money for IVF was stolen before she started the IVF drug regime. Therefore they had to quit the treatment.

Naciye is another woman who had to delay IVF treatment for 3 to 4 years for financial reasons. She was 36 and her husband was 35. They were married in 2000. Her husband was a worker in a textile factory and thus covered by SKK. Naciye was a housewife. She was in her third IVF trial in a university hospital. She underwent one failed cycle in a private clinic and another failed one in the same university hospital. She explained that they could not take advantage of state insurance in her first try. However, they wanted to try it by borrowing money. She said it cost them approximately 5,000 TL, putting them into a financially difficult situation. She described herself currently as financially being in a better situation. Their IVF

[271] Interview by author, tape recording, İstanbul, Turkey, 27 June 2008. "Şimdi SSK en azından belli bir miktarını karşıladığı için yaptırma imkânı bulduk yani."

expenses are now covered by SKK. Her husband began to work at a better job, earning nearly 1,000 TL more than his previous job at minimum wage. She also explained that they have their own house which was inherited from their parents; therefore, now they also don't have to pay rent for housing. All these factors contribute to their being able to afford expensive IVF treatment. But then she says, "All this money goes to the doctors."

Emine also described IVF as an "expensive business." Actually she was able to afford to undergo IVF in private clinics without taking advantage of state insurance, but only through loans. She underwent two ICSI cycles, and in the last one she got pregnant with twins. She had two cycles in different private IVF clinics. For the first cycle her husband had to borrow money from his boss, whereupon he paid it back following treatment. After the failed first cycle, Emine and her husband underwent a second IVF trial in another private IVF clinic, which resulted with the birth of their twins. They paid the costs of the second cycle via credit card with 5 month installments to the bank which has an agreement with the hospital. She said costs have increased with the addition of the costs of the cesarean section and incubator. She stated the total cost was more than 20,000 TL, some amount of which they procured from their families and the remaining amount was divided into installments by the hospital. When I interviewed her, her twins were almost one year old, but they still continue to repay their IVF debt to the bank via 500 TL monthly installments.

Borrowing money for IVF has been also institutionalized in Turkey by the financial sector. Since banks have expanded the use of credit cards to include the health sector, IVF clinics have begun to offer "this service" to their patients and thus

patients have begun to pay their treatment expenses in installments. When the state did not yet cover IVF expenses, this service was strongly supported as an opportunity to have access to IVF. The leading actor in the implementation of this credit practice is ÇİDER. Before state insurance, it was the initiator of conducting such campaigns, offering IVF treatment via credit card or bank loan, under agreements with some banks. It also conducts discount campaigns for its members.

Such campaigns have made appearances on television programs. IVF in particular has become one of the "popular health subjects" such as aesthetics, diet, and cancer discussed on "morning women's programs" on television. Famous IVF doctors have begun to flaunt themselves on such television programs, giving information about IVF and advertising themselves and their clinics. As part of this, they also give free IVF treatments to the audiences of the television programs. Seda Sayan[272] is the key figure in such IVF campaigns conducted by morning women's programs on television. She is the first to offer free IVF treatment in an agreement with a private hospital to her economically disadvantaged female audiences who cannot get pregnant. Some women in my project were also subject to such suggestions from others like that, such as, "Why do you not go to Seda Sayan? She can make you give birth!"*(Seda Sayan'a gitsene, seni doğutturur!)* In summary, the economic dimension of IVF constitutes and is constituted by such a social context in Turkey. Faced with the financial demands of IVF, women try to deal with them in their own ways.

Another way to generate money for IVF is <u>to start working</u> and thus save up enough money to afford treatment expenses. In the waiting room of the IVF clinic in

[272] Seda Sayan is a popular Turkish pop folk singer. She has increased her reputation with her tv shows that she hosts for years.

a state hospital one woman was knitting lace (*dantel işi*) for money. She explained to the other women waiting for their appointments with the doctor that she was doing this work to save up money to be able to afford the costs of IVF. Some women procure money by doing such income-generating work at home. Some begin to work outside the home in order to save money for in vitro fertilization. Wage-earning women in my project defined their participation in the labor force differently. Women working white-collar jobs such as a teacher, painter, and manager of a civil society organization saw their jobs as permanent jobs which would not be interrupted by the arrival of a baby. They say they will continue to work after they give birth to a baby. On the other hand, women working in the informal sector such as a house-cleaner or a tea-maker in an office describe their jobs as being temporary. They say they will not work when they get pregnant. Aliye explained that she was working as a house-cleaner. She said that she started this job so that she wouldn't be lonely at home all day and so as to not to think about her childlessness, and also to procure money to afford their IVF treatment. She said that she wanted that job because the working hours were flexible, allowing her to manage, according to her treatment schedule. She herself was not covered by insurance, so she uses her husband's SKK to meet IVF expenses. She says she began to work such a job without insurance, planning to work until she got pregnant. At the time she had been working that job for 6 years.

The words of another woman with whom I met in the waiting room of a state hospital's IVF clinic may best present how important to lower class women the money they earn by working is, in order to afford IVF. She was working in a factory and took half-day leave in order to show her IVF test results to the doctor. But her

appointment was postponed to the afternoon, so she said to the nurse: "I have to see the doctor before the lunch break, because I have to go back to work. We have to work, so we can earn money and bring it to you."

Another woman, with whom I had a short conversation in the waiting room of the IVF center in a state hospital, started to work in textile sector in order to save enough money to be able to afford her IVF cycle in a private IVF center. Her IVF story actually begins with their move from Sivas to İstanbul in pursuit of having a child. She had been married for more than 10 years. After one year of not getting pregnant, she and her husband began seeking out the reasons for their infertility. In the early years they traveled to Istanbul and Izmir from Sivas for AI trials. Because these travels between cities exhausted them both physically and financially, they decided to move to Istanbul. She narrativizes their move into Istanbul as a process of impoverishment.

> For a few years we traveled for hours from Sivas to Istanbul and Izmir for AIs. It was hard. Then we decided to move from Sivas to Istanbul. We came here to have a child. We were comfortable in Sivas. We had our own business and our own house. In Istanbul, we become tenants in Pendik, and my husband started to work as laborer. We fall into poverty. But the heart does as it pleases! We want to have a child. The doctors told us to wait. But we did not want to wait. Instead of waiting we decided to try IVF in a private IVF center. To be able to afford it, I had to work. I started to work in the textile sector. I had heard the name of an IVF center in 'Seda Sayan.' With the discount there, it cost us to 4,500 TL. Yet, it was an ectopic[273] (pregnancy).[274]

[273]An ectopic pregnancy is a complication of pregnancy in which embryo settles in another tissue, such as the fallopian tube, rather than the uterine wall.

[274] "Birkaç yıl aşılama için gidip geldik İstanbula, İzmire Sivastan, o kadar saat yol. Çok zor oldu. Sonra buraya taşındık. Çocuk için geldik. Çok rahattık. Kendi işimiz, kendi evimiz. Burada Pendikte kiraya çıktık. Kocam işçi oldu. Yoksulluğa düştük. Ama gönül ferman dinlemiyor. Çocuğumuz olsun istedik. Doktorlar bekleyin dediler. Beklemek istemedik. Beklemektense özele gittik. Para için çalışmaya başladım. Tekstilde başladım. Oranın adını Sedada duymuştum. İndirimli hali bile 4 buçuk milyarı buldu bize. Ama 'ektopik' oldu."

When I talked with her, she was undergoing another IVF cycle in the public clinic, the costs of which were covered by SKK. For this cycle she spent only 750 TL.

Aynur also talked about how she also started working in order to afford IVF, because she had to delay IVF for almost 10 years because of economic reasons: "With our economic situation, we could not afford it, so I started working. My husband and I worked together, and we saved up for IVF."[275] Since she did not know about state coverage of IVF, she underwent IVF in a private clinic. She underwent two IVF cycles, and with the last one she became pregnant with twins. She said it cost them 15,000 TL. Her advice for other women who want to try IVF was, "You have to have enough money for this business. Saved up money!"[276] Prior to IVF she had tried Artificial Insemination (AI) in a private clinic. For some women this is also a way to deal with the economic constraints of IVF in some situations: trying other treatment methods, such as AI, which are cheaper than IVF. An AI cycle costs about 1,000 TL. In some cases women undergo multiple AI trials when they cannot afford IVF. In doing so, they believe that they are doing at the bare minimum something, rather than just waiting. ÇİDER's founder, Sibel stated that when IVF was not commonplace in Turkey in the 1990s, and was very expensive at that time, she had to undergo multiple AI trials due to lack of another option such as IVF. In an information meeting of ÇİDER in Istanbul a couple

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[275] Interview by author, tape recording, İstanbul, Turkey,15 March 2008."Durumumuz müsait değildi. Ben işe girdim biraz çalıştım. Eşim çalışıyordu ben çalışıyordum toplu paramız vardı."

[276]Interview by author, tape recording, İstanbul, Turkey,15 March 2008. "Bu iş için paranız olacak. Toplu para!"

explained they had undergone more than ten AI tries due to a lack of economic resources to be able to afford IVF.

The financial burden of IVF forces women to manage their spending. Nearly every woman that I interviewed talked about what kind of sacrifices they make in the IVF process in order to be able to afford the costs of this biotechnology. Facing the financial burden of IVF, they underscore the trade-offs necessary to save up enough money for in vitro fertilization by sacrificing other needs. The trade-off most commonly emphasized was that of either buying a house or undergoing IVF treatment. Emine said that if she could pull together all money she had spent on IVF cycles, she could easily buy a house with that money. On the other hand, Sibel extended the scope of the issue: she talked about her debates with her husband regarding IVF expenses, in which her husband complained about the money she had spent on multiple IVF trials. He believed that she was wasting their money because the doctors had told her that she would never have a child, but she insisted on trying for more than 20 years. Then she discussed how she replied to him:

> Did I want anything from you in my life? I did not ask for a ring. I did not ask for diamonds or jewelry. I did not ask for shoes or anything else from you. Did I ask for a house from you? Did I ask for a car? I asked for nothing. I said to him, 'Just assume that my wife is gambling, she is gambling.' He said to me, 'You spend money on medicine or for the doctor.' All right! You can say, 'My wife is gambling and losing money gambling.' I don't want anything else from you. [277]

[277]Interview by author, tape recording, İstanbul,Turkey15 November 2007. "Ben hayatımda senden hiçbir şey istedin mi? Yüzük istemedim. Elmaslar, takılar istemedim. Kıyafet al demiyorum. Ayakkabı bir şey al demiyorum. Bir ev istiyor muyum senden? Bir araba istiyor muyum? Hiçbir şey istemiyorum. Dedim ki, farzet benim karım kumar oynuyor. Parayı götürüp yatırıyorsun diyor, ilaca yatırıyorsun, doktora yatırıyorsun. Tamam. Benim karım kumar oynuyor kumarda para kaybetti de."

The "gambling" metaphor is important here. It implies the risky nature of IVF in terms of both low success rates and high costs. In Sibel's narrative, this metaphor is used as a way of engaging with her long, difficult and expensive IVF experience. Although she had to deal with the physical, psychological and financial burdens of IVF, it was not certain that IVF would succeed. For her, it is a matter of chance. Today, the concept of risk is increasingly used as a specific combination of the notions of chance, uncertainty, probability, statistics and danger. We now talk about environmental risks, political risks, lifestyle risks, economic risks, criminal risks, and medical risks. In medicine, individuals are also categorized into risk groups and their behavior patterns into risk factors. The significant result of this new "style of reasoning"[278] is that individuals themselves are identified as responsible, for example, for the causes of diseases and the failures of treatment. In Sibel's narrative, the gambling metaphor emerges as a more different way of establishing a relation with IVF technology than the relationship imposed by risk discourse, especially in terms of responsibility. In the following section of this chapter, I will examine in more detail this relationship between women and technology by highlighting the ways in which they combine medical and religious narratives in engaging with the uncertainties, disappointments and hopes of IVF. While for many women hope in technology is up to God, for some it is up to nature. If we go back to Sibel's case, she was gambling with IVF again and again, with low success rates, paying a huge amount of money out of her own pocket. She said, "One IVF cycle cost about 8,000 TL together with the expenses of medications. When it failed, all of

[278] Ian Hacking, *Şansın Terbiye Edilişi*, trans. Mehmet Moralı (İstanbul: Metis Yayınları,2005)

the money vanished into thin air."[279] After eleven failed AI attempts and five failed IVF cycles, "Her bad luck turned back" and she managed to get pregnant with her daughter, who is now 10.

