Transnational Biopolitics and Family-Making in Secrecy:
An Ethnography of Reproductive Travel from Turkey to Northern Cyprus

by
Burcu Mutlu

M.A., Sociology
Bogazici University, 2009

B.A., International Relations and Political Science
Marmara University, 2005

Submitted to the Program in Science, Technology, and Society
in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy in History, Anthropology, and Science, Technology, and Society
at the
Massachusetts Institute of Technology

February 2019

Signature redacted

Signature of Author: _____

History, Anthropology, and Science, Technology, and Society
September 24, 2018

Signature redacted

Certified by: _____

Heather Paxson
William R. Kenan, Jr. Professor of Anthropology
Interim Program Head
Margaret MacVicar Faculty Fellow
Thesis Supervisor

Signature redacted

Certified by: _____

Stefan Helmreich
Elting E. Morison Professor of Anthropology
Thesis Committee Member

Signature redacted

Certified by: _____

Lerna Ekmekçioğlu
Associate Professor of History
Thesis Committee Member

Signature redacted

Certified by: _____

Ahmed Ragab
Richard T. Watson Associate Professor of Science and Religion
Harvard University
Thesis Committee Member

Signature redacted

Accepted by: _____

Tanalis Padilla
Associate Professor of History
Director of Graduate Studies, History, Anthropology, and STS

Signature redacted

Accepted by: _____

Jennifer S. Light
Professor of Science, Technology, and Society
Professor of Urban Planning
Department Head, Program in Science, Technology, and Society

Transnational Biopolitics and Family-Making in Secrecy:
An Ethnography of Reproductive Travel from Turkey to Northern Cyprus

by

Burcu Mutlu

Submitted to the Program in History, Anthropology, and Science, Technology, and Society on October 2, 2018 in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy in History, Anthropology, and Science, Technology, and Society

ABSTRACT

This dissertation is an ethnographic study of reproductive travel between Turkey and Northern Cyprus. Based on interviews and observations primarily carried out in a private In Vitro Fertilization (IVF) clinic in Northern Cyprus, between November 2014 and January 2016, it investigates how and why Turkish couples travel to the Turkish-speaking part of the island of Cyprus to access biomedical reproductive services — namely, donor gametes and sex selection through pre-implantation genetic diagnosis — that are legally unavailable in Turkey. By combining anthropology of secrecy with feminist studies of assisted reproductive technologies, this dissertation argues that Turkey's ban on gamete donation has helped to normalize IVF in the country by reinforcing the heteronormative nuclear family ideal: that is, if gamete donation is unavailable to Turkish people, then married couples who conceive using IVF are presumed to be genetically related to their children. However, I argue further that this normalization of IVF is only able to rest upon the national ban on gamete donation so long as access to donor gametes continues to be available — transnationally and clandestinely facilitated through a network of inter-clinical and inter-lab relations between Turkey and Northern Cyprus that have been formed over the last decade. In other words, these travels constitute a discursive and geographical space at the margins of, but fully integral to, Turkish reproductive biopolitics, in which secrecy is essential to diverse actors (including couples, egg donors, clinics, and the Turkish state) for multiple reasons.

This ethnographic study of reproductive travels connecting Turkey and Northern Cyprus complicates the familiar analysis of transnational reproductive inequalities by demonstrating the plurality of Turkish experience. In doing so, it also extends the non-western scope of anthropological studies of transnational reproductive travel. By adding a transnational dimension to the study of national reproductive politics, this dissertation reveals the ways in which Turkey's current ideological, social and economic transformations shape the dynamics for the material-discursive (re)making of borders and boundaries of both Turkish families and the Turkish-nation in the Northern Cypriot IVF clinics.

Thesis Supervisor: Heather Paxson
Title: William R. Kenan, Jr. Professor of Anthropology

TABLE OF CONTENTS

LIST OF FIGURES

ACKNOWLEDGEMENTS

I am deeply grateful to my advisor, Heather Paxson for her support, guidance, care, advice and encouragement throughout the process. Her critical insights, meticulous reading and thoughtful guidance helped me develop and finish this project. I feel very lucky that I became her student, conducted this project under her supervision, and nourished this academic kin relation with her. I would like to thank my committee members, Stefan Helmreich, Lerna Ekmekçioğlu, and Ahmed Ragab for their insightful comments and suggestions on my chapter drafts.

Many other faculty members contributed to my academic journey in HASTS in various ways. Many thanks to Harriet Ritvo, Natasha Schüll, Amy Moran-Thomas, Erica James, Graham Jones, Manduhai Buyandelger, Hanna Rose Shell, Michael Fischer and Rosalind Williams, and David Kaiser. Many thanks to the administrative staff in HASTS: Irene Hartford, Barbara Keller, Carolyn Carlson, and Amberly Steward. Special thanks to Karen Gardner. My warm thanks go to my friends and colleagues in HASTS: my cohort –Amy Johnson, Lan Li, Nicole Labruto, and Renée Blackburn– as well as Grace Kim, Ashawari Chaudhuri, Nadia Christidi, Michelle Spektor, Mitali Thakor, Shira Shmuely, and Ellan Spero.

I thank the National Science Foundation Doctoral Dissertation Research Improvement Grant (STS) (# 1456130) for funding my fieldwork in Northern Cyprus.

I would like to acknowledge the amazing women who have enriched my life in so many ways: Hazal Halavut, Zeynep Merve Uygun, Sevi Bayraktar, and Aysel Güneş. Many thanks to my mentor and friend, Ebru Kayaalp who played a key role in my doctoral journey in the USA; to Tea Zakula who had been my dear flatmate at Tang Hall for two years; and to Fatma Tuna, Yalçın Özkan, Muhittin Tolga Özsağlam, and Güneş Eralp who contributed to my fieldwork in Northern Cyprus in different ways. To the 5harfliler.com (a Turkish-language feminist online magazine), and its wonderful editors and readers who have motivated me to share my knowledge and write.

I thank my mother, Gülten Mutlu, and my father, Baattin Mutlu for their love and support from overseas. My sister, Burçin Mutlu-Pakdil has always been a source of joy as well as an ear to listen, and a heart to comfort.

Osman Savaşkan has been always there for me, despite the distance between us. We shared the laughs and tears as we fitted two master's theses and two dissertations into our partnership. Osman, thank you for accompanying me on this journey.

To all my informants who shared their stories with me, and to all the clinic staff who helped me conduct this research.

CHAPTER 1

Introduction

In the summer of 2012, thousands of women marched on the streets of cities across Turkey chanting, "Male state, take your hands off my body"; "Abortion is a right, the decision is women's"; "My womb is mine! None of your business, Tayyip!" "Abortion is a right, Uludere is a massacre"; "Look at us, Erdoğan! Do not dare to piss us off! Go incubate yourself, to bear one little Turk, two little Turks, three little Turks!" They were protesting the Justice and Development Party (*Adalet ve Kalkınma Partisi, or AKP*) government's attempt to restrict women's access to abortion and, more generally, the state's heightened interventions in intimate and family relationships and in the sexualities and reproductive capabilities of its citizens.

On May 25, 2012, then Prime Minister and AKP leader Recep Tayyip Erdoğan had delivered a speech during the closing section of the Fifth International Parliamentarians' Conference on the Implementation of the ICPD (International Conference on Population and Development) Programme of Action, which took place in Istanbul, stating that he viewed abortion as murder and opposed cesarean births (supposedly preventing women from having more than two children).[1] On May 26, at the AKP Women's Branch Meeting, Erdoğan further declared that "each abortion is Uludere", associating abortion with the mass killing in Uludere (also known as the Roboski massacre), where 34 Kurdish villagers were killed near the Turkish-Iraqi border by a Turkish military airstrike on December 28, 2011:

[1] "Erdoğan: Sezaryene karşıyım, kürtaj cinayettir [Erdoğan: I Oppose Cesarean, Abortion is Murder]" http://www.radikal.com.tr/politika/erdogan-sezaryene-karsiyim-kurtaj-cinayettir-1089120/

> Yesterday, in the United Nations' conference, I made a statement. I am repeating it now. I am a prime minister who opposes cesarean births, and I know all this is being done on purpose. I know these are steps being taken to prevent this country's population from increasing. [...] I see abortion as murder, and I am speaking to those circles and members of the media who oppose my comment: You are always harping on about Uludere. I say every abortion is an Uludere. I am asking you: Is there any difference between killing the child in mother's womb and killing her after the birth?[2]

Elective abortions had been available up to ten-weeks' gestation in Turkey since 1983. With this pronouncement, the Prime Minister amplified his Party's commitment to a pronatalist "three child policy," which had been introduced in 2008.

On June 7, the Turkish Cypriot Physicians' Union unexpectedly joined Turkey's abortion debate from overseas. The Turkish-speaking northern part of Cyprus, an island in the Mediterranean just south of Turkey, has been politically separate from the Greek-speaking south — politically aligned with and economically dependent upon the mainland of Turkey — since the Greek coup d'etat and parallel Turkish military invasion of 1974[3] took place amidst inter-ethnic conflict between Greek and Turkish Cypriots following the end of British colonial rule (1878-1960). In a strong public statement, the Turkish Cypriot Physicians' Union warned about the possible repercussions of Turkey's attempt to restrict abortion at home on neighboring

---

[2] "Erdoğan: Her kürtaj bir Uludere'dir [Erdoğan: Every Abortion is Uludere]" http://www.posta.com.tr/erdogan-her-kurtaj-bir-uluderedir-122823

[3] The arrival of troops from Turkey in 1974 is celebrated as *20 Temmuz Barış ve Özgürlük Bayramı* (20 July Peace and Freedom Holiday), the most important national holiday in Northern Cyprus, which ideologically aims to remind Turkish-Cypriots that the arrival of the Turkish Army and the subsequent partition of Cyprus brought them "peace and freedom" (Navaro-Yashin 2012: 63).

Northern Cyprus:

> We don't want to be [treated as] Turkey's backyard anymore. Casinos were prohibited in Turkey, and everybody came to the TRNC [Turkish Republic of Northern Cyprus]. The same thing also happened with tube baby[4] [i.e., assisted reproductive technologies including in vitro fertilization]. And now, if abortion were to be banned [in Turkey], everybody [from the mainland] will come to the TRNC.[5]

Figure 1.1: Map of Turkey
Source:https://www.google.com/maps/place/Turkey/@39.1509369,25.9177303,4.93z/data=!4m5!3m4!1s0x14b0155c964f2671:0x40d9dbd42a625f2a!8m2!3d38.963745!4d35.243322

---

[4] *Tüp bebek* (literally tube baby) is commonly used in colloquial Turkish as an umbrella term to refer to assisted reproductive technologies (ARTs). In Vitro Fertilization (IVF) or ARTs, as more technical terms, are predominantly used in legal documents.

[5] "KKTC'nin Kürtaj Korkusu [The Abortion fear of TRNC]" http://www.ntv.com.tr/dunya/kktcnin-kurtaj-korkusu,2SDpBqFyC0aAR8yQ1DBDzA

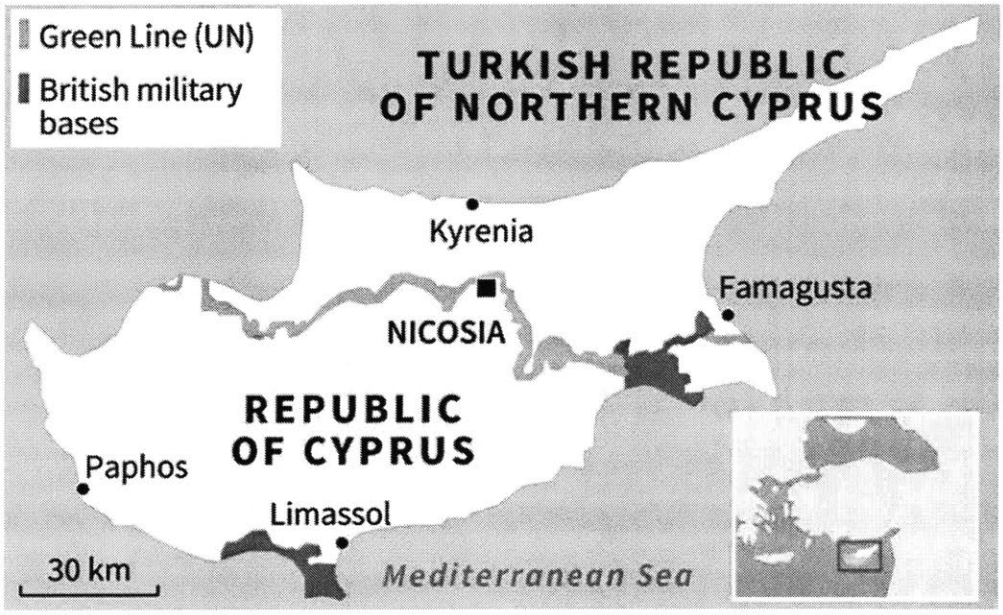

Figure 1.2: Map of Divided Cyprus
Source: http://chrisinbrnocr.blogspot.com/2015/10/turkish-republic-of-northern-cyprus.html

Indeed, as soon as Erdoğan made clear his anti-abortion stance, an emerging industry in abortion tourism abroad hit the Turkish national news headlines.[6] What one tourism agent called "three-day/four night abortion tours, starting at 300 Euros" generated a new stream of travel from Turkey to nearby Northern Cyprus.[7] As pointed out by the Turkish Cypriot Physicians' Union, something similar had happened with "tube baby" tourism; since the early 2000s, thousands of Turkish citizens had been crossing the same borders every year to bypass Turkey's national ban

[6] "Yasak tartışması 'kürtaj turizmi'ni doğurdu [The Abortion Ban Debate led to "Abortion Tourism"] http://www.hurriyet.com.tr/ekonomi/yasak-tartismasi-kurtaj-turizmini-dogurdu-21112224

[7] "Kıbrıs'a Kürtaj Turizmi [Abortion Tourism to (Northern) Cyprus]" http://www.kibrismanset.com/guncel/kibris-a-kurtaj-turizmi-sadece-istanbul-da-yillik-100000-kurtaj-potansiyeli-h134131.html Following the media attention, this travel agent's tourism license was cancelled by the Turkish Ministry of Culture and Tourism. http://www.hurriyet.com.tr/ekonomi/kurtaj-turizmiyle-kaybettigi-lisansi-icin-mahkemede-21140458

on gamete donation in order to (attempt to) have a child via IVF using using third-party donor gametes in Northern Cyprus. Transnational fertility tourism between Turkey and Northern Cyprus has continued even after Turkey's AKP government banned its citizens from pursuing gamete donation abroad in 2010. How can we make sense of Turkey's ban on gamete donation both at home and abroad in light of the current regime's otherwise pronatalist sensibilities and policies? How can we understand Turkish citizens' transnational reproductive transgressions vis-à-vis the emerging rationalities of state governance over the intimate relationships and reproductive capabilities of citizens? In light of transnational reproduction, what role does Northern Cyprus play in the (re)making of the Turkish family and nation? How are transnational reproductive travels understood, utilized, experienced and facilitated across quasi-colonial national borders by the various biopolitical co-conspirators involved in promoting (hetero)normative family-making through unconventional means?

To address these questions, this dissertation examines the moral and practical negotiations of transnational reproductive travels, both the legal and the illicit, taking place between Turkey and Northern Cyprus, a discursive and geographical space at the margins of, but, I will argue, integral to, Turkish biopolitics. My account is based on ethnographic research I conducted in one Northern Cypriot IVF clinic, which I will call Clinic Delta, between November 2014 and January 2016. My analysis also draws upon news reports, national legal documents, clinics' advertising materials, online forum postings and popular culture materials as complementary data. I undertook fieldwork in Clinic Delta over a series of three-month periods; as a Turkish citizen, I was able to travel to Northern Cyprus and stay up to 90 days without holding a passport, using only my Turkish identification card. Before my first trip to the island, I learned from a quick Google search that I should avoid using my passport to travel to Northern

Cyprus so as to avoid possible visa problems with other countries arising from a TRNC stamp. In addition, I read that I should go to the international departure terminal at the Istanbul airport, and I should make sure my cell phone was activated for international roaming service. This logistical advice reveals the paradoxical nature of the "special relationship" between Turkey and Northern Cyprus, countries that are distinct yet politically, militarily, and economically connected. At Ercan airport, the primary civilian airport of Northern Cyprus (which has no non-stop scheduled flights from and to international destinations outside of Turkey), passport control is divided into four categories of passport holders: Turkish Republic, TRNC, other passports, and Turkish military personel.

Figure 1.3: The image of border-crossing documentation. These are the entry and exit stamps sealed on the white papers rather than my passport throughout my fieldwork. Photo by Burcu Mutlu

Adding a transnational dimension to the study of national reproductive politics, this dissertation reveals tensions and contradictions in contemporary ideologies of gender and family in Turkey in the age of technologized and globalized reproduction. I focus on the perspectives and experiences of actors involved in transnational gamete donation and the use of Preimplantation Genetic Diagnosis (PGD)[8] for non-therapeutic sex selection. I include in my study medical providers, couples seeking donor gametes and/or sex selection to have desired children, and women who "donate" their ova to be used in the in vitro fertilization treatments of other women in order ethnographically to elaborate the essential yet largely invisible role of Northern Cyprus in the national reproductive politics of contemporary Turkey. I argue that the normalization of in vitro fertilization (IVF) in Turkey depends upon the popular presumption that IVF is used to help married couples to have their "own" genetically related children, a perception that is underscored and reinforced by the national ban on gamete donation. Taking into consideration the role of reproductive tourism within Turkish biopolitics, however, reveals an important loophole: my research reveals that the perception that IVF in Turkey is restricted to proscribed uses among heterosexually married couples is able to persist only so long as (some) Turkish couples continue to have clandestine access to donor gametes, facilitated in and through a transnational network of inter-clinical and inter-lab relations. In other words, the off-shoring of gamete donation to Northern Cyrus contributes to the nationalist façade of the heteronormative "Turkish family." As the chapters that follow will demonstrate, the technological stigma of

[8] PGD refers to a procedure in which genetic screening is conducted on IVF embryos prior to their implantation into the uterus, in order to identify chromosomal disorders and genetic defects, along with the sex of embryos. Based upon both sets of genetic screening results, healthy embryos with a desired sex are transferred into the woman's uterus. In Turkey, sex selection is allowed only for medical reasons. Until 2016, sex selection had a "non-illegal" status in Northern Cyprus. Transnational Sex Selective PGD between Turkey and Northern Cyprus will be further discussed in Chapter 5.

reproductive technologies that could call into question the "reality" of (biogenetic) parenthood for Turkish fertility patients is thus geographically distributed between Turkey and Northern Cyprus, and so are reproductive secrets, both public and personal.

Anthropology of Transnational Reproduction

Faye Ginsburg and Rayna Rapp (1991, 1995) advanced reproductive studies in the 1990s by proposing a local-global lens to interrogate the effects of power relations on reproductive experiences (see also Kligman 1998; Kanaaneh 2002; van Hollen 2003; Paxson 2004; Greenhalgh 2008). The anthropology of reproduction expanded to study the use and appropriation of reproductive and genetics technologies in diverse national settings (Whittaker 2015; Roberts 2012; Clarke 2009; Pashigian 2009; Ivry 2009; Inhorn 2003; Kahn 2000; Birenbaum-Carmeli and Inhorn 2009; Rapp 1999). Science and Technology Studies (STS)-influenced scholars have proposed that reproductive technologies should be studied as a "global form" of power (Knecht et al. 2012) that reproduces dominant standards while creating local differences, while reproduction itself should be regarded "as a global process" in which individual, local, state and global interests are mutually influential (Browner and Sargent 2011; Layne et al. 2013). In the 2000s, a literature on transnational reproduction, or what is popularly called "reproductive tourism,"[9] has emerged. Generally speaking, reproductive tourism connotes the movement of persons from one country to another in order to access or provide reproductive services. The perceived need for such services may be traced to legal and ethical prohibitions in the home country, denial of access to services for certain categories of persons (based on age, marital status or sexual orientation), high financial costs for procedures, or long waiting lists.

[9] For a review of the literature on reproductive tourism and terminological diversity, see Hudson et al. 2011.

Transnational reproductive travels also include the cross-border circulation of gamete donors, gametes, and embryos (see, e.g. Adrian 2010; Almeling 2011; Nahman 2013; Kroløkke 2016).

Guido Pennings (2002:337) notes that the term "procreative/reproductive tourism" was coined in 1991 by two legal scholars, Bartha M. Knoppers and Sonia LeBris, to describe the movement of people from one institution, jurisdiction or country where treatment is not available to another institution, jurisdiction or country where they can obtain the kind of assisted reproduction they desire. A decade later, Pennings published articles from a bioethical perspective, analyzing reproductive tourism as a form of "moral pluralism in motion," (2002) especially within the legislative mosaic of the European Union (EU). Pennings describes reproductive tourism as "moral pluralism realised by moving across legal borders" which indicates "a form of tolerance that prevents the frontal clash between the majority who imposes its view and the minority who claim to have a moral right to some medical service" (2002:337). Since then, the practice of travelling abroad for reproductive services is often popularly referred to as *reproductive tourism*, *procreative tourism* or *fertility tourism* since the phenomenon is conceived as a variant of the wider trend of medical tourism. Eva-Maria Knoll (2012) argues that, while the term medical tourism (also health tourism) "seems to represent an academically well established and respected terminology" (263), strong objections are raised against terms such as reproductive tourism or fertility tourism, "as the word *tourism* implies choice, pleasure and relaxation; a representation not in keeping with the physical and emotional challenges of fertility treatment" (Hudson et al. 2011:677).

In response, scholars have introduced alternative terms that suggest burden rather than recreation: Marcia Inhorn and Pasquale Patrizio (2009) have suggested *reproductive exile*, a critical term highlighting the "forced" nature of cross-border travel, while more neutral terms

include *transnational reproduction, cross-border reproduction, cross-border reproductive treatment/travel* and *fertility/reproductive travel.* However, other scholars insist on retaining the term *tourism* to highlight "a complex phenomenon encompassing the mobile person of the tourist, the facilities supplied by a tourist industry and a society of destination." (Knoll 2012: 266). The very terminology used to describe this phenomenon remains contested, open to debate. Additional critical frameworks proposed for studying reproductive travel include[10]: *return reproductive tourism* (Inhorn 2011a), *reverse reproductive traffic* (Nahman 2011), *seriality* (Hudson and Culley 2011), *transnational circumvention* and *reproductive projects* (Bergmann 2011), *infertility journeys* (Speier 2011), *the global egg trade* and *eggs-ploitation* (Pfeffer 2011), *reproductive opportunism* and *the new sex trade* (Whittaker 2011), *reproscape* (Inhorn 2011b), *repro-migration* (Nahman 2011) and *cycling overseas* (Whittaker and Speier 2010). As Marcia Inhorn and Zeynep Gürtin point out, "most of this vocabulary is intentionally critical, suggesting that the more neutral term of cross-border reproductive care fails to capture completely the complicated, nuanced and variable aspects of reproductive travel" (2011: 668). In this dissertation, I prefer to use the terms "reproductive tourism" and "reproductive travel" interchangeably. Despite some scholars' rejection of the term, I utilize the term *reproductive tourism* to point out the infrastructural intersections between medicine and tourism sectors within the postcolonial, transnational context of specific relationship between Turkey and Northern Cyprus.

This dissertation provides the first ethnographic study of transnational reproductive travel connecting Turkey and Northern Cyprus, contributing to the emerging academic literature on

[10] For the first time, an international and interdisciplinary workshop on reproductive travel was held at the University of Cambridge in 2010 and papers from that workshop were published as a special symposium issue of *Reproductive BioMedicine Online* in 2011.

infertility and IVF in Turkey (Gürtin 2016, 2013, 2012a, 2012b, 2011; Kılıçtepe 2017; Mutlu 2017, 2009; Demircioğlu-Göknar 2015; Alıcı 2014; Polat 2012; Akşit 2009; Görgülü 2007). By studying the two Muslim-majority secular countries of the Mediterranean and their complex associations with each other, with the Middle East and with the European Union, my research extends the non-western scope of a growing anthropological literature on reproductive travel (e.g. Lie and Lykke 2017; Deomampo 2016; Speier 2016; Inhorn 2015; Pande 2011; Whittaker 2011). This literature has focused on transnational egg donation and surrogacy, predominantly addressing bodily exchanges between younger, less affluent Eastern European and Southern Asian egg donors and surrogates, and more affluent Western Euro-American, aspiring mothers and fathers (e.g. Speier 2016; Nahman 2013; Pande 2011; Bergman 2011). It tends to adopt the analysis of "body commodification" (e.g. Cooper and Waldby 2014; Kroløkke et al. 2012; Whittaker and Speier 2010; Whittaker 2011; Almeling 2011; Pande 2011; Spar 2006) from studies of organ trafficking (Scheper-Hughes 2001, 2003, 2008), or it draws on theories of exchange (Nahman 2013; Roberts 2012; Pande 2011; Konrad 2005). These studies demonstrate how local economic, gender and social stratifications converge with international economic imbalances, making disadvantaged women in poorer countries especially vulnerable and bioavailable to others.

Furthermore, many recent ethnographies examine how ethnic and racial imaginaries operate within the context of transnational gamete donation (Bergmann 2012; Nahman 2006; Kroløkke 2014; Speier 2016). They reveal how some European countries such as the Czech Republic, Spain, and Romania have become "Europe's phenotypical landscapes" (Bergmann 2012: 338) or "the geography of desirability" (Nahman 2006: 210; Kroløkke 2014:62), reiterating a desire for whiteness, which is (re)produced in and through cultural and racial

notions of resemblance. Charlotte Kroløkke (2014:63) points out that this speaks to "a particular understanding of western cultures embedded in the geographical imaginaries inscribed in and by colonial discourse and history."

Attending to the particularities of Turkey-Northern Cyprus relations, this dissertation complicates the familiar analysis of transnational reproductive inequalities by offering a case study in which all parties involved are Turkish citizens from diverse backgrounds, thereby decentering the common wisdom that "segment[s] off parts of the global population into developing and developed countries, immobile females and uncaring males, and the extravagant wealthy and exploited poor" (Kangas 2011:328-9). In extending the non-western scope of a growing anthropological literature on reproductive travel, my research further demonstrates the plurality of Turkish experience by shifting the ethnographic lens on Cyprus away from inter-ethnic crossings between Greek and Turkish communities, toward intra-ethnic relations across borders (Navaro-Yashin 2006). In doing so, it provides a case study of local incarnations of global biotechnologies from two Sunni Muslim-majority secular countries of the Mediterranean that destabilizes the "strict" Sunni vs. "liberal" Shia division regarding the regulation and practice of reproductive technologies in the Islamic World.

By combining anthropology of secrecy with feminist studies of assisted reproductive technologies, this dissertation will discuss how "a cultural [and political] context that highly values procreation, yet also highly stigmatizes third-party reproductive assistance [...] generate[s] a heterogeneity of [personal] compromises" for people, as well as a gap between "the appearance and [the reality of people's] actions, or [between] stated and hidden intentions" (Gürtin 2012a: 304). The seeming consensus in Turkey between secular legislation, religious rulings, and public opinion supporting the ban on gamete donation harbors silent dissent and disguised

transgressions. As Turkish citizens pursue secret solutions at the personal level, transnational infrastructures facilitate the cross-border movements of patients, donors and even physicians, in which secrecy is essential to diverse actors at multiple levels and with multiple stakes. This trans/national intimate network of family-making constitutes an "open secret" in both Turkey and Northern Cyprus.

Research Setting and Methodological Reflections

There were practical, ethical, and logistical difficulties in my gaining access as an anthropologist to the field of transnational reproduction between Turkey and Northern Cyprus. After all, in addition to providing routine and perfectly legal gynaecological and fertility treatments, Northern Cypriot IVF clinics, including Clinic Delta, also provide legally unsanctioned fertility services that exist under the radar of both Turkish and Northern Cypriot government officials.

The first consequence of conducting ethnography about an "open secret" is a heightened concern for the confidentiality that anthropologists are trained to offer their research subjects. I remain purposely vague in describing Clinic Delta, omitting information about how long it has been operating, how many patients it serves each year, and so forth. To protect the confidentiality of my informants, I use not only pseudonyms, but also omit some personal information.

In order to recruit people from a highly fragmented, potentially disguised and extremely mobile population to participate in this project, I decided to base my fieldwork in Turkish Cypriot IVF clinics that coordinate transnational reproduction on the "receiving" end. In the summer of 2012, amidst the intensifying abortion debate in Turkey with its possible repercussions for Northern Cyprus, and in the legal landscape shaped by the Northern Cypriot

2009 ban on the provision of gamete donation to Turkish citizens which was followed by Turkey's 2010 ban on gamete donation abroad, I traveled for the first time to Northern Cyprus to conduct preliminary research and to try to secure access to clinics for more extended future fieldwork.

Even when they agreed to meet for an interview, the clinicians I met in summer 2012 were very hesitant to talk to me. Some agreed to talk only because I had come a long way from Turkey. They mostly gave very short and general answers to my questions during interviews that were constantly interrupted by phone calls. Eventually the clinicians would end our meeting, saying that they had patients waiting. While two clinicians allowed me to voice-record our interview, one clinician got very angry with my request for voice-recording, stood up from his seat, and interrupted the interview although he had initially agreed to talk to me. He said in an angry voice, "Legal situations are uncertain here. You might not know this since you do not live here. Anything can happen here; legal and illegal get mixed." Then, he told me that he found very suspicious my requests for voice-recording and paper-signing (namely, an informed consent form, since I had to follow a human subjects protocol reviewed and approved by MIT COUHES [the Committee on the Use of Humans as Experimental Subjects]), and asked how he could be sure I was not a spy or journalist. He asked to end the conversation while showing me the way out. After this encounter, I decided not to request voice-recording and consent forms with the clinicians when I interviewed them.

A few medical providers were very open about their feelings about my research. One embryologist with whom I spoke in a daycare center she owned told me that there was a great deal of legal pressure on the clinics in Northern Cyprus, so she doubted whether many people would be willing to talk to me. In her view, if I were a journalist, it would be easier to gain

interviews because then clinics could simply deny any resulting news articles, but it would be difficult to deny academic research that could be published on an international platform. Trying to help, she offered the following advice in kindness: "I think you should change your topic. If you start now and then it remains incomplete, it would be a pity. Why do you take this risk?" She agreed to talk to me individually, but she could not guarantee that others in the clinic where she worked would be willing to talk to me. When I tried to convince her that I had all the paperwork from my university to ensure the "officiality" of my research and guarantee ethical confidentiality, she replied, "it is not about official [paperwork]; it is about acquaintances here."

I soon realized that gaining access to the clinics was going to prove to be a difficult endeavor for three main reasons.

First, the medical providers had no familiarity with the practice of prolonged ethnographic fieldwork or even of cultural anthropology as a discipline. Since I was coming from a prestigious American university to study a medical field, many medical experts expected me to ask for statistics and conduct quantitative surveys. I was often told by the clinicians, who were familiar with giving interviews to journalists for promotional reasons, that I asked questions like a journalist. One geneticist who established a genetics laboratory as part of a Northern Cypriot university was at first excited to talk to me about the technological and intellectual investments she had made in genetics on the northern side of the island, but she later seemed disappointed with my questions, saying to me, "You do not ask questions like a PhD student, you ask more like a journalist."

Second, the complicated legal and ethical landscapes (detailed in Chapter 2) in place meant that gamete donation had become a sensitive topic to discuss, especially among Turkish citizens. In the course of my preliminary research in summer 2012, even when I asked general

questions about the practice of IVF in Northern Cyprus, clinicians defensively answered that they no longer offered gamete donation to Turkish citizens, but instead mostly performed PGD for sex selection, a procedure in which the chromosomal sex of in vitro-fertilized embryos is determined before implantation, through genetic diagnosis performed on biopsied embryonic cells. They rhetorically tried to shift the direction of conversation away from gamete donation. After having a number of similar exchanges with clinics, I decided to shift the focus of my investigation from gamete donation to PGD for sex selection, hoping that this methodological move would enable me to overcome the difficulty of gaining access. In fact, up until then, I had not been aware of the popularity of PGD for sex selection as a reproductive service offered by Northern Cypriot clinics. Despite my new focus on PGD, conversations with clinics still tended to tack back to gamete donation either implicitly or explicitly. Some clinics even warned me that they hoped my research would not end up taking a stance against the use of PGD for non-therapeutic sex selection, or end up in lobbying against PGD in Northern Cyprus, or cause any unnecessary public attention that could harm their business — as had happened before when public attention was first brought to gamete donation.

Third, in order for ethnographers to "open the gate to IVF" it is not uncommon to require the help of gatekeepers and intermediaries (Inhorn 2004b:297), which can entail "quite a bit of negotiation and manoeuvring" (Bonaccorso 2009:20). In Northern Cyprus, "access [to clinics] is all about "acquaintances," in the words of the embryologist above. My gateway to Clinic Delta was opened by an acquaintance I found by coincidence. During my first visit to Northern Cyprus for preliminary research in 2012, I stayed at the house of a friend's cousin who happened to be an obstetrician-gynecologist. When planning my first visit to the island, I had asked around to see if I knew anyone who had connections in Northern Cyprus. This led me to my friend's cousin

who was married to a Turkish Cypriot man who also worked in medical sector. She had a private practice in ob-gyn and her husband ran a private diagnostic center (commonly called, in Turkish, "tıp laboratuvarı" [medical laboratory]). During my stay in her home, my acquaintance mentioned that she sent her patients with fertility problems to an IVF clinic nearby, and the owner of clinic, (whom I will call) Dr. Kamil, was also a close friend of her husband. Through this contingent personal connection I gained initial access to Clinic Delta. Since the owner of the clinic was also the head IVF clinician, I did not have to go through an approval process involving multiple stakeholders.

Monica Bonaccorso (2009), who did her fieldwork in a period of rapid and unregulated development of IVF in Italy in the late 1990s, writes of how she had to strategize her access to Italian clinics through negotiations and manoeuvrings by adopting a methodological approach that she calls the "without-method approach." She describes it as "a strategic device that has made it possible not only to gain access to clinics of assisted conception at a time when, because of the legislative vacuum, clinicians were particularly wary and protective about their practice, but also to gain trust and to overcome their discomfort about giving access to a scholar working within a discipline which they knew little about" (2009:15). However, when Bonaccorso speaks here of gaining access, she refers only to entering the building as a researcher; she was further told that she would need the clinics' authorization to approach anyone within the clinics (including patients and medical staff). Furthermore, she signed a confidentiality agreement with the clinics. She realized that as long as she was generally undemanding and maintained an asystematic outlook, she was able to give clinicians a sense of reassurance.

In Northern Cyprus, my access to a clinic via casual acquaintances fully relied on a verbal social agreement, rather than a bioethical approval process (involving a legally binding

confidentiality agreement). On my arrival, I provided Dr. Kamil with nothing more than a letter of introduction, on MIT letterhead, from my advisor. Towards the end of my fieldwork, Dr. Kamil opened a file for me, which included a copy of my Turkish ID card, as they did with the patients, along with the letter from my advisor. This file became the only written material trace of my presence there as a researcher. In short, there has been no exchange of signed documents between me and the clinic. Moreover, unlike Bonaccorso, I was not asked to require authorization for my every move in the clinic after I walked in. Although I told the clinician that I was there only to study PGD for sex selection (which, as an unregulated procedure, did not present any legal issues for the clinic), on my first day in the clinic, Dr. Kamil approached me to ask if I would be interested in talking to an egg donor. I was so surprised by his offer that I could not be sure how best to respond since I was also trying strategically to be agreeable and undemanding, similar to Bonaccorso's approach with the Italian IVF clinics in the 1990s. Dr Kamil explicitly told me that he gave permission because of his friend's reference, and also added that he did not have anything to hide (from a researcher) since, in his view, he was doing "honest business" (*dürüst iş*). Probably in Dr. Kamil's mind, he was just helping the friend of a friend with her research, following social convention. Helping a student who came from a prestigious American university might also have given him a sense of assurance and prestige. He might also have thought that having a researcher in the clinic might contribute to the clinic's status and credibility in the eyes of the patients.

Although I was not required to attain authorization or consent from the clinic for each interview, I did need the help of medical staff to be able to approach patients since they spent most of their time in the clinic in their private rooms, as I will discuss in Chapters 3 and 4. Rather than shadowing Dr. Kamil, I had to closely follow the nurses in order to recruit people to

interview for my research. In the clinic, we ate lunch together. On some quite late afternoons, we watched "Bu Tarz Benim [This is My Style]," a popular Turkish fashion reality-television show. There were birthday celebrations, Turkish coffee breaks, and gossiping. Furthermore, there were some rules that I had to follow, just as did the nurses, chauffeurs and the cleaner, Aynur Abla.[11] I was told by Aynur Abla that I should not drink tea outside the kitchen, not use the doctor's personal glasses or cups (on my first day, I mistakenly picked up the doctor's cup and was warned by Aynur Abla that the doctor was watching the kitchen via a surveillance camera), and not wander in the corridors and the waiting room. The labor status of the female nurses was hierarchically closer to the chauffeurs and the cleaning personnel than to the male embryologists. The nurses held a precarious status within the clinic, tied to their relative youth as recent university graduates, to their feminine gender, and to their contingency as migrant labor. At Clinic Delta, some of the nurses were Turkish citizens who came to the island from Turkey to study at the Northern Cypriot Universities; some – mostly Turkmen– migrated to the island after finishing their school in other countries such as Uzbekistan, Ukraine, Russia; there were also a few Turkish Cypriots who were newly graduated from the Northern Cypriot universities.

Gaining access to the clinic required reciprocity. On my third day of fieldwork, the clinician asked to record my voice for the clinic's phone answering system because he said my (Istanbul) Turkish accent (without a recognizable dialect such as Turkish Cypriot or "Eastern," i.e., Kurdish) was "good" for the job, and I knew English, so I could read the text to the recorder both in Turkish and English. I was happy to fulfill the request. Two months later, I was told that in a week's time there would be a photo shoot for all clinic personnel to renew the clinic's

[11] *Abla* is the Turkish kin term for elder sister. It is a good example of how social relations and interactions among nonkin and even strangers are expressed and ordered in and through the kinship idiom which indicates respective positions in public social interactions. This will be further discussed in the next chapter.

website and to publish new advertising flyers. Dr. Kamil, thinking resourcefully, asked me to join the photo as if I were a member of the clinic personnel. In order to ensure discretion and confidentiality, I had to respectfully decline this request, without ruining my relations with the clinic. On the day of the photo shoot, I approached Dr. Kamil to tell him that I could not appear in the photos for ethical reasons. This might not have sounded very convincing to him, but he did not insist. The subject was dropped. But the requests continued. I was asked to write some promotional pieces for the clinic's website. I decided to translate into Turkish the "key messages" from a book research project, "Relative Strangers," which was conducted by Petra Nordqvist and Carol Smart in the UK between 2010 and 2013, on the recipient couples of donor gametes.[12] I turned the translated piece into an informational document for the patients. However, the doctor did not like it, thinking that it would be bad for business since the piece included possible concerns and questions that people seeking donor gametes might have regarding genetic links, donor siblings, and the physical appearances of donors. Later, he included me in a group (including all nurses and one of the embryologists) assigned to update the informational materials on the website regarding reproductive services provided by the clinic; each person was asked to research some assigned reproductive service or services, check the messaging of other clinics' websites, and update Clinic Delta's website's material accordingly. Furthermore, when needed, I occasionally spoke with English-speaking patients or donors on the telephone. Once I was asked to call an international sperm bank to check if they had a branch on the southern side of Cyprus. Besides these clinic-related requests to be resourceful, reciprocity

[12] Nordqvist and Smart interviewed 44 couples who conceived using a donor and 30 grandparents of donor-conceived children to understand what counts as a family when a "relative stranger" is involved in the family-making, and also recipient couples' decisions about what to tell the child, and wider family, about their genetic origins. For the "key messages" from the project, see https://www.research.manchester.ac.uk/portal/files/31872377/FULL_TEXT.PDF

could also take more informal social forms, especially on social media; when I received Facebook friend requests from clinic personnel I had to figure out how respond without undermining their confidentiality as part of this study. In the end I erred on the side of reciprocity and accepted friend requests on Facebook. The only solution I could find to protect their confidentiality was to hide my friend list on my profile.

Transnational reproduction "engages a range of novel spaces" beyond sites such as IVF clinics, "including guest hostels, hotels, tourism firms, brokerage agencies, maternity waiting homes and the Internet" (Inhorn and Gürtin 2011:669). As one of these emergent locations, the Internet is becoming an increasingly important space generating unparalleled forms of information about this emerging global phenomenon (e.g. Berend 2016; Whittaker 2012; Speier 2011; Bergmann 2011). Beyond providing opportunities for advertising reproductive services (e.g. Sobo et al. 2011), the Internet offers reproductive travelers a social space for information-seeking and sharing as well as social and emotional support. Although some Northern Cypriot clinics had a strong online presence in the Turkish online forums (such as Women's Club, cocukistiyorum.com) via specific topics created by the (previous, potential or current) patients regarding the clinics and/or the clinics' IVF doctors, Clinic Delta had a relatively small presence in the online forums. For example, in Women's Club, I could find only two posts from 2013 regarding Clinic Delta, both of which seemed to be created by the patient coordinator impersonating a fertility patient. It was easy to recognize her because she created her "fake" profile name using her full last name and the first two consonant letters in her first name. One post says, "Friends, let's meet here with those who already underwent or wants to undergo tube baby." Five days later, she posted again, saying, "I went to Clinic Delta. The team is very good, friends. Doctor Kamil was very interested in me, and caring."

Due to the very limited online presence of Clinic Delta, I did not have an opportunity to follow or recruit their patients using the online forums. Furthermore, due to the reluctance of couples and as well as the time limits imposed by their short-term stay on the island while they received reproductive services, I was unable to visit and interview patients in their hotels during their stay, with one exception (discussed below).

Despite their own concerns for confidentiality, 49 couples agreed to participate in my research and shared their secret reproductive stories with me. Only eighteen out of 49 couples allowed me to voice-record interview. I took notes during or right after the interviews with other 31 couples, depending on how nervous or comfortable the interviewees were. Some did not want to tell me biographical details about themselves such as their occupation or their city of residence so as to feel a sense of control over the risk of revelation, even though I ensured confidentiality. Even after signing a consent form, some couples repeatedly warned me, throughout the interview, not to use voice-recordings publicly (in the media) or to reveal their identity. Despite such fears, the clinical setting may have provided couples with a sense of assurance and trust. Some might have wanted to help a student (my status as 'doctoral' student may have been mistaken as 'medical doctor' student) or have felt obliged to say yes to a request from the clinic that was helping them to have their desired baby. Some might have participated just to kill time while waiting to be released. It might also have been out of curiosity or just a desire to talk to a stranger about something that they could not share with family members or friends. The contingent nature of my informants' decision to participate in my research might also have had to do with the geographic imaginary of distance that accompanies the experience of being on an island. As one informant seeking donor eggs at the clinic said to me, "there is no [talking about] Cyprus when we leave through this door," implying that their pursuit of donor gametes was to be

"left behind in Cyprus," even "to be forgotten" as though it never happened. Before agreeing to be interviewed, some asked the nurses where I was from to make sure that I was not coming from their hometown in Turkey. The fact that I was undertaking my studies in an American university might have also given a reassuring sense of distance to some couples. For the very same reason some anthropologists conducting research in Turkey may face a (half teasing, half accusing) question of being a CIA agent (e.g. Babül 2017:32; Kayaalp 2015:1); in my case, particularly suspicious clinicians thought I might have been sent from Turkey, maybe even as an undercover investigator of the Turkish Ministry of Health. Some sarcastically voiced such suspicions at the end of an interview.

In Clinic Delta I eventually conducted interviews with 49 Turkish couples seeking gamete donation and/or sex selection and 14 Turkish egg donors. I also interviewed 20 medical experts (IVF practitioners, embryologists, patient coordinators and nurses) from a handful of Turkish and Turkish-Cypriot clinics. Clinic Delta provides a range of reproductive services, from fertility treatments to abortion and to routine gynecological services. Consequently, in addition to Turkish reproductive travelers seeking gamete donation and/or sex selection, I also spoke with 7 couples who were undergoing "normal IVF"[13] (as it is called in the clinic) using their own gametes; 2 were Northern Cypriot, 2 were originally from Turkey and now living in Northern Cyprus; 2 traveled from Turkey and 2 were Turks living in Europe. I also talked to one Turkish woman who came from Turkey to Clinic Delta to freeze her eggs. Although egg freezing is allowed in Turkey (only for medical reasons), she preferred to come to Northern Cyprus to

[13] In Clinic Delta, "normal IVF," with its abbreviation of "N.IVF," refers to "conventional IVF" using one's own gametes. I can say that this procedure was provided by Clinic Delta generally to Northern Cypriots and Turkish settlers, and sometimes to Turkish citizens travelling from the mainland due to the marital restrictions or restrictions on the number of embryos transferred, and also to Turkish people travelling from the diaspora (mostly in European countries) via Turkey.

freeze her eggs because she wanted to keep her option for sperm donation open in case she would not be able to find the right partner with whom to have a child in the future.

Chapter Outline

Chapter 2 provides historical and legislative context for interpreting the ethnographic data presented in Chapters 3, 4 and 5, by outlining the changes and continuities that have been in Turkish "reproductive governance" (Morgan and Roberts 2012). I will discuss the biopolitical normalization of IVF in Turkey, with respect to various Turkish family planning and pronatalist imperatives in the 2000s, including the bans on gamete donation at home and abroad. To do so, the essential yet largely invisible role of Northern Cyprus will be elaborated in the stratified reproductive politics of contemporary Turkey, as Northern Cyprus has emerged as a contested, off-shore site for reproducing the Turkish nation and family via unconventional means (e.g. donor gametes, sex selection). I argue that reproduction is transnationally (yet unevenly) *distributed* (Murphy 2011) between Turkey and Northern Cyprus, as both reflective and constitutive of (paternal, familial) relations between the two countries.

Chapter 3 will focus on the disguised reproductive travels of Turkish citizens seeking anonymous third-party gamete donation in Northern Cyprus. Turning to my ethnographic study in Clinic Delta, I will discuss how Turkish couples experience their own reproductive travels as private family secrets in-the-making at multiple scales and in various degrees, by exploring the practices of secrecy they enact with the help of clinic staff and gamete donors in order to maintain the appearance of "normal" families — as well as their own gender proficiencies as heterosexually and procreatively "potent" (Paxson 2004). I argue that disguised reproductive travels to Northern Cyprus for donor gametes entail *staging* "normal" families vis-à-vis the

biopolitical regime of a heteronormative nuclear family ideal in contemporary Turkey by epistemologically choreographing at home what is *ontologically choreographed* abroad (Thompson 2005). In the domain of transnational gamete donation, Turkish families are not only *made*, but also *staged* and *displayed.*

Chapter 4 explores the disguised reproductive travels of young Turkish women who embody the "supply side" of transnational gamete donation between Turkey and Northern Cyprus. This chapter will investigate the moral economy of secrecy from the perspective of "egg donors," an economy that is based on complex and interrelated operations of trust and risk, concealment and revelation, exclusion and inclusion within and through networks of clinicians, patients and egg donors. In mapping this moral economy, this chapter will reveal how secret practices enable egg donors not only to maintain their contingent identities as citizens, but also to pursue and preserve egg donation as a new realm of financial opportunity. In other words, secrecy retains both moral and economic value in egg donors' narratives.

Chapter 5 will focus on PGD for sex selection as the growing segment of transnational reproductive travel between Turkey and Northern Cyprus. I will explore the moral negotiations of transnational sex selection in relation to gender and family ideologies in contemporary Turkey, while revealing how the clinics capitalize on normative assumptions of son preference in developing the market potential of sex selective technologies that offer a "modern," technological fix to a "traditional" social problem — namely, lack of sons. Challenging stereotypical accountings of "European girl preference" and "Eastern son preference," this chapter will reveal the ways in which PGD for sex selection is evaluated by situated actors through wrestling with the diverse yet overlapping reproductive measures (e.g. modern vs.

traditional or ethnic sensibilities, generational differences, "good" family relations, gender proficiency), as part of daily negotiations of identity and power.

I conclude in Chapter 6 by discussing what transnational reproduction can tell us about what "IVF reproduces" more than babies (Franklin 2013), including reproductive services and markets, normativities, notions of identity, belonging and inequalities, and (re)making of borders and boundaries. The chapter ends with suggestions for further research.

CHAPTER 2

Offshoring the Il/licit: Stratified Pronatalism in Turkey and "Tube Baby Tourism" in Northern Cyprus

> Since it is legally and religiously forbidden in Turkey to have a child using donor sperm or egg, Turkish citizens are now travelling to [northern] Cyprus, rather than Crete (a Greek island in the Mediterranean), to seek those reproductive services. Here is the newly shining sector of the Turkish side of Cyprus: Tube Baby Tourism.

The above excerpt from the newspaper article, "Tube Baby Tourism," was published in *Cyprus Post*, a Turkish Cypriot newspaper, on August 2, 2009. As it demonstrates, the Turkish side of Cyprus that has long been at the center of media attention in Turkey, with its "casinos" and "night clubs," was now hitting the headlines with the emergence of "tube baby tourism" from Turkey to the island. The news article goes on to say that "mushrooming tube baby centers" in Northern Cyprus represent "new hope" for couples who cannot have a child via conventional IVF using their own gametes in Turkey.

Just 24 days after this article was published, however, the Northern Cypriot government, bowing to political pressure from Turkey's government, banned its nation's IVF clinics from providing gamete donation to Turkish citizens. The Northern Cypriot restriction was soon followed by a ban in Turkey prohibiting its citizens from seeking gamete donation abroad. Turkey thus became the first country to ban reproductive tourism for donor gametes (Gürtin

2011), introducing new, transnational vectors of "stratified reproduction"[14] (Colen 1986; Ginsburg and Rapp 1995).

The reproductive ban was enforced by the neoconservative AKP government, which embraces patriarchal and conservative values of sexuality and reproduction "by emphasizing the centrality of the family institution [and] by glorifying traditional gender roles" (Acar and Altunok 2013: 16). Under the 16-year long rule of successive AKP governments, Turkey has witnessed major policy changes and biopolitical transformations that mark a contemporary (re)turn to pronatalism. The AKP's pronatalist political rhetoric and policies quantitatively promote larger families, and by extention a larger population, and national economy, while qualitatively praising a patriarchal heteronormative family at the expense of gender equality. These transformations are gradually reshaping the conditions of (familial) reproductive citizenship in Turkey (Acar and Altunok 2013; Unal and Cindoğlu 2013; Açıksöz 2015) by producing, policing and monitoring "the family as the moral/legitimate site of both sexuality [...] and reproduction [...] with reference to the welfare of the population" (Altunok 2016: 2-3). At the very center of this governance of sexuality, reproduction, and family are women's bodies, sexuality and subjectivity.

In light of recent pronatalist sensibilities and policy measures (e.g. new restrictions on women's access to contraception, abortion and Cesarean sections) initiated by the same government, the 2010 antinatalist ban on the use of third-party gametes as a fertility treatment would appear to be a bio-political paradox. Instead, I suggest that these recent initiatives can,

[14] Stratified reproduction is a term originally coined by Shellee Colen in her 1986 study of West Indian childcare workers and their (female) employers in New York, that describes inequalities and imbalances of gender, race, class, ethnicity, nationality, and legal status in people's ability to reproduce and nurture their children.

together, be considered a stratified form of "selective pronatalism" (Thompson 2005; Kahn 2000; Kanaaneh 2002; Krause and Marchesi 2007), aiming at reproducing the heteronormative (Sunni Muslim) Turkish family conceived as the kernel of social order. In other words, the AKP government seeks to stimulate births but within the limits of heteronormative conjugality.[15] This is the central tenet of the biopolitics of IVF in Turkey. Foucault's (1990 [1978]) notion of biopolitics concerns the management of life of individuals in the name of the well-being of the (national) population; this is politics done by governing the vital (re)productive processes of human existence, at the center of which lies (hetero)sex. Thus, life (and also death) becomes an object of power and knowledge that needs to be understood, regulated and controlled so as to enhance productive and reproductive capacities of the individual and the social body. Recently, reproductive and genetic technologies have made available a new, molecular level of intervention in and governance of life (Rose 2007a; 2007b; Rabinow and Rose 2006) beyond the classical biopolitical poles of the "individual" and the "population." State regulation of reproductive technologies, from IVF to donor gametes to pre-implantation genetic diagnosis for both therapeutic and sex selective purposes, serves biopolitical interests. In contemporary Turkey, those interests reflect the AKP's neoconservative moral-political rationality, which is Sunni Islamic and Turkish nationalist. This chapter reviews how the Turkish biopolitics of IVF and its associated techniques guide the monitoring, control and governing of the assisted reproduction of Turkish citizens at levels of the population, the individual body, and also the molecular cell, both within and beyond national borders. To do so, the chapter will investigate the new (patriarchal, neoconservative and pronatalist) reproductive moral regime (and its

[15] For an analysis of the requirement of conjugality in the regulatory trajectory of ART eligibility in a Southeast Asian context, see Chia-ling Wu (2017)'s study on access politics of assisted conception in Taiwan.

associated right claims), which is intimately entagled with political economic processes, shaping the Turkish biopolitics of IVF in millennial Turkey.

