THE EFFECTS OF REPRODUCTIVE RIGHT POLICIES ON WOMEN'S EXPERIENCE OF EGG AND EMBRYO FREEZING PROCESS IN TURKEY

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ABSTRACT

THE EFFECTS OF REPRODUCTIVE RIGHT POLICIES ON WOMEN'S EXPERIENCE OF EGG AND EMBRYO FREEZING PROCESS IN TURKEY

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Studies and analyses of reproduction policies are wrought with ambiguities in Turkey due to continuous changes within the legal framework. The aim of the study the effects of reproductive rights policies on women's experience of egg and embryo freezing process in Turkey. In order to answer the research problem of the study, qualitative research is used as a tool. Semi- structured in depth interviews were conducted with 18 women who either freeze their eggs or freeze their embryos, regardless of women's reasons for freezing. Thematic analysis employed as a method to research on women's narratives and experiences. Thus, the snowball sampling technique and purposive sampling was used to determine participants for the study. 'Dedoose', a web based qualitative data analyzing program, is used for data management and analyzing purposes.

Keywords: sexual and reproductive policies, reproductive technologies, fertility preservation, egg and embryo freezing

ÖZ

ÜREME HAKKI POLİTİKALARININ TÜRKİYE'DE KADINLARIN YUMURTA VE EMBRİYO DONDURMA İŞLEMİ DENEYİMİNE ETKİLERİ

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Türkiye'de üreme politikalarına ilişkin çalışmalar ve analizler, yasal çerçevedeki sürekli değişimler nedeniyle belirsizliklerle işlenmektedir. Bu çalışmanın amacı, üreme hakkı politikalarının Türkiye'de kadınların yumurta ve embriyo dondurma deneyimine etkilerinin incelenmesidir. Araştırmanın problemine cevap verebilmek için araç olarak nitel araştırma kullanılmıştır. Kadınların dondurma nedenlerine bakılmaksızın yumurtalarını donduran veya embriyolarını donduran 18 kadınla yarı yapılandırılmış derinlemesine görüşmeler yapılmıştır. Kadınların anlatılarını ve deneyimlerini araştırmak için bir yöntem olarak kullanılan tematik analiz ile değerlendiriliştir. Bu nedenle araştırmanın katılımcılarını belirlemek için kartopu örnekleme tekniği ve amaçlı örnekleme kullanılmıştır. Web tabanlı nitel bir veri analiz programı olan 'Dedoose', veri yönetimi ve analizi amacıyla bu araştırmada kullanılmaktadır.

Anahtar Kelimeler: üreme hakkı politikaları, üreme teknolojileri, doğurganlığın korunması, yumurta ve embriyo dondurma

What remains of the black cat,

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LIST OF ABBREVIATIONS

ART Assisted Reproductive Technologies

EEF Egg and Embryo Freezing

ICPD International Conference on Population and Development

LGBTI+ Lesbian, gay, bisexual, transgender, intersex and plus

METU Middle East Technical University

NGO Non-governmental organization

UN United Nations

TUIK Türkiye İstatistik Kurumu

WB World Bank

WHO World Health Organization

CHAPTER 1

INTRODUCTION

1.1. Background and Scope of the Study

The right to reproduce, in other words, the right to decide on reproductive choice was inherently claimed as the right to prevent unwanted pregnancies and the safe uterine evacuation in 1979 in Turkey (Official Gazette no. 16655). Despite the pervasiveness of this topic, reproduction as a concept is placed in somewhere between gender and family (Almeling, 2015). Nonetheless, with the advancement in reproductive technologies, the right to reproduce has started to be discussed beyond precise research on gender and family in the literature. Nowadays, social scientists adopt reproduction studies as a case to examine science and technology, markets and neoliberalism, health and medicalization, aging, social policies, population studies, social movements and inequalities related to class, disability, and sexuality.

Building on a recent research, studies of reproduction conceptualize a large variety of topics that I offer in three main parts in order to categorize the discussion on this subject. The first one includes series of events like pregnancy, abortion, contraception, births, sterilization, fertility, infertility and adoption. The second one is reproductive technologies like IVF (in vitro fertilization) and gamete cryopreservation. The last one is third party assisted reproduction like surrogacy, egg and sperm donation. Studies on reproduction occur on multiple levels from individual decision making to policies and regulations related to the topic.

Today, sexual and reproductive rights are also offered as a request to advance technologies in the field of reproduction (İmamoğlu, 2019). The latest version of "the

right to reproduce", in this context, has been accepted as a fundamental right, protected by "The International Covenant on Civil and Political Rights" in accordance with the related provisions and rules of the "Constitution of the Republic of Turkey" (Official Gazette no. 25175). These rights are under the consideration of basic human rights. As an addition to Turkish Civil Rights, many declarations have been published by international committees regarding sexual and reproductive rights prospectively and Turkish government signed on behalf of these rights. Although these rights are not directed solely at women, women who have these rights hold economically and socially privileged positions. In that case, Assisted Reproduction and its related technologies can be explored in order to clarify what is implied by privilege. It provides key insights into social policy as women's experiences with reproductive technologies intersect with complex central / local power relations and structural inequalities.

1.2. Aims and Objectives of the Study

Studies and analyses of reproduction policies are wrought with ambiguities in Turkey due to continuous changes within the legal framework. In the case of Turkey, sexual and reproductive rights are considered as human rights and the governments are essentially responsible for the protection of these rights of its citizens. The government of Turkey signed international declarations on behalf and improved legal codes in relation to issues related sexual and reproductive health, women's participation in decision making processes about their bodies, raised awareness via non-profit organizations. However, implementation process of these rights is not always fulfilled or followed sufficiently which is observed in family, health and population policies that women directly subjected as concerned citizens.

This study aims to understand the effects of reproductive rights policies on women's experience of egg and embryo freezing process in Turkey. One of the methodological aims of the study is to analyze women's lives, experiences and stories from their various and multilayered perspectives. The study discovers meaningful differences and similarities in order to reveal a significant pattern.

The scope of reproduction in the study is reduced to egg and embryo freezing technology usage for infertility treatment. This study will discuss the new technology of egg and embryo freezing with the background of current literature on family studies, infertility, medicalization, sexuality and gender. Theoretical aims of the study include, first, a preliminary research about the historical background of social policies for reproduction practices in Turkey. The main objective of the study is not to analyze the history of social policies about reproduction. Nevertheless, the lack of secondary data on the issue made it essential. This part of the research mainly follows the official gazette/ newspaper archives, legislations, international reports and official statistics. This thesis focuses on and limits itself with post-1987 laws, when the first regulatory legislation for assisted reproductive treatments was introduced. Secondly, the study critiques and discusses the literature in the context of reproduction within the phenomena of freezing procedures through feminist and anthropological frameworks.

1.3. Research Problem and Research Design

This thesis investigates the following question:

How reproductive rights policies effects women's experience of egg and embryo Freezing Process in Turkey?

In order to answer the research problem of the study, qualitative research is used as a tool. Semi- structured in depth interviews were conducted with 18 women who either freeze their eggs or freeze their embryos, regardless of women's reasons for freezing. Thematic analysis employed as a method to research on women's narratives and experiences. Thus, the snowball sampling technique and purposive sampling was used to determine participants for the study. 'Dedoose', a web based qualitative data analyzing program, is used for data management and analyzing purposes.

1.3.1. Context of Assisted Reproduction in Turkey

In a relation to reproductive rights, assisted reproductive technologies ("ART")[1] are introduced by Turkish legislation for treatment of involuntary childlessness, infertility or subfertility in 1987 within the "Regulation of In Vitro Fertilization and Embryo Transferring Centers" (Official Gazette, no. 19551). Since then, In Vitro Fertilization ("IVF")[2] treatments in Turkey are regulated by Ministry of Health and this Regulation has since been updated eight times. By definition, the initial regulation was a foresight legislation that only includes In Vitro Fertilization ("IVF") and Embryo Transfer since technology and medicalization were limited in that period.

On March 6th 2010, Article 18/1 was updated with new regulations and published in Official Gazette (no. 27513) by Ministry of Health. This article regulated the necessity of the protection of the sperms and oocytes for the medical circumstances and allowed preservation techniques included cryopreservation, in other words, freezing. However, it did not allow for all freezing procedures, only the selective ones, including cryopreservation of embryos,[3] which is permitted both for medical or non-medical reasons, while cryopreservation of oocyte[4] for non-medical reasons was prohibited. (Urman & Yakin, 2010; Vatanoglu-Lutz, 2012; Gürtin, 2011). More precisely, the amendment was only allowed for married couples, whereas single women did not get the right to freeze their eggs.

[1] Assisted Reproductive Technologies (ART) is an umbrella concept for all fertility treatments includes woman's eggs and man's sperms. E.g. donor eggs or sperm, cryopreservation, surrogate motherhood, or IVF.

[2] In Vitro Fertilization (IVF) is an effective and common type of ART, a medical procedure for test tube baby.

[3] Cryopreservation of embryo is a medical term for embryo freezing procedures for In Vitro Fertilization techniques indicates that sperms and eggs are fertilized and freeze to keep for further use.

[4] Cryopreservation of oocyte is a medical term for egg freezing that procedures for preserving women's eggs. Social scientists prefer to use "egg freezing" term in the literature.

Another amendment followed on September 30th 2014 (Official Gazette no. 29135) as an addition for extension in the legal framework concerning the cryopreservation for sperms and oocytes as medical and non-medical reasons. Article 20/3 declares that medical necessities requiring storage of reproductive cells and gonad tissues in women are as follows; (a) before the treatments like chemotherapy and radiotherapy which can be damageable for gonad cells. (b) before the operations that lead to loss of reproductive health like ovarian removal surgeries. (c) in the case of low ovarian reserve with no given birth, or the family history of early menopause, documented with a medical committee report, and three experts report who agree that cryopreservation is necessary. With this legislation, egg freezing for non-medical reasons is inherently labeled as a standard procedure along with sperm and embryo freezing. Also, the restriction on egg freezing procedures are relaxed and they are allowed to be used for other reasons including aging conditions like decreasing ovarian reserves, case of early menopause, or family history of early menopause (Göçmen & Kılıç, 2017). However, a single women who freeze their eggs face with legal restrictions in which that eggs can only be used for IVF, if the couples are married. In addition, third party involvement such as use of donor eggs, donor spermatozoa or surrogates have been forbidden. In addition to that, article 18/6 regulates that centers and / or center personnel who participate in the treatment process are not permitted to referring, directing, encouraging and mediating the patient to the other places -such as Greece or Cyprus which allow to a donor or surrogate treatment- to try the procedures of 18/5, involved practices and consequences of this action is shutting of the place and cancelling the certificate of IVF. This third-party regulation is important since the state does not only prohibit the gamete donation or surrogacy, but it also prohibits from being performed in or outside of Turkey, since doctors are not allowed to give counselling about options that other countries have (Urman & Yakin, 2010; Gürtin, 2011). In other words, while this process can be legally carried out in another country, the state legally prohibits giving this information to the patient.

In short, assisted reproductive technologies (ART) are legal and available only for heterosexual, married couples who are healthy enough to utilize their own gametes.

1.3.2. Cryopreservation of Oocytes or Embryos

The technology of cryopreservation of oocytes or embryos, in lay terms, freezing procedures are recent developments in the medicalization of reproduction that is allowed in Turkey. The uniqueness about this freezing technology is that the women who are using it are not currently infertile, however, there is "a prediction of future diagnosis" (Martin, 2010). Medical Reproduction has aggrandized its field even further, it now includes fertile population with the cryopreservation technologies (Faircloth & Gürtin, 2017). These freezing techniques now provide a way to preserve fertility. This study focuses mainly on oocyte and embryo cryopreservation, in other words, egg and embryo freezing.

Egg/embryo freezing are examined as medical purposes and non-medical purposes in social and medical literature. The difference is often made with the term called "choice". If women decide on these treatments as a choice, it is considered as non-medical. However, in the case of chemotherapy or other gonadotoxic therapies, it becomes part of the procedure to suggest the patient to freeze eggs or sperms. However, whatever the reasons are, the procedure promises "preserving potential future fertility" (Harwood, 2015, p:61).

1.4. Expected Contributions of the Study

I believe this thesis will offer a humble but significant contribution to the literature on social policy in the context of Turkey. The study on politics of reproduction in general within a framework of cryopreservation technologies provides the reader comprehensive account of historical background as well as contemporary developments in the field of reproduction, infertility and reproductive technologies. The study also discusses widely legal and ethical framework of reproductive technologies in the policy context of Turkey. Furthermore, this thesis has been produced with qualitative empirical study on the politics of reproduction with an attempt to give a well-grounded critics related to politics of social policy making and critical policy analysis. To some extent, it is delimitated that this study would serve as

a source regarding critics of reproductive technology related policies in the policy realm.

1.5. Structure of the Thesis

This thesis is composed of six chapters. The first chapter aims to give a brief background information about legislation in reproduction context in Turkey. It also gives the scope of study, aims and objectives of the study, research problems and research design and expected contributions of the study.

The second chapter of the thesis consist of literature review. This involves prominent discussions social approaches to studies of reproduction in general. I presented relevant social approaches about studies of reproduction, and the general structure of Assisted Reproductive Technologies in Turkey. Afterwards, I discussed widely about egg and Embryo freezing in Turkey

The third chapter of the thesis is overview of the policies and regulations in Turkey. In this chapter, I chronicled a brief information from Ministry of Health Legislation about a regulation of Assisted Reproductive Technologies in Turkey. Furthermore, I gave a brief overview about population, health and family policies in Turkey.

The fourth chapter of the thesis is provides the methodological ground of the study, clarifies data generation process, underlines the significant points from the field and explains the process of the analysis of the data generated from the field. Methodological arguments of which qualitative research techniques are used, research sample and the decision of the field, the process of the field, and my position as a researcher are given. I presented an overview information about the field and research that I conducted for the purposes of the study of my thesis.

In the fifth chapter, generated data and the analysis and interpretation along with the main findings of the research in consideration of the research problems of the study were presented. In this analysis chapter, the main research problem of the study analysed in three main sections. In the first section, general picture of the interviewees

demographically and characteristics of the findings of EEF process were proposed. Afterwards, discussion of the two hypotheses, tested in the methodology of the thesis which are distinction between medical and elective freezing and family planning among women who cryopreserved their eggs and embryos analysed and discussed from the perspective of Turkey. In the second section, policies and the role of the government through women's experiences on EEF are discussed as an outcome of the field. Financial, social and structural experiences of women who undergone EEF processes are examined. In the least section, the outcomes of the research which are motherhood discourse, women's empowerment and intersectionalities within the framework of EEF is discussed in the axis of the study.

In the last chapter, I will conclude the study with a brief summary of In addition to this brief summary, I will introduce contributions and the limitations of this research. And lastly, I will present recommendations for policy making purposes.

CHAPTER 2

LITERATURE REVIEW

This chapter aims to establish a multilayered perspective that places the study of reproduction at the center of social policy related studies. Moreover, it provides a broad overview of social approaches to reproduction from individual level to state level of policies. In this chapter, I used deduction as a writing method. In doing so, I focus on the major concepts including reproduction studies in the existing literature including neoliberalism and its outcome of individual choice, risk and risk management in the risk society and reproductive rights and social movements. Before examining the Egg and Embryo Freezing in the literature, this chapter overviews the Assisted Reproductive Technologies (ART) in order to demonstrate the structure of the interdisciplinary research areas of ART and its relationalities with other major concepts including, fertility & infertility, medicalization & biomedicalization, and biopolitics. In the last section of this chapter, the basis of knowledge about EEF in general including its terminology and its subjects and also its detailed literature review are discussed. In the last subsection, the feminist responses to EEF technologies will be examined. This chapter deals with the ongoing debates on first reproduction, then ART and lastly EEF technologies in general throughout the literature. It does not contain a discussion specific to Turkey which will be covered in the next chapter.

2. 1. Social Approaches to Studies of Reproduction

"Having or not having children" is it that simple? The term 'reproduction' seems to be quite distant from the female body since it became growingly associated with politics and demography. However, at the same time, reproduction is a concept essential to the female body and life cycle, surrounded by fertility, birth and childcare. Even though it is estranged from the body and we do not use it in our daily life as a term, reproduction constitutes important events and processes in life.

Almeling (2015) locates reproduction definitions in the academic literature under two main titles which explains reproduction as 'a process' or/ and reproduction as 'a series of events' that consist of women's bodies. She argues that analyzing reproduction as events would disregard the importance of process and vice versa. Approaching reproduction as the importance of events within the process emerges as an important result. Studying reproduction encompasses series of events including abortion, pregnancy, birth, contraception, adoption, in vitro fertilization and sterilization. In addition to the various researches on reproduction, it is also a process including social movements and state policies, science and technology, health and medicine, aging and life course, fertility and infertility, body and body politics. From this point of view, reproduction is a multidisciplinary term that deals with life cycle surrounded by fertility related processes and is intermingling to women and body politics.

Reproduction has emerged as a field that policy makers are increasingly discussing as much as social scientists, in which apparently power relations form the individual reproductive experiences (Myers, 2014). Whereas studies related to reproduction tend to focus on individual topics such as abortion, infertility, or pregnancy, research on those areas shows that the controversy associated with individual issues related to women's bodies has resulted in more research on state politics. Herewith, until the 1970s, reproduction was not a main area of research. After that, the analysis of reproduction has been enhanced by feminist and anthropological researches that started to focus on this subject (Ginsburg & Rapp, 1991). Currently, social research on reproduction is considered as a subfield standing between gender and family (Almeling, 2015).

Since the definition of reproduction is a broad field, the need to categorize has arisen as studies in this field have developed. Gimenez (1991) defines the categories of reproduction as follows: controlling fertility throughout contraceptive methods, monitoring and regulating the labor and childbirth via statistical documents and population strategies, monitoring the care strategies to provide neonatal and prenatal care and lastly, provide the infertile and subfertile bodies to have biological children. Although its sub areas have been gradually expanded with the expansion of the

technology, reproduction can be explained through these four main classifications that were determined by Gimenez. As I disclosed in the previous section, I offer three main parts in order to categorize the discussion on this subject. The first one includes series of events like pregnancy, abortion, contraception, births, sterilization, fertility, infertility and adoption. The second one is reproductive technologies like IVF (in vitro fertilization) and gamete cryopreservation. The last one is third party assisted reproduction like surrogacy, egg and sperm donation. Studies on reproduction occurs on multiple levels from individual decision making to policies and regulations related to the topic.

The research areas about reproduction include multiple methodologies and interdisciplinary areas with subspecialties. Although I will be arguing the issue of reproduction from a theoretical, practical and policy perspective, I will mainly focus on the second part of the reproductive technologies which are IVF (in vitro fertilization) and gamete cryopreservation, in other words, egg and embryo freezing technologies that I will be mentioning shortly as EEF.

2.1.1. Neoliberalism and Reproduction

Increasing insecurity in the society and the natural consequence of a drive towards risk management and self-investment are characteristics of the neoliberal state. Risk management is individualized with the logic of "choice" and delegates safety nets in the society (Foucault, 1991). It is expected that the neoliberal citizens are investing both for themselves and for their children and future. Deficiency to do so complicates the individual's moral status and access to remaining social services (Myers, 2017).

As the technology proceeds and its usage keeps to proliferate, its impacts also continue to evolve. Choice indicates that power of the management of the risk is shifted to the individual (Myers, 2014). The relevance of this issue with the reproduction is due to the following reason:

As first, the term "delayed motherhood" is an argumentative concept in the literature inquiring reproductive timing and it was culturally accepted as a term brimming with

assumptions about women's ability to "choose" when to become mothers. This statement is associated with the enhanced possibilities that contraceptive technologies provide to women and a large proportion of women's access to reproductive health services; as a result it is assumed that women can exercise equal control over the timing of conception. The idea brings out the assumption that pregnancy is an active choosing process by women in which they can "postpone" or "delay" motherhood until they choose to do so. However, studies examining women's decision-making and experiences of motherhood have shown that it is not usually the result of a conscious choice and planning, but the result of various factors, often beyond an individual woman's control (Teo et al., 2021; Myers & Martin, 2021; Göçmen & Kılıç, 2017; Cattapan et al., 2014; Goold, 2017)

Secondly, structural factor that has been identified as influential, but not often found in ordinary discourse about reproductive timing, is the effect of time spent outside the labor market on women's earning capacity and career prospects (Cattapan et al., 2014; Goold, 2017). This has led some feminist scholars to argue that there is an "illusion of choice" regarding motherhood, because although women are said to have freedom of choice as to when or if they will pursue motherhood, in reality this choice is shaped by social conditions (Cattapan et al., 2014; Goold, 2017).

Overall, reproduction researches provided a valuable discussions under the definition of neoliberalism and the political context in which women has a power to decide and balancing work life within.

2.1.2. Risk and Reproduction

Risk indicates as a multifaceted means of the possibility of future health, illness, or injury. The improvements of reproductive technologies are seen as a security for the future to have genetically healthy and related children (Myers, 2017). A considerable improvement in the method of preserving the eggs and embryos via cooling called cryopreservation has allowed women to indicate potentiality to become a mother for future. This potential can be seen as "insurance policy" (Patrizio et al., 2016).

Giddens argues that individuals living in a risk society develop trust in expert systems and risk assessment as a way to ensure safety. Myers (2014) identifies that these risk assessments plays central role in the ARTs in relation to risk society. She marks the narratives of reproductive choice and empowerment among women arguments selected to serve neoliberalism. While these seem to have an insurance policy for the future even under institutional and cultural constraints, they also generate an awareness of uncertainty, possibility, and risk (Myers, 2014).

The concept of risk has been conceptualized in "the risk society" and "governmentality" literature. Governmentality is introduced by Foucault in the 1970s in his studies about political power. In elemental terms, governmentality was understanding "a broad sense of techniques and procedures for directing human behaviour" (Rose et al., 2006). The issue of choice is further developed by Rose (2001), who relies on Foucault's theorization of governmentality. From this perspective, risk is no longer perceived at the individual level, but it is instead handled at a population level through the construction of risk groups. Thus, governmentality provides the tools of social control that enable populations to control and govern themselves in compliance with governmental interests (Foucault,1991). The biological reproduction of the population is a central imperative—consequently, techniques of governmentality regulate who, where, when, and how one reproduces.

Although risk and governmentality take distinctive positions, in terms of reproductive studies, these concepts provide expanding discussions in accordance with "the choice". This critical approach also allows us to discuss producing new forms of oppression under the terms of choice (Myers, 2014).

Concisely, the risk narratives constructed around reproductive studies played an important role in the theorization processes that will be discussed in further chapters.

2.1.3. Social Movements and Reproduction

There has been abounding published statements in respect of sexual and reproductive rights all over the world. International Organizations including WHO (World Health

Organization) as well as non-governmental organizations and state institutions struggled to achieve these rights. The universally accepted sexual and reproductive rights are as follows: the right to choose whether to marry or not, the right to choose whether to have children or not and the right to reach the contraception and /or fertility regulations (WHO, 2002; as cited by Özcan et.al, 2013). The states are declared to protect these rights for the sexuality and reproduction in many countries. However, the responsibilities by the states are not fulfilled sufficiently through history. For this reason, human rights activists as well as scholars advocating for these rights exhibited resounding actions that can be called social movements for the sexual and reproductive rights.

Social movements interested in assorted aspects of women arose within history. Women's health and reproduction has also been one of these concerned topics that activists struggle to seek and cannot be easily equated. Since they are always embedded in cultural, theological, and legal frameworks on which the rights of people are individually and collectively based (Ginsburg & Rapp, 1991). Anthropologists who study reproduction and reproductive rights have added a grounded view by analyzing not only the political and legal processes in which reproductive policies are enacted, but also the struggles, facts and processes and constituencies that are carried out (Ginsburg & Rapp, 1991). Researchers on these issues generally are participating with their opinions as both researchers and advocates aware of political stakes in their writings. For this reason, it is necessary to draw attention to the terminology revealed by activist movements in this field. I would like to highlight three different social movements that are considered important below.

2.1.3.1. Stratified Reproduction

The concept of '*Stratified Reproduction'* was introduced by the anthropologist *Shellee Colen*. Colen was studying 'West Indian child care workers in New York' and her work made a breakthrough since childcare workers were leaving their families behind to take care of wealthy families' children to provide livelihood for their own families (Smietana et al., 2018). Many feminist social scientists have adopted the 'Stratified

Reproduction' as a theoretical framework for examining a range of social inequalities (Agigian, 2019). As stated in this approach, reproduction is stratified along facades of the class, race, ethnicity, gender, sexuality, legal status and other intersectionalities that have been studied. Stratified Reproduction is based on the argument that some forms of reproduction are aided, determined and legally accepted while others are stigmatized, banned and blocked. Women differentiated unequally across reproductive hierarchies in that point of view.

2.1.3.2. Reproductive Justice

The Reproductive Justice movement was started by women of color in the USA and risen in the *International Conference on Population and Development*[5] in Cairo in 1994. The main goal was to consider the rights of women and their reproductive health as the center topic. The point was to make an effort and ensure that all women reach reproductive health care and family planning services.

Reproductive Justice can be identified as an activist movement of black, indigenous, queer and feminist women. Reproductive Justice is a significant movement since reproductive rights shifted to reproductive justice toward increased reproductive access for every woman (Smietana et al., 2018). Because of this reason, for women who do not have access to these rights, legal and ethical barriers were made visible due to the necessity of providing these services.

'Stratified reproduction' and 'reproductive justice' are concepts that remark and stand out for the inequality and discrimination. Also, they both focus on intersecting inequalities in the realm of reproduction. However, stratified reproduction is defined as a theoretical framework as an outcome of the process of research, while reproductive justice is a grassroot activist movement. Another distinction is that stratified reproduction demonstrates how the processes are going, while reproductive

[5] United Nations. (n.d.). the International Conference on Population and Development. United Nations. Retrieved February 4, 2022, from https://www.un.org/en/conferences/population

justice is focusing on how the processes would be going. While one provides a snapshot of the current situation, the other contributes with policy recommendations.

2.1.3.3. Queer Reproduction

The politics of reproduction -from abortion to assisted reproductive technology- echoes the disaffirmation around the organization of social life, from family to support mechanisms as well as the presumed acceptance of naturalness of family making (Mamo, 2018). Queer politics rejects the natural, normal, normative and demanding inclusion for the reproductive rights (Mamo, 2018). More recently, there has been an examination of how the stratified reproductive system affects the LGBTQ+ community. Stratified reproduction in the breeding ground of medicine fosters a political economy that does not include the right to health, but includes the right to purchase health care if they can afford it, and is worthy of these reproductive rights (Smietana et al., 2018). There are several limiting factors that affect queer reproduction desires and practices, including legislative frameworks, and social inequalities. The implications of the social norms and politics of heteronormatively prescribed childlessness, which result from normative expectations that non-heteronormative reproduction must be restricted as much as possible. While ART offers a solution to the childlessness situation, it is a general position of the state to present it by excluding the LGBTQ+ community.

2.2. Assisted Reproductive Technologies (ART)

The definition of "Assisted Reproductive Technologies" is ambiguous since technology is an ever-growing area and policies and regulations about ART[6] are ever-changing within the developing technology. As I discussed in the previous section, ART can be described as one of the main research areas of the studies of reproduction

[6] Assisted Reproductive Technologies are shortly used as ART in the terminology, especially in the legal and regulative documents. In this thesis, ART will be used to explain Assisted Reproductive Technologies.

under the subtopic of reproductive technologies. Assisted Reproductive Technologies is an umbrella topic that covers IVF (in vitro fertilization) and cryopreservation technologies that I will explain in detail in the next section.