It can be said that such sacrifices become an extension of "household economics" in some sense for these women. They manage their expenses, sacrifice their other needs and save money to have their desired children. Emine talked about how she and her husband managed their household expenditures in order to be able to afford IVF cycles:

> We saved money for this, to the best of our abilities. For years we neither took a holiday nor went anywhere. Nor did we buy any clothes, or furniture. My kitchen isn't finished yet; my kitchen cabinets aren't done yet. It's just as when I moved to this house; there is only a kitchen counter in my kitchen. All of these I sacrificed. I mean, we sacrificed, both of us. In 9 years… we bought this house as a fixer-upper. We tried to finish it. We moved in. You think, on the one hand there was the hospital, we were going to the doctors, spending money; on the other hand we were dealing with these things, finishing our house. After a while we tried an IVF cycle, but it failed. When it failed…two years ago my husband wanted to buy a car, but I did not. I said to him, IVF first. I said let's try it one more time. We did not buy anything for our house. Nothing. We bought just a television. Our old TV was a small screen television, 37 inch screen. We used it for 6 years. My husband said, 'I'm gonna buy a larger screen television.' We bought it. People said…Well, think about that, the woman cleaning our apartment's stairs said to me that you had no need for it (television). Save your money for the treatment, for having a baby. Just think, you hear such things like that."[280]

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[279]Interview by author, tape recording, İstanbul,Turkey15 November 2007. "Bir tedavi ilaçlarla 8 milyar. Negatif olduğu zaman o para uçup gidiyordu."

[280]Interview by author, tape recording, İstanbul, Turkey, 23 October 2007."Bunun için para biriktiriyorduk, elimizden geldiği kadar. Ne bir tatil yaptık yıllarca, ne bir yere gittik. Yani hani yok kıyafettir eşyaydı. Hala benim mutfağım yapılmış değildir, mutfak dolabım yapılmamıştır. Öyle girdiğimdeki gibi, bir tezgâhım var o kadar. Yani bunlardan hep fedakârlık yaptım. Yaptık yani ikimiz de. Eşim de yaptı ben de yaptım. 9sene içerisinde… Evimizi kaba inşaat almıştık burasını. Evi yaptırdık. Ondan sonra girdik buraya. Bir taraftan düşünün hastane, bir taraftan doktorlara gidiyorsun, para harcıyorsun; bir taraftan da bu işlerle uğraşıyorsun, evi yaptırıyorsun. Bir süre sonra işte bu tüp bebeği denedik, denedikten sonra olmadı. Olmayınca… Bundan iki sene evvel eşim araba almak istedi, ben istemedim. Dedim ki önce tüp bebek. Bir daha deneyelim dedim. Eve bir şey

Thus it can be seen that women may be judged because they made such expenditures rather than saving money for IVF. Such actions can be perceived of as a kind of "irresponsible action" in the context of in vitro fertilization. Here, there is another form of stigmatization that is enacted by others toward IVF-using women. For many women, spending money to have a baby has value in its own right. Their willingness to go deep into debt and take up a financial burden in order to undergo treatment signifies for them how much they desire children. And by being responsible potential parents they save up money for IVF. The expenditure is equated with love, sacrifice and parental responsibility. Within this formulation, IVF allows them to become better parents through the sacrifice of money and other material goods. In that way they also manage the financial burden of IVF cycles. When they spend money for other things, they may be subject to judgments or allusions by others which question their willingness to have a child and question their parental love, sacrifice and responsibility for their future child, as in Emine's case.

The costs of IVF also increase with the additional expenditures necessary for other medical procedures. Due to low success rates, some couples have to undergo multiple IVF trials to have their desired baby as long as they can afford it. For most women the financial burden of IVF prevents them from undertaking multiple attempts. Although state coverage of IVF offers a great opportunity for many women to have access to this biotechnology, the state's limitations concerning the number of IVF cycles exclude many women from the world of IVF or force others

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alamıyorduk biliyor musun bir eşya. Bir kere bir televizyon aldık. Televizyonumuz küçük ekrandı, 37 ekrandı. 6 sene idare ettik. Dedi ki eşim büyük alacağım ben. Aldık geldi. Dediler ki... Düşünün, merdivenleri silen bayan bana dedi ki ne gereği vardı buna dedi. Bebek yapmak için tedaviye bunun için harcasanıza dedi. Yani düşünün, bunları duyuyorsunuz siz."

to undertake IVF in private clinics paid for out of pocket, if they can afford it. As mentioned above, until June 2008, the number of IVF cycles covered by state insurance was three, and only for women aged 40 and below. With the change in the law, the number of IVF trials funded by the state has been limited to two cycles and the age limit for women has been fixed between 23 and 39. All of the women who have used state insurance for IVF are against this change in the law, which is "decreasing their chance for a baby," they say.[281] Some of them describe it as a contradiction in the government's policy, referring to the speech made by Prime Minister Erdoğan on 8 March World Women's Day in 2008, in which he stated that "every family in Turkey should have at least three children." A woman in the state hospital complained about this, underscoring this contradiction between Prime Minister Erdogan's speech encouraging women to give birth to at least three children, and the latest limitation on the number of IVF cycles covered by the state. When I told her that I was doing a project about in vitro technology, she asked me if I was preparing a petition against this latest limitation on IVF cycles, which she would be willing to sign. There is general discontent among women about this change in the law. They see it as an attempt to limit their access to IVF, and consequently, their desired child. For some, the only chance to have access to IVF is via state insurance, and those who have filled the quota think of themselves as being "at the end of the road." Some women stated that they would work and save money

[281] Although it does not appear in my project, there are also people opposing the state's funding of IVF treatment. A reader's comment on the web site of one of the most famous daily newspaper in Turkey best reflects this kind of view. The reader "wonders" how these people, who can not afford in vitro treatment, can manage to afford to take care of their 'test-tube child(ren)," and asks "how do these people raise their children - by depriving them of everything?" She describes this practice (state-funded IVF) as a huge mistake. Available[online]: http://arsiv.sabah.com.tr/2007/08/20/gny/haber,2CDB196E5E814C8F804D82A55CE863CB.html.

in order to undergo another IVF cycle and perhaps one more in a private clinic upon filling their quota. Leman and her husband found another way to deal with the state's limitation by "freezing their embryos for the next cycle," as IVF cycles done via frozen embryos are not counted as a cycle in the legal limit. Leman, after four failed AI attempts, began her IVF cycles in a university hospital, which were covered by the *Emekli Sandığı* because her husband is a policeman. After her first failed attempt, she undertook a second cycle and the embryos left over from this IVF cycle were frozen for her next trial. After the second cycle failed too, these frozen embryos were used for the third attempt, which also failed. She was currently undergoing her fourth cycle. Although Leman had frozen embryos left over from the second cycle, she did not use her frozen embryos for her next try, and she used hormone treatment for the stimulation of "new eggs" for the fourth cycle. The "good quality" embryos left over from this cycle were to be frozen for the next cycle. Freezing embryos is used as a strategy by Leman and her husband in handling with the state's limitations of the number of the state- funded IVF cycles. Rather than using the frozen embryos left over from the second cycle, Leman underwent hormone treatment, and the fresh embryos provided from her newly stimulated eggs were to be frozen for a future cycle. They decided to undergo this procedure prior to the enactment of the law which reduces the number of state- funded IVF cycles from three to two. Though Leman actually planned to undergo a fifth IVF cycle if her fourth one fails, the total number of IVF cycles she undergoes will be counted as three, as in two of the five cycles frozen embryos were used.

Since the IVF process involves a complexity of many technologies and procedures, all of these increase the costs of the total process. Alongside multiple

cycles, the cost of an IVF process can involve the expenses of freezing embryos and the annual rent for their storage in the lab; various kind of tests required during IVF such as blood tests, ultrasonographies, and genetic tests for embryos or for couple; and if the cycle succeeds, the expenses of cesarean section (all IVF babies in Turkey are delivered by cesarean section due to the high risks ascertained by doctors), and the expenses of incubators for newborns (premature births are common among IVF patients due to the high rate of multiple pregnancies). When their attempts succeeded, two women that I interviewed changed their clinics by going to cheaper clinics in order to reduce the expense of check-ups during the gestation period and the expenses of the cesarean section. Some women mentioned they went to public hospitals to get some of their tests done, which are covered by insurance, in order to be able to afford the IVF expenditures in private clinics where they were undergoing IVF cycles. Emine discussed how a pharmacist near the clinic helped her to take advantage of state insurance covering the expenses of the IVF medications. She also was able to capitalize on the insurance covering some portions of the expenses of incubators, required for her premature twins for almost 20 days, costing 600 TL per day for each incubator. A person in the hospital told her husband to get health cards for the babies, in order for 200 TL of the 600 TL to be covered by insurance.

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Paved with such "surprises," this is the way the path toward becoming an experienced IVF user is established. In their accounts, women not only discuss such unexpected difficulties encountered but also emphasize the high likelihood of failure for which they were often emotionally unprepared. Although most women are usually uncertain about their real chances of success, they undergo IVF with the

hope of being one of the successful ones. Although IVF is represented as "last hope" technology, some IVF attempts succeed while most do not. In this respect, failure emerges a basic component of women's IVF experiences by turning hope into fear.

## Failure as a Component of IVF

We can suppose that an IVF cycle has two possible endings: success or failure. When the birth of the desired test-tube baby is achieved, it can be termed a complete success, whereas the lack of a live birth corresponds to failure. However, the IVF process becomes more complicated than initially supposed. In an IVF cycle there can be many things that can go wrong. Each step of IVF which leads to the next in theory can be, in practice, a potential source of failure and fear for IVF users. The excerpt about Leman's case that I began this chapter with depicts explicitly this tentative nature of IVF.

Leman completed two IVF cycles "successfully" when she got pregnant at the end of both cycles. Yet, both pregnancies resulted in miscarriages. Hence, even if women get positive pregnancy test results, it is not necessarily an "absolute success" in IVF. Leman mentions the fear of failure that accompanies her throughout the IVF process: "At the beginning, there is the fear of whether or not it is going to adhere (*tutmak*). If it does, the fear of whether or not it is going to continue or be a miscarriage comes up."[282] Gül also highlighted the tentative nature of her IVF pregnancy which was achieved in the first IVF cycle, after three failed AI attempts. After ten to twelve days following the transfer of three embryos, she got a

[282]Interview by author, tape recording, İstanbul, Turkey 26 June2008. "Tutacak mı tutmayacak mı korkusu oluyor başlarken. Tuttuktan sonra da devam edecek mi düşecek mi korkusu oluyor."

positive result from the pregnancy test. Yet, she feared that it may be a fake positive due to a biochemical pregnancy:

> B: You are pregnant now?
> G: Yes, I am for now. Yet, it is not accurate. I will not be sure until I hear the beatings of the child's heart. [283]

Biochemical pregnancy, miscarriage and premature birth are described by doctors as common risks during IVF, especially because of multiple pregnancies. Therefore, the fear of failure extends throughout the entire IVF process even when a positive pregnancy result is achieved. Even before embryo transfer, number of things can go wrong and cause premature termination of the cycle. Nilay describes how her first IVF cycle terminated in an early stage:

> You are prescribed a dosage of medication, and you take the medication for 4 days at this dosage. At the end of the fourth day, you are called to undergo an examination again. They check to see what the hormones are doing inside. During the first cycle, at the end of that fourth day when I went to the clinic, it appeared that my eggs were over-stimulated. As far as I remember, my values were extremely higher than expected. Therefore, I began to use a specific injection to contain the growing of eggs. On the other hand, I had to continue taking hormones because the size of the eggs was required to be up to 22 mm, which was the ideal size for eggs to be fertilized. But then this happened: I was given the containing injections, but it was realized that it was given too late and it caused an excessive accumulation of fluid in my belly. And when there is fluid accumulation, they (the doctors) do not implant embryos in the uterus. So, they did not place embryos in me during my first cycle. [284]

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[283]Interview by author, tape recording, İstanbul, Turkey, 27 June2008.
B: Şu anda hamile misiniz?
G: Evet. Şimdilik öyle. Fakat kesin değil. Kalp atışını duyana kadar emin olamıyorum.