Lynn Morgan and Elizabeth Roberts' concept of "reproductive governance" (2012), which is shaped by Foucault's notion of power, can be helpful as an analytical tool for "tracing the shifting political rationalities of population and reproduction" in contemporary Turkey. Reproductive governance refers to the ways in which a variety of actors including state, religious institutions, and social movements produce, monitor, and control reproductive and sexual behaviours using legislative controls, economic incentives, moral orders, and coercive measures (2012: 243). Reproductive governance also calls attention to "duelling rights claims [which] produce new kinds of actors and subject positions and new moral regimes" (2012: 242). Building on Foucault's concept of "regimes of truth," Morgan and Roberts develop the notion of moral regimes which refers to "the privileged standards of morality that are used to govern intimate behaviors, ethical judgments and their public manifestations [...] [and that] are often evaluated in relation to other, supposedly immoral and irrational activities" (242). This chapter will reveal the *changes* and *continuities* that have been in Turkish reproductive governance, focusing on the normalization of IVF with respect to various Turkish family planning and pronatalist imperatives in the 2000s.

Despite Turkey's 2010 ban on "tube baby tourism," increasing numbers of Turkish citizens continue to travel abroad — although now more covertly — for reproductive purposes. Most of these travels are to neighboring, Turkish-speaking Northern Cyprus, where reproductive services, including gamete donation and embryonic sex selection, have been available for more than a decade. This chapter will elaborate the essential yet largely invisible role of Northern Cyprus in the stratified reproductive governance of contemporary Turkey. In the first part of this

chapter I will look at the (re)configurations of a new body politic under the AKP governments, which visibly capture contestations in reproductive governance in contemporary Turkey. As Rayna Rapp (2001:466) notes, "when reproduction becomes problematic, it provides a lens through which cultural norms, struggles, and transformations can be viewed." In the second part, the Turkish biopolitics of assisted reproductive technologies, including the ban on gamete donation at home and abroad, will be discussed as processes of IVF's "normalization" and "routinization" (Thompson 2005). In the third and final part, I will discuss how reproduction is transnationally (yet unevenly) *distributed* (Murphy 2011) between Turkey and Northern Cyprus, highlighting the emergence of tube baby tourism in Northern Cyprus as both reflective and constitutive of (paternal, familial) relations between the two countries, and in particular of stratified reproduction across both countries.

1. The New Body Politic in Millennial Turkey

> I am not speaking to you as a prime minister but as a concerned brother. We should protect our young population. People are essential to the economy. They want to eradicate the Turkish nation; this is exactly what they are doing. To not let our young population diminish, you should bear at least three children.[16]

The above excerpt is from the public speech that then Prime Minister and now President Recep Tayyip Erdoğan delivered in March, 2008 for a panel on International Women's Day, which marked the revival of pronatalism in Turkey, or, as it is popularly referred to, the "three children policy." Since then, Erdoğan and other AKP politicians have repeatedly called for

[16] "Erdoğan: En az üç çocuk doğurun [Erdoğan: Give birth to at Least Three Children] http://www.hurriyet.com.tr/gundem/erdogan-en-az-uc-cocuk-dogurun-8401981

women to have at least three children, denouncing declining population growth as a problem of national and economic survival in millennial Turkey, where the total fertility rate (the number of children per woman of reproductive age) is around replacement fertility level of 2.1 (the average number of children per woman of reproductive age at which a population replaces itself from one generation to the next, without migration) (See Figures 2.1 and 2.2).[17] Some scholars argue that the recent fertility decline might have resulted from the shrinking employment in agricultural sector (which constituted less than 20 percent of the total employment in 2017), the expansion of middle-class households and delaying marriage and childbirth over the past decades in Turkey (Korkut and Eslen-Ziya 2016; Dedeoglu 2013; Acar and Altunok 2013).

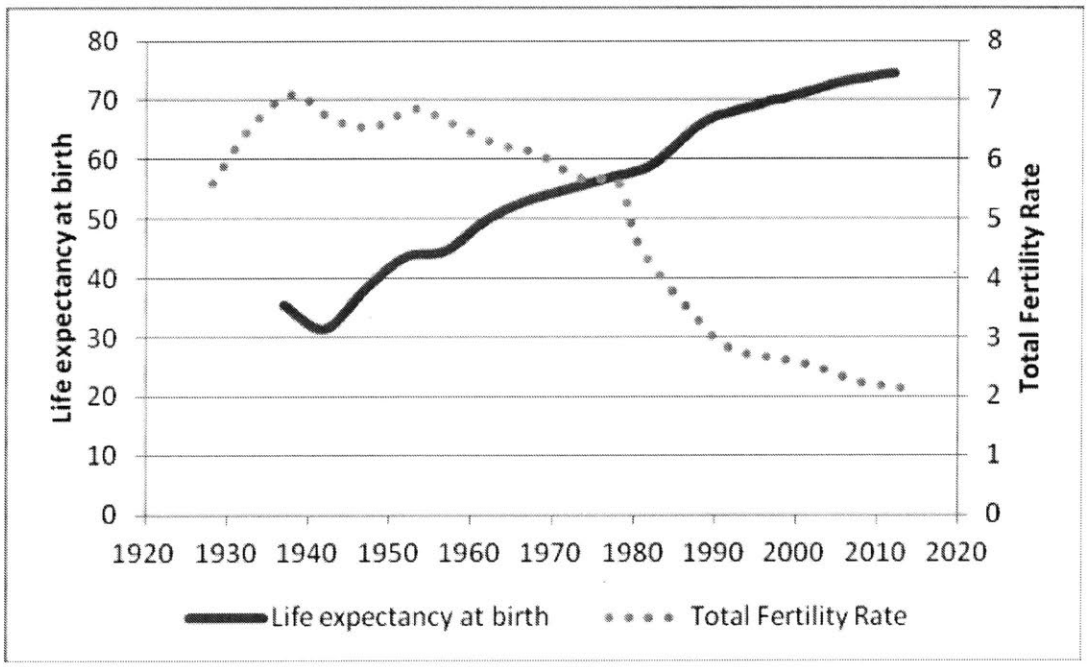

Figure 2.1: Changes in Total Children Ever Born and Overall Life Expectancy at Birth in Turkey, 1933-2012 (Yüceşahin et al. 2016).

[17] Turkish Statistical Institute Press Release, 2018
http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=27589

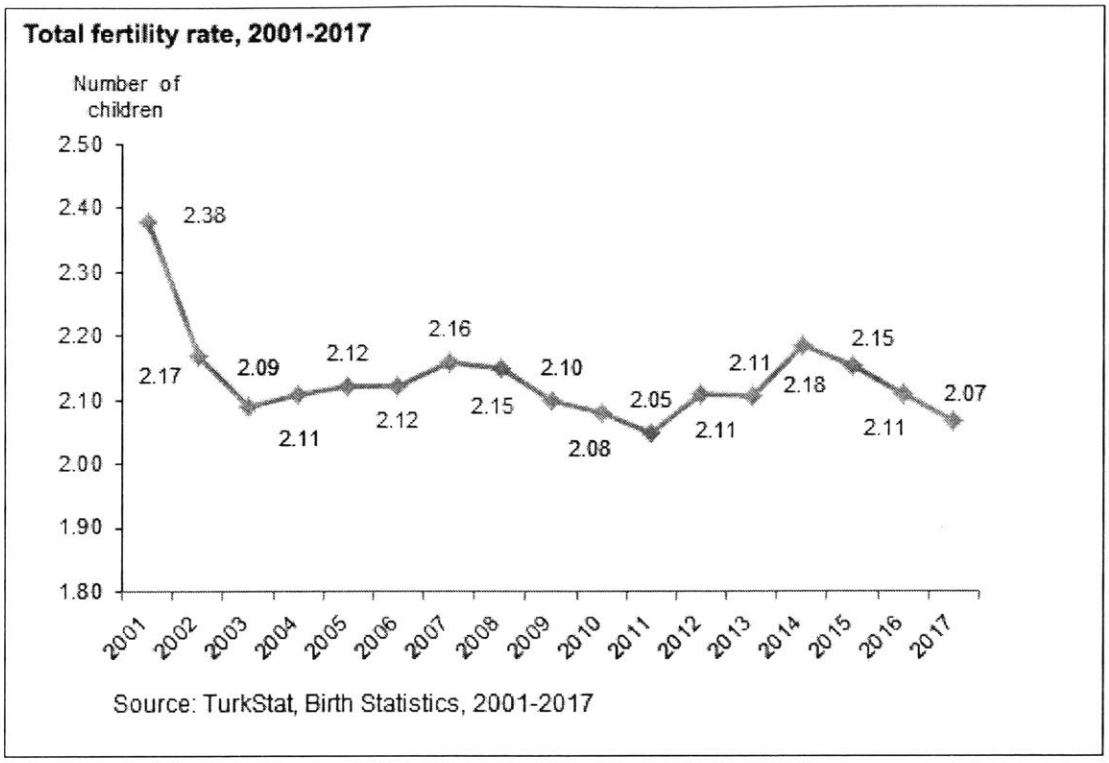

Figure 2.2: Turkey's Total Fertility Rate, 2001-2017[18]

With the introduction of the AKP's "three children policy," Turkey has entered a third period of demographic politics (Benezra 2014; Akşit 2010; Özbay 2009). The first period can be characterized as post-1923 pronatalism in favour of pragmatic nation-building, which continued until the 1960s. The aim of the new Turkish Republic's pronatalist policy was to produce qualitatively "a new generation of citizens loyal to the Turkish state, manpower for the economy, and soldiers for the army" by promoting quantitatively reproduction among families (Benezra 2014: 43). For this purpose, abortion was made illegal;[19] the import, production, distribution,

[18] Turkish Statistical Institute Press Release, 2018
http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=27589

[19] To provide a historical background to the illegalization of abortion in the early Republican era, Gülhan Balsoy (2015)'s analysis on the politicization of abortion from the immoral to the illegal as part of the Ottoman identity politics and pronatalism in the 19th century would be useful.

sale and promotion of contraceptives was forbidden; financial incentives were introduced to promote large families with six or more children; family planning education was forbidden; birthing services were required to be free in state hospitals; the minimum age for marriage was reduced to 17 for men and 15 for women; the priority for land distribution was given to families with many children; and tax exemptions were granted for parents based on the number of children (Benezra 2014: 43-44).

There followed a period of antinatalist population planning from 1960 to the 2000s, with legal provisions for family planning introduced in the Law on Population Planning in 1965, and in 1983, elective abortions were legalized up to ten weeks of gestation[20] and surgical sterilization for men and women on request was introduced. In the 1960s and 1970s, a developmentalist and Neo-Malthusian perspective, in line with the emerging international population discourses, was dominant in Turkey's population policy-making, along with demographic concerns regarding urbanization and migration, and the heterogeneity between various parts of the country (east and west, rural and urban). Population control was promoted as a national development strategy, funded by the U.S. aid agencies and the United Nations Population Fund, lifting the ban on imports of contraceptives, and promoting family planning nationally. By the 1980s, public health concerns, especially high maternal mortality rates due to the unsafe abortions, gained importance

---

Balsoy convincingly argues that abortion only became a criminal offence in the 1840s, during the passing of the *Tanzimat* Rescript (which promised equality of all Ottoman subjects before the law, regardless of their faith, and the protection of their life, property, and dignity) and specifically for the purpose of increasing the Muslim population of the Empire at a time when the Empire lost territories that had a predominantly non-Muslim population. In this sense, Balsoy notes, the fear of the decline of the Muslim population becomes meaningful in the ideological context of the 19th century.

[20] Although the initial proposal was the legalization of elective abortions up to 12 weeks of gestation (in accordance with the first trimester of pregnancy), a 10-week time frame was approved and accepted as the legal limit for elective abortions with no explanation or justification provided (Atay 2017: 8).

in family planning initiatives. With the rise of human rights discourse in the 1990s, family planning began to be conceived as a reproductive health issue (Benezra 2014: 42-43). "Although the accepted international language refers to 'reproductive and sexual health', in Turkey only the term 'reproductive health' is utilized [...] [by] often limit[ing] matters of sexuality to marriage and motherhood" (Acar and Altunok 2013:17). In the 1980s, the focus of the abortion debate was on maternal health and its consequences for the whole of society, treated as an issue of population, rather than women's personal reproductive health and rights — although family planning is inextricably linked with sex and sexuality (Benezra 2014:50). Unlike those in the United States and the UK, a sustained feminist movement for family planning and abortion as women's reproductive and sexual right did not occur in Turkey in the 1980s (Benezra 2014: 43). As seen in the recent abortion debate of 2012, feminist reconceptualization of abortion as women's reproductive right has subsequently taken place following the rise of human rights discourse in Turkey since the 1990s in Turkey. "In this context, pro-choice discourse [framing abortion as a right] [...] became dominant as a reaction to the government's pro-life and pro-family discourses" (Özgüler and Yarar 2017: 145). Assisted reproductive technologies, on the other hand, remained a marginal issue in Turkey's feminist movement's agenda, mostly due to its hegemonic stance against compulsory motherhood. Therefore, as Patricia Scalco observes (2016:335), the feminist abortion campaign of 2012 in Turkey was silent about a woman's potential desire and right to give birth and to raise a child conceived in consensual premarital or non-marital sex.

Feride Acar and Gülbanu Altunok (2013:16) notes that the initial signs of a shift to pronatalist population policies first appeared in 2003, when a proposal to restrict abortions for medical reasons after ten weeks' gestation time was introduced within the draft Law on the

Rights of the Disabled. Although conservative groups supported the proposal, the proposed clause was removed from the draft law due to many objections raised by women's organizations, medical associations and other secular segments of the society. Almost a decade later, another attempt to restrict abortion took place, when Erdoğan declared that he viewed abortion as murder. Although Turkey's most recent abortion debate seems to have some similarities with American pro-life discourse (Özgüler and Yarar 2017), this anti-abortion stance has never been extended back before pregnancy to discuss the status of embryos within the context of assisted reproductive technologies. In Turkey, on the contrary, it is legally required to destroy IVF embryos in cases of divorce, spousal death or at the end of the legal storage period. Elizabeth Roberts (2007), writing on assisted reproduction in Ecuador, points out that there are two contrasting models of "life ethics" and "kin ethics" that illuminate ideologies of religion, kinship, and personhood in Ecuador which work in favour and against relinquishment or destruction of extra embryos within the context of assisted reproduction. Following Roberts' conceptual framework, one can argue that Turkey's recent abortion debate follows a logic of "life ethics" while the status of IVF embryos tends to depend upon a logic of "kin ethics" which conceives of embryos as belonging to a conjugal family and therefore supports their destruction instead of their donation to strangers.

Umut Korkut and Hande Eslen-Ziya (2016) argue that the current alarmist discourse about population decline in Turkey reflects fears of other kinds of social change on the part of the governing neoconservative AKP, reflecting political Islam, which "attempts to enhance its control over gender and other identities by micromanaging conditions for childbirth and reproduction more generally" (558). According to Korkut and Eslen-Ziya, this demographic stagnation is therefore presented not as "an expected concomitant of development, but as a sign

of moral and economic decline," which expects (women) citizens to take a moral responsibility for reproduction (557). Acar and Altunok describe AKP's pronatalist policy as part of a larger "politics of the intimate" to indicate "the web of policies, decisions, discourses and laws and norms which regulate intimate and family relationships, sexualities and reproductive capabilities of individuals" (2013:15). One might say that this new politics of the intimate is "not indicative of a securely entrenched patriarchy but of a crisis in the gender order and the polity more generally" (Kandiyoti 2016:103), reflecting shifts and contestations in reproductive governance in contemporary Turkey.

However, within the AKP's pronatalist rationale, "some reproductive futures are valued while others are despised" (Ginsburg and Rapp 1995:1). As the 2010 ban on gamete donation demonstrates, Erdoğan's three children recommendations are exclusively directed at the biological reproduction of married, heterosexual couples within the parameters of Sunni Islamic morality. In Turkey, where since the early 1920s *laiklik* (laicism) or state secularism had dominated state ideology and public life as the founding ideology of the Turkish Republic (e.g. Özyürek 2006; Navaro-Yashin 2002), "religion" alone has not been accepted as a causal explanation for secular legislation; "culture" (reflecting and informing the views and morals of the majority) was required to provide a legitimate explanation (Gürtin 2012a: 290). "As the first conservative political formation with identifiable Islamist roots able to form a single party government since the establishment of the Turkish Republic, AKP was a novel experiment for the country" (Acar and Altunok 2013: 16). Particularly since 2007, patriarchal and moral notions and values, often framed in religious terms, have become dominant in the AKP's neoconservative political rhetoric that undermines gender equality by emphasizing the centrality of the (patriarchal) family institution to state formation, while at the same time effectively

supporting neoliberal economic transformation processes (Acar and Altunok 2013: 14). Besides the AKP's 2010 ban on transnational gamete donation, another example was the failed attempt in the early 2010s to establish a human donor milk bank in Turkey, a story that unfolds at the intersection of Turkey's secular legislation and bid to join the European Union, Sunni Islamic norms of kinship, and the AKP government's pronatalism.

In 2012, Turkey's first human milk bank was set to open in the neonatal intensive care unit of the Children's Hospital in the city of Izmir, in coordination with the European Milk Bank Association, in an effort to help mothers who were having trouble breastfeeding their premature babies and to reduce infant mortality rates through the safe collection, pasteurization and distribution of donated breastmilk.[21] The project had been celebrated by the Turkish Ministry of Health as "a unique model" distinct from those found in European countries on the basis of its recognition of Islamic notion of "milk kinship," which circumvents Islamic codes concerning marriage as well as veiling and *mahremiyet* (the Islamic notion of privacy and intimacy) among strangers of the opposite sex (Clarke 2007; İlkılıç and Uçar 2016), although there are diverse opinions about how and when kinship is actually established from the sharing of milk.[22] Despite the fact that health authorities had taken special care to recognize and address the religious conditions necessary for a milk bank to work within a Sunni Muslim majority country (such as: one woman was to provide breastmilk either only for female or male babies; the identification of the breastmilk donor mother and the donor breastmilk recipient baby was to be registered and legally secured; donating donor breastmilk recipient baby and donor; breastmilk from different

[21] "Süt Bankası [Milk Bank]" https://www.yeniasir.com.tr/izmir/2012/01/06/sut-bankasi

[22] There are different interpretations of milk kinship by different schools of Islamic jurisprudence, evolving around such questions: Must milk be received directly from the breast via suckling or could it be taken from a bottle, tube or cup? How many sessions of breastfeeding are (or what amount of breast milk is) required? Is there an upper age limit for the person given breast milk to establish kinship? (Clarke 2007: 290).

donors was not to be mixed; and milk donor was not to be paid for their milk, except their expenses).[23] The project faced resistance from religious groups since in Islamic law, breastfeeding institutes a type of kinship relation that prohibits marriage between "milk-brothers" and "milk-sisters" (that is, children who were nursed by the same woman), or between milk-children and milk-parents. In the end, the attempt to open a human milk bank in Turkey was withdrawn.[24] The Ministry of Health stated the reason for withdrawing the project as the lack of necessary legal infrastructure in compatible with "milk siblingship law originating from our [Islamic] traditions," interestingly, by adopting a biogenetic perspective to breastmilk: "There are some studies that have shown that when a milk mother gives her milk to a baby, her milk also transmits her DNA or DNA materials to the baby."[25] Here, it is interesting to see how a biogenetic approach is utilized to support a notion of kinship on the basis of shared biological substance, beyond gametes, thereby complicating what Delaney (1991) has analyzed as the "seed" (referring to sperm as an active, creative source) and "soil" (referring to womb as passive, receptive and nutritive) metaphor.

The AKP's pronatalist agenda is also "implicitly Turkish nationalist" (Korkman 2015:346), meaning that it "operate[s] as technology of the state in monitoring and controlling the demographic differentials, namely different rates of fertility between Kurdish and Turkish populations in Turkey" (Erten 2015:7). Since fertility rates in the Kurdish-populated eastern and southeastern regions of Turkey are at around 4 (children) per woman of reproductive age, almost twice the national average of 2 (children), the AKP's call for "at least three children" seems not

---

[23] "Diyanet'ten 'Anne Sütü Bankası' Açıklaması [Diyanet's public statement on ' Mother Milk Bank']" http://www.hurriyet.com.tr/gundem/diyanetten-anne-sutu-bankasi-aciklamasi-22691568
[24] http://www.hurriyet.com.tr/gundem/anne-sutu-bankasi-acilamadi-22767289.
[25] "Anne Sütü Bankası Açılamadı [Mother Milk Bank Failed to Open] lhttp://www.hurriyet.com.tr/gundem/anne-sutu-bankasi-acilamadi-22767289.

to be targeting the Kurdish citizens of Turkey.[26]

Starting in the late 2000s and continuing into the 2010s, the AKP's pronatalist discourse has been accompanied by multiple policy changes in the areas of reproduction. These include: new restrictions on women's access to contraception, abortion and Cesarean sections (held accountable for some of the nation's fertility decline by supposedly preventing women from having more than two children), state funding for up to 3 IVF cycles, financial incentives for early marriage and childbirth, the introduction of part-time employment for working mothers, and financial supports for the care of children and the elderly, sick, and disabled at home by their family members. This is how women, as "bearers of the nation" (Yuval-Davis 1997), are held responsible for "the well-being of the nation-state" (Paxson 1997:36) and the national body (e.g. Kanaaneh 2002; Greenhalgh 2008). And yet, Turkish women's social role and position have been limited by the Turkish government as "'sacred' mothers, keystones of the family structure and guardians of the moral-cultural order" (Acar and Altunok 2013:18), through the governance of their bodies and sexuality in light of the ideology of compulsory motherhood which equates womanhood with maternity.[27] Within Turkey's socio-politically polarized context, "[g]ender norms and specifically women's conduct and propriety [also] play a key role in delineating the boundaries between 'us' (God- fearing, Sunni, AKP supporters), and a 'them' consisting of all political detractors and minorities, cast as potentially treasonous and immoral." (Kandiyoti 2016: 105).

---

[26] Recently, Syrian immigrants' fertility rate is increasingly drawing the national media attention, taking racialized overtones; even some argue that this is beneficiary for the government to increase its votes, if Syrians are granted citizenship.
"Suriyelilerin Doğum Oranı Türkleri Geçti [Syrians' Birth Rate Exceeds Turks]
https://www.sozcu.com.tr/2016/gundem/suriyelilerin-dogum-orani-turkleri-gecti-1508838/

[27] "Erdoğan: Anneliği reddeden kadın, eksiktir, yarımdır [Erdoğan: A Woman Refusing Motherhood is Lacking and Incomplete]"
https://www.bbc.com/turkce/haberler/2016/06/160605_erdogan_kadin

New Familialism in Reproductive Governance

These new reproductive and sexual policies highlight a new form of familialism configured at the seemingly paradoxical intersection of neoliberalism[28] and neoconservatism (Acar and Altunok 2013; Korkman 2015; Yazıcı 2012; Babül 2015; Kocamaner 2017) through consoliding the dependent status of women as primary care providers (e.g. Kılıç 2008; Buğra and Yakut-Çakar 2010; Yazıcı 2012; Akkan 2017). This process has been symbolically and institutionally manifest in the replacement in 2011 of the Ministry of Women and Family Affairs by the Ministry of Family and Social Policies (which would be merged in 2018 with the Ministry of Labor and Social Security and renamed as the Ministry of Labor, Social Services and Family).

Historically, a patriarchal male-breadwinner family norm has characterized Turkey's welfare regime, in which women are dependent on male protection as a vital source of security (social security, health insurance, and the pension system) (Özyeğin 2018: 237). In Turkey, "informal relations of reciprocity, which involve the family but also extend to state-society relations" (Buğra 2012: 22) have provided economic and social protection to the individuals; for example, the state's toleration of informal access to urban public land, which led to the emergence of the *gecekondu* settlements (squatter houses, literally meaning "built overnight" in Turkish) within the context of rural-to-urban migration, "shaped a rural-urban opportunity space to which kinship ties remained central" (21).

Although Turkey's welfare regime has been characterized as familialist, it has been reshaped under the AKP government, which has paradoxically provided more state support to

[28] In Turkey, neoliberal economic transformations started in the early 1980s, with the implementation of a market-oriented strategy, as it is generally known as "24 January Decisions," preceeding a military coup d'etat (Öniş 2004).

families, in any other period of the modern Republic in accordance with a revived conservative imagining of the family as the appropriate unit of individual care provision (Akkan 2017:1). Berna Yazıcı (2012) identifies a contemporary discursive shift toward "strengthening the family" (105) in Turkey that promotes an idealized nurturing three-generational extended family—in contrast to the presumed weakness of familial ties in "the West" and also its counterpart image, the modern nuclear family ideal promoted by the early Republicans in Turkey against the Ottoman extended family — as the best agent for social protection of children, the disabled and the elderly, and thereby also lifting social burdens away from the state (102). These conservative political discourses about the family "constitute a basis for the AKP's formulation of a political identity as well as a discursive justification for concrete material re-arrangements in the welfare system [and employment policies]" (Yazıcı 2012:112), which have been taking place as a result of the structural adjustment programs imposed by the IMF, socio-economic reforms undertaken for Turkey's integration with the European Union, and the advent of non-governmental actors in providing charity and social assistance (Buğra and Keyder 2006). Mine Eder (2010) argues that the transformation of the Turkish welfare system has much in common with global trends (such as the subcontracting of welfare provision to private actors, the growing involvement of charity organizations, and increasing public-private cooperation in education, health, and anti-poverty schemes); however, the result has been an "institutional welfare-mix" which has created immense room for political patronage and the expansion of state power in Turkey.

Many scholars have pointed out that the co-workings of the emergent neoconservative politics of intimacy and neoliberal transformations, along with Sunni Islamic morality, have led to the emergence of a new mode of patriarchy (Coşar and Yeğenoglu 2011; Kandiyoti 2016; Korkman and Açıksöz 2013; Acar and Altunok 2013; Babül 2015), "[i]n a society where, as

Nükhet Sirman has observed (Çubukçu 2015), hegemonic masculinity has become less attainable, more contested, and thus increasingly in need of violently (re)asserting itself" (Korkman 2016: 115). Therefore, when women (and children) are exposed to physical violence, they are offered protection by the state within the family rather than social, political or economic equality in society (Acar and Altunok 2013:19), as long as they conform to the image of innocent, helpless victim (a poor, uneducated, dependent woman who cannot speak or act for themselves [attempting to file a divorce, for example]) in need of protection and care, deserving the Turkish state's "masculinist protection" (Babül 2015:118). As Zeynep K. Korkman and S. Can Açıksöz have argued (2013), the current political rule depends on a gendered (patriarchal and dominant) relationship with female (and even young male) citizens, as Erdoğan, personifying political rule, takes on the role of the father, husband, and brother of the whole society. Such masculinist rule is subject to feminist and queer critiques (Korkman and Açıksöz 2013).

Moreover, the patriarchal family has long been a central trope to the workings of Turkish national and state discourses and practices, underlining a gendered imaginary of the masculine protection of the feminine (woman, family, and nation) (Delaney 1995; Koğacıoğlu 2004; Sirman 2005, Açıksöz 2012a; Babül 2015). Nükhet Sirman (2005) coined the term "familial citizenship" to indicate how the Turkish nation has been imagined as a community of equal men assigned with sovereignty as heads of their own households. This established a familial gendered discourse in which "the ideal citizen is inscribed as a sovereign husband and his dependent wife/mother rather than an individual, with the result that position within a familial discourse provides the person with status within the polity" (2005:148). Following Stuart Hall (1996), Sirman identifies this familial gendered construction of the Turkish nation as a postcolonial

condition, which requires a reading of "the discourses and practices of a particular locality in relation to the 'Euro-imperial adventure' (Hall 1996:252)" (2005:148). The invention of new forms of intimate relations through the idiom of a patriarchal nuclear family, Sirman argues, was essential to the creation of a proper national subject as the ideal citizen that would ensure the sovereignty of the polity (149).

In Turkey, the language and imaginary of kinship positions persons in patterns of hierarchy and dependence (e.g. honour [Sirman 2004]). In the public sphere, relationships and social interactions among strangers are also expressed and ordered through kinship terms such as "brother," "sister," "uncle," and "aunt," desexualizing interactions and positing them in hierarchical patterns. The kinship idiom thus "produces an implicit code that governs social reciprocities" by "serving as a kind of status leveler" (Duben 1982:91-92). "This is because kinship is a question of hierarchies, of who calls whom "elder brother", thus of knowing one's place," that "requires intimacy, but only the intimacy that allows to know each person's relative standing vis-à-vis one another" (Sirman 2014:9). Sirman argues (2005:161) that rather than a weak state, it is the strength of the state and its discourses that reintroduces kinship into the governance of interactions among strangers in the public sphere, although this form of citizenship is regarded by the educated elites as inferior in the guise of the not-yet modernized vis-à-vis the modern national ideal of a strong nuclear family.

Kinship also operates institutionally in Turkey through legal structures, including the civil code and the penal code. After the Republic of Turkey was established in 1923, a new Civil Code, adopted from the Swiss Civil Code in 1926, institutionalized the ideal of "familial citizenship", assigning the husband as the head and the provider of the family, and the wife as his dependent/helper. Thus "the married women's relation to the state was mediated through her

husband, the representative of the family in the public sphere" (Sirman 2005: 158). This gender regime would also become the ground for the Turkish welfare system. The new Civil Code abolished polygamy, unilateral divorce right for men, and the unequal share of inheritance for women making marriage a monogamous, more egalitarian and civil union (in terms of child custody, ownership of family finances and right to divorce) (Arat 2010: 237); however, men would serve as the head of household, provide for the family, choose the place of residence for the family, have the last word in the conflict of child custody, and be asked permission for his wife to be able to work outside the home (239). In 1934, the Surname Law was introduced, which required all citizens of Turkey to choose a surname, replacing "intricate appellations regulated by the hierarchical code of kinship" (Sirman 2005: 164) such as *bey* (sir), *hanım* (lady, mrs), *efendi* (master). Identity cards were made mandatory. Married women were required to take on their husband's surname. Marriages were required to be registered with the municipality, what are called as state/ official (*resmi*) marriages, which would grant the inheritance rights provided by the new civil code, unlike the traditional ceremony called as a religious marriage (*imam nikahı*)[29] which is conducted by an imam according to the laws of Kuran, but not legally recognized by the state (Sirman 2005: 169. n16).

However, during the early 2000s, feminist and LGBT groups strongly campaigned to reform the civil and penal codes of Turkey in the context of Turkey's EU accession process (which started in 1999 with its acceptance as a candidate and which required various legal, political and economic changes in alignment with the EU standards). In fact, the urgency of the civil code amendment dated back to the 1980s, following the emergence of feminist movement

[29] Despite its legal status, many marriages continued to be effected through this religious ceremony alone in Turkey, and the state had to pass amnesty laws every ten years to recognize the children of such marriages who were by law illegitimate (Sirman 2005: 169. n16).

in Turkey. Turkish feminists' efforts were supported by international conventions and the changing global context (Arat 2010: 241) since the early 1980s: for example, Turkey signed the Convention on the Elimination of All Types of Discrimination against Women (CEDAW) in 1985; and submitted a National Action plan in 1996 for the implementation of the 1995 Fourth World Conference on Women (Arat 2010: 241-242).

With an amendment to the Civil Code in 1990, the need for the husband's permission for married women's work outside the home was removed. With another amendment in 1997, married women were allowed to carry both their own and their husband's surnames. However, the official family name is always the husband's surname and babies born within marriage have to take the father's surname.[30] Since 2015, women have not had to take their husbands' surnames after getting married, but they can only use this right by filing lawsuits.[31] In 1997, adultery of the husband was removed as a criminal offense from the Turkish Penal Code (which was adopted in 1926 from the Italian Penal Code). However, it took three more years for the adultery of the wife to be removed as a criminal offense (Çarkoğlu et al. 2012:43).

Finally, the new civil code was ratified in 2001 and came into force in 2002, which have granted women equal citizenship rights, despite the counter-attempts of a group of male Members of Parliament across political parties to block the process, claiming that equality in the family would lead to chaos and anarchy (Kandiyoti 2011). The new civil code equalized the conjugal status of husband and wife by abolishing the legal concept of the (male) head of family, and instead establishing the equal rights of men and women over ownership of the family abode,

---

[30] However, according to the recent court decisions, women with legal custody can give their own last name to their children after divorce. "Turkish court rules that children can be given maiden name of divorced mother" http://www.hurriyetdailynews.com/turkish-court-rules-that-children-can-be-given-maiden-name-of-divorced-mother-130228

[31] " Kadınların Soyadı Zaferi [Women's Surname Victory]" https://www.haberturk.com/gundem/haber/1135437-kadinlarin-soyadi-zaferi

marital property, divorce, child custody, and rights to work and travel. Equal rights of inheritance were extended to children born outside marriage. The legal age for marriage was increased to 18 both for women and men (which was previously 17 for men and 15 for women). The new civil code also introduced a new property regime that required that all matrimonial property should be split equally between the spouses. This clause met the strong resistance of the nationalists and the religious conservatives in the parliament, who insisted on the separate property regime, which has been the rule in Turkey since 1926 (Anıl et al. 2012). Due to the strong resistance, the new property regime became applicable to the existing marriages only for the sharing of property acquired after January 1, 2002.

In 2005, a new Turkish penal code was introduced, providing further steps toward gender equality in the realm of law. The new penal code reclassified sexual crimes including rape as crimes against the individual, rather than as crimes against "public morality" or "community order"; abolished sentence reduction for patriarchal "honour killings," abolished sentence reduction or suspension for rapists and abductors marrying their victims; criminalized marital rape; abolished the discrimination between virgins and non-virgins, married and unmarried women in sexual crimes; and criminalized sexual offences such as harassment at the workplace (Kandiyoti 2011).

In contemporary Turkey, as hegemonic masculinity has become more contested and fragile, new patriarchal reconfigurations are emerging in various and contested forms at the intersection of "neoconservative familialism" (Korkman 2015), trans/national neoliberal economic transformations, selective pronatalism and Sunni Islamic morality under over a decade rule of the AKP governments, while at the same time the contours of familial citizenship are being (re)shaped. Hegemony is an ongoing struggle, involving "the opportunity for subversion

and resistance on the part of the citizenry [e.g. feminist and queer social movements, the *Gezi* protests (Zengin 2013; Korkman and Açıksöz 2013; Özkırımlı 2014; Alessandrini et al. 2014)] and the necessity for continuous and dynamic ideological work to maintain political hegemony on the part of the government" (Korkman 2015: 352). As reflective of the current crisis of masculinity in Turkey, the (divorced) fathers' rights movement has emerged for the last decade with the founding of several platforms, associations and Facebook groups (such as Divorced Fathers' Platform, Divorced Victim Fathers' Association, and the Association for Children without Fathers, Fathers without Children), protesting Turkish family laws, which, in their view, discriminate against men in child custody, alimony, child support settlements, and child visitation, and therefore damage family in favor of women. With support of the pro-government civil society organizations, these groups appropriate the rhetoric of rights to argue for "family (paternal) rights" vis-a-vis the existing Turkish laws protecting gender equality and women's rights.[32] This case reflects contestations around moral regimes producing new rights claims and subject positions in reproductive governance. In contemporary Turkey, in the words of Deniz Kandiyoti (2016:112),

> The contradictory pulls of the politics of masculinist restoration on the one hand, and anti-patriarchal resistance on the other, open up new fields of contestation for a new generation of men and women who are more fully alert to the intimate relations between authoritarian rule and forms of oppression based on gender, creed, ethnicity or sexual orientation.

[32] "Gülsüm Kav: Aile Hakları Platformu'nun Yaptığı Eylem Nefret Suçudur [Gülsüm Kav: The protest led by Family Rights' Platform is Hate Crime] http://www.sarkpostasi.com/2018/08/01/gulsum-kav-aile-haklari-platformunun-yaptigi-eylem-yasa-disi/

***

I turn next to focus on how the biopolitical regulation of IVF technologies becomes a means for the state to monitor, control and govern the reproduction of familial citizens at the biopolitical nexus of the population, the individual body, and also the molecular body of the cell. In their 1987 article, "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology," Nancy Scheper-Hughes and Margaret Lock distinguish three lenses, not separate but overlapping, through which to view "the body" analytically: as a phenomenally experienced individual body-self; as a social body, a natural symbol with which to think about nature, society, and culture; and as a body politic, an artifact of social and political control of bodies (individual and collective) (7). The next section will discuss the biopolitical normalization of IVF in Turkey as a reproductive body politic through which not only individual and collective bodies but also cellular bodies (gametes, embryos) are regulated, controlled and governed to (re)produce the Turkish family and nation both symbolically and materially. The normalization of Turkish IVF reflects the continuities and shifts in reproductive governance in contemporary Turkey.

2. The Biopolitical Normalization of IVF in Turkey

The first tube baby was born in Turkey in the second half of the 1980s from a pregnancy achieved via IVF treatment in Germany. This birth would be considered the successful culmination of reproductive tourism in today's terminology. Attempts to establish Turkey's first IVF center at Ege University in Izmir on the Aegean coast were initiated by a twin brother and sister, Ege and Ece Tavmergen, who were educated and trained in reproductive medicine in Germany. The Tavmergens pioneered the field of reproductive medicine in Turkey in the mid-

1980s by achieving two pregnancies out of the first seven human trials they conducted at the Ege University, one of which would result in the birth of the first tube baby to be conceived in Turkey, Ece Çokar, in April, 1989 (Beck 2012:365-6). Owing to the financial and political support they managed to secure from private donors, including "the local mother's associations, the Rotary Club and influential businessmen in the Izmir region," the Tavmergens saw the "economically as well as administratively semi-autonomous status" of the IVF clinic in the public health care system as "an important achievement that could only be realized after endless struggles with the clinic bureaucracy and diverse authorities in the health care and political system" (367). Positive national media coverage of their success helped the Tavmergens secure the quasi-autonomous status of the IVF clinic against bureaucratic indifference (367). They took this public attention and support to another level by organizing social gatherings with their former-IVF patients and their families so as to promote positive public relations (367-368).

As scholars working on infertility and IVF in Turkey have noted (Gürtin 2012a, 2012b; Demircioğlu-Göknar 2015), after almost 15 years of slow growth, IVF has undergone processes of "normalization" and "routinization" (Thompson 2005), accompanied not only by developments in expertise and technological infrastructures in reproductive medicine, but also by the growing social acceptance and prevalence of IVF, especially since the mid-2000s. The normalization of IVF has gone hand in hand with the medicalization of childlessness through which a social problem has transformed into a solvable medical problem named "infertility" (Sandelowski and de Lacey 2002:35).

The gradual normalization of IVF in Turkey is related to the broader socio-historical setting of medicalization. Life experiences from pregnancy to birth became the subject matter of modern medicine starting with Turkish modernization in the 19th century (Beyinli 2014; Balsoy

2015; Cindoglu ve Sayan-Cengiz 2010; Erol 2009). From the perspective of Turkish modernization, the adoption of technological innovations is to be encouraged, but only if new technologies are used "appropriately" according to Turkish norms (Lock 1998; Inhorn 2002, 2003). In other words, the developing biomedical sector in Turkey has contributed to socio-legal attempts to define the "national self" as native and distinctive but also as modern (Ahıska 2005:31).[33] The normalization processes of IVF in Turkey show how "[t]he reproduction of reproduction is not achieved through the imposition of an independently determined set of techniques on preexisting social categories. The social categories and techniques develop together and thereby change what life, parenting, and fertility mean in cultures with infertility clinics" (Thompson 2005:115). Within a socio-historical setting in which modernization, medicalization, and civilization (and middle-classization) have been intertwined, it is not surprising that IVF has gradually gained social acceptance and prevalence in Turkey as a modern medical treatment for infertility — but only so long as it is "appropriately" enacted (as I detail below) within heterosexual marriage.

And yet, the normalization and routinization of IVF in Turkey has "by no means been inevitable, fraught as it has been with paradoxes, hurdles, setbacks, crises, injunctions, taboos, limits, and reservations" (Wahlberg 2018:4), and indeed, it is ongoing. Drawing on social and ethnographic studies of reproductive technologies, Wahlberg defines "routinization as a socio-historical process through which habituated regimes of daily micro-practices coalesce, thereby shaping a medical technology and its uses" as a technology transforms from "frontier to

[33] This idea of the national self goes back to Ziya Gökalp's (the main ideologue of the Turkish republican reforms) formulation of civilization vs *hars* (authentic culture), which called for adopting the Western technology while keeping the Turkish authentic culture intact.

mundane" "at the intersections within and between biomedical research, healthcare services, social policy, social movements, popular media and more in a particular country" (11-12).

The following sections outline a number of biopolitical factors that continue to contribute to the normalization and routinization of IVF in Turkey: the introduction of state funding, the emergence of patient organizations, religious institutions and ideologies of kinship, the legal terms of its available practice, and increasing presence in popular media.

State funding for IVF

The introduction of state funding for up to three IVF cycles in the mid-2000s was central to its routinization as a medical procedure. With state funding, IVF was defined as a modern medical treatment for infertility and officially recognized as a public health issue (despite being restricted to married heterosexual couples). This corresponded to a period, in 2003, when the AKP government initiated the "Health Transformation Programme" which led to the privatization of health services under the regulatory control of the state, in line with pro-market restructuring of the financing, delivery and regulation of health care services at a "large-scale" (Yılmaz 2017:1). While state funding for IVF made the news under such headlines as "Good News: IVF now in the Private Clinics!", private hospitals and IVF centers have gradually expanded all over the country, thus making IVF accessible to lower-income segments of the population under certain conditions: under the "Health Transformation Programme," to access IVF women must be married younger than 40 years old; either they or their husbands should have been insured for at least 5 years by the social security institution; and the couple should have failed to conceive for 3 years.

The Gaziantep Parliament Member of the AKP at that time, Fatma Şahin, actively attempted to persuade the government to subsidize IVF expenses in keeping with the party's

pronatalist agenda. In 2004, she prepared a "tube-baby report" arguing for the necessity of demonstrating political will to support IVF treatment via the state health care system so as to help childless families, rather than seeing IVF as a luxury, akin to plastic surgery: "Since the family is the basic unity of the society, the strength of the family means the strength of the society, and the happiness of the family means the happiness of the society. As family sustains the society, children sustain the family [...] The mission of the AKP is to help childless families experience the pleasure of having a child [...] It is incomprehensible that it [IVF] has been still seen as something [luxury] akin to aesthetic surgery and left out the compulsory national health insurance."[34]

State-funded IVF programs became available in 2005 during the reign of the AKP government in an era in Turkey when socio-economic life and the social welfare system had been undergoing neoliberal restructuring, accompanied by a desire to diminish state responsibility for social protection. Since childlessness has been seen as a social problem threatening the integrity of family and society, the attempts to fund IVF programs were supported in the name of saving the integrity of both family and society. However, in 2008, in an attempt to reduce public expenditures in the health sector, the number of IVF cycles per patient (who had no biological child, but only an adopted child) funded by the state was reduced from 3 to 2, and a minimum age of 23 was introduced for women seeking IVF.[35] With the same amendment, the therapeutic use of PGD/IVF to produce "savior siblings" [36] was included in the

---

[34] Fatma Şahin, "Tüp Bebek," www.fatmasahin.net. (not available anymore).
[35] "Tüp Bebek İsteyenlere Kötü Haber [Bad News for Those who want Tube-Baby]" http://www.radikal.com.tr/hayat/tup-bebek-isteyenlere-kotu-haber-879416/
[36] The term "savior siblings," or preimplantation HLA (Human Leukocyte Antigen) typing, refers to the use of PGD along with IVF in order to create a sibling for the purpose of providing biological material (bone marrow, blood, etc.) that can help treat or cure an existing terminally ill sibling. Here is a news article featuring savior siblings on the website of a local

state funded IVF treatments. Then in 2014, to better accord with the AKP government's heightened pronatalist sensibilities, the number of the subsidized IVF cycles was again increased from 2 to 3. The new social security amendment regarding IVF recognized Turkish military veterans as a special group by removing for them some requirements for access to state-funded IVF. It is now possible for heterosexual couples to seek IVF to have a (biological) child in their second marriage, even if they have a adopted child in their current marriage or a biological child from the previous marriage.[37] In 2014, the scope of medical egg freezing[38] was expanded in Turkey. In addition to cancer treatments or medical operations that damage fertility, women (no matter married or not) are now allowed to freeze their eggs due to diminished ovarian reserve or family history of premature menopause (which is documented with a medical report) and get them stored up to five years (and more if the extension is granted by the Ministry of Health). Even, it is argued, two state hospitals in Istanbul now provide state-funded egg freezing, only for 500 Turkish Liras, while the same procedure costs 10,000 Turkish Liras in private hospitals.[39] In a socio-legal context where egg donation is prohibited, such biopolitical maneuvering to expand the scope of assisted reproduction towards fertility preservation through egg freezing for

---

organization for the support of Talasemi patients and their families: "Savior twin siblings for little Zehra" http://mevlanatalasemi.org/2017/03/12/kucuk-zelihaya-kurtarici-ikiz-kardes/
A topic "Donör için tüp bebek yapmak:([Making Tube Baby for [having] a Donor :(]" was created in the Women's Club under "the tube baby special section" on 22 November 2012: https://www.kadinlarkulubu.com/forum/threads/donor-icin-tup-bebek-yapmak.574455/
"Savior sibling" even became the subject of one Turkish TV drama "Not Without You (*Sensiz Olmaz*)" in 2011, which only aired seven episodes.

[37] "Devlet Tüp bebekte Deneme Sayısını 2'den 3'e Çıkardı" [State increased funded IVF cycles from 2 to 3], *Hürriyet,* 1 October 2014 http://www.hurriyet.com.tr/kelebek/saglik/devlet-tup-bebekte-deneme-sayisini-2den-3e-cikardi-27309129

[38] A recent study (Göçmen and Kılıç 2017) on experiences of women freezing their eggs in Turkey explores the social context in which these (all educated and professional) women postpone motherhood and decide to freeze their eggs, in relation to their emotional responses to ageing.

[39] "Devlet Güvenceli Yumurta Dondurma [State-funded Egg Freezing]" https://www.sabah.com.tr/yasam/2016/03/23/devlet-guvenceli-yumurta-dondurma

"anticipated infertility" (Martin 2010) is not surprising especially in light of the current pronatalist sensibilities. Rather than egg donation, now with egg freezing technologies, "postmenopausal motherhood" is becoming possible in Turkey since there is no upper age limit on women to undergo embryo transfer in IVF.[40]

Civil Society Organizations

As part of the social normalization and medical routinization of IVF, patient organizations such as *ÇİDER* (*Çocuk İstiyorum Derneği* "I Want a Child Association")[41] play an important role in increasing social awareness about infertility and infertility treatments (Polat 2012), which contribute to the emergence of new right claims (the right to biological parenthood) and subject positions (fertile vs infertile) around (in)fertility and its treatment. Since the early 2000s, ÇİDER, Turkey's first social organization for infertility and infertility treatment, has become an important actor within the social field of IVF in Turkey, with its website, online forum, support groups, informational meetings, various forms of online services and telephone support lines, lobbying for legislation, collaborations with physicians and IVF clinics, and efforts to disseminate information and raise social awareness about infertility and reproductive technologies, along with adoption. ÇİDER also advocated for the introduction of state funding for IVF in 2005. ÇİDER corresponds to a form of "biological citizenship" (Petryna 2002; Rose and Novas 2005) around the experience of infertility and IVF, one that involves both individualizing and collectivizing activism such as campaigning for better treatment, gaining

---

[40] "Türkiye, tüp bebek için yaşa sınır koymadı; yaşlı annelik dönemi başlıyor [Turkey did not put an age limit on Tube Baby; Older Motherhood Era is Coming] https://www.medikalakademi.com.tr/tuerkiye-yasa-sinir-koymadi-yasli-anneler-yolda/

[41] *ÇİDER* was established by Sibel Tuzcu, who herself has a daughter conceived on her sixth IVF attempt in 1998 after twenty years of fertility treatments (including more than 10 AIs and 6 IVF cycles). *ÇİDER* began as a website cocukistiyorum.com in 2000 providing Sibel Tuzcu to share her infertility and treatment experience with others. In 2002, it was legally institutionalized an association named ÇİDER.

more access to treatment services, and sharing experience and information. The emergence of patient groups contributed to the emergence of a social context for overcoming the stigma surrounding involuntary childlessness as well as fertility treatment methods such as IVF.

After ÇİDER, many infertility patient groups were founded in Turkey to support those suffering from infertility, such as *Bebek Hasreti Derneği* (Longing for A Baby Association). Over time, the scope of such social groups has extended beyond patient-focused ones towards civil society organizations led by IVF providers. The Association of Private Test-tube Baby Centers (*Özel Tüp Bebek Merkezleri Derneği*) was founded in 2006 with the aims of enhancing cooperation and communication among IVF providers, determining standards of practice for IVF, and undertaking the role of mediator between the state and society by informing the public about developments in IVF services.[42]

Religion and Kinship

The ban on all forms of third-party reproduction in secular Turkey, which has a Sunni Muslim majority population, reflects a "harmony between secular legislation and [Sunni Islamic] religious opinion" (Gürtin 2012a:286). In Turkey, official (Sunni) Islamic discourse was institutionalized under the Presidency of Religious Affairs (*Diyanet İşleri Başkanlığı*) in the early years of the Republic of Turkey as a state institution. In keeping with secular legal regulation, the Diyanet supports IVF as a modern medical treatment for infertile couples to have a child only if it is practiced within the parameters of marriage without third-party intrusion;[43] otherwise, it is believed that IVF could "damage the sanctity of the family or threaten the four

---

[42] Özel Tüp Bebek Merkezleri Derneği. Available[online]: http://ozeltupbebekmerkezleridernegi.com.

[43] "Diyanet İşleri Başkanlığı Din İşleri Yüksek Kurulu Başkanlığının Tüp Bebek Kararı [The High Council of Religious Affairs' Decision on Tube Baby]" (5 January 2002); "Islamic Assessment of Today's Medical Developments in Tube Baby and Stem-cell Research" (1 March 2006).

central concerns of protecting inheritance, preventing incest, the prohibition of adulterous relations, and the preservation of lineage (*nesep*) (Gürtin 2016:6; Inhorn 2003). In 2005 the Diyanet itself entered the IVF sector by opening an IVF center[44] to help infertile couples have a child, and the first IVF babies conceived at the Diyanet's clinic were born in 2007.[45]

Despite the convergance of official legal and religious discourses in opposition to third-party gametes, it was generally known from national news reports (like the one opening this chapter) that some Turkish citizens were travelling abroad to bypass the national ban on gamete donation, although it was difficult to provide accurate figures. Meanwhile, others were seeking secret solutions within the country. Turkey's first "sperm scandal" broke out in Balcalı Hospital of Çukurova University's Faculty of Medicine in Adana in 2001 when an IVF doctor, Professor Dr. İsmet Köker, was accused of impregnating his patients with sperm from strangers other than their husbands (allegedly without the couples' knowledge).[46] After a two-year trial, the doctor was found guilty and sentenced to three years of imprisonment for the offense of "abusing professional power" (Turkmendag 2012:156). A nurse claimed that the couples had known about the practice of using "other" sperm, but they remained silent during the investigation.[47] During the legal proceedings, none of couples came forward publicly or filed a complaint against Prof.

---

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

[45] "Diyanet'in İlk Tüp Bebekleri, [First IVF Babies of the Diyanet]" *Sabah*, 11 February 2007.

[46] "Tüp bebekte sperm skandalı [Sperm Scandal in Tube Baby]," *Milliyet*, 30 December 2001; "Skandalı Var, Bankası Yok [There is sperm scandal, but no sperm bank]," *Radikal*, 6 March 2004.