ART had at some points been defined by WHO (World Health Organization) and recognized as "treatments" or "procedures". Also, WHO definition is a clinical and explicit one as follows:

> Assisted reproductive technology (ART): all treatments or procedures that include the in vitro handling of both human oocytes and sperm or of embryos for the purpose of establishing a pregnancy. This includes, but is not limited to, in vitro fertilization[7] and embryo transfer[8], gamete intrafallopian transfer[9], zygote intrafallopian transfer[10], tubal embryo transfer[11], gamete and embryo cryopreservation[12], oocyte and embryo donation[13], and gestational surrogacy[14].

[7] In Vitro Fertilization – as also known as test tube babies – "is an ART procedure that involves extracorporeal fertilization" (Zegers-Hochschild et al., 2009, 1521).

[8] "Embryo transfer (ET) is the procedure in which one or more embryos are placed in the uterus or fallopian tube" (Zegers-Hochschild et al., 2009, 1522).

[9] "Gamete intrafallopian transfer (GIFT): an ART procedure in which both gametes (oocytes and spermatozoa) are transferred to the fallopian tube" (Zegers-Hochschild et al., 2009, 1522).

[10] "Zygote intrafallopian transfer (ZIFT) is a procedure in which zygote(s) is/are transferred into the fallopian tube" (Zegers-Hochschild et al., 2009, 1523).

[11] "Embryo transfer cycle is an ART cycle in which one or more embryos are transferred into the uterus or fallopian tube" (Zegers-Hochschild et al., 2009, 1522).

[12] "Cryopreservation is the freezing or vitrification and storage of gametes, zygotes, embryos, or gonadal tissue" (Zegers-Hochschild et al., 2009, 1521).

[13] "Oocyte or Embryo donation is the transfer of an embryo or oocyte resulting from gametes (spermatozoa and oocytes) that did not originate from the recipient and partner" (Zegers-Hochschild et al., 2009, 1521).

[14] "Gestational carrier (surrogate) is a woman who carries a pregnancy with an agreement that she will give the offspring to the intended parent(s). Gametes can originate from the intended parent(s) and/or a third party (or parties)" (Zegers-Hochschild et al., 2009, 1522).

> ART does not include assisted insemination (artificial insemination) using sperm from either a woman's partner or a sperm donor" (Zegers-Hochschild et al., 2009).

Assisted Reproductive Technologies can be defined as any treatment or procedure that involve the use of cells in order to induce pregnancy for the purpose of human reproduction. I found this definition critical considering that ART does not only involve treatment, but also procedures that needs to be followed by the patients and experts. This statement actually points out that the scope of ART has already been expanded through these procedures.

This field is actually dominated by social and anthropological researches with the social, ethical and cultural aspects of the ARTs (Gürtin et al., 2015). ART can be placed in a broad array of research that explores the links between science and society (Thompson, 2005). Although we can count many technologies as ART, IVF (In Vitro Fertilization) -as also known as test tube baby- is the most known and common by everyone. Demircioğlu-Göknar (2015) explains this situation by media and of the discussions took place in TV was the normalization of IVF. With the advertisements of the test tube babies, IVF is socially accepted and childless couples participated in this normalization process. Not only IVF, but also cryopreservation is the way of to get the biological child. There are also third parties included like conception via the use of donor eggs, sperms or embryos and surrogacy is a use of assisted reproductive technology to have a child.

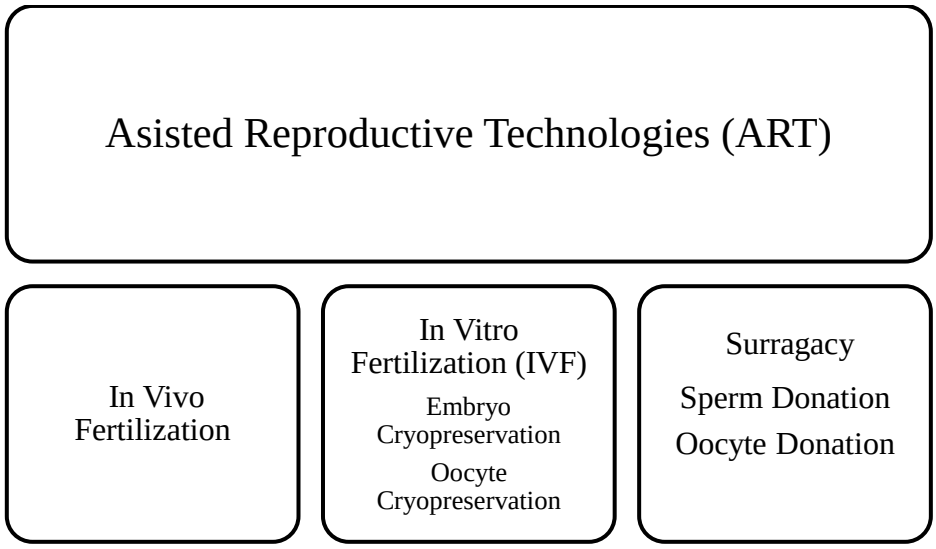

Figure 1: ART is Evaluated Under Three Main Headings

As categorized in the Figure 1 above, I offer in three main headings in order to categorize the discussion on the subject of Assisted Reproductive Technologies. Simply, in order for pregnancy to occur, an egg must be fertilized by a sperm. When fertilization occurs in the body, it is known as in vivo fertilization. When fertilization occurs outside the body, it is known as in vitro fertilization, or IVF. Babies born through this method are considered as normal babies, rather than test tube babies. That's why, some scholars do not consider In Vivo Fertilization as Assisted Reproductive Technologies. Whereas it is a simpler technique of fertilization, I consider In Vivo Fertilization as an ART since it is one of the methods used when the infertility occurs. In this table, I preferred to separate the surrogacy and donations since it requires a third party involvement. From all these techniques, I would like to focus on cryopreservation technologies for various reasons that I will explain in the next subsection. More recently, the increased success of cryopreservation technologies expanded the field of medicalized reproduction even further, including the fertile population of women (Faircloth & Gürtin, 2018). ART taken together with fertility, medicalization and biopolitics provide a more holistic understanding of reproductivity including better understanding for cryopreservation techniques. That's why, I will be discussing these issues below first, then the following section will attentively focus on

egg and embryo freezing techniques also known as cryopreservation techniques in the ART glossary and literature.

2.2.1. Fertility and ART

Fertility is the capacity to produce clinical pregnancy. Infertility, on the other hand, is the proper management of reproductive disorders (Borght & Wyns, 2018). Based on WHO (World Health Organization) definition of the international glossary, infertility stated as a disease portrayed by the failure to establish a pregnancy after 12 months of unprotected sexual intercourse or disability due to impairment of an individual of function (Zegers-Hochschild et al., 2017).

In demographics, fertility, infertility and most importantly infertility rates are the main indicators to demonstrate the population growth or decline (Borght & Wyns, 2018). Moreover, age-related fertility decline is the global problem (Faircloth & Gürtin, 2018) and Assisted Reproductive Technologies and its demand extended globally, as infertility perceived as a "treatable disease" instead of "misfortune" (Ross & Moll, 2020). New technologies related to fertility is playing a secondary role in the explanations of the fertility change. More specifically, fertility and technological change are intertwined at various levels; contraception, assisted reproduction, labor market and production technologies that make work environments more "women friendly" etc. (Morgan &Taylor, 2006).

Fertility and ART closes as the bark of the tree since involuntary childlessness and reproductive loss is often conceptualized as a disruption interpreted as things going wrong in life. It is a crisis that needs to be resolved (Faircloth & Gürtin, 2018). Moreover, using assisted reproductive technologies are normalized and desire to be a mother is neutralized by the hand of cultures and pronatalist ideologies of the states (Faircloth & Gürtin, 2018). Undoubtedly, ART illustrates the widely gendered nature of infertility since the diagnosis and treatment process is completely planned on the woman, and the intervention takes place with the woman's body. Thus, while the increased use of ARTs both facilitate and coincide with changes in traditional

patriarchal structures and child-rearing practices, "patriarchal paradoxes" continue to beset fertility treatment, particularly in some cultures (Inhorn, 2003).

2.2.2. Medicalization and ART

Medicalization defines a process in which non-medical problems, usually in terms of diseases or illnesses, are defined and treated as medical problems (Conrad, 1992). This perspective contributes to an understanding of power in relation to medical knowledge and practice. It has been criticized from this point of view that social life and social problems are increasingly “medicalized”, so modern medicine is undermining people's health rather than improving it. ART is defined as a medical treatment with the process of medicalization. With the enlarged definition of medicalization, infertility and fertility redefined.

The coming of new reproductive technologies including freezing technologies, genetic testing or egg donation displaced the position of women as they became the potential medical subjects as well as potential mothers (Martin, 2010). The redefinitions are reciprocal. While medicalization redefines the fertility, fertility shifts the definition of the gender. In that case, a woman’s desire to postpone to have a children or inability to have a children described as treatable; as a consequence, woman took more responsibility and quilt on managing or treating the conditions of infertility.

Another point that scholars underline is the medicalization of the body through the stigma of the society (Mamo, 2007). Stigma and medicalization together decides who is described as “infertile”. For instance, an infertility definition excludes all the people except heterosexual couples. Non-partners, lesbian or gay relationships cannot be diagnosed as infertile (Mamo, 2007).

Overall, medicalization and ART together create a technique to treat infertile. At the same time, this expansion multiplies the types of bodies and pregnancies that are medicalized. The very definition of medicalization and expansion of the subjects will be a discussion topic for the egg/embryo freezing technologies since the treatable subject as women will be expanded who are not diagnostically infertile.

2.2.3. Biopolitics and ART

The notion of "biopolitics" has served as an interpretative term in analyzing how the issue of the production and preservation of life is often voiced with the rise of death in all discussions. It is employed by both critics and advocates of technological processes (Lemke, 2010).

In this section, first of all, the concept of biopolitics, which will form one of the conceptual framework of the thesis, will be examined. Foucault's understanding of biopolitics will provide a framework to analyze EEF policies, which will be examined in the fifth chapter.

Foucault frames biopolitics by tracing the transformation in the mechanisms of power. The aim of biopolitics is to encompass life; What makes power come up to people's noses is that it claims to be responsible for their lives, not their deaths. Organizing life and controlling the population is an extension of the ideal of establishing a society that can meet the needs of power. Foucault's understanding of biopolitics therefore plays a key role in the analysis of many issues in which power surrounds life (Lemke, 2013).

2.3. Egg and Embryo Freezing (EEF)

The aims and objectives of the study are deepened in the light of the Egg and Embryo Freezing (EEF) techniques which are discussed in the previous section as cryopreservation techniques. My personal interest in this subject was started when I learnt women was not actually diagnosed as infertile, but still included in the treatment since women could be defined as infertile in the future. I was one of those woman.

I contacted my gynecologist for other complaints two years ago and after various tests and controls, my doctor decided to get my AMH tested. I have never heard AMH tests[15] or concerned about it before. My doctor explained it as a test for ovarian reserves which can be measured that way. I was pretty healthy, young and active with

[15] Anti- Mullerian Hormonal Test: The AMH test is usually used to check a woman's ability to produce eggs that can be used for fertilization.

no history of infertility or early menopause in the family, so thought I would be fine. I accepted the AMH testing. I'd been on the contraceptive pills since the age of 22 and I was regularly visiting a gynecologist since then. My test came back as 2.8 which I was told was an indication of early menopause. The results were low even for someone in her forties let alone someone in their twenties. I was referred to IVF and urged to get the soonest appointment for further tests. My FSH was 13 (another indicator of low ovarian reserve) and I had zero follicles in my right ovary. In short, I was 26, and single, haven't thought about a child or motherhood before and I learnt that I was losing my fertility. At that moment, my gynecologist advised cryopreservation of my eggs for future pregnancy.

WHO (World Health Organization) describes Cryopreservation in ART as follows:

> Cryopreservation: the freezing or vitrification and storage of gametes, zygotes, embryos, or gonadal tissue" (Zegers-Hochschild et al., 2009).

The study of egg freezing is a growing sub- topic on the social impact of reproductive technologies (Myers & Martin, 2020). Moreover, the technology of cryopreservation illustrates the process of freezing cells and storing them in the very low temperature in liquid nitrogen (Sciorio, 2020). This is quite a new and provocative area in the medicalization of reproduction since it allows an option for fertility preservation. Namely, reproduction clinics are able to freeze eggs, embryos and sperms for further use. Actually, in 2012, contrary to previous position, the American Society of Reproductive Medicine (ASRM) noticed that egg/embryo freezing technologies are no longer recognized as experimental. After this process, cryopreservation adequately legitimized and expanded in the market (Harwood, 2016). Due to the technical difficulties and high cost of egg freezing and the potential risks of damaging the egg during the thawing process, the techniques took a long time to finally be put into practice. But even after the process became safe enough for clinical use, the idea of

egg freezing remained as a taboo for a long time in many countries (Sandor et al., 2018).

Turkey is one of the countries that egg and embryo freezing are not widely known or experienced. Since 2014, while it is legal to use egg freezing technologies for elective reasons in Turkey, it was previously only allowed for medical purposes. However, due to legal and ethical restrictions, it is not well known or widely used like IVF (in vitro fertilization) technologies that I will discuss the legal and ethical perspective of freezing technologies.

Egg and Embryo freezing -in other words oocyte and embryo cryopreservation- is a unique area in that it is used by women who are not currently infertile but can predict a future diagnosis (Martin, 2010). Both my personal experiences and the fact that I see the unknowns and gray areas as I entered this field pushed me to work on this subject in detail. To look at this issue in more detail, I'll take a closer look at both the terminology and the research being conducted in this area within literature.

2.3.1. Disagreement about the Terminology

Before the digging into the literature, to clarify the confusion, I would like to discuss the terminology of the EEF literature.

In the literature, although there is no common terminology on this subject, it has been named in various ways. The situation that caused the confusion, in my opinion, was the fact that scholars were doing interdisciplinary research on this subject. The intertwining of social sciences and medical research about the area produced a mixed result of terminology. I will try to briefly summarize the confusion arising from the terminology and I will show the used terminology of my research.

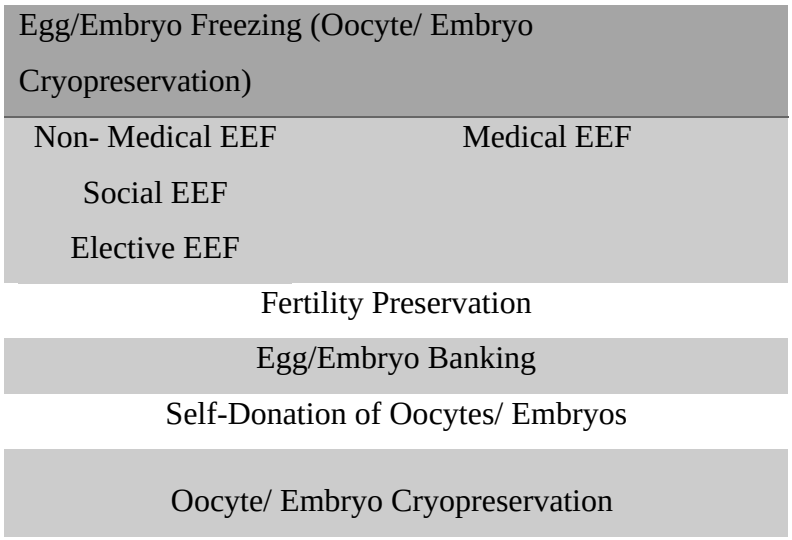

Figure 2: Terminological Definitions of the Literature

As seen in the figure 1 above, even though the general use of the term is Egg/Embryo Freezing (Myers, 2017; Sándor et al., 2017; Inhorn et al., 2018; Alteri et al., 2019; Mertes & Pennings, 2011; Baldwin et.al., 2014; Harwood, 2015) in social sciences, in medical terminology referred as Oocyte / Embryo Cryopreservation (Yu et al.,2016; Patrizio et al., 2016; Greenwood et al. 2018; Teo et al., 2021). As seen in the literature, both usages are interchangeable and fully correspond to each other.

Egg/Embryo freezing (EEF) in the literature; terminologically explained as medically indicated or elective/social/non-medical freezing for healthy women is considered as two separate processes. Medical egg and embryo freezing in a broad explanation is a treatment or preservation technique for female cancer patients; a precaution against the possibility of infertility during the process of chemotherapy or radiotherapy. Elective/social/non-medical freezing, on the other hand, is a process that 'healthy' women can proceed to delay childbearing.

Social Egg/Embryo Freezing (Mertes & Pennings, 2011; Baldwin et.al., 2014; Harwood, 2015), Elective Egg/Embryo Freezing (Myers, 2017; Sándor et al., 2017; Inhorn et al., 2018; Alteri et al., 2019), Non-medical egg/ embryo freezing (Goold & Savulescu, 2009; Kılıç & Göçmen, 2018) are widely used in literature to describe delaying childbearing and postponing motherhood.

The term ‘social egg/embryo freezing’ (Mertes & Pennings, 2011; Baldwin et.al. 2014; Harwood, 2015) is thus used to describe the process generally till 2014. The term “social” in that regard has been a subject that I have thought a lot about. When you enter this process, you know very well that you do not take any social decision that comes your way. “Social” freezing is a debate that fed by media speculations (Baldwin et al., 2014). Even in the case of Turkey, egg/embryo freezing is being reflected as the selfish and egoistic choice of women[16]. In 2020, an old famous model who has two boys, during the interview, announced that she had frozen her eggs in order to have a daughter since she wants a girl so much. Unfortunately, researches shows that motivations and reasons are not that “social” unlike what the media reflects (Baldwin et al., 2014).

Non-medical egg/embryo freezing (Goold & Savulescu, 2009; Kılıç & Göçmen, 2018) is the most common usage of the term since it is the direct opposition of the medical egg/embryo freezing. However, studies about women’s reasoning and motivation shows that generally, condition of cryopreservation is starting as a medical process and with the expert opinions, the patient decides to go further or not. In order to diagnose as potential risk of infertility, the women need to be screened and tested by the professionals and experts. Thus, the reason why it is called as non-medical is that it does not cover by any health insurances (Hammarberg et al., 2017). So, the process of egg and embryo freezing in my opinion cannot clearly be separated in terms of medical structures.

After 2015, according to my observations, ‘elective egg/embryo freezing’ (Myers, 2017; Sándor et al., 2017; Inhorn et al., 2018; Alteri et al., 2019) has become more used than social and medical one. Nowadays, elective egg/embryo freezing or EEEF is a more common usage to describe the process of freezing. I also prefer to use elective egg embryo freezing because first, I think it is more accurate than the social and non-

[16] Çağla Şıkel, kız çocuk için yumurtasını dondurmuş! (2020, October 9). *Hürriyet Kelebek*. Retrieved February 4, 2022, from https://www.hurriyet.com.tr/galeri-cagla-sikel-kiz-cocuk-icin-yumurtasini-dondurmus-41631644/1 .

medical and second, the meaning of elective still contains a small portion of individual choice and power.

Banking Egg/Embryo (Stoop et al., 2014), Fertility Preservation (Sciorio, 2020) and Self-Donation of Oocytes (Rybak et al., 2009) are also preferred by scholars in order not to establish a dual discourse in this field.

2.3.1.1. Embryo versus Oocyte Cryopreservation

Another distinction leading confusion is the difference between egg and embryo freezing procedures and processes. Embryo freezing is a developed procedure and an important part of the IVF treatment process since they can be able to store the surplus embryos and re-use them for other cycles of transfers. Thus, there are other technologies that embryos can be scanned for genetic diseases and diagnosed through embryos. However, embryo freezing processes have restrict legislation processes and any treatment will require a consent for both parties (mother and father). Frozen embryos become a joint property of the women and men. This means, due to the regulations and restrictions of the states, the embryo could be eliminated if one of the parties gives up or lose one's life (Sciorio, 2020). For the future concerns, some women choose to freeze their eggs rather than embryos since egg freezing or oocyte cryopreservation includes only women and its priorities.

Embryo cryopreservation is not an option for single women for the most of the countries due to legal restrictions (Cobo et al., 2016). While married women will generally prefer to freeze -or suggested by medical experts to freeze- embryos using their husband's sperm, unmarried women generally prefer to freeze eggs. Although the freezing procedures are more or less the same, this selection is usually made in this way due to the increasing success rates of the possibility of the thawing. Another point that some studies have mentioned is that egg freezing is religiously or morally preferred over embryo freezing since embryo seen as a human organism (Goold &Savulescu, 2009). Anecdotal evidence shows that women's decision-making

processes are affected by the morally and religiously concerns about to have a frozen embryo.

Briefly, what started as a treatment to preserve the fertility of cancer patients has evolved into a technology that enables childbearing in a future time (Myers& Martin, 2020). I am fascinated to do a research about it since I thought it as a very good opportunity to monitor policies and their inclusivity in this area.

2.3.1.2. EEF and Women with/out Cancer

When I started doing research on this subject, this distinction was very remarkable to me since different narratives accompany these two forms of egg freezing. We have witnessed oocyte cryopreservation transform from a fertility preservation treatment for cancer patients to an elective procedure for healthy women to delay childbearing.

As I mentioned before in the last subsection, medical or elective EEF or its distinction are not very clear, as a matter of fact, it is indefinite. To put it more explicitly, the description of the medical is summarized as "chemotherapy, radiotherapy and surgery" can result in sterility also, some states declare as medical for noncancer conditions including ovarian tumors, auto-immune disorders and other conditions requires to removal of the ovaries (Patrizio et al., 2016; Tozzo et al., 2019). However, elective egg freezing is interpreted as "insurance policy" (Patrizio et al., 2016). As seen in Figure 3; preserving fertility with the technique of EEF divided into two which are medical and elective reasons. Elective reasons for healthy women evoked the feeling of unnecessariness via implying psychological effects are effective than the medical ones through insured themselves in the risk society. This is an alluring issue that assuming women want to feel good and safe about the future. According to a research conducted by Yu and his colleagues, women's decisions are affected by doctors, experts and gynecologists (2016). Another research conducted in Turkey (Seyhan et al., 2021) states that decision making process is generally affected by the physicians. When the expert recommends this method, the application rates increase. Thus, from that perspective, it seems to me that despite reasons of EEF, the covering policies and

regularities become prominent. Those who passed over through insurances and public health systems are the same women who postpones the motherhood.

Therefore, regardless of their state of health, they both seek a way to preserve their fertility and are willing to take significant risks to preserve their possibility of becoming a mother. As seen below in Figure 3, in order to preserve fertility for future use, EEF is the one of the techniques that can be followed that divided into two as elective and medical which distinguished reasonably.

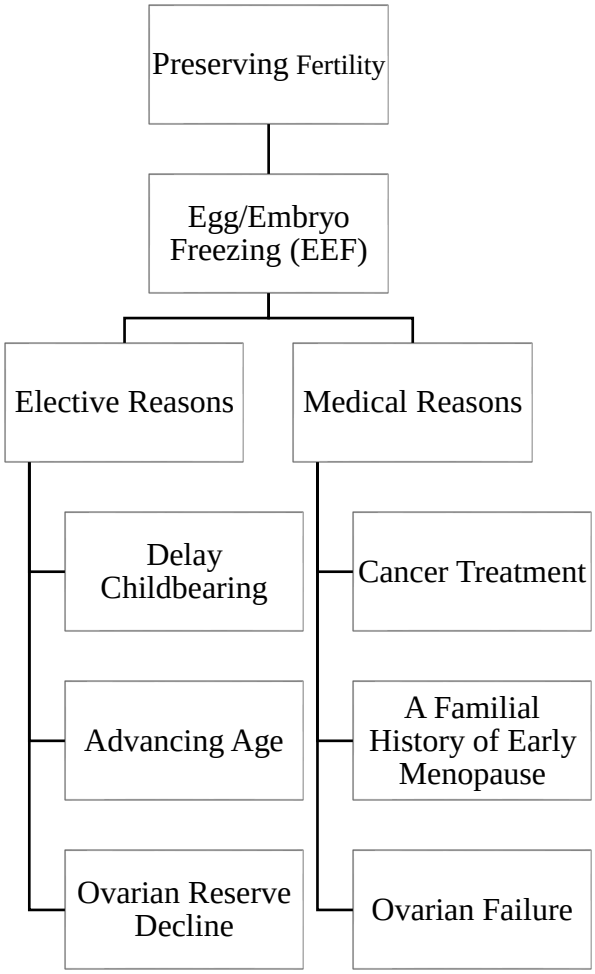

Figure 3: Reasons for Preserving Fertility

While medically this distinction is rather vague, from a social point of view it becomes quite important. This binational qualitative study conducted by Inhorn and her collegues (2018) shows that women who preserved fertilization for medical purposes

perceived as more sympathetic than the ones who preserved fertilization for elective reasons. The women who preserved her eggs to postpone her fertility chances are being called "Bridget Jones Generation[17]". Through media coverage, the negative view on this is naturally failed at motherhood or acting being selfish because women prioritize a career and are too fussy about to be with a partner. There is a prejudiced point of view on this issue, which is also fed by the media.

2.3.2. Discussions and Researches on EEF

In this section, I reviewed thirty-seven articles that focused directly on freezing technologies. Since freezing technologies are relatively new and still being medically researched, the literature on this field was intensely discussed after 2009 and freezing technologies are considered as 'non- experimental' after 2009. In other words, the articles in this research include thirty-seven articles published between 2009 and 2021 since these technologies are proved medically. Also, I have not included articles that discusses freezing technologies from ethical or medical perspectives. However, it will cover those studies in different sections in a detailed way. The oldest article that I included in the research (Goold & Savulescu, 2009, Rybak et al. 2009). The most recent one is (Seyhan et al. 2021). As I find it important that the researches in this field are up-to-date, I also gave importance to the up-to-date references and data used by the researches.

Before I begin, I have found it important to provide a valuable overview of EEF technologies in light of these thirty-seven articles that I studied. The first point I want to emphasize is that researches have generally been conducted and discussed mainly by sociology, medical anthropology, law and feminist studies. In addition to this, researches in general are focusing on critical approaches on subjecting women, patriarchal interventions from the feminist point of view, social and legal regulations of EEF technologies, infertility and medicalization. In fact, recent searches in this area

[17] Should you freeze your eggs? (2016, July 1). Times. Retrieved February 4, 2022, from https://timesofindia.indiatimes.com/life-style/parenting/getting-pregnant/should-you-freeze-your-eggs/articleshow/53002336.cms

prioritize the experience of women more and construct the woman as the subject of the researches in the studies. Therewith, the terminology frequently encountered in these women-centered studies are “experiences”, “reasoning”, “choice”, “decision-making” and “motivations”. Furthermore, there are also studies in which the subject of the research is not a woman, but the research is also conducted on women. In qualitative studies including fieldworks or surveys; the main research purpose generally becomes “age-related fertility decline” or “reproductive technology usage”. In these studies, knowledge, attitudes and intentions of women were asked by the interviewers. Furthermore, ethics and bioethics are among the most discussed topics in the light of the new technologies.

In addition, I would like to mention about the limitations of the articles I have reviewed. Research in this area mainly focuses on elective egg freezing rather than medical egg freezing or in general embryo freezing. In this area, it becomes very difficult to generalize, as the legal regulations of each country are different from each other and change over time.

About the studies on this subject, the most productive field of social sciences was medical anthropology. I have come across and benefited from many studies that medical anthropologists have conducted ethnographically and analyzed qualitatively. Moreover, parenting culture studies in sociology also very valuable aspect for this research interest. Lastly, I overview the policy and regulations around the world as well as Turkey. Overall, the articles reviewed here discuss research that has been done in the field of sociology, medical anthropology or politics. Additionally, articles will be discussed historically via following the chronological order because it observes the acceptance and subsequent expansion of an empirical process of egg/embryo freezing technologies. In fact, the improved outcomes of technologies of vitrification have led to the expansion of the market for women who are not infertile but delay motherhood.