[284]Interview by author, tape recording, İstanbul, Turkey, 26 March 2008. "Sana yazıyor dozunu ve o dozda dört gün yapıyorsun. Dördüncü günün sonunda tekrar muayeneye çağırıyorlar. Hormonlar içerde ne yaptı ne etti ona bakıyorlar. İlk denemede o dördüncü günün sonunda ben gittiğimde çok aşırı uyarılmıştı benim yumurtalar. Çok acayip bir yüksek sayı çıkmıştı çıkması gerekenden ben öyle hatırlıyorum. Ve hemen baskılamak için başka bir iğne yaptırmaya başladılar. Ama hormon iğnesine de devam etmek zorundasın çünkü belli bir yere işte 22mm'ye gelmesi gerekiyormuş yumurtaların döllenebilmesi için. Fakat şöyle bir şey oldu, baskılayıcı iğneyi verdi fakat geç olduğu ortaya çıktı,

Nilay's first IVF cycle, which she began with high expectations, was cancelled due to "a medical complication." When we continued our conversation, I realized that she did not include this cancelled cycle among her "real attempts." Since it was cancelled, in other words it since it did not conclude with a transfer of embryos, she did not consider it a "real attempt."

These accounts illustrate that failure and success in the context of IVF are never absolute. Both success and failure are continually subject to redefinition. In Nilay's case, since her first cycle was not completed, she did not consider it a "real attempt." In other cases, failure becomes a "relative success" which is defined in relative to previous failed-attempts. So, even if an IVF cycle fails it can be sometimes considered a successful one in relative terms. Aliye's case is an example of this.

Aliye and her husband could not have a child for almost a year after they married. She decided to go to the gynecologist. She was diagnosed with blocked fallopian tubes. She took some medication, prescribed by her doctor, to unblock the tubes. When it did not work, she left off treatment for almost two years. Then she went to another doctor. Due to financial difficulties, she again underwent medication treatment for three months, together with scheduled sexual intercourse. It also did not work. Then the doctor suggested that she undergo a surgical operation aimed at treating her tubes, and she had the operation. Then she left off treatment again, for economic reasons. Finally, after IVF treatment began to be covered by the state, she finally had access to IVF in 2006. During her first IVF cycle, 12 eggs were

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Çünkü karnımın içi su topladı. Ve su toplayınca embriyoları rahme yerleştirmiyorlar. Yani, embriyo yerleştirmediler bana ilk denemede."

collected from her body and the eggs were sent to the lab for fertilization. She was waiting and hoping for good news from the lab, wondering how many eggs would succeed in becoming fertilized. Yet, Aliye was told that none of her eggs had become fertilized in the lab. She described this moment in these words: "We were really in a state of panic in the face of such a result. We could not figure out why it (fertilization) did not occur."[285] In her second attempt, her major source of fear was whether the eggs would succeed in becoming fertilized: "We were fixed on the issue of fertilization." When she learned that one egg had succeeded in becoming fertilized in the lab, she considered it a "success," relative to the failed fertilization during her first cycle. Such "relative success" became an impetus for her to continue by hoping for success on subsequent cycles.

During her second cycle, the only egg which "succeeded" in becoming fertilized could not successfully be implanted. So her hopes again turned into disappointment. When she asked her doctor why it failed, the answer was that it was not a "good quality egg". This explanation is among the most frequently used ones by doctors. By good quality it meant that an egg "succeeds" in dividing into eight cells in the lab. It is argued that when it is a "good egg" it has a high chance of being successfully implanted in the female body.

> Aliye: By quality, he said that it was of low quality. He said that its quality and capability of being implanted was low. They say that the better the egg, this higher the chance of a successful implantation.[286]

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[285]Interview by author, tape recording, İstanbul, Turkey, 29 May 2008. "Eşimle panik yaşadık. Anlayamadık neden olmadığını."

[286]Interview by author, tape recording, İstanbul, Turkey, 29 May 2008. "Yani kalite derken, şeyi düşük mesela kalitesi döllenme şeyi düşük dedi yani. Ne kadar güzelse döllenmesi ne kadar güzel olursa tutma oranı yüksek diyorlar."

After a second failed IVF cycle, there was only one cycle left over which would be covered by the state so Aliye wanted to get a positive result with her last attempt. She could not figure out why her attempts failed despite the fact that there was no problem with her eggs and her husband's sperm. According to the doctor, the main reason for the failure in Aliye's case was the low quality of lab facilities in the public clinic. He suggested that she have her third IVF cycle done in a private clinic, where he worked as well. The private clinic was presented to Aliye as a way of raising her hopes about IVF. She began her last attempt in the private clinic, which her doctor had arranged for her. Aliye stated that both her and her doctor's expectations were considerably high for this cycle. During her third cycle, 10 eggs were collected from Aliye, and 5 of them were fertilized. The number of the fertilized eggs was higher than those in previous ones. She said that they were "very happy about this." Among these eggs the doctor chose "the best three" to transfer. After 12 days of waiting in the hopes of a following embryo transfer, the pregnancy test result was again negative for Aliye. She said that she had been very hopeful about the last cycle, and even her doctor was very surprised by this result, just as much as she had been.

Aliye used up the quota of three IVF cycles covered by the state, and left off treatment for two years, primarily for financial reasons. She is planning to save money in order to be able to afford IVF out of pocket. Yet, she is planning to limit the number of cycles that she will undergo to only one or two cycles. Then she will leave her case "up to God." In her account, God stands in for an absence of satisfactory scientific explanation for recurrent failed IVF cycles:

> I believed that it did not successfully implant because it was not 'written' by God (*nasip*) or that there may be a problem with me or I

> do not know, it may be my womb that did not accept it or my body did not accept it, hence it did not succeed. Even if fertilization had been achieved and it (the embryo) had been transferred, it may not have adhered (*tutmak*). [287]

She invokes her hope in God. She hopes that God will give her a child through IVF or "naturally." Her hope of having a child without technological assistance also comes from her family history. She told me that her aunt had a child "naturally" after waiting for more than ten years, describing it as the will of God. How does such a reliance on religious explanations work in the context of IVF? Is it a common way of explaining the IVF experience?

### IVF Always Assists? Women's Narratives of IVF Successes and Failures

Keeping these questions in my mind, while analyzing the women's narratives of IVF, I realized that "hope in God" emerges as a common theme in these narratives as a way of making sense of IVF. Yet, it is not the case for all accounts. There are some women who do not rely on religious explanations in explaining their IVF experiences. Rather than leaving it up to God, they describe the process of having a child via IVF or "naturally" as "a matter of timing." They leave their cases up to "the nature" whether they succeed in reproducing via technological assistance or not. I argue that this difference in the way women explain their IVF experiences results from socio-cultural differences between the women. The women who do not call upon religious explanations are high-educated middle class women.

The following sections will focus on the way women attempt to ascribe meaning to their experiences of IVF, of both the successes and failures, as well as

[287] Interview by author, tape recording, İstanbul, Turkey, 29 May 2008. "Demekki nasip olmayacak ki tutmadı diyorum, veya ben de bi problem var veya ne bileyim rahim kabul etmedi vücut kabul etmedi ki tutmadı diyorum yani. Belki orda döllenme olsaydı transfer edilseydi gene tutmayacaktı."

their own suffering with narratives of "hope in God " and "hope in nature." Ironically these accounts illustrate how IVF emerges as a biotechnological method of assistance when nature fails; yet the process of assisting nature itself may need also "assistance."[288] The need for this type of assistance emerges mostly because of "the shocking surprises" of IVF. In order to cope with the uncertainties of the IVF experience, those women are involved in a process of re-conceptualization of "nature." I will explore this redefinition process in terms of the themes of "hope in God" and "hope in nature" which occur in the women's accounts of IVF.

## "Hope in God"

After faced with a lack created by the discovery of infertility, women enter the world of IVF in order to make up for this lack with the aid of technology. Yet, they realize that technology may not always guarantee the desired outcome. Uncertain and unwanted treatment outcomes may follow one another. In the face of such "unknowns" left unanswered by biomedicine, the appeal to the role of destiny and God emerges as a way of engaging with "unknowns" of IVF. In these accounts, assisted conception involves God's helping hand as much as that of technology. As I have discussed in the first chapter, rather than remaining inessential to science and technology, religion plays a productive role in the local practice of IVF in Turkey, thereby producing hybrid forms and relations. The narratives of many women I have talked with also provide examples for such hybrid forms of interaction between technology and religion.

[288] Bharadwaj, "Sacred Conceptions," p.456.

The religious importance of searching and trying

Religion functions as a means for these women to make sense of treatment inconsistencies, failure and their own suffering. They place their hopes in God who "rewards" those who have demonstrated their patience and faith in difficult times. Aliye described infertility as "God's will (*takdir-i ilahi*)." Some women consider their infertility and IVF treatment experiences a special test of faith. In an encyclopedia published by Marmara University's Faculty of Theology Foundation an article on test-tube baby technology incorporates a verse of the Koran related to childlessness: "God is the owner of ground and sky. God creates whatever S/he wishes. If God wishes for someone, S/he gives a girl, if God wishes S/he gives a boy....If God wishes S/he leaves someone barren."[289] Here, it is underscored that there is a reason if God creates something like "infertility." Then the article continues to say however that it does not mean that when one does research and tries, s/he collides with his/her fate; and the article adds, "Hence it is not religiously improper for couples to undergo a treatment and have a child through this treatment when they cannot have a child due to infertility." In this discourse, "reproductive agency" gains a religious value.[290] Hence, some women believe that they are religiously mandated to "search for children." In this manner, the importance of research and trying takes on a deeply felt religious value. Türkan describes her process of researching and trying IVF in this way: "If there is something, God also gives its cure (*şifa*).You should look for your remedy (*derman*). If it does not happen, it does not happen; you should accept your fate, but after you struggle for

[289]Menderes Gürkan, "Tüp Bebek," in *İslam'da İnanç, İbadet ve Günlük Yaşayış Ansiklopedisi*, p.2063.

[290] M.Inhorn, Local Babies Global Science, p.170.

it."[291] Like Türkan many women believe that God wants them to undertake IVF. Throughout the IVF treatment process they believe "in God first, and then doctors," as Naciye remarks.

God's helping hand

After beginning IVF, engagement with God becomes a mechanism to make sense of the unknowns of IVF. Embryo transfer emerges as one of the most difficult parts of IVF, which remains relatively unknown for the patients as well as the physicians. With the introduction of IVF, the process of fertilization comes under the control of science. Although being only one of the IVF stages, this is what gives its name to the overall IVF process, *in vitro fertilization*. Yet, embryos that are produced under scientific control in the lab are transferred into the female body, and after this moment the rest remains "unknown" for physicians as well. In engaging with such uncertain aspects of their medico-scientific IVF practice, the physicians deploy the concept of "risk:" "Risk implies uncertainty that can be calculated and managed in terms of probability by using technologies of statistics."[292] Hence, IVF is defined by medical discourse in terms of success rates and risk factors.

In their accounts, some women combine both medical and religious explanations. A combination of both medical and religious explanations works as a coping mechanism when "unknowns" are not satisfied by science. Thus the gap left open by science is filled with God. Additionally such reliance on religious

[291]Interview by author, tape recording, İstanbul, Turkey, 26 June 2008. "Bir şey varsa, Allah şifasını da vermiştir. Dermanını arayacaksın. Olmuyorsa da olmuyor kaderine boyun eğeceksin. Ama önce bir mücadeleni göstereceksin."