[47] During an interview, the woman, who was accompanying her niece during her visit to Clinic Delta for sperm donation due to her husband's infertility, mentioned her own story and told me that she and her husband had gone to Balcalı Hospital back then due to male infertility. She did not explicitly say if it was for donor sperm, but she mentioned her regret of not choosing motherhood over his husband (who divorced her and left her alone, in her view), implying that they needed donor sperm, but they did not pursue it for some reason.

Köker (Zahir 2006). However, the medical students and junior doctors whose sperm was used claimed to be entirely ignorant of the true purpose of their donations, thinking that their sperm was taken for scientific research in return for getting a week's vacation (Zahir 2006).

When the case of the Turkish doctors illegally practicing sperm donation came to the agenda of the Turkish Parliament, the issue of "lineage confusion," especially in the case of using foreign donor gametes abroad, provoked nationalist fears. While it was discussed in Parliament that professionals practicing gamete donation should be punished for destroying the lineage of the child, one parliament member took the discussion in another direction. It was Canan Arıtman, Izmir's Parliament Member from the main opposition party, the Republican People's Party. Arıtman warned that it was not the "family link" but the "racial link" that was changing via gamete donation abroad, and she specifically singled out Greece among many popular destinations where Turkish couples were undergoing IVF and getting pregnant using embryos produced from gametes of "*Rum*" donors. She concluded that "we should not compel our people to use Greek embryos," implying the need to establish "national" sperm banks to which Turkish gamete donors could be recruited.[48]

The United States, the UK, Israel, Belgium, Greece and Crete were listed in the national media as the most popular destinations for Turkish citizens for gamete donation.[49] Among them, Greece and Cyprus had particularly to do with provoking nationalist concerns regarding "mixing of races" in Turkey, as explicitly illustrated in such headlines as "Turk tube baby with Yorgo's

[48] "Meclis'te Embriyon Kavgası [Embryo Debate in the Parliament]," *Tercüman*, 1 November 2005. "Bizim insanlarımızı Yunan embriyonlarına mecbur bırakmamak lazım."
[49] "Yumurtalar Kıbrıs'tan Spermler Danimarka'dan [Eggs from Cyprus, Sperm from Denmark]," *Hürriyet*, 15 November 2003.

sperm."[50] These nationalist and masculinist anxieties might be understood as a response to transgression, the outcome of breaking a taboo or crossing a boundary (Douglas 1966) since the bodies of "*Rum*" (resident Greeks in Ottoman and modern Turkey)[51] have long been the objects of repulsion in Turkish nationalist imaginary.[52] From the Turkish nationalist imaginary, it is assumed that the Turkish race is "corrupted" through gamete (especially sperm) donation from "other races", breaching the border between the national self and others and by doing so threatening the nationalist symbolic order. On this view, to use Scheper-Hugher and Lock's "three bodies" framework (1987), the individual body and the social body are linked symbolically and materially at the molecular level within the context of gamete donation.

More than a decade later, Aret Kamar, a Turkish Armenian doctor's private IVF clinic in Istanbul was closed down on July 25, 2016,[53] along with other 34 medical institutions, for being accused of having links to "the Fethullah Gülen terrorist organization,"[54] based upon one of the

---

[50] "Yorgo Spermiyle Türk Tüp Bebek," *Yeni Aktüel*, no.40 (n.d.). Yorgo is the Turkish rendering of Yiorgos, a popular male Greek name.

[51] Ottoman Greeks, who were Greek Orthodox Christians, belonged to the *Rum millet*, as part of the Ottoman *millet* system based on a religious legal differentiation and segregation.

[52] For example, in the early 1920s, to achieve their nationalist agendas of ethnic-national homogeneity, Turkey and Greece enacted the the first compulsory population exchange under the auspices of the League of Nations, which marked a turning point for Greece and Turkey with regard to its demographic, social, political and economic effects.

[53] "Armenian doctor's fertility center closed down as part of state of emergency" http://www.agos.com.tr/en/article/16025/armenian-doctors-fertility-center-closed-down-as-part-of-state-of-emergency ; "Turkish women in desperate hunt for embryos after IVF clinic shuts down in wake of coup" https://www.telegraph.co.uk/news/2016/08/30/turkish-women-in-desperate-hunt-for-embryos-after-ivf-clinics-sh/

[54] During the first decade of AKP rule, Erdoğan made a strategic alliance with Fethullah Gülen, a powerful Turkish preacher who has been living in the USA since 1999, against nationalist secularist groups. Starting in 2008, Gülen-affiliated police, prosecutors, and judges launced a string of trials (known as the Ergenekon trials, and the Sledgehammer, or *Balyoz*, trial) which prosecuted secularists within the media, state and security services for alleged attempts to overthrow the AKP government. When the power conflict began to shake the strategic alliance between Erdoğan and Gülen, an anti-corruption campaign through leaks was launched against

emergency decrees, known as *KHK* (*Kanun Hükmünde Kararname*), issued by the AKP government under the ongoing state of emergence (*Olağanüstü HAL or OHAL*) that followed the failed coup d'état attempt in July 2016. As a result, the clinic's 40,000 confidential patient files were sent to other hospitals, along with the patients' frozen embryos, without their knowledge and consent. With another KHK issued on November 22, 2016, the clinic reopened.[55] This particular example reveals how non-Turkish ethnic groups that reside in Turkey, such as the Armenians, the Jews and the Kurds, are readily identified and treated as the "enemies-within" by the state.[56]

Following the sperm scandal, the idea of establishing national sperm banks did not come to fruition. However, the issue took another direction within the context of Turkey's recent attempts to become a popular tube baby tourism destination for foreign patients. Some steps were timidly taken to establish gamete banks only for foreign patients undergoing IVF in Turkey, but the project was quickly revoked (Özbay 2014:135-136). Ferhunde Özbay sees this attempt as a good example for demonstrating the "hypocritical" nature of Turkish IVF biopolitics (2014:135). With the hyper-visibility of single celebrities seeking donor sperm abroad to have a child as (reproductive) "gender outlaws" (Bornstein 1994 cited by Wu 2017:93), the discussion of sperm banks became stereotypically associated with single motherhood by turning the focus

---

the AKP by Gülen-affiliated police and prosecutors. On July 15, 2016, a deadly coup d'etat led by Gülen-affiliated military officers was attempted.

[55] "KHK'yla kapatılan tüp bebek merkezi KHK'yla açıldı [the tube baby center that closed down with a KHK reopens with another KHK], http://www.agos.com.tr/tr/yazi/17079/khk-yla-kapatilan-tup-bebek-merkezi-khk-yla-acildi

[56] Soner Çağatay (2006) identifies three concentric "zones of Turkishness" in the Kemalist construction of the Turkish national identity, inspired by the Ottoman millet system: the inner (ethnic) zone is defined by ethnic Turkishness and religious identification with Sunni Islam; the second zone includes those have the same religious identification like those in the inner zone (i.e. Sunni Muslim), but whose ethnicity is non-Turkish (i.e. the Kurdish Sunni population), and the third and outer (territorial) zone includes non-Muslims.

away from couples as recipients of donor gametes and thereby making them publicly more invisible in the public discursive space. As a result, in 2010, Turkey became the first country to ban reproductive tourism for donor gametes abroad. Interestingly, as I will elaborate in Chapter 3, the ban was enforced at the very same time that the Turkish government started attempts to become a popular destination for reproductive tourism with increasing investments in the health tourism sector in general. In accordance with the AKP's 2023 vision, an action plan called "Health Tourism 2023," prepared in 2012, set a goal of generating $20 billion in income by receiving 2 million foreign patients.[57]

The Law of the Land Reaches Abroad

The normalization of IVF in Turkey relies upon the national ban on third-party reproduction, in that it serves as a kind of safety valve for couples who may face others' suspicious inquiries (Demircioğlu-Göknar 2015:174) by keeping the practice of IVF within limits of heteronormative conjugality. The Turkish regulatory framework for IVF, preemptively introduced in 1987[58] two years before the birth of Turkey's first tube-baby, confines the "appropriate" use of IVF exclusively within "strict conjugal parameters" (Gürtin 2016). In other

[57] The 2023 vision is a list of goals (on the sectors such as economy, energy, foreign policy, health care, transportation and tourism) released by the Turkish government under the administration of Prime Minister (now President) Erdogan to coincide with the centenary of the Republic of Turkey in 2023. " 2023 Hedefi: Yılda 2 Milyar Yabancı Hasta [2023 vision: 2 million foreign patients per year] http://www.saglikturizmi.org.tr/tr/butun-haberler/2023-hedefi-yilda-2-milyon-yabanci-hasta-80. The Development of Health Tourism, is among the priority topics of priority transformation programs within the objectives of the Tenth Development Plan (2014-2018). The Health Tourism Unit was established under the General Directorate of Primary Health Care Services of the Ministry of Health in 2010. http://saglikturizmi.gov.tr/EN,24489/our-history.html

[58] "İn Vitro Fertilizasyon (IVF) ve Embriyo Transferi Merkezleri Yönetmeliği [The Regulation Concerning In Vitro Fertilization and Embryo Transfer Centers]" was the first legal regulation of IVF, introduced in 1987. It was changed as "The regulation concerning Assisted Reproductive Treatment Centers" in 1996. Then, it was changed twice in 1998, and once in 2005, 2010 and 2014. Since 2010, it is called "The Regulation concerning Assisted Reproductive Treatments and Assisted Reproductive Treatment Centers."

words, IVF has been accessible in Turkey only to married heterosexual couples to create a child using their own gametes. In Turkey, as procreation is expected and socially accepted within a heteronormative system of marriage, the ban on gamete donation reproduces this ideal on the ideological grounds of preventing the intrusion of a third party in heteronormative reproduction, marriage and family, thus protecting the lineage (*nesep*) – and especially patrilineage — of offspring.[59] Unmarried couples, single women, and LGBT people are not allowed to have access to IVF. All forms of third-party reproduction (sperm, egg, and embryo donation as well as surrogacy) are strictly prohibited. In other words, although it is technologically possible to create different family forms, it is not always socially and legally possible.[60]

Owing to the moral and marital dilemmas associated with donor gametes in such a setting, the very technologies designed to overcome infertility add additional layers of stigma, secrecy and cultural complexity; Marcia Inhorn (writing on IVF in Egypt and Lebanon) (2004a: 163:175) refers to this as the "technological stigma" of IVF. Turkish people can explain to others that, since the involvement of a third-party (gamete donor) in IVF is not possible in Turkey, a tube-baby must undoubtedly be their "own" child. By mitigating IVF's technological stigma this

[59] Until recently, there was a distinction in the Turkish Civil Code between legitimate and illegitimate child who was born within or outside marriage. This discriminatory distinction was removed in early 2000s especially with the efforts of feminist women movement. "TMK Reformu [Turkish Civil Code Reform]" http://www.kadinininsanhaklari.org/programlar/savunuculuk/ulusal-duzeyde-savunuculuk/tmk-reformu/ . However, the ideological traces of this distinction still exist in different forms. For example, on a live TV show, a religious expert could announce a child illegitimate since he was born using a donor sperm from sperm bank "Canlı Yayında Sperm Tartışması [Sperm Dispute on Live]," *Milliyet*, 25 September 2008.

[60] For example, sperm donation is allowed in Germany, egg donation is not since it is believed to fragment motherhood (Bergmann 2012). While Italy used to be called as "Wild West" of IVF in 1990s, gamete donation and surrogacy has been forbidden in 2004 (Zanini 2011). In the USA, there is no central regulation.

contributes to the normalization of IVF in Turkey, but while further stigmatizing gamete donation.

In 2010, the Turkish government, without detailed consideration of potential ethical, legal, medical and social consequences, went further by forbidding its citizens from travelling abroad for donated gametes and prohibiting clinicians from helping Turkish patients access gamete donation abroad.[61] Notably, however, non-therapeutic sex selection, which Turkish people had been also seeking in Northern Cyprus for the last few years since it has been legally prohibited in Turkey since the mid-1990s, was overlooked in the 2010 legislation. Chapter 5 will further detail the biopolitics of sex selection in Turkey along with the reproductive travels of Turkish citizens to Northern Cyprus for embryonic sex selection.

The 2010 legislation also limited patient access to information about treatment options available abroad. Criminal charges have been introduced for violation of the new legislation. If an IVF clinic in Turkey offers fertility treatment using donor gametes, it is subject to immediate closure and all personnel involved will lose their professional certificates. In the case of a violation, the practitioner who offered the treatment or referred the patient, the person who acted as intermediary (a broker) for the arrangement, the impregnated person, and the gamete donor will all be reported to the state prosecutor. The new regulation overlooks the (male) partner of the impregnated woman. It is also unclear what would happen to a woman if an attempted, though failed, cycle of IVF using donor gametes would be reported (Turkmendag 2012:149).

The 2010 regulation also banned citizens from seeking advice on gamete donation. If Turkish clinics inform patients about treatment options involving donor gametes available abroad, refer them to any clinics abroad, or encourage the use of such services, the clinics are

[61] Although the Turkish government held a meeting with a number of clinicians, some reported that their views had not been taken into account (Turkmendag 2012:149).

subject to closure for an initial three months, and suspended indefinitely in the case of a subsequent violation. The Turkish Ministry of Health justified these prohibitions with reference to the preexisting Article 231 of the Turkish Penal Code, which stipulates that a person who changes or conceals a child's lineage/ancestry will be punished from one year to three years of imprisonment.[62]

Examining media representations, public speeches and press releases, İlke Turkmendag offers a detailed discursive analysis of the media coverage of the 2010 regulation that reveals "the complex mix of cultural norms which govern discursive formations, as well as the ways in which some dominant discourses are produced while others are marginalized" (2012:151). Turkmendag concludes that in media representations, public speeches and press releases, donor conception was exclusively associated with sperm donation, not with egg or embryo donation. She identifies four main themes that dominated the public discourse on donor conception: protecting ancestry, establishing paternity, exploitation of would-be parents, and single women seeking sperm.

The 2010 regulation quietly published in the official gazette on 6 March did not appear in the Turkish media until BBC News coverage[63] on 15 March reported that:

> All sorts of activities can land you in court, and possibly in jail, in Turkey. Insulting "Turkishness", taking part in demonstrations, or showing the slightest sympathy for the banned Kurdish Workers' Party, for example. Now you can add to that long list the crime of using a foreign sperm donor.

---

[62] In the case of the sperm scandal, the doctor was punished for abusing the professional power, but there was no reference to Article 231 of the Penal Code.

[63] "Turkey bans trips abroad for artificial insemination" http://news.bbc.co.uk/2/hi/8568733.stm

İrfan Şencan, the director of Treatment Services at Turkish Ministry of Health, told BBC News that the reason for the 2010 regulation was to protect ancestry/lineage (*soy*) which historically is patrilineal. Şencan emphasized that it is essential for children to know who their fathers and grandfathers are; using sperm donors, he said, undermined that social requirement. Prior to 2010, neither IVF regulations nor any other item in Turkish law specifically mentioned penalties for gamete donation (Gürtin 2011). Although with the 2010 regulation criminal charges were justified in reference to Article 231 of the Penal Code, Pınar İlkkaracan, a prominent women's rights campaigner in Turkey, told the BBC News that criminalization would be a misinterpretation of a law that intended to protect the inheritance rights of children.

The national media took its headlines from Şencan's words, announcing the intention behind the new regulation as "protecting Turkish ancestry (*soy*)."[64] "Soy" has various meaning in Turkish including ancestry, lineage, and genus (Turkmendag 2012: 152). Secular commentators in particular interpreted the new law as an attempt by the Islamic AKP government to purify the Turkish race by outlawing Turkish women from seeking donor sperm abroad, although the new law does not contain any provision regarding the ethnicity, nationality or religion of gamete donors. Besides, there is no law in Turkey that prohibits Turkish citizens from having interracial children via marriage (152-153).

In response to public turmoil, the Minister of Health made a public statement to clarify that the new regulation was more about the protection of paternity, not about the protection of

---

[64] "Amaç Türk Soyunu Koruma [The intention is to protect Turkish ancestry]" http://www.gazetevatan.com/amac-turk-soyunu-koruma-293744-saglik/ ; "Sperm bankasından bebek yapana 3 yıl hapis [Up to 3 years in prison for Those having a baby via sperm bank]" http://www.hurriyet.com.tr/gundem/sperm-bankasindan-bebek-yapana-3-yil-hapis-14109315 ;

the "Turkish race."[65] It was the individual right of men as family patriarchs that was at stake. It was also emphasized that using anonymous sperm and eggs to conceive was illegal in Turkey as in many developed Western countries; the intention behind the law was to prevent (especially financial) exploitation of would-be parents. The Ministry only enforces administrative regulations regarding health institutions and personnel; the enforcement of criminal charges was beyond the scope of its jurisdiction (155-156). As reflective of the current politics of masculinist restoration in reproductive governance in contemporary Turkey, the 2010 ban reveals how "reproductive discourses are increasingly framed through morality and contestations over 'rights', where rights-bearing citizens are pitted against each other [e.g. men's rights vs women's rights vs. future child's rights] in claiming reproductive, sexual, [...] and natural rights", as well as the child's right to know biological parents (Morgan and Roberts 2012: 241).

However, although these single (heterosexual) celebraties publicized the option of donor sperm as a path to motherhood for single women in Turkey, they neither engaged in discourse about reproductive rights to challenge ideological and legal constraints on access to ARTs, nor did they get a strong public support [e.g. from Turkey's feminist movement] for their access to assisted reproduction. As discussed before, the right to procreate (using ARTs) was less a part of the feminist agenda in Turkey, than abortion rights, demonstrating the rejection of compulsory motherhood. Single women seeking donor sperm abroad created a new image of IVF users in Turkey, but they managed to keep their reproductive acts as one of personal effort.

The 2010 ban as well as the media coverage of the ban (and of single women seeking donor sperm abroad) further marginalized fertility patients by making them publicly invisible,

---

[65] "Bakanlık'tan sperm bankası açıklaması [Ministry's public statement on the sperm bank issue]"https://www.cnnturk.com/2010/turkiye/03/16/bakanliktan.sperm.bankasi.aciklamasi/568057.0/index.html

while at the same time sensationalizing unmarried women who resorted to foreign sperm banks as a hyper-visible image of donor conception. Commentaries emphasizing the ethnic origin of donor sperm with such titles as "Danish Sperm"[66] reflected national masculine ideologies and anxieties by sexualizing (single) Turkish women's reproductive acts through the perceived image of fertile (virile) foreign sperm impregnating Turkish women — although sperm banks had initially emerged as a secret solution to male infertility, and are still offering this service to couples, in addition to single women.[67] As the "sperm scandal" that broke out in Turkey a decade ago clearly indicates, some couples might be willing to seek sperm donation even through illicit arrangements at home or abroad.

Although Turkey's 2010 ban is nearly impossible to enforce (unless invasive measures are taken such as DNA testing prior to birth registration),[68] and therefore must be understood as having largely symbolic significance, it has clearly created practical obstacles for Turkish citizens who are considering gamete donation abroad (Turkmendag 2012:145). The threat of criminal charges has also limited the public presence and circulation of donor conception in the discursive space. Sevda Demirel, a single Turkish celebrity in her late 30s, after announcing, unaware of the law, that she had become pregnant using donor sperm in the US, faced an investigation from the Turkish Ministry of Health in July 2010, four months after the ban took

---

[66] "Danimarka Spermi [Danish Sperm]" http://www.hurriyet.com.tr/danimarka-spermi-11629804 ; "100 Türk Kadın Bankadan Hamile [100 Turkish Women Got Pregnant via Sperm Bank] https://www.sabah.com.tr/gundem/2010/07/18/107_turk_kadin_sperm_bankasindan_anne_oldu

[67] However, Liberty Walther Barner (2014) points out that over half of sperm bank clientele today are lesbian and single women.

[68] However, enforcing a compulsory DNA testing on every pregnancy might reveal other more serious public secrets as well in Turkey where sexual abuse (especially of children) is prevalent. Even there are studies on the uses of DNA profiling and its difficulties in the court cases of incest in Turkey conducted by forensic medical experts (Emre et al. 2015).

hold. Demirel thus became the first to be investigated under the 2010 regulations.[69] Demirel subsequently changed her account and stated that she had become pregnant by her African-American boyfriend (Turkmendag 2012: 157-158). Other than this case, neither practitioners nor patients have been brought to court on charges of circumventing the 2010 ban. A few medical and legal experts, stating their opinion in the media, agree that it would be impossible to enforce the law as long as people keep it secret. However, recently, another celebrity-involved case received media attention in Turkey. In September of 2016, Turkish singer Kibariye announced during her concert that she was 3 months pregnant. The 56-year old singer's announcement stirred claims that she might have become pregnant via egg donation. In a short while, Kibariye put an end to these claims by saying that, "I just made a joke!"[70] In other words, the state's power is symbolically ensured through governing gamete donation in discursive space, although in practice citizens continue to circumvent the state's restrictive laws on access to donor gametes. These cases reveal, "the active and volatile nature of the ideological work required to maintain political hegemony and the opportunities for subversion and resistance" (Korkman 2015:357).

Despite the 2010 Turkish legislation, increasing numbers of Turkish citizens continue to cross national borders for reproductive purposes, although now more covertly. These disguised travels not only make it harder to apply the 2010 ban, but also enable the legitimacy of the ban and hence the state's symbolic power to remain unchallenged in the public sphere. Meanwhile, in Northern Cyprus, which has been hosting many of these disguised travels from Turkey, the

---

[69] "Sevda Demirel'e Sperm Soruşturması [Sperm Investigation against Sevda Demirel]" *Sabah*, 17 July 2010.
[70] "Kibariye Yumurta Nakli mi Yaptırdı? [Has Kibariye Had Egg Donation?]" *Posta*, 1 September 2016.

number of IVF clinics has doubled since both the 2010 Turkish ban and the 2009 Turkish Cypriot regulation. This increase in the number of the Northern Cypriot IVF clinics might make sense in light of recent neoliberal socio-economic transformations that have turned the island into an investment arena for Turkish capital (Bozkurt 2014), including the Turkish IVF industry. In this realm, Northern Cyprus has replaced Crete (as featured in the opening news article excerpt) by offering a more convenient and desirable destination to citizens of Turkey for reproductive services unavailable in Turkey, thanks to complex and covert medical, professional and business arrangements that have formed between clinics and doctors in Turkey and Northern Cyprus over the last decade. Providing an island site (both physically and imaginarily distant from the homeland) for reproductive acts forbidden in Turkey, Northern Cyprus becomes constitutive and reflective of Turkish reproductive biopolitics by protecting the public appearance not only of Turkish couples who use donor gametes to have children as "normal families," but also of the Turkish IVF sector as a legitimate medical business, and even of the Turkish state as able to ensure its sovereign power over its citizens. Reproductive tourism between Turkey and Northern Cyprus thus constitutes a "multi-person cult of silence" (c.f. Inhorn 2003), as a form of the (trans/national) politics of duplicity (Kligman 1998) in which secrecy is essential to diverse actors at multiple levels and with multiple stakes. The subsequent two chapters will focus on how secrecy matters to Turkish couples seeking donor gametes and to egg donors selling their eggs.

Media

As alluded to above, IVF has gradually attained a larger and more positive public presence in the media. Infertility and treatment methods have become popular health issues on TV talk shows, which host famous IVF physicians and even offer "IVF lotteries" (sponsored

treatment cycles) to their studio audience who cannot afford to pay for treatment on their own. IVF is also among the most popular discussion threads in online forums such as *Women's Club.* Now, there are popular Turkish-language medical books written by IVF professionals such as "99 Sayfada Tüp Bebek: Prof. Dr. Bülent Gülekli Söyleşi [Tube baby in 99 pages: Interview with Prof Bülent Gülekli]" (Ünsal 2006) and "Beni Leylek Getirmedi: Tüp Bebek Kitabı [A Stork did not bring me: A Tube Baby Book]" (Bahçeci and Aktan 2007), as well as books based on personal IVF stories such as "Anneee! Anne Oluyorum! [Mommm! I am becoming a mom!]" (Aydın 2009), and "Tüp Babayım: Bir Babanın Gözünden Tüp Bebek Yolculuğu [I am a Tube Dad: Tube Baby Journey from a Dad's Eyes]" (Tepiltepe 2015). As the Internet offers opportunities for autobiographical self-expression, information sharing and social interaction, tube baby bloggers have increasingly entered the Turkish blogosphere,[71] along with "mommy bloggers" (Yelsalı Parmaksız 2012). Recently, single women seeking donor sperm have become a popular topic for Turkish fiction. While one novel entitled, *Sorma Nasılsa Cevabı Yok* (Do not Ask, because There is no Answer), written by a popular Islamist author (Şenlikoğlu 2014) depicts the story of an atheist child conceived via donor sperm and his single mother, a supporter of the secularist oppositional Republican party,[72] another novel entitled "Bir Bebek Daha [One More Baby]" (followed by the publication of "One More Baby 2" in 2016) focuses on a story of a single woman seeking donor sperm from a more secular perspective (Yıldız 2015). The visibility of ARTs in the popular culture has also been promoted by the screening of Turkish TV series that narrate stories of surrogacy, including "Bebeğim

[71] http://desertrosetupbebek.blogspot.com
http://aycaninannesi.blogspot.com/2014/09/tup-bebek-hikayem.html
http://canimtupbebegim.blogspot.com/p/tup-bebek_22.html
[72] "Çok Tartışılacak Kitap: Sperm Bankası [A Controversial Book on Sperm Bank]"
https://www.habervaktim.com/haber/377765/cok-tartisilacak-kitap-sperm-bankasi.html

[My Baby]" (2006) and "Kaderimin Yazıldığı Gün [The Day My fate was Written]" (2014-2015).[73] One Turkish doctor who travelled to Clinic Delta with his patient told me that he was writing a fiction story about a young couple in love who found out they were donor egg-siblings and then decided to track down their donor mother. They later discovered that their donor mother was married to a wealthy Middle Eastern man, which would lead them into an inheritance conflict. However, since the story was about a topic as controversial as egg donation, the doctor was hesitating to publish it, heeding his friends' cautions, probably because of the possible reactions such a story written by an IVF doctor might elicit under post-2010 conditions in Turkey.

Zeynep Gürtin suggests that "whether as news stories on daily broadsheets, special supplements of women's magazines or celebrity endorsements on chat shows, IVF has become a staple item of Turkish popular culture" generating a sense of public familiarity with IVF "as a morally acceptable medical cure on the one hand and as a desirable luxury commodity on the other" (2011:556) — unless donor gametes are needed for conception. In the next chapter, I will discuss in detail how undergoing IVF using a couple's own gametes in another city in Turkey is used as a cover story by couples for their trips to Northern Cyprus for donor gametes. These cover stories indicate that the normalization of IVF in Turkey as a socially acceptable medical solution to infertility holds (only) as long as one's own gametes are (pretended to be) used.

Overall, through the cooperation of the state-medicine-media-civil society, IVF has become a huge health industry in Turkey, with around 148 IVF centers (107 of which are private; 41 are public) across the country (mostly in big cities such as Istanbul, Ankara and

[73] The former TV drama depicted the story of two close friends in which one woman agreed to carry her best friend's baby; the latter one focused on the story of extended patriarchal family in which a young woman was convinced to be a surrogate for a powerful family of the region.

Izmir) performing over 45,000 IVF cycles in total per year. By 2008 the national press was celebrating Turkey as "the world's seventh biggest IVF market" (behind Israel, France, Spain, England, the USA and Germany) (Gürtin 2016). By 2015 Turkey was promoted as a popular destination for tube baby tourism especially with its comparatively low prices.[74]

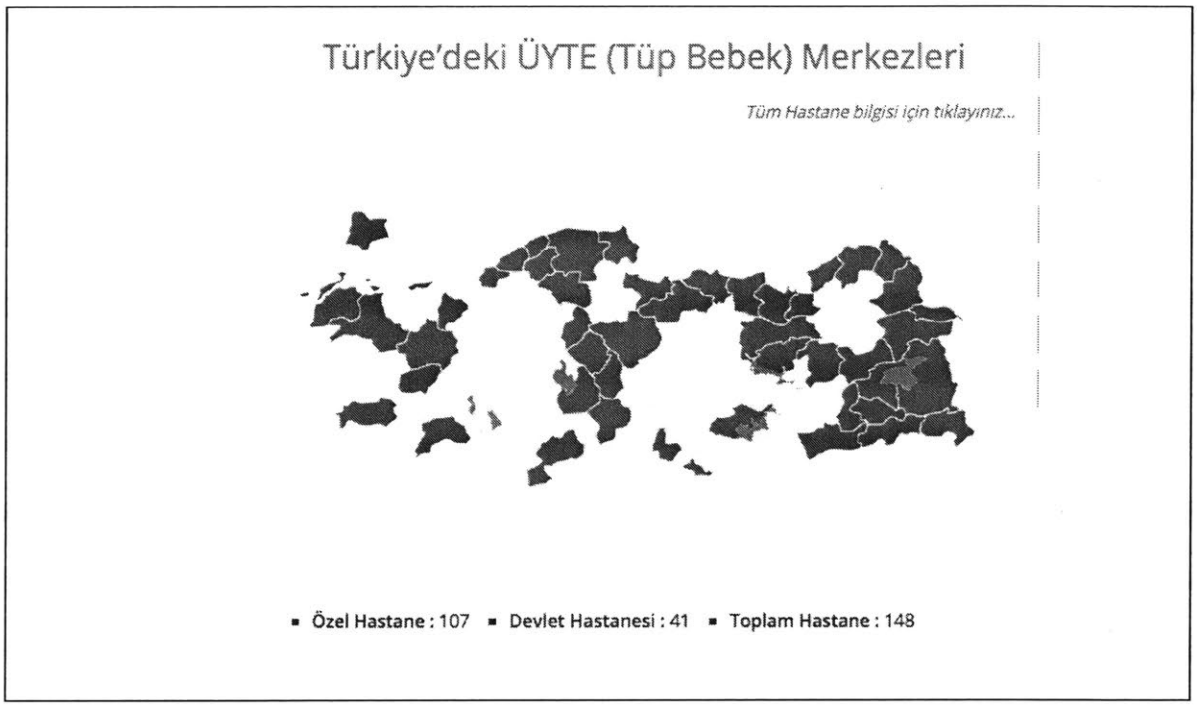

Figure 2.3: The parts highlighted in yellow demonstrates the geographical distribution of IVF centers across Turkey. Source: http://www.tupbebekmerkezleridernegi.com/en/tup-bebek-merkezleri/).

3. Distributed Reproduction: Tube Baby Tourism between Turkey and Northern Cyprus in the Post-2010 Era

In May of 2015, I attended a health tourism workshop that took place at a four-star resort hotel in Kyrenia, Northern Cyprus, with the participation of official representatives of Turkish and Northern Cypriot ministries of health and tourism, as well as other interested parties from the

[74] https://www.sabah.com.tr/saglik/2015/03/30/turkiye-tup-bebek-merkezi-olma-yolunda

health and tourism sectors, nongovernmental organizations, and academia. Interestingly, throughout the presentations delivered on the first day, only such topics as organic food, senior care and therapeutic waters were covered by the presenters, each topic emphasized as a potential source of health tourism for the island. No one mentioned Northern Cyprus's ever-expanding IVF sector, which essentially rests upon tube-baby tourism from Turkey, although economically speaking it constitutes the island's most important subfield of health tourism.[75] The presence of bureaucrats from both Turkey and Northern Cyprus may help explain the absent presence at the workshop of tube-baby tourism, let alone gamete donation, as a reality of Northern Cyprus, yet it is still striking. In fact, during concluding remarks at the end of the presentations, one attendee, likely a representative of the island's IVF sector, suddenly stood and pointed out the absent presence in the room of IVF tourism by rhetorically asking: "There is also tube-baby tourism here, you know?" This was a performative scene of revealing the concealment of a public secret. "The efficacy of public secrets relies on their spectral radiance in everyday life, with the members of society acting 'as if' they do not know 'that which is known by everyone'" (Babül 2017: 177). Reproduction today is *distributed* between Turkey and Northern Cyprus, and so is secrecy.

Following feminist STS scholar Michelle Murphy, one might ask, "Where does biological reproduction reside" (2011:21) in the age of technologized, geneticized and globalized

---

[75] One of the leading Northern Cypriot IVF doctors describes IVF as the third sector of Northern Cypriot economy, after hotels (especially those with casinos) and universities. "Tüp Bebek Merkezleri KKTC'de üçüncü büyük sektör [Tube Baby Centers constitute a third big economic sector in TRNC]" http://www.eurovizyon.co.uk/kibris/tup-bebek-merkezleri-kktcde-ucuncu-buyuk-sektor-h51591.html; "KKTC'de 'Tüp Bebek' İle İlgili Önemli Gelişme! [An Important Development Regarding Tube baby in TRNC]" https://www.kibrisadahaber.com/mobi/kktcde-tup-bebek-ile-ilgili-onemli-gelisme.html; "Sağlık Turizmi için Avantajımız Çok [We have many Advantages in Health Tourism]" "http://www.tursaf.org.tr/haberler/saglik-turizmi-icin-avantajimiz-cok-hulya-harutoglu/

reproduction? By revisiting the question that Donna Haraway (1990 [1985]) addressed thirty years ago, "Why should our bodies end at our skin?" by "offering the 'material-semiotic figure' of the cyborg as an ontological politics for attending to the ways living being was already constituted via technoscience," Murphy invites us to investigate "reproduction as a *process* that exists at *macrological* (e.g. the temporally and spatially extensive matrixes of technoscience and political economy; not merely micrological and bodily) registers and which is extensive geographically in space and historically in time" (24). Drawing on Shellee Colen's notion of "stratified reproduction" (1995), Murphy calls this distributed ontology of reproduction, *distributed reproduction*, across (individual and national political) bodies, time and space. This dissertation argues that the normalization of IVF in Turkey, which generates reproductive stratification within national borders and beyond, is able to rest upon the national ban on gamete donation only so long as continued access to donor gametes is transnationally, and clandestinely, facilitated in and through a network of inter-clinical and inter-lab relations between Turkey and Northern Cyprus. The technological stigma of reproductive technologies is thus geographically distributed between Turkey and Northern Cyprus, and so are reproductive secrets, both public and personal.

Northern Cyprus's Trans/national Familialism with Turkey

Since the 1974 Greek coup d'etat and Turkish military invasion divided Cyprus, the island's territorial division has been reinforced by the ethnic homogenization of its two sides, separated by a UN-controlled buffer zone commonly known as the Green Line. Northern Cyprus, self-proclaimed as the Turkish Republic of Northern Cyprus (TRNC), declared independence as a separate state in 1983, but this autonomy is recognized only by Turkey; to the rest of the

international community, Northern Cyprus (which controls 36 percent of the territory) is an Occupied Territory of the Republic of Cyprus (RoC). It has since remained politically, militarily and economically dependent on Turkey, which designated itself as "motherland" under the rule of the "Father State" to Northern Cyprus's "baby-land" (*yavru vatan*) of Turks (Delaney 1995), thereby extending the scope of its role as a paternal masculine protector of the female (baby-nation) beyond its national territory.

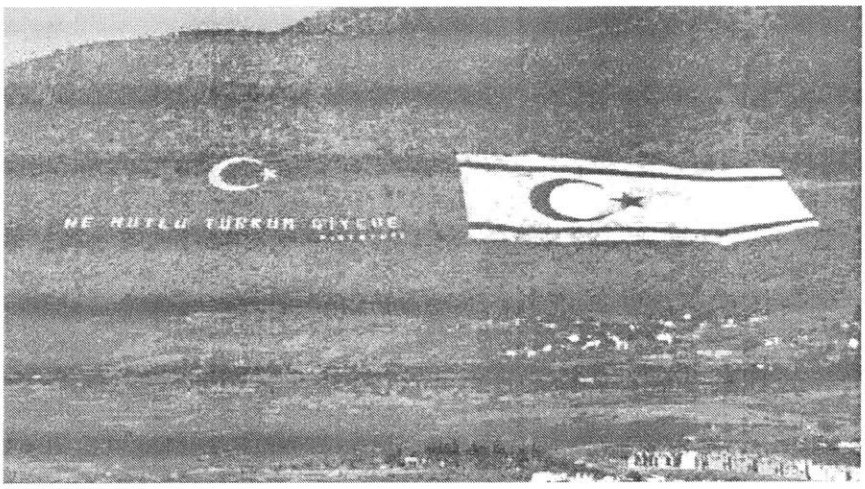

Figure 2.4: It reads the saying of the founder of the Republic of Turkey, Mustafa Kemal Atatürk, that "How happy is the one who says 'I am a Turk'!" Turkish flag on the left, the TRNC's flag on the right, painted on the Beşparmak (Pentadaktilos) Mountains, which is visible from the Greek side as well, ideologically symbolizing the "sovereignty" of the TRNC under the protection of Turkey. Photo by Burcu Mutlu.

Although the relationship between Northern Cyprus and Turkey has been defined by various degrees of dependency over time, the familial nature of this relationship "creates ambiguity in this particular relation of domination and authority, and also makes it difficult to regulate" (Bryant and Yakinthou 2012:18). However, interestingly, although the 1960

constitution of the RoC gave Turkey guarantor[76] powers in the island, no such right was given by the 1983 constitution of the TRNC (2012:17). Turkey seems to have assigned herself a de facto guarantor role, what Bryant and Yakinthou calls "a paternal protectorate" (17) to capture the ambiguities of the Turkey- TRNC relationship. Since the early 2000s, tube baby tourism between the two countries has been embedded in these relations of familial dependency.

In fact, the early 2000s was a period of change in the political history of the island, one that included the opening in 2003 of the Green Line checkpoints, which had been preventing Cypriots from crossing between Greek and Turkish sides of the island since 1974 (Bryant 2014; Demetriou 2007; Dikomitis 2005; Navaro-Yashin 2012). In other words, as Rebecca Bryant argues (2014), the South had emerged as a second door, after Turkey, that could open the North to the world. Meanwhile, the entry of the (southern) Republic of Cyprus into the European Union (without Northern Cyprus) and the failure of the Annan Plan in 2004[77] interrupted Turkish Cypriots' hopes for recognition and reunification of the island as a federated nation (Bryant and Yakinthou 2012). In 2015, the presidency of Mustafa Akıncı, an independent leftist candidate (and long-time mayor of north Nicosia) renewed hope for "peace" in Cyprus, long after the referendum on the Annan Plan. Revising the familial relations between Turkey and Northern Cyprus through another kinship metaphor, Akıncı in his victory speech called for an equal "sibling" (read *brother*) relationship between Northern Cyprus and Turkey, rather than a mother-baby relationship. Similarly, Rebecca Bryant and Christalla Yakinthou's study (2012) on

---

[76] Other instances of protectorates include U.S. as protectorates of Puerto Rico and Guam, and the U.N. which may be considered a protectorate of Bosnia-Herzegovina (Bryant and Yakinthou 2012:17).

[77] The UN reunification proposal for Cyprus to be united as a bi-zonal, bi-communal federation was introduced in 2002, negotiated throughout 2003 and finally voted in an island-wide referendum in 2004. While the plan was accepted by 65 percent of Turkish Cypriots it was rejected by 76 percent of Greek Cypriots rejected it (Bryant 2016:9).

Northern Cypriots' perceptions of Turkey found that, in the 2000s, there had been a discursive switch from using maternal or paternal language to speak of Northern Cyprus's relationship to Turkey to a more fraternal one, summarized in the phrase, "Turkey should act like a big brother," implying the desire for respect and equality in relations between the two countries while still recognizing a hierarchical form of (fraternal) guidance, still drawing on a familial discourse to determine one's status within the polity (Sirman 2005).

Until the opening of Cyprus's internal borders, as Bryant (2014) points out, Northern Cyprus's only (back) door to the world had been Turkey because of its unrecognized status. While Turkish Cypriots went to Turkey for work and study, Turkish citizens arrived in Northern Cyprus as cheap labor and students for the North's growing private university sector (Bryant 2014: 131). Until 2003 tourists who wished to enter the North and stay overnight had to travel from Turkey to Ercan Airport (and were not allowed to cross to the South from the North), because the RoC recorded tourists crossing at checkpoints to the North and required them to return by 5:00 pm (Bryant 2014: n.27, 142). Turkish Cypriots acquired Turkish passports since TRNC passports have only limited use, although some countries such as the United Kingdom and the United States have made exceptions and granted visas on these passports. Until 2003, many Turkish Cypriots also obtained a travel document issued by Turkey that did not confer citizenship (142). After the RoC became an EU member in 2004, many Turkish Cypriots have acquired EU passports. This situation has further contributed to fragmented citizenship in the island; now, TRNC citizens with one Turkish Cypriot parent and one parent from Turkey or another country are planning to sue the RoC on the grounds of discrimination for its alleged refusal to grant them citizenship.[78]

[78] "Turkish Cypriots to sue Republic of Cyprus for citizenship discrimination"

Since the division of the island in 1974, there have been multiple waves of immigrants to Northern Cyprus from Turkey (Hatay 2005, 2007; 2008; Kurtuluş and Purkis 2014), and some have been granted TRNC citizenship on the basis of residence time, marriage or service to the country, depending on the existing citizenship regime at the time (Hatay 2005) (Turkish "settlers" who came in the 1970s as part of the facilitated immigration to increase the Turkish population and develop the economy of the North were also offered property that had been left by fleeing Greek Cypriots). Over time, these waves of immigration have contributed to the (re)makings of Turkish Cypriot identity that have been cast in relation to the Turkish immigrant as "other" (Navaro-Yashin 2006, 2012; Hatay 2008), figuring *Türkiyeliler* (people of Turkey)[79] as "eastern," perceived as backward, more conservative and culturally different form Turkish Cypriots (Hatay 2008:147).

Since the failed referendum on the Annan plan in 2004, Northern Cyprus has nonetheless increased its engagements with the EU and other international organizations (e.g., the United Nations Development Programme and USAID's funding projects in the island's north for cultural heritage renovation and projects for civil society development, and EU funding for the improvement of northern Cyprus' infrastructure such as sewage and roads), although the nature of these relations is best characterized as "engagement without recognition" (Bryant 2014:135). On the other hand, the failure of the Annan Plan (which had been supported by Erdoğan in favor of challenging traditional Turkish foreign policy on Cyprus in order to facilitate Turkey's entry in the EU) became a turning point for relations between Turkey and Northern Cyprus as the AKP

---

https://cyprus-mail.com/2018/02/14/turkish-cypriots-sue-republic-cyprus-citizenship-discrimination/

[79] However, *Türkiyeli* is used as a critical term in Turkey, inclusively refer to all citizens of Turkey (including Kurdish people and more), without making ethnic inferences, as the term "Turk" does.

government has increasingly relied on "dominance without hegemony" (Trimikliniotis and Bozkurt 2012) in its interactions with the TRNC, while assuming the role of the "IMF of Northern Cyprus" (Bozkurt 2014) that treats Northern Cyprus as an investment area for Turkish capital.

The Turkish Cypriot economy has various structural problems resulting from its international nonrecognition such as embargoed goods, a lack of direct flights to international destinations (which undermines its tourism potential) plus a miniature market that presents it with limited export opportunities (Bozkurt 2014: 85). Moreover, "entrenched nepotism, patronage, and populism have corrupted a system that at the same time is the life-support mechanism for a large segment of the population" (Bryant and Yakinthou 2012:15). Now, Turkey, as this system's main financier, has initiated IMF-inspired policies in the form of privatization and austerity measures to solve these systemic problems of the Turkish Cypriot economy (15), and has also developed legal and institutional infrastructures to encourage investments in the TRNC and to support the private sector and the opening of the economy to international commerce (Bozkurt 2014: 97-100). This process has led to the increased presence of Turkish capital in the Turkish Cypriot economy, something that is welcomed by local actors who have been able to leverage it in their own interests; that some Northern Cypriots have benefited serves to legitimate the financial policies (102). In addition, the AKP has recently implemented a policy to instill Sunni Islam in Northern Cyprus through establishing theological [*imam-hatip*] schools, introducing religious classes in state schools, and increasing the number of mosques, in ways that previous Turkish governments had not (Bryant and Yakinthou 2012:15).

Tube Baby Tourism Emerges in Northern Cyprus

Owing to this paternalistic "semi-colonial" relationship between the two Turkish-national political bodies, Turkish IVF clinics have been able to establish complex partnerships with Northern Cypriot clinics to channel the rising demand among Turkish citizens for legally prohibited and morally controversial reproductive practices, namely gamete donation and sex selection. It is worth noting here "the role of tourism in [the] normalization process of contested and colonized spaces" (Gonzalez 2013 cited by Ram 2015:28), like Northern Cyprus, which are occupied by military force. Tourism, Vernadette Gonzalez claims, can help to justify militarism, while the latter becomes a platform through which tourism is sustained (Ram 2015: 28). Through infrastructures of militarism and tourism (including medical tourism), Northern Cyprus has emerged as Turkey's political and ethical grey zone, an offshore site where what is illegal in Turkey can be practiced. What began as gambling tourism when casinos were banned in Turkey in 1996 was followed by reproductive tourism over the last decade and now, since 2012, abortion tourism has been on the rise.[80] In other words, the AKP's government's selective pronatalist policies contribute to Northern Cyprus playing an essential yet largely invisible role in the stratified reproductive politics of contemporary Turkey.

Turkish citizens travel to Northern Cyprus without holding a passport, simply by using their Turkish identification cards, taking a short flight or sea ride and enjoying familiarity in culture, language and currency. Northern Cyprus also hosts Turkish military personnel, Turkish settlers, Turkish students, female migrants working in domestic service and the sex trade, and tourists, which makes the island a "multi-diasporic" space (Teerling and King 2011). And yet,

[80] "Kıbrıs'a Kürtaj Turizmi! [Abortion Tourism to (Northern) Cyprus!]" http://www.kibrismanset.com/guncel/kibris-a-kurtaj-turizmi-sadece-istanbul-da-yillik-100000-kurtaj-potansiyeli-h134131.html

the complex relation between the two Turkish-national political bodies is evidenced by Northern Cyprus's 2009 ban against providing gamete donation to Turkish citizens, and moreover by Turkey's 2010 reproductive travel ban, while Northern Cyprus continues to provide gamete donation to Turkish Cypriots (who are EU citizens) and to patients of other nationalities.

The legal regulation of ARTs in Northern Cyprus goes back to the 2002 bylaw, which has been amended three times (in 2006, 2009 and 2016) since its enactment. In October 2002, "the Bylaw Regarding Centers for Assisted Reproductive Treatments" was published in the Turkish Cypriot official gazette, which was legislated by the Council of Ministries on the basis of "the (Inspection) Law for Private Hospital, Private Clinic, Private Dispensary and Private Doctors' Offices." The regulation required the clinics to have an IVF expert certified by completing an at-least 6-month training program abroad in areas covering reproductive medicine, infertility and assisted reproductive treatments. If the training was completed in Turkey, it should be taken in officially recognized clinics and documented with the certification given by Turkey's Ministry of Health. If the training was taken in a country other than Turkey, it should be accredited by Turkish authorities. The IVF expert should also have permission to practice medicine in Northern Cyprus as registered to the Cypriot Turkish Medical Association.

Similar to the IVF regulation of Turkey, the 2002 Bylaw defined IVF as a medical treatment to be provided only to married Northern Cypriot citizens using only their own gametes. In the case of obtaining extra sperm and embryos (no mention of egg freezing since the technology was not available then) from the couples, sperm and embryos shall be frozen and stored for a maximum period of three years upon the consent of both spouses, only with the intention to use them for the same couple; other than this, it was "forbidden to keep, use, transfer and sell embryos and sperm, no matter what [the] purpose would be." In cases of mutual request

from the spouses, death of one of the spouses, divorce or the end of the fixed period of preservation, the stored sperm and embryos shall be discarded. It is clear that the 2002 Bylaw was prepared based on the Turkish IVF regulation by adopting heterosexual conjugality as the central criterion for access to IVF.

However, with increasing tube baby tourism to the island, accompanied by the (sometimes sensationalized) media coverage of this emerging phenomenon, some amendments were made to the bylaw in 2006. The scope of IVF regulation was extended to include gamete donation, thereby redefining IVF as a modern fertility treatment that can be conducted using a couple's own gametes or the gametes of a donor. While Northern Cypriot citizens were still required to be married to be able to pursue IVF, they now were allowed to have access to donor gametes. Moreover, the 2006 regulation changed the criteria for access to IVF by differentiating IVF users on the basis of citizenship: Northern Cypriot citizens versus non-citizens. There had been no mention of noncitizens in the 2002 bylaw. While the 2006 regulation required Northern Cypriot citizens to be married in order to have access to IVF, there was no such marital restriction for noncitizens.

The 2006 regulation introduced the anonymity principle by requiring clinics to keep the identities of both donors and recipients anonymous. While the new regulation outlawed surrogacy, it permitted egg donation only if egg donors would be no younger than 20 years or older than 32 years, and would donate their eggs only once a year. Unlike sperm donation, fresh eggs are used for egg donation in Northern Cyprus; and egg banks were not available in the world yet. With the introduction of egg donation, a new age limit was established for the women, allowing the transfer of IVF embryos into the womb of the woman at 45 and under. Regarding sperm donation, it was only permitted to use certified donor sperm provided from accredited

international sperm banks with following requirements: (1) it should be documented that sperm was tested for "thalassemia, hemophilia, familial Mediterranean fever, cystic fibrosis, phenylketonuria," and for viral infections such as "hepatitis B, hepatitis C, HIV, syphilis, CMV (cytomegalovirus)"; (2) it was required to apply to Ministry of Health for pre-permission along with the documents for the indicated medical tests and proforma invoice; and (3) one donor's sperm could only be used for one Northern Cypriot citizen and for a maximum of three noncitizens; any remaining sample should be destroyed. While donor eggs were also required to be tested for the same diseases as donor sperm, there was no legal limit for the number of persons for whom the same donor's eggs could be used. Ayo Waldberg describes how sperm banking in China has been seen as a way to achieve better population quality through the selective requirement of "high quality" donors; it has at the same time, however, fueled fears about the impact of consanguineous marriage on population quality (2018:7). Therefore, it is legally stipulated in China that only up to 5 women could give birth to a child using sperm from a single donor so as to reduce the risk of consanguineous marriage along with the risk of birth defects and also the risk of spreading a genetic disease. A similar logic might have been followed in the Northern Cypriot law when a legal limit was put on the number of persons who could use sperm from a single donor. However, since it was the case only with sperm donation, not with egg donation, one might ask if it more likely had to do with gendered ideologies of procreation as symbolized as Delaney's "seed and soil" metaphor.

In August 2009, approximately 7 months before the Turkish ban on gamete donation abroad, a new Northern Cypriot IVF regulation was introduced, which further differentiated the access criteria for IVF users on the basis of citizenship by replacing the "noncitizen" with two new categories in addition to "Northern Cypriot citizens": "citizens of Turkey" and "third

country citizens." Although the "explanation" section of the new regulation described ARTs as modern treatment methods used to improve the fertilization of the expected mother using either her own or donor eggs with the sperm of either her husband or a donor through various procedures or, if necessary, to facilitate the fertilization outside human body, it was stated in the "prohibitions" section that the use of donor eggs and sperm was forbidden for citizens of Turkey, while it was expressly permitted for Northern Cypriot citizens and for third-country citizens to undergo IVF using the certified donor sperm; there is no mention of egg donation. Although the regulation generally mentioned the use of donor eggs, nowhere are the requirements for egg donation explicitly stated. While the previous regulation listed the requirements for both donor egg and donor sperm, the new regulation only listed the requirement for donor sperm: it should be tested for viral infections such as hepatitis B, hepatitis C, HIV, syphilis, chlamydia, gonorrhea, karyotype 46 XY and also for blood type; one donor's sperm provided from the sperm bank should be used only for third-country citizens, but what this meant was not exactly clear. This requirement had been more clearly defined in the previous regulation by limiting the use of one donor's sperm for only one Northern Cypriot citizen and maximum three noncitizens.

The new regulation refers to the conjugality criteria for access to IVF in introducing supplemental criteria "for selecting patients: patients should be married and should provide the documentation to prove it; Northern Cypriot citizens should document that they did not have children through available treatment procedures other than those mentioned in the regulation; only one's own gametes were allowed to be used for IVF." Additionally, the 2006 regulation limited the number of IVF embryos that would be transferred up to 3, similar to the Turkish 2005 IVF regulation which introduced the up-to-3 embryo limit.