The terms that came to the fore when discussing this topic in 2009 were "women liberation", and "procreative liberty" has been defined as freedom in activities and choices related to procreation (Rybak & Lieman, 2009). The position here is mainly

based on the importance of reproduction for individuals. The emphasis is on the underlying model of reproductive freedom and its implications for understanding reproduction and attitudes. Moreover, strong arguments were proposed based on equal concern and respect for women which require that women have access to this new technology (Goold & Savulescu, 2009). According to Goold & Savulescu (2009), there are four benefits for women who freeze their eggs/embryos which are equal participation in employment, time to find a partner, time to be emotionally and physically ready, and insurance. After all, these scholars are also comparing egg and embryo freezing and find egg freezing more morally acceptable than embryos since embryos can be seen as persons. The general perception emphasized the individuality of the freezing decision and how many advantages the technology had in terms of women's life. In 2010, Martin expanded this perspective and discussed freezing technologies in the context of gender and medicalization. Here, egg freezing, which appeared as a process that was evaluated and affirmed as a woman's decision in 2009, is re-explained in 2010 with Martin's definition of *'Anticipating Infertility'* (Martin, 2010). According to Martin, both infertility and medicalization are being redefined here. Martin also says that we can consider the technology we call egg freezing as a political and ethical achievement rather than a developed technology of reproduction.

In 2014, Global companies including Facebook and Apple made a benefit for female employees by offering the cost of egg/embryo freezing processes (Harwood, 2016) and Google followed that trend[18]. On the one hand, firms encounter gender inequality are lauded for making efforts to attract and retain more female employees. This benefit is focusing on the fact that having children is one of the main reasons a woman leaves the workforce at the peak of her career. By renewing their bonus packages, companies enable women to be successful at work while making efforts to start a new family. This situation found a wide place in the media and was discussed at length worldwide. This issue has been widely evaluated, both positively and skeptically. The positive

[18] Weller, C. (2017, September 17). What you need to know about egg-freezing, the hot new perk at google, Apple, and Facebook. Business Insider. Retrieved February 4, 2022, from https://www.businessinsider.com/egg-freezing-at-facebook-apple-google-hot-new-perk-2017-9

argument was that it was the step for the equality at work, seen as “gender equalizer” since men always have the opportunity to choose to time to be father biologically but women not. Skeptical points considered that the benefits given by the companies can make a pressure among women. Was this a take it or leave it deal? Despite creating child friendly work environments, following these kind of policies could be very effective in the decision-making processes. Also, it was the potential to create inequalities among women who accept to freeze her eggs or not. Was this a test to show the seriousness about women’s career?

2.3.3. Empirical Researches on EEF

Women delaying childbirth: WHY? (Teo et al.,2021; Baldwin et al., 2018)

- For higher education
- For professional career progression
- Financial independence
- The lack of suitable partner (egg freezers)
- A fear of future regret

Women delaying childbirth: WHO? (Alteri et al.,2019; Hammarberg et al., 2017; Stoop et al.,2014)

- Highly educated
- Upper- middle class
- Professional
- Mid- to late- 30s
- Single (egg freezers)

Figure 4: General Findings of the Empirical Studies for Elective Egg and Embryo Freezing

As summarized in Figure 4, there are important outputs from research conducted in this area. According to studies, women using EEF technology are similar in certain criteria.

2.3.4. Feminist Responses to EEF

The spread of assisted reproductive technologies and the speed of normalization and routinization in society reinforced the interest of feminist scholarship (Thompson, 2005). Feminist scholars analyze the literature of ART in order to demonstrate how these techniques are both gendered and reproduce gender relations (Almeling, 2011).

In this section, I would like to grasp the question of empowerment through the feminist studies and its responses to EEF. Women are held personally and financially responsible for their future reproduction. In neoliberal thinking, women are thought of as self-directed individuals and are seen as active in making choices towards self-empowerment and self-actualization (Baldwin, 2005). Significant tensions within feminist scholarship have focused on the possible implications and potential of ARTs and often used them as tools of feminist liberation or patriarchal oppression (Myers, 2014). While some feminist scholars consider ART as potentially liberating by contributing to women's autonomy and choice (Goold and Savulescu, 2009; Mertes and Pennings, 2012; Inhorn, 2013; Robertson, 2014), others pinpoint the notion of ART to medicalize women bodies as a political, and experimental subjects to restrict and control them (Cattapan et al., 2014; Goold, 2017; Myers, 2017).

Whereas feminist scholars view ART differently, they collectively position egg and embryo freezing technologies; this revitalizes the gender bias that reproduction resides on women's shoulders while granting some women reproductive options. In this, freezing technologies are viewed as risk management of women’s anticipated infertility (Martin 2010), a result of intensive mothering ideologies (Baldwin, 2005; Myers, 2017), and a form of empowerment (Göçmen and Kılıç, 2017), as an insurance policy (Harwood, 2015) and lastly, as a false sense of security (Robertson, 2014).

In the light of this general information, I would like to discuss feminist responses to proponents of egg and embryo freezing. Inhorn (2013) wrote the article called

"Women, consider freezing your eggs[19]"and advised the women freeze their eggs before too late. After that, some feminist scholars reflected her point of view and reproductive politics of egg freezing.

Cattapan and her colleagues discuss the heterogeneous and stratigraphic assumptions underlying much of the current work on reproductive techniques, including egg freezing. First of all, they state some critics did challenge the idea provided by social egg freezing that women who have reproductive freedom or fertility insurance. In fact, freezing is an expensive and physiologically risky procedure that provides individualistic solutions to the social causes of delayed childbirth. Even if perceive frozen eggs as an individual problem, social and structural problems still exist, and efforts to change it are not enough (Cattapan et al., 2014). Secondly, they are concerned that the existence of technology creates a moral obligation to socially freeze eggs ("just in case") to be able to fulfill this responsibility. That is, women who has the option of freezing eggs, then need to do so. The negative effects of not being able to control the future by the decision not to freeze the eggs are women's responsibility (Cattapan et al., 2014). Thirdly, they argue they encouraged to address our potential infertility by undergoing medical procedures to suspend the ticking of the biological clock. It also creates a sense of urgency and obscures the complex social and cultural understandings of bodies, fertility, families, and careers and makes them into a singular, homogenous, and homogenizing biomedical understanding of women (Cattapan et al., 2014).

Yet, we can consider the arguments of Cattapan and her collegues (2014) as an individualistic point of view. During my egg freezing process, after being diagnosed and informed that I needed to freeze my eggs as a precaution, I looked for fertility clinics and wanted to get information about the process by calling private clinics. Also, I wanted to learn about how much it costs, how long will it last and how effective is the process of the freezing. While I was trying to find answers to all these questions in

[19] Inhorn, M. C. (2013, April 9). Opinion: Women, consider freezing your eggs. CNN. Retrieved February 4, 2022, from https://edition.cnn.com/2013/04/09/opinion/inhorn-egg-freezing/index.html

my head through all the channels I could reach, one of the fertility clinics I contacted started calling me intermittently but regularly. When they called, they always talked about how little time I had, how important my choices were, how they could support my financial problems with installments. Even though I realized that every time I got these calls, they were harassing me and trying to attract customers, I was panicking and believing that I needed to start as soon as possible. Also at the time, my AMH[20] points were not that low, and I was informed that these values were not attributable to low. However, the nurse who talked to me reflected this picture as terribly bad. Long story short, I have experienced all three situations mentioned above at certain intervals after being involved in this process.

While I consider the first three critiques of Cattapan et al. (2014) to be individualistic, I think that the last two critiques are quite societal and structural. The fourth of their critique is stating class privilege and last one is heteronormativity. Freezing eggs does not necessarily change the rules of the game for women who are low on money. Unlike celebrities and other proponents of egg freezing, few of us have thousands in savings or parents willing to help us freeze eggs (Cattapan et al., 2014). Besides, women have to also consider whether they will afford to have a child, particularly if they need to use reproductive technologies. Lastly, accessing these technologies requires being heterosexual because sexual minorities are not even diagnosed that sexual and reproductive rights are on the blink (Cattapan et al., 2014).

After this manifesting article, Inhorn (2017) noted that egg freezing may be viewed as a 'secondary strategy' while making the workplace more motherhood friendly and strengthening work equality remain the primary goal.

[20] Anti- Mullerian Hormonal Test: The AMH test is usually used to check a woman's ability to produce eggs that can be used for fertilization.

CHAPTER 3

POLICY AND CITIZENSHIP IN TURKEY

3.1. ART Legislation in Turkey

Since the introduction of regulatory legislation for assisted reproduction treatments in 1987, modern assisted reproductive technologies (ART) enlarged its limits in the field of reproduction (Almeling, 2015). It has improved the possibility to become a parent at first, then it has even maintained itself to ensure the possibility to be a parent with the extend of freezing technology. It is a remarking shift from what to be seen as an area of infertility to the possibility of fertility in general within the health policy design. With the regulatory legislations for assisted reproduction treatments since 1987, the state has left the choice to the parents who are concerned about their infertility with the effect of neoliberal policies.

The Turkish history of policy design in the field of assisted reproductive technology (ART) presents a paradox. With the extension of free market economy, health has become a part of technology and overlapped with pharmacy and curative health services (Gürtin, 2016).

Ministry of Health has not been a decision mechanism, but a controlling mechanism acting whether be cured or not within the concept of privatization, together with the neoliberal legislation on ART. Due to this atmosphere, various sophisticated IVF clinics are developed in Turkey. The increased availability and efficiency came with a wider and open regulations at first but, after a while, in comparative terms, these regulations are designed as restrictive and limited.

For the purpose of this thesis, I chronicled all the assisted reproduction regulations conducted by state with the Ministry of Health via the Official Gazzette. The Ministry

of Health as an implementer apparatus presents IVF technologies in a very conscientious way for the procedures such as licencing, registering and regulating forms also listed in the documents for informative purposes in the Official Gazzette. I will describe and summarize policy design and re-design as it manifests itself in the regulations. I will also reveal the changes that have taken place over time. Finally, I will discuss possible explanations for this pattern that has been observed in terms of actors, institutional conditions and designing process itself.

3.1.1. Regulating ART in Turkey (1987- 2018)

The first and foremost legislation was (Official Gazzette:19551, 21 August 1987) two years before the first IVF baby born in Turkey. It was a foresight legislation that only includes In Vitro Fertilization (IVF) and Embryo Transfer since technology and medicalization were implicated in that period. For the purpose of presenting to the public, the regulation was straight and drew the line. In fact, this regulation aimed to ensure that some of the married women who cannot conceive with known or existing treatment methods and willing to try the IVF or embryo transfer methods in order to become pregnant. The rules and regulations were quite simple to follow and these were to be operated and controlled by the Council of Science to be constituted by Ministry of Health. Furthermore, this first regulation allowed private institutions as well as public hospitals to preceded IVF and Embryo Transfer. At last, it has been strongly forbidden to use sperm, oocyte or embryo for any other scientific purposes, or inject any other patient that is considered as third party, or selling them. The consequences of this third party situation were banned by the Ministry of Health or decertification of the institution.

The second legislation was (Official Gazzette:22822, 19 November 1996) about details, prohibitions and all necessary requirements that include structures, personnel, environment of the area and hygiene of the assisted reproductive practices that are IVF and Embryo Transfer. However, for this time, Ministry of Health changed the Article 13 due to ethical concerns as "following procedures to have a permission to freeze the non-used embryos requires both parties' (woman and man – married couple) approval

as documented; “Not exceeding three years, and in the case of one party dies (husband or wife) or divorced or one of them disagree in this period of time; stored embryo will be immediately terminated”. Moreover, this legislation also has an additional document section (Section 2) clearly itemized as *“Patient Selection Criteria:*

Must be married
Must use their own reproductive cells (gametes)
Must have proven documents about infertility

This legislation is more about ethical issues in order to follow up legal issues that have been framed in the first legislation.

The third legislation (Official Gazzette: 23227, 11 January 1998) was about the change in the amendment of the regulation of assisted reproductive treatment centres. However, it is a comprehensive and inclusive piece of work that include legal and ethical issues. The one significant aspect about third legislation is banning the advertisements that include statistics and other public steering aspects without a permission from Ministry of Health. It is explained as a caution for amplification and misleading the public.

The fourth legislation (Official Gazzette: 23244, 28 January 1998*), the fifth legislation* (Official Gazzette: 24359, 31 March 2001) and *the sixth legislation* (Official Gazzette: July 2005) only involved minor changes and updates in one article and it was about Science Commission technicalities. In the sixth legislation, “Maternal Health and Family Planning” Unit General Director who represents Ministry of Health charged with attending permanently in the Science Committee. Thus, these legislations reflect advances and technological developments, however the structure of the first legislation remains the same.

Then, *seventh legislation* (Official Gazzette: 27513, 6 March 2010) introduced a new version of the regulation. It was the introduction of a totally new structure most probably the legal and ethical discussions within technological and medical development that took a lead in that legislation. In the Sixth Amendment (Article 18), listed prohibitions took pages. As an evocation regulation, first legislation is abrogated

from the act (Article 21). Article 18/5 states that it is forbidden to use donors in any way and any circumcisions. Third party involvement such as use of donor-eggs, donor spermatozoa or surrogates have been forbidden. Moreover, Article 18/6 regulates that centers and / or center personnel who participate in the treatment process are not permitted to referring, directing, encouraging and mediating the patient to the other places to try the procedures of 18/5 involved practices and consequences of this action is shutting of the place and cancelling the certificate of IVF.

In Article 18/11 states a limitation for the freezing technologies. According to the Ministry of Health, there are three conditions listed for women to be eligible for medical egg freezing or embryo freezing by the state and these are:

> Before the treatments like chemotherapy and radiotherapy which can be damageable for gonad cells.
> Before the operations that lead to loss of reproductive health like ovarian removal surgeries.
> In the case of low ovarian reserve with no given birth or the family history of early menopause, documented with a medical committee report and experts' opinion report who agree to egg freezing is necessary taken from three different experts.

Overall, cryopreservation of embryos permitted while gamete (egg) preservation is only for medical reasons. What makes these important is that although egg freezing is legal only for medical reasons, the state chooses to increase the inclusion of women by expanding the meaning of the medical reason.

Eighth legislation (Official Gazzette: 29135, 30 September 2014) was the law that most interests this thesis and on which the subject of the thesis is based. With that legislation, state expanded the meaning of medical reasons once more and allowed aging women to freeze their eggs or embryos. Furthermore, Article 19/2 declares that the photocopies and photographs of the spouses are taken and by seeing the originals of the birth certificate (doğum belgesi) and marriage certificate (evlilik cüzdanı), it is checked whether these documents belong to the individuals or not, and then, if there is no problem, the process is started. Moreover, information, documents and forms of all operations carried out in the centre, information on samples that need to be stored and destroyed is a given information about the surveillance process.

Finally, the *ninth legislation* represents the last published regulation change regarding assisted reproductive techniques. This document has listed the changed documents for licensing clinics.

Assisted Reproductive Technologies (ART) is a "normalized" (Gürtin, 2016; Demircioğlu- Göknar, 2015; Göçmen and Kılıç, 2017) process for heterosexual married couples to overcome the infertility as normally seen as a treatable disease. Moreover, the state follows pronatalist population policies and in this direction, and supports the first three in vitro fertilization treatments for married couples (Kılıçtepe, 2021). However, given that access to and use of common in vitro fertilization technologies, or in general, all assisted reproductive technologies, is also under government regulation and control.

Cryopreservation of eggs and embryos are permitted since 2010 and egg freezing for non-medical reasons are allowed since 2014. However, married women who freeze their embryos are in danger for demolishing embryos in the case of divorce, death of husband or not giving his permission legally. Single women, on the other hand, are in danger for never being able to use their eggs since in order to use their eggs, they have to be married. This is because the regulations of the egg freezing states that marriage is the precondition for childbearing, which makes it illegal to have children out of wedlock. Marriage and motherhood are powerful elements of gender norms in Turkish society (Demircioğlu-Göknar, 2015).

Furthermore, Turkey's assisted reproduction regulation on third-party reproductive assistance including donor eggs or sperms or surrogacy has been strongly prohibited. While the assisted reproduction practices and regulations in Turkey can be seen as forward-looking and liberal in some respects including egg and embryo freezing, it also has a conservative heteronormative character (Gürtin, 2016).

3.1.2. Ownership of Frozen Eggs and Embryos

In Turkey, infertility treatment within the scope of social security is regulated by the Social Insurance and General Health Insurance Law No. 5510. Article 63, paragraph

(e), provides individuals with the right to have a child within the scope of social security or to freeze eggs or embryos for treatment purposes, in cases where they meet certain conditions (Official Gazzette, 2018, 30616).

Regulations of the freezing technologies state that there is a distinguished difference between married women and single women apart from they are both limited differently.

For a single woman, to be able to freeze her eggs, a document needed to be approved by a scientific committee from the institutions where the institutions or places are not specified and the document must prove that the number of ovaries has decreased. After freezing procedures are in place, it is forbidden to take the eggs out of the country. In addition to this, it is also forbidden to have children without marriage or by using eggs from a non-husband. For females, the period of storage of eggs under social security law is determined to be five years. After that, the women eggs will be demolished.

For married women, embryos are produced and stored with mutual consent of the couples. The state has a requirement that the woman must be between the ages of 23 and 40, and must be able to support the embryo freezing process financially. After freezing procedures are in place, it is forbidden to take the embryos out of the country. In addition, the state also requests a medical report indicating that the couple is infertile. Embryos are destroyed in case of death, divorce or non-signature of one of the parties. The storage period of embryos is under social security law and is determined to be fifteen years.

Although the assisted reproductive technology regulation appears to have been changing and improving since 1987, the perspective behind it has not changed significantly. This set of laws, which I have historically explained above, always appears as heteronormative and acts with prohibitions in a way that leaves no room for others including a LGBTQ person who wants to have a child, a single mother, and an old parent. In Turkey, within the scope of sexual health and reproductive rights, individuals' access to health services, or the right to decide whether or not to have children will cause the debates to continue. The question to ask at this point is the

ownership of the eggs and embryos and who actually decides to have a child or not. The short answer of this question is the “state institution”, which I am going to explain in the next part in detail.

3.2. Reproductive Rights Policies in Turkey

3.2.1. Fertility and Infertility

Fertility as a term is the capacity to conceive and carry a child. Based on the latest glossary on fertility and infertility care, infertility is defined as a disease that is characterized by the fact that no clinical pregnancy can be determined after twelve months of regular, unprotected intercourse (Borght and Wyns, 2018). Infertility has been approached from a variety of perspectives in demographical literature in order to project a population analysis and policies. Infertility is a situation -or disease- that has serious consequences both for the society within the population perspectives and for the individual within the framework of cultural norms. Metaphors about infertile people in Turkey also provide insights into how to interpret the identifier of infertility such as “fruitless tree[21]”, “a cow without milk[22]” or “an empty basket[23]” (Demircioğlu-Göknar, 2015).

In my own experience, when I told my mother that the doctor had diagnosed me and that I was in a risky fertility situation, my mother's first reaction was that to ask I would stay “dry[24]”. Staying dry in Turkish is actually means that staying alone and living alone. For my mother, life without children was the same as being alone. When I told

[21] “Çocuksuz kadın meyvesiz ağaç gibidir”, “Çocuk evin meyvesidir” is a Turkish proverb.

[22] “İnek gibi süt vermeyen, öküz gibi kotan/tarla sürer.”

[23] “Ya inek sen sütsüzsün, ya yayla sen otsuzsun, ya sepet sen de boşsun.”

[24] “Kuru başına kalmak”

my mother about ART, she was unconditionally ready to help me in any material and moral way to get me out of this situation.

In fact, although infertility may seem like a very personal tragedy, its social implications are enormous. Referencing about population policy or family planning, let alone fertility, is simply impossible. The fertility rate and even infertility rate impacts on both population policies and family planning in Turkey since fertility, infertility and more precisely fertility rates -the average number of births per woman- have an impact on population growth or decline (Borght and Wyns, 2018). Statistically speaking, according to TDHS (2018) report; the current total fertility rate[25] in Turkey is 2.3 children per woman. In addition to this, the median age at first birth is 23.3 years for women between the ages of 25 and 49. There is a positive relationship between the median age and factors including education level, urban residence and wealth of women. The same report proved that women in the top four wealth quintiles had their first child on average 2 years later than women in the lowest wealth quintile. Moreover, wealth of women in the lowest to the highest quintile decrease by increasing order, from 3.3 children among women in the lowest quintile to 1.9 among women in the highest quintile (HUNEE, 2019). TDHS (2018) shows that Turkey's overall fertility rate, which fell to 2.6 children in the 1990s, has stabilized compared to the reproduction rate (2.1 children). The total fertility rate in the current five-year period is not statistically different from the 2013 total fertility rate.

As Gürtin (2016) described that Turkey's population policies and family planning strategies are focusing on neo-conservative and prenatal family perspective after the long standing of anti-natalist population policies. The change in the government's policies on marriage and family is also evident in their policies on financial incentives for early marriage. In addition, the government's rhetoric is against abortion (Gürtin, 2016; Acar and Altunok, 2013). Gender Equality Monitoring Association (CEID) reports in "Social Access to Health Services", that the rates of abortions in Turkey

[25] Total Fertility Rate (TFR): The average number of children a woman would have given birth to by the end of her childbearing age if she had given birth to children at the current age (TDHS, 2018, p:53)

have been decreasing since 1993. On the other hand, it is stated that there is an increase in spontaneous abortions. Intentional abortion rate, which was 18% in 1993, decreased to 5.9%, and unwanted abortion rates increased from 8.7% to 12.7%. While there are no legal restrictions, the lack of healthcare facilities where practical abortions are performed and the lack of information on how to access this service play an important role in the decline in abortion rates.

Family planning at the ICPD Nairobi Summit ensured that the termination of unwanted pregnancies by modern methods does not occur, maternal mortality cannot possible to reduce it to zero. The termination of unwanted pregnancies also considered as the "right to regulate fertility".

In view of this, it may not be surprising that the national population policy has been vigorously supporting the expansion of the accessibility of assisted reproduction as long as it is used exclusively within the framework of strict heteronormative parameters, only to help create traditional families in which married mother and father conceive and raise their genetically related offspring (Gürtin, 2016).

With the follow-up of anti-natalist policies, Turkey started with the knowledge of population planning in the 1960s. As a strategic step for the health policy processes, birth control and family planning as a means of population planning has also been added to the concepts of women's health. The program was re-formed according to the priority intervention areas determined by the Ministry of Health in the National Strategic Action Plan for Sexual and Reproductive Health for the Health Sector 2005-2015. As a part of this program, Family Planning Program is an initiative to increase the accessibility and quality of family planning services and to offer counseling to families who do not want another child or who want to postpone it for a while, to enable them to choose an appropriate, modern, and effective family planning method, and to implement the method.

Ministry of Health 2019- 2023 national strategic plan[26] aims to protect the individual and society's right to health and health at the highest level with a human-centered approach, to provide timely, appropriate and effective solutions to health problems with high service quality. It is surprising to me that there is no information in the targeted strategic plan or development plan that focuses on family planning, birth control or women and fertility. ART, on the other hand, is only mentioned by name in the list of services provided. The only information shared with the woman in the same document is the emphasis on maternal and child health. These documents prove that the state's non-inclusive attitude is just as important as what it includes. The consequences of not including family planning and reproductive health in the Ministry of Health's strategic plans and agenda has some serious impacts of women's sexual and reproductive health. TDHS (2018) report shows that the unmet need for family planning (the proportion of women who do not want to have a child other than the one they still have, but who are not protected by any method), which was 6% in 2013 TDHS, doubled to 12% in 2018 results. The reasons for this increase, which is very important, are the decreased access to Family Planning services in recent years. The proportion of married women aged 15-49 whose family planning needs could not be met in Turkey doubled (HUNEE, 2019).

Regarding IVF, the state provides a social security funding for the ones who wants to have a child (Official Gazzette, no. 25722, 09.12.2005). The budget directive specified eligibility for IVF funding to include involuntary childless couples who had been married for a minimum of three years and the women should be in between 23 to 40 years old. Couples who are eligible for this program could receive three cycles of intrauterine insemination and three partially funded cycles of IVF treatment (%20 contribution of the patients). These state-supported procedures can also be performed in private IVF clinics opened with the approval of the Ministry of Health as well as public hospitals.

[26] Stratejik Plan - T.C. Sağlik Bakanliği 2019-2023. (n.d.). Retrieved February 4, 2022, from https://stratejikplan.saglik.gov.tr/

The perspective of women's health is mostly associated with reproductive health or sexual health. While these are true, they do not provide the whole story. Women's health encompasses all of those that affect a woman's mental and physical health. Looking at women's health within the limits of reproductive health defines women primarily with reproductive behavior. Although social roles are assigned to women, a multi-faceted physical and health policy is implemented to guide and support women in these roles, for example, the responsibilities of mothers and women in the family.

The disproportionate burden of women's unpaid care work and family related care policies affect and complicate the issues of gender equality in terms of public policies. According to latest report of IEGE 2019, families with children appear to spend more than twice as much time per day on caring work compared to families without children. IEGE report shows that women spend 5.3 hours a day with children, compared with 2.4 hours for women in couples without children.

In Turkey, policies that aim to increase female labor market participation and promote gender equality have not had a significant impact on female employment (Dedeoğlu, 2012). According to the results of the Household Labor Force Survey, the proportion of employed people aged 15 and over in Turkey in 2019 was 28.7% for women (TUİK, 2020). In addition to this, in 2019, the employment rate for women age 25-49 who have children under the age of 3 in their household is 26.7%, while the employment rate for men is 87.3% (TUİK, 2020).

CHAPTER 4

METHODOLOGY

4.1. Research Method

The aim of this thesis is to examine the effects of reproductive rights policies on women's experience of egg and embryo freezing in Turkey. The policies that are closely studied in this thesis can be categorized as health, family and population policies.

In this context, in order to examine women's experiences on egg and embryo freezing technologies, qualitative research method was recruited. The focus of the study is a process or in a broader sense is events. The research undertakes the freezing experience and digs into its effects in a macro sense of society. Due to lack of studies in the selected area, research aims to reach culturally specific and contextually rich data. That is why, qualitative study fits for the research purposes. As a researcher, my goal is to learn what is meaningful or relevant to social policy in the experience of freezing eggs/ embryos.

In-depth interview in qualitative research is an egalitarian interviewing approach that focuses on the participants' experiences from their own perspective and develops research relationships and intimacy with the participants (Baele et all., 2004). In-depth interviews were conducted in order to build a non- hierarchal relationship.

This method was deemed appropriate as an assessment of the policies implemented. Semi-structured interview questionnaire was used in the interviews in order to be more flexible in the interviews and concerns due to researcher positionality (Dean et al., 2018). The questionnaire only included open ended answers. The questions for the interview were prepared in a way that does not require an explanation, but in some cases a few questions and explanations have been added to help the interviewees.

According to Neumann (2014), the primary use of sampling purpose is to create a representative sample that represents in a broader case, named as population. The sampling strategy is important since researchers can generalize its results however, study with a specific purpose in mind directed the research to find the most informative, experienced women in the field. Snowball sampling and purposive criterion sampling methods were used to select the interviewees as a use of sampling purpose. Thus, I would not claim to be represent the population by this study since it is a rare experience due to current technological tools and ethic- legal aspects of the study. As a preference, I aimed for deeper understanding and in depth investigation about the study and these two sampling strategies are selected for that purpose.