[292] Can Açıksöz, "Navigating in the Ocean of Risk: Discourses and Experiences of Prenatal Diagnosis in Istanbul, Turkey", (M.A. Thesis, University of Texas, 2004), p.50.

explanations also helps them manage anxiety and fear as well as make sense of their own IVF suffering.

Canan's story of a long IVF treatment process depicts how she attempted to understand and give meaning to both the successful and unsuccessful procedures in religious as well as in technical terms. Canan was told by the doctors that IVF was her only hope for a child, whereupon, she decided to try IVF. After a long period of diagnosis and medical examinations, she began her first attempt which instilled hope in her. After waiting for the pregnancy test result with hope and worry, the result came – and was negative. She described that result as "devastating" for her. Then, Canan asked the doctor why it failed, and her doctor answered in this way: "We fertilize eggs in the lab, and everything is fine. Yet after we transfer eggs into the uterus, we cannot do anything. The third person singular steps in during that period."[293] She continued her narrative by explaining what her doctor meant by these words: "It is destiny (*kısmet*). He (the doctor) called it in those terms, rather than defining it as God (*Cenab-ı hak*)." As in this case, leaving things up to God can also be done by physicians as a means of explaining the unpredictability of IVF outcomes. Hence, God enters into IVF practice both via physicians and patients' words and actions.[294]

Canan's account also involves medical explanations for undesired IVF outcomes. In explaining her second failed attempt, she compared the IVF success rate with that of "natural reproduction:" "They (the doctors) told me that it (the success rate) is also 25 percent in normal (reproduction)." In medical discourse, a

[293] Interview by author, tape recording, İstanbul, Turkey, 31 March 2008."Laboratuarda döllüyoruz, her şey çok güzel gidiyor. Ama rahme koyduktan sonra artık biz bir şey yapamıyoruz. 3.tekil şahıs giriyor araya."

[294] Charis Thompson, "God is in The Details," p.557.

low success rate of IVF is justified in terms of a redefinition of natural fertility. Fertility is redefined as a difficult process which itself has a low chance of success. Based upon this formulation, since normal fertility has a 25 percent chance of success, low success in IVF is "normalized." In order to increase the probability of success in IVF, there are a number of factors emphasized by doctors, such as the woman's age, the number of transferred embryos and the quality of the embryos.

A woman's age is considered as the first major factor affecting the IVF success rate. As discussed in the first chapter, medical discourse produces a negative female body image. Based upon this image, a link is established between a woman's age and her reproductive capacity. It is argued that as a woman ages, her fertility decreases since she loses her "good eggs" with every menstruation. This process of "loss" for women begins from birth and ends with menopause. Age 35 gains importance for women according to this calculation because it is argued that after 35 her fertility decreases dramatically. Therefore, age matters for women. Based on this assumption, IVF success rates are determined according to a woman's age. Since age 35 is critical for female fertility, it is also taken seriously for IVF. While prior to the 30s IVF success rates are defined as approximately 60 percent, it decreases as a woman enters her 30s. Thus, women who are in their late thirties and above are automatically described by the medical discourse as a risky group when they are trying to have a child. All failures and risk factors that they may encounter during IVF are closely associated with their "advanced" age. So, all responsibility is placed upon the women themselves.

In Canan's case, because she was in her early twenties when she began IVF, her age was regarded as an advantage for her in the context of IVF. Yet despite her

young age her attempts were not successful. After two failed attempts in a public IVF clinic, Canan decided to go to a private clinic, as she also related her failed attempts to "low quality lab facilities and inexperienced stuff in the public clinic." Yet, her first attempt in the private clinic also failed. Her following account represents how the doctors try to make sense of the unknowns created by repeated IVF failures: "They (the doctors) say that all of the attempts have failed, so let's find another reason for failure. Let's do a genetic test. Whatever they say, you do it." A genetic test emerges as an option to figure out the failure in terms of genetic causes, and the couple or embryos can be examined genetically with this aim in mind. In Canan's case, the genetic test result was negative – so, the gap still remained unfilled. Here, by examining the genes to discover the reason of the failed IVF attempts, responsibility is again placed upon individuals themselves.

During her third cycle, the reason for the failure given by the doctor was "a low quality of eggs," which is very closely related to a "negative female body image" producing a correlation between the quality of eggs and a woman's age. According to this correlation, the quality of eggs declines as women get older. "Low quality of eggs" is a common theme that emerges in many women's accounts of IVF. Through their IVF attempts, women learn how "to see" embryos via visualising technologies. Sometimes, the quality of their embryos is proved with ultrasonographic pictures. If an IVF cycle fails, the frequently given answer for this failure is "low quality embryos."

After failed three cycles, Canan had gotten used to receiving negative results, and so on her fourth attempt she was not expecting a positive result. Yet, she finally had her test-tube twins. She described her success with her fourth attempt in

terms of the role of destiny. She told me that she had had a number of problems during the embryo transfer. The embryologist was going to transfer three embryos into her uterus, but two embryos were forgotten in the tube and only one was transferred. The embryologist somehow realized two that two embryos had been forgotten and transferred them as well. While telling me about this "accident" that took place during embryo transfer, she emphasized the role of God: "I always think that they (the forgotten two embryos) may be Enes and Nisa (her twins) (laughing). They have a destiny to live."[295] Hence, Canan narrativizes her IVF experience as a success story which is made possible with God's helping hand as much as that of IVF.

Embryo transfer by Praying

Emine is another woman whose IVF story also resulted in success with the birth of her test-tube twins. She began the interview with these words: "Nine years passed, with dreaming and desire for a child." Then she continued in this way: "Finally, God granted me children."

Emine underwent two IVF cycles in two different private IVF clinics. After the first failed cycle, she succeeded in her second cycle. Her success story also involves many difficulties that had to be handled. In her story, the difficulties of IVF resulted from the IVF clinic where she underwent her first IVF cycle. She compared the two clinics and explained how the second succeeded while the first did not.

According to Emine, the first clinic was poorly skilled in IVF, and was exploiting the patients only for money, while the second clinic had a high-skilled staff. She described the head doctor of the second clinic as "*işin kurdu*" (expert of

[295]Interview by author, tape recording, İstanbul, Turkey, 31 March 2008. "Belki de diyorum Enes ile Nisa'ydı onlar diyorum(gülüyor). Sonradan kısmetleri varmış."

business) who exactly knew what he was doing. Another difference between the two clinics for Emine was the attitudes of the doctors towards her, especially during embryo transfer. She complained about her first doctor because he made her upset during the embryo transfer by telling her that her embryos were not good enough and she was at an advanced age:

> Imagine that at the time of embryo transfer the doctor was telling me that, rather than making me feel good. The doctor said that my eggs were not good. If they were not so good, don't transfer them. Why were you transferring them if they were not so good? If they were not good, if my age was advanced...It is irrelevant. I was 31 years old during the first cycle. When I underwent IVF here (second clinic) I was 34. Even the doctor here told me I was still young. It was very different there; it was very different in here… I am telling you the difference; look at the way the doctor in there talked to me and look at the way the doctor in here talked to me. He said to me, 'I hope Emine, God willing (*inşallah*) it will succeed and you will not have to try again.' He was praying for me. He placed the embryos, helping me relax and with prayer.[296]

The way Emine explained me the differences between two clinics suggests the way she ascribes meaning to her success with IVF at the present time. While she is narrativizing her IVF story, she reorganizes and reconstructs it. Religion plays an important role in her IVF account, as in that of Canan. She employed religious explanations to understand her successful and unsuccessful IVF cycles when medical explanations did not satisfy her.

Emine told me how she had prayed for a child throughout her IVF treatment process. Together with Emine, her family and friends also prayed for her. They held

[296]Interview by author, tape recording, İstanbul, Turkey, 23 October 2007. "Düşün transfer yapılacak, bana bunu diyor, bana moral vereceği yere. Zaten yumurtaların da diyor çok kaliteli değildi. Kaliteli değilse koyma o zaman. Neden koyuyorsun ki çok kaliteli değildi? Kaliteli değildi, yaşım şeydi… Hiç alakası yok. Birincide 31 yaşındaydım. Burada yaptırdığımda 34 yaşındaydım. Hatta doktor bana yaşın daha genç dedi. Buradaki çok faklıydı, oradaki çok farklıydı."… "Farkı söylüyorum; oradakinin bana söyleyişin tarzına bakın bir de buradakininkine. Bana dediki " İnşallah Emine bu tutar da bi daha uğraşmazsın" dedi. Bana dua ediyor adam. Moral vererek koydular, dua ederek koydular."

home meetings to read the Koran to help Emine to have a child via IVF. She also began to perform *namaz* (praying) for a child. The emphasis on performing such religious rituals in her account demonstrates how she succeeded with IVF. She also told me that before she went to the second clinic, she had lied down for *istihare*[297] in order to pray to God whether the next cycle would be good(*hayırlı*) or not for her. She mentioned how she had seen herself in a dream making dough (*hamur yoğurmak*): "And that night I kneaded dough with my hands. I put in the yeast (*mayalamak*) and made it. I heard that yeasted dough (*mayalı hamur*) refers a good thing, meaning, it will succeed."[298] She was asking in her dreams for a sign from God whether she would have a baby:

> Even my dreams were about that. I was asking my God when I would have a baby or whether I would have one or not. I will never forget that event; I saw in my dream gold in a bag. I was holding it in my hand but I could not see it. That was 2 or 3 years ago. Think about it! You could not see it. And this year I saw the gold, I took that gold in my hand. I mean, I took it in my hand the year when I got pregnant and gave birth. There were two piece of gold, my twins (laughing).[299]

By including her dreams in her account, Emine identified her choice of the second clinic as God's will. She chose the clinic, underwent her second cycle and succeeded, because in her belief God helped her.

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[297] *İstihare* is a kind of religious ritual in which one lies down to sleep after performing duties of worship and asks for divine guidance through a dream.

[298]Interview by author, tape recording, İstanbul, Turkey, 23 October 2007. "Ve o gece ben hamur yoğurdum elimle. Mayaladım ve hamur yoğurdum. Çok güzelmiş mayalı hamur, hani tutacak anlamında."

[299] Interview by author, tape recording, İstanbul, Turkey, 23 October 2007. "Rüyalar bile hep onun üzerineydi. Allahım diyordum çocuğum ne zaman olacak diye, olacak mı olmayacak mı diye. Onu hiç unutmuyorum; bir kesenin içinde altın gördüm. Altını elimde tutuyorum ama görmüyorum. Bundan iki-üç sene evveldi, düşünün, görmüyorsun. Ve bu sene o altını gördüm, elime aldım o altını. Yani o hamile kalacağımın, doğum yapacağımın senesinde elime aldım o altını. İki altın, iki tane olacakmış(gülüyor)."