Overall, with the 2009 bylaw, Northern Cyprus more closely aligned its own IVF regulations with those in Turkey by forbidding its clinics from providing gamete donation to citizens of Turkey, ensuring, in theory, that the reproduction of Turkish familial citizenship remain within the parameters of Turkey's (Sunni Islamic) neoconservative familism. Since Turkish citizens have been essential to tube baby tourism in the island, some clinicians criticized the ban as an attempt to sabotage Northern Cypriot IVF tourism, which they believed was untaken owing to political pressure from the Turkish government. But despite the restrictive regulations in both countries, tube baby tourism from Turkey to Northern Cyprus persists, and IVF providers have become key actors in facilitating transnational infrastructures and arrangements for Turkish patients' access to donor gametes abroad. In next chapters, I will discuss from the perspectives of Turkish couples and egg donors the ways in which Northern Cyprus provides a contested, off-shore site for the (re)making of "familial citizenship" (Sirman 2005) via unconventional means (e.g. donor gametes, sex selection). These means require the reproductive assistance of gamete donors as non-familial citizens.

INTERLUDE I

"Sharing the Cake": Providers' Perspectives

The newspaper article entitled "Tube Baby Tourism" published in *Cyprus Post*, published 24 days before the introduction of the Northern Cypriot 2009 regulation banning clinics from providing IVF using donor gametes to Turkish citizens, also featured an interview with Dr. Savaş Özyiğit, a Cypriot Turkish doctor who pioneered IVF in Northern Cyprus. Özyiğit told *Cyprus Post* that when he attended an international medical conference in 1998, he saw a small flyer reading, "Come to the paradise island. If you cannot have a child, have a treatment, undergo IVF, get pregnant, have a holiday and go back to your country." He said it was a flyer from a clinic in the *Rum* (Greek) side at a time when "tube baby" was not even spoken of on the Turkish side of Cyprus. When he returned home from the conference, he started investigating "whether this business could be done here, too, since the Rum side is doing it well." He "knocked on the door of Rauf Denktaş" (the founder and first president of the TRNC) and explained to him that "This business has already been done in Crete, Athens, and Thessaloniki," adding that some of his own patients were going to these Greek places for IVF. In the end, Özyiğit received permission to open Northern Cyprus's first IVF center in 1998. The official opening ceremony was conducted by Denktaş in 2001. Describing himself as a "nationalist" but not an "extremist" or racist, Özyiğit thought that Northern Cyprus would become a better destination for Turkish citizens than the Greek island of Crete since the latter would be using eggs and sperm most likely taken from Greeks. When the journalist asked him why IVF clinics were "mushrooming" in Northern Cyprus, he replied, "almost every center in Turkey has opened a branch here. Among the centers in Northern Cyprus, we are the only local (*yerli*) IVF center. As long as this business is left to grow unmonitored, new centers will open."

***

Dr. Kamil introduced Dr. Ali to me as "my partner [doctor] in Istanbul" on the second day of my fieldwork in Clinic Delta, in November of 2014. Ali is a Turkish IVF doctor who sends his patients to Clinic Delta for gamete donation and sometimes travels with them to the island to conduct embryo transfers himself, as he did that day. One year later, I had an opportunity to interview him in his clinic in Istanbul. IVF specialists in Turkey and Northern Cyprus have gained a wider role than ever before under the post-2010 ban conditions. However, it is not without complication. During our (voice-unrecorded) interview, Ali explained to me the implications of Turkey's 2010 ban on his relations with patients as a doctor (*hekim*):

> It is against human rights that it is forbidden to inform your patients [of gamete donation]! In the age of the Internet, you are supposed to keep silent and say to the patients that "I do not know!" How could this be possible?

He explicitly referred to the "public secret" in Turkey of IVF tourism, including for gamete donation, as follows:

> It is public (*aleni*), in fact! Everybody generally knows, but pretends not to know it [...] 3,000 couples, 6,000 people! [travel from Turkey to Northern Cyprus per year for reproductive services] If their parents, siblings etc. are included [i.e., are in on the secret], at least 10 more people are affected by this thing [gamete donation]. 3,000 times 10 = 30,000 people per year are affected by this. We are a crime gang (*suç örgütü*) of 30, 000 people, if we call it a crime gang! It is even bigger than the Mafia, though. I don't know if there is such a big Mafia [...] And yet, what's done is not wrong in social conscience! There is no smuggling, rape, or theft; it is only 500 people per month, seeking to have a child [using donor gametes]. It is nothing like the Mafia smuggling heroin into the country.

***

Birce was an experienced nurse who moved from Turkey three months ago to work as a patient coordinator/ nurse in a Northern Cypriot IVF clinic that had been open for two years. In early 2015, I talked with Birce in her office that she shared with another nurse. She explained her decision to move to Northern Cyprus this way:

> I came here for the Turkish patients. I am one of them [Turkish citizen]. I am experienced [as a nurse]. Here, Cypriot's (*Kıbrıslı*) way of speaking [Turkish] is different. The [Turkish] patient does not understand it. They [patients] already have their own difficulties: the question of whether or not they will have a child. Their focus is [to have] a child. Sometimes, I do not understand it [Turkish Cypriot accent] either. It is even more difficult [to understand] on the phone. Language is important. Cypriot language (*Kıbrıs dili*) is different.

Birce talked openly to me about the clinic's reproductive services, which surprised me. Towards the end of our conversation, when I asked about her thoughts on the 2009 ban on the provision of gamete donation to Turkish citizens in Northern Cyprus, she replied, "As far as I know, there is no problem." She turned to a Northern Cypriot nurse present in the room and said, "I know there is not even a problem with donation, right? It is solved." The other nurse replied, "I heard a [legal] proposal was submitted, but it might take 6-7 months [to come into force]." Although they were not sure about the current legal status of IVF, both were optimistic that new regulation was coming and that it would be permissive, even permitting surrogacy in Northern Cyprus. (The new regulation came into force in June 2016 and lifted the ban on gamete donation for Turkish citizens, legalized surrogacy, and abolished nonmedical sex selection).

***

In August of 2012, when I went to Northern Cyprus to conduct preliminary research, I talked to embryologist and geneticist Aslı in her office in one of the old Northern Cypriot IVF clinics. Since she moved from Turkey three years ago, she told me she did not know the situation "before the ban." She described the current situation in Northern Cyprus this way: "A new regulation was introduced, prohibitions were put into place. It was forbidden to provide sperm donation, egg donation and sex selection to Turkish citizens. A counter-action has been taken. It is still in progress. Actually, it is not illegal now. It is just uncertain." Aslı contradicted the

motivation behind the ban as follows: "It is said that it was done to protect [Turkish] progeny and race, but we were already using Turkish sperm. Now, there is more mixing!" She told me that the number of patients decreased following the ban. In her view, however, this decrease was not only due to the ban, it was also about "sharing the cake" (*pasta paylaşımı*): "As the number of clinics increased, the cake share [of patients for each clinic] diminished." She said their clinic did 50-60 IVF cycles [including gamete donation, sex selection] monthly; 40 of these cycles were international patients [from Europe and Middle East], and the rest were Turkish citizens. She emphasized that their clinic had the most international patients. When I asked her thoughts on the ban (on gamete donation for Turkish citizens) in Northern Cyprus, she replied, "It is not a sovereign state. There is pressure from the Ministry of Health [of Turkey]. Laws are introduced in one day." So, in her view, Northern Cyprus is "neither Turkey nor Europe."

***

Selim was a Turkish IVF doctor who moved from Turkey 6 months previously to work in a newly opened clinic in Northern Cyprus. I talked to Selim in his office in February of 2015. In his view, IVF was a public health issue which was to be supported by the state. He stressed that health should not be left to the private sector. When I asked him why, in his opinion, gamete donation was forbidden in Turkey, he replied, "It is because of the Arab, Muslim mentality." He underlined that he practiced IVF in Turkey within the boundaries of law. In Northern Cyprus, on the other hand, there was "a legal void, no regulation." So, in his view, he was still "doing a legal practice" (*yasal iş yapıyorum burada*) in Cyprus too.

He said, "The decision to do gamete donation on a patient is made by the doctor in Turkey, we only practice it (*işlem yapıyoruz*) here [in Cyprus]," thereby characterizing his role in terms of technical responsibility rather than an ethical one within the context of transnational reproduction. He commented on PGD for sex selection this way: "Sex selection is not ethical. Our aim is to give a healthy baby. However, it [sex selection] is a practice we cannot limit, but keep providing." When I asked his thoughts on the Northern Cypriot 2009 regulation banning clinics from providing gamete donation to Turkish citizens, he replied, "I do not care. I am not a [Northern Cypriot] citizen, so I do not have a vote here. If they [Northern Cypriot government] close down [the clinics], we leave [the island]." He had implied at the beginning of the interview that his moving to the island was not necessarily a permanent plan, "in five or six years, I might go somewhere else."

***

Dr Göktuğ is one of the famous Turkish Cypriot IVF doctors who has his own clinic. I had an opportunity to talk with him in November of 2015 in his office while the clinic's embryologist and geneticist, Aslı, was also present in the room. As discussed in Chapter 1, since I shifted the focus of my investigation from gamete donation to PGD for sex selection, hoping to overcome the difficulty of gaining access to the clinics, I started asking questions about sex selection. Upon hearing my first question, Dr Göktuğ turned to the embryologist, and said, "This is not okay!" Then, he turned back to me, with a negative facial expression, "If I talk about sex selection, I will put Cyprus in a difficult position." When I asked why, he replied, "This will be published, people will talk about it, and we will be put in a difficult situation." Despite my assurances of confidentiality, he refused to talk and wanted to end the interview. Meanwhile, the

embryologist Aslı was trying to convince him to continue since she had asked him to talk to me. Göktuğ changed the conversation and asked for Turkish coffee from the kitchen. He turned his face to the computer screen but kept talking to me, although he kept repeating that he was not going to talk. "Go talk to doctors in Turkey, instead. I will give you names,." he said. Aslı interrupted, " There is no need for this." Yet, he already started listing the names while writing them out on a small piece of paper. "They [doctors] scream for 'ethics, ethics' in Turkey, but they do it [unethical practices, in their view] here." Then he said, "I exercise my right to silence," impying his refusal to talk to me. And yet, he continued, "There are only 2-3 [Turkish] Cypriot clinics here. Turkish clinics have opened branches here. Eight out of 10 clinics here are Turkish clinics. Go talk to them." He asked me why I chose to study sex selection, not casinos, "It will be said that sex selection is being done in Cyprus. Did this not happen with [gamete] donation? It was featured in the news. Then, it was forbidden. If you publish this [research], sex selection will be forbidden, too. And this will harm Cyprus." He asked me where I was from. When I replied I was from Istanbul, he told me that if sex selection is forbidden, "You will take your bundle and leave (*bohçanızı alıp gideceksiniz*). Turkish clinics will run away *(kaçıp gidecek)* too. Where will we go? We will stay."

***

Serkan, originally from Turkey, was the head embryologist for one year in a newly opened IVF clinic in Northern Cyprus. He used to work in various IVF clinics in Turkey and abroad, including Northern Cyprus and Iraq. I interviewed Serkan twice, first in November 2014, and then in July 2015. Serkan said, "We [the clinic] do monthly 40-50 cycles. 90 percent [of those cycles] are for gamete donation [patients travelling] from Turkey. British patients come second." He described Northern Cyprus as "Turkey's donation backyard," and continued, "A population of 70 million [in Turkey]! The demand [for gamete donation] is so big. Potential is even greater than the [current] demand. The demand is going to increase. There are 10 [IVF] centers now [in Northern Cyprus]. That number is going to increase as well." In his view, gamete donation cannot be stopped with prohibitions, "They [the Turkish government] introduced the ban supposedly to protect the Turkish race. There is nothing secret, though, from the angle of the TRNC state. There is an economic side. There is a tourism side. If it [gamete donation] were over in [Northern] Cyprus, people would go to Crete, Greece, or Azerbaijan." Since Northern Cyprus is dependent on Turkey, Serkan said, it is "neither Turkey nor Europe." He believed that tube baby tourism had a future on the island due to its economic returns to the government, similar to casinos and night clubs. According to Serkan's calculation, "A clinic [in Turkey] does 200-250 cycles monthly. Maximum 300 cycles. In Cyprus, it is maximum 100 cycles, done by Dr. H.I.T (a famous Turkish Cypriot IVF doctor). On average, a [Northern Cyprus] clinic does 40-50 cycles per month. With 10 cycles per month, a clinic can stay in business. It [gamete donation] is 5000 Euros and there is only the donor cost [for the clinic]. It is more expensive [in Northern Cyprus] than [in] Turkey, so it is more profitable here."

***

Mustafa was a Turkish Cypriot IVF doctor who had his own clinic. When I visited him during my preliminary research in 2012, he ended the interview after I requested permission to voice-record the interview and have him sign the consent form. In November, 2014, I had

another opportunity to talk to him in his office, thanks to the help of the embryologist that worked with him. When I asked Mustafa which reproductive services they were providing, he replied, "We [the clinic] do everything in the tube-baby sector that is allowed by the law." When I asked for his thoughts on sex selection, he said, "It is the families' right. This decision belongs to the couple." When I asked him what, in his view, Cyprus's place was in the world's tube-baby economy, he first corrected me, "It is TRNC, not Cyprus," and continued, "People come here. TRNC is a known destination in the world's tube baby sector. It is in a good place. It is trusted."

In his view, TRNC is known by people at the international level because, "if IVF does not work for a couple in their own country or if there is a legal restriction, people start searching [options] from their social circles, their doctors or the Internet. So, TRNC has become known. When people are satisfied [with IVF in Northern Cyprus], people hear about it on the Internet forums and from their social circles." He believes that the TRNC government should introduce legal regulations to help the clinics to invest, grow and medically improve. "There should be permanent laws, not ones that change every year." In his view, there are two important economic sectors in Northern Cyprus: "One is education, and the other is tourism, which includes health, I mean, health tourism. Tube baby means health tourism. So, the government should create legal regulations that would open the way to the clinics, and that would be permanent, while ensuring necessary monitoring and supervising." Mustafa stressed that "IVF clinics [in Northern Cyprus] had already proved themselves, in terms of success." So, in his view, "it is now the government's turn." He believed that IVF tourism is "important not only for its economic returns [to the country], but also for [the international] recognition of TRNC." When I asked his thoughts on the existing system regarding IVF in Northern Cyprus, he replied, "there is no existing system. There is no system." He thought that "there is no unity and solidarity in any sector [of TRNC], let alone IVF clinics. It is all about individual, daily gains." In this regard, he was not optimistic about the role of the Turkish Cypriot Physicians' Union, either. When I asked if in his view Turkey had any influence on Northern Cypriot IVF regulations, he just replied, "I do not know."

***

These excerpts from interviews with IVF providers both from Turkish and Turkish Cypriot clinics clearly reveal their (perceived and lived) positionality within a transnational reproductive network between Turkey and Northern Cyprus, where they all "share the same cake" under the conditions of the post-Northern Cypriot (2009)- and-Turkish (2010) bans. Inspired by anthropological studies of the state, Navaro-Yashin (2006) refocuses ethnographic attention in Cyprus on the intra-ethnic level by examining how Turkish Cypriots and settlers from Turkey interact and compete within Northern Cyprus. She emphasizes a multiplicity of "Turkishness" that is irreducible to the familiar Greek-versus-Turk polarity of the island. Navaro-Yashin (2003) pays further attention to issues of "immobility" and "confinement" (from the perspective of Northern Cypriots), usually ignored by anthropologies of globalization and transnationalism that emphasize mobility and flexibility. Similarly, IVF providers' perspectives demonstrate a multiplicity of "Turkishness" and their senses of im/mobility as being involved in transnational reproduction. Their perspectives therefore complicate the (homogeneous) image of Northern Cypriot IVF as only serving as Turkish clinics' branches.

CHAPTER 3

The Epistemological Choreography of Staging "Normal" Families at Home through Gamete Donation Abroad

It was around 10:00 am on a cloudy November day in 2015. Like the nurses, I was also "asked" by Dr. Kamil not to loiter in and around the waiting room of the clinic. That is why I was sitting in the kitchen of Clinic Delta, drinking a cup of freshly brewed hot Turkish tea while waiting for the arrival of the day's patients. Meanwhile, Aynur Abla, who was taking care of cooking and cleaning services in the clinic, was nearby, ironing the cloth gowns worn by female patients on days of egg retrieval and embryo transfer and also the bed sheets used in the recovery rooms. Steam coming out of her iron mixed with steam coming out of the electric Turkish tea maker. The names of the incoming patients were written on a three-legged whiteboard[81] standing in its usual place in the kitchen. Patient information, I had learned, was regularly updated on the board on the evenings before their arrival. On this day, it read as follows:

November 11, Wednesday:

10:00 Ali- Fatma Yildirim A Rh + (OD)

13:30 Serpil Kur OPU- PGD (2flk)

Nil Demir ET (PGD)

[81] The whiteboard functions as a device of intra-clinic communication, which is visible to the clinic staff (which includes clinic chauffeurs as well as visiting doctors either from local clinics in Cyprus or from Turkey, and two anesthetists whom the clinic outsources on the basis of personal agreements and pay individually for each egg retrieval that requires anesthesia), and even to others such as the doctor's family members (who are allowed to enter the kitchen). English abbreviations for the clinic procedures are mostly used in intra-clinic communication.

Since I already had a basic knowledge of clinical procedures and was familiar with the abbreviations used to describe them, I presumed from the whiteboard that Ali would come to the clinic together with Fatma to provide sperm for "OD" (Oocyte Donation), a process during which Ali's sperm would fertilize the eggs of a donor whose blood type (A Rh +) would match Fatma's. In the afternoon, from what I could decode, it then seemed like someone named Serpil would undergo an "OPU" (Oocyte-Picking-Up) for PGD (Preimplantation Genetic Diagnosis)-sex selection.[82] "2 flk" meant that the ultrasound scans of Serpil's ovaries showed two ovarian follicles to be retrieved. A third couple (Nil Demir) would come to the clinic for an "ET" (Embryo Transfer) for PGD-sex selection.

After finishing my tea, I went to the waiting room to see if the first couple had arrived. Ali and Fatma, who appeared to be in their 40s, were sitting next to each other on the couch. I thought that Ali might already have provided his sperm for the OD process; he would not have been kept waiting so long in the waiting room to give sperm. As it happened, he and Fatma were waiting for the clinic's chauffeur to take them to the hotel where they would stay until embryo transfer day. Fatma, wearing a headscarf which nicely matched her long jacket and maxi skirt, was chatting with the young female secretary, Feride, sitting across from them at her desk while Ali, mostly listening, only occasionally joined the conversation and kept himself busy with a *tesbih* (prayer-beads used as worry beads). When I joined them, Fatma was humorously saying:

---

[82] PGD and "sex selection" (*cinsiyet seçimi*) are used interchangeably in verbal communication among the clinic staff to define sex selection using PGD, although only "PGD" is used in written communication in the clinic and mostly "sex selection" is used in communicating with the patients.

> Why would I take pictures [of their visit to Northern Cyprus]? Where would I post them even if I did so? To whom would I show them? We came here secretly! I even told [Ali] not to take any pictures on the plane. If someone sees the plane in the pictures, they might ask why we were on the plane. Everybody knows that we are seeing a doctor in Ankara right now. In fact, we used to go to the doctor in Kayseri [the city where they currently live] and so people asked why we were going to Ankara, rather than seeing the doctor in Kayseri this time. We told them the doctor in Kayseri was so busy that he sent us to another doctor in Ankara.

Upon hearing this detailed account from Fatma, the secretary Feride naively asked why they didn't just tell these people that they had gone on holiday. Fatma replied, "Well then, they would judgmentally demand why we were going on holiday instead of going to the doctor!" At some point she said with laughter, "If something happened to the plane, people even might ask why we were on the plane!" Feride gently pulled her earlobe and knocked on her wooden desk, saying "God guard you [from the plane crash]!" She agreed with Fatma about how nosy people could be. Fatma continued, "People want to know everything and ask anything so that you try to give an explanation for everything, I mean, even by making things up!"

Fatma and Ali had arrived in Northern Cyprus the day before I met them. When they arrived at Ercan airport in the Turkish part of divided Nicosia, they were welcomed by one of the clinic's two private chauffeurs, holding in his hands an A-4 sheet of paper on which the names of the arriving couple were written. He drove them to one of the 3- or 4- star-hotels in Kyrenia, 20 minutes from Nicosia, which have business arrangements with Clinic Delta. The chauffeurs

provide special transportation services to couples, shuttling them between airport, clinic, and hotel throughout approximately 5-day stays.

Before Fatma and Ali left the clinic, I had asked one of the nurses to introduce me to the two of them. After the nurse's brief introduction, I sat down across from Ali and Fatma and listened to Ali, who dominated the conversation that we then had casually in the waiting room.

I learned that Ali had left was working as a janitor, while Fatma was a housewife. They had started fertility treatment one or two years after their marriage. Since their first IVF attempt around 2004 or 2005, they changed doctors several times in different cities in Turkey. Ali listed the names of some of the doctors and hospitals they had visited, instructing me, "Write down the names!" In their opinion, an ill-advised surgery conducted on Fatma's womb as well as other fertility treatments caused her eggs to "be finished up." A few years previous to my meeting them, Fatma's niece, who was working as a nurse at a local hospital in another city in Turkey, suggested they see an IVF doctor practicing in the hospital where she worked. This doctor told them not to continue to try IVF (using their own gametes), seeing it as a waste of money since Fatma had very few eggs. Instead, the doctor suggested they "go to Cyprus" — which phrasing stands for gamete donation, in this case, egg donation. However, other doctors were still saying that she had plenty of eggs and that they should keep trying IVF; in Ali's and Fatma's view, this was only to get their money. Eventually, they decided to follow the advice of the doctor suggested by Fatma's niece whom they called "a doctor we trust."

This was their third egg donation attempt in Northern Cyprus. All three cycles were monitored by the same doctor in Turkey, who sent Ali and Fatma to the Northern Cypriot clinics with which he worked. Their previous two attempts had taken place in Clinic Delta. Fatma got pregnant on the second attempt, but miscarried 20 days after a pregnancy test that showed a

pregnancy with twins. They waited for six months to start their third attempt, not only to wait for the summer and for *Ramadan* (the Islamic holy month of fasting) to pass, but also to collect enough money for the procedure with the help of their families and friends. In Ali's words:

> 4000-5000 Euros was not a small amount of money. Our families and friends helped us. There was even someone we did not know in person who sent us 700 Turkish Liras during Ramadan (as *fitre,* alms given to the needy at the end of Ramadan).

Since Ali and Fatma told people that they were currently in Ankara for IVF (meaning that their own gametes were supposedly being used), they were keeping their cell phones off or putting them on silent mode briefly in order to check incoming calls and messages. Ali said that a few minutes previous somebody had called him from Turkey, but he did not pick it up because an international call would cost the other person a lot of phone credits, which might have revealed that Ali and Fatma were abroad. They had told people that their own doctor in Kayseri was sending them to a newly opened clinic in Ankara, the name of which they did not know; they would keep their cell phones off for one week because of bad reception at the hospital. Ali and Fatma had even refused to let their acquaintances drive them to the airport because they might have become suspicious that they were not going to Ankara.

At this point, Fatma intervened, offering a Turkish proverb, "A liar's candle burns till nightfall!" This implies the risk of revelation involved in lying. She said that if she became pregnant again, this time they would keep it secret until it was visible. They thought she might have miscarried because of the evil eyes of those who had kept asking, since day one of the pregnancy, how the babies were doing, since Ali and Fatma had publicly announced the

pregnancy on social media right after the pregnancy test. Fatma also mentioned that she destroyed any papers (on which the words *Cyprus* and *IVF* were written) from the Northern Cypriot clinics where they had the egg donations, in case any visitor to their home might accidently see them. Since it was snowing in their hometown, they even left the heating system on at home so as not to let their neighbors become suspicious about their week-long absence.

After we chatted for about 15 minutes, the nurse approached Ali and Fatma to tell them that the clinic's chauffeur was waiting for them outside. While they prepared to leave, I gave them my business card and asked for their phone number to visit them at the hotel. Ali gave me his phone number and asked me to call him so he could add my number to his list of contacts. When I did so right then, his phone was on silent mode. I called his phone on Friday and again on Saturday hoping to visit them at the hotel, but his phone was turned off. I had to wait for their clinic visit on Monday for the embryo transfer.

That day I interviewed Ali and Fatma in the clinic's private recovery room while Fatma rested in bed following the transfer. In their previous attempt, four embryos had been transferred into Fatma's uterus, two of which were described by the doctor "as good as Mercedes Chevrolet!" said Ali. This time, only two embryos were transferred. In either case, Ali's sperm was being fertilized with the eggs from an anonymous donor who was phenotypically matched with Fatma by the clinic in terms of hair, skin, and eye color; height and weight; as well as blood type. During the interview, like other Turkish couples I talked to in the clinic, Fatma and Ali stressed many times the importance of their "resemblance" to (future) offspring, essential to keeping their use of donor gametes a secret to avoid others' questionings and speculation about the legitimacy of their family and their future child(ren). When they had asked the clinic about the origins of the egg donor in their previous attempt, they were told that she was from Istanbul,

originally from Kayseri (their hometown). They presumed there would be no resemblance problem with a Turkish egg donor. Otherwise, their concern was the possibility of a baby being born with "black skin" (*siyah tenli*) or as a "blonde" *(sarışın)* child. In either extreme case, there would be no resemblance, and consequently no possibility of hiding their covert use of donor gametes. At the end of the interview, Fatma uttered her wish: "If it (the baby) happens, we will come here for holiday. If Allah grants it, it will be visiting neither in disguise nor in fear."

***

Aside from the short conversation I had had with them in the waiting room on Wednesday, this was the only time I talked to Ali and Fatma (as was also the case with most other couples I met in the clinic). For the most part, I do not know if the IVF cycles using donor gametes resulted in a live birth of desired child(ren) among the couples I met, except a few that I visited at their homes later in Turkey. What I did learn from my brief meetings with these couples in the clinic was that almost all of these reproductive travels happen in secret or in disguise. As Ali and Fatma's account reveals, these travels to Northern Cyprus for gamete donation, *donasyon* in Turkish,[83] are meticulously hidden from others through various practices of secrecy that are carefully enacted in and across multiple spaces and domains (from home to clinic, airport and the Internet) across widely varying spatial scales (from household to neighborhood, national and transnational).

---

[83] *Donasyon* is a Turkish adaptation of the English word "donation." It has been increasingly used in Turkish mostly to refer to gamete donation. However, in the case of organ donation, the Turkish words, *nakil* (transplant) and *bağış* (donation) are mostly used than *donasyon. Nakil*, *bağış*, and *donasyon* are interchangeably used to define gamete donation while *donor* (donor), *verici* (giver) and *bağışçı* (donator) are similarly used to describe gamete donor. As the clinic's whiteboard depicts above, the English abbreviations for the procedures are mostly used in intra-clinic communication. During the interviews, I heard different words and phrases used by the Turkish couples to refer to gamete donation. They varied widely: "egg *donasyon*," "to take someone else's eggs," "to take eggs from outside," "egg transplant (*nakil*)," "egg transfer," "transplant (*nakil*) in Cyprus," "transplant (*nakil*) business," "to take from the sperm bank."

It was not surprising to find out that Turkish citizens try to keep their reproductive travel for donor gametes a secret, given the legal, moral and social stigmatization of gamete donation on the one hand, and social pressure and mandate for having a child (biologically one's own) within a marriage on the other hand. However, it was strikingly surprising to realize *how* they do so. The ways transnational family-making via gamete donation is kept hidden reveal 'family secrets in the making' in which different epistemological and ontological concerns are at play, all of which are embedded within a wider matrix of relationships, social hierarchies, cultural norms and sanctions, and national ideals. I call such forms 'family secrets in the making' since I do not know what happened beyond the moment of the post-embryo transfer in the clinic — when I talked to most of the couples — or even whether their reproductive travel turned into a family secret to be sustained, with the birth of their child(ren) conceived from donor gametes.

Here, I will focus on tactics of concealment – or techniques of information control (Goffman 1963) – that enable people to maintain a 'normal family appearance' by shielding the family's affairs from public scrutiny within the context of technologized and globalized reproduction. *Kol kırılır, yen içinde kalır* (literally, "an arm gets broken, but stays hidden in the sleeve") is a popular Turkish proverb meaning that whatever happens in the family stays in the family ("family" here might refer to any groups of people ranging from an individual household to a political and social organization or institution to the nation-state). As the sociologist Georg Simmel (1950 [1906]:462) points out, "[s]ecrecy secures, so to speak, the possibility of a second world alongside of the obvious world, and the latter is most strenuously affected by the former." Tactics of secrecy offer the Turkish couples, like Ali and Fatma, the possibility of a world in which they perform a normal family appearance, while their use of gamete donation is kept in a

second world. Rather than being two clear-cut worlds of the seen and the unseen, the boundaries of these two worlds are (re)made constantly through practices of concealment and revelation.

Focusing on the embodied dimensions of secrecy (e.g. Rhine 2014) within the domain of reproductive technologies, I frame "secrecy as a social practice, that is, a situational, relational and mobile tactic" (Hardon and Posel 2012:6), "embedded in a social milieu with particular repertoires of truth telling and histories of power" (3), and "shaped by permutations of saying and not saying, withholding and disclosing" (6). "Secrets have audiences and contexts, and logics of making and unmaking particular to these contexts" (3). Although many couples described their pursuit of gamete donation in Northern Cyprus as a secret (*sır*) "between just two of us" *(aramızda)*, recalling what Marcia Inhorn (2004) defines as "a two-person 'cult of silence'" in the context of male infertility in Egypt, I argue that emerging reproductive travel between two countries under these circumstances constitutes a multiple-person "cult of silence," implicating a number of biopolitical co-conspirators beyond the couple seeking aid, including the IVF clinics and clinical staff, gamete donor, and even allies from close family members to acquaintances.

While reproductive travel may be a public secret in the abstract, this chapter reveals how Turkish couples live their own reproductive travels as private family secrets, kept hidden through numerous strategies, owing to their illicit nature and / or their own sense of moral ambivalence about their actions. In this respect, Ali and Fatma's case illustrates three points I will address in this chapter: (1) The availability of gamete donation in Northern Cyprus stigmatizes any reproductive trips from Turkey to the island, even those undertaken for "normal IVF" using one's own gametes; (2) The question of resemblance to (future) offspring becomes essential to keeping reproductive travels for donor gametes a secret, and it is facilitated by a complex

transnational network between clinics and doctors in Turkey and Northern Cyprus, especially through the recruitment of Turkish donors; (3) The publicly visible and embodied nature of pregnancy and gestation (if it happens), along with resemblance, is expected to maintain the invisibility of donor gamete use, in contrast to the visibility of infertility and adoption. More importantly, this is the case not only in egg donation, but also in sperm donation. In this case, the clandestine use of donor sperm is *itself* also hiding male infertility (popularly, although mistakenly, conflated with impotency) as the cause of the need to use donor sperm in the first place, in a way that adoption as a solution to childlessness could not do.

Most couples I talked to in Clinic Delta "were prepared for everything" or were willing to do "whatever it takes" to have a child, so long as others would not find out about it. What is at stake in hiding reproductive travel — such that it becomes a new family secret to be fiercely guarded — is the ability to shield the use of donor gametes and, moreover, to protect (especially men's) "gender proficiency" as heterosexually and procreatively potent, guarding them from being subject to others' moral evaluation and inquiry (Paxson 2004). When IVF using their own gametes is no longer or never an option, donation emerges as "the last resort" (*son çare*), or in other words, a "hope technology"[84] (Franklin 1997), for some couples, to have one's "own" child, as long as it is kept hidden.

As Fatma and Ali's narrative explicitly reveals, gamete donation as a hope technology requires "the dynamic coordination of the technical, scientific, kinship, gender, emotional, legal,

[84] As Sarah Franklin examines from a feminist STS perspective reproductive technologies ranging from IVF (1997) and PGD (with Celia Roberts, 2006) to cloning (2007) and stem cells (2013), she (writing on the Britain) argues that the engagement with IVF is relations of hope (that technology promises both for scientific progress and a future child) which can be both enabling and disabling at the same time (1997). Similarly, there are other STS-inspired studies that examines the ways in which hope in the context of biomedicine becomes a promissory horizon (with its therapeutic and economic potentialities). See Good et al. (1990); Novas (2006); Rajan (2006); Taussig et al. (2013); Song (2017).

political, and financial aspects" (Thompson 2005:8). Feminist STS scholar Charis Thompson, focusing on IVF clinics in the US, defines these dynamic coordinations that refer to a balanced coming together of ontologically different things (e.g. becoming a mother and undergoing a surgical operation like egg harvesting) as "ontological choreography."[85] To give an example, in biomedical practices, reproductive age is ontologically "multiple" (Mol 2002). The woman's age, unlike the man's, is a statistically important variable in reverse correlation with the success rate of IVF treatment. In some cases, the woman's "chronological age" does not "match" her "biological age," which is defined on the basis of her ovarian reserve. In other cases, a postmenopausal woman can bypass the obstacle of biological age with egg donation. In short, the ontology of reproductive age is multiple.

In this chapter, inspired by and expanding Thompson's theoretical framework, I will describe practices of secrecy within the transnational context of gamete donation in Turkey as "epistemological choreography," and discuss the significance of these choreographies in the making of Turkish families. Making babies and parents across national borders using donor gametes involves even more complex, transnational choreographies. In this case, the inclusion of a "third party" in procreation to make babies and become parents must be carefully disguised in order to promote a "normal appearance" (Carmeli and Birenbaum-Carmeli 2000) of a naturalized

[85] Thompson's empirical studies are one example of the relational-materialist perspective within STS, which has fueled the "ontological turn" discussions. Questioning the privileged position of social constructivism, this approach offers a more equal relation between the social and the material by treating human and nonhuman actors as not ontologically different, but equal. However, the existing studies tend to focus on material actors as nonhuman (organisms, technologies, animals). Spirituality (as in the case of evil eye in Ali and Fatma's account) has been usually understudied as nonhuman actor with material affects. Among exceptions to this, Elizabeth Roberts (2012) provides a STS-inspired ethnographic account of relation between spirituality and science in IVF practices in Ecuador. In a similar way, as the account of Fatma and Ali points out, IVF as a process not only requires the coordination of the technical and the biological, but also might need God's will and/or the prevention of others' evil eyes to succeed.

heterosexual nuclear family, which is socially expected to be realized by having one's own children within marriage in Turkey. In other words, the social pressure and normative mandate to "complete" a marriage by having one's own child paradoxically force these couples to turn to gamete donation in complete secrecy as a legally and morally questionable means to parenthood. So, in the domain of transnational gamete donation, Turkish families are not only *made*, but also *staged* and *displayed.*

As Erving Goffman states with a pragmatic emphasis on what actors do and what is shown (and hidden), "the stage presents things that are make-believe" (1959:9). As Northern Cyprus is "a make-believe space," made through "the phantasmatic entanglement of materialities" (Navaro-Yashin 2012), I will show how family making through gamete donation is created through ontological and epistemological choreographies. In this respect, secrecy as an epistemological choreography here is not simply about guarding information from unwanted attention or intrusion, but also comprises various embodied, spatial and social practices that ensure this protection (Rhine 2014:714) and "may also include elements of self-deception" (Hardon and Posel 2012:3). These practices, detailed in this chapter, include disguised reproductive travels to Northern Cyprus, actions to ensure donor anonymity and parent-child resemblance, and reliance on pregnancy as a *visible* means of kin-making. These are the ways in which Turkish couples transnationally and *epistemologically choreograph* their use of donor gametes through practices of secrecy in and beyond the IVF clinic so as to make-display-believe a normal family.

However, these all are not just about individual and isolated family-making practices across national borders; at stake is also the (cross-border) reproduction of the nation through the clinical matching of Turkish recipient couples with Turkish donors along the lines of physical

traits and national origins as imagined sites of resemblance and desirability. This is a kind of material-discursive *(re)making* and *staging* of borders and boundaries of both Turkish families and the Turkish-nation in the Northern Cypriot IVF clinics (e.g. Nahman 2006). While the Turkish state's reproductive ban reveals a selective pro-natalism from above, aiming at reproducing the heteronormative Turkish family conceived as the kernel of social order, citizens traveling abroad for reproductive services restricted at home are subverting from below the state's pro-natalism by circumventing national laws while keeping their stigmatized conception a closely guarded secret, without contesting its terms in public.

In the first part, I will briefly introduce the couples with whom I spoke, along with the methodological strategies of my analysis. As it happened, interviewing turned into a space of epistemological choreography enacted by the couples to master whether and to what extent they would "let me in." The second part will look at how Turkish couples carefully hide from others their reproductive travels to Northern Cyprus by using "normal IVF in Turkey" as a cover story for their use of donor gametes in the island. The third part will examine how the routine choreography of the clinic participated in practices of secrecy by keeping recipient families and donors apart in the clinic. My focus will be on the practices of donor anonymity and parental resemblance based on the recruitment of Turkish donors and the simultaneous erasure of their role in the making of families. In the fourth and final part, I will discuss how pregnancy is not only about making babies and parents (Thompson 2015), but also about staging "normal" families and good parents. I argue that the visibility of pregnancy maintains a moral façade that obscures gamete donation and serves as a stage not only for the making of mothers, but also for the making of fathers as heteronormatively and reproductively potent. Furthermore, this chapter brings together egg donors and donor egg recipients, carefully separated in the clinical setting, by

discussing the donors and recipient couples' notions of pregnancy and kinship. I conclude that disguised reproductive travels to Northern Cyprus for donor gametes entail *staging* "normal" families vis-à-vis the biopolitical regime of a heteronormative nuclear family ideal by epistemologically choreographing at home what is ontologically choreographed abroad.

1. "Letting the researcher in" as Epistemological Choreography

Since the question of whether or not to let a stranger into a couple's reproductive journey, and to what extent, was essential to these couples, the process of my interviewing couples emerged through an epistemological choreography in which family secrets were alternately revealed to and concealed from me — that is, stage managed.

In Clinic Delta, I interviewed 30 couples and 2 women (accompanied to the clinic not by their husbands, due to their busy work schedules, but by a [mostly female] family member or acquaintance [of the wife]). For the most part, I was able to talk to the couples only once in the clinic. Two women came to the clinic twice a few months apart during my fieldwork, once with their husbands and another time with a mother or relative/acquaintance, and I was able to talk to these women on two occasions. In three cases when close family members accompanied a woman (mother, sister or aunt) from Turkey, the companions were strategic allies in protecting the secret of the couple's gamete donation. In one such case, however, the relative accompanying the woman was also hosting her at her house in Northern Cyprus and was told that she was having a conventional IVF, not gamete donation.

Twenty-three out of 32 interviewees were seeking egg donation; of these, just 3 also pursued PGD-sex selection. Six out of 32 interviewees were seeking sperm donation; 4 without

PGD-sex selection and 2 with PGD-sex selection. Three out of 32 interviewees were seeking both sperm and egg donation, which is called embryo donation, without PGD-sex selection. Eight out of 32 interviewees had undergone an IVF attempt with gamete donation more than once.

The age of the women ranged from 20 to 51. Three out of 32 women were in their early 50s; 17 were in their 40s; 7 were in their 30s, and 5 were in their 20s. The age of the men ranged from 26 to 60. One out of 30 men was 60. Three were in their 50s. Fourteen were in their 40s. Thirteen were in their 30s. One was 26. All were married. The duration of marriage ranged from 5 months to 31 years.

For 23 out of 32 interviewees, it was the first marriage for both spouses, the duration of which ranged from 9 months to 31 years (5 couples married for 9 months- 2 years; 7 couples married for 5 years- 10 years; 5 married for 12 years -18 years; 5 married for 20 years or more). Only 4 out of 22 couples (married for more than 5 years) had no experience of miscarriage or loss of a child and tried IVF using their own gametes for multiple times in Turkey; they all were egg donation patients. Four out of 22 couples were married for 2 years or fewer; in 3 cases, women married in their 40s. Eight out of 23 couples were sperm donation patients; 2 of these were also seeking egg donation. Two out of 23 couples already had a child, one conceived from egg donation and other conceived "naturally." One couple lost 2 children (naturally conceived) for unknown reasons 20 years ago in the early years of their marriage; another couple lost a child during birth. Another couple had a miscarriage (naturally conceived) in the early years of their marriage when they were in their early 30s; due to this traumatic experience they went nearly 10 years without wanting to try again to have a child. At the time of the interview, now in their early 40s, they were undergoing egg donation.

For 9 out of 32 interviewees, it was the second marriage for either one spouse or both; all were pursuing egg donation. In 5 cases, it was the man's second marriage (4 of these had children from their previous marriage) and the woman's first marriage. In 2 cases, it was the woman's second marriage (both have children from their previous marriage) and the man's fist marriage. In 2 cases, it was both the man and the woman's second marriage (one man has a child from his previous marriage, other man's ex-wife had fertility problems).

Marcia Inhorn (2004a) discusses in the context of Egypt how the ICSI (Intracytoplasmic Sperm Injection) procedure could be potentially discriminatory against middle-aged women who are married to middle-aged infertile men. ICSI was initially developed to overcome male infertility, as a variant of IVF, in which one single sperm is injected into each egg under the microscope. Inhorn stresses that "some men may decide to divorce their once-fertile but now 'reproductively elderly' wives to test their reproductive futures with younger, potentially more fertile women" (175) to have a child using the ICSI, particularly given the fact that egg donation, like any other practices of third party reproduction, is forbidden in the country In my sample, however, I realized that egg donation offers Turkish women over 40 years old "a (second) chance" to have a (first or another) child when they remarried or married "late" to men of similar ages or younger. In some cases, women who married younger men might feel the fear of losing their husband to a younger woman, especially when egg donation did not work (for multiple times).

The 32 interviewees came from different cities of Turkey (8 from Istanbul; 5 from Ankara; 6 from Hatay; 3 each from Antep and Adana; 2 from Adıyaman; 1 each from Kayseri, Van, Sivas, Mersin, Maraş). Two couples coming from Istanbul actually lived in Germany. They came to Northern Cyprus from Germany via Istanbul upon the advice of the referring IVF doctor

in Istanbul. Marcia Inhorn (2011a) calls this form of reproductive travel "return reproductive tourism" in which people who live in a diaspora go "back home" to have fertility treatment for a variety of cultural, moral and psychological reasons (including, as we will see, the pursuit of family resemblance). The diversity of the patient's geographical background also demonstrates how IVF has become widely spread across Turkey.

The price for gamete donation, including IVF ranges from 4,000 Euros to 6,000 Euros in Clinic Delta. [86] These prices may or may not include other expenses such as a flight, accommodation, and hormonal drugs. From interviews with couples from Turkey, I realized that the price paid for the same procedure might vary for each couple, even in the same clinic, depending on the drug protocols, the accommodation plan, the referring doctor in Turkey, personal relations, or even the negotiating skills of the couple. Gamete donation is quite expensive for average citizens, especially given that it might not work in a single attempt.[87] It is worth noting that couples like Fatma and Ali with limited resources tended to keep going to the same referring doctor and/or Northern Cypriot clinic when they wanted to try again after failed attempt(s), with the expectation of some discount in their next attempt, given the informal arrangements and levels of trust between the patients and the referring doctors and/or the

[86] In Northern Cypriot clinics, the price for conventional IVF (using one's own gamete) ranges between 2,500 - 3,500 Euros. See http://www.kibristupbebekmerkezleri.com/index.php/tedavi-sureniz/tuep-bebek-fiyatlar-i/416-tup-bebek-fiyatlar

[87] As of January 1, 2018, Turkey's minimum wage (for single employee without any children) is around 1,603 Turkish Liras per month (about $420 or 340 Euros – net figures but including tax refunds) According to the 2014 Structure of Earnings Survey conducted every four years by the Turkish Statistical Institute since 2006, annual average gross earnings were 27, 830 TRY (approximately $12,650 or 9,663 Euros) in Turkey — roughly twice the cost of an attempt at gamete donation. The highest annual average gross earnings were 62,250 TRY in the "financial and insurance activities" sector while the lowest annual average gross earnings were 20,451 TRY in the "accommodation and food service activities" sector (http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=18861).

Northern Cypriot clinics. When I asked Fatma and Ali about the details of the "verbal" agreement between them, the same referring Turkish doctor and the two different Northern Cypriot clinics, Fatma replied "I do not know much" while Ali only said, "We paid 4,000 Euros including accommodation" without explaining if it was for the last one cycle or two at Clinic Delta.

The couples came from very different socio-economic, cultural, ethnic, educational and religious backgrounds. There were farmers who lived in villages, workers, teachers and engineers, housewives, unemployed, seasonal workers, and more. Some defined themselves as (Sunni Islam) religious, some as *Alevis*. Some spoke Kurdish or Arabic as their mother tongue. Since I did not ask them specifically about their religion or ethnic background, I do not have coherent information regarding ethnic, religious or economic background about all of my interviewees. These questions came up during interviews only when interviewees spoke or wanted to speak about it. For example, during one interview, when the husband dominated the conversation (in Turkish) with relating his personal biography in order to make sense of his infertility in relation to his family background (especially his polygamous father), the wife interrupted him in Kurdish after she expressed her boredom with her bodily gestures and facial expressions.

Only 11 out of 34 interviews were voice-recorded (which I did with the permission of the interviewees). I took notes during or right after the other 23 interviews. As an ethnographer, "being 'let in' recognizes a spatial separation" (Warin 2010) and also, for many of the couples with whom I spoke, carried a sense of risk. Graham Jones (2014: 54) points out that secrecy and risk are closely related: "Possessing secrets can make people intensely aware of the fragility of knowledge and the precariousness of their custodial position." In this chapter's opening story,

Fatma's imagining of the possibility of a plane crash presents such a sense of risk with an unexpected revelation. However, Ali and Fatma, like some others, felt comfortable and secure enough to share with me the secretive sides of their reproductive travels, first during a short conservation in the waiting room and then during an interview in the recovery room. It might have been the intimate atmosphere of the clinical setting that helped minimize their sense of risk. Unsurprisingly, there were also couples who completely refused to talk to me. Yet, it was not always the case that couples said either "yes" or "no" in any absolute sense. In fact, many couples clearly went through various negotiations of secrecy and risk between, and even within, these positions, revealing different forms of epistemological choreography. Some couples deliberately avoided mentioning anything about gamete donation during our interview, or even lied that they did not use donor gametes when I asked about the procedure, when I knew from the whiteboard beforehand which procedure they underwent. In one case, in which a couple was pursuing embryo donation (egg and sperm donation at the same time), the woman revealed to me, right after her husband left the room (to smoke), that "it is also about him," referring to her husband's fertility problem. While her husband was present in the room, she tended to take the "blame" for infertility, but could not help uttering (unintentionally) such sentences "I have been always patient" or "I have always endured it!" implying there was a lot more going on.

Some couples had difficulty talking about gamete donation even after consenting to be interviewed about why they were at the clinic. Some avoided saying aloud the name of the procedure that they were pursing as if uttering it would make it real. Whispering, tearing up, biting lips, remaining silent, turning one's face away — these were other embodied expressions of the discomfort they felt when talking about gamete donation. When they managed to talk, it

was obvious that the discomfort, for some, resulted from their own sense of moral ambivalence about the gamete donation that they appealed to as a last resort for having their "own" child.

In other words, the extent to which these couples "let me into" their family secrets was carefully and deliberately orchestrated through those interrelated operations of concealment and revelation, exclusion and inclusion, that "are often carefully calibrated to induce a sense of risk (Bellman 1984), yet [...] also produce confidence (Luhrmann 1989a) and trust (Herdt 2003, Kaplan 2014)" (Jones 2014: 54).

1. Covering-Up "Going to Cyprus"

Although Ali and Fatma used to go to the doctor for their IVF attempts in Kayseri (their hometown in Turkey), they told others that they were supposedly going to Ankara for IVF (using their own gametes) so as to provide a cover story for their travel to Northern Cyprus for donor eggs. This epistemological choreography helps couples avoid others' suspicious inquiries since the involvement of a third-party (gamete donor) in IVF is not possible in Turkey. Therefore, Turkish couples such as Ali and Fatma go to great lengths to hide their travel to Northern Cyprus, which is known in Turkey as a place where gamete donation is available. Far from mentioning gamete donation itself, they were concerned that a trip to Northern Cyprus alone, even for conventional IVF, might raise others' suspicions and speculations about the legitimacy of their reproductive acts and their future child. So, most couples like Ali and Fatma used 'traveling to another city in Turkey for conventional IVF' as a cover story, which may be not only morally less questionable in the eyes of others, but also more reasonable financially and logistically. Only two couples told others that they were going to Cyprus for fertility treatment. One couple seeking donor eggs in Clinic Delta told the husband's family that the reason for their

visit to Cyprus was male infertility rather than female infertility so as to protect the wife against his family's possible prejudice. The other couple, who travelled from Germany to Istanbul and were sent to Clinic Delta by an IVF in Istanbul for sperm donation, told others, as a cover story, that they were going to Cyprus for Micro-TESE (microscopic testicular sperm extraction, a more advanced version of conventional TESE used to surgically obtain sperm from the testes when there is no sperm in the ejaculate) because they claimed that Micro-TESE, as a newer and more advanced technology, was more available in Cyprus than in Turkey. Indeed, even in my interview with them, they began by telling me the same cover story of Micro-TESE. Then, the wife revealed it to me that they "took it from the sperm bank" after ensuring the confidentiality of the information.

As couples generally visit the clinic twice, first on the day of egg retrieval (in the case of sperm donation) or sperm retrieval (in the case of egg donation), and second on the day of embryo transfer, both visits can occur during a single stay on the island, lasting no more than one week. Sometimes, the husband travels alone to the island to give sperm and goes back to Turkey without staying overnight, in order to reduce the financial, work-related and/ or physical and emotional burdens of transnational travel. This way, it would also be much easier for some couples to hide their travel to the island only for embryo transfer, which takes just one day or two, rather than at least three days of a full stay. In some cases, for similar reasons, couples together planned to take two separate day trips to Northern Cyprus, one for egg / sperm retrieval and another for embryo transfer; however, some had to change their plans to accommodate a full stay when they realized that either husband or wife, or both, had a fear of flying, especially if it were their first experience on a plane.

Since couples mostly stay in Northern Cyprus for at least three days (or five days if sex selection is included) in order to have gamete donation, they need a cover story to explain their absence. The trip to the island is short enough to be explained as a holiday or as a trip to another city in Turkey for IVF, or it may be disguised altogether. However, in some cases of people from lower class background, like Ali and Fatma, 'going on holiday' may not be seen as a 'proper' cover story especially if they borrow money from others to cover their treatment. In other words, the cover story of a vacation may open couples to being judged by others for making 'irresponsible' expenditures, rather than saving up money for IVF.

Even when 'going on holiday' is used as a 'reasonable' cover story to hide the trip to Northern Cyprus for donor gametes, it might not work as effectively as expected. Many couples told me that they could easily recognize the other Turkish couples who came to the island for donor gametes. If a couple comes from Turkey for IVF using donor gametes, it is believed it is mostly for donor gametes, especially if the woman is over 40. Furthermore, as one couple over their 50s frankly expressed, others, especially young people, could guess that they had a child using donor gametes due to their advanced age, although they believed nobody would never openly or directly question the couple about it.

Especially at the hotels, it is said that it is easy to recognize the IVF patients from their "postures and behaviors." In one woman's words, "it is obvious who is here for holiday and who is here for this (gamete donation)." This difference, which might also imply the class background of the patients who seem uncomfortable and behave "weirdly" in the social setting of the hotel, is reflected in outlook, postures and behaviors such as carrying a plastic bag full of fertility medicine (some of which is provided by the clinic and some of which is bought by the patient, mostly by the husband, in the nearby pharmacy), looking around bewilderedly as if they are

uncomfortable and not having much fun, unlike others who are there for swimming or sunbathing, and who stop by their hotel room frequently for scheduled medicine or injections. The women (some wearing their pajamas or sweatsuits) walk slowly and hold their belly, especially after embryo transfer. Over time I also began to recognize the gamete donation patients on the island. For example, during my first flight back to Turkey from Northern Cyprus after a few months spent in the clinic for fieldwork, I noticed a young Turkish couple on the plane, sitting across the aisle from me, talking to each other as the woman took a plastic bag out of her handbag and checked its contents. It was perceptible from the outside that the plastic bag was full of boxes that looked like those of the fertility drugs. Although some couples described their trip to Northern Cyprus as "like a holiday," others either told me that their priority was to have a child, not a holiday, or they expressed uncomfortable feelings about their stay because they were in an unfamiliar setting for an unfamiliar procedure.