Snowball sampling is chosen due to the assumption that women meet other women by the reason of freezing processes in the IVF centres due to assumption of trusted network among women. In the meanwhile, criterion sampling method used for the need of particular life experience.

Snowball technique is used at the beginning of the research. The first key participant was a relative who is close enough to share her experiences. After conducting each interview- as the requirement of the snowball technique-, the participants were asked whether they knew other women with the specified characteristics who wanted to share their experiences. Positively, it is observed that women had much more willingness to conduct the interviews than expected. Also, they generally demonstrate a willingness to support the study to communicate with their inner circle in order to help find a new participant. Most of the women asked if women who used IVF method count as well for the study and directed me to those who had IVF treatment. As IVF is a widely known method and technology for infertility treatments, it is much more common in Turkey, freezing techniques is also used as part of the process, I answered them negatively since I wanted to meet more women who showed delay in childbirth behavior voluntarily or involuntarily because of two reasons. The first one is that there is large range of studies about IVF and test tube babies. Thus there is a great perspective of ethical and legal discussions related to these processes and limitations.

This method is used by women with infertility or low- fertility. The second one is that cryopreservation related technologies in fertility preservation are fairly new and most importantly involve –at that moment- reproductively healthy women. That is why, I tried to create a snowball around these women who volunteer to freeze their egg/embryos not because they have to but because they simply can do. However, problems arose due to the limited number of women who proceeded this procedure and the fact that freezing technologies was not a common procedure yet in Turkey. After the fourth interview, research was stuck and it was unable to reach a new participant.

As a researcher, I had to make a decision quickly because of the limited time for the field study and restricted resources due to COVID-19. I applied a new sampling strategy and focused on strategic choices about interviewees. After that point, the research continued with criterion based purposive sampling. In order to follow that sampling, I used my private social media account.

The first thing I did was to choose the options to change my private account into a public one so that everyone can see my profile freely. I did not change pictures or anything that I shared before to use my profile as proof that I am a real person and a researcher. I was hoping that if I share my privacy, my daily life and my experiences, I can encourage the other people to share their experiences with me too. After making these adjustments, I shared a story for my friends from my account. The content of the story was that I kindly asked for a request from my friends and other people who access my stories: “Please share the next story in your story for my master thesis”. Then, in the next story, I shared details about who I am, what I do and what my research is about. Finally, I listed all criteria (15-49 years old, woman in a process to freezing eggs or embryos or have already frozen) for the participation in the research and requested them to contact me if they meet the criteria. I also shared my contact details openly. There was a lot of support for my post. In addition to individual accounts, associations and women's platforms also provided sharing support. I contacted approximately 30 women in 2 days via e-mail, messaging platforms and direct messages in my social media accounts. I shared further information with these women such as the content of

the interview, average duration of the interview and the interview method. 16 women agreed to be interviewed. However, when it is called to arrange a meeting, I was unable to reach the 2 of them. As a result, I interviewed 14 women with this purposive sampling method. We made an appointment with them for a meeting, I asked if they would like to be interviewed via video conference call or phone call and I respected their decision. Nonetheless, I shared the view that a video conference call would be better for me, if how the interview is conducted does not matter to the interviewer. In cases where we agreed to meet via video conference, I sent an e-mail to the interviewees one hour before the call with the approval of the ethics committee in which I shared the research details. As a reminder, I set the calendar alarm for all meetings via e-mail and transmitted it to all the interviewees. In cases where we agreed to meet by phone, I used messaging platforms to send the approval of the ethics committee and Informed Consent Form for the research of the study. I reminded them appointment details before the meeting. Even the study has reached a great number of women as participants, I asked all of them whether they know someone who meet the criteria and can participate the study. The answer was generally negative. No contact was made from those who said they would forward it to their acquaintances.

All interviews were conducted by phone or via video call, and a total of 18 women were interviewed. 4 of them were reached by snowball sampling and the rest 14 of them by purposive sampling. 6 of these interviews were conducted by phone and 12 of these by video conference call. Following the respondents' verbal consent, the interviews are recorded and transcribed. The verbatim transcriptions of each interview are analysed and grouped to observe trends in structural context.

4.2. Research Sample

According to WHO[27] and variety of researches[28] and survey conducted universally accept women of reproductive age from 15 to 49.

From December 03, 2020 to January 15, 2021, I interviewed 18 women who have frozen their eggs or embryos or are in the process of freezing. By chance, 9 of these women frozen their eggs while other 9 frozen their embryos. The reason why the eggs / embryos of 14 of these women are frozen is non- medical (elective), but medical reasons are valid for 4 of them (see at table 1)

Table 1: Information about Women's Techniques and Reasons

No of Interviewees	Freezing Technique	Freezing Reasons	Interview Tool	Sampling Technique
1	Embryo Cryopreservation	Non- medical (elective)	by phone	Snowball
2	Oocyte Cryopreservation	Non- medical (elective)	by phone	Snowball
3	Embryo Cryopreservation	Non- medical (elective)	by phone	Snowball
4	Oocyte Cryopreservation	Medical	via video call	Snowball
5	Oocyte Cryopreservation	Non- medical (elective)	via video call	Purposive
6	Embryo Cryopreservation	Non- medical (elective)	via video call	Purposive
7	Oocyte Cryopreservation	Medical	via video call	Purposive
8	Oocyte Cryopreservation	Non- medical (elective)	via video call	Purposive
9	Oocyte Cryopreservation	Non- medical (elective)	via video call	Purposive

[27] World Health Organization. (n.d.). *Women of Reproductive Age (15-49 years) population (thousands)*. World Health Organization. Retrieved February 4, 2022, from https://www.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/mca/women-of-reproductive-age-(15-49-years)-population-(thousands)#:~:text=Women%20of%20reproductive%20age%20(15,49%20years)%20population%20(thousands)

[28] TUİK and TNSA researches also accepted the reproductive ages as 15-49.

Table 1: Information about Women's Techniques and Reasons (contunied)

10	Embryo Cryopreservation	Non- medical (elective)	by phone	Purposive
11	Embryo Cryopreservation	Non- medical (elective)	via video call	Purposive
12	Oocyte Cryopreservation	Medical	via video call	Purposive
13	Embryo Cryopreservation	Non- medical (elective)	via video call	Purposive
14	Embryo Cryopreservation	Non- medical (elective)	by phone	Purposive
15	Oocyte Cryopreservation	Non- medical (elective)	by phone	Purposive
16	Embryo Cryopreservation	Medical	via video call	Purposive
17	Embryo Cryopreservation	Non- medical (elective)	via video call	Purposive
18	Oocyte Cryopreservation	Non- medical (elective)	via video call	Purposive

4.3. Carrying Out Interviews

4.3.1. Questions

The questionnaire prepared for the interview consists of three parts. The first part aims to understand the social and demographic characteristics of the interviewees. They were asked questions of name, age, place of birth, education level, occupation, marital status, place of residence, personal income level, household income level and number of children they have.

The second part was a set of themes and general topics of reproductive health in order to understand the experience regarding the health issues and assisted reproductive techniques. Usage of birth control and its regularity, lifetime usage of sexual protection methods, regular health checks and information about their gynaecologist were asked.

After these set of questions, assessment of interviewee's opinions and experiences regarding the procedures and process of egg and embryo freezing were performed by following questions:

Have you had the process known as egg freezing or embryo freezing at a certain period of your life, regardless of the result? Followed by when, which fertility centre, how you heard it from, how old were you etc. In that section, the experiences of the interviewees are listened without any interruption.

If the interviewee does not feel any discomfort, her desire of motherhood has been asked. Intentions of motherhood were assessed by the following discussions: meaning of motherhood from interviewee's point of view, desire for motherhood, their life goals and priorities and how to set their motherhood in their life, obstacles to be a mother, cultural and structural meaning of motherhood they have were asked. Motivation for egg/embryo freezing, source of information, support mechanisms during the treatment were the main factors.

The last part was related to reproductive rights policies and interviewee's involvement in the current system of social policies. The current knowledge of fertility and reproduction, knowledge about reproductive rights, knowledge about reproductive health, the perception about procedure of freezing, health insurance and their expenses, their opinions about possible improvements and supports on the intervention were asked. Their specific knowledge about regulations and laws are investigated. Which channels they used to research, who they consulted, where they obtained the information and how they decided on the path they followed were questioned on the context of social policy.

The interviews lasted between 45 to 75 minutes. Each interview lasted approximately 55 minutes. The interviewees are not interrupted or forced to answer any question. Due to the nature of the research, occasional conversations, experience sharing, dialogue and deviation from the axis of the subject were included, rather than flow of questions and answers. Also, instead of asking direct questions to the interviewees, they were

allowed to pose general questions and interpret them as they understood. This aimed to learn the individual preferences, expectations, motivations and thoughts of the interviewees on the mentioned issues.

The age of the interviewees ranges from 24 to 43. The median age of the women that I interviewed is 32.5. In addition, education level of the interviewees is considerably high, there are no women less educated than collage graduate and 8 of them have a master's degree. Regardless of current working status, they are all professionals and pursuing their careers. All the interviewees are Turkish citizens and they live in the urban spheres of Turkey. 12 of the women were born and raised in Ankara, İstanbul and İzmir. Only 2 of the interviewees are currently living abroad. 7 of them are single, 9 of them are married, 1 is divorced and 1 is separated (see at table 2).

Table 2: Profile of Women

No	Age	Education	Marital Status	Job	Employment Status
1	42	Collage	Separated	Tourist Guide	Unemployed
2	43	Collage	Single	Tourist Guide	Unemployed
3	38	Bachelors	Married	History Teacher	Employed
4	26	Masters	Married	Psychologist	Employed
5	35	Masters	Single	Business Director	Employed
6	32	Bachelors	Married	Student	Unemployed
7	24	Bachelors	Single	Student	Unemployed
8	31	PhD	Single	Student/	Employed
9	27	Bachelors	Single	Chemical Engineer	Employed
10	32	Masters	Married	Environmental	Unemployed
11	28	PhD (Student)	Married	Teaching Assistant	Employed
12	24	Bachelors	Single	Social Media	Employed
13	32	PhD (Student)	Married	NGO worker	Employed
14	41	Bachelors	Married	Nurse	Employed
15	40	Bachelors	Divorced	Elementary	Employed
16	33	Masters	Married	Foreign Trade	Employed
17	31	PhD (Student)	Married	Research Assistant	Employed
18	27	Bachelors	Single	Lawyer	Employed

Moreover, income and living conditions for the interviewees are asked. In income calculations, household incomes were evaluated by considering the size and composition of the household, and reference ranges were determined for this purpose. Only two different family types were appeared in the research, namely Single Person Household and One-Nuclear Family Household. In order to make sense of interviewees' welfare level, the monthly incomes of the participants were divided into intervals and grouped (see at table 3.).

Table 3: Interviewees' Income Range

Income Range	Level
6000 - 8000 TL	6
8000- 12000 TL	5
12000-16000 TL	4
16000- 20000 TL	3
20000- 30000 TL	2
30000 TL and above	1

According to the TÜİK 2020[29] Income and Living Conditions Survey covering the year 2019, which was conducted through a survey, wages and salaries, including civil servants, were calculated as 34 thousand 286 TL per person per year and 2 thousand 853 TL per month according to this amount. The average monthly income is 4 thousand 749.7 TL. If this amount is calculated for a single and unmarried person, the monthly net equivalent is 3 thousand 285 TL. In this case, economically, we can safely say that all interviewees have a high level of welfare (see at table 4.).

[29] Velasquez, G. (2021, August 3). *Temmuz Enflasyon : HTTPS data Tuik Gov TR bulten index P Tuketici Fiyat endeksi temmuz 2020 33868 : Yüzde 2,44 Oranında Artan Ulaştırma Grubu fiyatları Temmuz Ayı Enflasyonunun Belirleyicisi olmuştur.* Download Free books PDF ePub. Retrieved February 4, 2022, from https://mtcmirlrle.blogspot.com/2021/08/temmuz-enflasyon-https-data-tuik-gov-tr.html

Table 4: Monthly Income

No	Monthly Income	Level
1*	7,000.00	6
2*	15,000.00	4
3**	7,000.00	6
4**	8,000.00	6
5*	10,000.00	5
6**	8,000.00	6
7*	6,000.00	6
8**	30,000.00	1
9*	30,000.00	1
10**	30,000.00	1
11**	17,000.00	3
12**	13,000.00	4
13**	20,000.00	2
14**	14,000.00	4
15*	6,000.00	6
16**	70,000.00	1
17**	65,000.00	1
18*	NI	NI
*: Single Person Household		
**: One-Nuclear Family Household		

4.3.2. During the Interview

Since reproduction, body and infertility are delicate topics that can be concealed and are generally considered as traumatic experiences, my interactions with the women were better than I had expected. I had assumed that women would be reluctant to talk to me before I start the interviews. I reflected this timidity in the first interviews, perhaps without realizing it. Contrary to my expectations, I was almost always welcomed. I was encouraged by the interviewees who gave me the feedback that talking about their experiences made them feel better. Most of the interviewees emphasized that they came across very few written sources or information on this field

when they started the process. In fact, they also shared the opinion that it is important to convey their experience.

During the interview, 'Finally someone talks about it' or 'it is good to be listened to' were some of the feedbacks that were given by the interviewees. Most of the time I felt like I am their confidant and I think I crossed the boundaries of being a stranger. Genuinely, I felt like I shared a solidarity with these women.

I found Haraway's concept of *Cyborg Manifest* (2006) principally valuable for reflecting on my position as a researcher. Haraway proposes to see human as an embodied subject marked by the context of history, class, and gender. Her work emphasizing that the body is something that changes, and contemplates its future shaped by technology. The most common ways of establishing and legitimizing patriarchal oppression and subordination on women are intertwined with science. All of these pathways work through the body with specific bio politics practices. Haraway, on the other hand, develops a feminist body politics by introducing a new definition, displacing the established definitions of the bodily and natural (Bozok, 2019). The cyborg's body does not become a whole, but it always relates. Woman can be free from her body through technology to create her hybrid body. From that point of view, in the interviews, I considered how identities, class and gender might shape the representation of the women and its relationalities. Also, I can be the one as an embodied subject.

4.3.3. Being an Insider and Outsider as a Researcher

The researcher's position in research has been the subject of debate at all times, especially in qualitative researches (Berger, 2013; Dean et al. 2017; Dwyer &Buckle 2009; Raheim et al. 2016; Langley& Klag, 2017). As a qualitative researcher, I cannot have separated myself from the study even if I have limited knowledge and access to interviewees. Instead, I am firmly committed to and essential to all aspects of the research process. When I work with transcripts, I carry these women with me. Words that represent experiences are clear and lasting. I cannot go back to the role of a distant

"researcher". However, I cannot claim to be one body with interviewees either. I think the words that best explain this situation are to be intermingle with them. My positionality in this research raises three different issues that need to be discussed: insider-outsider dilemma, the role of subjectivity and the concept of reflexivity.

The dichotomy of being an insider or outsider is highly criticized by social researchers. Rather than addressing this issue from a dichotomous perspective, the researchers explore the notion of space which allows researchers to occupy the position of both inside and outside rather than inside or outside. Rather, a dialectical approach allows the complexity of similarities and differences to be preserved (Dwyer &Buckle, 2009). Other discussion is to argue and show that reflexivity in qualitative research is influenced both from the fact that the researcher is part of the research and share their experiences. Reflexivity is considered as an increasingly important strategy in the process of generating knowledge through qualitative research. Researchers must progressively focus on self-knowledge and sensitivity; better understanding the role of the self in creating knowledge; carefully self-monitor the impact of their prejudices, beliefs, and personal experiences on their research; and maintaining the balance between personal and universal (Berger, 2013). In that regard, within these non-dichotomic perspectives, I will explain how I position myself in this research.

Exactly two years ago, after my long-term non-diagnosis and wrong treatment, my doctor diagnosed that my body is having problems in being fertile and that it would be healthy for me to freeze my eggs. Having shared the freezing experience with interviewees positioned me in the role of ‘insider’. Studying the familiar was my first subjective choice. I started each interview by introducing myself. Afterwards, I continued by talking about why I decided to do this research and what has been done in the literature. I briefly introduced the questionnaire and explained the general framework of the questions I was going to ask. At the same time, I was definitely stating that she could determine the flow of the interview as she wanted, and I wanted to hear how she conveys it. Furthermore, I crossed the boundaries of being an outsider who listens as a researcher, and told women about my own freezing procedures and

what I have been through. Before I said that I was a researcher she saw on her social media account and decided to participate in the research. The moment I said I had been told to freeze my eggs too, was the instant I moved out of that sphere. Although each interview is different from the other, my experiences and the terminology allowed me to start with a knowledge and experience that was already available. I was able to hear what was not said, search more efficiently, and find clues that others might overlook. However, there was also disadvantages that I observed and concerned. While studying in this field, inevitably, my biggest concern was that I thought my involvement was too much. I could declare myself superior, I could blind myself to other points of view. I thought this could affect research negatively and reduce research credibility. The main reason for the occurrence of these situations was that I was an insider. As I started the field with these concerns, I realized that I am an outsider as well as an insider. To put it in more detail, in the story of the 18 women I interviewed, 9 of them had frozen their eggs, while the other 9 had frozen embryos. Although I find a lot of familiar things in my interviews with the egg-freezing women cases, how they perceived, experienced and felt, I have to confess that the interviews with embryo-freezing women are completely new narrative and feelings for me. In the interviews I had with women who freeze the embryos, I was an outsider. These women had experienced the process differently both in the field of social policy and on the legal axis. There were also 4 interviews with women who did the freezing process on the grounds of medical reasons (chemotherapy), I was affected by their narratives. I was also an outsider. Since all interviews were unique, I positioned myself differently. Demircioğlu-Göknar states that in these cases, women could no longer rely on the privacy of the encounter. These encounters seemed confusing and possibly disturbing to women (2015). However, in my interviews these encounters, I felt uncomfortable. At the same time, I felt that the interview environment was much more relaxed.

4.4. Ethical Concerns of the Study

Ethical approval was obtained from Middle East Technical University Human Research Ethics Committee. Instead of real names pseudonyms are used throughout

this thesis in order to ensure confidentiality and respect the privacy of women who agree to participate in the research. Ages refer to age at time of the interview. In addition, at the beginning of each interview, interviewees are informed about the research and consent forms and asked to read the ethical approval documents as well as consent forms that previously send them via e-mail. Lastly, interviewees were asked to give their verbal consent to the study recording at the beginning of the interview and then recorded.

4.5. Limitations and Strengths of the Research

This research acts within its own limitations, as in any research. First of all, I can mention that it is a qualitative research. Although I support the thesis statistically, the lack of a general study conducted in this area in Turkey affects the generalization of the research. This study does not claim to give a whole representation of women who freeze their eggs/embryos, but claims clear insights. The central questions should be addressed by larger studies. Secondly, I experienced on the axis of insider-outsider dilemma. Even though I try to give my own self-criticism as much as I can, there may be points left that could be interpreted as biased, or it may have been left as blank in particular. Thirdly, this study does not contain any information about challenges or perspectives faced by practitioners (doctors, nurses, experts in the reproductive technology studies etc.). The perspective in this research is limited to the perspectives of women. To see the whole process of the freezing procedures field studies should be more efficient .For this research due to COVID- 19 conditions, being in the field was not the option. Lastly, the fact that most of the interviewees were found from my circle through social media, limited my work and led to the formation of a more homogenous group. I am indebted to say that I cannot get in touch with people of different cultures and classes.

The fact that the interviews are conducted via phone or conference call can be considered as both a limitation and a strength. On one hand, not being able to share the same space with women or addressing their senses other than eyes and ears is a deficiency. On the other hand, I had the opportunity to meet women from all over

Turkey, from London and Philadelphia, which I would not be able to interview before COVID conditions.

As a strength, it is important to note that number of published studies related to reproductive health –especially in the area of freezing technologies- clustered in Europe and North America, and less is known outside of Euro- American settings. This study will be an exceptional and valuable in the perspective of Middle – Eastern settings.

These interviews took place much faster than I had planned. The interviews were time efficient and productive. I took notes, I was comfortable in my study room, and I started to work directly after the interview while my knowledge about interviewee and her experiences remains fresh. Another strength of the study is that a pattern has been developed and its direct relation with social policy has been established.

To sum up, women motivations for egg/embryo freezing is another key research area that has been widely attract to researchers. There are qualitative (Baldwin et al. 2018; Göçmen &Kılıç, 2017; Hammarberg et al., 2017; Daniluk & Koert, 2016; Patrizio et al., 2016) and small questionnaire researches (Greenwood et al., 2018; Seyhan et al., 2021; Peterson et al., 2015, Stoop et al., 2015) have focused on exploring women's own perspectives and uncovering their decision making processes. This research promises wider perspective including legal and ethical boundaries, demographics, denial to access certain categories of persons, absence of services, and portray of social policy perspective of Turkey.

CHAPTER 5

ANALYSIS AND DISCUSSION

As I have discussed in the previous chapters, this study aims to understand the effects of reproductive rights policies on women's experience of egg and embryo freezing in Turkey from the general perspective and the position of women in family structure in a more specific perspective through the examination of egg and embryo freezing technologies. One of the methodological aims of the study is to analyse women's lives, experiences and stories from their various and multi-layered perspectives. The study discovers meaningful differences and similarities in order to reveal a significant pattern. From this point on, I am going to analyse and interpret women's experiences and processes on the shadow of policies. In this analysis, I am going to discuss the new technology of egg and embryo freezing together with the current literature on family studies, infertility, medicalization, sexuality and gender.

In this analysis chapter, the main research problem is analysed in three main sections. In order to interpret the realm of the women who used cryopreservation technologies, first, I am going to give an overview of the research conducted within the scope of this thesis. In the first section, I am going to give a general picture of the interviewees demographically and characteristics of the findings of EEF process. Afterwards, I will present a discussion of the two hypotheses I tested in the methodology of the thesis which are distinction between medical and elective freezing and family planning among women who cryopreserved their eggs and embryos. The first section will provide a discussion in relation to legitimization of the research and proving the hypotheses conducted interviews. In the second section, I am going to discuss policies and the role of the government through women's experiences on EEF. In order to grasp the discussion, I am going to analyze women's EEF experiences under three separate subsections which are financial, social and structural experiences of women who

undergone EEF processes. In the least section, I am going to discuss the outcomes of the research which are motherhood discourse, women's empowerment and intersectionalities within the framework of EEF. In this section, I am going to try to make sense of it in the axis of the study.

5.1. Demographic Findings of Research Participants

- The median age of the interviewees at the time of the freezing was 29. The median age of woman who had frozen their eggs or embryos for medical reasons was 22. The median age of the interviewees who froze their eggs or embryos for elective reasons (non-medical) reasons was 31.5.
- Eighteen of the women (all of them) who froze eggs or embryos live in the urban cities.
- All the interviewees are citizens of Republic of Turkey and 16 of them live in Republic of Turkey whereas 2 of them live abroad.
- Seven out of 8 interviewees who froze their eggs are single whereas one of them is divorced.
- Eight out of 9 interviewees who froze their embryos are married whereas one of them is separated.
- All of the participants are educated and hold at least a college degree. Eight out of 18 are either enrolled in or completed a post graduate degree.
- Fifteen out of 18 hold a professional career and professional qualification.

5.2. Characteristics of Egg and Embryo Freezing

- It is observed from 18 interviews that 14 of the interviewees went for freezing for elective reasons, while 4 interviewees frozen their eggs or embryos for medical reasons.
- In 14 out of 18 cases the expenses of the procedures were paid by the interviewees whereas 4 out of 18 interviewees received the government assistance. Only 4 interviewees benefited from the freezing technology aid offered by the state within the scope of SSI. Two of these interviewees

benefited from precautionary substances on the grounds that they had cancer, and the other two were able to receive state aid because they met the criteria for in vitro fertilization (women who were married, did not have children despite unprotected sexual intercourse for the first 3 years, and were under 40 years old).

- Four out of 6 egg freezers frozen eggs more than once (freezing cycle). In other words, more than 65% of those who have frozen eggs have performed the freezing process more than once in order to increase the probability of fertility.

5.3. Reflection on Changes in the Egg and Embryo Freezing Policies

The study paid special attention to two different periods, namely pre 2014 period of cryopreservation technologies and its applied laws, and post 2014, when the application of cryopreservation technology became more widespread and the permissions granted by the law expanded. Cryopreservation of embryos for medical and elective purposes have been permitted since 2010 and egg freezing for elective reasons have been allowed since 2014 (Official Gazzette: 29135, 30 September 2014). Since this research was conducted as a qualitative research and there are few interviewees who have applied this procedure before 2014, it is not very possible to make a clear comparison of the changing law in this field (see in table 5.1.). As seen in the table, there were only two women who had applied this procedure before 2014. One of these two women went out of the country to apply this procedure and applied this procedure in Cyprus. Considering this, a general opinion can be agreed on the more frequent implementation of these procedures after 2014. In this regard, in the axis of this qualitative research, it can be commented on the fact that it has become widespread as policy reflection.

Table 5: Information about the Freezing Year and Freezing Age of the Interviewees

Interviewee No	The year of freezing	The Age of Freezing
1	2013	35

Table 6: Information about the Freezing Year and Freezing Age of the Interviewees (continued)

2	2012	35
3	2017	35
4	2019	24
5	2019	35
6	2020	32
7	2015	18
8	2018	29
9	2019	26
10	2017	28
11	2019	27
12	2017	20
13	2019	31
14	2016	36
15	2015	35
16	2014	27
17	2018	29
18	2018	26

Another issue that needs to be mentioned about this table is the age factor. The average age of the people interviewed during the time of the freezing was 29. The average age of women who had frozen their eggs or embryos for medical reasons was 22. The median age of the interviewees who froze their eggs or embryos for elective reasons was 31.5. Empirical research conducted by Seyhan and her colleagues (2021) in Turkey shows that the mean age at the time of freezing was 38.5. In addition to this, Inhorn et al. (2018) state the socio-demographics of the freezers in their late 30s (ages 35-39) in their research. Moreover, Sandor et al. (2018) categorize women who freeze their eggs over 35. This means that the age range found in the research I conducted does not share the same results as previous studies. This can be interpreted in many different ways. However, I am going to interpret on the fact that the age criterion in my research is quite different from these studies due to two reasons which are also structures for the thesis hypothesis.

The first hypothesis is that compared to the studies conducted, the definition and distinction between elective and medical processes have more uncertainty in Turkey's legislative framework. In other words, women who think that they have frozen eggs or embryos due to an elective definition have actually entered into medical justification. That is why, actually, women have to make this choice. The second hypothesis is that women who freeze their eggs or embryos have a high level of awareness about reproductive health. Since they visited the gynaecologist regularly and had a family plan, they had a chance for early intervention for the future. The following two sections will dive deeper into these hypotheses.

5.4. EEF for Medical and Elective (Non-medical) Reasons

Freezing technologies in general and for "elective" reasons in particular have led to heated debates in healthcare policy and practice as well as in related social and bioethical debates. In the literature of reproductive technologies, there is a clear distinction between medical and elective reasons of cryopreservation technologies. Research in this field has been conducted considering the distinction between elective and medical freezing reasoning. The different terminologies used to describe egg freezing also reflect the controversy around whether there is a type of medical need even for non-medical egg freezing (Rimon- Zarfathy et al., 2021).

Empirical research on the area of freezing qualitatively and qualitatively analysed the freezing reasons of women including relationship factors, economic factors, career plans, study plans and other reasons behind the use of technology (Kılıç and Göçmen, 2018; Inhorn et al., 2018; Greenwood et al., 2018, Stoop et al., 2014; Baldwin et al., 2018; Seyhan et al., 2021; Yu et al., 2016; Daniluk and Koert, 2016; Hammarberg et al., 2017). However, aside from issues related to the elective egg and embryo freezing, the distinction between medical and elective freezing are taken for granted in these studies. Reasons behind freezing technologies are regarded as the main indicators to separate the medical from the elective freezing in the literature. In practice, separating medical and elective reasons of freezing is much more complex than it seems.