Experiencing IVF as God's will

I wanted to interview Sibel because she has become a well-known public figure as the founder of ÇİDER, the first association engaging in the issue of infertility and infertility treatment in Turkey. Sibel's life story also appears as a success story in the context of IVF, and the Association became "the fruit" of her success in IVF. Sibel's treatment process in search for a child took more than twenty years. In describing her IVF experience, she emphasized the importance of determination in the path toward having a child. Her IVF story involved failed attempts and disappointments. Yet, she did not give up because she believed that she had not yet reached "the end of the road." The end of the road refers to the end of producing eggs, that is, menopause. She said: "There was always a chance, as long as there was ovulation." She followed up this chance. Yet, the doctors were less hopeful than Sibel about her case, and Sibel discussed how the doctors expressed their hopefulness with such words:

> We went to X hospital. In X hospital, they checked the inside of my womb to see whether it was ok or not for pregnancy. During this period, myomes had grown in my womb because of the hormones I had taken. They grew abruptly when I took the hormones. Typically they are removed in surgery, and so I also underwent such surgery. At this time, the doctor checked my womb and said to me: 'your womb is misshapen like a potato sack. A baby will never adhere and grow there.'[300]

As the years passed, she reached the age of 42. According to her doctors, her test results began to signal that she was about to enter menopause. Nonetheless, she believed in her body despite the doctors' negative descriptions of her body. Then her

[300] Interview by author, tape recording, İstanbul, Turkey, 15 November 2007. "X hastanesine gittik. X hastanesinde rahim içine bakıldı, rahim içi düzgün mü falan diye. Bu arada o geçtiğimiz dönemde ilaç almaktan miyomlar vardı. İşte rahimde birden bire büyüme yaptılar hormon verince. Onlar ameliyatla alındı. Böyle bir ameliyat da geçirmiştim yani. O ameliyat geçirdiğim zamanki doktor demiş ki "rahim içi öyleki patates çuvalı gibi eğri büğrü ve burada şey. Burada asla çocuk yerleşmez"

game with "the numbers" began. Because of the various side effects of hormones on her body, Sibel decided to get what she needed from vegetables rather than hormones. In this way she aimed to ameliorate her blood test values to reach the desired level for conception:

> One year later, my blood test values were around 5, meaning I could conceive. It is a kind of fertility level… When I got to 5, I immediately went to the doctor again and had the inside of my womb checked. It was as straight as a line, there was no problem.[301]

After reaching those high values, Sibel decided to undergo her sixth IVF cycle. Since she was 42, the doctors gave her a 2 percent chance of success with IVF. For the doctors, that may have been very low; but for Sibel it was enough for her to have hope about the next cycle. She said: "This 2 percent chance was as valuable as a100 percent chance for me." At the end of this cycle she finally got pregnant. After more than twenty years of treatment processes, involving more than ten AI attempts and six IVF cycles, she succeeded in having her child via in vitro techniques.

In describing her success with IVF after years of efforts to have a child, she also highlighted God's helping hand as much as that of technology: "It was from God. I believed that God helped me. I believed that God helped me a lot with this. Yes, I suffered, I got upset a lot, I was exhausted, and I tried hard – and God helped me."[302] Sibel's account implies the importance of searching and trying first and then

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[301]Interview by author, tape recording, İstanbul, Turkey, 15 November 2007." Bir sene sonra, kan tahlilim benim 5 oldu. Doğuracağım. Doğurganlık şeyi."… "Ben 5 çıkınca hemen ilk iş gittim ve rahim içine şeyine baktırdım ve dümdüz hiçbir şey kalmamış."

[302] Interview by author, tape recording, İstanbul, Turkey, 15 November 2007. "Allahtan. Tanrının yardım ettiğine inanıyorum. Tanrının bana çok yardımcı olduğuna inanıyorum bu konuda. Evet, çektim, çok üzüldüm, çok yoruldum, çok çalıştım ama tanrı yardım etti."

leaving it up to God. She narrativizes her success story as a result of her determination and efforts but guided under the will of God.

Then she associates the entirety her story of IVF, replete with the themes of pain, disappointment as well as determination and success, with her story of ÇİDER:

> I believe that there is a reason for everything that happens in life, under the will of God. There must be a reason why I tried for years. I had exerted so effort. I have lived so many things. All of these have constituted an experience for me. I thought that I have to share all of these, my feelings. That was how the 'cocukistiyorum.com' website came into existence.[303]

Her infertility and the subsequent treatment process occur in Sibel's narrative as a reflection of God's will. Her efforts for years to get pregnant constitute an experience for her. Through ÇİDER, she is now trying to share her experience with others who cannot have a child.

Canan, Emine and Sibel were those who were successful in achieving motherhood via IVF. They told their IVF stories as success stories, and the gap created by infertility in their lives is filled by IVF. Therefore their stories ended with a "success" provided by IVF under the will of God. In their accounts, God rewarded them for their enormous efforts in achieving motherhood. What about the stories of those women that do not succeed with IVF? What role does "hope in God" play in their narratives?

Apart from those women who had children via IVF like Canan, Emine and Sibel, there are many other women who are still trying, in different phases of their IVF cycles. They have not seen the desired outcome from IVF. In these women's accounts, "hope in God" garners a different meaning. In their cases, the gap created

[303]Interview by author, tape recording, İstanbul, Turkey, 15 November 2007. "Hayatta her şeyin bir sebebinin olduğunu inanıyorum, Tanrı tarafından. Bunca sene uğraşmamın da mutlaka dedim bir sebebi var. Yani şimdi bu kadar uğraştım, bu kadar şeyi yaşadım, bu kadar bi tecrübe oldu bu. Bunları mutlaka paylaşmalıyım duygularımı. Ve çocukistiyorum.com internet sitesi böyle doğdu."

by infertility has not yet been filled by IVF, and the desire to have a child still has not been achieved by technology. There is no resolution, and thus no closure in their narratives. In this respect, they manage to give meaning to the gap which is not filled by IVF in their narratives as well as in their lives, by appealing to the role of God.

"God Knows"

Naciye is a housewife 36 years of age. She has been married for 8 years. Her husband is a laborer, and for economic reasons they were not able to begin IVF. After her husband found a job offering insurance, they finally underwent IVF at a private clinic in 2007 whose expenses were covered by the state. Due to her "advanced" age, she was diagnosed with "low ovulation." Therefore, her IVF failures were often associated with her age. After two failed cycles, she is now preparing for her third cycle. In describing her IVF experience, she talked about how she was hopeful about her two cycles. Yet, failures turned her hopes into fear:

> I had a hundred percent faith in my first cycle. I thought it was going to work, I thought I could finally relax and that I would be saved. Yet, when I got a negative result on the first try, I lost my hope. I was afraid that I would fail again. I say to myself that after all these efforts if it fails again I will be very upset. But still, God knows all.[304]

The issue of whether IVF fails or not is linked to the will of God in Naciye's account. She is trying and making efforts with IVF, and then leaves the rest up to

[304]Interview by author, tape recording, İstanbul, Turkey, 26 June 2008."Yüzde yüz olacak gibi hissettim ilkinde. İşte olacak, rahatlayacağım kurtulacağım. Ama böyle düşük sonuçlar olunca ilkinde gene ümitsiz oldum. Hatta bunda da diyorum bu kadar şey yapacağım gene olmazsa bayağı üzülüyorum diyorum. Yine tabi Allah bilir yine de."

God: "It may succeed or it may not. Everything is from God. I believe that everything is first in God's hands and then in doctors' hands."[305]

Merve is another woman who is preparing for her first IVF cycle. After failed several AI attempts, she finally began IVF in a university hospital. She is 32 and working as a worker in a food factory. She has been married for 14 years. When I talked to her, she was taking hormones and had come to the clinic to get her hormone levels tested. She is planning to complete her quota of three cycles offered by the state. She explained her chance of success in these words: "If God wills. God knows if it will succeed or not." Hence, by placing her hope in God, Merve reorganizes her story in a way that she gives meaning to her IVF experience and she thus manages to keep her hope alive against the possibility of failure.

Türkan is another woman who has already begun her second cycle in the same university hospital. Her IVF cycles are covered by the state since she is a beneficiary of Bağkur as a farmer. She is now taking her hormone regimen for her second cycle. She is planning to use up her quota of three IVF cycles offered by the state. So, she has only one cycle left. When I asked her what she was hoping from her upcoming cycles, her answer was as follows:

> For the future? If this cycle fails as well, I may try one more time. We may try the third one. But, I am not thinking of trying a fourth or a fifth. Also I hope that my husband will quit drinking so we may have a child in 'natural way,' I have not lost my hope in God. If it is 'written' by God, we live it.[306]

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[305]Interview by author, tape recording, İstanbul, Turkey, 26 June 2008. " Olabilir de olmayabilir de diyorum işte. Allahtan her şey. Önce Allah sonra doktorların elinde her şey diyorum."

[306] Interview by author, tape recording, İstanbul, Turkey, 26 June 2008. "İlerisi için? Mesela bu sefer de tutmadığı takdirde yani belki bir kez daha deneyebiliriz. Bir üçüncüyü de belki deneyebiliriz. Ama 4–5 onu zannetmiyorum. Bir de yani inşallah diyorum eşim alkolü de bırakırsa zaten belki kendiliğinden de olabilir. Allah'tan ümit kesilmez. Cenabı Allah yazmışsa görürüz yani."

Türkan also places her hope in God. Yet in her narrative "hope in God" also plays a different role. While she had no infertility problem, her husband was diagnosed with a low sperm count, and his infertility problem was medically linked to his use of alcohol and cigarettes. So, Türkan narrativizes her IVF process around the theme of her husband's use of alcohol. She believes that if he quits drinking, no problems will remain to prevent them from having a child in the "natural way" or via IVF. She explains that when her husband quit drinking for a year, she got pregnant and gave birth to a premature baby, but the baby did not survive. Her husband drinking again, and the fertility problems came back. Therefore, she relates their failed IVF cycle to her husband's use of alcohol as well. There is no problem in her body or IVF; rather, the problem lies with her husband.

During the interview, when I asked Türkan whether she sees infertility as a disease, she replies me in this way:

> At first it seems like a disease but I think now if it (IVF) does not succeed, in the end nobody is going to die. We are immensely healthy people. We laugh, we do our jobs. It doesn't matter if it does not succeed. We can go on with our lives in some way, thank to God, without depending on anything, I realized that after my first failed cycle.[307]

This account implies a process of transformation in the perception of self, the meaning of childlessness and expectations about the future. Since a resolution is not provided by technology, these women try to fill the gap that remains open, by redefining it. In her narrative, Türkan redefines infertility through the theme of death. For her, infertility is not a disease which causes death or has other negative

[307]Interview by author, tape recording, İstanbul, Turkey, 26 June 2008. "İlk baştan bir hastalıkmış gibi ama yani diyorum ya eğer tutmadığı takdirde sonunda ölüm yok yani. Biz gayet sağlıklı insanlarız, gülüyoruz, işimizi yapıyoruz. Ya tutmasa da tutmasın yani. Biz hayatımızı bir şekilde çok şükür ki hiçbir şeye yani bağlı kalmadan hayatımızı devam ettirebiliyoruz ben bunu anladım ilk denememde tutmadı ya."

effects, unlike many other diseases. She thanks God for not being in a worse situation than infertility.

Merve's account also involves a process of transition in her self-perception during the IVF process. She describes how she can also be happy without a child:

> If God 'writes' it so, it (the baby) may die even if it succeeds. I figured that out on my own without having to experience such an event, or a child. …I don't have any problems with my husband. There are lots of people around me who have children, but they have many problems as well. I don't have any problems with my husband. I am still happy. I am happy even though I don't have a child and because I don't have any problems. By thinking on my own, in this way I have gotten over it.[308]

Merve associates the failures of biomedicine with the will of God. She believes that she does not have a child because God wants it so. Therefore, she produces her own resolution in her narrative. Although the gap remains unfilled, she tries to fill the gap by redefining it in a different way. In this respect, she underscores her success in her relationship with her husband. Although they have not succeeded with IVF, they succeeded in becoming a "modern couple" in the context of IVF. They are still happy, even though they do not have a child. They have managed to stay together during the long years of the treatment process. They have not become a happy family via IVF, but they have being tried to be a happy couple without a child.

In her narrative, Çiğdem also explains how she began to think about childlessness, herself and her life in a different way. She is 32 and has been married

[308] Interview by author, tape recording, İstanbul, Turkey, 27 June 2008. "Allah istemedikten sonra olup da ölür şey yapar. İllaki bir şey yaşamadan kendi kendime de çözdüm. İllahi çocuk… Benim eşimle bir problemim yok. Ne çocuğu olup da ne problemleri olanlar var ki. Eşimle bir sorunum yok. Mutluyum gene de. Mutluyum çocuğum olmasa da bir problemim yok diye. Kendi kendime zamanla düşünerek atlattım."

for 8 years. For economic reasons, she put off IVF until 2008. Now she is undergoing her second IVF cycle:

> In the beginning, I was very upset about it (childlessness), and it was always on my mind. Now I tell myself it doesn't matter if it doesn't happen. A child isn't everything. Of course, if I have a child, it would be great, but if I don't, it is not the end of the world.[309]

She said that she had been thinking about childlessness in this way for three years. Her husband's health problems also contributed to this process of transition. Her husband was diagnosed with diabetes. She mentioned how it adversely affected her husband's health, especially the health of his eyes. This outbreak of health problems caused her to rethink her infertility.