Whether or not they felt comfortable or not during their stay in Northern Cyprus, many couples told me that they would support the legalization of gamete donation in Turkey, but they added that even if it were legal in Turkey they would still do it in secret. They believed that "Turkish society was not ready for this" [gamete donation] for reasons having to do with "religion," "culture," "tradition," "the current government," and "older and uneducated people." While I was talking to a couple who were undergoing egg donation in Clinic Delta, the husband explained to me that, in his opinion, gamete donation was made available in Cyprus (and so to Turkish citizens via reproductive travel) in order gradually to prepare Turkish people for the introduction of gamete donation in Turkey — but this plan, his theory continued, was interrupted by the current government's restrictive attitude. Some couples thought that Cyprus had a more

liberal regulation of IVF than Turkey because it had been influenced by "British culture" from its colonial past.

And a few couples, like Nermin and Murat seeking egg donation (their story will be narrated later in this chapter), openly criticized the current government's restrictive policy toward gamete donation by pointing out its paradoxical character — or what I would call its "selectively pronatalist" character:

> Murat: "If you tell me to have 4 children, if you demand this from every married couple as a prime minister or a president, you have to open the way to this [gamete donation] if it is closed. [...] You interfere in even people's sexual life. If you interfere in anyway, you tell me at least that... if I want tube [IVF] or other thing [sperm donation] —that you mentioned before, of course there would be those who would also like to do that, I do not say otherwise — leave them free, let them do whatever is needed!"

On the other hand, there were also other couples who expressed their satisfaction with the government's policies, especially those that have fueled the increase in the number of IVF clinics across the country, with state funding for up to 3 IVF cycles including in the private clinics, thereby contributing to the accessibility of diverse groups of people to IVF beyond major city centers like Istanbul, Ankara and Izmir. Since these couples tend to have undergone a long period of fertility treatment (most over 20 years) since the beginning of their marriage, they had first-hand experience of the changes in the availability of IVF in Turkey over time, discussed in the previous chapter as the *normalization process* of IVF in Turkey.

Given these accounts, Turkish couples' quest for donor gametes, whether such a quest is banned or not, has to be kept hidden. Some couples pursuing gamete donation whom I met in Clinic Delta did not seem to have a clear moral position regarding what they were doing. Whether or not they thought what they were doing was moral or not, secrecy surrounding gamete donation in Turkey has been "directed at anticipating and circumventing 'what the others will say'" (Paxson 2003: 1862). One woman told me of her attempt to call a very famous religious figure (*hodja*) who had his own Turkish TV show on religious issues to ask him if egg donation were religiously allowed. His reply was that it was *günah* (religiously illicit). Then, she admitted, "We did it [egg donation] anyway, knowing that it is *günah.* And I still think that it is *günah*, but we had to do it (*mecbur kaldık*)!" Back when she had still been trying conventional IVF using her own eggs in Turkey, she thought that they would not ever consider egg donation since it was *günah.* Yet, when she was told that she would never produce viable eggs sufficient for IVF, she felt she had to consider using donor eggs in Cyprus as her "last resort" (*son çare*). Her previous doctor in Turkey had suggested egg donation in Northern Cyprus, but he refused to refer her to a clinic; instead he told her to "go find it yourself!" After 4-5 months of waiting (and decision-making), she eventually found a referring doctor. Towards the end of the interview, she emphasized again that "We had to do it [egg donation]. God forgive us (*Allah affetsin*)!"

It is not surprising that a popular religious figure on TV seconds the official religious and legal position on gamete donation in Turkey. Yet, for another couple that I talked to, it had been possible to find a hodja that supports the use of donor eggs, but not sperm. That hodja told the woman and her husband that egg donation was religiously acceptable, but sperm donation was strictly forbidden. Another couple told me that they might have considered asking a hodja about the religious status of egg donation but they did not, since they thought it might have risked

publicly revealing their secretive reproductive desire. Nevertheless, they wanted to believe that gamete donation would be (religiously) fine; if it were not, they reasoned, the doctors would not do it.

As all these accounts reveal, no matter the illicit nature of their actions under the post-2010 ban conditions, or their own sense of moral ambivalence about these technologies, pursuit of donor gametes must still be kept secret from others (including from those who might cast the evil eye) and even "to be forgotten" and "left behind in Cyprus," as though it never happened — with the help of allies, including not only IVF clinics and doctors, but also family member/ friends accompanying them and/or lending money, as well as hodjas supportive of gamete (mostly egg) donation. In this way, reproduction is transnationally *distributed* (Murphy 2011) between Turkey and Northern Cyprus, and so is the technological stigma of reproductive technologies.

The next parts will further discuss how the technological stigma associated with gamete donation is choreographied epistemologically as well as ontologically through secret practices of "resemblance" and "pregnancy." Since male fertility (popularly, and yet mistakenly conflated with virility) is viewed as being linked to "sexual 'capability'" (Paxson 2003:1861), not only male infertility but also the very technologies designed to overcome it are seen as potentially emasculating and stigmatizing (Inhorn 2004a). For this reason, the social stigma associated with sperm donation is greater than with egg donation. I will reveal how this difference is managed by couples through these epistemological choreographies, in such a way that the meanings and social status attached to paternity and fatherhood (to have one's own child within marriage) allow men (pretending to pursue 'normal IVF' while actually undergoing sperm donation) "to reiterate more stable and less contested [and stigmatized] adult heteronormative masculine

performances" (Açıksöz 2015: 29), despite the fact that IVF throws into doubt a man's virile capability to impregnate his wife through sexual intercourse.

3. "A Child Looks Like Us": Creating and Staging Resemblance

"Resemblance talk," which refers to the social confirmation of biological links through observations about a child's physical similarity to parents or other family members, may emerge as a serious challenge for parents, especially after the fact of having a child conceived with donor gametes (Becker et al. 2005). Turkish couples who were seeking donor gametes in Northern Cyprus IVF did not just want to have a child via gamete donation; more importantly, they wanted to have a child who would look like them. With just one exception, for all the couples I talked to this was the expression of a wish rather than of the reality since they did not yet have a child conceived from a donor gamete yet. The exception was 60-year-old Mehmet and 50-year-old Hatun, who were at Clinic Delta to have a second child via egg donation after having a girl using donor eggs 8-9 years ago in another Northern Cypriot clinic. When I asked this couple, married for more than 20 years, what their main concern was regarding egg donation, Mehmet underlined the importance of resemblance as the expression of a fulfilled wish, referring to their previous successful egg donation, "First, we were happy to have a child, and then we were happy she looks like us. We would not have been ashamed (*mahcup çıkamayiz*)!" Mehmet here stressed that their happiness in 'achieving' a child using donor eggs was doubled by their happiness of 'achieving' the desired resemblance with their offspring. So, almost 10 years later, they were again in Northern Cyprus for egg donation to "give" a sibling to their daughter.

Unlike Fatma and Ali, Mehmet and Hatun did not use "normal IVF" as a cover story for their quest for egg donation. Instead, they told others that they were going to another city for a

fertility-related procedure to be conducted on Hatun. This was because, for them, especially for Mehmet, IVF was still potentially stigmatizing and emasculating. They feared that the problem of resemblance with their child would call into question Mehmet's sexual and reproductive capabilities of Mehmet in the eyes of others. In associating failure of resemblance with the possibility of "shame," Mehmet indicates that the issue of resemblance is not just about biological ties, but is rather about what they are taken to mean.

Resemblance also connects to the legitimacy of ties established and protected on the basis of marriage and sexual morality (Clarke 2008). Some anthropological studies focusing on the (Sunni Islamic) ban on gamete donation in Middle Eastern countries concluded that the prohibition of the involvement of any parties other than a husband and a wife to protect lineage of offspring (*nesep*) privileges biogenetic relatedness as an absolute imperative, as in the Euro-American contexts (c.f. Inhorn 2003:120, cited by Clarke 2008: 163). However, the notion of "pure lineage" (*nesep*) implies, beyond biogenetic relatedness, *legitimate* relatedness.[88] It is biological and social — "biosocial" (Clarke 2008: 163).

While the issue of legitimacy once pertained only the relation of a child to the father (on paternity, Delaney 1986; Franklin 2002; McKinnon 2002), its scope, with the introduction of egg donation and surrogacy (in which one woman gestates on behalf of another in exchange for money), has now expanded to include the relation of a child to the mother which becomes open to inquiry not only in biological but also social terms. For example, Turkey's higher religious authority, *Diyanet*, in its public opinions (*fetva*) on IVF, denounces IVF as a form of adultery

[88] For a discussion of legitimate relatedness in the context of assisted reproduction in Israel, see Kahn (2000).

(*zina*) if it is practiced outside the parameters of marriage with third party intrusion; and it is not only the case of sperm donation, but also of egg donation and surrogacy.[89]

Turkish couples who resort to these "forbidden" biotechnologies to have a child hope to keep their use of donor gametes a secret with the expectation that resemblance is to be guaranteed by the clinics. They expect resemblance to protect their gender proficiencies (defined in relation to heteronormative norms of marriage, reproduction and family) and the legitimacy of their ties with a future child from being subject to others' moral evaluation and inquiry. The IVF clinics realize and reproduce the couples' desire for resemblance by phenotypically matching the couples with gamete donors thorough ontological choreographies.

Anonymity and Clinical Matching

In Northern Cyprus, practices of anonymization and physical matching between donors and recipients mediated by the IVF clinics help to protect the recipient family's "normal appearance" by erasing the image of the donor as a third-party in reproduction. Since gamete donation is anonymous in Northern Cyprus, meaning that recipients and donors remain unknown to each other, couples have to trust the matching done by the IVF clinic on the basis of physical similarities between recipients and donors.

The first Northern Cypriot regulation regarding IVF was introduced in 2002. Amendments were made to the 2002 regulation, respectively, in 2006, 2009 and 2016. Apart from the 2006 regulation, there is no longer legal reference to the principle of anonymity. Nevertheless, the clinics still secure this principle in practice.

---

[89] For Diyanet's recent public statement on surrogacy, see "Diyanetten Fetva: Taşıyıcı Annelik Yöntemi Zina Unsurları Taşır [Diyanet's Fatwa: Surrogacy contains elements of adultery]," *Hürriyet,* 22 March 2015.

Anonymity is also *spatially* protected in that recipient couples and gamete donors are not allowed to see each other (even if not necessarily matched), something ensured by controlling the visibility and movement of donors at Clinic Delta. Egg donors were generally taken to rest in one particular recovery room upstairs because it had a balcony with an exterior staircase, which the staff used strategically to let donors in or out of the building without fertility patients noticing them. Anonymity at Clinic Delta is thus also spatially choreographed, in addition to being ontologically choreographed through physical matching.

There are no legal requirements regarding "donor-recipient matching" for the clinics. In practice, donor-recipient matching is done by the clinical staff based on the visual perception of physical characteristics like hair, eye, and skin color; weight and height, as well as blood type, which recalls "prototypical classification" described by Geoffrey C. Bowker and Susan Leigh Star (2000). Bowker and Star argue that racial classification in apartheid South Africa was based on two different sorts of classification: "Aristotelian" (which works according to a set of binary characteristics) and "prototypical" (which works through heterogeneous categories and associations by analogy or metaphor), and inconsistent conflation of these two kinds of racial classificatory frames would result in the "torque" twisting the biographies of persons.

However, in Clinic Delta, and more probably in other clinics too, more than phenotypical matching occurs. At Clinic Delta, egg donors, who "donate" eggs in exchange for money, are predominantly recruited from among citizens of Turkey who are at least high school drop-outs/ graduates, between the age of 21 and 29.[90] Although I did not have an opportunity to interview sperm donors, as far as I understand from my observations at the clinic, sperm donors recruited are predominantly citizens of Turkey who are students in 20s at Northern Cypriot universities.

[90] The data is based on the interviews I conducted with 14 egg donors as part of my fieldwork at Clinic Delta, which will be the focus of next chapter.

Northern Cyprus has arisen as the most popular destination for Turkish citizens seeking donor gametes, but rather than being a fully-controlled and informed individual choice, I view this as a compulsory option, full of unknowns, uncertainties and concerns, and to be fulfilled with the help of the referring doctor. However, knowing that Turkish gamete donors (although they remain anonymous to recipients) are recruited by the clinics helps at least some Turkish couples imagine Northern Cyprus as an attractive destination for gamete donation where their desire for resemblance is expected to be facilitated and secured. Northern Cyprus thus emerges as "the geography of desirability" (Nahman 2006:210; Kroløkke 2014:62) for Turkish couples who want to hide their use of donor gametes with the expectation of resemblance. As an ontological choreography, "phenotypical matching mobilizes ideas of sameness through ethicized and racialized 'identity properties' (Thompson 2005:10) that move through substance from donors to recipients" (Bergmann 2011:286). However, in the accounts of the couples I talked to, resemblance has diverse forms. It is especially striking that their understandings of "ethnic resemblance" mobilized through the use of Turkish donor gametes have multiple meanings. It is worth noting here that although desired resemblance seems to be important to all couples, whether they were seeking donor eggs or sperm, there was a tendency among couples seeking donor sperm to avoid referring to the sperm donor as a person (e.g., by calling the procedure as "taking [sperm] from the bank"). For this reason, the accounts of the couples seeking donor eggs included more detailed information regarding their expectation of resemblance and its associated meanings, than those of the donor sperm-seeking couples.

It is worth noting here that the issue of the ethnic origin of donors did not come up during every interview. I did not have the opportunity or time to ask many couples about it directly because of their discomfort in talking about such details of gamete donation. When the issue did

come up during interviews, it was either because the couple mentioned it or allowed me to take the conversation in this direction. As I did not directly observe any patient-doctor/coordinator consultation session, I was unable to witness how the issue of resemblance was discussed between the clinical staff and patients. The head IVF nurse of Clinic Delta told me that among the most frequently asked questions was "if the child would be look like us." She added that the couples asked fewer questions in the case of sperm donation than in the case of egg donation: "Would the child would resemble? Does she [the donor] work? Does she smoke? Such questions are asked. Mostly by the women."

The Desired Resemblance and Multiple Meanings of Clinic Matching

"It is good especially for Turkish patients," said Hatice's husband, referring to the availability of Turkish donor eggs in Northern Cyprus. Hatice and Ferdi, both in their early 40s, were travelling from Van, an eastern city in Turkey. Hatice was a teacher and Ferdi was a government officer. Hatice got pregnant just after they married in 2012, but she miscarried. Then, she was diagnosed with having a low ovarian reserve and told by her doctor that she was "close to menopause" and so could not undergo IVF cycles using her own eggs.

They thought Northern Cyprus was "good" for Turkish patients since there were cultural similarities (no language barrier), and more importantly, because "we wanted it (egg donor) to be Turkish, so she looks like us (*bize benzesin*)." To clarify, I asked them if they specifically asked for a Turkish donor; Hatice confirmed and Ferdi further elaborated on the origins of the donor this way:

> It was not just Turkish or not. It is more like cultural, social and physical resemblance (*kültürel, sosyal, fiziksel olarak benzerlik*) Imagine that we had it [i.e., received eggs] from blacks. You cannot explain it to society. It is physically obvious, and also social and cultural behaviors … because you give so much effort in this (*bu işe bu kadar emek veriyorsun).*

Hatice and Ferdi expected the ethnic origin of the donor to guarantee not only the physical resemblance but also social and cultural resemblance (vaguely defined as social and cultural behaviors).

Another couple similarly emphasized education and the beauty of donors, expecting these desired traits to pass biologically from egg donor to child. In their account, beauty also gains ethnic and racial connotations, with references to the ethnic origins of the donors. Elif, a petite 50 year-old woman, had been married to Mahmut, a 36 year old man, for five months. She already had two children, one son and one daughter in their early 20s, from a previous marriage as well as a grandchild from her married daughter. Mahmut had never been married before nor had children. Elif wanted to have a child with her husband to "make him a father" and also to have a second chance at motherhood for herself, since she had married and become a mother at an early age, when she was still a university student. When I asked about her concerns regarding the use of donor eggs, she told me that she wanted her donor to be, like her own children, an "educated" person and "cultured" at a certain level:

> My children are very smart. Both are university graduates. This is one of the most important criteria. Additionally, they do not have any health problems. That's all. I had

> also sent [to the clinic] the photos of myself, my grandchild, my children and my sister to give a sense of my family portrait and so ensure [donor] to be more similar.

When I asked her about the nationality of the donor, she replied, "They told it was the same race (*ırk*)."[91] Then, Mahmut added, "there was no selection, in fact, although it does not matter [to her] if it is from Turkey or somewhere else." Elif emphasized that they did not make a special request regarding the ethnic origin of the donor. Mahmut explained it this way:

> They [clinic staff] told us they [the donors] were mostly Turkish. However, it did not affect our choice. Turkish or foreign (*yabancı*), Muslim or Christian… It does not matter. Of course, Turks look more alike. Germans look more alike. That's why, I guess, they [the clinics] prefer Turkish [donors] so there would be no '[racially] contradictory (*aykırı*) children' in the end.

When I asked him what he meant by "contradictory children," he said they would not want to end up having a "black" child, especially since his wife had light skin (*beyaz tenli*). Elif, however, added, looking at her husband: "My dear, we would love even that child, even if s/he were black!" He disagreed, "But, that would be 'contradictory' (*aykırılık)*!" Elif then emphasized "the heterogeneity (*heterojenlik*)" in her family, referring to their high probability of having

---

[91] "'[R]ace' in Turkey has primarily been utilized, at least in official ideology, as a metaphor of national unity. The ties of 'blood,' it was hoped, would combine with those of language, culture, citizenship, and religion to weld diverse communities into a single people" (Eissenstat 2005: 254). Mesut Yeğen (2004) discusses the oscillation of Turkish citizenship between a political-territorial and ethnic idea of citizenship, creating a gap between the categories of Turkish citizenship and Turkishness. Yeğen argues that "[i]n addition to being a subject of the Turkish Republic (that is being a Turkish citizen), being a Turkish subject and being of Turkish race are also used as the indicators of Turkishness, all of which testif[ies] that Turkishness may not be achieved by some Turkish citizens" (56-57).

children with blonde hair and color eye, since both her children were blonde and her daughter also had green eyes. So, she expected to ensure a certain level of "beauty" thorough the clinical matching of egg donors with recipients, by sending the clinic photographs of her "beautiful family" (including herself, her children, grandchild and her sister): "All are so beautiful. We want it [donor] to be beautiful too. My children are very, very beautiful. So is my grandchild. And my sister. So, I want her [donor] to be with certain qualities and beauty."

As another couple (Şirin and Baran's story will be explained in details in Chapter 5) was undergoing PGD at Clinic Delta using donor eggs to have son(s) after having two daughters, Baran expressed his concerns regarding the use of anonymous donor eggs this way: "This person will be part of our lineage (*soy*), will represent us (*bizi temsil edecek*). She [the donor] could be a thief, or mentally ill." Regarding the national or ethnic origin of the egg donors, he said: "It is not about whether she is Turkish or Kurdish. Excuse me [to say that], but what if she is Black, or Scandinavian? What if it [the child] would look different [in the eyes of others] (*göze batar mı)*? At least, they [the clinic] should tell us if she is from Turkey or from Cyprus. I did not ask the details. Just about, I mean, where she is from, her education. Such things that would not reveal her identity. As far as I know, %15 is hereditary. Excuse me [to say this], but she could be a prostitute (*hayat kadını*) or a thief!" When her husband was talking to me about his concerns regarding anonymous egg donation, Şirin was in the bathroom to urinate (as she did multiple times throughout the interview as did many other women I talked to, since they had to undergo the embryo transfer with a full bladder). When she came back and heard what her husband was talking about, she interrupted pleading, "Please, do not say such things, it makes me stressful. Also, I do not care about those things. I think it is all about nurturing a child (*yetiştirmek*)." She also wanted to underline the fact that "They [the clinic] choose young and healthy [donors] and

they undergo many tests." Similar to the egg donors that will be discussed later in this chapter, couples seeking gamete donation with or without sex selection, despite their concerns, strategically downplayed the genetic contribution coming from the donor gametes and emphasized the importance of nurture.

As the above accounts explicitly demonstrate, resemblance takes various meanings, ranging from ideals of beauty, education, to phenotypical similarities to shared ethnic origins and culture. The desire for resemblance is (expected to be) facilitated and secured by the transnational network of IVF clinics and doctors between Turkey and Northern Cyprus through the recruitment of Turkish gamete donors, who remain anonymous to recipients. So, what is at stake is not just phenotypical matching, but more like an ethnic matching that "'materializes' or (re)produces particular forms of race and the nation (Ginsburg and Rapp 1995; Kligman 1998; Rapp 1999)" (Nahman 2006:199) by alleviating concerns of "mixing." In other words, Turkishness is (re)imagined and (re)made through donor gametes in the IVF clinics of Northern Cyprus.

However, having a child using the gametes of an unknown donor might also cause different concerns such as "health risks", "genetic disorders," "the lifestyle of the donor," "bad habits" such as addiction. Even though couples are told that donors go though some routine medical screening and testing, what they think and concern might pass down from the donor to the child goes beyond genetic traits. In this regard, couples felt that they had to trust in the clinic's selection of donors. A few couples said they underwent PGD to eliminate the health-related risks of using an unknown donor, in addition to sex selection. Furthermore, the availability of gamete donation in Northern Cyprus also concerned a few couples due to the risk of their own gametes or extra embryos (which, in their view, might have been unused or left over

and kept hidden from the couple by the clinic) being used for the IVF treatment of *other* couples. Although this issue was mostly raised by Turkish couples seeking PGD for sex selection, along with IVF using their own gametes, a few of the couples seeking gamete donation also uttered this concern. Although they had such concerns regarding (possible) clinical malpractice (which, in their view, could be done either for financial gains or for lack of legal monitoring), they believed that they had to "not think about it", to "focus on the positive side' of the process, not the negative side", or that they had nothing they could do about it since they saw going to Northern Cyprus for donor gametes as their last resort. And yet, aside from these concerns, the question of resemblance with its diverse meanings was the major concern for all couples.

In this part, I have discussed how the clinical practices of anonymity and resemblance help the recipient couples keep their reproductive acts as a secret and thus protect their normative family appearance by erasing the image of gamete donors. The next part will focus on how pregnancy, along with the imaginative powers of anonymity and resemblance, helps couples stage and display a "normal" family appearance. Sharing genetic traits is not only a way of establishing "relatedness"; pregnancy also matters in making babies and parents, as well as in staging and displaying families, which I will discuss how in the next part. By doing so, I will explain how pregnancy as a space of epistemological choreography makes not only motherhood but also fatherhood within the context of sperm donation as well as egg donation.

4. Pregnancy: Making Parents, Hiding Gamete Donation

Donor Gamete Recipient Couples' Views of Pregnancy

Most women told me that egg donation makes it possible for the woman "to taste" and "live the feeling of motherhood" (*annelik duygusunu tatmak ve yaşamak*) through pregnancy and birth. One woman who emphasized that pregnancy makes motherhood was Nermin:

> If it succeeds with the permission of God, *İnşallah* (if God wills), it will feed with my blood and *jann* (*can* in Turkish),[92] with my everything. It will grow bigger in my belly. I will give birth to it. I will have labor pain. I will breastfeed and take care of it. This is it. Nothing else matters beyond that! You cannot think that it is someone else's child. You cannot! It is mine, with its everything (*her şeyiyle*). It is my husband's and mine, with its everything!

Nermin was 45 years old and married for one and half years to 52 year-old Murat, who had three children from his previous marriage. She had started fertility treatment in the third month of marriage in Turkey. For almost one year, she tried to produce viable eggs, using hormonal injections, to be able to undergo a conventional IVF cycle. Another woman described this process as "in pursuit of a golden egg" (*bir altın yumurtanın peşinde*). Then, Nermin got to realize that her "medical file was closed and there was no hope for her anymore in Turkey; Cyprus was the last resort for her to have a child." In the summer of 2015, Nermin and Murat travelled to Northern Cyprus in their quest for conception using donor eggs and her husband's sperm.

---

[92] Originating in Persian, *can* most commonly refers to life and its vivid lifeliness. *Can*, in social life, is particularly used to refer to a metaphysical entity "given:" giving *can* (*can vermek*); on the other hand, taking *can* refers to the violation and crime (Sanal 2011: 48-49). So, giving and taking *can* is believed only up to God's will. In Nermin's account, pregnancy (procreation and birth) refers to a medium of giving *can* to a human being through a woman's flesh and blood, or in the case of organ transplantation, the donated kidney gives *can* by saving life (Sanal 2011).

Nermin and Murat were the only couple I met in Clinic Delta, who did not feel the need to hide from others their quest for egg donation in Northern Cyprus, saying it seemed "normal" to them. However, they regretted their disclosure a bit after talking to some clinical personnel and other patients at the hotel. Almost everybody told them that they should have kept their gamete donation secret in order to protect themselves and their future child from the moral scrutiny of others. For the clinics, another reason to support nondisclosure is to protect their business, which, under the post-2010 ban conditions, in offering gamete donation to Turkish citizens, is providing services in an unsanctioned manner.

Murat defined himself as an "open-minded/ enlightened" (*aydın*) person, being supportive to his wife on her journey to motherhood via egg donation. He already had three children from a previous marriage so he believed that to become a mother was also his wife's "right" and his role was to support her. Although he was open to egg donation as a way of having a child, he was against the idea of using donor sperm. He was not alone; other men had a similar attitude toward the hypothetical scenario of needing donor sperm, although they already agreed to the use of donor eggs.

A few men among my interviewees told me that they regarded egg and sperm as similar contributory substances and therefore might also consider sperm donation, if it were needed (some wives expressed real surprise at such a statement coming from their husbands, though, suggesting more stigma over sperm donation than egg donation). Some men, however, became confused in working through the possible scenarios involving donor sperm and told me hesitantly that they were not sure what they might do.

These responses recall the "seed and soil" metaphor (Delaney 1991) in which men's and women's reproductive roles and responsibilities are materially and symbolically gendered in a

hierarchical yet complimentary way: the man's seed as a creative source and the woman's womb as nurturing soil. In this respect, the below comparison made between sperm and egg donation by Ali and Fatma (undergoing egg donation as explained at the beginning) is very striking:

> Burcu: What do you think about sperm donation?
>
> Ali: There are many [children] in foster care! (*Yurtlarda çok o zaman*).
>
> Fatma: From another man, it is more ... It is also ridiculous (*saçma*), according to our religion. It is like you are married and fooling around with another man. Nothing [no children] is better than that (*Hiç olmasın daha iyi o zaman*)!
>
> Burcu: Egg?
>
> Fatma: It is from a woman to a woman. It is different.
>
> Burcu: Did you ask anybody about the religious aspect of it [egg donation]?
>
> Fatma: No, we did not. His brother is a *hoca* (hodja).
>
> Ali: If we asked him, he would suspect that we were considering doing it. We never thought about it (its religious aspect). If it were so [religiously wrong], doctors would not do it.

For Fatma and Ali, sperm donation having the connotations of "adultery" (*zina*) defined through female sexual morality, as expressed in these words "like you are married (woman) and fooling around with another man," is an unacceptable path to parenthood in comparison to egg donation, which (recalling Delaney's "seed and soil") is "from a woman to a woman," and even to adopting a child from a foster care institution. So, due to its sexual connotations, sperm donation was more stigmatizing than egg donation, for couples, like Fatma and Ali, undergoing

egg donation. However, it should be noted here that many of those couples seeking donor eggs reported that the decision to pursue egg donation was not easy to make and that they would never have imagined that they would do this. Therefore, it might be hard to guess what those couples saying that they were against sperm donation would actually do if they really needed it. Moreover, the experiences of couples seeking egg donation, though admitting that "We did it anyway, knowing that it is *günah* (sin). God forgive us!" prove that egg donation, even if it is from a woman to a woman, is not a process free of concerns, ambivalences and dilemmas. As Sarah Franklin points out, the relation to reproductive technologies is not only a relation of hope, but also of ambivalence (2013:7-8).

As it is clearly revealed in the accounts of couples seeking donor eggs like Fatma and Ali, and Nermin and Murat, the "technological stigma" associated with sperm donation is larger than that associated with egg donation, and this renders sperm donation less socially acceptable as a "hope technology." However, there were other couples including Suna and Cemil (see below) who were trying to have a child using donor sperm at Clinic Delta, although unsurprisingly the number of couples seeking donor sperm was significantly fewer than those seeking donor eggs.

It is worth noting that this numerical discrepancy might not only be related to moral concerns. Since its introduction in the early 1990s, ICSI hes been considered a breakthrough technology for the treatment of male infertility. With ICSI, the need for the use of donor sperm in many cases of male infertility is decreased (Inhorn 2004a: 173-5). Nowadays, the marked increase in the proportion of ICSI cycles, replacing conventional IVF and expanding its scope beyond the treatment of male infertility, has been observed (Andersen et al. 2008). Following this trend, Northern Cypriot clinics have been using ICSI in all cycles (including gamete

donation, sex selection, and "normal IVF" using ones' own gametes) as a routine method of fertilization. [93] Whereas one single sperm would be enough for ICSI, women are required to "develop," through hormonal induction, more than one egg.[94]

For couples seeking egg donation like Fatma and Ali, and Nermin and Murat, egg donation seems more acceptable than adoption while adoption, seems to be more acceptable than sperm donation. However, for couples seeking sperm donation like Suna and Cemil, sperm donation seems to be a relatively better option than adoption. As one woman put it, "you cannot hide adoption, you can hide this!" In this respect, pregnancy as an embodied space of secrecy for epistemic choreography is important not only in egg donation, but also in sperm donation. More social stigma over sperm donation than egg donation compels some couples (more specifically, men suffering from male infertility) to appeal to sperm donation as the only possible way to have a child who would, through the pregnant belly of his wife, seem to be related to him, thereby establishing him in the eyes of others as a socially recognized father — so long as their use of donor sperm is kept hidden.

The Invisibility of Donation, The Visibility of Adoption

---

[93] It is also the case in Turkey. Recently this issue attracted the media attention after "the 19th World Congress on IVF" was held in Turkey in October 2017. Based upon the presentations made by the Turkish IVF community members at the Congress, the media reports stated in an alarming way that almost 100 percent of assisted reproductive cycles in Turkey are done with ICSI, without considering its possible potential risks to the future ICSI babies. Some even used such provocative titles: "Milli Tüp Bebekte Büyük Şüphe [A Big Doubt in National Tube Baby], *Hürriyet* 11 October 2017.

[94] During interview with an embryologist working in another Northern Cypriot clinic, he received a phone call from a 28-year old Turkish woman who lives in Turkey. She told that she had only two eggs while her husband had low sperm count. The embryologist explained that low sperm count might not be a problem whereas the number of her eggs would not be enough for tube-baby (normal IVF). He suggested her to try egg donation instead. After he hung up, I asked him how many eggs would be needed for IVF. He replied "at least 6!" (voice-unrecorded interview, 12 November 2014).

> May God forgive me for uttering this; however, rather than taking a child from the [state] foster institution (*yuva*); at least [in gamete donation] it will grow and feed in my belly, and nobody will know. It is too hard to take care of someone else's child [...] We were prepared for everything to have a child. But I was so afraid that my husband would not accept it [donor sperm]. Thanks God, he accepted it!

When I asked Suna and Cemil about their first meeting with the doctor in their hometown who sent them to Clinic Delta to receive donor sperm, Suna explained that the doctor had suggested sperm donation in Northern Cyprus as an alternative to adoption.

Suna and Cemil were maternal cousins in their early 30s, married for 8 years. They lived in Antep, a city in southeastern Turkey. She was a housewife and he was an experienced worker (*usta*) at a yarn factory, though he had just had to quit his job since he could not get a few days off for their trip to Northern Cyprus. They had tried to conceive a child having unprotected sex for the first year of their marriage. After one year of trying, they went to a doctor. Cemil was told that he had no sperm. He even underwent a surgical sperm retrieval procedure that he called a "sac surgery" (*kese ameliyatı*) (Testicular Sperm Extraction) to retrieve viable sperm for IVF, but it did not work. Since then, they saw many doctors who could not help them, other than prescribing fertility medications that did not help them to conceive on their own. Meanwhile, they also visited and paid "hodjas" (*hocalar*) for help and hope, who wrote amuletes (*muska yazmak*) and "prescribed" some specific foods to be prepared, boiled and eaten.

In 2014, when they visited Cemil's sister in-law (Suna called "my *elti*"[95]) at the hospital after giving birth, a nurse gave them a doctor's name in their hometown who would later send them to Clinic Delta in Northern Cyprus for sperm donation. When I asked them about the decision-making process, Suna just said, "it was all my husband's determination," while Cemil could only talk about their difficulty in collecting the 5,000 Euro needed by selling his wife's gold and by getting a bank loan, since his family refused to help financially. The words uttered by Suna to emphasize all of the "sacrifices" her husband had made are striking: "When the feeling of fatherhood is involved, it outweighs everything else (*Babalık duygusu işin içine girdiğinde hepsini bastırıyor*)."

Like other couples, Suna and Cemil told people that they were going to another city in Turkey to undergo IVF. When I asked why, they replied:

> People think that it [child] is not yours if it [IVF] happens in Cyprus. Older people think differently and people who have already "tasted" motherhood and fatherhood do not understand. Also, our doctor told us not to tell anybody.

As previously discussed, their reply highlights how the availability of gamete donation in Northern Cyprus stigmatizes trips even for conventional IVF from Turkey to the island, thus making it "improper" to use as the cover story for the trip for donor gametes. For their doctor, on the other hand, the reason to support nondisclosure is not only to protect the welfare of the couple, but also to protect their business under the post-2010 ban conditions.

---

[95] *Elti* is a Turkish female kinship category which refers to the wife of the husband's brother, among many others such as *yenge* (used for a man's wife or even girlfriend), *görümce* (the husband's sister) and *kaynana* (the mother-in law – mostly used for the husband's mother).

Three of eleven available eggs were retrieved from Suna and fertilized with sperm from an anonymous donor who was phenotypically matched with Cemil by the clinic. Although they wanted all three of the embryos to be transferred (in case this would be their last and only chance for gamete donation, owing to financial reasons), the doctor suggested they transfer just the two, warning them about the higher risks associated with triple pregnancy, such as miscarriage or premature birth, which carry their own emotional and financial costs.

According to the Turkish Civil Code, maternal descent is established by birth (the mother is the person who gives birth to the child). Paternal descent is established in three ways: through marriage with the mother (including the "waiting period" (*iddet*) required for the woman to remarry after divorce)[96], recognition, or court ruling.[97] In Turkey, as parenting is socially expected and acceptable within a traditional heterosexual family structure, with strong unification of marriage and procreation as mutually constitutive ideals (Gürtin 2016:225), motherhood is biologically established by gestation and birth while fatherhood is socially recognized and established through marriage to the mother.

As Suna said of pregnancy, regardless of gamete donation, "it will grow and feed in my belly, and nobody will know." Publicly visible pregnancy (if it happens), by enabling couples to

---

[96] Article 132 of the Turkish Civil Code, entitled "The Waiting Period for Women" states that "if the marriage ends, the woman shall not marry for 300 days starting from the end of the marriage. The waiting period may end when she gives birth. The court may lift the prohibition upon the realization that the woman is not pregnant from previous marriage or the request of spouses to remarry." See. http://www.mevzuat.gov.tr/MevzuatMetin/1.5.4721.pdf

[97] In Turkey, for a child born outside marriage no legal relationship is established with the father unless he makes a declaration, notarized, before a court, or before related government authority, claiming paternity or if the mother or child can obtain a court decision establishing paternity. The children of an unmarried couple take the surname of the mother according to Article 321 of The Civil Code and she has the right to custody of the children. However, the children of a married couple only takes the "family surname" (which is the father's surname in Turkey since the advent of the Surname Law in the 1930s, as discussed in Chapter 2).

hide their use of donor gametes, makes not only motherhood, but also fatherhood. In the case of egg donation, it might not be surprising that pregnancy makes motherhood. For many couples I talked to, egg donation (unlike adoption) still enables a woman to "feel" and "taste" the experience of pregnancy (while fatherhood is secured by using the husband's sperm). Pregnancy seems similarly (yet not equally) to matter in the case of sperm donation. Male fertility conflated with virility puts pressure on men to protect their "gender proficiency" as heterosexually and procreatively potent (Paxson 2004). This pressure simultaneously stigmatizes using donor sperm and drives some infertile men to covertly resort to sperm donation as their final option as long as they keep it a secret. For this reason, unlike the visibility of childlessness and adoption, the invisibility of sperm donation by promising couples to keep not only the use of donor sperm but also male infertility (to pass gender proficiency) hidden, turns an "unacceptable" path to parenthood into an "acceptable" one. At this point, I turn to a discussion of how gamete donation, which is expected to stay invisible, seems to be a relatively better option than adoption, which may not so seamlessly stay invisible.[98]

Adoption and Its Visibility

Although adoption is legal, it is not common in Turkey.[99] The average number of adopted

[98] Similarly, Aditya Bharadwaj (2003) discusses how infertile Indian couples tend to favor secret gamete donation as a means of bypassing infertility, rather than the publicly visible option of adoption, and defines this as "systemic misrecognition."

[99] A prominent Turkish demographer and sociologist, Ferhunde Özbay (1999) historically and sociologically investigates the early modern Turkish literature to trace the transformation of slavery into adoption in different forms (*besleme*, adoptee [*evlatlık*], housekeeper) in the transition from the Islamic rules of the Ottoman Empire to the secular law of the Republic of Turkey. Secular Turkey is one of three Muslim Middle Eastern countries, along with Tunisia and Iran, where adoption is legal (Inhorn 2015: 260). Adoption is prohibited by Islam on the basis of the preservation of the child's lineage. However, fostering (especially orphaned children) is encouraged, as long as the fostered child is given neither the fostering parents' family name nor

children per year is 700. Out of around 17,000 children (aged between 0-18) in foster care under the state annually, only approximately 5,500 are living with a a foster family (*koruyucu aile*).[100] According to the 2016 Turkish Family Structure Survey conducted by the National Statistics Institute, only 13.2 percent of Turkish individuals over age 15 (12.5 percent of men and13.8 percent of women) would like to adopt while 30.4 percent would like to be a foster family. Within this cultural context, adoption and fostering are usually seen as performing a good deed (*sevap*) to needy children by raising them, rather than as a socially legitimate path to parenthood. [101]

Aside from legal adoption and fostering, there is also a social practice of informal adoption/fostering among kin, without the official transfer of the fostered child from the giving family to the fostering family. When I asked one couple undergoing egg donation about their thoughts about adoption, the woman told me that they took her *elti* (her husband's brother's wife)'s child when he was around 2 years old; yet, her *elti* took the child back when he turned 17. It was not a formal adoption. Her *elti* already had three sons and one daughter. When she got pregnant again, she did not want to have an abortion. She agreed to give the child to them if it

---

inheritance. "Law Allows Foreigners to Adopt Turk Children" http://www.hurriyet.com.tr/law-allows-foreigners-to-adopt-turk-children-11222837

[100] "Sevmek için Kan Bağı Gerekmiyor [*Love does not require Blood Ties*]" *Milliyet* 26 November 2017.

[101] "Türkiye'nin Yüzde 13.2 Evlatlık İstiyor [Only 13.2 percent would like to Adopt in Turkey]" *Cumhuriyet* 2 February 2017. Despite these varying degrees of hesitating attitutes towards adoption, some social initiatives have emerged at the individual and institutional levels over the last decade to create social awarenessness and increase the social acceptance and visibility of adoption in Turkey. For example, KOREV (*Koruyucu Aile, Evlat Edinme Derneği* [Foster Care and Adoption Association]) was founded in 2005. There is also *Elif Ada's Mom*, a closed group of the adopting parents on Facebook, created by a young Turkish woman, Duygu Çağlar Gizli, based on her and her husband's journey to parenthood through adoption of their daughter Elif Ada, after their 2 failed IVF attempts. She has gained popularity and public visibility, with her (and sometimes her husband's) media interviews, her presence at the popular TV shows and public meetings, and her recently published book "Başka Bir Doğum Hikayesi [Another Story of Birth]."

was a boy. When I asked why she took the child back, the woman replied "she said she could not take it [being separated] anymore, and took the child back and left" (*dayanamadım dedi ve aldı gitti*). The two families kept seeing each other. It had been known in their village that they took their relative's child. She told me "*akraba* (kin/ blood) is *akraba (*kin/ blood*); it is not a stranger!"* implying no need to hide it in the village since adopting/fostering kin is more socially acceptable than adopting/fostering a stranger.

It is worth noting here that this couple said that their trip to Northern Cyprus for donor eggs was a secret "only between God, us and my brother" (her brother who lent them some money for treatment). The couple in their late 40s told others that they were going to Istanbul for her to have a womb operation; since, they said, even IVF (using one own gametes) was considered someone else's child in the village, they could not use "undergoing IVF in another city" as the cover story for "undergoing gamete donation in Cyprus." Due to their advanced age, if people asked about pregnancy (if it happens), they would just say "God has granted it!" Also, since the woman had a still birth (proving fertility) in the early years of marriage, this couple believed that people would not suspect them of having done IVF. This case shows that the normalization of IVF in Turkey is neither a completed nor a uniform process across the country, and that practices of secrecy are situational, relational and tactical.

Moreover, adoption was described as a "huge responsibility" by another couple, a businessman and a lawyer in their 40s, seeking egg donation in Clinic Delta; therefore, it must be meticulously contemplated as an option. For this couple coming from Istanbul, adopting a child "with unknown mother and father" could be never a desirable alternative. On the other hand, they saw adopting a child of relatives/ kin ("with known mother and father") whose parents were dead as a kind of "moral obligation" (*mecburiyet*), resulting from being *akraba* (kin) to the child.

For them, adoption could be only performed as a good deed as long as the child was a relative, although they ambiguously referred to the fostering of orphaned children by the Prophet Muhammed.

Another couple, married for 8 years and undergoing egg donation, raised the issue of adopting among kin. Hasan was a 31-year old hairdresser, with only primary education, working in Saudi Arabia; and Ayten was a 27-year old high school graduate working as a cashier in a local market for the last year to save money for treatment. While Hasan told me, "there is no adoption, or nobody adopts in our town (*bizim orda*)," Ayten added, "*akraba* gives (for adoption to another *akraba*)" and continued:

> Even my *elti* offered to give birth to a child and give it to me (*doğurayım vereyim*). Older brother gives, younger brother gives. It happens in our social circles (*çevremizde de var)*. *Kaynı* (husband's brother) gives to other *kaynı* since the problem is mostly in the man.

Although her *elti*'s offer seems to be rhetorical (and maybe a bit offensive for the woman) in this account, the possibility of such an offer suggests how socially acceptable kin-based adoption/fostering (especially among paternal relatives) is. For this couple and some others, who never considered adoption as a route to parenthood themselves, egg donation appears to be a more reasonable option not only because it can be hidden, but also because it makes it possible for the woman to "live the feeling of motherhood" through pregnancy and birth. Ayten stressed that she would like to have a vaginal birth (if pregnancy happens), as opposed to Cesarean-section, so as fully to "live the feeling of motherhood." For this reason, she was not sure if she could properly care for an adopted child that she did not give birth to. Yet,

she did not totally reject the possibility of adoption, especially if her husband would agree to it. She mentioned a Syrian baby that she had heard about recently — a newborn, whose father died in the war and was left by its mother. She said she would be willing to "take" (*alırdım*) this baby — as a good deed (*sevap*) to needy children — if her husband would accept it.

Adoption was not a desirable option for a very large majority of childless couples because of the risks associated with it. The fear of "losing" a child that is associated with adoption, from biological parents taking the child back or from the adopted child searching for the biological parents, also increases cultural stigma around adoption. Many popular Turkish reality shows and television serials use this theme as a dramatic genre. Following a similar logic, the fear of losing a child (and, hence, parenthood) associated with adoption was also reflected in some accounts of couples seeking donor gametes, such that they expected nondisclosure and anonymity to prevent the possibility of either the child searching for the donor or the donor searching for the child in the future. Interestingly, in these accounts, something new and unfamiliar like gamete donation is compared to something old and familiar like adoption to make it meaningful; differences between two are emphasized to make gamete donation familiar, legitimate and rational, whereas the focus is more on similarities between two when risks and fears are the theme of comparison.

For couples who turned to gamete donation as a "last resort" to have a child, adoption constituted a "very very last resort." Since most couples believed that adoption could not be hidden from others,[102] they agreed that they would (have to) have disclosed to the child that s/he

[102] A Turkish movie "Albüm [Album]" by writer-director Mehmet Can Mertoğlu (2016) depicts a dully respectable couple (a tax office worker wife and a history teacher husband) taking elaborate measures to conceal their adopted child's provenance and thus to perform surface normalcy; measures that ranges from staging pregnancy photo shoots on the beach with an artificial silicone pregnant belly, to enlisting doctors and nurses at a local hospital to pose

was adopted as soon as possible; otherwise s/he could learn about it from others and this would damage his/her sense of trust toward the adopted parents. Strikingly, the positive attitude toward disclosure in the case of adoption did not carry over to the case of gamete donation; since couples believed they would be able to hide donor gametes "until the grave," they foresaw no risk of an unexpected revelation to the child. It is because they expected their child would look like them; at least, this was what they hoped for. [really interesting ... perhaps not yet enough data to know how this might play out in different ways later in life?]

So far, I have discussed how pregnancy (if it happens), along with anonymity and resemblance, maintains a moral façade of having one's own child (despite) using donor gametes, a façade that incorporates "the dynamic nature of putting on appearances, pretensions and creating or permitting silences" (Ozyegin 2015:68) that enable Turkish couples bodily to negotiate this social paradox, and display a "normal family" appearance. As a result, it can be argued that pregnancy as the façade of gamete donation opens a moral space for the enactment of reproductive ethics for Turkish couples, which is "directed at anticipating and circumventing 'what the others will say'" (Paxson 2003: 1862), no matter the illicit nature of their actions under the post-2010 ban conditions, or their own sense of moral ambivalence about these technologies.

---

uncertainly with the couple's newfound progeny in a maternity ward. In the end, despite their all efforts of hiding, a legal record of their adoption was revealed in the local police files. In the movie, the use of artificial silicone pregnant belly is very striking, as a way of staging and displaying "normal" family to hide adoption. Similarly, the media news recently has revealed that silicone bellies are being used by women trying to have a child through surrogacy to "fake" their pregnancy and thus hide their use of surrogacy. See "Çin Malı Silikon Göbekle 'Hamileyim' Süsü [Pretending to be Pregnant via Made-in-China- Silicone Belly]" *Hürriyet* 17 October 2015.

As the above accounts of Suna and Nermin reveal, pregnancy is more than just maintaining a moral façade of gamete donation for Turkish couples to hide their use of donor gametes; pregnancy also establishes biological ties with the baby, constituted by "sharing the same blood" (between woman and child) if not also gametes. Similarly, Turkish egg donors downplayed their genetic contribution by emphasizing the recipient woman's gestational connection, noting the importance of being able to carry the pregnancy and give birth. The next section will focus on the egg donors' views of pregnancy as they are involved in the multiple-person "cult of silence" as another set of biopolitical co-conspirators promoting the façade of normative family-making through unconventional means.

Egg Donors' Views of Pregnancy

> I am only making a small biological contribution. But it will be fertilized and then grow in other woman's belly and she will give birth to it. Since you do not do anything to such extent, you do not feel anything like this. Let me rephrase it, you donate any organ or anything, it is almost the same. It is like giving your kidney to someone else. As a result, your DNA will be in it. But this person will carry it in her belly for 9 months; it will be fertilized with her husband's sperm. So, you cannot feel much about it.

Tuğçe was an accountant who had left university and who had been living in Northern Cyprus for a decade with her family since her father's death. When I met her, she had been "donating" eggs in exchange of money for the second time, two months after her first donation. Tuğçe insisted that her donation of eggs did not make her a mother by underscoring the fact that

her eggs would go into another woman's body and enable *her* to become a mother. Furthermore, by comparing egg donation with organ donation, she downplayed her genetic connection to the offspring. For her, to give an egg was like donating an organ. And the result would be a child who would not be hers. This is precisely what needs to be accounted for to give meaning to her experience.

For many egg donors that I interviewed in Clinic Delta, since there is no "living being" (a child) in the case of egg donation, they did not "feel" like they were giving their child away (i.e., contrasting egg donation to giving up a child for adoption). Like Tuğçe, by pointing to multiple stages in reproduction (e.g. fertilization of eggs with sperm, gestation etc.) and referring to the contingent nature of each stage, some egg donors also emphasized that it was not certain that their donation would turn into a child. Furthermore, most women insisted in different parts of their interview that they were donating eggs that they otherwise would "waste" with their period and that keep producing every month.

Similarly, Aleyna described her role simply as helping the recipient woman to become a mother. When I met her, Aleyna, a high-school graduate, was working reception at a night club in Istanbul and had already donated eggs 7-8 times in the previous two years. Yet, Aleyna also told me how it felt different to see her own eggs on the monitor. With the new ability to "see" inside the body through imagining technologies like the sonogram, it is now possible to visualize, not only the living fetus inside the womb (Mitchell 2001), but even hormonally stimulated eggs inside the ovaries before extraction for IVF. When Aleyna "saw" her eggs on the monitor, manifesting the visualized, yet unrealized, potential of her eggs, the thought crossed her mind that they could have become her own children. Yet, she added that she did not see the

offspring born to another woman from her eggs as her own children. She walked away from the clinic after donating her eggs. The recipient woman would carry them for nine months.

Following a similar logic, many egg donors who do not feel attached to eggs that are gestated in another woman's belly find the prospect of surrogacy daunting, stating their absolute unwillingness to even consider the possibility of serving as a surrogate. Referring to the popular appearances of surrogacy in the media (especially in popular Turkish television series such as "Bebeğim [My Baby]" and "Kaderimin Yazıldığı Gün [The Day My Destiny is Written]", many women described surrogacy as a form of adoption, like "giving your own child away," because there is "a real child" in surrogacy while "it is more like a bean–size thing you are giving away, not a real child, in egg donation," in one donor's words. Here, it is not just size that matters but the nature of the substance: unrealized (in the case of donating eggs) versus realized potential (in the case of surrogacy and adoption).

Moreover, some egg donors also emphasized that care is more important than genes in making a parental connection between adults and children. Ceren, an university student, put it this way: "This is a totally biological thing. Eggs are just taken. The important thing is care (*emek*), always the emotional side. And this is what the [recipient]mother would do. It is up to her to achieve motherhood or not." When I asked her about surrogacy, she replied: "I cannot do surrogacy. It is totally a different thing. In this [egg donation], as I said, I do not care about genes. I do not see genes as what belongs to me or what makes who I am. I look at my father, my mother, my grandparents. I do not think that it is genes that hold us together. Of course, our nose looks similar in some way, or other parts of the body, but nothing more."

She emphasized that what holds a family together is not genes but care. When I asked Ceren if she would consider receiving eggs if she needed to in the future, she replied she would prefer to receive eggs from a family member, for example, from her sister. Likewise, she would like to consider giving her eggs for free only to her sister. I asked her to further elaborate on how genes matter in this case for her. She replied that this way there would be "no surprise" by referring to a lesser degree of the genetic risk of disease in terms of family history.

As I mentioned before, gamete donation is anonymous in Northern Cyprus and donors are not given any information if their donations result in children. Regardless of whether they knew that offspring actually existed, egg donors spoke about the possibility of meeting the offspring in the future and some exhibited a mild curiosity in seeing how the children "turn out" not only physically but also intellectually and socio-economically. These accounts reveal their understandings of motherhood in relation to pregnancy, giving birth, and rising a child, all of which are associated with care. Ceren expressed her feelings about potentially meeting the children born from her eggs in the future; she diminished her biological role vis-à-vis the recipient woman by comparing egg donation with adoption, in which the biological mother's role is more significant than an egg donor's since she gives birth:

> I do not want to see the child myself, but if the child wants to see me or the recipient family – because they are the parents- decides so, I would do it. Yet, I do not consider myself as the mother. For me, it would be someone who only carries my genes. If the child would like to, she can come to see me. Yet, I cannot be a mother to her. In the case of adoption, at least there is birth-giving. I do not know what they would want from me.

They might wonder if our noses look similar. I might wonder how they turn out, how they are doing in their lives, how much of their intelligence is passed down from me.