In this section, I am going to investigate the unclear distinction between medical and elective freezing. The aim of this section is, hence, to explore how the differentiation between medical and elective freezing techniques is defined in Turkey during the implementation of the regulatory frameworks. Based on this thesis study, I exemplified the normative and constructed nature of the categorization for medical and elective freezing techniques.

As I mentioned in previous chapters, in the literature the egg/embryo freezing (EEF) terminologically explained as medically indicated or elective/social/non-medical freezing for healthy women is considered as two separate processes. In Turkey, as a regulation which was renewed in 2014 by the Ministry of Health, it can also be applied to women who are at risk of decreased ovarian reserve, have not yet completed their family, are single and want to have children in the future, and have been approved by a health board report by three specialists which is called elective egg and embryo freezing. There are also medical reasons to freeze including women with a reduced risk of ovarian reserve due to familial early menopause history, familial breast cancer history, presence of endometriosis or some genetic diseases such as Turner Syndrome, Fragile-X syndrome, Muscular dystrophy, BRCA-1 carrier, X chromosome deletions, early menopause in twins, and precaution before the cancer treatments. However, the empirical research broadly explained medical egg and embryo freezing as a treatment or preservation technique for female cancer patients; a precaution against the possibility of infertility during the process of chemotherapy or radiotherapy. Elective/social/non-medical freezing, on the other hand, is a process that 'healthy' women can proceed with to delay childbearing (Kılıç and Göçmen, 2018; Baldwin et al., 2018; Seyhan et al., 2021). There is an ambiguity in the distinction of these two freezing procedures, both in the studies in the literature and in the country's legislation. This ambiguity and confusion of concepts actually play a serious role in women's decision in the process.

5.4.1. My Doctor Suggested to Freeze

In the study, all interviewees were asked how they made the decision to freeze their eggs or embryos and who recommended it. The answer is remarkable since all of the interviewees (18 out of 18), stated that it was the recommendation of their doctors.

Four interviewees, after being diagnosed with cancer, froze their eggs because they received radiotherapy and/or chemotherapy, which is harmful to reproductive cells, or because cancer surgery resulted in the loss of reproductive functions. They clearly identified their process as a medical process of freezing technologies. Interviewee 4 explained with these words:

> I4: Initially it was my surgeon who managed the process of my cancer, I highly respect him. When I first learned that I had cancer, he gave me a road map, while I was crying; "You will have a very heavy chemotherapy. Then radiotherapy, as a result of which infertility may occur. That's why we need to freeze your eggs urgently". At first, he had made a referral. Afterwards, we went to oncology, oncology said the same thing[30].

Interviewee 7, who was also in a similar situation, explained as follows:

> I7: Before starting chemotherapy, just in case I want to have children in the future or to continue my menstrual cycle and to end the menopause situation, I had an ovarian tissue freezing operation[31].

[30] I4: Benim aslında kanserimin sürecini yöneten ilk başta cerrahımdı, çok saygı duyduğum bir adam. İlk kanser olduğumu öğrendiğimde bana bir yol haritası çıkardı, ben bir yandan ağlarken; "Çok ağır bir kemoterapi olacaksın. Sonrasında radyoterapi, bunun sonucunda kısırlık durumu olabilir. O yüzden acilen yumurtalarını dondurmamız gerekiyor" gibi. İlk başta, o bir yönlendirme yapmıştı. Sonrasında zaten onkolojiye gittik, onkoloji de aynı şeyi söylemişti.

[31] I7: Kemoterapilere başlamadan önce de ileride çocuk sahibi olmak istersem ya da menstural döngüm devam etmesi için ve menapoz durumunu sonlandırabilmek için yumurtalık dokusu dondurma ameliyatı oldum.

Interviewee 9 was diagnosed with endometriosis when she was 23. In the following stages, one ovary needed to be surgically removed. However, she identified her process as elective egg freezing.

> I9: I went to about 10 different doctors, IVF centers, researched everyone. The common opinion of all of them is egg freezing. Please do this now. So, I did[32].

Her condition, as defined by the laws in Turkey, should also be seen as medical and should be intervened within the scope of the medical process. However, this process was left entirely to the woman herself and she was asked to find a solution.

Interviewee 11 was diagnosed with PCOS (Polycystic ovary syndrome) when she was younger than 18. However, she described her process of freezing embryo as elective.

> **I11:** My cousin had IVF treatment, I knew his doctor in Ankara. After doing some research on that doctor, I saw this embryo freezing, egg freezing thing on his page. Here in Turkey, there is embryo freezing for married people. That's why my husband and I decided, it made a lot of sense, like putting it in your pocket. I got examined by the doctor I found, and he also found it appropriate[33].

Majority of women I spoke to told me about the reproductive diseases they had before and for which they received treatment. Again, these women stated that they were guided to the treatment process by their doctors. Considering both the inconsistent result regarding age and the medical history of the participants, I think that far fewer of the respondents have elective freezers than previously thought. In fact, freezing processes, which are seen as social in Turkey, according to study, actually fall under the medical processes. Here, too, the following questions comes to mind. Why aren't

[32] I9: yaklaşık 10 tane farklı doktora gittim, tüp bebek merkezlerine, herkesi araştırdım. Hepsinin ortak görüşü yumurta dondur. Lütfen bunu şimdi yap.

[33] **I11:** Kuzenim aslında benim tüp bebek tedavisi görmüştü. Daha sonra, onun doktorunu biliyordum Ankara'da. O doktoru biraz araştırınca sayfasında, bu embriyo dondurma, yumurta dondurma olayını gördüm. İşte evlilerde embriyo dondurma oluyormuş falan Türkiye'de. O yüzden eşimle karar verdik, çok mantıklı geldi böyle cebe atmak gibi. O yani bulduğum doktora muayene oldum, o da uygun gördü.

these women referred to support channels? Why can't they get government assistance from freezing?

5.4.2. Contraceptive Use for Family Planning

Family Planning Policies have undergone major changes in Turkey. Despite the fact that contraceptive methods appear to remain behind the scenes with pronatalist strategies, they have improved significantly.

Regarding women's general health, the interviewees were asked whether or not they were using a regular contraceptive method in order to anticipate the relationship of reproductive health and the freezing techniques used by the interviewees in Turkey. The reason this information was requested was to test whether there was a correlation between IVF technologies and using a method regularly. My hypothesis on this issue was that women who regularly think about their sexual health, follow the contraceptive methods, and consciously experience sexuality, have had the opportunity to access the freezing technologies. I assumed that women must be consistently checking their sexual wellbeing with the goal that they could utilize this technique for early prevention.

According to the answers given to this question, 17 of the 18 women interviewed currently use a contraceptive method.

As seen in the figure 6 below, percentage of contraceptive use among women in the study was 12 of women used the pill, 5 of women preferred to use condom and 1 were, on the other hand, non- user (see in Figure 5).

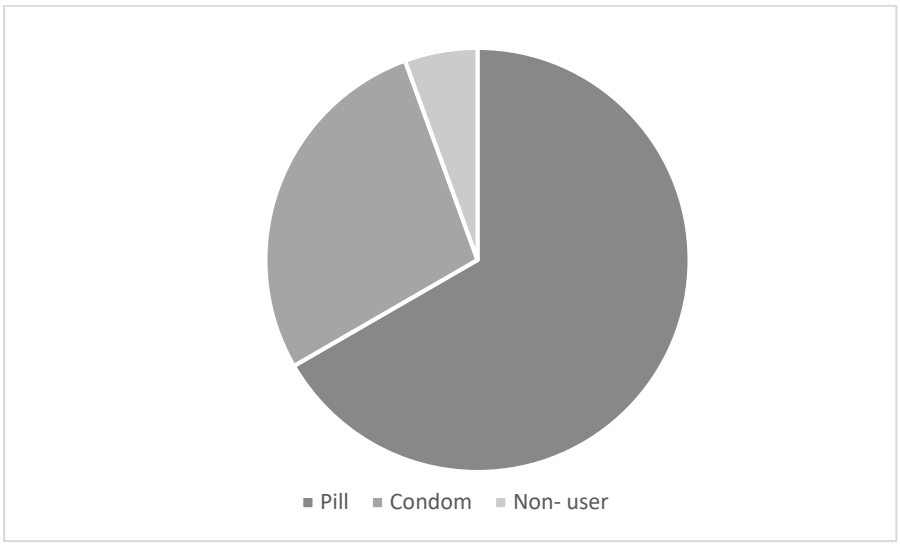

Figure 5: Contraceptive Use Among Women

The TDHS report (2018) presents information related to family planning and contraceptive use in Turkey. The utilization of family planning enables women to prevent accidental and unwanted pregnancies, and decreases dangers of risky foetus removals. Contraceptives allow women to space their births, which straightforwardly helps the wellbeing of the mother and new-born children (HUNEE, 2019).

I5 pointed to a medical problem and explained that this medical problem was the reason they used a contraceptive method:

> I5: I used it for a certain period, but I used it solely because of polycystic ovary. [Used] [b]irth control pills for about six years. I am not currently using.[34]

I6, on the other hand, emphasized that with the check-ups she decided to freeze her embryos after her doctor appointment.

> I6: I was using it. I used it due to irregular monthly periods. Then we took a break. During our break, I went to see a doctor, he said, if I want to check my body for family planning. He said if you want children, we have to check it.

[34] I5: Belli bir dönem kullandım ama tamamen polikistik over sebepli kullandım. Doğum kontrol ilacı yaklaşık bir altı yıl kadar. Şu an kullanmıyorum.

> My eggs were counted at his suggestion and yes we got into something [the process] like this[35].

I8 also mentioned about the medical condition of early menopause. When we conducted our interview she had already frozen her eggs and she was having her medical controls for the risk of early menopause. She also regularly used contraceptive methods.

> I8: No, I used it for a very long time. I used the birth control pill Yasmin. I am no longer allowed to use it due to my health condition. That's why I don't use it[36].

These women show sensitivity in seeing an obstetrician at regular intervals as well as in Family Planning which is a supporting argument for my hypotheses regarding this issue.

> I10: I mean, there is no one I go to regularly, but before the pandemic, especially every year, I was trying to go for a check-up[37].

I10 and 114, like the majority of women that I interviewed, described themselves as regular visitors for their reproductive and sexual health.

> I14: Yes, so let me put it this way: I do it very regularly; I get afraid, I run from it, but my doctor follows me. In other words, he examines me every two years, even if it is not very regular[38].

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[35] I6: Kullanıyordum. Düzensiz adetler sebebiyle kullanmıştım. Sonra ara verdik. Ara verdiğimiz sırada da zaten doktorum, şey dedi yani böyle devam ediyorsun. Yapmak istiyorsan, çocuk istiyor musun? Eğer istiyorsan kontrol etmemiz gerekiyor dedi. Onun aslında önerisiyle yumurtalarım sayıldı ve evet böyle bir şeyin içine girdik.

[36] I8: Hayır, çok uzun süre kullandım. Doğum kontrol hapı yasmin kullandım. Artık sağlık durumundan dolayı kullanmam yasak. Bu yüzden kullanmıyorum.

[37] I10: Yani, düzenli olarak gittiğim biri yok ama pandemiden önce, özellikle her yıl hani kontrole gitmeye çalışıyordum.

[38] I14: Evet, yani şöyle söyleyeyim: Ben çok düzenli yapıyorum; korkuyorum, kaçıyorum ama doktorum benim peşimi bırakmıyor. Yani çok düzenli olmasa da mutlaka iki yılda bir beni değerlendiriyor.

According to the TDHS report (2018), contraceptive prevalence was measured as the percentage of women who report themselves or their partners as currently using at least one contraceptive method of any type (modern or traditional). Furthermore, unmet need for family planning was defined as the percentage of women who want to stop or delay childbearing but who are not currently using any method of contraception to prevent pregnancy.

In order to support my hypotheses quantitively, I used the findings of the TDHS which reported the respondents background characteristics by their contraceptive use patterns. Contraceptive use is the lowest among women who never gone to school or didn't finish primary school (40%) and afterward rises, albeit not consistently, to 52% among women with high school or advanced education (HUNEE, 2019).

Overall, according to the insights gathered from the field, this process, which starts with a visit to a doctor for women and continues with family planning, also guides women in terms of getting information about freezing procedures and daring to try them.

5.5. EEF Experiences of Women

In previous sections, information was given about the general results of the study. At the same time, patterns by background characteristics of the interviewees were presented. Afterwards, the two hypotheses were analysed together with the evidences from the interviewees. In this section, the effects of implemented policies on the society will be problematized specific to daily lives and experiences of the women who frozen their embryos or eggs in Turkey.

This section has three main subsections which are financial, social and structural experiences of women who undergone the freezing process in Turkey.

5.5.1. Financial Experiences of Women during the Process

5.5.1.1. Cost of EEF

The participants identified the costs of the procedure as well as other costs associated with preparing for the procedure to be very high. Whilst EEF may be funded by SGK for some women, most of them paid the costs from their pocket.

> I9: Medication costs are just as expensive as hospital costs. That's how much they cost. The first application cost 10 thousand TL, the second application cost 12 thousand TL because the drug prices had a little increase, and 4500 TL of this was already drugs[39].

As a standard procedure in a private clinic, it was performed in the range of approximately 15 to 20 thousand TL in 2018 without government support for one cycle. I8 whose mother paid for the procedures, explained that;

> When I estimated at that time, we gave something like my medicines, injections, doctor visits, etc. 16-18 thousand. I went to many doctors and used different drugs. So, for example, there are medicines that you need to take, you need to change your diet, I have a more plant-based and even vegan diet[40].

Women are not only paying for procedures, but also for drugs, and they are not covered by the SGK or any other private insurances. While the women shared their experiences, they also frequently expressed that they felt the need for support, as well as being affected by the process they went through.

[39] "Hastane masrafları kadar ilaç masrafları da çok pahalı. Bir o kadar da bunlar tutuyor. İlk uygulama 10 bin lira tuttu, ikincisinde biraz zam gelmiş ilaçlara 12 bin lira tuttu bunun 4500 lirası ilaçlar zaten."

[40] "Ben o dönemde hesapladığımda ilaçlarım, iğnelerim doktor ziyaretlerim falan16-18 bin gibi bir şey verdik. Ben bir sürü doktora da gittim farklı ilaçlar da kullandım. Yani mesela bunun dışında almanız gereken ilaçlar var beslenme düzeninizi değiştirmeniz gerekiyor daha bitkisel ağırlıklı hatta vegan beslendim."

> I15: I went for acupuncture treatment to improve the quality of the egg. So I also got extra help in this process[41].

Women sacrificed for their own well-being as much as they sacrificed financially for this process.

Most of the women interviewed stated that they did not have a budget allocated for this process and that they felt the need for financial support. This financial support, of course, was not requested from the state or its organs, but primarily from their families and was provided in this way.

> I5: It's an expensive process and I'm a character who spends my earnings on travel. I had no savings for this process. I was thinking of taking a loan specifically for this process. And when it happens twice, the drugs are really, really expensive. While I was going to the bank to take a loan, my father said, "I'll give it to you, you will pay later." That's how I got financial support from my family[42].

This development has led to another morally controversial issue, namely who should pay for the embryo and egg freezing costs? Although the right to reproduce is widely recognized as a liberty-right, it is not generally regarded as a claim-right (Mertes and Pennings, 2012). Under the context of freezing, women should have the liberty to cryopreserve their oocytes or embryos if they so wish, but they cannot make claims on society to financially support their efforts to ward off infertility.

The position in the economic class has a strong influence on the available options for participants to fund the EEF procedures. As the table below shows, the interviewees

[41] "Yumurtanın kalitesini artırmak için akupunktur tedavisine gittim. Yani bu süreçte ekstra yardım da aldım."

[42] "Bu pahalı bir süreç ve ben kazandığımı gezmeye harcayan bir karakterim. Bu konuyla alakalı bir birikimim yoktu. Kredi çekmeyi düşünüyordum bu süreç özelinde. Bir de 2 kere olunca ilaçlar gerçekten çok çok pahalı. Ben kredi çekmek için bankaya gidiyorken babam dedi ki ben sana vereyim sen sonra ödersin bana dedi. O yüzden maddi anlamda ailemden destek gördüm."

can be defined as those who have economically secure and regular incomes, middle and upper class women for their income status.

5.5.1.2. Insurance Coverage

As an EEF indicator, the question of "whether your health insurance covered the costs" within the health policies and health system was asked to all participants.

> I13: No, I can even say that in terms of health insurance, I was not working under government insurance. [The organization that she works] has a separate status. It provides much more comprehensive private health insurance. So while it covers everything from dentist to psychologist, it didn't cover this thing at all. Including the tests. Because those tests are written and prescribed within the scope of IVF. So I couldn't make insurers pay even a penny[43].

All of the interviewees stated about insurance policies and coverage. All of the interviewees regardless of reason of freezing, had a struggle to achieve information about the insurance coverage or their eligibility to use the government aid or not.

> I9: I mean if they are suggesting 3 children for every household and if they are giving assistance for milk and money for families with 3 children, I think that a certain amount of government aid can also be introduced for this too [the freezing process].[44]

Discussing this issue over health insurance is important because women know that IVF experience is supported by the government but not the EEF. One of the clearest answers to the question of "what is the policy behind this and how this policy affects women" is given through support mechanisms. In case the health care coverage doesn't uphold it and doesn't illuminate it when it does, it doesn't permit it structurally. Here, the state and its regulations appear as a form of governmentality since women's

[43] Hayır hatta şunu söyleyebilirim sağlık sigortası açısından ben zaten sgklı çalışmıyorum. BM nin ayrı bir statüsü var. Çok daha kapsamlı özel sağlık sigortası yapıyor. Yani dişçisinden psikoloğuna kadar kapsarken bu şeyi hiçbir şekilde kapsamıyordu. Tahlillerini dahil. Çünkü o tahliller tüp bebek kapsamında yazılıp, reçeteleniyor. Yani 1 kuruş bile ödetemedim."

[44] "Yani her eve 3 çocuk deniliyorsa 3 çocuğu olanlara işte süt yardımı, para yardımları da oluyorsa, bunu yaptıranlara da belli bir oranda devlet desteği gelebilir diye düşünüyorum"

experiences with reproductive technologies intersect with power relations and structural inequalities that is called “stratified reproduction”. That is, the state supports IVF in health insurance and does not support EEF; results in women having to make the choice of IVF. In other words, only economically privileged women have access and can think as a choice to this procedure.

5.5.1.3. Renting a Space for Egg and Embryos

This issue of rent also supports and strengthens the situation related to health insurance. Women also pay to the clinic where EEFs are stored, with a monthly or annual payment plan after the procedure.

> I15: My eggs stayed in a private hospital for 1 year, then I transferred them to the public hospital. The reason I moved was because it was more affordable. I think the annual rent was 3 times as much in private.[45]

As stated by I15, both public and private hospitals charge a fee for this issue. If this rent is not paid, the clinics have the right to destroy it without notifying the person of interest. Reproductive justice as a term underlined the role of the state in ensuring reproductive justice and maintaining its functioning (Kılıçtepe, 2021). In this context; population and reproductive policies intersect with social dynamics and inequalities and shape in women's reproductive experiences.

When Insurance Coverage and Renting a space for EEF are considered together, woman's access to this service is associated with both her economic power and her access to information and the way she copes with this information. The woman should be both wealthy enough to have this procedure without insurance and also knowledgeable enough to access institutions and organizations to pay her rent every year.

[45] “Benim yumurtalarım 1 yıl özel hastanede durdu sonra devlet hastanesine taşıdım. Taşımamın nedeni de daha uygun fiyatlı olmasıydı. Yıllık kirası sanıyorum 3 katı falandı özelde.”

5.5.1.4. Costs of Buying Time

Using a framework of biomedicalization to analyse the development of egg and embryo freezing allows us to see the ways in which medical jurisdiction has extended beyond illness, disease, and injury to health itself (Almeling, 2015). While the concerns around risk of infertility are at times associated with ailment or sickness, including cancer or women's diseases like ovarian failure, the attention on protecting the characteristics and chances of youth focuses on currently healthy bodies or bodies envisioned to be healthy later on (Rimon-Zarfaty et al., 2020). Through the development of medical and elective EEF, biological timelines of women have a chance to reverse but at what cost? At the same time, women are not supported by the state economically and informally in this process.

Women are predominantly depicted as settling on decisions that outcome in venturing off the speed of their organic courses of events. The biomedicalization of age and the treatment for departing from ideal timelines serve to individualize structural inequalities instead of addressing the patterns of social relationships and institutional arrangements that undergird these inequalities. Here we see technological solutions being marketed to consumers as a solution to, in part, a lack of social support.

5.5.2. Social Experiences of Women During the Process

This study explores women's experiences through their own narratives, and their support mechanisms and how these effect women. Variables that affect their perceptual experience include social support and systematic support mechanisms, which are analysed below.

5.5.2.1. Support Mechanisms of Women

The majority of the interviewees had disclosed their decision to freeze to a small amount of people, usually inner circles like friends and family. Furthermore, most of

the interviewees stated receiving support from their own mothers both in the decision-making process and during the treatment.

The support mechanisms were often emotional, financial and practical. Interviewee 8 stated that she decided not to but she reconsidered the process after her mother's suggestions.

> I8: My mother, who respected this very much, just approached from a different perspective and said something: "if your wishes and desires change one day, I don't want you to say I wish I did, I wish I had an egg somewhere. So will you think about it again? I mean, go do this five times to you, let's collect a pool there and have twenty eggs, not something like that, but I think that once you have tried it, I think it will prevent your future worries". When I thought about it, yes, my mother was right again or something, and then I said that it really is like a job, let's build a pool or something like that, but I said OK to try it once and avoid any possibility in the future[46].

Interviewee 5 mentioned about women friendship as a support mechanism. Thanks to women solidarity, she overcome the process of freezing.

> **I5:** That day, for example, I got out of the hospital, I went to Kilyos, I looked at the sea, I cried, I cried on the way, I couldn't stop and called my friends. After that, I no longer have any tears. I also believe in motivation, indoctrination and women's solidarity all together. They gave me strength, then I recovered, so I can say that it is a process that is psychologically very hard to handle[47].

[46] Annem de buna çok saygı duyan bir yerden yaklaşıp şey söyledi sadece: günün birinde isteklerin, arzuların şekillenir ve değişirse keşke yapsaydım, keşke bir yerde yumurtam olsaydı demeni istemem. O yüzden bunu bir daha düşünür müsün? Yani ben sana git beş kere bunu yap, orada bir havuz biriktirelim yirmi tane yumurtan olsun gibi bir şey değil ama bir kere bunu denemiş olmanın ilerideki kaygılarının önüne geçebileceğini düşünüyorum gibi bir şey söyledi. Öyle düşününce evet, annem yine haklı falan gibi sonra dedim ki ya ben bunu böyle hakikaten bir iş gibi, hani bir havuz yapalım ya da böyle bir şey değil ama bir kere denemenin ve ileride bir ihtimalin önüne geçmeye okey dedim.

[47] O gün mesela hastaneden çıktım, şeye gittim kilyosa gittim denize baktım ağladım, yolda ağladım, duramadım ve arkadaşlarımı aradım onlarla işte Caddebostan sahilde biraz oturduk, orada onlara ağladım. Sonra artık gözyaşım kalmadı biraz da hani motivasyon telkin, kadın dayanışmasını da inanıyorum hep birlikte. Bak şöyle, güçlüsün falan beni gaza getirdiler, sonra toparlandım yani psikolojik anlamda baya yıpratan bir süreç bunu söyleyebilirim.

Most of the interviewees reported that receiving support from friends and family was significantly important. However, they also stated they wish they could communicate with someone who went through this process. Several of the women stated that knowing what will happen in the next step in this process and learning this through the transfer of experience of someone who has gone through the process was insufficient for women.

When Interviewee 13 realized that she is in the risk for future fertility, doctors and her family strongly advised her IVF instead of freezing since she was married and her conditions were endorsed for the child. She found a freezing technology through her own research.

> I13: There was not many people around me with whom I could share my dilemma. Apart from that, it was not so easy to talk about it with the family because they were thinking it's unnecessary, just like the doctor did. But I didn't have the opportunity to talk to someone who went down the same path as me, I wish I had. I've always talked to those who went through the IVF process, but of course it wasn't the same[48].

In addition to looking and receiving support from family and friends, women also mentioned that they looked and searched guidance and support from the online fertility forums or social media groups. However, they could not find any information related to the conditions in Turkey.

> I1: I searched for the fertility treatment and egg freezing forums but the sites massively served for the IVF treatments[49].

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[48] G13: Benim yaşadığım ikilemi paylaşabildiğim pek kimse olmadı etrafımda. Onun dışında, aile ile bunu konuşmak o kadar kolay değildi çünkü hani aynı doktorun da yaptığı gibi gerek yok kısmına girilmişti. Ama hani bir bir benimle aynı yolu gitmiş biriyle konuşma fırsatım olmadı, keşke olsaydı. Tüp bebek sürecine girenlerle konuştum hep ama aynı değildi tabii

[49] Infertilite ve yumurta dondurma forumlarını aradım ama siteler tüp bebek tedavilerini anlatıyordu hep.

They assumed that there was not any forum or network to create a solidarity or to be part of it. I7 talks about a documentary where she went to the computer to get information about this process and she could see her experience in Turkey.

> I7: I searched online a lot. I found some videos on youtube in English. It helped but the condition and regulation in Turkey were different. I did not meet anybody who experienced this in Turkey from the Internet.[50]

It should also be remembered that each woman's experience is different and unique.

> I18: For example, I would like to meet another lesbian who has the same situation, the same problems, but of course, there is no such support group. Also, there is a support group in IVF centers, I think married people are weird about IVF. They got each other's numbers, whatsapp groups, they hug and cry, but women like me who go there alone without a husband are a little wild. How can I say it, if not wild? They hesitate, so in such an environment. Because a single woman's egg freezing isn't the same as a married woman doing IVF[51].

Women often stated that they received support from their inner circles that they could talk about it and express their feelings. However, they also talk about the lack of organizational form and the individualization of support mechanisms.

Women also often mentioned about lack of structural supports including psychological supports. However, they frequently talked about the sharing experience and its effects.

[50] İnternette çok araştırdım. Youtube'da İngilizce videolar buldum. Yardımcı oldu ama Türkiye'deki durum ve yönetmelik farklıydı. Internetten TR'de bu durum yaşıyor olan kimseyle tanışmadım.

[51]Mesela bir tane daha lezbiyenle tanışmak isterdim aynı durumu, aynı sorunları yaşayan ama tabii böyle bir destek grubu da yok. Ayrıca tüp bebek merkezlerinde destek grubu bence var, evliler tüp bebekle ilgili acayip yani. Birbirlerinin numaralarını almışlar, whatsup grupları, sarılıyorlar ağlıyorlar ama oraya tek başına kocası olmadan gelen benim gibi kadınların birazcık yabani.. Yabani demeyeyim de nasıl söyleyeyim? Çekiniyorlar yani öyle bir ortamda. Çünkü bekar bir kadıın yumurta dondurması, tüp bebek yapan evli bir kadınla aynı durum değil.

5.5.2.2. Lack of Psychological Support Mechanisms

Most of the women stated that they struggled psychologically. The challenges associated with undergoing egg and embryo freezing were perceived different than IVF. Even if their procedure had been conducted in the IVF centres, their experience was seen as distinctive. First, they weren't going with their partners. Then, they weren't expecting hope for pregnancy or any decision related to this outcome. They often expressed their emotion in the process at the IVF centers as "loneliness".