These narratives indicate that IVF experience is not a static procedure; rather, it involves a continual re-evaluation process. It is the way women manage and reevaluate their needs, perceptions and expectations as well as their disappointments and fears in relation to their experiences of IVF. This process also functions as a strategy of "hope management." In the face of unexplained failures with IVF, it is important to be able to keep up hope. Hence, balancing the hope for success against the fear of failure emerges as a crucial component of the IVF experience.[310] Many women highlighted the importance of this balance between hope and fear during IVF. However, balancing hope and fear is usually a difficult task and often unsuccessfully achieved by women. While too much hope for success creates a large amount of disappointment, too much fear of failure is regarded as a potential reason for negative results.

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[309]Interview by author, tape recording, İstanbul, Turkey, 27 June 2008. "İlk başlarda daha çok takıyordum. Hep aklımdaydı. Artık, olursa olur olmazsa olmasın diyorum kendi kendime. Hani her şey çocuk değil. Tabiî ki olsa çok güzel olurdu. Ama olmazsa da ölüm yok."

[310] Franklin, *Embodied Progress*, p.154.

The accounts stated above involve a different form of hope management. As Marcia Inhorn discusses in the case of Egypt, hope may take particular local forms in different local contexts. Inhorn states that in Egypt hope and belief in technology are always tied to God.[311] The interviews I have conducted with IVF-seeking women illustrate how hope takes a cultural form in the local context of Turkey. Similarly, most of the women I talked with also placed their hopes in God in describing their IVF experiences. It provides them with a way to explain a series of inexplicable phenomena, including why some IVF cycles succeed while others fail. Yet, the theme of "hope in God" does not emerge in all women's accounts. Three of the women I interviewed did not make any reference to religion in explaining their IVF experiences. The common characteristic of these women is that they are university graduate, middle class women. Instead, they place their hope back "in nature." If IVF fails to assist, they mention to "leave it up to the nature."

## "Hope in Nature"

Nilay is a former IVF user. When I interviewed her, she was three months pregnant. She got pregnant "naturally" after having stopped treatment. After graduating from university, she began working. She was 32 when she got married in 2001. One year later, she wanted to have a child. Then a long infertility treatment process began for her. She underwent four IVF cycles, none of which succeeded. Due to the physical, emotional as well as financial difficulties of treatment, she stopped.

In explaining her IVF experience, which lasted 6 years, Nilay repeated the word "obsession" several times: "I was obsessed with it (having a child)." By

[311] Inhorn, *Local Babies, Global Science*, pp.170–173.

describing her search for a child as an obsession, Nilay attempted to give meaning to her long treatment process. According to Nilay, she was obsessed with it and she had no patience to wait. She did not complete her fertility drug treatment, and she also did not want to waste any time with AI cycles. Upon request of the doctor, she underwent one AI cycle and she wanted the results immediately. For her, IVF seemed to be the only hope for a child. She underwent four IVF cycles in different private clinics paying out of pocket, none of which yielded positive results; IVF which she had undergone, in the hope of having a child, had not succeeded. Now, she describes her IVF experience as a reflection of her obsession with having a child. While Sibel explained her success in IVF as a result of her determination throughout this process, Nilay perceived the determination as an obsession after several failed IVF attempts.

While she considered herself an "obsessed woman," her husband emerged in her narrative as "a rational man" who managed to act reasonable during IVF, unlike her. Nilay talked about her husband as the spouse who tried to calm down her throughout the IVF process by repeating to her, "I have sperm and you have eggs. It is a matter of timing. They will manage to meet someday." During the IVF process their sperm and egg were indeed made to meet in the lab, but unsuccessfully. After four failed IVF cycles, she quit treatment, implying the end of the obsession in her narrative. After four months she got pregnant "naturally," which was the event in her narrative that implies that her husband was right - it was just a matter of timing. In her narrative, the gap which could not filled by technology was closed over by "the nature." The issue of whether she gets pregnant becomes a matter of luck, and

it could have happened during IVF. If she had gotten pregnant during IVF, she would be telling us a success story like Sibel, Emine and Canan.

Nilay did not deny the importance of IVF as a resolution offered by biomedicine. Since it did not succeed despite her all efforts in dealing with its emotional, physical and financial demands, she thought that stopping treatment and leaving it to nature was better than keeping on trying.

> Waiting may be better, because this process (IVF) was so too depressing. There may be many people who become very happy at the end of this process. Yet, as a person who went through this process, I do not recommend it to anybody. I suffered a lot. Yet if I had gotten pregnant via IVF, I may not probably talk in that way. If I had gotten a positive result during any of the cycles, I would be saying something totally different from I am saying now.[312]

Among these three women, Nilay is the one who stopped treatment and then got pregnant. Serpil and Zerrin are still in treatment. Serpil was about to undergo an embryo transfer in an IVF clinic at a university hospital when I interviewed with her. Zerrin was looking for a clinic for her second cycle after her first attempt failed in a private clinic. Both women define the IVF process as "exhausting," "depressing" and "very hard," but since IVF emerges as a modern technology offering the hope of having children, they decided to try it. Both said that they were too hopeful about their first cycles because everything is done in the lab under the control of science. Nonetheless, their hopes turned into frustration when their IVF attempts failed.

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[312]Interview by author, tape recording, İstanbul, Turkey, 26 March 2008. "Belki beklemek çok daha iyi yani. Çünkü o süreç çok can sıkıcı. Yani sonunda çok mutlu olmuş olan insanlar da var. Ama yani ben mesela o süreçten geçmiş biri olarak kimseye bunu öneremiyorum. Çünkü ben çok ızdırap çektim. Ama belki eğer gebelik olsaydı böyle konuşmazdım. Onlardan birinde belki olumlu bir şey olmuş olsaydı o zaman herhalde tamamen başka bir şey diyecektim."

So, they emphasize the importance of keeping patient (*sabır*) in the face of the unanticipated difficulties of the IVF process. Zerrin emphasized the importance of staying patient as she gave advice for women considering IVF:

> Firstly, she should be very patient. Absolutely she must be very patient. She should be ready to face many difficulties, because in the middle of treatment you may come down with a health problem, meaning treatment has to stop. It leads to the shipwrecking of your all hopes. I mean, the treatment can be cut off, even if the cycle isn't finished yet. Timing is very important. I mean, it is important not to hurry. I am doing the opposite of what we are supposed to do. And it actually hurts me. One who manages to leave it to time can get through this process easily.[313]

The theme of patience also came up in Nilay's narrative, but in a different way. She identified herself as impatient because she began IVF treatment and underwent several cycles one by one. For Nilay, being patient refers to the capability of waiting for the right time when the egg and sperm will manage to come together.

For Zerrin and Serpil, the gap created by the discovery of infertility remains unfilled in their narratives as well as in their lives. They appreciate IVF as an option available when nature fails. As Serpil describes it, to know the availability of such an option offers them relief. However, if IVF fails to assist them, they think that it is better "to leave it to time," "leave it to nature." In this way nature is reconceptualized when faced with the failure of IVF to assist nature.

To sum up, IVF is usually appreciated as offering an expansion of reproductive choice: "It typifies the kind of choice which is entered into with an

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[313]Interview by author, tape recording, İstanbul, Turkey, 28 June 2008. "Öncelikle çok sabırlı olması gerekiyor. Kesinlikle çok çok sabırlı olması gerekiyor. Birçok zorlukla karşılaşacağını bilmesi gerekiyor. Çünkü tedavinin ortasında bile pat diye bir rahatsızlıkla karşılaşılıp tedavi iptal edilebiliyor. Bin bir ümitle başladığınız her şey bir anda suya düşebiliyor, yani sona ulaşmadan bile şey yapabiliyorsunuz durabiliyorsunuz. Zaman çok önemli, hani acele etmemek gerekiyor. Ben kendim yapıyorum ve bana zarar veriyor aslında bu. Zamana bırakabilenler, rahat insanlar bu süreci daha rahat atlatabilirler."

expectation of enablement, and hope for an improved reproductive future through technical assistance".[314] Yet, it takes a very different character when the process has begun. Often presented as hope technology, IVF imposes a very complex model of conception, which is replete with new demands, dilemmas and disappointments. Coping with the unanticipated complex nature of IVF not only imposes emotional, physical and financial demands, but may lead to a profound experience of hopelessness. The state of hopelessness that IVF aims to respond to may be advanced by the intense IVF process. Rather than offering resolutions, IVF can take away any hope of resolution for many women. Although people suffering from infertility are routinely represented in popular media accounts as "desperate" due to their infertility, most women describe themselves as not "desperate" but rather as "becoming desperate" as a result of treatment. Canan explains how the IVF process has intensified her feeling of hopelessness:

> Anxiety begins after you undergo IVF and it fails. Before that, you never consider that it will fail, because you think everything is done perfectly in IVF, they take the eggs outside the body and fertilize them. In two to three days, they become babies. After that, they are placed into the womb of the mother. But, it fails…You begin to worry after that…you undergo the first cycle, and it fails. Then you do a second cycle, and it fails. For example, I felt destroyed when the third cycle failed.… You begin to abandon yourself to despair. You begin to worry about whether it actually works or not.[315]

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[314] Franklin, *Embodied Progress*, p.169

[315]Interview by author, tape recording, İstanbul, Turkey, 31 March 2008. " Endişe şeyden sonrası oluyor, tüp bebeği yaptırıp da olmadıktan sonrası endişelenmeye başlıyorsun. Ondan öncesi olmayacak diye hiç aklına gelmiyor. Çünkü tüp bebekte her şeyi yapıyorlar dört dörtlük, hani yumurtayı dışarıya alıyorlar, dölleniyor. 2-3günlük bebek oluyor. Ondan sonra ana rahmine konuyor. Ama tutmuyor."…"Endişelenme şeyden sonrası, birinciyi yaptırıyorsun olmuyor, ikinciyi yaptırıyorsun olmuyor. Mesela ben üçüncüde çok yıkıldım."… "Umutsuzluğa kapılıyorsun. Acaba hiç olmayacak mı diye endişelenmeye başlıyorsun".

Aliye also described the intensification of the feeling of childlessness during the IVF process: "While going through all these stages, your desire for a child increases more and more." This is a common theme emphasized by these women who have been in the treatment process for years. As these examples illustrate, "What IVF is seen to offer may be precisely what it takes away."[316]

In this chapter I have addressed the paradoxes of IVF and the strategies women develop to cope with them. Their narratives imply how the discrepancy between the hope offered by IVF and the complex nature of IVF reality is managed. While for many women hope in technology is always tied to God's helping hand, for some women it requires the helping hand of nature as well.

[316] Franklin, *Embodied Progress*, p.169.

# CHAPTER V

# CONCLUSION

My aim in this thesis has been to provide a local story of a global biomedical technology, IVF, in Turkey in order to understand how test-tube baby making is specifically produced, lived and narrativized within a certain context. My discussions are based upon the interviews I have conducted with 15 women with regard to their IVF experiences. I have argued that the production of test-tube baby making in a given place, namely Turkey, is not a culturally-neutral process, but instead involves local forms of science and medicine, and particular conceptualizations of nature, modernity and morality.

By deploying a Latourian theoretical framework, but one supported by my focal concern on power relations, I have aimed to problematize the purifying discourses of biomedicine and technology, thereby highlighting the complex intersections through which hybrid stories, practices and bodies are produced within the local culture of IVF in Turkey. Each chapter has been devoted to one specific aspect of these complex intersections. After the introduction, in the second chapter I focused on the production of the local culture of IVF in Turkey. There, I attempted to problematize the purifying discourse of "assisting nature" via IVF, and thus elaborate on the complex interaction of various social actors vis-à-vis legal, religious, economic and popular discourses and practices. These constitute a hybrid network of actors who participate in the very process of identifying the appropriate and inappropriate forms of test-tube baby making in Turkey. It is also in this process

that IVF is defined as a modern medical treatment; infertility is described as a biological disease that can be cured by the helping hand of IVF, and the heterosexual married couple is identified as an "appropriate" patient unit of this technology.