However, some donors are concerned about the possibility of their "own" future children meeting or even getting married to the children born from their eggs. The potential for incest in anonymous third-party reproduction is among the major religious and moral concerns, along with parental lineage and adultery. Ülkü mentioned her concern regarding the potential for incestuous marriage among half-siblings, yet she tried "to not think about it." In her words, "if it is meant to happen, it would happen anyway whether or not one concerns oneself about it."

More than feeling just mild curiosity about what a child might grow to look like, some women who had donated their eggs conveyed some sense of responsibility to potential offspring. A few of the donors went so far as to say they might develop maternal feelings if they were to meet a real child born from their eggs. Tuğçe thought through the ramifications of such a future meeting: "I imagined it once that I was showing a child affection like in old Turkish movies and it turned out to be my child [born from my eggs] [laugh]!" Yet, she preferred not to know about it. Otherwise, she would be concerned about the child, saying "It is my child in the end, carrying a piece of me. I do not want to meet it. Now, I am happy to help but if such thing happens and I might develop maternal feelings to the child, it would upset me, the child and the [recipient] family." For this reason, she supported anonymity in egg donation which prevents such things from happening among the donor, child and the recipients.

Conclusion

In this chapter, focusing on the disguised reproductive trips of Turkish couples to Northern Cyprus under the post-2010 ban conditions, I have examined how the uses of reproductive technologies, in which hope and ambivalence are intertwined, are kept hidden from others through various ontological and epistemological choreographies, owing to their possible biosocial concerns of legitimacy. As these couples agreed to undertaking various burdens, including financial, health-related, emotional, logistical, moral and legal risks, their resort to "forbidden" biotechnologies to have a child, in cooperation with IVF doctors and clinics, might seem a subversive move from below vis-à-vis the AKP governments' recent top-down selective pronatalist policies. However, for couples, gamete donation, as long as it is kept hidden, is more a technology of "normalcy," reproducing the heteronormative family ideal, rather than subversive of social norms and values. Through a transnational reproductive network distributed across (individual and national political) bodies, time and space, gamete donation becomes a sociotechnological arena for the (re)production of "normal" Turkish families, with the help of strategic allies, ranging from hodjas, family members, and acquaintances to IVF clinics and doctors and gamete donors. The involvement of egg donors in the making and staging of "normal" families is also important, and their views of donated eggs, pregnancy and kinship, are key epistemological resources in the choreographies I have discussed. In the next chapter, I will further focus on the life experiences of egg donors in order to detail how secrecy is essential to these participants as well.

INTERLUDE II

Freezing Eggs for the Future

The first time I saw "O. Free." on the whiteboard I could recognize that it referred to "Oocyte Freezing," but I did not understand why a couple would undergo egg freezing. When I was told that the patient was not a couple (as I had come to expect at Clinic Delta) but instead a single woman travelling from Turkey to undergo egg freezing, I was curious to learn why since the procedure was legally available (for medical reasons) in Turkey. As discussed in Chapter 2, egg freezing had been recently allowed in cases of diminished ovarian reserve or family history of premature menopause, in addition to cancer treatments or other medical procedures that damage fertility. Merve's reproductive travel to Northern Cyprus for egg freezing as a single woman seemingly complicates the sensationalized image of transnational IVF users seeking donor sperm abroad, and it demonstrates the expanding scope of transnational reproductive services in Northern Cypriot clinics beyond gamete donation, in which women can be either donor gamete recipients or egg donors. Merve was neither.

Merve's OPU (Oocyte Picking-Up) for egg freezing was scheduled for 13:30 pm, according to the whiteboard. Merve was brought directly from the airport to the clinic by one of the chauffeurs around noon. She was travelling alone, with a small backbag. She would be flying back to Turkey that evening. Around 3:00 pm, I went to the room where she was resting following her OPU since the nurse told me that she agreed to talk to me. Merve preferred me to take notes, rather than voice-recording the interview.

Merve was a single professional woman in her early 40s, living in Istanbul. When in her mid-30s, she was told that she had a higher risk of experiencing a premature menopause due to her high prolactin level. Her mother also had a premature menopause. Given this, Merve said, "I paniced when I approached the end [of my fertility]. I thought I would already be married by now. I always wanted to have a child, but this what happened since there was no candidate to marry. I did not want to get married just to make a child. I always wanted to marry for love and to have a child." Although Merve was informed in her mid-30s by the doctor about her risk of early menopause, she did not immediately pursue egg freezing. Instead, she told me, she approached it as a matter of *kısmet* (fate). In her 40s, one doctor told Merve that she already entered early menopause and she had no eggs. When she saw another doctor, she was told that she still had eggs, but her chance of getting pregnant was very low due to her decreased ovarian reserve. So, her doctor suggested that she go to Cyprus and freeze her eggs.

Since egg freezing was allowed in Turkey for medical reasons, including (since 2014) diminished ovarian reserve and family history of premature menopause, I asked Merve why she came to Northern Cyprus to freeze her eggs. She replied, "Since IVF outside marriage is forbidden in Turkey, I came here. I came to Cyprus to have more options in the future in case I want to have a child [with a future partner] outside marriage or with [donated sperm from] a sperm bank [as a single woman]." In other words, she traveled to Northern Cyprus to freeze her eggs in order to maneuver around the biopolitical criteria of heteronormative conjugality in accessing IVF in Turkey, and thus to expand the scope of her choices to have a (biological) child in the future. She was aware that adoption could be an option. However, she stressed, she did not

just want to have a child, she wanted to become a mother and experience motherhood (pregnancy). In her words, "I love children. I have nephews and nieces. I have tasted the love of children with my nephews and nieces. And yet, you still want to have something that only belongs to you."

I asked Merve her thoughts about the sperm banks she mentioned. She replied, "It [sperm bank] is not on my agenda right now. Maybe it would never be on my agenda. I prefer to have a child with someone I know, either within or outside a marriage. I have not decided about it yet. I just want to have my options in the future. I wanted to get it [egg freezing] done now before it is too late. Not to regret it later." She thought her family would not approve of her having a child outside marriage, either with a partner or using a donor sperm, because this was something that only celebrities (could) do in Turkey: "We hear about it [having a child outside marriage] from celebrities. It is not something [socially] acceptable for me [to do, in the eyes of others]. If I go abroad and raise a child this way, it may be possible to explain it somehow. Maybe not? My social surrounding is not open to [having] a child outside marriage." Although she was not sure at the time of our interview which options she would or could choose in the future, she still wanted to have them available in case she would change her mind and/or her social conditions would change. After all, as Merve told me, five years ago she did not think about egg freezing, but now she was pursing it. She did not know what she might decide five years from now: "Maybe I will change my mind. Maybe I will go abroad with my child or I will not care about my social surroundings. Although, it is not easy to do."

This was Merve's second visit to Northern Cyprus. Last year, in her first attempt, she did not undergo an egg retrieval procedure since only one egg was produced in her hormonally stimulated ovaries. After this failed attempt, she lost hope and decided not to try again. But the following year, she changed her mind. She knew her chances were low. She said that even her current doctor did not speak with optimism. And yet, she wanted to try again since she knew from her doctor that "one can get pregnant with only one single egg." Due to her age, she believed that she was already a candidate for IVF, so, in her view, she was undergoing OPU now for a future IVF procedure. If she had a partner, she would be willing to fertilize her eggs with her partner's sperm and freeze their embryos for future use, "I think it would be healthier that way. They [clinics] also do genetic testing [PGD] [on embryos]. It will be also required for me because of my age. I don't want to bring a disabled child into the world."

When I talked to Merve following her OPU, she did not know yet how many eggs were retrieved from her ovaries. She was told that four eggs were seen in the ultrasonographic scanning of her hormonally-stimulated ovaries, but she was not certain if they were "full" or "empty" or if they all were of good quality for egg frezing. She told me that she "might be talking about nothing now." Her doctor had told her that it was desireable to retrieve at least eight or nine eggs, from which only good quality ones were selected to be frozen. She knew that with only four eggs retrieved she had a lower chance of having good quality eggs to be frozen, but she was keeping her hopes up. Merve had paid 3,000 Euros for egg freezing. (She did not tell me if this figure included her previous attempt.) Her friend and her sister knew about her pursuit of egg freezing in Northern Cyprus, but she did not tell her mother so as not to upset her about her diminished ovarian reserve.

As a single woman in my early thirties at the time of our interview, I mentioned to Merve how I had become more and more "exposed" to thoughts, conversations, advice and even warnings concerning my own chances at reproduction and having a child. Conducting my fieldwork in an IVF clinic definitely contributed to this exposure. I had conversations with IVF doctors as follows:

- How old are you?
- 32.
- Are you married? Any child?
- No.
- You are pursuing a career! You might consider egg freezing, then!

In the eyes of the clinicians, probably I was too old (over 30) and too financially stable (since I was studying abroad and living alone in Northern Cyprus) to become an egg donor. Rather, as a single, then 32-year-old, doctoral student – a.k.a., a "career woman" -- I was a good candidate for egg freezing and therefore a potential good customer for their reproductive service. Even some of my interviews and/or conversations with women undergoing IVF using donor eggs to have a child in their thirties or forties took the form of women cautiously advising me to get married and have a child before it's too late. In a way, the women's admonishment implied, "Look at us, take your lesson!" Given my own personal experiences and exchanges in and beyond fieldwork, I wondered if Merve had any regrets regarding her reproductive decisions. She said she regretted not pursuing egg freezing in her 30s when she first heard about it. "It has to be done in your mid-30s if you are considering it," Merve advised me. She mentioned her 50-year old friend recently entered menopause and regretted she had not had a child. Her friend told Merve that she wished she had been told by others to get married just to have a child. Merve said this conversation affected her decision to pursue egg freezing again after her first failed attempt. When I asked her if she had any upper age limit for herself to have a child, she replied, "I think eggs can be stored for 5 years.[103] I do not want to consider it [to become a mother] after 50. I do not want to give birth at 55 when people become grandmothers. One of my friends got married around 49 and had a tube baby, I think, with her own eggs. It is too hard [to become a mother] after 55." Interestingly, Merve started with 50 and ended up with 55 as an upper age limit for herself to have a baby. She told me how she felt very upset when she was told for the first time that she had a higher risk of having an early menopause, but she also stressed that she did not think it was the end of the world. Merve travelled to Northern Cyprus to freeze her eggs not only to keep her chance of having a biological child in the future but also to bypass the principle of heteronormative conjugality in accessing IVF in Turkey. Merve's case reveals how the scope of reproductive services Northern Cypriot clinics offer to Turkish citizens has been expanding to

[103] In Turkey, eggs can be stored up to 5 years, and after 5 years this period can be extended with the permission of the Ministry of Health. However, there was no mention of egg freezing in the IVF regulations in Northern Cyprus. According to the 2009 Northern Cypriot IVF regulation, it ws forbidden to conduct embryo transfer on women over 45. With a new regulation introduced in 2016, it has been allowed to lift this age limitation under certain conditons. On the other hand, in Turkey, there is no mention of an age limitation for women to undergo embryo transfer.

include egg freezing as an emerging form of reproductive biopolical maneuvering across borders.[104]

[104] For the perspective of international patients seeking egg freezing in Northern Cyprus, see "Motherhood on Ice" (2014), a documentary that follows a British woman in her 40s, childless and single throughout her egg freezing journey across Britain, Turkey, and Northern Cyprus.

CHAPTER 4

"Donating" Eggs, Valuing Secrecy

"Egg Business!"

21-year old Ülkü first heard about the "egg business" from her *hala* (paternal aunt)'s ex-coworker through Facebook chat. She became very interested in it because she was told that she could make 2,000 Turkish Liras in this business for only a one-day visit to Northern Cyprus. That is approximately $700, twice higher than a monthly minimum wage (approximately $300) in Turkey. She started considering it because she had credit card debts and wanted to save money for her university education. She was unemployed since she had quit her minimum-waged job three weeks previous at LC Waikiki, a popular Turkish retail clothing store chain. At some point, however, her aunt's friend asked if Ülkü, as a young unmarried woman, was not a virgin because only non-virgins could "do this egg business." She found this question suspicious and did not understand how being a virgin or not was relevant to the egg-packing business. Ülkü got scared and told her aunt to stop chatting with that person. She explained me her concern: "I got scared that this person would do something bad to us, because they accept only nonvirgins." When the aunt asked her friend how (loss of) virginity mattered for egg-packing, the reply was that "It is women eggs, not chicken eggs! These are the eggs you give away with blood in every (menstrual) cycle."

It was the first time Ülkü and her aunt heard about this kind of egg business. The aunt's ex-coworker had not wanted to mention anything about it before because it might have been too risky to share such information with a co-worker. Even after the misunderstanding was resolved, Ülkü still was not sure about it owing to her doubts about the reality of this business, but her 29

year-old aunt, who had two young children, was willing to learn more and maybe even to pursue it because she could not find a job as a textile worker after her divorce. In the end, Ülkü dropped the subject and convinced her aunt not to pursue it alone. During our interview, she put her initial feelings into words this way: "It is something I heard about for the first time in my life. You had no idea. There is also the operation involved. It makes you scared first." Since then, however, out of curiosity Ülkü started searching the subject on the Internet to make sure if this egg business really existed. While searching online, she came across women fertility patients' accounts of being the recipients of egg donation on *the Women's Club* (not the accounts of egg donors because such forums are mostly dominated by accounts of fertility patients) and felt sorry for these women who had been trying for years to have a baby. She also Googled "tube-baby in [Northern] Cyprus" and read about egg donation from the Northern Cypriot clinics' web pages. After a couple months of reconsideration, Ülkü decided to pursue it. Ülkü asked her aunt, who remained interested, to call her friend and learn more about this business. Her aunt's friend sent them to a clinic in Istanbul to get their ovaries checked. The same clinic came up in the accounts of some other egg donors as well, which functions as a "sending clinic" in Turkey that sends egg donors as well as recipient couples to Northern Cypriot clinics. In the end, Ülkü was recruited as an egg donor while her aunt was rejected because it was discovered that she had too many cysts in her ovaries, or at least, this was what her aunt told her. Ülkü suspected that her aunt's age was the real obstacle, because, to her knowledge, egg donors were supposed to be between 20 and 27 or 28 to be recruited. Subsequently, this has become a big problem between Ülkü and her aunt, who blames Ülkü of stealing her job but still also wants Ülkü to convince the clinics to recruit her, too.

***

On a hot sunny afternoon in mid-July, 2015 in a Northern Cypriot IVF clinic, I heard this story from Ülkü while she was resting in an air-conditioned recovery room after undergoing an OPU (the English abbreviation for "Oocyte Picking Up" is used in the clinic) operation, her second. Her story provides a useful starting point for an analysis of the clandestine, spatial and transnational aspects of cross-border egg donation from Turkey to Northern Cyprus from the perspective of egg donors. The initial misunderstanding exhibited by Ülkü and her aunt strikingly, yet unsurprisingly, reveals the invisibility and unfamiliarity of egg donation to Turkish people, even young women such as Ülkü who may be potential egg donors. It is striking but unsurprising due to the disguised nature of this "egg business" in Turkey, owing to the legally and morally problematic status of gamete donation in the country, as discussed in the previous chapter. However, it is also worth noting that although sperm donation and more recently surrogacy are, like egg donation, forbidden in Turkey, egg donors' accounts suggest that they are more popularly "visible" than egg donation (especially recently in Turkish television series and generally in the sensational news in the Turkish media), despite a statistically more positive public opinion in Turkey toward egg donation (23.3 percent) as compared to surrogacy (15.1 percent) or sperm donation (3.4 percent) (Baykal et al. 2008). Most egg donors I interviewed had known of the existence of sperm donation (and more specifically, of sperm banks) and even of surrogacy (especially thanks to the popular Turkish TV series "My Baby" and "The Day My Fate is Written" before becoming aware even of the existence of egg donation. At the times when egg donation is visible, as Ülkü came across it in her Google research results, it appears mostly from the perspective of the fertility patient women seeking donor eggs.

More importantly, I found Ülkü's story striking for two reasons: (1) The clinical recruitment of women as egg donors requires the revelation of knowledge not only about their

reproductive capacities, but also about their sexual status; and (2) Egg donation as a new clandestine realm of financial opportunity involves the possibilities of conflict and competition, as well as solidarity/alliances among (current and potential) egg donors. This chapter details and analyzes the experiences of Turkish egg donors who embody the "supply side" of transnational egg donation, and for whom secrecy is also essential. By observing egg donors' visits to Clinic Delta and conducting interviews with them, I explore the multiple meanings and values that young women who travel for "cycling overseas" (Whittaker and Speier 2010) attribute to secret egg donation within the realities of their lives and given gendered social expectations and pressures for being a "good woman" in contemporary Turkey.

Some feminist scholars and activists have denounced egg donation and surrogacy as the ultimate form of medicalization, commodification and technological colonization of the female body (Cooper and Waldby 2014; Gupta 2006, 2012). Tracing shifts in theorizing feminist alliances internationally from "global sisterhoods" (imagined through ethnocentric, white, heteronormative and middle-class versions of similarity and unity among all women) to "transnational feminisms" (imagined through an acknowledgement of women's differences), Gupta (2006) suggests the formulation of feminist bioethics on reproductive technologies based on an idea of self-respect and human dignity.

Making an analogy with organ trafficking[105] (Scheper-Hughes 2001, 2003), Gupta (2012) even argues for a global ban on commercial egg donation and surrogacy to prevent cross-border

[105] Nancy Scheper-Hughes (2003) condemns all forms of commercial organ donation by adopting a broader social justice approach that proposes to turn the focus from individual choice (the right to sell) and contractual exchange to larger structures of poverty and political repression. However, Sherine Hamdy (2012: 237) argues that taking morally absolutist stances like total ban or criminalization would only drive the practice further underground. Instead, she offers, like Adriana Petryna (2009) writing on global clinical trials, to ensure radical transparency as a more ethical stance which could guarantee safe medical practice.

travels stimulated by the discrepancies in national regulations, by adopting a social (distributive) justice approach that would hold the state accountable and responsible for providing basic social goods to low-income households and for promoting gender justice for women in patriarchal households, rather than letting women be compelled to adopt egg donation and surrogacy as a survival strategy, that "is contrary to basic moral principles and human dignity" (47). Scholars have pointed to how some women's bodies become "bioavailable" and "biodesirable" to others, thus forming a global reproductive labor market (Walby and Cooper 2008, 2010; Payne 2015; Whittaker and Speier 2010) and (re)reproducing transnational inequalities as eggs travel from younger, less affluent Eastern and Southern egg donors to more affluent Western recipient women (and men). However, although "[s]cholars typically invoke victimhood when the bodies of Third World women are their focus" (Pande 2010:293), study of the multiple and complex impacts of reproductive technologies on these women might reveal to what extent they see themselves as "knowing subjects" and "acting agents," rather than as "objects," "victims" or even "cultural dopes" (Gupta 2006:28; Pande 2010: 293; Nahman 2008). For example, Amrita Pande (2010:304) points to how Indian surrogates resisted the discourses of disposability by emphasizing their special attributes that made them more desirable to the hiring couples than other surrogates or by stressing the special bond shared between themselves and the hiring couple. Similarly, medical anthropologist Michal Nahman (2008) rejects seeing Romanian egg donors as "*passive objects* at the mercy of global capitalism, bioenterprise and the desires of other ova recipients" instead, adopting the feminist question of women's agency, she argues that "they are actively engaging in selling eggs" (67).

In a critical conversation with Gupta (2006)'s call for (universal) feminist bioethics on reproductive technologies based on an idea of human dignity, Nahman (2008) proposes to deploy

desire, rather than agency (either as an enactment of dignity or choice) as a useful analytic for understanding the workings of the globalized reproductive economy of egg donation, where desire operates as a force for linking differently positioned women (as "egg buyers" and as "egg sellers"). She underlines: "Ova donors are differently positioned to one another, in terms of their relationship to the state, power, the global economy and ova recipients" (2008:68). For example, she continues, post-Communist Romanian egg donors are positioned differently to US egg donors in a global commercial egg donation market. The positionality of the Israeli recipients she wrote about is also very different from the positionality of Romanian egg donors.

Expanding her framework, I argue that not only desire, but also secrecy is essential to the workings of transnational commercial reproduction between Turkey and Northern Cyprus. Here, both recipients and donors are mostly the citizens of Turkey, and eggs are not necessarily travelling from the bodies of less affluent to the bodies of more affluent. In some cases, even, egg donors are more educated, urban and fluent than recipient couples. Donors and recipients become entangled in this transnational network through desire (and even desperateness) for having children and earning money, and also for keeping their entanglement in this network a secret. Secrecy is essential to both sides for different reasons. I discussed it from the perspective of the recipient couples in the previous chapter. Now, I will closely look at the stories of the egg donors, and discuss how secrecy matters to Turkish egg donors as they are "actively engaging in selling eggs" (Nahman 2008:67).

Turkish egg donors are engaged in a "stigmatized form of [reproductive] labor" (Pande 2010:293), which tends to be associated with the organ mafia, with selling one's own child, with sex outside marriage (especially for single women), with committing a sinful act, or with harming one's health and fertility. Secrecy around egg donation becomes related not only to the

moral status of selling eggs, but also to the moral status of young women selling their eggs. Although Ülkü thought that she was not doing anything wrong, she was careful about to whom she disclosed her egg donation. Ülkü explained it: "If this (donating eggs) would be somehow known to people, my loss of virginity would also be known!" Secrecy must be employed to realize desires (e.g. money, sex outside marriage). That is, secrecy is not a goal in itself but rather a means to realize other goals while performing a virtuous identity.

Gilbert Herdt (1990), revisiting the important findings of Georg Simmel's (1906) classic, "The Sociology of Secrecy and Secret Societies," regarding "secrecy's potential as a generative mechanism for constituting self, society, and perhaps most importantly, culture" (Jones 2014: 54), criticized the structuralist positioning of such analyses as being locked within the individual *vs.* society divide. Opening room for alternative understandings of secrecy as a shifting, heterogeneous and contested phenomenon, Herdt pointed out that "secrecy differentiates, however, as well as unites" (1990: 361) by creating social "hierarchies [not only] between outsiders and insiders, [but also] between members of the collective itself" (360). Writing on post-Cold War American nuclear secrets and national security, Masco (2006) argues that secrecy is "wildly productive: it creates not only hierarchies of power and repression but also unpredictable social effects, including new kinds of desire, fantasy, paranoia, and, above all, gossip" (272).

Focusing on the gendered and embodied dimensions of secrecy (e.g. Rhine 2014 on HIV in Northern Nigeria; Warin 2010 on anorexia in Vancouver, Edinburg and Adelaide; Mookherjee 2015 on wartime rape in Bangladesh) within the domain of reproductive technologies, this chapter investigates from the perspective of egg donors how transnational egg donation constitutes an emerging gendered secret collective that is carefully guarded as a set of

clandestine knowledge practices, and mediated through complex and interrelated operations of trust and risk, concealment and revelation, exclusion and inclusion within and through networks of IVF practitioners, patients and egg donors, and even allies from friends and close family members.

Due to the socially, morally and legally questionable status of egg donation in Turkey, secrecy is important: (1) to protect oneself from others' moral questionings and judgments by managing the stigma associated with egg donation; (2) but also to protect the profitable egg business itself that is itself disguised in and through the secret collectives of egg donation. As the opening story illustrates, the clinic's recruitment of Ülkü, but not her aunt, as an egg donor caused a conflict between the two women, leaving her aunt outside this new realm of opportunity despite her financial motivations as a divorcee. Keeping this two-tiered cause for secrecy in view, this chapter reveals how secrecy is not only about managing stigma associated with egg donation, but also about limiting the expansion of the egg donation market and consequent possibility of competition for (and therefore lower payment to and subsequent difficulty in recruiting) egg donors. One egg donor started explaining to me why egg donation should be permissible in Turkey for egg recipient couples. When I asked her if she would also support the legalization of donating eggs in Turkey, she opposed this scenario: "If everybody would do it, we could not do it then. [...] There would be more people to donate, but less people to receive (donor eggs). Then, they would choose (egg donors) more meticulously and carefully. So, many, including me, could not do it." In other words, for egg donors, secrecy retains both moral and economic value.

The chapter is divided into three parts. First, the methodological aspects of my analysis will be briefly given. The second part will detail the egg donors' strategies of secrecy to manage

the stigma associated with egg donation, analyzing these as "an intentional process of differentiating included persons and entities from those excluded, while simultaneously building solidarity among secret-sharers" (Herdt 1990:360). However, mechanisms of inclusion and exclusion, creating local social hierarchies, can also occur within the secret collective of egg donation itself: among egg donors, between egg donors and the clinic/doctors, and between donors and fertility patients. Focusing on these complex processes of inclusion, exclusion, concealment and revelation which are mediated through idioms of trust and risk, I will examine how women heard about egg donation, how they decided to donate eggs, how they kept egg donation a secret from others, and how they morally accounted for their egg donations. The last part of the chapter will discuss the egg donors' understandings of the clandestine and illicit nature of egg donation in relation to its economic value as these understandings are revealed through the question of whether egg donation should be legally permitted within Turkey. In the end, this chapter will reveal the interrelated moral and economic value of secrecy.

1.Methodological Strategies

On the day I interviewed Ülkü for the first time in mid-July, 2015, her OPU had finished around 12:00 noon. The anesthetist[106], wearing a white hospital uniform, walked downstairs with quick steps immediately after the operation, pulled off her disposable blue plastic overshoes, and left the clinic to get in her nice car, parked right in front of the building. A few minutes later, one of the nurses walked down the same set of stairs carrying a disposable black plastic bag of post-operation waste and went outside to throw it into the dumpster across the road. When the nurse returned, I kindly requested that she ask the donor on my behalf if she would like to talk to me.

[106] She was one of the two anesthesiologists who were working with Clinic Delta at the time of my fieldwork, and each was being paid per the operation they attended.

The nurse said to let "the girl" have some food first and then she would ask her. Yet, I knew that the donor would leave the clinic around 3:30 pm. Soon into my fieldwork in the clinic, I realized that it was important to learn in advance (from nurses, the patient coordinator or the secretary) when the patients or the donors would leave the clinic so as to arrange the timing of the interviews accordingly and efficiently. Cognizant of the time constraints, I requested that the nurse ask the donor as soon as feasible. She agreed, but then she disappeared for the next hour. Meanwhile, food arrived for the donor. When I saw the same nurse again later, I reminded her of my request. She replied that she had forgotten to tell me that the donor had agreed to be interviewed, but that I must let her finish her meal first. I offered to talk to the donor while she was eating, if it would be okay with her. I usually waited at least half an hour or an hour before beginning an interview to let women rest and "get back to themselves" after undergoing the OPU under general anesthesia. Since women were required to go into the operation with an empty stomach, they were served by either one of the nurses or Aynur Abla (who took care of cooking and cleaning services in the clinic) a cup of Turkish black tea and 4 or 5 tea biscuits right after the operation, and then a full lunch. On the days when OPUs were scheduled (either for egg donors or for female patients undergoing PGD sex selection or sperm donation), it was therefore common to see a nurse carrying upstairs a tray with a cup of tea and biscuits.[107]

[107] I realized that Turkish black tea is often prepared for Turkish visitors in the clinic as elsewhere in Northern Cyprus. Turkish Cypriots mostly prefer to drink Turkish coffee. As the bureaucrat at Northern Cypriot Ministry of Health joked about it during our interview (October 15, 2014) when he asked the secretary to bring a cup of Turkish coffee for him and a glass of "black beard's tea" for me. With "black beard," he was referring to settlers from Turkey (Navaro-Yashin 2006; Hatay 2005). However, black tea has multiple ethnic and socio-economic associations in Turkey. One day in the clinic, when a Kurdish couple travelling from Turkey was offered black tea, the man declined the offer, "This is Turkish tea (*Türkiye çayı*). We drink *kaçak çay* (smuggled tea)." Drinking smuggled tea as a widespread socio-cultural practice among Kurdish people has been geographically distributed across the country with the internal (forced) migration of Kurdish population since the 1990s.

Around 2:00 pm on this day, I gathered up my notebook and voice-recorder and went upstairs to conduct an interview with Ülkü. I knocked on the door and entered the room. Ülkü was sitting up in bed, with pita bread and a diet Coke on the over-bed table in front of her. After introducing myself, I asked her if this was a good time for us to talk or whether she would prefer to finish her food first. She pushed the over-bed table a bit away from herself, saying that it was okay to begin now because she did not feel hungry anyway. She turned down the sound on the television mounted to the corner of the room, showing the rescreening of a Turkish drama on SHOW TV (one of the most popular private Turkish TV channels). While she was sitting in the bed wrapped in a cloth hospital gown, with an IV drip attached to her right arm, I sat on a chair across from her. She consented to an audio recording of our interview. As we spoke, the nurse visited the room a couple of times to measure her blood pressure and take records to inform the doctor. When the IV infusion was completed, the nurse took out the drip. She also brought antibiotics that Ülkü would have to take for one week, twice a day. Before the donors left the clinic, they would receive their payment in cash (in Euros), mostly delivered by the IVF nurse. Sometimes, the nurse visited the room to make the payment without realizing that I was also in the room; on these occasions she seemed a bit nervous about handing the money to the donor in front of me, who was, after all, dressed as a patient and recovering from anesthesia. I was able to talk with Ülkü for an hour before the nurse came in to ask Ülkü to get dressed and be ready for the ride to the airport.

This was more or less how my interviews with egg donors took place in the clinic. The egg donors were generally taken to rest in to this same recovery room upstairs because it had a balcony with an exterior staircase, used strategically by the clinic to let the donors in or out without fertility patients noticing them — what I discussed in the previous chapter as a spatial

choreography of anonymity. In the same room, I also interviewed some recipient couples. However, with recipient women, our interviews usually took place while they were resting in bed after embryo transfer, which is relatively less invasive than OPU and generally requires no general anesthesia (unless, for example, the woman is suffering from vaginismus[108]).

I closely tracked the arrival dates of egg donors to the clinic for the OPU by checking either on the agenda book of the secretary at the front desk or the three-legged white board which was at first placed in the patient coordinator room and then moved to the kitchen to keep it visible only to the clinic staff. Just as I did to recruit the patients, I requested that nurses introduce me to egg donors as a researcher and to ask them on my behalf if they would like to participate in my research. By asking on my behalf, the nurses conveyed a sense that I could be trusted and would ensure their confidentiality. Because the interviews took place in a clinic environment, the egg donors may have felt more at ease about being interviewed. All of my interviews with donors were conducted in the private recovery room (with one exception, occurring in the backyard) during their period of rest following the OPU operation. I interviewed 14 egg donors in all (see Table 1 below for the detailed background information); two were

[108] Vaginismus is an often-painful involuntary contraction of vaginal muscles which affects a woman's ability to engage in vaginal penetration, including sexual intercourse, and the penetration involved in gynecological examinations (pap tests) and procedures (OPU). It is a specific female sexual disorder which has became popularly visible and increasingly medicalized in Turkey especially over the last decade, with the increasing numbers of vaginismus clinics and (married heterosexual) women diagnosed with vaginismus, accompanied by its media presence (Şen 2017). When Şen interviewed Turkish women diagnosed with vaginismus, she found out that they usually sought treatment when they wanted to have a child. Since it refers to the lack of sexual penetration, vaginismus becomes one of the reasons for some married couples for their inability to have a child in "normal ways." Even, some had to resort to IVF. I remember that in the early days of my fieldwork in Clinic Delta, on a quite afternoon, one of the embryologists was casually explaining to me in the kitchen that some of the embryo transfers required general anesthesia, implying that these women undergoing embryo transfer had vaginismus.

sisters whom I interviewed together. With the exception of Ülkü, whom I interviewed twice, I interviewed the egg donors only once. Nine donors gave their permission for the interviews to be recorded; others allowed me only to take notes. The interviews lasted from between thirty minutes to two hours.

The 14 donors I interviewed were all between 21 and 28 years of age.[109] Twelve egg donors were born in Turkey, one in Turkmenistan and one in Bulgaria (Turkish Bulgarian). While 9 of 14 egg donors were living in Turkey and traveled to Northern Cyprus to donate eggs, the others were living in Northern Cyprus. 9 were never married and had no children. 1 was engaged. 2 were married, one with two children, and other with one child. 2 were divorced with one child. 5 were high school graduate; 2 left university; 5 were still university students, one of whom was an open university student; and one was university graduate. Only 5 of 13 egg donors were working at the time of interview (two of whom were an accountant, one was a waitress at a nightclub; one was a salesperson, and one was a cinema cashier). This sample may reflect the image of Cyprus "as a multi-diasporic space" (Teerling and King 2011), with Northern Cyprus hosting Turkish military personnel, settlers from Turkey, university students from Turkey and other countries, tourists, and female migrants working in domestic service, the service industry, or the sex trade.

When young women travel from Turkey to the island to donate eggs, they usually arrive by plane in the morning and leave in the evening that the same day. During their short visit, they

[109] According to the 2006 Northern Cypriot IVF regulation, egg donors were allowed to donate only once a year and their age was required to be not less than 20 and not more than 32. The 2009 regulation, however, did not include any information regarding egg donors. The 2016 regulation allows egg donors to donate three times per year at most and their age should be between 20 and 35. There are also other requirements for egg donors such as body mass index; physical, psychological and genetic health; having two healthy ovaries; XX- chromosomal sex.

are transported by the clinic's private chauffeur between the airport and the clinic. On occasion they might spend the night in the clinic before their OPU operation the next morning. For example, when I talked with Ülkü for the second time, she had spent the night in the clinic before the OPU because there was no flight early in the morning on the day the procedure had been scheduled. Telling me of the night she spent alone in the clinic, she remarked: "It was so boring. I got very hungry. Very much. I dreamed about food all night. I even texted my mother [in Turkey] asking her to cook this or that meal. You know, we cannot eat anything after midnight [before the operation]. And I came here very early [in the evening]."

Like other egg donors, Ülkü had also subjected herself to routine controls and hormonal injections (over the course of approximately 10 days, in order to produce multiple eggs, or "superovulate") while in Turkey. Thirty-six hours prior to the OPU, she took the final injection, called a "cracking injection (*çatlatma iğnesi*)" (the hCG trigger shot). An hCG (human chorionic gonadoptropin) shot is an injection of the synthetic form of this hormone that will trigger the woman's ovaries to release hormonally-stimulated eggs during an IVF cycle. The timing of this shot is important to schedule the OPU operation since eggs will be released from the women's ovaries within 36 to 46 hours after the hCG shot. In accordance with the egg donors' menstrual cycles and hormonal injection protocols, their flight to Northern Cyprus for the OPU is planned and booked in advance by the clinic. If the egg donors live in Northern Cyprus, some go to the clinic for hormonal injections. On the day of their OPU, they stay a shorter time in the clinic than the donors travelling from Turkey (approximately 2-3 hours in total).

	AGE	ORIGIN	Place of Living	EDUCATION	OCCUPATION	MARITAL STATUS	CHILDREN	HOW LONG
1	23	Turkey	Turkey	university	journalist (not working)	single	0	5 years (20 times)
2	23	Turkey	Turkey	university	university student (history)	single	0	1 year (4 times)
3	21	Turkey	Turkey	high school	not working(salesperson)	single	0	1-1,5 years (multiple times)
4	23	Turkey	Turkey	high school	night club	single	0	2 years (7 -8 times)
5	27	Turkey	Turkey	university	accountant	single	0	3 years (multiple times)
6	22	Turkey	Northern Cyprus (11 years)	left university	accountant	single	0	2 months?
7	28	Bulgaria	Northern Cyprus (8-9 years)	vocational high school	accountant (not working last 2 months)	married	2	2 years (3-4 times)
8	25	Turkmenistan	Northern Cyprus (8 months)	university	university student (economics)	married	1	multiple times
9	22	Turkey	Turkey	university	university student (communication)	single	0	first time
10	27	Turkey	Turkey	left university	salesperson	single	0	1 year (5-6 times)
11	23	Turkey	Turkey	open university	cinema cashier	engaged	0	2 years (3-4 months apart)
12	22	Turkey	Turkey	left high school?	not working (multiple jobs)	divorced	1	1,5 years (multiple times)
13	25	Turkey	Northern Cyprus (8-9 years)	university	university student (dietician)	divorced	1	1,5 years (multiple times)
14	21	Turkey	Northern Cyprus (8-9 years)	high school	not working, preparing for university entrance exams	single	0	6 months (3-4 times?)

Figure 4.1: The Demographics of Egg Donors

2. Moralizing Disguised Egg Donation

Donating Eggs for Money

In Northern Cyprus, young women are paid to "donate" eggs even though there is no mention of financial payment in the national legal regulations[110] or the clinic websites. Although they are paid for their services, they are called by the clinics and even in the national legal documents "donör" as a direct adaptation of the English word "donor," and sometimes "verici" (giver) and "bağışçı" (donor).

For almost all women in my study, the primary motivation for donating eggs was financial. Their reasons for earning money through egg donation ranged widely and included: paying off credit card debts or personal (or family) bank loans, getting a supplement to their income, recently being unemployed, being a full-time university student, saving money for their own university education, buying a house for a mother (divorced with no financial means), purchasing an iPhone for themselves or a sister ("if she gets into university"), going on vacation with a boyfriend in a luxury hotel or buying an expensive first-anniversary gift for a rich boyfriend, or saving money for hymen reconstruction before getting married. Many women described selling their eggs as a way of making "easy money" in comparison to full-time yet low-paid jobs like being a salesperson.[111] The egg donor payments range between 700 and 850 Euros per retrieval.

The larger constraints of gendered labor in Turkey make egg donation a reasonable way of making money despite its informal and stigmatized status. Only less than a third of the

---

[110] As far as I understood from the egg donors' narratives and interactions in the clinic, there is no legal contracts issued between the clinic and egg donors. The monetary interactions tend to be informally and verbally conducted, based on idioms of trust and risk.

[111] There is an increased interest in the study of salesperson's labor especially within the context of the mushrooming shopping malls in Turkey (Özbay 2015; Özkaplan et al. 2017).

working-age female population are currently holding or actively seeking employment in Turkey. Accroding to the Turkish Statistical Institute's "Women in statistics, 2016" report, the employment rate of population aged 15 and over was 46 percent; this rate was 65 percent for males and 27.5 percent for females in 2015.[112] More than half of these women work in the informal sector. Although the rate of the female labor participation increases by education (it is 32.7 percent for females who graduated from high school, 71.6 percent for females who graduated from higher education), women earn approximately half what men earn. While working females who graduated from higher education had average annual main job income as 29 thousand 238 TL, working females who graduated from high school had average annual main job income as 16 thousand 124 TL in 2015. However, student life is expensive especially in big cities like Istanbul (limited public housing, expensive public transportation, etc).

Accroding to the "Women in statistics, 2016" report, 34.3 percent of the first marriages were realized between the ages of 20-24 in females. Social policies in Turkey are still based on the ideal of a male breadwinner family, rendering women dependent on male family members (father or husband) for social security and contributing to their exclusion from the labor force (Buğra and Yakut-Çakar 2010). This system especially puts divorced women ("women without men") in an economically and socially precarious condition (Özar and Yakut-Çakar 2013).

New ideals of entrepreneurial freedom, self-invention, individual autonomy, and self-realization have emerged since the 1980s as Turkish society has gone through a transformation from state-controlled capitalism to a privatized and liberal market economy within the context of Islamization, neoliberal globalization, and Turkey's EU journey (Ozyegin 2015:1-3). In the

[112] "İstatistiklerle Kadın, 2016 [Women in statistics, 2016]" http://www.tuik.gov.tr/PreHaberBultenleri.do?id=24643

2000s, with the rise of finance and credit markets as part of the country's neoliberal transformation under the consequent AKP governments, credit-reliant consumption and welfare (accompanied by the mushrooming of shopping malls across Turkey) have exposed Turkish citizens (especially lower and middle classes) to new forms of socio-economic vulnerability associated with increasing indebtedness (Kus 2016). In 2014, 55 percent of household disposable income was consumer debt.[113] The number of credit cards exceeded 58 million by the end of 2015.[114]

Within this social, economic and political context, egg donation becomes a reasonable choice for making money, despite its highly informal and stigmatized status. Donating eggs might be a reasonable way to make money, but it is still morally stigmatizing. To manage stigma associated with egg donation, these young women therefore strategically and discursively moralize egg donation and thus create meaningful and moralized subject positions for themselves as egg donors so as to maintain their reputation as "good women" in contemporary Turkey.

Donating Eggs as a Better Way of Making Money

Some egg donors thus created moral boundaries to construct a sense of self-worth by interpreting differences between morally better and morally worse ways of making money, as well as between oneself and others. This is similar to the identity work enacted to "emphasize the moral difference between surrogacy and sex work and between surrogacy and putting a baby up for adoption" (Pande 2010: 299) by surrogates in India, where surrogacy is highly stigmatized and therefore kept secret (see also, for Ghana, Gerrits 2016) by the surrogates from their families and

[113] "Credit Card Debt Threatens Turkey's Economy" https://www.nytimes.com/2014/02/28/business/international/credit-card-debt-threatens-turkeys-economy.html

[114] https://bkm.com.tr/pos-atm-kart-sayilari/

communities, for example, by hiding in surrogate hostels during pregnancy or by telling their neighbors that the baby they were carrying, but miscarried, was their own (298).

As an university student, divorced with a child (who lives with the father) and living in Northern Cyprus for almost a decade with her mother and siblings since her parents' divorce, Nalan started donating her eggs after she spent the money that her father had sent for her monthly tuition payment on other things. She had since become a serial donor and had helped her younger sister get recruited as an egg donor so they could together contribute to the family income and also keep up their expensive lifestyle. I interviewed Nalan and her sister together on an April day when her sister was undergoing OPU for her third or fourth since the summer and she was accompanying her. Nalan had started donating eggs in the first year of the university approximately one and half year ago. She said after a year break (she did not say the reason for the break), she started donating her eggs again along with her sister.

Nalan morally accounted for their financial motivation this way:

> It is difficult to be a student. You pay rent, fuel for your car, tuition fees, food etc. I pay 300 English Pounds Sterling for an unfurnished apartment. And 1800 Turkish Liras monthly payment of my tuition fee– which changes according to fluctuations in Euro [...] Money my father sends to us is not enough. What else I can do? Should I sell weed or what? God forbid! This is the easiest way to make money for now![...] I also consider this as a "good deed" (religiously and socially altruistic) if your family does not have money or if you go through financially bad times. I know that there are those who pay tuition fees by doing this. It is better than "going astray" (*kötü yola düşmek*), lying under men. At least I am selling my eggs with honor.

For some egg donors, donating eggs is also a better way of making money than the (rhetorical) alternatives of selling sex, drug dealing or low-paying service work since it enables them to help others to have children. This way, the discourse of "helping others" emerges in the egg donors' accounts as an altruistic justification for egg donation. Only one woman told me that she did not know at the beginning that she would get paid for donating eggs so she started doing it only out of altruism. All others emphasized their primary motivation for donating eggs was the money; still, also knowing that they would help others to have children made them feel good about what they were doing. Considering the altruistic side of what they were doing helped egg donors either not to question it or even to change their perception of egg donation over time. In their view, there was a mutual gain in egg donation: while they were helping others to have a child, they were also making money. Lidya referred to the altruistic side of egg donation as something that she could not find in working as a salesperson. While she was donating eggs in return for money, she was also helping other people, which made her "peaceful and happy."

During our interview, Ülkü also expressed the altruistic side of donating eggs: "I see it as [doing] a good deed. For people who cannot have children. I really think about it this way. Okay, I come here for money! But, my heart is comfortable. Why? Because couples are waiting in hope to have children. Maybe even some are now gratefully praying for me. I think this way. I do not think it is sinful ("*günah*"), this or that. Even if we think it is sinful, we are committing many sinful acts anyway." As her eggs transform from "waste" into "resource" "as the primary generator of wealth, agency and value" (Franklin and Lock 2003:7), detaching "self" from body parts enabled Ülkü to morally legitimize selling eggs (whether sinful or not in the eyes of others), she, like other egg donors, described herself as providing substance with which *other*

women could become mothers; motherhood, in her view, was about gestating and care-giving — what egg-recipient women would do, as discussed in detail in the previous chapter.

However, it is worth noting that the discourse of mutual gain seemed to be first used strategically by intermediary friends and/or the clinics in recruiting egg donors to alleviate their concerns and to convince them, and only then was it embraced by egg donors themselves to justify their act of donating eggs. Although I did not observe in person any recruitment meetings between a potential egg donor and her intermediary friend, or between a potential egg donor and the clinic staff, I got the impression from the accounts of egg donors that intermediary friends and/or the clinical staff tended to introduce and explain egg donation to potential egg donors by using the discourse of mutual gain in a strategically moralized way. This reflects in some ways "the organization of the market" that "influences processes of valuation" (Almeling 2011:10) through the circulation of the legitimizing discourses. As one woman emphasized, however, the real motivation is always financial: "Even if I say I am doing a good deed, I would be fooling myself, my real motivation is always money. My own benefit overrides other's [benefit]. When I read other people's [Internet] posts saying that it is a good deed, I do not believe them. This [egg donation] could not be done just as a good deed."

Although these young women started donating eggs out of financial necessity, it was not always an easy decision to make for the majority of them. However, once they were involved in egg donation, many became serial donors (see Figure 4.1 above) Even though many had been donating eggs for months or even years, they were not willing to define egg donation as a "job."

"It [Egg Donation] is not a Job!"

Esra was 28 years old, married with two children, living in Northern Cyprus and, at the time of our interview, an unemployed accountant for the last two months. She heard about egg donation from the head nurse when she visited the clinic for her routine OB/GYN control. She and her husband were having trouble paying back a bank loan they used to buy a car. They also had to pay rent and finance private daycare for their two children. She reluctantly started donating eggs as a temporary solution. After making three donations, she was planning to do it one more time and then quit because she still felt uncomfortable about egg donation as she saw it as donating "a piece of herself." Although she could not put it into clear words, she resisted defining it as a "job." Her ambivalent feelings led her to see egg donation as only a temporary solution for her family's financial problems.

Ceren told me that she would not do this if she were "swimming in money" especially owing to the embodied burdens of the process, including health risks. She had just started doing it for financial reasons, but she never saw it as "immoral" or "ugly." As an university student at the private university with full scholarship, the daughter of divorced parents, living with her mother (teacher) and sister working in a low-paid job, Ceren no longer wanted to ask her mother for money. She had worked in a number of service sector jobs since high school, including as a waitress and masseuse. Although she was aware of the health risks involved in egg donation, she was also aware that she could not afford a healthy life and take care of herself as a university student who did not have much extracurricular time for a regular part-time job. So, egg donation was a better (financial) option available to her. However, like others, Ceren also tended to define egg donation as a temporary financial solution rather than a "job," which she would not prefer to do in her 30s, projecting for herself a better career trajectory (social mobility) in the future: "It

would be sad if I would still have to rely on this [egg donation] for money in my 30s, meaning that I would not able to achieve anything in my [professional] life by then."

Similar to Ceren, many women described donating eggs as a way of making "easy money" in comparison to full-time yet low-paid jobs available to them. Yet, for the very same reason, it is not seen by many egg donors as a "real job" that requires a full-time working schedule and regular payment. Additionally, whereas a "regular job" would be continual and paid on a monthly basis, due to the health risks involved in egg donation, they were advised to donate eggs not every month, but rather once in 2-3 months. For this reason, the money (approximately $800) that they gained from donating eggs was twice higher than a minimum average wage (approximately $300) in Turkey, but egg donors mostly had to rely on that money for 2-3 months (if they would follow the advice of not donating eggs every month). Furthermore, many knew that they would do it only until the age of 30 at most because of the clinics' preference for younger donors, as well as due to their own health concerns and life plans (e.g. marriage, having a child or having a better and more secure job). Donating eggs thus appears as the best available option for these young women to make quick money.

However, for a few women, it might be "easy money," but was never "blessed" (*bereketli*); it was easily and carelessly spendable unlike the money one gained from a full-time job. Ülkü had a similar understanding of egg donation. In her view, her donation money went easily away compared to the money she used to gain as a salesperson working on her feet all day and dealing with diverse people. She believed that it might be because that she gained her donation money without much labor (*emek*) or it was not inherently "blessed", yet easily spendable. When I asked her why she thought no labor involved in egg donation, she replied: "Yes, there is some labor in this too. But [in this] you do not work like other people for 30 days

and get paid [monthly]. Otherwise, to come here [Cyprus] is hard. I am also going to Istanbul [from her hometown in Turkey], and taking hormonal injections for 10 days and then going to Istanbul again..." Then, when I asked her again if she still did not see it as a job despite all these efforts involved in egg donation, she tended to say no by explaining what a "real job" meant to her: "involving more labor, working for hours a day, and hesitating to spend even 10 liras out of your salary because you got so tired to gain it." She added: "[with egg donation] easy come, easy go (*haydan gelen huya gider*)." For the time being, Ülkü was trying to make her donation money "blessed" and therefore "fertile" by purchasing "gold coins" and wishing to buy a house later with her savings as a long-term investment.

The Islamic concept of blessing (*bereket* in Turkish; *baraka* in Arabic) refers to divine blessings, the flow of which is facilitated by pious and moral action (Korkman 2015). For example, Zeynep Korkman (2015) explores the connections between rhetorical uses of the trope of blessings of businesses (e.g. "blessings have increased business") and blessings of children (e.g. "children are blessings," implying that God provides for children through blessing their families with increased economic resources) as lens into a particular (and fragile) articulation of economic neoliberalism with neoconservatism through which (neoconservative and patriarchal) familialism is mobilized for economic profitability in contemporary Turkey under the AKP governments. Korkman argues that while the word's dictionary definition is blessing, abundance, and fertility, *bereket* is now more commonly used in reference to material/economic abundance (338). However, in the narratives of some Turkish egg donors, "blessed" money implies that it is not just the amount of money but the means of acquiring it that makes it differently valuable, useful and fruitful, as a personal (and also family and household) spending money. As they pursue egg donation as a new realm of financial opportunity, these women attribute an agentive

force to the money itself to justify new financial strategies (see also, for baptized money and devil contracts, Taussig 1977; for "money that burns like oil", Gamburd 2004). In other words, cultural concepts of value and "[n]otions about the nature of money that govern proper and improper modes of exchange shape actors' sense of themselves and the world around them" (Gamburd 2004:170). In Ülkü's view, money earned by hard work is blessed whereas money earned "easily" through egg donation has an inherent tendency to be unfruitful, which does get spent easily and quickly (e.g. on shopping) as she acknowledges. These accounts prove that integration into the global economy has not automatically plunged egg donors into alienation and commodification, "where all social relations are reduced to exchange relations and measured in cash terms" (Nash 2000:129, cited by Gamburd 2004: 168).

Similarly, for Banu, egg donation failed to bring in "blessed" money, but for a totally different reason than Ülkü. Banu tended to see donating eggs as "sin" (*günah*), which was something she was trying not to think about. When her all savings were stolen by the man whom she was planning to marry and to start a new life with by taking custody of her daughter from her ex-husband, she thought his theft might be a warning to her from God. Yet, despite her ambivalence, she kept donating eggs because she believed that donating eggs, as a divorced woman was morally better than other ways of making money. In her words, "Thankfully, God did not let me go to the worse directions!" because, she told me, there were times when she had gone with a group of male and female friends to southern coastal cities of Turkey to work in the tourism sector (as a waiter, busser or animator at the hotels). She had to sleep in cars with others (with no money to rent a place) back then; but, she underlined, she had not let other people take "advantage" of her as a young, divorced woman.

Secret Networks of Recruiting "Friends"

As the opening story illustrates, egg donors are recruited by the clinic through a word–of–mouth strategy; public advertisement is not used. All egg donors I interviewed but two told me that they were asked to consider donating eggs by "friends" who were also donating eggs and/or working by commission as egg donor brokers, either directly for the Northern Cypriot clinics or indirectly for "sending" clinics in Turkey. Of the two exceptions to this, one woman from Istanbul heard about donating eggs from the female manager of the university dorm where she used to stay[115], while another woman living in Northern Cyprus was asked to donate eggs by the clinic's head IVF nurse when she visited the clinic for her annual OB/GYN exam.