> I8: No matter how educated and supported you are, these procedures are difficult ones. So, I think that a support network that is accessible for everyone should be created. It is very important. Because you are not only going through a physiological process, but also a psychological process. These should be improved, the government should be more supportive and there should be a connection between public hospitals and these clinics.[52]

Although this process is continuing medically, a support mechanism has not been integrated into the process psychologically. This appears to be a social problem as well as a structural one.

5.5.2.3. I Suppose I am the Only One

The experience of women who used cryopreservation technologies, especially for egg freezing, shows that risk information is highly individualized. In fact, the outcome that we are talking about in this episode appears as a visible result of the categories of lack of psychological support and lack of support mechanisms in the previous sub-sections. The feeling of the experience can be summarized as "being alone".

[52] Bu süreçler hani ne kadar eğitimli destekli, olursanız olsun zor süreçler. Ben o yüzden herkesin ulaşabileceği, erişebileceği bir destek ağının oluşturulması gerektiğini düşünüyorum. Çok önemli.Çünkü sadece fizyolojik bir süreçten geçmiyorsunuz, psikolojik de bir süreçten geçiyorsunuz. Bunların iyileştirilmesi, burdaki devletin daha destekleyici olması, devlet hastanelerinde bu polikliniklerin ayrıca bağlantılarının olması.

I9: Also, perhaps being able to talk about it. A way for people who went through this process to come together. A person that I know have had 8 IVFs. I know myself, I had to freeze my eggs. I mean to be able to share these things. Saying "Oh I know what you went though, don't worry", maybe creating such networks. Especially in places where information is hard to reach. [Networks] that say to women that they are not alone. I know someone who had two miscarriages and had a stillbirth at 9 months in her last pregnancy. And then I know a couple who had a divorce because she (?) couldn't have a baby. Now, if these things are happening around us among people being at a certain educational and cultural position, I wonder what's happening in other places. Findings a solution to these.[53]

5.5.2.4. I am a Person of Guarantee

In the field, during interviews, one of the words women often repeated when talking about the process was "guarantee".

I2: I am a person of guarantee. I can use it if I want, so it's guaranteed[54].

I5: I can totally say that it is actually inner relief. A guarantee should remain on one side[55].

I11: …because you don't have to decide right now. Then you have the chance to decide. I wasn't sure if I wanted it or not, even at that time or when I was getting it done, what period of my life I wanted. Besides, it is an opportunity

[53] "Bir de belki de konuşabilmek. Bu süreçten geçen insanların bir araya gelebilmesi. Bir tanıdığım 8 kere tüp bebek denemiş. Ben işte hiç bir şey yokken yumurta almak zorunda kaldım. Hani bunları paylaşabilmek. Aaa ne yaşadığını biliyorum, merak etme, böyle belki ağlar oluşturulması. Özellikle de bilgiye daha az ulaşılabilir yerlerde. İşte kadınların yalnız olmadığını söyleyen. Ben kendi çevremde şunu biliyorum ki, iki kere düşük yapıp, son gebeliğinde 9 aylık ölü çocuğunu doğurmuş. Başka sen çocuk yapamıyorsun diye boşanmış bir çift biliyorum. Şimdi bunların bizlerin çevresinde yaşanırken, biz kendimizi hem eğitim seviyesine hem de kültürel olarak daha başka bir yerde konumladığımızda başka yerlerde kim bilir neler yaşanıyor. Bunlara birer çözüm bulabilmek"

[54] I2: ben garantici bir insanım, hani ilerde belki isterim belki olmaz, elimin altında bulunsun. İstersem kullanayım, garanti yani.

[55] I5: tamamen aslında iç rahatlaması diyebilirim. Kenarda bir garanti dursunculuk.

> to plan age, so I want to get pregnant at this age. So even if I don't need to use it at all. So this comfort was my motivation[56].
>
> I17: …I will ensure my own fertility using science. Actually, that was my motivation, in a sense not to leave it to chance[57].

5.5.2.5. Risky Business

For interviewees, egg freezing were operated as a multiple layered means of risk. However, the straightforward and most common risk factor was the promising secure motherhood for the future. The risk of being unable to have a children was the most common anxiety among the interviewees. I5 states in this issue below:

> I5: On one hand, I stored an egg as a guarantee for the future if I wanted to become a mother but will the thawing of eggs end in success? I mean, there are some processes like will the sperm latch on the egg. At this point, in reality if we look at the numbers the freezing is being done for a few years now, it is different from IVF. So, this is a risk, can create problems. It can be done by mitigating and through technology and thinking this through.[58]

Participants were also concerned about the age-related infertility. When they become old, they were not sure that they were be able to have a child with these eggs and embryos or not. Giddens argues that individuals living in a risk society develop trust in expert systems and risk assessment as a way to ensure safety. Myers (2014)

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[56] I11: çünkü şuan karar vermek zorunda değilsin. O zaman da karar verme şansın var. İsteyip, istemediğinden, hala da mesela o zaman da yaptırırken de emin değildim, hayatın hangi döneminde istediğimi. Hem aslında yaş planlamak için de bir fırsat olur, yani hani şu yaşımda hamile kalmak istiyorum olur. Yani hiç kullanmama gerek kalmasa da olur. Yani bu rahatlık benim motivasyonumdu.

[57] I17: ben işte bilimi kullanarak kendi doğurganlığımı garanti altına alacağım. Motivasyonum buydu aslında, şansa bırakmamak bir anlamda.

[58] Bir yandan ben kenara garanti yumurta attım anne olmak istersem kullanabileyim diye ama aslında o yumurtaların çözülme sürecinde başarı sağlanacak mı ? İşte sperm yumurtaya tutunacak mı vesaire gibi süreçleri var. Bu noktada da aslında bu alanda rakam olarak baktığımızda çok az yıldır, dondurulmuş yumurta süreci yine de farklı tüp bebekten. O yüzden bunu bir yandan risk, Sorun yaratabilir. Bunun daha aza indirgenmesi, teknoloji ve bu konunun üzerine düşülmesiyle olabilir.

identifies that these risk assessments plays central role in the ARTs in relation to risk society. She marks the narratives of reproductive choice and empowerment among women arguments selected to serve neoliberalism. While these seem to have an insurance policy for the future even under institutional and cultural constraints, they also generate an awareness of uncertainty, possibility, and risk (Myers, 2014).

5.6. Motherhood

The study I conducted with women with EEF expanded the argument beyond the procedures and experiences through motherhood itself in some of the interviews. At the time of the interviews, 4 out of 18 women were mothers and one of them were currently trying to become a mother. It was impossible to discuss the issue without discussing motherhood in any case. In these discussions, three different themes emerged on which women mainly focused. Women's main motivations or the motivations that they are thinking that women becomes mothers are; fear of death, comfort in older ages and perfection of motherhood.

Some of the women interviewed had struggled with serious illnesses and / or survived cancer. The trauma of this experience appeared in them as a fear of death. The anxiety about the disease might come back, motivate the interviewees to have a child.

> I1: I never imagined myself having children. My motivation is actually bad if you look at it. If you don't water the flower, it blooms… I think it is the fear of death. In other words, I, the person who never wanted children. But it's so wrong, a person should not have children due to fear of death. It is unfair for the child. But I think it's something, I wonder if it's an impulse. So I thought that the disease might recur and I might not have a child[59].

[59] I1: Ben kendimi hiç çocuklu hayal etmiyordum. Benim motivasyonum aslında bakarsan kötü. Şimdi bakınca ben şeyi anlıyorum. Çiçeği sulamazsan çiçek açıyor. Ya ölüm korkusu bence. Ben öyle düşünüyorum şimdi dönüp bakınca. Yani hiç çocuk istemeyen biri olan ben, halbuki çok yanlış insan ölüm korkusu yaşayınca çocuk yapmamalı. Yani çocuğa yazık. Ama o bence şey bişey heralde dürtü mü acaba. Yani hastalık tekrarlayıp bi çocuğum olmayabilir diye düşündüm.

"Anxiety about getting older alone and not getting help from anyone" were another pinpoint theme. I2 were talking about how ridiculous to trust a child for older ages since the generation is different.

> I2: Thinking about old age, people do things, they have children, but there is a guarantee that the current generation will not be with you when you get old. And you make the child for yourself, but the child will live his own life for himself. And it won't be with you, so the new generation is like that. Even people our age say something, no, God forbid she should get married, God forbid she should have a child[60].

This outcome about children who take care of us when we get old is a cultural specific area in Turkey. In my opinion, this is a cultural situation and is fed by tradition since in Turkey institutional care services are not very common and not supported by the government. It is also a cultural acceptance to provide care in the family structure. Thus, when you do not have any child, care provider will be absent in the future.

Child centric motherhood and perfectionism in motherhood was another theme that comes up from the interviewees. I15, a primary school teacher, also explains that she saw so much wrong in the early childhood education, interpreted her sense of motherhood as follow:

> I15: I guess I have something; do everything right, I don't have confidence in myself in this kind of thing. I never felt like I could handle it [talking about child], or most of my friends are raising children alone, for example. I have never seen myself that strong. I mean, it's like there's always someone more like this, I don't know, someone saner should be with me so that I can have that child[61].

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[60] I2: Yaşlılığı düşünüp insanlar şey yapıyolar çocuk yapıyorlar ama şu andaki yeni nesilin sen yaşlandığında yanında olmayacağı garantisi var. Olmayacak yani. Ve sen hani kendin için çocuğu yapıyorsun ama yani çocuk kendi için kendi hayatını yaşayacak. Ve senin yanında olmayacak yani, yeni nesil böyle. Saçmalık yani. Bizim yaşımızdakiler bile şey diyo, yok aman allah korusun evlensin, aman allah korusun çocuğu olsun.

[61] I15: Ama böyle heralde bende biraz şey var, her şey iyi düzgün yapma, kendime de güvenim yok bu tür konuda. Altından kalkabilecekmiş gibi hissetmedim hiçbir zaman ya da çoğu arkadaşım yalnız başına çocuk büyütüyor mesela. Ben kendimi hiçbir zaman öyle güçlü görmedim. Yani sanki yanımda

According to Hays (1996), definition of intensive motherhood as “child- centered, emotionally absorbing and labor intensive” work (p: 54). The general perception of the motherhood in the interviewees were child centric and selfless mothers. They were expressing the thinking of perfection and full- focus mothers that need to be performed. Prioritizing of children among everything (job, partner etc.) were very important.

> I14: So there is no bad mother situation or bad mother role model around me. On the contrary, there are always perfect mothers. And for him, the look at mothers is also excellent, as they are excellent mothers. So whether it's from the father's side, from the grandmother's side, the look is also perfect. There are mothers who are always researching to improve their children[62].

Being a “good mother” has a positive correlation between full time motherhood and sacrificing herself seems to be firmly established in Turkey. The sacredness of motherhood is appeared in women’s narratives, too as a contemporary ideology of motherhood. I17 gives an example of a friend's relationship with her profession after giving birth that shows the priorities among women and struggle to “choose” one over the other. I17 also criticizes the positive relationship between working and making money.

> I17: I am in the position to criticize that motherhood is perceived as a woman's profession and something that should be her priority. I see this in the people around me as well. For example, my best friend was working and stopped working after she had a child. When I asked, "What are you going to do now, won't you work?" I asked, "I am taking care of my child. My husband works

her zaman daha böyle, benden ne bileyim, daha aklıselim birinin yanımda olması lazım ki o çocuğu yapabileyim.

[62] G14: yani çevremde her hangi bir kötü anne durumu ve ya kötü anne rol modeli yok. Tam tersi hep mükemmel anneler var. Ve onun için, mükemmel anneler olduğu için, annelere bakış da mükemmel. Yani babalar tarafından olsun, anneanneler, dedeler tarafından olsun bakış da mükemmel. Hep çocuklarını geliştirmek için araştıran anneler var.

for me. We get along quite comfortably," she said. She must have been working because she perceived work as a means of making a living[63].

In the I6 narrative, we see a different "choice" made with similar concerns.

I6: The reason why I'm freezing is a decision I made, something I planned, in order not to give up on my profession. As long as it is planned, I don't think it will affect my profession. And would I give up on motherhood? I would probably give up if there was such a thing. I prefer not to be a mother right now. Because I am doing a lot for myself for my career right now and I think that motherhood will not be my only title and I act accordingly. So yes, I want to be a mother, but I don't think it's more important than me being a woman, being good at my job, being a good person or something[64].

In fact, it is beyond making a choice; women also talk about the sacrifices they make in their profession to keep their job and having a baby at the same time.

I5: Unfortunately, I see too many examples in terms of career. I saw that very, very successful female friends of mine suffered serious injustices during their pregnancy at work. Because I work in a somewhat busy industry and I work in an industry where you need to constantly improve yourself. Here, after the birth of the child, I have experienced examples where friends who use other breastfeeding permits etc., normally 6 months are allowed, in the sector where

[63] G17: Annelik bir kadının mesleği ve önceliği olması gerektiği bir şey gibi algılanması beni gayet rahatsız ediyor. bunu yakın çevremdeki insanlardan da görüyorum. Mesela, en yakın arkadaşım çalışıyordu ve çalışmayı bıraktı çocuğu olduktan sonra. Ben de gayri ihtiyari " sen şimdi ne yapacaksın, çalışmayacak mısın?" diye.sorduğumda bana " ben çocuğumla ilgileniyorum. kocam benim yerime çalışıyor. gayet rahat geçiniyoruz." dedi. Çalışmayı geçinme amaçlı bir şey olarak algılamasından ötürü çalışıyordu heralde.

[64] G6:Donduruyor olma sebebim, bana mesleğime vazgeçmemek adına, üzerine düşünüp verdiğim bir karar, planladığım bir şey. Planlı olduğu müddetçe benim mesleğimi etkileyeceğini düşünmüyorum. Ve annelikten vazgeçer miyim? Büyük ihtimalle vazgeçerdim öyle bir şey olsa. Anne olmamayı şu an tercih ediyorum ben. Çünkü kariyerim için kendim için çok şey yapıyorum şu an ve anneliğin benim tek ünvanım olmayacağını düşünüyorum ve ona göre hareket ediyorum. Yani evet anne olmak istiyorum ama bu benim bir kadın olmamdan, yapacağım meslekte iyi olmamdan, iyi bir insan olmamdan falan daha önemli değil diye düşünüyorum

> I work, who increase that 6 months to 8 months and 9 months, and return to lower positions than they were in[65].

The unbalance between career and motherhood is seen in the maternity leave period. I16 experienced not to get the promotion at work due to motherhood period, she says:

> I16: If I hadn't used the permission process; currently, the next step of an expert is as a chef. In general, those who were my age and did not have children were able to become chefs, but in that period of my life, it made me fall back a little bit[66].

> I16: For example, I want to switch from public to private sector. But having children still limits me. Here I can take care of the child more. Never mind, I won three cents more money here, I didn't. It affects all of the things that you say is more valuable to spend time with him[67].

5.6.1. Reflections of Motherhood in Turkey

The question of what do you think about the ongoing motherhood discourse in Turkey was asked to the interviewees. All the critiques about motherhood discourse in Turkey were focusing on "sacred" motherhood perception. None of the women were rejecting the importance of to be good mother but in Turkey, they were not believe to be a good

[65] G5: Kariyer anlamında ne yazık ki çok fazla örneğini görüyorum. Çok çok başarılı kadın arkadaşlarımın işyerinde hamilelik sürecinde çok ciddi haksızlıklara uğradığını gördüm. Çünkü ben biraz yoğun bir sektörde çalışıyorum ve sürekli kendini geliştirmen gereken bir sektörde çalışıyorum. İşte çocuk doğduktan sonra diğer emzirme izinlerini vesaire kullanıp, normalde 6 ay izin veriliyor benim çalıştığım sektörde , o 6 ayı 8 aya 9 aya çıkartan arkadaşlardan bulundukları pozisyonlardan daha düşük pozisyonlara geri döndükleri ne yazık ki örnekler yaşadım.

[66] G16: İzin sürecini falan kullanmasaydım; şu an bizde bir uzmanın bir üst basamağı şef olarak geçiyor. Genelde benimle yaşıt ve çocuğu olmayanlar şef olabildi ama benim o dönem hani biraz beni geriye düşürdü ister istemez..

[67] G16: Mesela kamudan özel sektöre geçiş yapmak istiyorum. Fakat çocuklu olmak beni hala kısıtlıyor.Burada çocukla daha çok ilgilenebiliyorum. Boşver kalayım burada üç kuruş para daha fazla ha kazanmışım ha kazanmamışım. Onunla vakit geçirmek daha kıymetlidir dediğin şeylerin hepsini etkiliyor ister istemez

mother even exist. The society is in the position to criticize, judge and watch all the time. I18 pointed out an importance of the motherhood within context of "sacred" from her perspective.

> I18: So, disgrace, tragedy. Whatever is being said, sometimes I can't even find anything to fix it because it's so wrong. Motherhood is sacred, woman is mother. For example, even my lesbian partner used the adjective "mother" positively on me. These things I do not like, motherhood is said to be natural sacred inviolable thing. I think this is said in Turkey and I do not agree with any of them. I don't see anything sacred. So all your dogs and cats become mothers too. Cows also become mothers. What is motherhood? I don't know, I don't think it exists sacredly in nature.

I1 remarked the difference between motherhood and freedom. When a woman becomes mother, she is leaving her freedom behind. That's what society wants and when you are not achieve this, people starting to criticize your motherhood.

> I1: It is so boring; they exaggerate too much. People think that when they become mothers something completely different happens. In reality, in other countries there are many cases of early motherhood and single mothers. But here, since you cannot continue with your own life when you become a mother, the idea of being a mother is enforced. Whereas, if you can continue your work normally when you become a mother, can maintain your social life, motherhood would not be such a glorified concept. But if you have a child, you can't go out. When I was walking with a stroller in Beşiktaş people would stare and tsk-tsk. What, should I just die because I am a mother? I mean in Turkey, you can't do anything or go anywhere, why, because you are a mother. They brand you as selfish. I mean fuck-off. I am human. I think that is wrong. And happy mother, happy child. Here, there is a lot of unhappy mothers. I mean as I said, they judge you for walking on the street with a stroller, or they stop and start staring at you when the baby starts to cry. If they pluck up the courage they even tell you to silence your child. The lives of fathers do not change. He is the father but he doesn't have the same burdens as the mothers. He is comfortable[68].

[68] Ayy çok sıkıcı, çok abartıyorlar. İnsanlar anne olunca bambaşka bişey olduğunu düşünüyorlar. Aslında yurt dışında erken annelik, bekar annelik bir sürü var. Ama burda anne olunca yaşamını sürdüremediğin için anne olma algısı daha da güçleniyor. Halbuki sen anne olunca iş hayatına normal devam edebilsen, sosyal hayatına devam edebilsen annelik bu kadar abartılan bir kavram olmaz. Ama çocuğun varsa, dışarı çıkamıyosun. Ben çocuk arabasıyla beşiktaşta gezerken, bakıp cık cık cık falan yapıyorlardı. E yani öleyim mi len anneyim diye. Hani türkiyede bi yere gidemiyosun bi şey yapamıyorsun niye annesin. Hemen bencil oluyosun. Yani bi siktir git ya. Ben de bir insanım. Bence o

I1 also states the counterbalanced parenthood between mother and father. Father is the parent that don't have any societal pressure in Turkey.

Notably, the arguments about motherhood and reflections about motherhood in Turkey gives a strong emphasis on the reasons delaying motherhood until them felt better positioning themselves in the society itself.

5.7. Does Women Empowered During the Process of EEF?

The empowerment of women has become the focus of development efforts throughout the world. In Cairo, International Conference on Population and Development[69] (ICPD, POA, 1994), one of the main topics was an approach that puts family planning into the broader framework of reproductive health care.

5.7.1. Women's Decision–Making and Managements of the Process

The following question was asked to the interviewees: Was the freezing decision an individual decision or were you influenced by environmental and social factors? While 45% of the interviewees who answered this question stated that this decision was their own decision or a joint decision with their partner, 55% said that they were affected by social factors. The concerns experienced by women while making decisions can be summarized under three headings:

Making a hasty decision and marrying the wrong partner:

şey yanlış yani. Ve mutlu anne mutlu çocuk. Bizde maalesef mutsuz anne çok. Diyorum ya bebek arabasıyla yolda yürürken kızıyolar, ya da çocuk ağlıyor hemen donup bakıyorlar. Biraz cesaretlense sustur su çocuğu diyorlar. Babanın hayatında hiçbir değişiklik olmuyor. Baba o da sonuçta ama onda anneli gibi bir baskı olmuyor. Rahat o.

[69] https://www.unfpa.org/resources/cairo-declaration-population-development

> It was 60% individual-40% social pressure. I'd rather keep the eggs aside than find someone just to have kids. To make me feel psychologically comfortable, whether I want it or not[70].

Feeling helpless against family pressures:

> It is never an individual decision. I and my partner have no desire to have children. But we froze it just to have an answer for the family[71].

Normalization of Motherhood:

> It's definitely an impersonal decision. It was a decision taken on my behalf with the precondition that I am a woman and that I would definitely want to be a mother in the future. I didn't even get the hospital appointment. My parents did[72].

> It was my decision, but at that time, friends around me were having children. Seeing everyone else become a mother may have made me want to be a mother[73].

[70] "%60 bireyseldi-%40 sosyal baskı. Sırf çocuk yapmak için birini bulmaktansa kenarda yumurtaları tutayım. Benim canım isterse ya da canım istemezse de beni psikolojik olarak rahatlatması için"

[71] "Asla bireysel bir karar değil. Benim ve eşimin çocuk yapmak gibi bir isteği yok. Ama sırf aileye verebileceğimiz bir cevap olsun diye dondurduk".

[72] "Kesinlikle çevresel bir karar bu. Benim kadın olmam ve ilerde mutlaka anne olmayı isteyeceğimin ön koşuluyla benim adıma alınmış bir karardı. Hastane randevusunu bile ben almadım, ailem aldı".

[73] "Benim kararımdı ama o dönem etrafımdaki arkadaşların çocukları oluyordu. Herkesin anne olduğunu görmek anne olmak istememe neden olmuş olabilir."

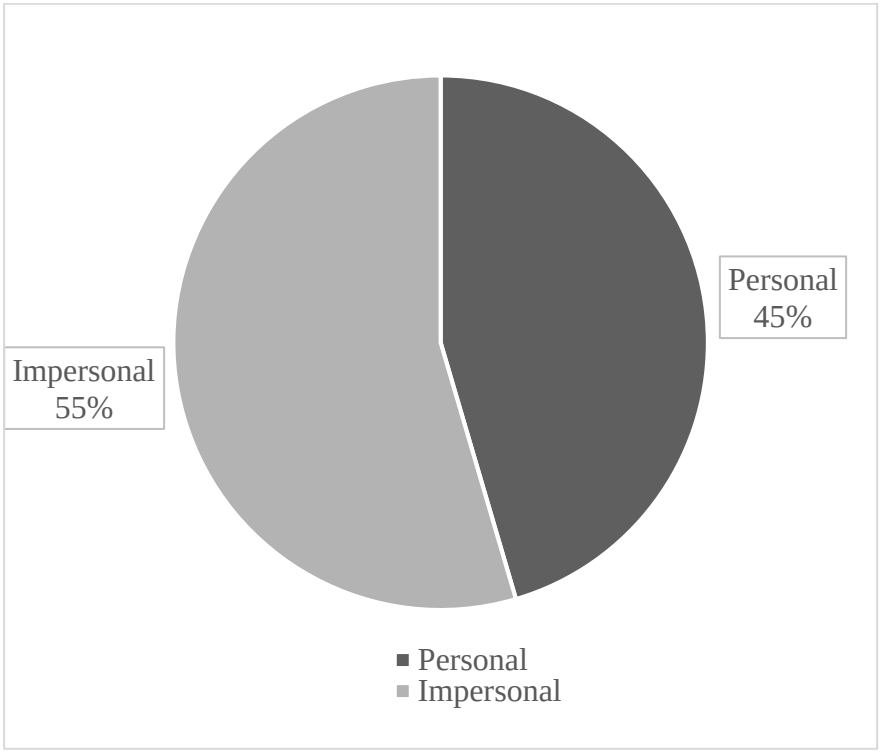

Figure 6: The Freezing an Individual Decision or Influenced by Environmental and Social Factors

Women empowerment is not the result of this process, it is actually the beginning of this process. Since the Interviewees were already empowered women, they were able to cope with the challenges they faced in this process and even became stronger at the end of the process.

5.8. Intersectionalities within the framework of EEF

5.8.1. Abortion

Considered together with the policies of women and family, abortion, as a bio political technique that intersects was again included in the policies of the state. When we examine the transformation of abortion and population policies in Turkey, we can see that a pronatalist policy has been carried out especially since 2012. The difference

between the targets in the Tenth Five-Year Development Plan[74] (2014-2018) confirms this view (2013). After 2012, abortion was also on the agenda, and discourses such as murder and the right to life of the fetus began to gain weight for the political discourse in Turkey. However, an abortion debate carried out in the EEF is quite different from the debates currently being discussed in Turkey. I17's abortion experience and the fact that she was able to take the decision to have an abortion was due to her confidence in the embryos that she had already frozen and that she will have a child in the future, at a more appropriate time.

> I17: Because there is guarantee that the medicine gives. On the one hand, when I think about it, this is a matured embryo and I shouldn't get it out (shouldn't do the abortion), because it will grow and become a child. On the other, there are other embryos that were already frozen and they are also matured embryos. They have also a genetic codes; their genders are known, shapes are defined. This harms the holiness of the pregnancy, makes pregnancy mechanic. Of course, I have experienced sadly that it is not. Because of that I was very depressive last year. I was always thinking about why I couldn't be pregnant. I was also thought that the God was punishing me, even though I am not a strong believer. Because you are thinking the abortion. Yet still, the reason behind the thought of abortion is that there are other frozen embryos waiting and if I give birth to this embryo, I won't give birth to others. There is no ethical reasons behind it, I suppose[75].

When making an abortion decision, I17 compared it to frozen embryos. I17 stated that she already had 6 frozen embryos. When one of these embryos attaches to the uterus

[74] The Tenth Development Plan (2014-2018) was approved in the 127th Meeting of the General Assembly of the Grand National Assembly of Turkey, dated 01.07.2013, in accordance with the Law No. 3067 dated 30.10.1984

[75] G17:. Yani işte bir yandan düşünüyordum ya bu tutmuş ve embriyo aldırmayayım. Çünkü işte o büyüyecek, çocuk olacak falan. Sonra bir yandan dondurmuş olduğum bir sürü embriyo olduğu için şeyi düşünürüz ya, ''bunu doğurursam diğerlerini doğurmamış olacağım. Aslında onlarda tutmuş embriyo. Hani baktığında onların da bir genetiği var, her şey şekillenmiş falan. Cinsiyetleri belli, her şeyi belli. dolayısıyla bir yandan şeyde yapıyor, hamile kalmanın işte bu ruhani, ulvi bir şey olduğu fikrini de azaltıyor. yani zaten ben koydurdum, tuttu, orada bekleyen altı tane daha var. Onları da koydurursam tutacak. Mekanikleşiyor bir anlamda hamile kalmak. Ama kesinlikle aldırma fikrinin arkasında şey vardır; Yani nasılsa 6 tane daha var. bunlar da her şeyiyle belirlenmiş embriyolar.bunu doğursam ötekileri doğuramayacağım. çok da hani Ee ahlaki bir şey yok dolayısıyla gibi düşürmüştü.

by in vitro fertilization, the remaining ones will be destroyed. She stated that how could it be different than to make a decision about the abortion?