The third chapter has discussed the making of the couple within the biomedical context of IVF. Following recent developments in the field of medicine and technology, men are also involved in infertility treatment, and thus infertility started to be described as a couple's problem rather than a female problem. I have argued that the discourse of the couple produces a purifying discourse of heterosexuality through which the oppositional relation between the man and the woman is reconstructed on the basis of universalizing medical explanations. Consequently, the man and the woman are treated as one in terms of a couple within the context of IVF. The inclusion of the man in the IVF process is perceived as a sign of the supposed equality between the man and the woman in terms of IVF treatment, in a way that represents the claim of modernity offered by modern technology. Yet, gender is at stake in the construction of the couple. In order to problematize the purifying discourses surrounding the construction of the couple and to uncover its gendered character, I dwelled on the couple as a hybrid form of subjectivity. Since infertility is described as the couple's problem, the wife and the husband are both involved in the IVF process, however, it is likely that they relate to the technology in different ways and have different experiences. In order to reveal these differences, I focused on the women's narratives, which involved different responses to the highly gendered experience of "becoming a couple". While the women are narrating their husbands' inclusion in the treatment process and their

experiences as a couple, they are also producing stories about their relations with technology, medicine and society. What lies behind and beyond the purifying discourses of biomedicine, which produces an illusion of equality between the man and the woman in the IVF context, what pains and desires are experienced yet ignored are highly significant. I have tried to explore and discuss these in the second chapter by focusing on the women's accounts of "becoming a couple" during the IVF process.

Although IVF is represented as a modern technology creating miracles for "desperate infertile couples;" IVF appears for those couples as a more complicated process than its representation as a simple technology leading to miracles. The infertility treatment process is divided into multiple stages, and each stage creates its own hopes and disappointments, thereby turning IVF into a cycle of successes and failures, even if it results in a pregnancy. Based upon the narratives of women, in the fourth chapter I addressed the paradoxes of IVF and the explanatory models those women construct in order to reorganize their stories and make sense of the uncertainties of IVF. In these accounts, "hope in technology" takes on different meanings. For many women assisted conception involves God's helping hand just as much as that of technology. These women associate "hope in technology" with "hope in God," while some place their hopes in "nature" for engaging with the uncertainties created by IVF. So, my aim has been to indicate how these women respond to the "purifying" discourse of "hope technology" by producing hybrid narratives about IVF in which religion becomes an explanatory tool for explaining their IVF experiences. This is how women turn over to God the responsibility that medical power imposes upon them for the causes of infertility as well as the failures

and uncertainties of science and medicine. This helps them handle their feelings of frustration, failure and incompleteness and at the same time offers an excuse for the failures of science and technology.

Although I have analyzed some specific sites of intersections where emergent and diverse meanings of IVF are constructed, there are many aspects of the issue that I could not include in this thesis because I had neither the time nor the place to explore them within the scope of this thesis. For example, I did not include the views of men in this thesis. Such analyses focusing on the relation between men and IVF may be helpful to expand the scope of academic work examining the significance of gendered power relations in the structuring of new reproductive technologies. The ways in which fertility is associated with virility in the construction of hegemonic masculinity can be further explored. It could also be interesting to study the men's IVF experiences in terms of the meanings of some specific practices, such as masturbation required during semen collection. Although I limit my study to the narratives of women with regard to IVF, I also think that it would be highly significant to examine the professionals in the field of reproductive medicine, who provide IVF to the public. How they reproduce and reflect particular ideologies of society, family, gender, health, science, market, state, modernity and morality in their practices of IVF are important to study.

IVF technology enables the creation of embryo(s) *in vitro* trough the fertilization of sperm and egg outside of the female body. Technically in a single IVF cycle, from 1 up to 30 eggs (which are hormonally produced) can be collected from a female body, and many of these eggs usually fertilize and become embryos. If there are embryos left over after the embryo transfer they are labeled as "extra".

So, there arises the controversial issue of "extra embryos". The answer to the question of what should be done with these "extra embryos" varies from country to country according to their local practice of IVF. Currently, in the USA alone, it is estimated that there are approximately 500,000 frozen embryos currently in storage.[317] The issue of frozen embryos has generated heated debates in many countries. For example, in the United States, embryos are almost always connected to the abortion debates in which the boundary between an embryo and a fetus becomes blurred in the name of "pro-life" discourses. There are also practices of "adoption" of frozen embryos legally allowed in many countries, in which the frozen embryos are donated to other couples. On the other hand, extra embryos have become the subject of debates concerning "embryonic stem cell research". The embryo exists as a strange entity which stands at the margins of "human" and "non-human." In some contexts, it is treated as "human," the disposal of which is described as destroying humanity; while in others, it is treated as "non-human," becoming research material for the development of science and medicine. I think it is one of the most interesting issues that should be studied within Turkey.

IVF is controversial not only because it produces extra embryos. Also, it has introduced the practices of sperm banking, egg donation, surrogacy and genetic engineering, which raise many social, ethical, political and anthropological issues. I have tried to highlight some of these issues within the limit of this thesis. The ways in which these issues are debated and resolved shed light on the conflicting and contested constructions of kinship, parenthood, family, sexuality and reproduction. For example, a few months ago another sperm donation case has appeared in the

[317] "Stored Embryos Frozen in Time", *National Post*, 29 December 2008

media. The daughter of a famous Turkish actor got pregnant via sperm donation in Denmark. This issue has raised interesting debates that needs to be further examined. To what extent can a woman use her "right" to have a child? Under which conditions is the exercise of this right characterized as "inacceptable," "unnatural," "immoral" and even "dangerous?" How does the discourse of "rights" operate in a way that reproduces the naturalized ideal of heterosexual family? How can the "reproductive rights" of women be restricted in the name of protection of "rights" of fathers and children or the fetus? Is the desire to become a single mother via sperm donor "selfishness" or the reflection of "extreme motherhood?" (*aşırı anneler*)[318] (This term implies these women who try everything possible to become a mother.) What political implications do the practices of sperm-egg donation and surrogacy have for queer theory? How can these practices be discussed in terms of "body as property" and what political implications does it offer for the feminist theory of the body? Is the emergence of wombs for rent or sperm and eggs for sale a form of the commodification of the body or a form of organ donation? These are some of the questions that I have encountered during my research but due to limitations could not add to my analysis.

There is another vital question that needs to be further examined: why do women undergo such difficult, painful, expensive and ineffective processes of IVF? As I have discussed in this thesis, they enter the world of IVF with the hope of having their own child. They need to feel themselves "normal" in a social context where fertility is "normalized" and "naturalized" through scientific, political, cultural and religious discourses. Even, on the 8th of March, Women's Day

[318] Nazife Şişman, "Üreme Özgürlüğü Mutlak mıdır?", *Star*, 25 May 2009.

celebration, Prime Minister of Turkey advised women to give birth to at least three children. On the other hand, through the same political, scientific, cultural, religious and legal discourses, some forms of "making children via technology" are described as "unnatural" and "immoral," and are even legally forbidden. In order to fit with the "naturalized" and "normalized" norms of society, women undergo IVF with the hope of having a child. Yet, they have to deal with the physical, psychological, financial and emotional burdens of the process and technology. If IVF succeeds, all these difficulties are characterized as the "maternal sacrifices" that are made for having the desired child. Yet, for many women IVF does not result in a "take-home baby." So, rather than offering resolutions, IVF can take away women's hopes of having a child. As I have discussed in the fourth chapter, most women describe themselves as not being "desperate" in the beginning, but "becoming desperate" as a result of the long and painful treatment process. The accentuation of the feeling of childlessness during the IVF process is a common theme highlighted by many women. What else could be a desirable alternative for IVF for women? Why is adoption not regarded as a desirable alternative? It seems that adoption is still a taboo issue in Turkey due to social, religious and cultural factors. If "fertile" people are encouraged to openly adopt children, could it contribute to the destigmatization of adoption and the acceptance of adoption as a desirable option for "infertile" as well?

As Rayna Rapp points out, the complex cultural objects, such as IVF, have neither methodological nor theoretical boundaries; they may be examined from

multiple angles and sometimes competing points of view.[319] I hope my study provides a contribution to this ignored field of research in Turkey, by offering a fertile ground for further social investigations. As Sarah Franklin states, the twenty first century is witnessing enormous developments and examinations; while on the one hand, there are the so-called "sciences of life" which have come to focus largely on topics such as genetically modified foods, genetic engineering, cloning, stem cells, transgenic organisms and new reproductive technologies such as IVF or PGD[320]; there are, on the other hand, "the sciences of death" which have arisen in direct response to the legacy of nuclear weapons and the study of atomic energy.[321] They imply the scientific manipulation of the beginnings and endings of life, producing an overarching set of moral and ethical questions. With such developments, we become more aware that "we live in a world of hybrids for the characterization of which we run short of categories."[322] As Latour says, "instead of always being explained by a mixture of the two "pure" transcendences, the activity of nature/society making becomes the source from which societies and natures originate."[323] As I have tried to discuss throughout this thesis, what is reflected as

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[319] Rayna Rapp, *Testing Women, Testing The Fetus: The Social Impact of Amnıocetesis in America* (New York: Routledge,2000), p.306.

[320] PGD( Preimplantation Genetic Diagnosis), also known as embryo screening, refers to procedures that are performed on embryos prior to implantation.

[321] Sarah Franklin, "Origin Stories Revisited: IVF as an Anthropological Project," *Culture, Medicine and Psychiatry* 30 (2006), p.552.

[322] Hans-Jörg Rheinberger, "Beyond Nature and Culture: Modes of Reasoning in the Age of Molecular Biology and Medicine," in *Living and Working With The New Medical Technologies*, edited by M. Lock, A.Young and A.Cambrosio (New York: Cambridge University Press, 2000), p.29.

[323] Bruno Latour, "One More Turn After The Social Turn" in The Social Dimensions of Science, edited by Ernan McMullin(Notre Dame: University of Notre Dame Press,1992), p.282. Quoted from Hans-Jörg Rheinberger, "Beyond Nature and Culture: Modes of Reasoning in the Age of Molecular

"modern" in IVF is both "sacralized and scientific, actual and imaginary, promissory and disappointing."[324] In other words, "IVF reveals their hybridity and their importance to an anthropology of what is biological as well as what is spiritual, modern, technological or scientific."[325]

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Biology and Medicine." in *Living and Working With The New Medical Technologies*, edited by M. Lock, A.Young and A.Cambrosio (New York: Cambridge University Press, 2000), p.29

[324] Franklin, "Origin Stories Revisited," p.553.

[325] Ibid.

TOPLUM

SAĞLIK / ÇOCUK SAHİBİ OLMANIN YENİ YOLLARI

# El bebek, gül bebek, tüp bebek...

*Dünyanın ilk tüp bebeği, Louise 8 yaşına girerken, tüp bebek konusu, Türkiye'nin de gündemine geldi. Geçtiğimiz hafta toplanan Yüksek Sağlık Şurası'nda, tüp bebek konusu ele alındı ve 4 uzmandan oluşan bir komisyon "tüp bebek" uygulamasının ilkelerini belirlemek üzere çalışmalara başladı. Açıklama yapan çeşitli hastane yetkilileri, bilgi birikimi ve laboratuvar açısından tüp bebeğe hazır olduklarını ifade ettiler. Hukuk uzmanları ise Medeni Kanun'un ilgili hükümlerinin bu yöntemle çocuk sahibi olmanın yaratabileceği sorunları kapsadığını, taşıyıcı annelerin para karşılığı rahimlerini kiralamalarının ise Avrupa'daki gibi Türkiye'de de açıklığa kavuşmamış bir durum olduğunu belirtiyorlardı. Bu arada, tartışmaya başka bir yetkili, Diyanet İşleri'nin Din İşleri Yüksek Kurulu karışıyor ve "tüp bebeğin ancak belli koşullarda sakıncasız" olduğunu açıklıyordu.*

*Tüp bebeğin Türkiye'de teknik olarak mümkün olduğunun açıklanmasının hemen ardından başlayan bu tartışmaların daha uzun süre devam edeceği, konunun hukuki, toplumsal, ahlaki, psikolojik ve dini boyutlarıyla irdeleneceği anlaşılıyor.* **Nokta,** *bu tekniklerin, Batı'daki on yıllık uygulamalarının yarattığı sorunları Türkiye'deki tartışmaya yeni bir boyut kazandırabilmek amacıyla özetledi:*

1985 baharında, Fransız televizyonunun seyircileri ekranda beliren iki kadın, bir erkek ve bir yeni doğmuş bebekten oluşan grubun görüntüsüyle sarsıldılar. Basın günlerce bu gruptan bahsetti. Olay insani yönüyle son derece duygulandırıcıydı. Evli, biri 13, diğeri 15 yaşında iki çocuk annesi olan **Monique**, kız kardeşi **Josette**'in hiçbir zaman çocuk sahibi olamayacağı kesinleşince, eniştesinin spermleriyle suni yoldan döllenmeyi ve çocuğu onlara vermeyi kabul etmişti. Sağlıklı geçen hamilelik, bir sürprizle son bulmuş. Monique'in ikizleri olmuştu.