Like Ülkü and her aunt, most women did not even know such a thing as egg donation really existed when they heard about it for the first time. Even if they were told about what the process involved, they still had concerns related to their health, future fertility and the moral status of donating eggs. Furthermore, women's sexual and reproductive abilities tend to be confined within the bounds of marriage, and the public ideal of female virginity until marriage is fairly strong in Turkey (e.g. Parla 2001, Koğacıoğlu 2004; Ozyegin 2015; Ellialtı 2012; Scalco 2016; Göçmen and Kılıç 2017), though all the single egg donors I met had been sexually active at some point. As mentioned before, although Ülkü thought that she was not doing anything wrong, she was careful about disclosing her egg donation to whom, like many other egg donors, because disclosing her egg donation means disclosing her nonvirgin status. Secrecy around egg donation therefore becomes related not only to the moral status of selling eggs, but also to the moral status of young women selling their eggs as nonvirgins.

---

[115] She did not give further information about the dorm. It could be a state-owned public dorm (off-campus), a private dorm (off-campus) or on-campus dorm of a (private or public) university. She added: "I should not have told that" worrying about revealing the identity of the manager and the dorm.

"Charged with personal, societal and legal significance, the hymen, a fold of flesh, has the power to rule the sexual selves of unmarried women in Turkey" (Ozyegin 2015:47). Therefore, the status of their hymen classifies women into the two categories: *kadın* (woman, non-virgin) and *kız* (girl, intact hymen).[116] "Explicit in the notion of *kız* is not only sexual purity and innocence, but also, particularly important, the desexualization of unmarried women, and the normative expectation that the transition from girlhood/non-sexual to womanhood/sexual should occur within the institution of marriage" (Ozyegin 2015:47). In short, a non-virgin unmarried woman, like Ülkü, has no proper place in the societal classification. Similarly, a divorced woman occupies a socially stigmatized (and economically disadvantaged) social status, as a non-virgin "woman without a man" (Özar and Yakut-Çakar 2013), as in the case of Ülkü's aunt who is under her family's close surveillance and control as a divorcee (not being let to live alone in another city).

In consequence, despite the financial necessity, the decision to donate eggs was difficult, taking a lot of consideration. For most of the egg donors, the ethnographic interview was the first opportunity that they had to render their new experience as an egg donor meaningful in a socio-cultural context in which there was no dominant narrative or discourse; a new experience which

[116] Even President Erdoğan publicly "condemned" a female protestor, whose hip was broken by the police during the protests in Ankara in 2011, by questioning whether she was "a woman or a girl" in reference to her sexual history. https://www.cnnturk.com/2011/yazarlar/06/04/basbakan.o.kadin.kiz.midir.kadin.midir/618955.0/index.html. Putting similar mentality into a discriminatory action, it was reported that several female protesters in Egypt who had been arrested during Tahrir Square demonstrations were subjected to virginity testing, despite the court ruling that condemned conducting virginity tests on women in detention "an illegal act and a violation of women's rights and an assault on their dignity." See https://www.hrw.org/news/2014/12/01/un-who-condemns-virginity-tests.

was not free of ambiguity, contradiction and ambivalence (Orobitg and Salazar [2005] have made similar observations of egg donors interviewed in a private clinic in Spain).

Kezban heard about egg donation from her close friend at a time when she was having financial problems. Her friend had been donating eggs but for a while had kept it a secret from Kezban, although they were close. When Kezban shared her financial problems with her, her friend finally revealed her secret job/practice to Kezban: "She only told me that she was going through some procedure. Because I have some financial problems. She had also been introduced to it by her friend. I mean, this is something that is usually shared among friends. It is not possible [to hear about] from an outsider. Even then, she told me hardly anything [about it]." Kezban learned about egg donation from her friend when she felt "locked up under financial problems," following the death of her older brother. Since her father had died fifteen years ago, 27-year old Kezban became "the father" of the house, in her own words, who had to shoulder the entire family burden after her brother's death. As the eldest sibling, she was left with the monthly payments on a personal bank loan for the house in which her family lived. She was working hard as an accountant, but she was responsible for the care of three younger siblings going to school, along with her house-wife mother. Kezban's friend explained egg donation to her as win-win situation: "while you [financially] benefit from it, people in need [of donor eggs] would have children with your help."

A discourse of mutual benefit emerges in egg donor narratives as a common rhetorical strategy used to justify egg donation in their recruitment as egg donors. Nonetheless, as with many egg donors, it took a while for Kezban to come to her decision:

> I already know that ovaries get renewed in each menstrual cycle. Yet, this is still a risk. Eggs are taken, but how properly are they taken? How is it done? You need to know the procedure. They [the sending clinic in Istanbul, the very same clinic for which the friend of Ülkü's aunt was also working] explained it to me in detail – they usually do not explain it to others, though! Then, I said okay. When I come here, I have to trust the doctor. This is part of my character. If I do not trust the doctor, I would discontinue [the plan] and leave. Yet, I saw the sincerity [in the doctor]. The way the doctor spoke to me and did things by putting him/herself in my position. After seeing that, I said 'Okay, let's begin' [laugh]. Because without trust, it is meaningless to take all these [hormonal] injections, to have all the stomach-bloating and to suffer from pain. If that trust goes away, everything goes away. Suddenly, you can come to the point of quitting when you suffer from that pain.

It took nearly two months of discussions and deliberation for Kezban to agree to donating eggs. Three years had passed since that time. During this time, she had "cycled overseas" for multiple times and she believed that there was nothing wrong with her health. She usually went to one of two Northern Cypriot clinics, one in Kyrenia and other in Nicosia, because, she said, they had the sincerest doctors she had ever known:

> Some [doctors] do not care. They just do the operation and leave. You are just a donor [in their eyes]. You are just supposed to give eggs and leave. Yet, these [the two doctors] are not like that. They do not treat you like that, 'give eggs and leave.' For others, it does not matter if they would take [your eggs] again. There are many other people [donors] like

you. Yet, they [the two doctors] do not assume like that. You are a human, too. They see what you are going through, that you are suffering pain for them and you are doing something for them. You need to see that sincerity. If I do not believe their sincerity, I would not do that anymore. I would not hesitate to quit. Maybe, I had to do this for [financial] necessity at the beginning. Three years ago. Yet, after that, I trust their sincerity and continue. I might not have done so if I had not believed or trusted them. I might have done for necessity at first, but then I would have quitted. Yet, it did not happen to be like this.

Kezban's narrative explicitly illustrates how idioms of trust and risk serve as the basis for the egg donor recruitment system in a weakly regulated, highly stigmatized economic and social environment (e.g. Yükseker 2004).[117] In his comprehensive review article on secrecy, Graham Jones (2014) points out that secrecy and risk are closely related: "Possessing secrets can make people intensely aware of the fragility of knowledge and the precariousness of their custodial position. Revelatory and initiatory practices within secretive activities are often carefully calibrated to induce a sense of risk (Bellman 1984), yet the experience of acquiring secrets can also produce confidence (Luhrmann 1989a) and trust (Herdt 2003, Kaplan 2014)" (54). What is at risk here for these women is their reputation and appearance (that is, their gender proficiency). In one egg donor's words, "I do not want it (her egg donation) to be known to others, because I

[117] Deniz Yükseker (2004) examines the transnational shuttle trade in the Laleli district of Istanbul in which entrepreneurs from different countries and of both genders mobilize idioms of trust and sex in order to carry out informal economic exchange through gendered social relationships ranging from friendship to sexual intimacy. Yükseker thus reveals how the operation of market exchange relies on not only a combination of written rules and regulations but also some unwritten but shared cultural codes.

feel like I am losing my reputation." She was especially worried about that her wealthy boyfriend who regularly goes to Northern Cyprus for gambling would question her visit to Northern Cyprus, a place that tends to be associated with casinos/gambling and night clubs (where sex trafficking –of mostly foreign women and girls from Moldova, Morocco, Ukraine and central Asian countries – is known to occur)[118] mostly by men as recipients of these services on the island. So, it is not just the act of donating eggs itself but the location where the act takes place might cause suspicion.

Similar to Kezban's close friend's earlier hesitation to reveal egg donation to her, Ülkü's aunt's ex-coworker (in the opening story) mentioned nothing about egg donation while the two women were working together, due to the risk of a "loss of reputation" after revealing such information to co-workers. Over three years, Kezban also became an "intermediary" not only forwarding fertility patients to the doctors that she "trusted in," but also recruiting additional egg donors. When I asked her how she usually approached potential egg donors, she explained it this way: "You tell about it very cautiously. When I talk about it, I usually feel a bit uneasy. Because

---

[118] In Northern Cyprus, where officially prostitution is illegal, official figures show that 1,168 "hostess" (*konsomatris* in Turkish) visas were issued between April 2014 and January 2015. It is said nightclubs pay around 7.5 million Turkish liras in annual taxes ($2.5 million) in Northern Cyprus. Since its membership to the EU, Greek Cyprus has been under close scrutiny of the EU and US authorities for sex trafficking.
http://www.hurriyetdailynews.com/brothel-cabarets-thrive-in-turkish-cyprus-report-87376. In the Clinic Delta, during a casual conversation with the Northern Cypriot embryologist in the kitchen, he was complaining about the "bad" image and reputation of Northern Cyprus due to its casinos and nightclubs, in Britain where he received his university education, after crossings between north and south have been relaxed since 2003 only for those who hold the passport of the Republic of Cyprus.

if she says no, it is possible that she can tell it to your friends, everybody. You have to choose [...] Yes, you have to choose whom to tell. I do not immediately mention it when someone tells me that she is broke or financially desperate. I think it through. Because I know what it is about." So far, everybody to whom Kezban had suggested egg donation had agreed to do it. She explained the importance of trust by telling me of how a potential egg donor failed "the test of trust": "My close friend had a friend. It turned out that I also knew her. Yet, we did not know that before. We never happened to be in the same place at the same time. My friend told her [about donating eggs]. Then, she told it to me. This happened. So we cancelled it [they did not let her to donate eggs]." When I asked her why, she replied: "Because my friend asked her not to tell anybody else about it, but she came and told it to me." In Kezban's view, this was a deliberate test; her friend "tested" the other woman and she failed.

Ceren already knew vaguely about egg donation before her friend told her about it. She once had searched information about it on the Internet and learned that it was illegal in Turkey. She had left it there with no desire to pursue it on her own. Yet, after her friend told her about it, she had a real example in front of her from someone she could trust. If there were people she already knew and trusted doing it, she could as well. She even said that if a clinic would pick her up from the airport and transport her to the clinic as in Northern Cyprus, she would even like to travel to other countries to donate her eggs, including the US, with no hesitation about the distance or concern for keeping it a secret, but with expectation for higher payment. In this way she could travel to places like the United States, where egg donors are paid more, a place she would never be able to visit on her own without personal connections. Ceren's dreams of travel illustrate how trust gains a complex meaning in egg donors' accounts and experiences, sometimes going beyond straightforward financial reason.

Secrecy is closely connected with risk and trust, not only in the recruitment of egg donors but also in monitoring the recruited donors. Kezban told me a story that she had heard from the nurse in the Istanbul clinic about an egg donor who came for the OPU under the influence of drugs. Under general anesthesia, she started wandering about the clinic. The nurse realized that something was wrong with her. When the nurse questioned her, it turned out that she used drugs. Kezban tried to describe to me what the drug was, but she could not remember it exactly: "*Şinanay* [she was not sure if this was the correct spelling or even a real word] or so, it is called. It is called heroin or something like that. A form of *Bonzai* [synthetic drug which recently hit the headlines in Turkey as "bonsai epidemic"], things like leaf." The OPU was completed, but her eggs were not used by the clinic. While telling me this story, Kezban underlined the importance of trust in egg donation. Her same close friend referred this donor to the clinic so that her irresponsible act as an egg donor put the referee in a difficult position as well. Kezban's friend did not accept this donor anymore, and she probably would not be recruited by anybody else since, in Kezban's words, "Everybody is connected with each other. Everybody knows each other in the test-tube baby sector." This story Kezban told me had been told to her by the nurse in the sending clinic in Istanbul; which is a good example of how secrecy works as a technology of governance "that would enact a domain of knowledge within which legitimate and (illegitimate) practices could be 'articulated and made operable' for governing activities and programs (Miller 2004:179)" (Introna 2016:33). Young women are thus governed to be good egg donors by creating "not only hierarchies of power and repression, but also [...] new kinds of desire, fantasy, paranoia, and, above all, gossip" (Masco 2006: 272).

From the egg donors' narratives and my observations in the clinic, I presume that it is unlikely for a Turkish woman to become involved with egg donation on her own, without having

this network of "recruiting friends." As in the case of Ceren, even if a woman comes across egg donation by chance on the Internet, it is unlikely, without having someone she can trust to help, that she will decide to pursue it on her own — to find a clinic, travel internationally, and undergo hormonal preparations and an operation about which she has no real understanding. In short, the recruitment system of the clinic is predominantly based on a chain of referral. However, after getting to know the process by going through it multiple times, women may be more likely to call new clinics themselves to volunteer their services, and gametes.

Despite their ambiguous feelings about egg donation which would take place in an unfamiliar setting for an unfamiliar procedure, young women still decided to pursue it, mostly thanks to a friend's comforting companionship not only in the process of recruitment, but also on their first visit to a Northern Cypriot clinic for their hormonally stimulated eggs to be extracted.

Dilek was working at the cinema box office and living in Istanbul. She was asked to be a guarantor for her co-worker who decided to take a bank loan of 7,000 Turkish Liras (approximately $2,400). Yet, her friend did not pay it and left Dilek as a guarantor with debt (11,000 Turkish Liras, including overdue fees), which she was hardly able to pay. Her childhood friend told Dilek about egg donation while she was trying to find a way out to pay off the debt. Dilek's friend had just heard about it from her cousin one month ago and was also considering herself donating eggs for university expenditures. When her friend asked Dilek, her immediate reaction was: "I do not do that! This is ridiculous. Let's sell our kidneys too, then!" Her friend insisted and suggested Dilek to do it together. Upon this offer, she decided to give it a try. They went together to the clinic in Istanbul to get started hormonal injections. This clinic was forwarding the egg donors to the Northern Cypriot clinics upon demand. Dilek said she was so scared at her first visit to Cyprus. Her friend's companionship helped her relax to some extent.

When they arrived at the clinic, another egg donor was already there waiting. The third donor underwent the OPU first. When Dilek and her friend saw that she looked fine afterwards, they thought it was not so serious. Then, Dilek's friend underwent the OPU, but she had some abdominal pain afterwards. When it was Dilek's turn. She vomited a bit afterwards, but did not have pain like her friend. Since then, she has always vomited after the OPU due to the anesthesia. She usually drank Coke and ate chips at the airport on her way back home, which made her stomach better. Yet, once when she had stomach upset and vomited on the plane, she said, this made people on the plane look at her strangely and curiously. When I asked Dilek what kind of concerns she had had at her first visit to Cyprus (which was an unfamiliar place to her, unlike Istanbul), she explained it this way: "You cannot trust people. And, it is in Cyprus, not in Istanbul. You do not know what they are going to do. Also, I have not ever been in Cyprus before. We searched online [about egg donation] but some questions are still left unanswered in your head. Is it your child or not? My fear is that this would affect me badly in the future. What if I could not have a child [in the future]? Logically, it [eggs] is something that "reproduces" itself [*üreyen bir şey*]. You give [eggs] once in 2-3 months, but do they [eggs] run out? Can I have a child in the future?" (She addressed this last question, no longer rhetorically, directly at me). At the time of this interview, Dilek had been donating eggs for two years, at 3-4 month intervals. When I asked her how she continued doing it despite those questions in her mind, she replied: "I try not to think about it. It has been a long time. You get used to it. You start finding your own answers [to the questions]." Furthermore, she explained how she made her first visit to Northern Cyprus despite her concerns, with the help of the accompanying friend: "I had my friend with me. I could not go alone. There was someone [with me] I trusted. At first, I was scared. Yet, [when they first went to the Northern Cypriot clinic] it was obvious even from the

outside that it was a clinic. It was obviously a clinic. Otherwise, I could not go there if it looked like a regular flat (*normal daire*) or shop (*dükkan*)." Dilek also added that she and her friend talked a lot throughout their first flight to Northern Cyprus about what the process would be like and how the clinic would turn out. It also helped her friend to keep distracted and feel relaxed to some degree because Dilek's friend was scared of flying since it was her first flight experience, as it was the case with some other egg donors as well. Some women even told me that the pills were used by the egg donors to delay their menstrual cycles to synchronize it with their friend's cycle so that they would accompany each other to Cyprus. It also seemed to be used as a strategy by the clinics to arrange the egg donors' cycles in accordance with the fertility patients' visit to the Northern Cypriot clinics.

As Dilek's story explicitly illustrates, "friends" play important roles in the process of deciding to try something in another country that had only just learned about and from which one had no idea what to expect. It is not that hearing about egg donation from a "friend" makes it an easier decision to take. Yet, having such personal links helps potential egg donors develop a sense of trust and security sufficient to subject their bodies to an unfamiliar procedure across national borders.

Even after her first visit to the clinic in Istanbul for the initial controls and hormonal stimulation protocol, Lidya still had some concerns (and also some curiosity) about going to Cyprus for a procedure that she had no idea about: "I had never been in Cyprus. That's why it scared me a little. You are going to another country, travelling across borders, going to somewhere you do not know. There would be no one you know. I was not familiar with what was going to happen there then, what would happen to me or what the procedure would be like. I worried. Yet, on the other hand, I was excited to see a new place. I was going to Cyprus. You

know. I had all these concerns in every sense in my first time." Nevertheless, she went to Cyprus, her words, "along with all [her] concerns." When I asked how her first visit went despite those concerns, she replied: "They took care of me. With their smiling faces. As you can see (referring to the nurse checking her during the interview), they frequently measure my blood pressure [laugh]. They are very involved. Always smiling. They are taking care of you as if you are an acquaintance (*tanıdık*). All these gave me trust that they were good people and would not hurt me or would not steal my kidneys [laugh][119]." After her first OPU operation in the Northern Cypriot clinic, however, Lidya had heavy vaginal bleeding. When she saw blood, she got very scared and worried if she had made a mistake by donating eggs. When I asked how she continued to donate eggs after having such a bad initial experience, she told me that she did not have such heavy bleeding ever again in her next donations; she sometimes only had some vaginal pain after the operation, as she was having minor pain during the interview. When she

[119] As Aslıhan Sanal (2011:98) points out, in the late 1990s, the illegal organ trade became a public issue in Turkey, with scandalous media stories of organ mafia doctors illegally at work in private hospitals – threatening public trust in good, high quality and newly emerging private medicine. Scholars also recorded that Turkey has been a critical route for the trafficking of organs in the region (e.g. Scheper-Hughes 2001; 2003). Therefore, rumors of an organ mafia stealing bodies, and of unregistered doctors performing illegal operations, are prevalent in Turkey. For example, after the devastating 1999 Marmara Earthquake which struck north-western Turkey, claims that organs may have been stolen from bodies or survivors have been kidnapped by organ mafia accelerated. https://www.theguardian.com/world/1999/sep/18/turkeyquakes.turkey. Now, such stories "Syrian refugees selling organs to survive" in refugee camps in Turkey are making headlines in national and international media. http://www.newsweek.com/syrian-refugees-selling-organs-survive-459745. S. Can Açıksöz (2012b), writing on prenatal diagnosis in Turkey, argues that "talking about risks in the course of amniocentesis was talking about discontent with institutions or with the national modernity project, about the imaginary or real threats to the social body, or about corruption." Similarly, "organ theft" rumors can be seen as narratives of "medical and social critique" (Campion-Vincent 2002).

had her period after her first donation and realized that there were no donation-related shortcomings in her body, she did not hesitate to keep donating eggs.

As in Lidya's above narrative, some egg donors exhibited their initial concern about and unfamiliarity with egg donation by making reference to organ mafia (Sanal 2004, 2011; Scheper-Hughes 2001, 2003). When Ülkü had to reveal her decision regarding egg donation to her mother, her mother objected to it by warning her daughter that it might be the organ mafia that wanted to steal her kidneys. Despite her mother's objection and without letting her mother know, Ülkü booked her flight to Istanbul from a major city in Southern Turkey to visit the "sending clinic" for the initial controls to see if she was eligible to be an egg donor. When she came back a few hours later, she told her mother about her visit to Istanbul. Her mother immediately checked her daughter's body to see if there was any scar left by the operation and to make sure nothing was missing from her body. Ülkü told me that her mother had done these body searches a couple more times following her first visit, but then over time she "got used to it [the reality of her daughter donating eggs]" after feeling certain that her daughters' organs were not being stolen; and she quit the body searches.

So far, I have revealed how secrecy is essential to young Turkish women's experiences of egg donation since egg donation tends to be associated with organ trafficking, selling one's own child, sex outside marriage (for single women), committing a sinful act, harming one's health and fertility, etc. The next section will closely look at the various specific practices of secrecy strategically and commonly deployed by Turkish egg donors.

Practices of Secrecy

This subsection will mainly focus on the practices of secrecy regarding *disclosure*, *hormonal injections*; *clinic visits*, *relations with the patients,* and *virginal façades.* It will reveal how Turkish egg donors, in coordination with the clinic staff and even allies from friends and family members, purposefully manage the politics of knowing (about their egg donation) through techniques of secrecy in and beyond the clinic. They do so not only to maintain their reputation as "good women" in contemporary Turkey, but also to pursue and preserve egg donation as a new realm of financial opportunity as well as their sense of solidarity and alliances with other egg donors.

To Tell or Not to Tell: To Whom, When, and How

Due to the socially, morally and legally questionable status of egg donation, egg donors tended to keep it a secret from family members, friends and others so as to protect themselves from other's moral questionings and judgments.

Ceren had told no one about her egg donation because that's what she promised her friend who recruited her: "No, nobody knows. She also did not want me to talk about it. I would like to tell my flatmate though, but I won't. Because I promised my friend not to tell. Therefore, I won't tell anybody else." When I asked her if she would tell any of her friends who were in need of money and might consider donating eggs themselves, she replied: "I cannot tell. Because I promised not to. And, it is a risk. You could reveal yourself. The friend who told me this is my friend for years. I might only tell years-long friends, like in my own case, only when I am sure about them and their psychology, and as long as they would promise not to tell anybody else." Her friend did not want Ceren to tell anyone else because it might be risky not only individually for young women as egg donors owing to the moral stigma associated egg donation, but also for

clinics, individual doctors and also egg donors and egg brokers owing to the illicit, yet profitable, nature of the business.

Most women revealed the information that they were donating eggs only to some of their friends, not to their family members. Dilek explained it this way: "Nobody knows. I do not see my father [since her parents' divorce]. I live with my mother and my aunt. They do not know." When I asked her why she did not tell them, she replied: "Because there is an honor thing." I did not understand what she meant by the "honor thing." I asked her if it was about the procedure itself or about virginity, wanting her to further elaborate. Her reply was that: "The procedure itself might be a problem and so is virginity. I assume that they [her family] would not approve. I think that no family would approve that. Their daughter is going to somewhere they do not know, in order to undergo something like a medical operation. If it was my child, I would not approve either." Similarly, a few women also emphasized that their mother would not approve egg donation because, they believed, she would probably be concerned about her daughter's health. Although they implicitly pointed to the potential health risks involved in egg donation by mentioning possible maternal concerns that their mothers might exhibit, they themselves did not tend to complain much about the health risks; instead they emphasized how they took care of themselves and were careful about protecting their own health as an egg donor. I will focus on this theme later in this chapter.

If egg donors told or had to tell family members, they usually happened to be female members of the family such as mothers, sisters or other female relatives. Nalan asked her sister if she would consider donating her eggs. While Nalan herself was donating eggs for almost one year without letting her mother know, she told her mother when she asked her younger sister to donate eggs as well to support the family income and to meet their own personal expenditures.

Since the offer came from her older sister who herself was an egg donor with no complaint of egg donation-related health problems, it helped the younger sister to be convinced and encouraged enough to try it as well as their mother to approve her daughters' decision.

Only two women out of the 14 egg donors I talked to were married at the time of interview, and their husbands knew their wives were donating eggs. One of these women originally coming from Turkmenistan was a student at a Northern Cypriot university, as was her husband; both worked in the service sector, especially at hotels in summers, in uninsured and temporary jobs. Their little son was with her in-laws in Turkmenistan. The other woman was originally a Turkish Bulgarian accountant, now living in Northern Cyprus and married with two sons. She told me that she reluctantly had started to donate eggs because of financial difficulties, after consulting and getting permission from her husband. When I asked her how her husband reacted at first, she replied: "You know the men. They do not have much knowledge about such things. To be honest, I did not give much explanation about it either." As the married egg donors in my sample were (relatively) open with their husbands about egg donation, some of the single egg donors also believed that it would be almost impossible to keep egg donation secret from a husband if they were married, especially because of the requirement of sexual abstinence during the 10-day period of hormonal injections leading up to the OPU operation and for almost a week following the operation. Moreover, they thought that it was improper or too risky to keep something like this a secret within marriage. However, many of those women preferred to not reveal their egg donation to their (future or current) boyfriends, mostly because they were unsure what their reactions would be while in relationship or (even worse) after a break-up.

One woman mentioned that she told her boyfriend that she was donating her eggs, thinking that he was an open-minded person, but it turned out that he disapproved. This caused a

huge problem between them, resulting in a break-up. After this incident, she decided to keep it a secret from her new boyfriend because she was afraid of his reaction and the possibility of losing him. Interestingly, two other women mentioned me that they told their boyfriends about egg donation when their relationships were not going well. Ülkü did not explain why she had done so, but told me that when things became much better with her boyfriend, he did not want her to keep donating eggs, saying that her health came first and she did not need to do this for money or even to work ever; he would give money her whenever she needed. Another woman told her boyfriend when they got back together after a very bad break-up, in her words. Without going into the details, she told me that she had a psychological breakdown after the break-up and that was the initial reason for her to start donating eggs — to try something unusual and also to earn money to change her looks (hairstyle, etc.) and go on holiday. After a year, she and her former boyfriend got back together. However, after everything that had happened between the two of them, she did not hesitate to tell him about her egg donation because she believed he did not have the right to make any comments about what she was doing with her body. Since then, he aided her donation practice by creating excuses if her mother (with whom she was living) could not reach her when she was in Cyprus, or by driving her home from the airport if she came in on a late flight. These narratives reveal how these women are using the disclosure of their egg donations as a means of "testing" their boyfriends' support through idioms of risk and trust, because they are "intensely aware of the fragility of knowledge and the precariousness of their custodial position" (Jones 2014:54).

Another woman (Ceren) emphasized that she would like to tell a future partner (not necessarily a husband) about her donations when things got serious between the two of them. To her mind, this information would give him a real idea about her, about who she really was. On

the other hand, she also added that if she were a man, she would not want her girlfriend to undergo all these hormonal injections and procedures out of concern for her health. Nevertheless, she herself was doing it because she needed money. Another woman (Aleyna) emphasized this position, stating that it did not matter if her boyfriend knew or not since it was her decision and what she knew as right (*benim doğrum*) for herself. Writing on Romanian egg donors, Michal Nahman argues that these women's desire to sell eggs might be seen as an act of resistance against a repressive past when reproduction was strictly policed under Ceausescu's rule in Romania (2008:69). Similarly, some Turkish egg donors' emphasis on that it was "my rightful decision" might be considered as a resistance against, not a repressive past, but a repressive present which politically and socially imposes patriarchal control over women's bodies and their reproductive and sexual capacities. Young women, vis-a-vis transforming and conflicting gender ideals and norms in contemporary Turkey, imagine, desire and construct new and liberating subjectivities for themselves while simultaneously creating *façades* for themselves to stay hidden and protected (Ozyegin 2015). Through various secret practices, Turkish egg donors create moral *façades* individually and collectively through which they can fulfill their desiring selves while performing a virtuous identity.

There were also women like Lidya, telling me that they would be willing to talk to people about what they were doing as long as they were sure that these people would not see it as something (morally) wrong. Lidya hopefully believed that if it were to be legally allowed in Turkey it might be accepted gradually by people over time, maybe not in 5-10 years but in 20 years. However, for the time being, she would prefer to talk about egg donation only to the people who were close to her and whom she would trust.

Keeping Hormonal Injections out of Sight

Egg donors go through a series of medical treatments for about a month. These involve hormonal stimulation — to produce more than one egg per cycle — and surgery to remove their eggs, with the potential side effects of both (such as abdominal pain and bloating, cysts on the ovaries, vaginal bleeding, injection-site bruising, post-operative nausea and vomiting after general anesthesia). So, to keep out of sight the hormonal injections themselves, the act of injecting as well as its potential side effects loom large in the egg donors' experiences and narratives as an example of secret practice.

Hiding the hormonal injections and drugs from flatmates or family members (such as siblings and parents) with whom they were living in the same house emerged as an important theme in some egg donors' accounts. For example, Aleyna mentioned that the mother of one of her friends threw away her daughter's hormonal drugs when she found them at home. Aleyna did not elaborate on what, in her own opinion, the mother thought these drugs could be. I would say that the mother thought they might be for birth control or any other gynecological reasons, which either way implies that the daughter is sexually active. I was told similar stories about other egg donors. One story was of an egg donor whose mother found out her "virgin" daughter going to a clinic and wanted to know the reason. With the help of intermediary friends, someone from the clinic called the mother and told her a cover story that her daughter had come in for treatment for ovarian cysts or vaginal fungus. One might argue that secrecy is productive of rumors which governs women to (desire to) be a good donor through the circulation of these stories among potential and current egg donors, about the drug-user egg donor who underwent OPU and got caught by the clinic stuff or the mother who accidently found out her daughter's use of hormone drugs or her visit to a clinic. In other words, secrecy and risk are interrelated. Egg donors

therefore are (expected to be) cautiously secretive as much as possible about their donations to avoid such risks addressed in and through the circulating stories/ rumors.

Aleyna herself kept her injections in the refrigerator at her workplace because she did not want her mother to see them. I asked her if it was not also difficult to keep them hidden at the workplace. She replied that since she was working at a nightclub (in Istanbul) with multiple refrigerators in the kitchen, some of which were not used frequently, she hid her drugs in one of the refrigerators that she usually used to keep her food. Nobody at her workplace knew she was donating eggs, so she was careful about not letting others notice her drugs in the refrigerator, but she also emphasized that none of her co-workers poked their nose into other people's business.

After her parents' divorce, Lidya started living with her brother in a rental apartment without getting any financial help from their parents. Twenty-seven-year old Lidya left university and was working as a minimum-waged salesperson, while her younger brother was a university student who was working part-time jobs. Lidya did not tell her brother she was donating her eggs, due to her uncertainty about his reaction. She thought he would not approve it out of concern for her sister's health. And yet, she also expressed that she would probably tell a sister if she had one. Lidya told me that they were very attached to each other as siblings because they had lived together since their parents' divorce. She would have preferred to tell him so that she would not have to keep it a secret from him and thus would be more comfortable at home: "For example, now I am making my injections at home, carefully watching for the hours when he is not at home. I am trying to be at my room, watching out for the times that he surely would not enter my room. Otherwise, I would not have to live through these; it would be much easier."

As Jones (2014:57) reminds us from a Foucauldian perspective, the body is a crucial medium for the inscription, storage and dissimulation of (gendered) secret knowledge (e.g. Rhine

2014; Warin 2010; Mookherjee 2015). The hormonal stimulation process is not just about the hormonal injection itself and the act of injecting; it also involves potential side effects which might require the embodied and social practices of hiding, such as pretending not to have abdominal pain and bloating or even jokingly to pretend to be pregnant to avoid the curious gaze and questions of others, for example, on the plane from Turkey to Cyprus.

One woman even mentioned her relief when her hormonally stimulated eggs escaped the attention of the doctor who was checking her body via ultrasound at the hospital after a car accident. Zeynep, originally from Turkey, was living in Northern Cyprus with her mother and siblings for the last decade since her dad's death. After she left university, she started working as an accountant. Zeynep had had an accident a few days prior to an OPU with her new car for which she was still paying bank loan installments. This was her second donation, two months following the first. Throughout our interview during her recovery from the OPU, she had severe abdominal pain. Despite her pain, she still agreed to talk to me. After the pain-killer injection she asked for from the nurse, she felt better toward the end of the interview. While she was lying in the bed, with her hands on her belly, she told me about the medical examination that she had got through after the car accident, showing a bad bruise on her right knee. When the doctor had wanted to look at her abdomen via ultrasound, she had been very worried that the doctor would notice her hormonally stimulated ovaries on the monitor. While checking her ovaries using ultrasound, the doctor had told her that she had many ovarian cysts so that she might be polycystic. Nervously nodding her head, she had replied that she already knew and was going to the doctor for that. She was also glad that she had hardly noticeable bruising in the injection sites on her belly then. Otherwise, this accident might have caused her egg donation to be revealed through word of mouth in a small place like Northern Cyprus, even to her own family.

Local or Cross-border Clinic Visits

As in the case of Zeynep's car accident, clinic visits might be more risky for the revelation of secret egg donation in small communities such as in Northern Cyprus as compared to big cities.[120] Therefore, for those like Zeynep who live in Cyprus, it can be difficult to keep their visits to the clinic a secret from others. On the day I interviewed her, Zeynep told her mother that she would have brunch with her friends to cover her visit to the clinic for the OPU, which would take 2-3 hours. She even parked her car a few blocks away so as not to be seen in front of the clinic. Even some egg donors mentioned me that they would have not done this if they had been living in smaller cities in Turkey (for example, referring to their birth towns) where everybody knows each other. Additionally, as Nehir told me that if her family were socially conservative (*tutucu*) she could not donate eggs, not even in Turkey, let alone by travelling to Cyprus: "if [her family were conservative and] I were living with them, I could not do this. Where am I staying? Why is my phone off? If I had a family who would question me this way, I could not do this." When I asked her if she would have lied if her family were conservative, she replied, "Probably yes if it [travelling to Cyprus] were during the day. It would be hard if it were an overnight visit, though." Although her own family did not know she was donating eggs, she felt flexible in terms of her mobility as a woman, with a family that was not so interfering with her life. In other words, she was still lying to her family even if she did not have a conservative family. So, lying becomes a matter of degree, which is relational, relative, situational and tactical. Compared to Nehir, Ülkü's family might be considered more conservative, but since her mother learned about her donations in an unexpected way and had to accept it, she was helping to cover her daughter's

[120] Nine out of 14 egg donors were living in big urban cities of Turkey: 7 were living in Istanbul, 1 in Edirne and 1 in Adana. Other 5 were living in Northern Cyprus.

visits to the clinic by handling the father's questions. Secrecy and mobility are thus closely related; both are mediated with the help of others.

For those travelling from Turkey to the island, additional practices of secrecy are required to disguise the at least 6-hour cross-border trip for the OPU, such as avoiding international phone calls from Turkey as well as managing flight delays and going through passport control points before entering the island.

Aleyna told an interesting story of how her secret visits to Cyprus were revealed by a coincidence. One day while she was travelling to Cyprus without the knowledge of her mother and sister, one of her sister's flight attendant friends recognized Aleyna's resemblance to her sister and secretly took a picture of her to let Aleyna's sister know that there was someone among the passengers who looked very much like her. This is how her sister discovered Aleyna's secret flight to Cyprus. Since Aleyna was also doing some modeling work, in addition to her job at the night club as a public relations representative, her mother and sister assumed Aleyna's travel to Cyprus was for modeling. She did not want to tell them about egg donation. Yet, when her friend who recruited Aleyna as an egg donor came to stay with them for a few days, her mother overheard a conversation between Aleyna and her friend on egg donation. She understood that Aleyna's friend was involved in this unfamiliar thing, which was not her business to interfere in, but she did not hesitate to warn her daughter that she should not do that. Aleyna thought that her mother did not understand much about the details of egg donation, but if she had known, she would have been angry with her daughter owing to health concerns. Since then, while Aleyna was keeping her hormonal drugs mostly in the refrigerator at her workplace, she was explaining to her mother the reason for her visits to Cyprus as either for a modeling job or for accompanying egg donors to the clinic as an egg broker, rather than as an egg donor

herself. She was also explaining to her boyfriend (who was aware of her involvement in egg donation) living in Cyprus that the reason for her visits to the island was for modeling jobs rather than donating eggs.

However, while Aleyna was telling me her story and at the same time eating small pieces from the food in front of her ordered by the clinic, following her OPU, an unexpected phone call from Turkey disturbed her very much. Her father was calling her. She freaked out and took the phone in her nervously shaking hands. She did not answer the phone because she could not be sure that if she picked up, her father would be told by the voice recorded phone operator that it was an international call to Cyprus. She tried to reach out to her mother and her younger brother to find out why her father was calling her. Until that moment, she had already talked to me about how her alcoholic and violent father had made his wife and children suffer since the beginning of the marriage, had never taken care of them either emotionally or financially, and eventually kicked his family from the house without anything. After the phone stopped ringing, Aleyna put the food aside losing her appetite, started feeling sick and immediately wanted to smoke. She tried to reach her younger brother via WhatsApp, who was living with the father since the divorce. She could not reach her brother due to bad Internet reception. She was getting paranoid about her father's call, but she was at the same time trying to calm herself down by thinking about other possible (less paranoid) reasons for his call; for example, he might be calling her to check if she was coming to clean his house soon as usual. Aleyna could not figure out why her father called her (she had preferred not to give him her phone number so as not to be disturbed by him especially when he drank), but at least she was reassured that he seemed not to know that she was in Cyprus.

To avoid such stressful moments, many women turned off their cell phones and told their family members or boyfriends that the phone was broken or its battery had died in order to cover their secret visit to Northern Cyprus. One woman even mentioned that her boyfriend's recent heightened interest in using Facetime to talk on the mobile phone and thus check her whereabouts made her very nervous throughout her short stays every time in Cyprus.

When Banu paid her first visit to Northern Cyprus to donate eggs, it was her first time flying. While she was dealing with the stress of the first flight, she was also remembering the things that she was told to or not to do by the nurse in the sending clinic in Istanbul. She was told to make sure that she did not have any problems with state authorities (any debts, tax issues, trials etc) in Turkey so as to easily pass through the passport controls. She was told to keep carefully the "white paper" that she would be given at the passport control before leaving Turkey. As mentioned in Chapter 1, since Turkish citizens can travel to Northern Cyprus only with their Turkish identification card, without holding a passport, entry and exit stamps are sealed on those white papers rather than passports. Furthermore, she was told not to miss her flight. She told me how, keeping all these warnings in mind, she wandered nervously around the airport to figure out where to go, what to do at the passport controls, how to check her flight and how to find her gate. She was still in the habit of arriving at the airport 2-3 hours before her flight and could not help standing in front of the screen showing the departure flights to get her flight time and gate number correctly in case any changes would happen. Although she now felt more comfortable at the airports than before, she was still asked each time by the nurse not to miss her flight; otherwise, she would have to pay for the rescheduled flight out of her own pocket, like some other "girls" who did so; implying that being a good egg donor means being good at keeping egg donation as a secret in a comfortable manner, without risking one's own

financial gain. Therefore, she went to the airport early and spent time wandering around and smoking (despite her knowledge that she should not smoke for the donation).

She also mentioned the risk of engaging in small talk with strangers on the plane. A few months previous when she was preparing for a visit to Northern Cyprus, she received a phone message from the clinic confirming that flights for two persons were booked. From this message, she assumed that she would travel with another egg donor. When she took her seat on the plane, a young woman sat next to her. From her body movements, Banu assumed that she was writhing in pain due to the pressure caused by the hormonally stimulated ovaries. She asked the woman if she was also going to the clinic, hoping to start a conversation. But the woman's reply was "No, I am going to visit my boyfriend serving military service there." Banu was shocked to hear this reply and quickly ended the conservation as if nothing happened. She found out later that the other egg donor who was supposed to travel with her had missed the flight. Yet, on the same day, there was another surprise waiting for Banu at passport control before entering the island. The officer asked if she was a student. Despite "her swollen eyes and miserable look" – in her words- she replied "No, I am visiting my boyfriend serving military service here," remembering what the woman sitting next to her on the plane had told her. Before that, she was told to expect such questions at the passport controls because she was coming to the island multiple times in short intervals and staying only for a very brief time. Expecting such questioning at the passport controls, Banu initially felt nervous about what to tell the officer, even saying that she would have called the clinic's chauffeur to explain her visit to the officer if such thing ever had happened. Yet now she was able to improvise by adopting what the woman on the plane told her.

Other women also mentioned that they were told by their intermediary friends or the sending clinic that the officers at the passport control points could ask them the purpose of their

frequent but short trips to Northern Cyprus. In this case, they were advised to say that they came to visit either a friend who was a student at a Northern Cypriot university or a boyfriend who conducted military service on the island (Turkish men serve mandatory military service either in Turkey or Northern Cyprus). Some told me that they still felt nervous at the passport control every time they entered the island and worried if the officials might be suspicious that they were egg donors. According to the 2010 Turkish ban on gamete donation abroad, these women could be criminally charged for donating eggs abroad. However, there were no such news stories. It would be hard and potentially discriminatory to enforce this law on young women at the passport controls since it is not against the law to visit Northern Cyprus even for a brief period of time, given the bureaucratically and physically convenient, and short distance between the two countries. However, under the post-2010 conditions, through secrecy as productive of paranoia, young women self-govern themselves to be good donors to protect themselves and also their business. The passport control at the airports therefore constitutes a space of secrecy where egg donors have to engage with the state authorities to keep their cross-border clinic visits a secret. As ethnographies on the state and its margins (Das and Poole 2004) point out, these encounters at passport control lead these women to understand the state as both, "disinterested and corrupt, just and coercive, participatory and removed" (Poole 2004: 61).

Despite all efforts to conceal local or cross-border clinic visits, the secret of egg donation can still be unintentionally revealed. Dilek had to tell her boyfriend that she was travelling to Northern Cyprus to donate her eggs after he accidently found a boarding pass in her purse: "I did not pick up the phone when he called me. I did not call him back immediately. He got it wrong. I was going to the Cyprus. [He might think] It was for gambling! There was this business, instead. I did not want him to get it wrong. That's why I had to tell him [...] If a young woman frequently

goes to Cyprus, she is certainly doing it." Dilek worried that her boyfriend would think of her doing something wrong in Cyprus since she was aware that he did not know that young women were going to Cyprus to donate eggs. She told me that when she had to reveal it to him, he did not approve at the beginning; yet, eventually he had to accept it due to the bank loan debt she had to pay off.

As I mentioned in the second chapter, a local Turkish Cypriot newspaper from 2009[121] pointed out that the Turkish part of Cyprus that has always been at the center of media attention in Turkey with its "casinos" and "night clubs," now hits the headlines with the emerging "tube baby tourism" from Turkey to the island. According to Dilek, since her boyfriend did not know about this emerging egg donation business, she worried that her trip to Cyprus would be mistaken for selling sex by her boyfriend. When she revealed it to him, despite his disapproval at the beginning, he came to terms with Dilek's donation as a morally less threatening way of making money than selling sex, by deploying a pragmatic moral rationalization.

Furthermore, some egg donors even mentioned the hypothetical moments of revelation. While talking about the risks of the OPU, İlke asked me if anesthesia would kill her and continued: "If something happens to me in Cyprus, please send my body to Turkey in disguise." I asked her why it would matter after her death. She replied: "You are right. But I still would not want it to be heard. I feel like it would cause you to lose reputation. Even if I were dead." Similarly, Ülkü also mentioned that she was always thinking of the possibility of an airplane crash during her visits to Cyprus. Despite the low odds, if such thing would happen, she is concerned what other people (especially her dad) would think about her, questioning why she was on that plane. So, if the plane were to crash, she would prefer to die rather than survive.

---

[121] "Tüp Bebek Turizmi [Tube baby Tourism] http://www.kibrispostasi.com/print.php?news=28111

Playing Seek and Hide with the Patients

Due to practices of anonymization, egg recipients and egg donors were not allowed to see each other (yet not necessarily matched ones) mostly by controlling the visibility of donors at the clinic. When the egg donors living in Northern Cyprus came to the clinic for their routine controls and hormonal injections, they were often taken by the nurses immediately to the examination room or the back room on the first floor, sometimes using the clinic's back door, without letting them be seen by the fertility patients in the waiting room. When the egg donors travelling from Turkey came to the clinic for the OPU, they were immediately taken to the private recovery room upstairs where they would rest before and after the operation. If there were patients waiting in the waiting room near the clinic's front door, egg donors were usually asked to use the back stairs outside. Owing to this spatial arrangement, the egg recipient couples' voices emerged in some egg donors' accounts. Nehir told me how she overheard a recipient woman's conversation with the nurse right after her first OPU: "I vaguely remember it, though. It was right after the operation. There was a closed curtain; behind it I heard the voice of a woman, who, I think, was the recipient of my eggs. As far as I remember, she asked the nurse if "the girl" [the egg donor] looked like herself and whether the future child would resemble her. She was very curious about it. The nurses replied she looked like her. I really felt relieved for the first time then. At least I told myself that I was really helping someone to have a child. Since then, I have not had any problem, not even a psychological one [regarding egg donation]." This account reveals how Nehir "imagined" the recipient woman by overhearing her voice and thus felt good about helping someone to have a child.

However, practices of secrecy at the clinic do not always prevent incidental encounters between egg donors and recipients. Banu gave detailed examples of such incidental encounters.

She once happened to smoke standing next to a male patient outside a different clinic, which, she said, did not have a backyard like the clinic where I conducted the interview with her. She went outside to smoke after her OPU and ran into this man. She emphasized that if the egg donor felt herself well after the operation, they (the clinic staff) did not make a big deal of her smoking. She believed that he realized that she was an egg donor; nevertheless, he did not try to question her. Instead, he just made small talk with her, asking how the weather in Istanbul was then, and replying himself that it was probably chilly there. From his small talk about Istanbul, she arrived at the conclusion that he knew that she was an egg donor coming from that city. While telling me this anecdote, she stressed that such encounters with the patients rarely happened at the clinics; but if it happened, they [egg donors] were to "run away" (*kaçmak*) from the patients.

She also mentioned how she was once transported from a clinic to the airport together with fertility patients in the same car. This was not the clinic where I interviewed her, she emphasized. Pointing to the IV drip attached to her right arm, she told me that the patients in the car probably recognized her as an egg donor from the small spot bandage on her right arm put there by the nurse after removing the IV drip, and also from her post-operation messy and tired appearance, even though she was introduced to them as a nurse's friend. This resulted in a chasing game at the airport, in which patients were chasing egg donors, in Banu's words. When I asked her how they managed to avoid the patients at the airport under those circumstances, she replied: "We try to run away from them, going stealthily into the toilet or the smoking area at the airport." She tried to avoid speaking to the patients, but if she had to, her script was ready: "I get used to it. I am telling them that I am monitoring the patients. Like the girls who are directing us to the clinics and getting a commission, you know. I have adapted it into my own version of a fake story. So, I am telling them [patients] that I am here to monitor the patients. I bring the

patients to the clinic for their controls. I am neither a doctor nor a nurse." When I asked her how she explained the bandage on her arm to them in that case, she told me that she no longer kept it on her arm outside the clinic on her way to the airport: "They do not ask it because you remove it by scratching and then throwing away without being noticed. We get used to it."

Virginal Façades

The majority of the egg donors that I interviewed were single women, including a number who were divorced. Turkish anthropologist Gul Ozyegin's concept of "virginal façade" is helpful to understand how these women construct a virginal façade to craft moral selves as women who provide viable eggs to other women. In the pursuit of new desires, as Ozyegin writes, "multiple façades enter the process of self-making at crucial moments of liminality [and ambivalence], and the moments of their creation and assembly" (Ozyegin 2015: 5); "they can be a form of deception, a barrier, a form of protection, and a liberating means by which to claim a new/different self/identity [that is purposefully ambiguous]" (5).

I argue that the desexualization of unmarried women under the social category of "unmarried/virgin girl" is utilized by Turkish egg donors as "virginal façade" to keep their egg donation as a secret from others. At the same time, hiding egg donation helps them to hide their nonvirgin status. In Ülkü's words, "If this (donating eggs) would be somehow known to people, my loss of virginity would also be known!" Furthermore, Ülkü told me that she and her friend (whom she recently helped recruit as an egg donor) were planning to undergo a "virginal repair surgery" in Clinic Delta so as to become "marriageable" (as a way of social mobility). When her friend had needed money, Ülkü told her about egg donation because they were close. However, her friend showed no interest at first when she learned that it could only be done by nonvirgins.

She did not want to tell Ülkü that she already had slept with her boyfriend who left her after. Ülkü told me that her friend needed money, and she was so depressed about her loss of virginity. As Ülkü's *teyze* (maternal aunt) once had told her, Ülkü tried to comfort her friend, saying "we can get it sewed! (*diktiririz*)!"

Although Ülkü was the only one among my interviewees who was seriously considering to have this surgery, I found her case illustrative of how some egg donors like Ülkü and her friend would become customers at the clinic, where they would have to sell their eggs to be able to afford virginity repair surgery - that costs about the same as they earn in a cycle of donating eggs (1,500 TL). Virginal repair can be considered as a material-symbolic form of virginal façade, an embodied secret practice. It is striking that the clinic offers this surgery as a service; the clinic is making money by providing a service designed to erase the evidence of another profitable service. In other words, virginity is *epistemologically* and *ontologically choreographied.*

Another woman I interviewed, a 22-year old divorcee whose nonvirginity was incontrovertably established, turned to wearing a headscarf to create a moral façade to hide her egg donation. Banu left high school, got married at 17 and had a daughter. After her divorce, she worked at different jobs, all in the informal sector, including selling textiles at local open market bazaars, known as "*sosyete pazarı*" (high-society bazaar) where the "genuine fake" clothing brands are on sale.[122] As a young divorced woman, she said she had to "dress less femininely

[122] Ayşe Durakbaşa and Dilek Cindoğlu (2002: 73-89) traces the culture of consumption in urban life of Turkey in the 1990s in which many different types of shopping outlet and practices co-exist. They argue that although the choice of shopping facilities differs according to social class, shoppers of the same class may benefit from different shopping settings in the same neighborhood. For example, in Etiler, an upper-middle class district of Istanbul, both the luxurious shopping mall *Akmerkez* and the high-society bazaar *Ulus Pazarı* serve the needs of shoppers in the area (79).

and wear no make-up" to "fit in" the local bazaars' male-dominated working environment. She told me she almost "forgot to feel like a woman" (implying also the social constraints of being a divorcee). That's why egg donation was tempting to Banu, not only for financial reasons, but also owing to the desire "to feel like a woman again." Now, she could dress up like a woman.

However, unlike Ülkü, Banu tended to see donating eggs as a "sin" (*günah*), something she was trying not to think about. When her all savings was stolen by the man whom she was planning to marry and start a new life with by taking custody of her daughter from her ex-husband, she thought his theft might be a warning to her from God. [I think this very same sentence appears earlier] Yet, despite her ambivalence, she kept donating eggs because, despite the illegal status of egg donation in Turkey, Banu believed that donating eggs was morally better than "other ways of making money." In her words, "Thankfully, God did not let me go to the worse directions! (e.g. selling sex for money) implicitly referring to the economic and social constraints of being a divorced woman in Turkey.

Banu, after starting to donate eggs, began to wear a headscarf. She explained the reason for veiling as her way of "closing the (moral) gap," referring to egg donation. It might be also a moral façade that enables her to realize (pious) cross-border social mobility as a divorced woman, who regained her sense of femininity with egg donation. She saw egg donation as religiously wrong, but still kept doing it because she did not regard herself strictly religious enough to totally reject it; otherwise she would be hypocritical. She also added, whispering to me, that she did not wear the headscarf when she came to Northern Cyprus because she was told that the clinics did not want the veiled egg donors, maybe implying the morally confusing image of veiled (pious) women, selling eggs.

As the above accounts and experiences illustrate, Turkish egg donors engage in various embodied, spatial and social practices of secrecy to manage the stigma associated with egg donation and thus to ensure an invisible and potentially stigmatizing attribute remain hidden. However, studies on stigma which "assume a self-determining, autonomous individual with choices and a mass society that allows for privacy" (Riessman 2000: 113) tend to overlook issues of power and inequality and their relations to stigma (Gregg 2011:73). Instead, as Margaret Lock and Patricia Kaufert write on pragmatic agency, "For by force of the circumstances of their lives, women have always had to learn how they may best use what is available to them" (1998:2). While considering how to "best use what is available to them," however, these women are not only pragmatic but also moral agents. To manage stigma associated with egg donation, these young women therefore strategically and discursively moralize egg donation and thus create meaningful and moralized subject positions for themselves as egg donors, through enactment of various intersecting justifications and realizations, ranging from financial (necessity), religious (good deed), altruistic (helping other women), ethic of self-care, human rights (my decision) to curiosity.