5.8.2. Virginity

The notion of virginity engages with debates on gender equality and sexual and reproductive rights in Turkey. Drawing on experiences of young and sexually active women who undergone freezing, I have engaged with some of the issues associated with their strategies to attain a sense of autonomy through the possibility of rendering invisible experiences they had. Social and biological reproduction is constrained by the way in which it is confined within the family (Scalco, 2016). The way I came across the concept of virginity was with the women who fight against cancer and freeze their eggs for the cancer precaution procedures. The most important features that distinguish these women's freezing experiences from those of other women were that they were younger in age, they had not fully gained their independence, and lastly, that their families supported them emotionally due to cancer. In other words, since freezing is considered as a part of cancer treatment, their families actively participated in this process too.

Virginity was a result that I did not expect as an output from this research, and I was quite surprised by its output since medical rules and procedures related to freezing which are not usually flexible were bent.

> I4: I was never the person who talks topics such as sexuality, children etc. with my parents. My mother, for instance, never give a sexual/gender education. The talks about children and sexuality was first started in that period. I can maybe say that my communication with my mother changed during this period. We were going to the hospital all together but I never speak with my father about this topic. There is an example: mother asked me "How is it going to happen? So, will it befrom down there or is there any other method?" This is the example of hidden questions about virginity. My attitude to this questions were like "I don't know, I didn't make research on it." A week before the completion of the process, my aunt-in-law asked me the same question. These questions made me angry, I was dealing with the cancer with my life, but people were giving importance on virginity. That was the time when I told

them the process is going to be made **down there.** These kind of conversations were happened among us[76].

The term “virginity report” is provided by their gynaecologists in the case of unwanted deprivation of the virginity due to process of freezing to give women a safety net. Interviewee 12 was not a virgin but her family doesn’t know that. She bargained with the gynaecologist to not to tell her parents.

> I12: I felt nervous, because I thought that the fact that I had sex before will be discovered at some point during the process. That is why I keep distance to them. I was trying to keep them out from the process. They were, especially my mother, beside me during the hospital visits. We were going all together to the hospital and they were waiting outside when I was in the clinic for examination. We were also going to injections together, but other than that, our general conversations were focused on cancer. I was so distant. They are not very bigoted people, but virginity is a taboo among us. We still don’t talk about it. After a while after the surgery, my mother asked, "They were going to give you a document. Didn't they give it to you?" I was so angry to this. I said, "I'm dealing with something else right now and I didn't want them to prepare documents for me." "Am I a sheep, is this a quality certificate?” When I said this, it was never spoken again[77].

[76] E işte şey falan sormuştu mesela "Nasıl olacakmış acaba kızım? Yani alttan mı olacakmış yoksa başka bir yolu var mıymış?" Hani kızlık zarı adı altında alttan alttan sorular olmuştu. Ben de "Bilmiyorum, anne araştırmadım." falan gibi bir yaklaşım sergilemiştim. Ee en son artık bir hafta falan kalmıştı yumurtalar iyice büyümeye başlıyor. Yengem, annem, ben oturuyoruz, o zaman yengem tekrar sormuştu aynı soruyu. Artık bana hani "Sıçarım böyle şeye!" Özür dilerim, hani ben burada canımla ee şey yapıyorum, uğraşıyorum. Yengemin sorduğu sorular beni biraz sinirlendirmişti. O zaman söylemiştim işte "Alttan olacak diye.

[77] ben gergin hissettim çünkü bir noktada bir şey olacak ve benim daha önce bir birlikteliğim olduğu ortaya çıkacak kaygısındaydım. O yüzden ben de biraz mesafelenmiştim. Onları bu sürecin dışında tutmaya çalışıyordum. Onlar her hastane ziyaretimde, annem özellikle, benimle birlikteydiler. Birlikte gidiyorduk hastaneye ve o dışarıda bekliyordu benim muayene olmamı. İğnelerimi vurmaya da beraber gidiyorduk ama bunlar dışında genel konuşmalarımız kanser odaklı oluyordu. Ben çok mesafelenmiştim. Çok bağnaz insanlar da değiller ama bekâret tabudur aramızda. Hala daha konuşulmaz. Ameliyattan çıktıktan bir süre sonra annem şey diye sormuştu ‘’ sana bir belge vereceklerdi. Onu vermediler mi?’’ demişti. Ben de böyle çok öfkelenmiştim. ‘’Şu an ben başka bir şeyin içerisindeyim ve ben istemedim bana belge hazırlamalarını’’ demiştim. ‘’Koyun muyum ben, kalite belgesi mi bu? ‘’ deyince bir daha asla konuşulmadı zaten.

Interviewee 7 were eighteen when she diagnosed with cancer since she was young and single, gynaecologists decided to go through with the procedure from the belly button to protect her virginity she revealed.

> I7: Well, I think they caught the intestine while entering the surgery from the belly button, internal bleeding occurred. That's why they had to convert to open surgery. They made a seam down from the belly button, about this and that. It became an open surgery. First they stopped the bleeding, then they removed the ovarian tissue. And because they injured the intestine, bleeding occurred. Urgent blood was needed during the operation. After giving blood, they came and gave me blood. After that, I stayed in the intensive care unit for one night. I had severe pain in a week, also in the service. At eleven at night, I regained consciousness. I arrived at half past eight in the morning. It was a very painful process. I mean, big tissues were removed in all the breast surgeries, but I never had such a problem. Well, it was a bit of a doctor's mistake. That's probably why. So to me, well, I didn't know much at that time about ovarian tissue surgery. Well, they were doing egg collection operations either from the abdomen or from the bottom, vaginally. But generally, the doctor prefers to do it from the belly button in single (virgin/ not married) people.

Apart from the practices of reproductive technologies, mentioned above, that seek and serve to control premarital sexual activity among the youth, there are 'gendered' ways of dealing with virginity. The literature on virginity and premarital sex in Turkey (Cindoğlu, 1997; İlkkaracan, 2000; Koğacıoğlu, 2004; Parla, 2001) mostly discuss these issues within an honor and shame relationality. This output in this research informs a very wide-ranging debate on the subject of virginity should be considered for further studies.

5.8.3. Being a LGBTQ+

The legal framework and policies regarding homosexuality and LGBTQ rights are not an agenda for the state despite the demand for the protection of human rights of LGBTQ people. Although homosexuality is not an illegal activity in Turkey, there is no specific legal action either. In terms of neo-conservative political rationality, however, LGBT claims for equal rights pose a direct threat to traditional heterosexual family structure (Acar or Altunok, 2013). The increasing dominance of neo-

conservative policies in Turkey in recent years, has extended its grounds to EEF technologies either. As I mentioned before, A frozen egg or an embryo that a Turkish women cryopreserved can only be used in the case of heterosexual marriage. Only one of the 18 women who participated in this study openly stated that she was a lesbian. Her experiences, on the other hand, are built on making her and his stance invisible in this system. Persons who want to receive or use their eggs are required to declare a marriage certificate and gay marriage is not legal or third person surrogacy is not allowed in Turkey.

Naturally, since I know the legal process and that this person cannot use her eggs that she has frozen, I asked her a question about whether she was aware of this process.

> **I18:** No, I wasn't. I'm still not. I learned this only after I started the procedures that it is possible to go with a marriage certificate, which is just before I freeze my eggs, with the information given by the nurses. I haven't researched further, so I don't know. I guess I'm procrastinating on this one[78].

Then, I asked about meaning of procrastination for her.

> **I18:** Since it is a very complex method, I made that method "the last resort" in myself. So otherwise, I don't have a partner right now. I'll have a partner, then I'll want a child, then maybe to do it here. I'm in London, maybe I'll do it here. Here I freeze, here I can do IVF, if there are no obstacles. If none of these happen, I will return to Turkey and marry someone[79].

[78] Hayır, değilim. Hala da değilim. Ben bu ancak evlilik cüzdanıyla gidilebildiğini öğrendikten sonra, ki o dondurmamdan hemen önce hemşirelerin verdiği bilgiyle öğrendim yine. Daha da araştırmadım, yani bilmiyorum. Biraz erteliyorum ben bu konuyu galiba.

[79] Yani çok karmaşık bir yöntem olduğu için o yöntemi "the last resort" yaptım kendi içimde. Yani başka türlü, bir partnerim şu an yok. Partnerim olacak sonra çocuk isteyeceğim, sonra belki burada yapmaya. Londra'dayım burada belki yaparım. Burada dondururum, burada tüp bebek yapabilirim, engeller yoksa. Bunların hiç biri olmazsa ancak ben Türkiye'ye dönüp biriyle evlenirim.

5.9. Summary

In this analysis chapter, the main research problem of the study analysed in three main sections. In the first section, general picture of the interviewees demographically and characteristics of the findings of EEF process were proposed. Afterwards, discussion of the two hypotheses, tested in the methodology of the thesis which are distinction between medical and elective freezing and family planning among women who cryopreserved their eggs and embryos analysed and discussed from the perspective of Turkey. In the second section, policies and the role of the government through women's experiences on EEF are discussed as an outcome of the field. Financial, social and structural experiences of women who undergone EEF processes are examined. In the least section, the outcomes of the research which are motherhood discourse, women's empowerment and intersectionalities within the framework of EEF is discussed in the axis of the study.

CHAPTER 6

CONCLUSION

6.1. Overview of the Study

This study aims to understand reproductive rights policies through the examination of Assisted Reproductive Technologies on the scope of egg and embryo freezing since to see "postponing" motherhood perspective in Turkey and its effects on policies. The research question is how Reproductive Rights Policies effects on Women's Experience of Egg and Embryo Freezing Process in Turkey? In this context, in order to examine women's experiences on egg and embryo freezing technologies, qualitative research method was recruited. In-depth interviews were conducted in order to build a non-hierarchal relationship purposes. Semi-structured interview questionnaire was used in the interviews in order to be more flexible in the interviews and concerns due to researcher positionality (Dean et al., 2018).

This research promises wider perspective including legal and ethical boundaries, demographics, denial to access certain categories of persons, absence of services, and portray of social policy perspective of Turkey.

Studies and analyses of reproduction policies are wrought with ambiguities in Turkey due to continuous changes within the legal framework.

In the first chapter, I presented a brief introduction about the background and scope of the study. I explained the aims and objectives, and the research problems of the study; and then predicted the potential contributions with respect to the theoretical, methodological and practical contributions of the study.

In the second chapter, I presented relevant social approaches about studies of reproduction, and the general structure of Assisted Reproductive Technologies in Turkey. Afterwards, I discussed widely about egg and Embryo freezing in Turkey.

In the third chapter, I chronicled a brief information from Ministry of Health Legislation about a regulation of Assisted Reproductive Technologies in Turkey. Furthermore, I gave a brief overview about population, health and family policies in Turkey.

In the fourth chapter, methodological arguments of which qualitative research techniques are used, research sample and the decision of the field, the process of the field, and my position as a researcher are given. I presented an overview information about the field and research that I conducted for the purposes of the study of my thesis.

In the fifth chapter, generated data and the analysis and interpretation along with the main findings of the research in consideration of the research problems of the study were presented.

6.2. Research Findings of the Study

The study demonstrates that women are not well informed about their fertility, available and legal techniques, or risk and success rates of these techniques. Moreover, there is a need for awareness and informative strategies for the female fertility.

Women are the actors and victims of the egg and embryo freezing process. In the case of Turkey, neoconservative and neoliberal policies developed a victimization and individual responsibility of women for reproductive decisions of themselves.

As an outcome of this research, an important goal was to be able to make a before and after comparison of the laws and regulations that have changed in the field of cryopreservation, as well as in the development of cryopreservation technologies in Turkey. For the purpose of that comparison, the study paid special attention to two different periods, namely pre 2014 period of cryopreservation technologies and its applied laws, and post 2014, when the application of cryopreservation technology

became more widespread and the permissions granted by the law expanded. Cryopreservation of embryos for medical and elective purposes have been permitted since 2010 and egg freezing for elective reasons have been allowed since 2014. Therefore, these specific dates are taken into consideration for making the evaluation. However, I could not marked or catch distinction or significance obtained in this regard.

In the literature of reproductive technologies, there is a clear distinction between medical and elective reasons of cryopreservation technologies. Research in this field has been conducted considering the distinction between elective and medical freezing reasoning. The different terminologies used to describe egg freezing also reflect the controversy around whether there is a type of medical need even for non-medical egg freezing (Rimon- Zarfathy et al., 2021). Reasons behind freezing technologies are regarded as the main indicators to separate the medical from the elective freezing in the literature. In practice, separating medical and elective reasons of freezing is much more complex than it seems. The distinction is discovered as unclear and blurred in the case of Turkey in my study. Due to regulations and lack of information in Turkey, most of cases of cryopreservation considered as elective processes.

My hypothesis was that women who regularly think about their sexual health, follow the contraceptive methods, and consciously experience sexuality, have had the opportunity to access the freezing technologies. I assumed that women must be consistently checking their sexual wellbeing with the goal that they could utilize this technique for early prevention. This hypothesis has been confirmed. Women's access to cryopreservation and decision making processes is directly related to their regular doctor check-ups and family planning actions.

Women empowerment is not the result of this process, it is actually the beginning of this process. Since the Interviewees were already empowered women, they were able to cope with the challenges they faced in this process and even became stronger at the end of the process.

As an important outcome of the research, when insurance coverage and renting a space for EEF are considered together, woman's access to this service is associated with both her economic power and her access to information and the way she copes with this information. The woman should be both wealthy enough to have this procedure without insurance and also knowledgeable enough to access institutions and organizations to pay her rent every year.

During my interviews, I observed and asked the leads about public policies. By studying policy formulation and implementation, it is demonstrated that receiving support or cover defined through much broader processes than the policies themselves. Due to the limited number of women who proceeded this procedure and the fact that freezing technologies was not a common procedure yet in Turkey. However, It seems that the people and institutions that are practitioners in this field do have a limited guiding knowledge.

6.3. Research Limitation and Contribution of the Study

The main limitation of the study were its biased sample. As I mentioned in the methodology chapter, all of the interviewees were recruited through researchers' network. Further researches is needed to explore the experiences of women who undergo egg and embryo freezing in a more heterogeneous groups of studies. The study on politics of reproduction in general within a framework of cryopreservation technologies provides the reader comprehensive account of historical background as well as contemporary developments in the field of reproduction, infertility and reproductive technologies. The study also discusses widely legal and ethical framework of reproductive technologies in the policy context of Turkey. Furthermore, this thesis has been produced with qualitative empirical study on the politics of reproduction with an attempt to give a well-grounded critics related to politics of social policy making and critical policy analysis. To some extent, it is delimitated that this study would serve as a source regarding critics of reproductive technology related policies in the policy realm.

6.4. Policy Recommendations

6.4.1 Data Based Policies

Data-based policy is a meta-approach that emerges from the understanding of evidence-based policy-making and data analysis. There is a lack of data on an international and national scale in this area of Assisted Reproductive Technologies and its use. Institutions should be convinced to provide a surveys and research on the issue of egg and embryo freezing technologies as well as assisted reproductive technologies.

6.4.2. Systematic Efforts rather than Individualized ones

With the advent of ARTs, but especially thanks to technologies such as egg freezing and embryo freezing, risk information has become highly individualized. Women with financial means and with a certain demographic profile (educated, professional women) have new obligations to consider these new technologies associated with their privileged access. Rather than individual egg / embryo freezing, feminist studies have argued that more women would be empowered by systematic efforts to establish "paid parental and sick leave, affordable child care, comprehensive health insurance and egalitarian work environment" (Cattapan et.al., 2014).

6.4.3. Age Related Fertility decline is a fact

Education and enhanced awareness of the effect of age on fertility is essential in counselling the patient who desires pregnancy. Women should be informed about their fertility status and options in primary health care institutions (e.g. Aile Hekimliği) in every neighbourhood. This is a natural consequence of women having more equal opportunities with men. Communication campaigns should be carried out to normalize the perception of late motherhood and the use of technology of ART.

Policies in Turkey characterized by conservative gender roles and being pronatalist in general. Instead of policies that put the family at the center, care policies that consider women as an individual and take care of women's well-being should be developed.

6.4.4. Insurance Coverage

In Turkey, health insurance does not pay for "elective" egg/ embryo freezing both SGK and private insurance policies. Otherwise, SGK rarely pays for the egg freezing process when it's done for medical reasons, however, reaching the information about the process is hard. Fertility clinics typically offer financial plans and government aid for embryo freezing and subsequent IVF processes.

6.4.5. Parental Leave Policies rather than Maternity Leave Policies

According to Maternity Leave Law in Turkey; it is essential that the female worker not be employed for a total of sixteen weeks, eight weeks before the birth and eight weeks after the birth[80]. Paternity Leave, on the other hand, according to the Civil Servants Law No. 657, this leave for civil servants is 10 days, for the worker, this leave is 5 days and for the private sector this leave is 10 days[81].

The outcomes of the study necessitates policy intervention to improve the imbalanced worked and family life for the women. In the analysis chapter, the problems related to work and motherhood can be resolved with the parental leave strategies and father-involvement leave policies. Improvements in these policies will also positively affect gender equality policies.

[80] *Resmî Gazete Tarihi: 08.11.2016 Resmî Gazete Sayısı: 29882*

[81] https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=21500&MevzuatTur=9&MevzuatTertip=5

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APPENDICES

APPENDIX A: SEMI- STRUCTURED IN- DEPTH INTERVIEW QUESTIONS

SOSYO- DEMOGRAFİK SORU ANKETİ (15-49 yaş arası ve kadın)

1. Adınız:
2. Yaşınız:
3. Doğum Yeriniz:
4. Eğitim Durumunuz:
5. Çalışma Durumunuz/ Mesleğiniz:
6. Medeni Haliniz:
7. Çocuğunuz var mı: (var ise yaşı)
8. İkamet Ettiğiniz İl:
9. Sizin aylık geliriniz:
10. Hanenizin aylık geliri:

Annelik Algısı ile İlgili Sorular:

1. Annelik sizin için ne demek?
2. Anne olmak hep arzuladığınız bir duygu muydu?
3. Anne olmak için kendinize belirlediğiniz hedefler, öncelikli başarılar var mı?
4. Anneliğin size bir engel teşkil edeceğini ya da ettiğini düşünüyor musunuz?
5. Size göre Türkiye'de süregelen annelik üzerine olan söylemler nasıl?

DERİNLEMESİNE GÖRÜŞME SORULARI - YARI YAPILANDIRILMIŞ-

(belirli bir sıra gözetmeksizin fakat genel başlıkları takip ederek)

Genel Sağlık Durumuna İlişkin:

1. Düzenli olarak bir doğum kontrol yöntemi kullanıyor musunuz?
2. İlk cinsellik yıllarından bu güne kadar ara ara bırakıp başlasanız da düzenli olsun olmasın hangi korunma yöntemlerini kullandınız?
3. Düzenli olarak sağlık kontrollerinizi yaptırıyor musunuz?
4. Takibinizi yapan bir doktorunuz var mı?

Üremeye Yardımcı Tekniklere İlişkin:

1. Yumurta dondurma ya da embriyo dondurma olarak da bilinen işlemi -sonucundan bağımsız olarak- hayatınızın belirli bir döneminde yaptırdınız mı? Yaptırdınız ise;

a) Ne zaman yaptırdınız ?(yıl ve ay bilgisi soruluyor)
b) Hangi klinikte yaptırdınız? (özel /kamu /yurtdışı)
c) Kim önerdi ya da nerden duydunuz?
d) Kimseyle bu konu hakkında konuştunuz mu? Size önerileri/ yönlendirmeleri oldu mu?
e) Bu kararı verdiğinizde kaç yaşındaydınız?
f) Bu işlemi yaptırdığınızda kaç yaşındaydınız?
g) Bu karar bireysel bir karar mıydı? Çevresel ya da sosyal faktörlerden etkilendiniz mi?
h) Yumurta/embriyo dondurma sürecinin başında ve genel olarak süreç dâhilinde bu konuya ilişkin ne kadar bilginiz vardı?
i) Çevrenizde yaptıran birileri var mıydı?
j) Yaptırırken en önemli amacınız/motivasyonunuz neydi?
k) Bu işlemi yaptırdığınız dönemde hayatınızda farklı bir rutininiz, bir değişim olmuş muydu? Bir gününüz o günlerde nasıl geçiyordu?
l) Genel olarak yumurta/embriyo dondurma süreci nasıldı anlatır mısınız? İlk olarak ne yapıldı? Sonraki basamaklar nelerdi?

Ailevi duruma ilişkin:

a) Bu süreçte ailenizi bilgilendirdiniz mi ya da ailenizden bilgi aldınız mı?
b) Aktif olarak süreçte yer aldılar mı?
c) Maddi/ manevi destekleri oldu mu?

Eğer yumurta dondurulduysa:

a) O dönemde bir partneriniz/ eşiniz var mıydı?
b) Partnerinizle birlikte verilmiş bir karar mıydı dondurma işlemi?
c) Partnerinizin bu süreçte öncesinde sonrasında fikri / beyanı sizin için önemli miydi?
d) Partnerinizden maddi / manevi destek gördünüz mü?

2. Siz hiç gebe kalmak için klasik tüp bebek, aşılama ya da spermin mikro enjeksiyonu gibi yöntemlere başvurdunuz mu?
a) Hangisine başvurdunuz?
b) Yumurtalarınızı dondurmadan önce miydi sonra mı?
c) Bu teknikler yardımıyla gebe kaldınız mı?
d) Gebelik sağlıklı bir doğumla sonuçlandı mı?

Sosyal Politika ile ilgili sorular:

1. Süreçte genel olarak ne kadar harcama yaptınız?

2. Karşılayabildiğiniz bir sağlık sigortanız var mıydı?
3. Ek tedavi gerektiren bir prosedür oldu mu? (ilaç/ lab kullanımı vs. dâhil edilerek)
4. 2015ten önce ise: bu alandaki yasal düzenlemelerden haberdar mıydınız?
5. 2014ten sonra ise: bu alanda devlet hastanelerinin sunduğu olanaklardan haberdar mıydınız?
6. Size göre yumurta/embriyo donduran birinin karşılaşacağı sorunlar nelerdir?
7. Bu konuda sizce ne tür destekler/ iyileştirmeler olmalı?

APPENDIX B: APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

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21 ARALIK 2020

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Doç.Dr. Ayşe İdil AYBARS

Danışmanlığını yaptığınız Çoşkun Deniz ARSLAN'ın ***"Türkiye'de Aile ve Nüfus Politikaları'nın Kadın Perspektifinden Yumurta ve Embriyo Dondurma Teknolojilerinin Kullanımına Etkisi"*** başlıklı araştırmanız İnsan Araştırmaları Etik Kurulu tarafından uygun görülmüş ve **352-ODTU-2020** protokol numarası ile onaylanmıştır.

Saygılarımızla bilgilerinize sunarız.

Prof.Dr. Mine MISIRLISOY
İAEK Başkanı

APPENDIX C: TURKISH SUMMARY/ TÜRKÇE ÖZET

Türkiye'de cinsel sağlık ve üreme sağlığı politikalarına ilişkin çalışmalar ve analizler, yasal çerçevedeki sürekli değişimler nedeniyle belirsizliklerle işlenmektedir.

Türkiye örneği üzerinden bu politikalara hak temelli bakıldığında, üreme hakları; insan haklarının bir alt başlığı olarak kabul edilir. Devletin görevi ise esasen vatandaşlarının bu haklarının korunmasından sorumlu olmaktır. Türkiye cumhuriyeti, cinsel sağlık ve üreme sağlığı ile ilgili; kadınların kendi bedenleri ile ilgili karar alma süreçlerine katılımı gibi konularda uluslararası beyannameler imzalamış ve yasal kodları iyileştirmiştir. Aynı zamanda, bu konuda sivil toplum kuruluşları aracılığıyla farkındalık yaratılmasını desteklemiştir. Ancak kadınların doğrudan ilgili vatandaşlar olarak tabi oldukları üreme hakkı ve politikalarında gözlemlenen; bu hakların uygulama süreci her zaman yerine getirilmemekte veya yeterince izlenmemektedir. Üreme hakkı özelinde günümüzde etik ve yasal olarak tartışılan konulardan biri de; üremeye yardımcı teknikler ve bu alanda gelişmiş olan teknolojilerdir. Üremeye yardımcı tekniklerde, en çok bilinen ve Türkiye'de önemli bir sektör haline gelmiş olan yöntem tüp bebek teknolojisidir. Tüp bebek yöntemi çok uzun yıllardır uygulanmakla beraber; teknolojinin de gelişmesiyle, tüp bebek yöntemini çok daha etkin hale getirebilecek uygulamalar geliştirilmiş, denenmiş ve yine tüp bebek kliniklerine entegre edilerek sürdürülmüştür. Bu yöntemlerden biri de yumurta ve embriyo dondurma, saklama ve sonrasında enjekte etme sürecini de içeren, tez içerisinde kısaca EEF olarak göreceğiniz dondurma yöntemidir. Bu çalışma, üreme hakları politikalarının Türkiye'deki kadınların yumurta ve embriyo dondurma deneyimi üzerindeki etkilerini anlamayı amaçlamaktadır.

Çalışmanın araştırma yöntemi, kadınların hayatlarını, deneyimlerini ve hikayelerini çeşitli ve çok katmanlı perspektiflerden analiz ederek, yumurta ve embriyo dondurma deneyimleri özelinde, politika çıkarımları yapmaktır. Çalışma, anlamlı bir örüntü ortaya çıkarmak için anlamlı farklılıklar ve benzerlikleri görüşmecilerin perspektifiyle keşfeder. Bu amacı ortaya koymak adına, çalışma literatür taramasını merkeze alarak kuramsal bir eksene yerleştirilmiştir. Bu çalışma, aile çalışmaları, kısırlık, tıbbileştirme, cinsellik ve cinsiyet ile

ilgili güncel literatürün arka planıyla yeni yumurta ve embriyo dondurma teknolojisini tartışacaktır.

Bu çalışma, aynı zamanda, Türkiye'deki üreme politikaları ve üremeye yardımcı teknolojilere yönelik sosyal politikaların tarihsel arka planı hakkında bir ön araştırmayı içermektedir. Çalışmanın temel amacı, yeniden üretimle ilgili sosyal politikaların tarihini incelemek değildir. Fakat bu alana dair, ikincil verilerin oldukça az olması, tarihsel arka plan araştırmasını gerekli gerekli kılmıştır. Araştırmanın ikincil verilerden oluşan bu kısmı; ağırlıklı olarak resmi gazete/gazete arşivlerini, mevzuatları, uluslararası raporları ve resmi istatistikleri takip etmektedir. İkincil araştırmalarda ise, yardımcı üreme tedavileri için ilk düzenleyici mevzuatın çıkarıldığı 1987 sonrası yasalara odaklanmakta ve bunlarla sınırlı kalmaktadır. Bununla beraber, çalışma, feminist ve antropolojik çerçeveler üzerinden dondurma prosedürleri olgusu içinde yeniden üretim bağlamında literatürü eleştirir ve tartışır. Feminist ve antropolojik odakta tartışılıyor olmasının nedeni ise; bu alan özelinde akademik üretimin, bu araştırma dallarında tartışılmış olmasıdır.

Bu tezin Türkiye bağlamında sosyal politika literatürüne mütevazı ama önemli bir katkı sunacağına inanıyor olmakla birlikte, embriyo ve yumurta dondurma teknolojisi özelinde, üreme politikaları üzerine yapılan çalışma, okuyucuya üreme, kısırlık ve üreme teknolojileri alanındaki güncel gelişmelerin yanı sıra tarihsel arka planı da kapsamlı bir şekilde sunmaktadır. Çalışma ayrıca üreme teknolojilerinin yasal ve etik çerçevesini Türkiye'nin politika bağlamında ele almaktadır. Ayrıca, bu tez, üreme politikaları üzerine niteliksel ampirik bir çalışma ile sosyal politika yapıcılık ve eleştirel politika analizi ile ilgili temelleri sağlam bir eleştiri verme girişimiyle üretilmiştir.