Ama bu cümle bile, olayın duygulandırıcı güzelliğinin ötesinde etkileri olacağını gösteriyordu. İkizler Monique'in miydi? Yoksa baştan beri düşünüldüğü gibi, Josette'in mi? Gerçi bu örnekte, olay baştan beri bir anlaşma havası içinde geliştiğinden bir sorun çıkmamıştı. Ancak hukukçular, bu sorunun cevabının bu kadar kolaylıkla verilebileceğini düşünmüyorlardı. İki kişi arasında bir çocuğun alınıp verilmesine dair bir anlaşma yapmak hukuken olanaksızdı.

Bu örnek "anne-babalar ve çocuklar" dünyasında yeni bir adı-



Fig.4 "El Bebek, Gül Bebek, Tüp Bebek", *Nokta*, no. 52 (4 January 1987)

APPENDIX B

Table 1. The official list of IVF clinics in Turkey published in August 2008 by the Turkish Ministry of Health

| CITY | The Number of IVF Clinics |
|---|---|
| Adana | 5 |
| Afyon | 1 |
| Ankara | 18 |
| Antalya | 4 |
| Bursa | 6 |
| Denizli | 1 |
| Diyarbakır | 3 |
| Elazığ | 1 |
| Erzurum | 1 |
| Eskişehir | 1 |
| Gaziantep | 2 |
| Isparta | 2 |
| Istanbul | 41 |
| Izmir | 7 |
| Kayseri | 2 |
| Kocaeli | 2 |
| Konya | 2 |
| Malatya | 1 |
| Sakarya | 1 |
| Samsun | 1 |
| Şanlıurfa | 1 |
| Trabzon | 1 |
| | Total: 104 |

## APPENDIX C

## INFORMANTS

ALİYE: She was born in 1978 in Çorum. She is a primary school graduate and working as a "housecleaner." She married in 1996. Her husband was born in 1976 in Çorum. He is a secondary school graduate and working as a doorkeeper in an apartment building located in Beşiktaş where they also live. She went to the doctor first in 1998. She was told she had a vaginal "wound" that had to be removed. Another doctor diagnosed that she had blocked fallopian tubes. She took medication to rectify this condition for a period of three to four months. Then she stopped treatment for one to two years. They moved to Istanbul 6 years ago from Yalova after the Marmara Earthquake of 1999. In 2002 she underwent medical surgery to reopen her tubes. After state coverage of IVF commenced in 2005, she started IVF in 2006. To date she has undergone three failed cycles covered by SSK, two of which were practiced in a public clinic, and one in a private clinic. She has ceased treatment for one and half years. She is considering taking one more IVF cycle in a private clinic after saving up enough money for it.

AYNUR: She was born in 1973 in Giresun. She is a primary school graduate. She worked in the textile sector for a while, and now she describes herself as a housewife. She married in 1996. She and her husband live in Küçükçekmece. Her husband was born in 1973 in Giresun. He is a worker in the Küçükçekmece Municipality. She went to the doctor after 3 years of marriage. Her husband was diagnosed with a low sperm count. She had one AI cycle 8 years ago. For financial reasons, she stopped treatment. After saving up enough money, she underwent her first IVF in 2005 in a private clinic, but it failed. On the second IVF cycle, she got pregnant and gave birth to her test-tube twins.

CANAN: She was born in 1980 in Konya. She is a high school graduate and a housewife. She married in 1998. Her husband was born in 1970 in Konya. He is a university graduate and working as the manager of his own company. One year after getting married, she went to the doctor. During the first IVF cycle, she was diagnosed with infertility and the treatment failed. Then her husband was reexamined and diagnosed with a low sperm count and misshapen sperm form. He underwent medical surgery. She had one uncompleted AI attempt. Her first and second IVF cycles were done in a public clinic in 2000. The third and fourth IVF cycles took place in a private clinic. On the fourth cycle in 2005, she got pregnant and gave birth to her test-tube twins. Then, in 2008 she got pregnant "naturally" and gave birth to a boy. Now she is planning to use contraception.

ÇİĞDEM: She was 32 born in Giresun. She is a primary school graduate. She has worked a tea maker in a textile factory for 7-8 years. She recently quit work to undergo IVF. She married in 1997. Her husband is 33 years old, and was born in Isparta. He is a worker covered by SSK. They live in Kağıthane. Her husband was diagnosed with a low sperm count. For financial reasons, they postponed IVF. In

2008, she underwent her first IVF in a public clinic, but it failed. Now she is taking hormones for the second IVF cycle.

EMİNE: She is 35. She is a secondary school graduate and a housewife. She married in 1997. She and her husband live in Feriköy. Her husband is a worker. She used contraception for 6 months. In 1999 she had surgery to have a cyst removed from her ovary. Her husband was also diagnosed with immotile sperm. She also had laparoscopy surgery to open blocked fallopian tubes. Her first IVF took place in a private clinic, but it failed. For the second attempt, she went to another private clinic. She got pregnant on her second try and gave birth to twins in February 2007. She is now using contraception.

GÜL: She is 30. She was born in Yozgat. She is a high school graduate and working as a accountant in a private company. She married in 2005. Her husband is 30. He was born in Tunceli. He is a high school graduate and working in the marketing department of the same company. They live in Avcılar. She was diagnosed with Polycystic Ovary Syndrome and her husband with a low sperm count. She used fertility drugs for 3-4 months. She underwent 3 AI attempts in a public clinic, covered by SSK. In 2006, she underwent her first IVF in the same clinic and got pregnant. She is concerned about that it may be a chemical pregnancy; therefore she is waiting for an ultrasound image of "her baby." If it fails, she is planning to try up to 5-6 IVF attempts.

İLKNUR: She is 39. She was born in Adapazarı. She is a primary school graduate and a housewife. She married in 1995. Her husband is 42. He was born in Adapazarı. He is a primary school graduate. He is a worker covered by SSK. She did not undergo IVF for 1-2 years because of financial reasons. She was diagnosed as premenopausal due to her advanced age while her husband was diagnosed with a low sperm count. Her husband used medication and underwent surgery. In 1996 she underwent 3 AI cycles in a private clinic. She tried IVF in 1997 in another private clinic. Now she is taking hormones for her second IVF in a public clinic.

LEMAN: She is 30. She was born in Konya. She is a primary school graduate and a housewife. She has been married for 4 years. Her husband is 36. He was born in Konya. He is a police officer and covered by Emekli Sandığı. After waiting for 9 months, she began treatment. Her husband underwent two surgeries as he had a low sperm count. She was diagnosed with Polycystic Ovary Syndrome. In 2005 she underwent 4 AI attempts in a public clinic, one of which was terminated early. In 2005, her first IVF cycle in the same clinic resulted in pregnancy, but she miscarried when she was three and a half months pregnant. Her second try also resulted in pregnancy but she also miscarried in the fourth month of pregnancy. Her third IVF failed without pregnancy. Now she is taking hormones for the fourth IVF, and planning to freeze extra embryos left over from the fourth cycle for future attempts.

MERVE: She is 32. She was born in Kastamonu. She is a primary school graduate. She is a worker in a factory. She married in 1994. Her husband is 36. He was born in Kastamonu. He is a primary school graduate and a foreman in the same factory. They live in Esenyurt. In the tenth month of marriage, she began infertility

treatment. She underwent surgery to correct a vaginal wound. Her husband was diagnosed with a low sperm count and immotile sperm. She was advised by the doctor to have scheduled sex for 3 months. When she was 26, she undertook two AI attempts in a private clinic. Upon the advice of her doctor, she waited until the age of 30. When she was 30, she underwent another two AI cycles in a private clinic. Then she took one AI in a public clinic. Now she is taking hormones for her first IVF cycle in the same public clinic covered by SSK. She is planning to try up to 6 IVF cycles.

NACİYE: She is 36. She was born in Balıkesir. She is a primary school graduate and a housewife. She married in 2000. Her husband is 35. He was born in Edirne. He is a primary school graduate and a worker in a textile factory, covered by SSK. She postponed IVF treatment for 3-4 years for financial reasons. She was diagnosed as premenopausal. She underwent one IVF cycle in a private clinic in 2007. Another attempt took place in a public clinic. Now she is about to take hormones for the third cycle in the same clinic. Her husband underwent a medical surgery due to a low sperm count, and after the surgery his count level returned to normal.

NİLAY: She was born in 1976 in Istanbul. She is a university graduate. She married in 2002. She used contraception for one year. Her husband was born in 1963 in Tekirdağ. He is a university graduate. She is a painter. While she was diagnosed with Polycystic Ovary Syndrome, her husband was diagnosed with a low sperm count. She began infertility treatment in 2003 and used fertility drugs for 2 months. She also had failed AI cycles. She underwent the first IVF cycle in 2005 and it was terminated prior to the embryo transfer due to the complications caused by the hormones. She underwent another three IVF cycles. All of her cycles took place in private clinics. After all of her attempts failed, she stopped treatment. A few months later, she got pregnant "naturally." She is three and half months pregnant.

SİBEL: She got married in her early twenties. She was diagnosed with infertility. She divorced after marriage of four years. She was single for 11-12 years because of her infertility. When she was 35, she married her present husband who had a 9 year old boy. She had 22 years of infertility treatment. She underwent 11 AI cycles. She gave birth to a girl on her sixth IVF cycle. In 2002, she founded ÇİDER.

SERPİL: She is 37. She was born in Sivas. She is a university graduate and currently working as a teacher. She married in 2004. Her husband is 37. He was born in Çankırı. He is a university graduate and he is also a teacher. They live in Cerrahpaşa. She used contraception for 3 years. She has been in IVF treatment for one year, covered by Emekli Sandığı. Her husband was diagnosed with a low sperm count and immotile sperm. Her first IVF failed. Now she is on her second cycle and about to undergo an embryo transfer with extra embryos which were frozen on a previous cycle. She is planning to have one more cycle.

TÜRKAN: She is 34. She was born in Tekirdağ. She is a primary school graduate. She married in 1993. Her husband is 37. He is a secondary school graduate. They are both farmers and live in Şarköy, Tekirdağ. They are covered by Bağkur. She gave birth to a girl in 1997, but she survived only for a couple of days. Due to her

husband's objections, she could not begin IVF for years. Finally, she began IVF 6 months ago. Her husband was diagnosed with a low sperm count due to alcohol use. Her first IVF cycle failed. Now she is taking hormones for the second cycle. She is planning to try one more cycle.

ZERRİN: She is 30. She was born in Izmir. She is a university graduate and currently working as a teacher. She has been married for 4 years. They live in Istanbul. Her husband is 32. He was born in Konya. He is also a university graduate and working in a private company. She used contraception for 2 years. She has been in IVF treatment for two years. Her husband was diagnosed with a low sperm count. She had one failed IVF cycle in a private clinic. Now she is preparing to begin IVF in a public hospital, covered by Emekli Sandığı. She is planning to undergo IVF as much as possible.

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