Bu tez altı bölümden oluşmaktadır. İlk bölüm, çalışmanın amaçlarını ve hedeflerini, araştırma problemlerini ve araştırma tasarımını ve çalışmanın beklenen katkılarına yer vermektedir. Tezin ikinci bölümü literatür taramasından oluşmaktadır. Tezin üçüncü bölümü, Türkiye'deki politika ve düzenlemelere genel bir bakıştır. Tezin dördüncü bölümü, çalışmanın metodolojik temelini sağlamakta, veri üretme sürecini netleştirmekte, alandan önemli noktaların altını çizmekte ve alandan üretilen verilerin analiz sürecini açıklamaktadır. Beşinci bölümde, çalışmanın araştırma problemleri göz önünde

bulundurularak, elde edilen veriler ve araştırmanın temel bulguları ile analiz ve yorumlarına yer verilmiştir. Son olarak, altıncı bölümde, özet ve sonuç ile birlikte, politika oluşturma amaçlı öneriler sunulacaktır.

LİTERATÜR TARAMASI

Üreme politikaları, kürtaj, hamilelik, doğum, doğum kontrolü, evlat edinme, tüp bebek ve sterilizasyon gibi bir dizi olayı kapsar. Üreme üzerine yapılan çeşitli araştırmaların yanı sıra toplumsal hareketler ve devlet politikaları, bilim ve teknoloji, sağlık ve tıp, yaşlanma ve yaşam seyri, doğurganlık ve kısırlık, beden ve beden politikalarını da içeren bir süreçtir. Bu açıdan üreme, doğurganlıkla ilgili süreçlerle çevrili yaşam döngüsünü ele alan ve kadın ve beden politikalarına karışan multidisipliner bir terimdir (Almeling, 2015). Bu konu ile birlikte üreme, güç ilişkilerinin bireysel üreme deneyimlerini oluşturduğu sosyal bilimciler kadar politika yapıcıların da giderek daha fazla tartıştığı bir alan olarak ortaya çıkmıştır (Myers, 2014). Üreme ile ilgili çalışmalar kürtaj, kısırlık veya hamilelik gibi bireysel konulara odaklanma eğilimindeyken, bu alanlarda yapılan araştırmalar, kadın bedeniyle ilgili bireysel meselelerle ilgili tartışmaların devletin yürütüyor olduğu politikalar ile de ilintili olmakla birlikte, bireysel bir konu olmaktan çok toplumsal bir temsildir. Bu nedenle, üreme politikaları analizi, bu konuya odaklanmaya başlayan feminist ve antropolojik araştırmalarla zenginleştirilmiştir. (Ginsburg & Rapp, 1991). Günümüzde üreme üzerine yapılan sosyal araştırmalar, toplumsal cinsiyet ve aile arasında duran bir alt alan olarak görülmektedir (Almeling, 2015). Fakat daha genel bir perspektifle diyebiliriz ki, üreme ile ilgili araştırma alanları, çoklu metodolojileri ve alt uzmanlıkları olan disiplinler arası alanları içerir.

Üreme politikalarını, teorik, pratik ve politik bir perspektiften tartışacak olsam da, esas olarak üreme teknolojilerinin ikinci kısmı olan IVF (in vitro fertilizasyon) ve gamet kriyoprezervasyonu, yani yumurta ve embriyo dondurma üzerinde duracağım. İlk olarak, "gecikmiş annelik" terimi literatürde üreme zamanlamasını sorgulayan tartışmacı bir kavramdır ve kültürel olarak kadınların ne zaman anne olacaklarını "seçme" becerisine ilişkin varsayımlarla dolu bir terim olarak kabul edilmiştir. Bu ifade, doğum kontrol teknolojilerinin kadınlara sağladığı gelişmiş olanaklarla ilişkilidir ve kadınların üreme

sağlığı hizmetlerine erişiminin büyük bir kısmı; sonuç olarak, kadınların gebe kalma zamanlaması üzerinde eşit kontrol uygulayabilecekleri varsayılmaktadır. Bu fikir, hamileliğin kadınlar tarafından, anneliği kendi seçene kadar "erteleyebilecekleri" aktif bir seçim süreci olduğu varsayımını ortaya çıkarmaktadır. Kadınların karar verme sürecini ve annelik deneyimlerini inceleyen araştırmalar, bunun genellikle bilinçli bir seçim ve planlamanın sonucu olmadığını, genellikle bir kadının kontrolünün ötesinde çeşitli faktörlerin sonucu olduğunu göstermiştir (Teo ve diğerleri, 2021; Myers). & Martin, 2021; Göçmen & Kılıç, 2017; Cattapan ve diğerleri, 2014; Goold, 2017). İkinci olarak, etkili olarak tanımlanan, ancak üreme zamanlaması ile ilgili sıradan söylemlerde sıklıkla bulunmayan yapısal faktör, işgücü piyasası dışında geçirilen zamanın kadınların kazanma kapasitesi ve kariyer beklentileri üzerindeki etkisidir (Cattapan ve diğerleri, 2014; Goold, 2017). Bu, bazı feminist akademisyenlerin annelikle ilgili bir "seçim yanılsaması" olduğunu iddia etmelerine neden oldu, çünkü kadınların anneliği ne zaman veya ne zaman sürdürecekleri konusunda seçim özgürlüğüne sahip oldukları söylense de, gerçekte bu seçim sosyal koşullar tarafından şekillendiriliyor (Cattapan ve diğerleri, 2014; Goold, 2017). Üreme araştırmaları, neoliberalizm tanımı ve kadınların karar verme ve çalışma hayatını kendi içinde dengeleme gücüne sahip olduğu siyasi bağlam altında değerli bir tartışma sağlamıştır.

Üreme teknolojilerine kısaca değinecek olursak, bu alandaki gelişmeler, genetik olarak sağlıklı ve akraba çocuklara sahip olmak için geleceğin güvencesi olarak görülmektedir (Myers, 2017). Kriyoprezervasyon adı verilen soğutma yoluyla yumurtaları ve embriyoları koruma yönteminde önemli bir gelişme, kadınların gelecekte anne olma potansiyelini göstermelerine olanak sağlamıştır. Bu potansiyel "sigorta poliçesi" olarak görülebilir (Patrizio vd., 2016). Bunlar, kurumsal ve kültürel kısıtlamalar altında bile geleceğe yönelik bir sigorta poliçesine sahip gibi görünse de, belirsizlik, olasılık ve risk konusunda bir farkındalık da yaratmaktadır (Myers, 2014). Üreme ve üreme haklarını inceleyen antropologlar, yalnızca üreme politikalarının yasalaştırıldığı siyasi ve yasal süreçleri değil, aynı zamanda yürütülen mücadeleleri, olguları ve süreçleri ve seçmenleri de analiz ederek temelli bir bakış açısı eklemişlerdir (Ginsburg & Rapp, 1991). Bu konulardaki araştırmacılar genellikle yazılarına hem araştırmacılar hem de siyasi çıkarların farkında

olan savunucular olarak görüşleriyle katılırlar. Bu nedenle bu alandaki aktivist hareketlerin ortaya koyduğu terminolojiye dikkat çekmek gerekmektedir; tabakalı üreme, katmanlı üreme, üreme adaleti ve queer üreme bu alanda literatüre kazandırmış terminolojilerdir.

Dondurma teknolojilerinin nispeten yeni olması ve halen tıbbi olarak araştırılmakta olması nedeniyle bu alandaki literatür 2009 yılından sonra yoğun bir şekilde tartışılmaya başlanmış ve 2009 yılından sonra dondurma teknolojileri 'deneysel olmayan yöntem/ kanıtlanmış yöntem' olarak değerlendirilmektedir. Dondurma teknolojisi ile gelen tıbbileştirme sürecinde literatürde; kadın yaşının ilerlemesiyle birlikte yumurtalık rezervi azalmakta ve bunun sonucunda da doğurganlık potansiyeli düşmektedir. Ayrıca ailede erken menopoz öyküsü, geçirilmiş yumurtalık cerrahisi öyküsü veya kemoterapi-radyoterapi alma öyküsü bulunan kadınlarda, yaşları genç de olsa, yumurtalık rezervi erken yaşlarda azalmaya başlamakta ve gebe kalma şansı düşmektedir. Bu nedenle birçok kadın ileride çocuk sahibi olabilme ile ilgili yoğun kaygılar yaşamakta ve doğurganlığı korumak için çözüm arayışı içerisine girmektedir. Fertilite koruyucu yöntemlerden yumurta dondurma (oosit kriyoprezervasyonu) işlemi hem tıbbi hem de tıbbı olmayan sosyal nedenlerle tercih edilebilmektedir. Tıbbı endikasyon olmadan, bir kadının yumurtasının gelecekte kullanmak üzere dondurulmasına tıbbi olmayan (elektif) yumurta dondurma denir. Bu işlem, uluslararası literatürde değinildiği üzere sıklıkla, 30'lu yaşların ortasında olan ve yakın gelecekte gebelik planı olmayan kadınlar için ideal, başarılı ve güvenilir bir yöntem olmaktadır. Kadınlarda "biyolojik saat" genellikle 30'lu yaşların sonunda ya da 40'ların başlarında bitmektedir. Dondurulmuş yumurtalar, 35 yaşından sonra biyolojik saatlerinin etkinliği azalan, eşi veya partneri olmayan kadınlara ileride çocuk sahibi olma fırsatını sunmaktadır. Tıbbı olmayan nedenlerle tercih edilen elektif dondurma ile ilgili etik tartışmalar mevcuttur. Elektif dondurma konusundaki etik tartışmalar arasında ticari sömürü, kadınlara elektif dondurma yöntemini kullanmaya yönelik baskı yapılması ve yumurta dondurulmasında ortaya çıkabilecek cinsiyet tercihi, gebe kalma yeteneği olmasına rağmen, bunu tercihe bağlı yapması ve mesleki normlara genel etkisi bulunduğu söylenebilir. Yumurtaların dondurularak saklanması ve zaman geçip ölüm gibi nedenlerle koşullar değiştikten sonra kullanılmak istenmesi de etik açıdan tartışılan bir konudur. Kullanılmayan yumurtaların başkalarına bağışlanması, araştırma ya da tedavi amacıyla

kullanılması da ayrı birer sorundur. Etik tartışmada, yaşla ilişkili doğurganlık düşüşünün doğurganlığın korunması için tıbbi bir endikasyon olarak sayılmasının gerekip gerekmediği de etik açıdan tartışmalı bir konudur. Elektif dondurma işleminin deza-vantajlarından biriside menopozdan sonra ileri yaşlarda anne olmalarının etik sorumluluğudur. İleri yaşta gebe kalmak yalnızca gebelik komplikasyonları açısından risk oluşturmakla kalmayıp, aynı zamanda çocuğun gelecekte daha yaşlı ebeveynlerle büyümek zorunda kalmanın olumsuz psikososyal sonuçlarıyla karşı karşıya kalmasıdır. Ülkemizde de giderek evlilik yaşı ve doğurganlık yaşının artması nedeniyle kadınların çocuk sahibi olabilme yaşı dünya trendlerinde olduğu gibi artmaktadır.

Türkiye'de yumurtaların ve embriyoların kriyoprezervasyonuna 2010 yılından itibaren izin verilmektedir ve tıbbi olmayan nedenlerle yumurtaların dondurulmasına ise 2014 yılından itibaren izin verilmektedir. Ancak embriyolarını donduran evli kadınlar, boşanma, kocanın ölümü veya kanunen izin vermemesi durumunda embriyolarını yok etme tehlikesiyle karşı karşıyadır. Bekar kadınlar ise yumurtalarını kullanmak için evlenmeleri gerektiğinden yumurtalarını asla kullanamayacak olma tehlikesiyle karşı karşıyadır. Bunun nedeni, yumurta dondurma yönetmeliğinin, evliliğin çocuk sahibi olmanın ön koşulu olduğunu belirtmesi ve bu nedenle evlilik dışı çocuk sahibi olmayı yasa dışı hale getirmesidir. Evlilik ve annelik, Türk toplumunda toplumsal cinsiyet normlarının güçlü unsurlarıdır (Demircioğlu-Göknar, 2015). Ayrıca, Türkiye'nin donör yumurtaları veya spermleri veya taşıyıcı annelik dahil olmak üzere üçüncü şahıs üreme yardımına ilişkin yardımla üreme yönetmeliği şiddetle yasaklanmıştır. Türkiye'deki yardımcı üreme uygulamaları ve düzenlemeleri, yumurta ve embriyo dondurma gibi bazı açılardan ileriye dönük ve liberal olarak görülse de muhafazakar heteronormatif bir karaktere sahiptir (Gürtin, 2016). Türkiye'de sosyal güvenlik kapsamındaki kısırlık tedavisi 5510 sayılı Sosyal Sigortalar ve Genel Sağlık Sigortası Kanunu ile düzenlenmektedir. 63. maddenin (e) bendinde, belirli şartları taşımaları halinde, kişilere sosyal güvenlik kapsamında çocuk sahibi olma veya tedavi amacıyla yumurta veya embriyo dondurma hakkı tanınmıştır (Resmi Gazete, 2018, 30616). Bu yasalar dizisi her zaman heteronormatif görünür ve çocuk sahibi olmak isteyen LGBTQ'lu, bekar bir anne ve yaşlı bir ebeveyn de dahil olmak üzere başkalarına yer bırakmayacak şekilde yasaklarla hareket eder. Türkiye'de cinsel sağlık ve üreme hakları

kapsamında bireylerin sağlık hizmetlerine erişimi ya da çocuk sahibi olup olmayacağına karar verme hakkı tartışmaların sürmesine neden olacaktır.

ARAŞTIRMA

Bu tezin amacı, üreme hakları politikalarının Türkiye'de kadınların yumurta ve embriyo dondurma deneyimine etkisini incelemektir. Bu kapsamda kadınların yumurta ve embriyo dondurma teknolojileri konusundaki deneyimlerini incelemek amacıyla nitel araştırma yöntemine başvurulmuştur. Seçilen alanda çalışmaların olmaması nedeniyle araştırma, kültürel olarak spesifik ve bağlamsal olarak zengin verilere ulaşmayı amaçlamaktadır. Hiyerarşik olmayan bir ilişki kurmak için derinlemesine görüşmeler tercih edilmiştir. Görüşmelerde daha esnek olabilmek ve araştırmacı pozisyonundan kaynaklanan endişeler için yarı yapılandırılmış görüşme anketi kullanılmıştır (Dean vd., 2018). Örnekleme stratejisi, araştırmacıların sonuçlarını genelleyebilecekleri için önemlidir, ancak belirli bir amaç göz önünde bulundurularak yapılan çalışma, araştırmayı alandaki en bilgilendirici, deneyimli kadınları bulmaya yöneltmiştir. Örnekleme amacıyla görüşülen kişilerin seçilmesinde kartopu örnekleme ve amaçlı ölçüt örnekleme yöntemleri kullanılmıştır. Kartopu örneklemesi, kadınlar arasında güvenilir bir ağ olduğu varsayımından dolayı tüp bebek merkezlerindeki dondurma işlemleri nedeniyle kadınların başka kadınlarla tanıştığı varsayımı nedeniyle seçilmiştir. Kartopu tekniğinin gereği olarak her görüşme gerçekleştirildikten sonra, katılımcılara deneyimlerini paylaşmak isteyen, belirtilen özelliklere sahip başka kadınları tanıyıp tanımadıkları sorulmuştur. Ancak bu işlemi uygulayan kadın sayısının sınırlı olması ve dondurma teknolojilerinin Türkiye'de henüz yaygın bir işlem olmaması nedeniyle sorunlar dördüncü görüşmeden sonra kartopu metoduyla devam edebilecek görüşmeciye erişilememiştir. Bu noktadan sonra araştırmaya ölçüt temelli amaçlı örnekleme ile devam edilmiştir. Görüşmelerin tamamı, COVID-19 salgını nedeniyle, telefon veya görüntülü görüşme yoluyla gerçekleştirilmiş olup, toplam 18 kadınla görüşülmüştür. Her görüşmenin birebir kopyaları, yapısal bağlamda eğilimleri gözlemlemek için analiz edilmiş ve gruplandırılmıştır. Görüşme için hazırlanan anket üç bölümden oluşmaktadır. Birinci bölüm, görüşülen kişilerin sosyal ve demografik özelliklerini anlamayı amaçlamaktadır. İkinci bölüm, sağlık sorunları ve yardımcı üreme

teknikleri ile ilgili deneyimleri anlamak için bir dizi tema ve üreme sağlığı genel konularına odaklanmaktadır. Son bölüm üreme hakları politikaları ve görüşülen kişinin mevcut sosyal politikalar sistemine katılımı ile ilgilidir. Görüşülen kişilerin yaşları 24 ile 43 arasında değişmektedir. Ayrıca görüşülen kişilerin eğitim düzeyi oldukça yüksektir, yüksel okul mezunu ve üniversite mezunu kadınlar olmakla birlikte, bunlardan 8'i yüksek lisans derecesine sahiptir. Araştırma, bir nitel analiz uygulaması kullanılarak, tematik olarak analiz edilmiştir.

BULGULAR

Bulgular 3 ana bölümde incelenmiştir. Birinci bölümde, görüşülen kişilerin demografik olarak genel tablosu ve EEF sürecinin bulgularının özellikleri verilmiştir. Ardından, yumurtalarını ve embriyolarını dondurarak saklayan kadınlar arasında tıbbi ve elektif dondurma ile aile planlaması arasındaki ayrım olan tezin metodolojisinde test edilen iki hipotezin Türkiye perspektifinden tartışılması ile devam etmektedir. İkinci bölümde, alanın bir sonucu olarak kadınların EEF konusundaki deneyimleri üzerinden hükümetin rolü ve politikaları tartışılmaktadır. Son bölüm olarak ise, EEF süreçlerinden geçen kadınların finansal, sosyal ve yapısal deneyimleri incelenmektedir. Annelik söylemi, kadının güçlenmesi ve EEF çerçevesinde kesişimsellikler olan araştırmanın sonuçları çalışma ekseninde tartışılmaktadır.

Yumurtalarını veya embriyolarını tıbbi nedenlerle donduran kadınların medyan yaşı 22 idi. Elektif (tıbbi olmayan) nedenlerle yumurtalarını veya embriyolarını donduran görüşmecilerin ortanca yaşı 31,5'tir. 18 görüşmeden 14'ünün seçmeli nedenlerle dondurmaya gittiği, 4'ünün ise tıbbi nedenlerle yumurtalarını veya embriyolarını dondurduğu gözlemlendi. 18 vakanın 14'ünde prosedürlerin masrafları görüşülen kişiler tarafından karşılanırken, görüşülen 18 kişiden 4'ü devlet yardımı almıştır.

Araştırmanın önemli bulgularından biri, üreme teknolojileri literatüründe, dondurarak saklama teknolojilerinin tıbbi ve elektif nedenleri arasında açık bir ayrım varken; Türkiye'de oluşturulmuş olan yasal zeminin çok daha muğlak olmasıdır. Bu muğlaklık uygulamalarda tıbbi tanımlanması gereken işlemleri elektif olarak ele almaktadır. Bir diğer

önemli nokta ise bu alanda çalışan uzmanların, değişen yasalar karşısında bilgisiz kalışı ve bu alanda tedavi olmak isteyen danışanları bilgilendirmede eksik kaldığıdır. Dondurma alanında yapılan ampirik araştırmalar, ilişki faktörleri, ekonomik faktörler, kariyer planları, çalışma planları ve teknoloji kullanımının ardındaki diğer nedenleri içeren kadınların donma nedenlerini niteliksel ve niteliksel olarak analiz etmiştir (Kılıç ve Göçmen, 2018; Inhorn ve diğerleri, 2018; Greenwood ve diğerleri, 2018, Stoop ve diğerleri, 2014; Baldwin ve diğerleri, 2018; Seyhan ve diğerleri, 2021; Yu ve diğerleri, 2016; Daniluk ve Koert, 2016; Hammarberg ve diğerleri, 2017). Dondurma teknolojilerinin arkasındaki nedenler, literatürde medikal ile seçmeli dondurmayı ayıran temel göstergeler olarak kabul edilmektedir. Türkiye'deki uygulamada, tıbbi ve elektif donma nedenlerini ayırmak göründüğünden çok daha karmaşıktır. Bu belirsizlik ve kavram kargaşası aslında kadınların süreçteki kararlarında ciddi bir rol oynamaktadır.

Bir diğer önemli bulgu ise, genel olarak, sahadan edinilen bilgilere göre, kadınların doktor ziyareti ile başlayan ve aile planlaması ile devam eden bu süreç, kadınlara dondurma işlemleri hakkında bilgi edinme ve denemeye cesaret etme konusunda da rehberlik etmektedir. Jinekolog kontrollerini düzenli yaptıran, doğum kontrol yöntemlerini bilen ve kullanan kadınlar; bu alanda atılacak adımlarda inisiyatif alabilmekte, karmaşık olarak tanımlanabilecek bu süreci yönetebilmektedir. Kadının hem sigortasız bu işlemi yaptıracak kadar zengin olması hem de her yıl kirasını ödeyecek kurum ve kuruluşlara ulaşabilecek kadar bilgili olması gerekir.

Görüşülen kişilerin çoğu, dondurma kararlarını, genellikle arkadaş ve aile gibi yakın çevreler olmak üzere az sayıda insanla paylaşmakta ve hiçbir kurumsal destek (psikolojik destek vs.) alamamamaktadır. Kadınların çoğu psikolojik olarak zorlandıklarını ifade etmiştir. Tüp bebek merkezlerindeki süreçteki duygularını sıklıkla "yalnızlık" olarak ifade etmişlerdir. Özellikle yumurta dondurmak için kriyoprezervasyon teknolojilerini kullanan kadınların deneyimi, risk bilgisinin oldukça kişiselleştirilmiş olduğunu göstermektedir.

Kadınların ana motivasyonları veya kadınların anne olduklarını düşündükleri motivasyonlar; ölüm korkusu, ileri yaşlarda rahatlık ve anneliğin mükemmelliği olarak öne çıkmıştır. "İyi anne" olmanın tam zamanlı annelik ile kendini feda etme arasında pozitif

bir ilişki olduğu Türkiye'de sağlam bir şekilde kurulmuş gibi görünüyor. Anneliğin kutsallığı, çağdaş bir annelik ideolojisi olarak kadın anlatılarında da karşımıza çıkmaktadır.

Son olarak bulgular; bu alanda ileride yapılacak olan çalışmalara da yön verebilecek üç ana başlıkta ileri analizler elde etmiştir. Bunlar bekaret, LGBTI+ birey olmak ve kürtaj konuları özelinde dondurma işlemlerini eş zamanlı tartışmaktadır.

SONUÇ VE POLİTİKA ÖNERİLERİ

Bu çalışma, Türkiye'de "erteleyici" annelik bakış açısını ve politikalara etkilerini görmek için, üreme hakları politikalarını Yardımcı Üreme Teknolojileri'nin yumurta ve embriyo dondurma kapsamında incelenmesi yoluyla anlamayı amaçlamaktadır. Araştırma sorusu Türkiye'de Üreme Hakları Politikalarının Kadınların Yumurta ve Embriyo Dondurma Sürecini Nasıl Etkilediğidir. Bu kapsamda kadınların yumurta ve embriyo dondurma teknolojileri konusundaki deneyimlerini incelemek amacıyla nitel araştırma yöntemine başvurulmuştur Hiyerarşik olmayan bir ilişki kurmak amacıyla derinlemesine görüşmeler yapılmıştır. Türkiye örneğinde, neo-muhafazakar ve neoliberal politikalar, kadınların kendi üreme kararları için bir mağduriyet ve bireysel sorumluluk geliştirmiştir.

Yardımcı Üreme Teknolojileri ve kullanımı konusunda bu alanda uluslararası ve ulusal ölçekte veri eksikliği bulunmaktadır. Kurumlar, yumurta ve embriyo dondurma teknolojileri ile yardımcı üreme teknolojileri konusunda anket ve araştırma yapmaya ikna edilmelidir.

Mali imkanları olan ve belirli bir demografik profile sahip (eğitimli, profesyonel kadınlar) kadınların, ayrıcalıklı erişimleriyle bağlantılı bu yeni teknolojileri dikkate alma konusunda yeni yükümlülükleri vardır. Feminist araştırmalar, bireysel yumurta/embriyo dondurma yerine, "ücretli ebeveyn ve hastalık izni, uygun fiyatlı çocuk bakımı, kapsamlı sağlık sigortası ve eşitlikçi çalışma ortamı" oluşturmaya yönelik sistematik çabalarla, daha fazla kadının güçlendirileceğini savunmaktadır (Cattapan ve diğerleri, 2014).

Yaşa Bağlı Doğurganlık düşüşü bir gerçektir. Yaşın doğurganlık üzerindeki etkisi konusunda eğitim ve artan farkındalık, hamilelik isteyen hastaya danışmanlık yapmak için

çok önemlidir. Kadınlar, her mahalledeki birinci basamak sağlık kuruluşlarında (örn. Aile Hekimliği) doğurganlık durumları ve seçenekleri hakkında bilgilendirilmelidir. Bu, kadınların erkeklerle daha eşit fırsatlara sahip olmasının doğal bir sonucudur. Geç annelik algısını ve YÜT teknoloji kullanımını normalleştirmek için iletişim kampanyaları yapılmalıdır.

Aileyi merkeze alan politikalar yerine kadını bir birey olarak gören ve kadının refahını gözeten bakım politikaları geliştirilmelidir.

Türkiye'de sağlık sigortası hem SGK hem de özel sigorta poliçelerinde "elektif" yumurta/embriyo dondurma ücreti ödememektedir. SGK tıbbi nedenlerle yapılan yumurta dondurma işlemi için nadiren ödeme yapar, ancak işlemle ilgili bilgilere ulaşmak zordur. Doğurganlık klinikleri tipik olarak embriyo dondurma ve sonraki IVF süreçleri için finansal planlar ve devlet yardımı sunmalıdır.

Doğum İzni Politikaları yerine Ebeveyn İzni Politikaları ile ebeveyn izni stratejileri ve baba katılım izni politikaları ile iş ve annelikle ilgili sorunlar çözülebilir. Bu politikalarda yapılacak iyileştirmeler toplumsal cinsiyet eşitliği politikalarını da olumlu etkileyecektir.

APPENDIX D: TEZ İZİN FORMU / THESIS PERMISSION FORM

TEZ İZİN FORMU / THESIS PERMISSION FORM

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Deniz Bilimleri Enstitüsü / Graduate School of Marine Sciences ☐

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TEZİN ADI / TITLE OF THE THESIS (İngilizce / English) :
The Effects of Reproductive Rights Policies on Women's Experience of Egg and Embryo Freezing Process in Turkey

TEZİN TÜRÜ / DEGREE: Yüksek Lisans / Master ☒ Doktora / PhD ☐

1. Tezin tamamı dünya çapında erişime açılacaktır. / Release the entire work immediately for access worldwide. ☒
2. Tez iki yıl süreyle erişime kapalı olacaktır. / Secure the entire work for patent and/or proprietary purposes for a period of two year. * ☐
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A copy of the Decision of the Institute Administrative Committee will be delivered to the library together with the printed thesis.

Yazarın imzası / Signature ..... Tarih / Date 07/02/2022

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