The above accounts and experiences of the Turkish egg donors reveal that "secrecy differentiates, however, as well as unites" (Herdt 1990: 361) by creating social "hierarchies [not only] between outsiders and insiders, [but also] between members of the collective itself" (360): in other words, among egg donors themselves and also between egg donors and fertility patients, and the clinics. In critical conversation with Jyotsna A. Gupta's (2006) analysis of a shift in theorizing feminist alliances internationally from "global sisterhoods" to "transnational feminisms" through an acknowledgement of differences, Michal Nahman (2008) discusses the possibilities of feminist alliances in transnational egg exchanges (relying on her research on

Romanian egg donors in an Israeli clinic in Romania), referring specifically to the differences between egg donors in different countries, for example between the positionality of US egg donors and the positionality of Romanian egg donors in the global egg donation market (68). This chapter further contributes to this discussion by revealing the perceived and enacted differences and hierarchies among the Turkish egg donors with specific focus on their practices of secrecy.

As the opening story illustrates, the clinic's recruitment of Ülkü, but not her aunt, as an egg donor caused a conflict between the two women, leaving her aunt outside this new realm of opportunity despite her financial motivations as a divorcee. This story became symbolically important as an entry point for my discussion of the possibilities of female solidarity/ alliances among Turkish egg donors (e.g. Thompson 2001:182 and 186; Roberts 2012).

The next part will focus on this discussion around the egg donors' responses to the question of whether they would support the legalization of egg donation in Turkey. Although they would support the legalization of egg donation on behalf of fertility patients, the majority of the egg donors stated that they would not want donating eggs to be legalized in Turkey owing to their suspicions about the health sector in Turkey as well as their concerns about the possibility of competition (and therefore lower payment) among egg donors.

3. Should Egg Donation be Legalized in Turkey?

> Anybody who considers this is often concerned about whether it is not religiously permissible *(günah)*. In my opinion, it should be permissible, why not? To me, it is not bad. However, I do not think that it would be ever permissible in Turkey. It would be

done secretly anyway. It should be done more openly and without shame or hesitation. It [egg donation] looks so normal to me. For example, they even tried to ban abortion lately. To me, nobody should interfere with anybody's life. One can do whatever one wants. Those people cannot have children. Everybody has a right to love and raise a child. Mothers are always like this. I once read that one woman said that it might be someone else's child, but when she felt how it grew in her belly, she felt like that it was her own child, not someone else's child. It would be enough for a mother. And, women are also more emotional than men. For men, it might be okay if they do not have a child. For some men, it is so. Yet, it is not like this for women. What sin did those women commit to deserve that? She is ill so that she cannot have a child. If medicine offers this to them, why should not they use it or benefit from it?

When I asked Ülkü if egg donation should be legalized in Turkey, she gave the long reply above, supporting egg donation to be permissible in Turkey as a medical alternative for infertile couples. When I asked for her opinion about the legalization of donating eggs in Turkey, her response was that: "Everybody would give eggs, then (*her önüne gelen yumurtasını verir*). I mean... I do not know. I often think about it from the perspective of the people who cannot have a child. It's done either way. Your flight is booked by the clinics anyway. It does not matter if it's done here or there. It does not matter at all to me."

Like Ülkü, the majority of the egg donors I interviewed were not willing to favor the legalization of donating eggs in Turkey. I was perplexed by those responses. I would have expected them to support egg donation to be legally permissible so as to make their lives more convenient, to expect more openness and less secrecy and thus the normalization of the practice

in a more regulated and scrutinized way. However, these women exhibited suspicions toward the health sector in Turkey, fearing that it would cause risks for the recipient families, and more importantly expressed concern about the possibility of an increase in the supply of donor eggs leading to heightened competition and therefore a more strict recruiting process and lower payment. Many women stated that if donating eggs would be permissible in Turkey, it would be carried to excess by people who would do anything for the money.

Ceren (travelling from Turkey) explained her concern this way: "If it would be available in Turkey, I do not know if I would be asked to donate!" She thought that there would be a huge demand (to donate). Yet, she added: "They might still hesitate if they would be recognized or seen. It might be still lower [demand to donate] because of that reason. I do not know. Yet, in my opinion, it would be so [higher demand]. There are a lot of people who do anything for the money; they would also do this, definitely, for the money."

Many women also underlined the risk of lying for financial benefit, which would badly affect the lives of the recipient families. Nehir (travelling from Turkey) stated that everybody would want to do this for the money, even lying about their health status: "Even if she might have a serious disease that runs in her family, she would lie about it only for the money – unfortunately some people are like this. They would lie and change the destiny of those innocent [recipient] people." She added that if egg donation were to be done in Turkey, donors should be thoroughly screened, but she did not certainly know how the screening would work: "I do not know how, but a serious way of screening should be found. Those people eventually trust in the IVF clinics. Nobody wants to have a baby with a serious disease. They do all these investments to have a baby." When I asked her if her only concern was related to its effects on the health of future child, she stated the importance of the physical features of the egg donors in addition to

her health status. She believed that no IVF clinics would recruit egg donors like "the humpback of Notre Dame." But then by acknowledging the relativity of beauty, she acknowledged the greater importance to recipient families of genetically transmitted diseases than beauty. Although she believed that if egg donation were to be legally permissible in Turkey it should be seriously scrutinized, though she was not exactly sure "by whom and how", to prevent women from donating eggs who, to earn money, lied about their health status, she nonetheless had concerns regarding the health sector in Turkey, describing it as "a sector that does not pay serious attention to everything!"

Similarly, Zeynep stated her suspicions toward Turkey's government. Yet, her positionality vis-à-vis Turkey was a bit different from Nehir because Zeynep had been living in Northern Cyprus for 15 years and was about to get her Northern Cypriot citizenship. She found Northern Cyprus more "trustable" (*güvenilir*) than Turkey by referring to "many incidents happened in Turkey such as organ trafficking operating under the birth clinics." She thus found donating eggs in Northern Cyprus more "trustable" than in Turkey and indeed would never consider donating eggs in Turkey. Moreover, Umran (coming originally from Turkmenistan and living in Northern Cyprus for 8 months, with her husband, who like her was also a university student) found the IVF sector in Northern Cyprus very successful in receiving patients mostly from Istanbul, with successful doctors and professors recruited from abroad.

Like Zeynep, the sisters Nalan and Aysu pointed to the potential health risks of egg donation for a donor-conceived child. The older sister, Nalan, described these risks in a general sense, including not only genetic diseases and physical features that would pass down from the egg donor to the child, but also the possibility of people with mental and psychological problems; uneducated (*kültürsüz*), from the countryside (*köylü*) and ignorant (*cahil*) that would

want to donate eggs for the money. She elaborated on this by comparing Turkey and Northern Cyprus in terms of the population distribution of the risks: "There are 70-75 million people in Turkey, but here there are a very small number of people. Here [in Cyprus], the rate of committed crime is very low. Northern Cypriots are not doing this [egg donation]. It is something done by the university students [from Turkey]. It is done for the money. We are also doing this for the money." Nalan's account reveals the stratified nature of donating eggs in Northern Cyprus.

Dilek also believed that if egg donation would be allowed in Turkey, it would get ugly ("the shit out of it" [*boku çıkardı*]) because of people who would do anything for the money, referring to husbands who were already forcing their wives to do many things (e.g. prostitution) for the money.[123] From another perspective, however, she considered that it would be more

---

[123] Since 2009, *Bianet* (an independent Turkish press agency, established in 2000 and based in Istanbul) has been keeping a tally of male violence cases of murder, attempted murder, rape and harassment that appeared on the national, local and internet media in Turkey. For example, in 2015, men forced 202 women (5 percent were under age 18) into prostitution; 3.4 percent of 202 women were forced into prostitution by their husbands or boyfriends. In July of 2015, Çilem Doğan, a young woman from the southern Turkish city of Adana had shot her husband Hasan Karabulut, because he had inflicted violence on her and forced her into prostitution since the very beginning of their marriage in 2013. Facing an aggravated life sentence on charges of involuntary manslaughter (which was later reduced from life to 18 years for unjust provocation and then to a total of 15 years for good conduct), Çilem Doğan's case attracted a wide public interest and mobilized a committed network of women's organizations which not only supported her in terms of legal assistance, but used her story to defend the legitimacy of women reclaiming their lives by resorting to counter-violence in self-defense. The petition campaign started by women's initiatives asking for her release reached 65.000 signatures in only two days. Çilem Doğan was released on bail with the conditions of judicial control and an overseas travel ban. "Çilem Doğan- A Quest for Real Justice, Not Male Justice," https://tr.boell.org/de/2016/06/21/cilem-dogan-quest-real-justice-not-male-justice.

convenient for her to do this in Turkey rather than travelling to Northern Cyprus without letting her boyfriend notice. Nevertheless, she would prefer it to be not permissible in Turkey because of the possibility of high competition among the egg donors: "If everybody would do it, we could not do it then. [...] There would be more people to donate, but less people to receive (donor eggs). Then, they would choose (egg donors) more meticulously and carefully. So, many, including me, could not do it."

As explained before, egg donation is kept as a closely guarded secret by the egg donors through various practices of secrecy in order not only to protect themselves from others' moral scrutiny and judgments, but also to prevent competition among donors. As Nehir clearly explained, secrecy also ensures egg donation to be known within a limited circle of people and thus keep the egg supply low: "Now, not everybody knows it. Therefore, it is not told to anybody. Otherwise, if you tell it to one person, she would go tell it to other three persons and then those three persons would tell it to other five people. So, there would be a huge demand (to donate) by random people. Therefore, we do not tell it to people who do not trust and not know very well."

As all these accounts reveal, the majority of the egg donors I interviewed were not willing to favor the legalization of donating eggs in Turkey to keep the profitable egg business itself disguised. Then, it begs the question of to what extent their well-being matters under these conditions. Although some egg donors emphasized their trust in the clinics to protect their health and future fertility since they knew that the clinics needed donor eggs as much as they needed money, others underlined the fact that egg donation was also a business from which the clinics were making profits by emphasizing that egg donors should think about and take care of

themselves and their own health, and be "conscious" (*bilinçli*).[124] In their view, this is how one would become a "good" donor.

Ethic of Self-Care

In her classic article examining the gendered scientific accounts of reproductive biology, Emily Martin (1991) explains how human reproductive systems are often depicted in the United States (and beyond) as factories to produce valuable substances, namely eggs and sperm. A woman's monthly cycle is described as being designed not only to produce eggs, but also to prepare a proper environment for them to be fertilized and developed into potential babies. If the female cycle is seen as a productive enterprise, menstruation must be understood as a failure "making products of no use, not to specification, unsalable, wasted, scrap" (486).

Similarly, in egg donation, eggs are often conceptualized as "too precious to waste." Most donors I interviewed insisted that they were donating eggs that otherwise would be "wasted" with their period since they did not need them for the time being. Instead, by donating their eggs, which would be monthly replenished, they were helping other women in need of eggs while also making money for themselves. Hence, eggs transform from "waste" into "resource." Yet, eggs are precious to the donors themselves in that they should not "waste" their eggs by irresponsibly donating in a way that would put their own fertility (and future maternity) in danger. For this reason, they told me, they were not donating every month. They were also mindful of the possibility that they might be in need of donor eggs for themselves in the future. As a result, they not only contributed to the supply side of egg donation, but also envisioned themselves on the demand side as the potential recipients of donor eggs in the future; two women

[124] See Erol (2009) for how the concept of "consciousness" (*bilinç*) as an ideal of modernity provides a discursive basis for the adoption of the global medical discourse around menopause in contemporary Turkey.

even mentioned that they would consider using donor sperm to have a child if they did not find the right person to marry and have a child with. This potentially shifting positionality of egg donors complicates the victimized image of donors and their reproductive bodies as "bioavailable" to other (recipient) women (e.g. Walby and Cooper 2008, 2010; Payne 2015; Whittaker and Speier 2010). These potential future scenarios do not necessarily reflect the upwardly mobile aspirations of these women since the donor gamete recipients are not exclusively merely from the upper-class background in Turkey, as depicted in the previous chapter. Through their familiarity with the fertility clinics in Northern Cyprus, these women could be integrated into the gamete donation market as recipients by using their credit cards and/or bank loans, which had led many of them into this business in the first place.

The Turkish egg donors therefore did not see themselves as disposable by often emphasizing how they thought of and took care of their health and future fertility by not donating every month. They were urged to donate once in 2-3 months by the clinic in a more paternalistic tone not only for the health-related concerns but also possibly for being kept from shuttling among the different clinics to donate their eggs where a national egg donor registry and monitoring system did not exist. During a spontaneous conversation, the IVF doctor at Clinic Delta mentioned to me the importance of a national egg donor registry system which would, in his view, not only ensure the well-being of donors by preventing them "irresponsibly" donating eggs too often at different clinics, but also keep the track of whose eggs being used on whom and monitor who donates eggs at which clinics and how many times. He said he was himself supporting, and also discussing with some doctors at other clinics about, an inter-clinic donor registry system to be formed in Northern Cyprus.

The donors usually did not understand the exact medical procedures involved in egg donation, but they were aware of the potential side effects of the process (such as abdominal pain and bloating, cysts on the ovaries, vaginal bleeding, injection-site bruising, post-operative nausea and vomiting after general anesthesia). Even when they suffered from any of these side effects, they believed that their health would be okay as long as they did not have any long-term effects such as unusual irregularities in their menstruation cycles following the OPU. For example, Ceren expected abdominal pain since a medical operation was involved. Yet, if the pain had continued for one or two weeks, she would not have kept donating since her health was "not so worthless." On the other hand, some women asserted that egg donation was *good* for their health since it put them under routine medical care of the clinic which needed them for their eggs. A few women even had their first gynecological controls with their egg donations.

Many expressed concern about their future fertility since they were aware of the condition of their egg donor friends who were suffering from low ovarian reserves, not to mention the fertility patients in need of donor eggs whom they were helping. For example, Ceren as a first-time egg donor would be willing to donate every month if it were okay for her health. Stretching her donation money for 5 months would correspond to an income of just 300 Turkish liras ($100) per month, casting into doubt whether it was financially worthwhile. However, she was aware of the health risks involved from a friend who took a break after one year of donating her eggs to reduce the potential risks of egg donation on her own ovarian reserve. Ceren also heard a story about an egg donor who had been hospitalized following the OPU probably due to her allergic reaction to anesthesia. Yet, this story did not concern her because the donor in the got the medical care she needed and her medical expenses were covered by the clinic. So, she believed that even if something bad would happen to her, she would be taken care of. She also

knew that she was not allergic to narcosis since she had gone under anesthesia before. Despite the health risks involved, Ceren thought that she would be taking better care of herself with money earned from egg donation, because she was already living on limited financial resources and eating poorly as a full-time university student.

As long as they were told by the clinic that their egg quality and quantity were okay — and thus, that they were not undermining their own chances to have children of their own one day — Turkish egg donors tended not to be much concerned about donating their eggs—even when they believed that donating eggs might cause premature menopause. Aleyna, who saw donating eggs as an acceptable way of making money in times of financial difficulties and as a means of helping people, also viewed it negatively due to the potential risk of premature menopause. Yet, she downplayed this risk by adopting the following medical and maternal logic: "If a woman enters menopause at age 45, an egg donor might enter menopause earlier at age 40. Even if this is the case, it would not matter so much to me because I am willing to have a child until 30, not in my 40s."

Although some egg donors believed that the clinics would protect their health and future fertility since they knew that the clinics needed donor eggs as much as they needed money, others underlined the fact that egg donation was a business from which the clinics were making profits by emphasizing that egg donors should think about and take care of themselves and their own health. For example, Kezban as an egg donor for the last 3 years emphasized that she was not donating every month not only to let her body rest but also not to ask frequently for days off from work for the clinic visits. Yet, she felt "consciously" "responsible" not only for her own health as a woman and for her work as an accountant; but also for the recipient couples and the clinic as an egg donor: "Previously, many more [eggs] were taken (*çıkıyordu*), 19-20 eggs. At the

beginning, even 35 or so were taken. It [the number] always changes. It changes due to stress. When you are stressed, fewer can be taken. If you do not eat well or do not take care of yourself. It is like pregnancy; if you do not eat, it affects the baby. It is like that. They [eggs] are like that. They might turn out like chicken eggs, which are empty, only covered with the shell. It is like that. For this reason, you should be careful. Even if the doctors do not say it, since I am aware of that, I take care of myself."

Furthermore, she explained that her job as accountant was making calculations. So, she had to closely track her menstrual cycles to make sure (as much as possible) her visits to Northern Cyprus to coincide on weekends not to jeopardize her job. Especially when she had an abdominal pain following the OPU, she could not get over it for 1-2 days (*1-2 gün kendime gelemedim*) or even could not move. Over time, she realized that the doctor had to know her body well not to cause any operation-related pain. From her multiple experiences, she learned that if the doctor conducted the OPU fast to get it done quickly, she often had abdominal pain afterwards. If the doctor conducted the OPU slowly, she did not have pain. At the time of my interview, she was donating eggs for the two different clinics, one of which was Clinic Delta. The doctor at the other clinic, she told me, initially used to perform the OPU fast on her too, but he got to know her and did not do it fast anymore. In her words, he "learned" it, and so did she.

Kezban's engagement with egg donation was not limited to donating her eggs. She was also forwarding fertility patients to the clinics that she "trusted in," as well as recruiting egg donors. However, relying on her observations and experiences in the clinics as an egg donor for three years, she complained about the bad treatment of the clinics toward some egg donors: "They [the clinics] despise them. They really do. It annoys me. Not to me and to those who can defend themselves. Yet, they treat like that [with contempt] those, they know, who are really

needy (in a financial sense). They never care about those women. It is just give-and-take. Who cares! They treat them this way. They only care about the families who pay the money. Therefore, they despise you. But, I think, the people who are doing this [egg donors] should be treated much better, with respect." Kezban emphasized here that the clinics should treat the egg donors and the patients equally, rather than treating one better than the other.

She also mentioned how the clinics treated the egg donors differently as well, especially ones who were newbies without much knowledge about the procedure. According to her observations, the clinics used hormonal drugs in higher dosages on the new egg donors (to extract more eggs). Therefore, she believed that egg donors should be respected to know the best dosage for themselves. Over time, researching about it and stealthily asking the nurse about it, she learned which dosage worked better for her.[125]Although some clinics wanted to give a dosage

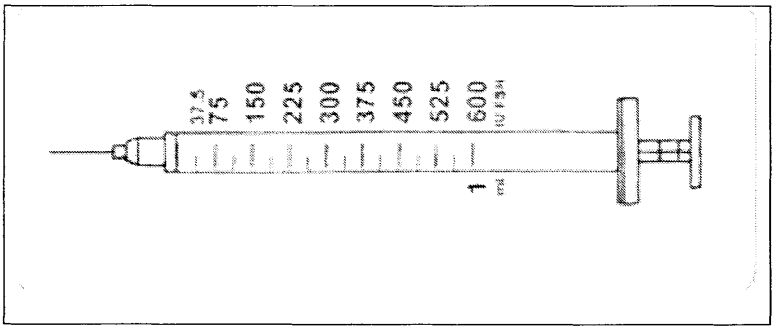

Figure 4.2: Gonal-F for injection, a popular hormonal drug brand commonly used by egg donors to stimulate eggs. Source: https://www.rxlist.com/gonal-f-drug.htm.

[125]During interviews, the egg donors mentioned these numbers without referring to any unit of measurement for the amount of hormonal drugs. Apparently they became familiar with the hormonal drugs and how to use them throughout the process, but without no need to know what these numbers actually refer to.

of 375 IU, she felt better with a dosage of 200-250 IU: "There is a huge difference. With 200-250, you can move easily. Eggs get bigger slowly and gradually in 10 days. With the higher dosage, on the other hand, eggs are made to produce much more abundantly and quickly, along with smaller ones. This is not right, in my opinion." When I asked if she was ever given the higher dosage, she replied that they could not do it to her. Yet, she witnessed how other egg donors were given a dosage of 375 without their knowledge. Yet, she did not say anything to them so as not to cause disagreement between them and the clinic.

Another reason for her non-intervention was that she was also working with the same clinics as those egg donors. Yet, she told me how she had tried to talk to donors indirectly, asking them if a dosage of 375 would not be too much for them. Their reply had been that the nurse told them that they did not have many eggs so that with higher dosage the existing few eggs were made to grow well. Upon such reply, she could not intervene much further. Yet, in her view, the clinics could not treat "conscious" egg donors like herself this way. She confidently told me that she could ask the nurse how much dosage she wanted for herself. Or she could refuse the clinics' request to delay her OPU beyond the 10^{th} day toward the 12^{th} or 13^{rd} day due to changes in the clinic's patient schedule because she did not want to have more hormonal injections and to suffer unnecessarily from the side effects (such as the difficulty in moving due to the pressure caused by the bloated abdomen).

Moreover, Kezban talked about payment differences between new egg donors and experienced ones. Many egg donors told me that they received less money for their first donations than for later ones (approximately a difference of 100 Euros). Banu complained about the cut she had to give to the intermediary "friend" from her first (lower) donation payments. When that person kept asking for the same share from her donations each time, Banu mentioned

it to the nurse in the Istanbul clinic. The nurse suggested that she cut off contact with that "friend" and directly called her instead. Banu was aware that in this way the nurse solved her problem without directly damaging the clinic's connection with this intermediary person recruiting egg donors for them.

According to Kezban, the competition was higher now than three years ago when she began donating eggs. More women were donating eggs now and, in her view, the clinics preferred new and younger donors to serial egg donors such as herself: "New and younger is better!" In her opinion, she was still in business after three years despite this higher demand for new and younger donors because the clinics knew and trusted her, and because her eggs were so good (in terms of both quantity and quality).

Conclusion

This chapter has examined the moral economy of secrecy within the context of transnational egg donation from the perspective of egg donors. Turkish egg donors' narratives have demonstrated a two-tiered cause for secrecy, which retains both moral and economic value. For egg donors, secrecy is not only about maintaining their reputation as "good women" in contemporary Turkey through the management of moral stigma associated with egg donation, in coordination with the clinical staff and even allies from friends and family members; secrecy is also about pursuing and preserving egg donation as a new realm of financial opportunity as well as their sense of solidarity and alliances with other egg donors. Egg donors manage the politics of knowing (about their egg donation) in and beyond the clinic, while hoping to be able to govern potential risks involved in egg donation through practices of self-care as neoliberal self-responsible and re/productive (yet non-familial) subjects.

INTERLUDE III

A Male Donor Broker

Recurring in the accounts of the egg donors was the figure of "a friend" who introduced them to egg donation and helped them be recruited as a donor. In most accounts, the figure of the recruiting friend explicitly or implicitly appeared as a woman, but in some accounts, the gender of this figure remained vague. Since some of the egg donors themselves were also involved in the recruitment side of egg donation, my knowledge of the clinic's recruitment system was thus based mostly on these women's own narratives, as well as my observations in the clinic. However, there was one young man that I occasionally saw in the clinic for brief times, sometimes alone but most often with a young woman or man.

When I asked the secretary out of curiosity who this man was, she replied that "he found the [egg and sperm] donors for the clinics." One day in April 2015, as the white board in the kitchen said: "10:00 Donor (sperm) B Rh +" meaning that a sperm donor with BRH+ blood type would provide semen at 10:00 am, Burak came to the clinic with a young man in his early 20s. One of the embryologists immediately asked the young man to follow him upstairs. While the young man was taken to "the sperm provision room" upstairs, Burak waited outside the clinic. 5-10 minutes later, the young man came from upstairs and immediately went outside. They both left.

Although the Northern Cypriot legal regulation of IVF says that donor sperm is to be imported from international sperm banks (e.g. Adrian 2010) since there is no sperm bank in the island, the clinic still uses donor sperm provided mostly from university students living in Northern Cyprus who are recruited through word of mouth, similar to the egg donors.[126] Since the sperm donors stayed very shortly in the clinic to donate sperm, with fewer arrangements necessary for their visits as compared with the egg donors, I could not easily track their visits to the clinic and arrange interviews with them in advance. The white board in the kitchen rarely included information regarding sperm donors' visits. It might be because sperm donation involves no invasive procedures like the hormonal injections and OPU in egg donation that require close monitoring to arrange the clinic visits in advance; sperm donors seem to be recruited from among university students at Northern Cypriot universities who do not need to travel from Turkey and remain in the clinic between their flight arrival and departure times; and sperm donors' clinic visits tend to be arranged shortly in advance, mostly by phone.

One day in early August 2015, I was waiting for an egg donor's permission to be interviewed. Her OPU finished around 9:00 am. When her meal had just arrived, I asked the nurse to ask her if she would like to talk to me while she was eating her meal. I was told that she was originally form Turkey, but currently living in Northern Cyprus, and therefore she would leave the clinic soon. While the nurse was upstairs, Burak arrived in the clinic and went directly upstairs after asking the secretary in which room the egg donor was resting. When the nurse

[126] With the 2016 regulation, such additional requirements for sperm donors have been introduced as: they shall be between the age of 20 and 40, with XY chromosomal sex, and identifiable information about their ethnic origin, height, and, hair and eye color.

returned from upstairs, she told me that the donor did not want to talk. I thought that her rejection might be related to Burak's presence in the room. Half and an hour later, Burak came downstairs with the egg donor. While they were talking to the secretary in the waiting room, I went briefly to the kitchen. When I came back, Burak was still there talking to the secretary and waiting for the doctor, while the egg donor had left the clinic alone. I thought this was a good opportunity to ask him for an interview. Although I approached him with hesitating and doubtful steps, his immediate reaction was surprisingly welcoming. He agreed to be interviewed right then and there.

It was around 1:00 pm. We went to the back room, but the clinic staff was continuously passing through the room and interrupting the interview. Then the doctor came into the room and shook Burak's hand to give him money (probably for the egg donor), telling him, "This girl [referring to me] is doing research here and knows everything. Therefore, I gave you the money in front of her." After a little chat, the doctor left the room. I asked Burak, seemingly disturbed by the people trespassing the room, if he would like to continue our conversation somewhere else outside the clinic. He immediately agreed. We drove in his fancy car to a coffee place on the famous shopping street of Nicosia, known generally as Dereboyu (Avenue) and officially as Mehmet Akif Avenue. I did not record the interview, hesitating to ask for permission; instead I took notes throughout the interview. When I returned to the clinic around 3:00 pm, one of the nurses asked me if it was worth doing this business, referring to being a donor broker. While I was trying to avoid answering the question, the same nurse informed the patient coordinator present in the room about my meeting with Burak. The patient coordinator half-jokingly, half-seriously responded: "So, no one is left that you did not talk to, then. I do not know what you are actually doing!"

This section, based on the single interview, will focus on the recruitment system from the perspective of the young man who was working as a donor broker for the Northern Cypriot clinics, along with his younger brother. For some egg donors, he was "the friend" who recruited them as an egg donor. This section is based on a single interview I conducted with him, which reveals how the recruitment system is based on idioms of trust, secrecy and morality that (re)produce trans/national network of gamete donation. I believe that this section would be complementary to the picture illustrated by the egg donors' own accounts and experiences.

Burak started telling me his story by describing a "tragedy." At first, I did not understand what he meant by the word "tragedy." I thought he might have had an accident or something worse. A few years ago, he came from Turkey to Northern Cyprus with his younger brother for university education. He described his family's financial situation as "disastrously good" as his mother owned a company, with 20-30 employees under her command. When Burak and his brother moved in Cyprus, their mother was supposed to deposit money in their bank account; somehow, the money did not show up in their account as promised. Burak found their mother's "mistake" unforgivable and would no longer accept her money. Burak and his brother, while going to university, started working at the hotels as wait staff and at casinos as croupiers, and even selling roses at the doors of the hotels and casinos. One day after working for long hours at the hotel, Burak took the minibus home. He was so tired that he felt asleep on the minibus and only woke up at the final destination, missing his stop. As he was trying to figure out his way back home, he ran into an old friend. After a small chat, his friend, feeling pity, invited Burak to

work for himself as a donor broker if he would be interested in making money under better conditions. So Burak started "finding donors" for this person. For him, the money that did not show up in the bank account was a "tragedy" that led to "dark times" for him and his brother, until he met this friend when he lost his way home after working at the hotel for long hours under hard conditions.

Burak worked for his friend for 3-4 months. He quit when he realized that he was doing most of the work but his friend was gaining more money. At the same time, some of the egg donors that he recruited started disappearing. It turned out that they started working directly for his friend, skipping Burak so as not to give him a commission. This was just one example of many where he felt betrayed (*kazık yemek*) by people. Burak repeatedly emphasized the themes of "betrayal" and "losing trust in people" throughout the interview to explain why and how he was doing this business virtually alone, with some help from his brother, who was the only person Burak could rely on in his life.

Burak started working alone as a donor broker for the clinics. He had been in the business for the last two and a half years, making a lot of money. To explain to me how much money he was making, he told me of a weird moment he recently had when he found an envelope full of money in his car's glovebox. For him, this incident proved that he was making so much money that he even lost track of it.

In two years, learning from his mistakes, Burak seemed to develop a recruitment system largely based on "trust." In his account, trust took multiple forms and meanings, with multiple functions as it did in the egg donors' accounts. To approach the "girls," he had to "give them a sense of trust" by making expenditures: "When you go to Adana (a major city in southern Turkey), for example, you show off your car, your money, your expenditures. You know how Turkish people are impressed by such things." By making expenditures to prove he was making money in this business, he gave a sense of legitimacy and trust to potential egg donors, aiming to convince them of how much money they also could make in this business. Thus, making showy expenditures became a form of investment in the business; eventually "these expenditures would bring in money" to him.

He also said that having a girlfriend helped him to gain the trust of young women, especially those who had a boyfriend. Some women's boyfriends did not like their girlfriends' relations with Burak. They questioned why their girlfriends were frequently seeing and meeting him. Therefore, to develop better relations with the egg donors and their boyfriends, Burak and his girlfriend would go out with the women and their boyfriends to let their boyfriends know him better and thus gain their trust. This was important because he was "involved with the girls' lives extending into their bedroom." Burak mentioned that the egg donors sometimes called him in the middle of the night to ask what to do when they had unprotected sex with their boyfriends, while the boyfriends were next to them. He accepted that this presented a weird situation for Turkish men, referring to the boyfriends. Yet, he pointed to such odd moments in order to emphasize the extent to which he earned from the egg donors (and their boyfriends) a sense of trust.

Furthermore, when the egg donors needed urgent money, for instance for monthly tuition payments, Burak lent them money from his own pocket, which could be equal to the amount of 2

or 3 donations. This was another example Burak gave to explain how much the egg donors trusted him. It was the way he was "turning something material (*maddi iş*) into [something] moral (*maneviyat*)" through his own sense of trust and care. In his view, he was making money out of these women's donations, but by helping and taking care of them in a paternalistic way. He also said he was very flexible about the payment arrangements. He did not push the women to pay back their debt; instead he extended their payment period, for example, from 3 months to 4 months, and even paid them some money for their donations without cutting off their debt totally from their donation payments. He did not mention whether he was charging interest, maybe because he was trying to impress me how helpful he was in his interactions with egg donors as a broker.

The idiom of trust plays further roles in Burak's donor recruitment system. He said he had a wide social circle, including university student women, which made it easier for his business. Before approaching the egg donors, he collected information about them from their social circles. He emphasized that his recruitment system worked through a "circle of friends" (*arkadaş usulü*) mainly based on trust. During the summer, when most university students are away, he went to the casinos, hotels and the shopping stores to recruit ("to tie" *bağlamak*) egg donors from among the waitresses, croupiers and salespersons. When I asked him if he approached the university students and the croupiers or waitresses differently, he replied: "Yes, totally different! I am approaching the one with trust [via his circle of friends] but the other with money" (showing off the car, expenditures). Although "money" featured in his narrative as a means of gaining the trust of egg donors, here he implied a difference between "trust" and "money" to emphasize how he differently approached to these two groups of prospective donors.

When I asked him how he chose which girl particular to approach, he gave the following scene from the casino as an example: He first "clapped eyes on one girl, the most flirtatious one!" Then, he started asking her persistently to bring him a drink and thus get her attention. Whenever she brought a drink to him, he initiated a small conversation with her in a humorous way. To keep her attention, he also gave her big tips. Furthermore, if he was playing on a slot machine, he kept his bets low if there was no one around him; but when she came to serve drinks, he played with the maximum credits to show off. This way, he said, there was no losing in gambling for him.

If he developed the conversation with the waitress to an intimate level, he asked for her phone number. He also humorously asked what her salary was to test her interest in gaining more money by working less hard for it, but without directly talking about egg donation. Burak said this was how he "put the bait out!" (*böyle zarf atıyorum*) since he knew these women were working so hard in their jobs only for the need of money. However, he did not ask them directly if they would want to donate eggs. Instead, he asked them if they had any friends who would be interested in egg donation. This was one of the lessons he learned from previous mistakes: if he asked women directly to donate eggs, some would take it the wrong way, getting annoyed by a stranger implying that she was not a virgin. Although a young woman would seem to be interested in egg donation on behalf of her friend, it was always she who started doing it, he said. He also added that even when he approached university students, if they had newly met, he preferred to ask them if they had friends that would be interested in egg donation, rather than directly asking the women themselves.

Whether they were croupiers, salespersons or university students, he started looking at all women as potential egg donors. He said it became a downside of the business: when he saw a woman, he always asked himself first if she would produce "good eggs," rather than thinking that she was a beautiful girl. He looked at all women as potential egg donors in terms of profit: a good-looking woman, with "good eggs" (good in terms of both quality and quantity). He explained how the physical appearance of the egg donors was important for the business this way: "I did not bring the dirty and frowzy girls with mustache and beard to the clinics; otherwise, the clinics would decline on the excuse that there was no need for the ["ugly"] donors."

Working with multiple Northern Cypriot clinics, Burak recruited egg donors who were mostly from Istanbul and from other cities in Turkey, including Adana, Mersin, Diyarbakır, Antalya, Izmir. When I asked him if it was not hard for him to handle all this alone in multiple locations, he replied that he had multiple connections in all these places in Turkey which he developed through egg the donors via word-of-mouth. However, he also acknowledged that he used to work with friends whom he paid to do the recruitment, monitoring and logistics, but this turned out to be a mistake when he realized that his friends started leaving Burak to make more profit on his own (much like Burak left his own former friend and employer). Therefore, he now let others do only the recruitment part while he alone monitored the egg donors and managed the logistics. Only his brother he trusted to help him out in these other parts of the business. Yet, he clarified that he was "the only brain" in this business while his brother was only doing what he told him to do.

Burak emphasized multiple times during the interview that he trusted no one, except his brother, in his life generally and in this business particularly. He explained in detail how everybody in his life cheated on him, including friends with whom he did business and even his girlfriend. He talked to me a lot about his girlfriend, especially about how he found out that she was secretly donating eggs. After one of his friends had hinted at his girlfriend's involvement in egg donation, Burak demanded that the clinics reveal to him if she was coming to donate eggs by threatening not to send further egg donors to them. He told me that he still did not understand why she did this because she was coming from a wealthy family and he as her boyfriend was also making a lot of money; so in his view, she did not need to donate eggs for money. Burak lived together in the same apartment with his girlfriend and his brother. Despite such problems of "trust" between Burak and his girlfriend, they were still together and even making holiday plans together in Italy at the time of interview.

Apart from the recruitment, his job also involved monitoring egg donors and managing logistics. He said he developed a (recording) "system" over time in the business, realizing the importance of keeping detailed records of the donors in "the medical business" (*hastanecilik*). So, he started taking the records of "the name of the donor, the clinic, the dates, the procedures, how many eggs, her blood type, etc" not only to monitor donations but also to protect his business. He did not explain further what he meant by "protecting himself" through careful record-keeping, but he implied the possibility of (financial) disagreements between him and the clinics.

Burak also monitored closely the hormonal injection protocols of the egg donors. He had to make sure that they took their daily hormonal injections on schedule. To do so he sent them WhatsApp messages throughout their hormonal stimulation period to ask if they took their daily injections. The clinic specified a number of injections for each egg donor according to her hormonal protocol. If she dropped one injection, especially the final one (Hcg shot), and dropped the protocol, it would be a problem. When this once happened with one egg donor, he had to get the clinic to open in the evening to retrieve a replacement hormonal injection for her.

Furthermore, if a new egg donor did not have a bank account, he wanted her to have one. For him, this was important because he did not want to make payment in hand so as not to give a wrong impression (implying prostitution). He even bought some egg donors (ones who gave him the impression of being somewhat careless) a thermos bottle to make sure they kept their hormonal drugs cold without breaking the cold chain storage. He did not leave such details to his brother because he knew it would not come to his mind to take care of them. As the "brain" of the business, he took care of the details.

Burak said he brought donors to the clinics that paid both them and him the best. However, it also depended on the donor's specific conditions. For example, the egg donor who underwent the OPU in the clinic on the day of my interview with Burak lived in Nicosia, so she did not want to go to an IVF clinic in Kyrenia: "I cannot take her to Kyrenia. I would make more profit if I took her there, but I cannot because she lives [and works] in Nicosia. She does not want to spend an hour and a half on the road to Kyrenia." Burak said some university students also preferred to go to nearby clinics rather than those in other Northern Cypriot cities.

Burak himself transported the girls to the clinic on the day of the OPU. If she was new, he himself took care of the logistics, but if she was a serial donor, she would come and go alone or he let her brother to take care of her. For those travelling from Turkey, flight arrangements were made by the clinics. The egg donor's visit to Cyprus was usually planned between two flights on the same day, with no overnight stay. Yet, if she could, she would arrive in Cyprus the night before the OPU so as not to have any problems like delayed or missed flights. If she were to miss her flight, it was his responsibility, he said. Sometimes the clinic would even accuse him of taking the egg donor (whose drugs and flight were paid for by the clinic) to another clinic, in which case he might have to pay costs. Although he did not explain much about how such a problem would be resolved, Burak emphasized that paying costs himself proved how professional he was in his business, not allowing the clinics to treat him like a juvenile or someone not good in his job. He added that he would go out and have fun together with some of the staff from the clinics, but doing business with the clinics was a different matter.

In talking about some problems he had with the egg donors and the clinics, Burak emphasized that having problems was good for his business so that he learned to improve himself as a donor broker. In two years, he learned how to better approach to the potential egg donors in different situations or how to better handle the clinics or the egg donors in the case of delayed or missed flights. Besides these situations, Burak also had to deal with the egg donors' problems that resulted from the unexpected revelation of their secrets. For example, if a young woman who was donating eggs without the knowledge of her boyfriend "got caught" by him, she could call Burak to ask for help. In such a case, he would help her to explain the situation to the

boyfriend by telling the truth in a proper way or by lying on her behalf. In one case, when an egg donor's mother found birth control pills at home that she used after the OPU to prevent ovarian cysts (here the threat had to do with the virginity issue of an unmarried daughter), the young woman called Burak to ask what she was supposed to do. He said to tell her mother that she was having a treatment for ovarian cysts. He even asked the clinic to call the egg donor's mother to explain her daughter's so-called ovarian cyst treatment. It sometimes happened that when the mother was told that her daughter was undergoing a treatment, she began out of concern to give the drugs to her daughter herself.

It is not surprising that the majority of the egg donors recruited by Burak were university students.[127] He said the number of recruited donors increased by 30 percent every year. He saw an increase especially in the months of September and October because it was the beginning of the new semester, with new coming students. However, he kept relations with egg donors alive even if they were away, for example over the summer months. He frequently messaged most of the egg donors in Turkey using WhatsApp, pointing to his expensive Android phone on the table. He emphasized that they were not only donors for him; with most of them, he also developed some kind of friendship, which was important for the business, in his view. Although he was more interested in using his expensive phone for taking pictures than texting, he had to talk and text to people on the phone frequently to keep the business going.

Burak was not only recruiting donors but also directing fertility patients to the Northern Cypriot clinics. He started forwarding the fertility patients with a coincidence. There was a barber in his hometown in Turkey that he used to go to. His barber was unable for 18 years to have a child. After Burak was involved in the IVF sector in Northern Cyprus, he took the barber and his wife to a Northern Cypriot clinic for fertility treatment. They had a boy with this treatment and named their son after Burak. The day they received a positive result from the pregnancy test, Burak's phone started ringing. Burak explained it this way: "You know, a barber knows everything about his customers. They are like men's psychologists." Since then, whoever heard about the barber's successful fertility treatment started calling Burak for help. This was how Burak started directing fertility patients to the clinics in Northern Cyprus, besides recruiting the donors. He was working with multiple Northern Cypriot clinics for which he was sending donors and fertility patients. He also mentioned plans to enter into the surrogacy business as well, which was more tempting for him than egg donation; he believed that he would have to deal with just one surrogacy to make the money of working with 20-30 egg donors.

Until I asked him about it directly toward the end of the interview, he did not mention sperm donors. In answer to my question, he replied that sperm donors were very easy to recruit by giving the following example: "Last time when we were playing football with some friends at a (private) football ground, one clinic called me, asking for a sperm donor. I asked the friends

---

[127] The first Northern Cypriot university was opened in 1988, with the enrollment of 719 Northern Cypriot students, 1,112 Turkish students and 438 third-country-citizen students. The number of the universities on the island was increased to 14 in 2016, with the enrollment of 13,619 Northern Cypriot students, 52,135 Turkish students and 27,538 third-country-citizen students. "29 yılda 14 üniversite [14 Universities in 29 Years]" http://www.kibrisgazetesi.com/egitim/29-yilda-14-universite/6623

there who would be interested in this [sperm donation] in return for free access to the football ground for one year." Since this subject came up toward the end of the interview, we did not have much time to go into detail about sperm donation. One reason for less discussion of sperm donation in his interview may be that sperm donation has a smaller share of the IVF market in Northern Cyprus than egg donation in terms of demand and profit, not only from the perspective of the IVF clinics but also from the perspective of the donor brokers. However, one day after the interview I surprisingly learned that Burak and his brother were donating sperm for the clinic where I conducted my fieldwork. This never came up during the interview with Burak, and I did not have another chance to interview him again, nor was I able to reach his brother.

CHAPTER 5

Reproductive Measures in/of Transnational Sex Selection

It was a rainy and chilly morning on the seventh day of 2015. The big green plastic "New Year's tree," decorated with colorful ornaments and white lights, was still standing in the corner of the waiting room. This year the big tree was accompanied by a small one, which was placed on the reception desk at the main entrance of the clinic. The secretary Feride had jokingly called it the "tube tree" to which "the (big) tree has given birth." There was one couple in the waiting room seeking IVF using a donated egg (referred to in the clinic as OD). Aynur Abla, mopping the muddy floor at the entrance, asked in a grumpy voice if the anesthetist Ahmet did not wear the plastic shoe covers again. The secretary replied, "No, he did not!" The presence of the anesthetist in the clinic means that there was to be an OPU (Oocyt Picking-Up, or egg retrieval) today. I went to the kitchen to check out the whiteboard. The chauffeurs were chatting over Turkish coffee while waiting for the patients to get ready. This was a typical day at the clinic as I was entering the third month of my fieldwork research. On this day, the board read as follows:

January 7, 2015:
10: 00 N. Çil D. Opu 0 Rh (+)
10:30 S. Topaç OD 0 Rh(+) (he will give sperm)
11:00 S-R. Poyraz ET (PGD)

The "Donor OPU" was completed around 10:50 am. After assisting the OPU, the anesthetist came downstairs and went to the kitchen. Fifteen minutes later, nurse Güler, holding a box of medicine (probably antibiotics), went upstairs to give it to the egg donor resting in bed

after her OPU. As I was standing next to the secretary's desk, a young woman came from upstairs. I asked the secretary in a low voice, "Who is this?" pointing with my eyes at the young woman. The secretary Feride put her finger on the open page of the appointment book in front of her to point at the word "D.OPU (Donor Oocyt Picking-Up)." She whispered, "This is her sister. You might remember her. She also came [to donate eggs] before." I asked if they were coming from Turkey. Feride replied, "No, they live here" pointing with her head to their car outside parked in front of the clinic. They were the sisters Nalan and Aysu, whom I would interview together in April, three months later, when younger sister Aysu came to donate her eggs; their stories appeared in the previous chapter on egg donors.

It was now around 12:15 pm. When I saw nurse Güler going upstairs, I requested that she ask the couple seeking PGD (Preimplantation Genetic Diagnosis) if they would agree to be interviewed, since more than an hour had passed since their embryo transfer. She went upstairs again to ask the couple. A few minutes later, she came back and, twisting her face in a negative expression, reported that the man did not want to talk, although the woman seemed willing. Güler added, "Men usually do not want [to talk]." I asked Güler to seek the permission of the egg donor instead. Again she went upstairs and, when she returned, told me the donor was crying and asking to leave the clinic because it had been two hours since her OPU, so she had been unable to convey my request. Surprised, I asked why the woman was crying. Güler just shrugged her shoulders and went to the kitchen.

Meanwhile, the OD-seeking couple was in the doctor's room. The doctor stepped outside the room and called nurse Güler, saying, "Go and ask Ali [the embryologist], is the sperm okay?" She went upstairs and soon returned, responding, "Yes, it [sperm] is okay!" meaning that the husband's sperm was good enough to be used for egg donation. Now free to leave, the couple

left with one of the chauffeurs who drove them to the hotel where they would stay until the embryo transfer three days later.

Dr. Kamil, the owner of the clinic, threw a warm woolen cape over his shoulders and started wandering the corridor. He approached me and said, "There is not so much PGD [being done in the clinic] these days (emphasizing this since my initial plan was only to study PGD). One couple will come on Friday from Saudi Arabia. Or maybe from Iraq."[128] When I asked if they would speak Turkish, he replied, "No, they will come with an interpreter." I mentioned that there had been a PGD today, but that the couple had not wanted to talk to me. "Did they not?" he asked, and added, "if they do not want to, no need to insist!" Then, he lowered his voice to tell me, "They are typical PGD patients (*tam PGD hastasılar*)! They are from Adana (a major city in southern Turkey, home to a prominent number of the country's Kurdish population). A professor (doctor) has sent them (to us). He (the husband) is a farmer." I asked how many embryos were transferred. He replied, "One male! There were not many eggs (extracted from the wife), though. One single 'whole' male was transferred (*Bir erkek! Zaten çok yumurta çıkmadı. Bir tane tam erkek transfer edildi*)." When I asked if the couple had any daughters, he responded, "They already have three daughters. If God wills, the (male) embryo was good."

***

In the last decade, Northern Cypriot clinics are increasingly offering not only gamete donation but also non-therapeutic sex selection via PGD to transnational "reproductive tourists," predominantly Turkish citizens from the mainland. Like gamete donation and surrogacy, sex selection has become a cross-border reproductive practice (Whittaker 2011; Bhatia 2014, 2018; Inhorn 2015). PGD is a broader diagnostic technology that can screen embryos created by IVF

[128] The clinic began to publish flyers and ads (website) in Arabic to be distributed to Middle Eastern countries so as to increase the number of its international patients.

techniques before implantation, for a number of chromosomal and genetic conditions (cf. Franklin and Roberts 2006; Pavone and Funes 2018; Hershberger et al. 2012). As a technique of pre-pregnancy sex selection (Whittaker 2012: 144), PGD is used to determine the chromosomal sex of embryos, either for identifying serious sex-related genetic disorders (such as Duchenne's muscular dystrophy and hemophilia) or for non-medical reasons (i.e., preselecting embryos for implantation based on sex preference).

I first learned of Turkish people traveling abroad in order to have a baby of the desired sex using PGD from talking with IVF specialists in Northern Cyprus in the course of preliminary research conducted in summer 2012. When I asked practitioners about the IVF services in Northern Cyprus, their immediate answer was that they no longer offered gamete donation to Turkish citizens, but instead mostly perform PGD for sex selection. At first I thought this "PGD talk" was a rhetorical strategy to shift the direction of conversation away from gamete donation. "Gamete donation to Turkish citizens" had become a sensitive topic to discuss since Northern Cyprus aligned its own IVF regulations with Turkey's, bowing to pressure from the Turkish Government in 2009 by banning its clinics from offering gamete donation to Turkish citizens (Gürtin 2011, Turkmendağ 2012); the following year, 2010, Turkey banned its citizens from pursuing gamete donation abroad. But after searching Google and coming across several messages posted in Turkish online discussion forums (Mutlu 2017), I was surprised to realize that traveling to Northern Cyprus for PGD-sex selection to bypass the national ban on non-therapeutic use of sex selective technologies in Turkey is, indeed, an increasing phenomenon among Turkish people, although it does not get as much public attention there as does gamete (especially sperm) donation.

Sex selection using PGD involves undergoing a typical IVF cycle (using the couple's own or donated gametes) starting in Turkey with hormonal ovarian stimulation (if the woman's own eggs will be used), and ending with a trip to Northern Cyprus, where egg retrieval, sperm provision, in vitro fertilization, embryo biopsy, genetic screening for sex selection, and embryo transfer all occur within approximately 5 days. In other words, "technological processes can be broken down in a way that allows provision to take place across multiple local sites through the border-crossing movement of bodies, biomaterial, and information" (Bhatia 2018:127). In this way, sex selection is situated within a web of interclinical and interlaboratory practices that can span national borders.

Transnational sex selection constitutes a growing segment of a wider transnational reproductive network between Turkey and Northern Cyprus, through which PGD is promoted as a sex selective technology that offers a "modern" solution to a "traditional" problem, namely "son preference" in Turkey. As Dr. Kamil stated above, a "typical" PGD patient is expected to seek a boy (for presumed traditional, patriarchal reasons) after having daughters. As many clinicians told me, seeking PGD for a girl is highly exceptional. Upon hearing such a request, the clinical staff could not always hide their surprise. In Clinic Delta, and in other clinics, I often heard such statements as, "Turks want a boy, Europeans want a girl." On this "Orientalist" view, girl preference is linked to Western civility, women's liberation and modernity, which is coded as progressive and believed to be devoid of bias. Another doctor went so far as to suggest that girl preference (realized via PGD) be promoted to fight against "male chauvenism." On the other hand, although the clinicians tend to classify Turks (including Cypriot Turks and diasporic Turks living in European countries) as son-biased, along with the Middle Easterners (Saudi Arabia, Iraq, for instance), vis-à-vis Europeans, PGD-seekers from Turkey are mostly coming to the

clinic from the country's eastern and southern regions that are heavily populated by Kurds — as was reflected in the doctor Kamil's remark above about the "typical" PGD patient. In other words, sex selection is ethnicized, thereby reinforcing transnationally ethnic stratification in "the politization of reproduction" (Balsoy 2015; Erten 2015; Miller 2007) in contemporary Turkey.

Turkey is often characterized as having a classically patriarchal society with strong son preference, alongside India, China,[129] South Korea, Taiwan and Vietnam (van Balen and Inhorn 2003; Whittaker 2011; Hang 2018). Among these countries, India and China have received particular attention from demographers, bioethicists and social scientists due to their skewed sex ratio at birth (the ratio of male birth per female birth), for which discriminatory uses of prenatal diagnostic and screening technologies (such as ultrasound, amniocentesis and chorionic villus sampling) to limit female offspring have been blamed in the context of restrictive antinatalist population policies and easy access to new reproductive technologies. Meanwhile, some scholars claim that son preference is significantly declining in Turkey (down from 84 percent to 41 percent)[130], especially in urban areas, based on comparing survey results conducted in the 1970s and 2003 (Kagitcibasi 2005). A Turkish economist, using population data and birth statistics, argues that there is no statistical evidence of sex-selective abortion or excessive female infant mortality in Turkey, where abortion is available on request during the first 10 weeks of pregnancy. Instead, we see evidence of son-biased differential stopping behavior, meaning that couples with a preference for sons would continue to bear children until they reach a desired number of boys, and then stop (Altindag 2016). Recently, a Turkish sociologist claimed that the

[129] However, Lihong Shi (2017) refuses the conventional understanding of a universal preference for sons in China and studies an emerging trend among young couples in rural China for willingly having a single daughter even as birth-planning policies have been relaxed.
[130] A similar trend has been recorded by studies from across the Middle East (Inhorn 2012; Kanaaneh 2002).

reproductive logic of son-biased differential stopping behavior has been promoted in Turkey through an antinatalist imaginary of a small family with two children, one girl and one boy, as a (modern and urban) "happy"[131] Turkish family ideal (Özbay 2014: 109), in which the first child is always depicted as a girl while the second child as a boy, implying the practice of son-biased differential stopping behavior.[132] To counter this, and to align with the AKP's "at least three children policy," the sociologist proposed that an image of Turkish families with three children should be promoted in Turkish TV series and ads.

In this setting, some Turkish couples (after having daughters) are turning to PGD as a new "hope technology" to attain their desired family with at least one boy, rather than "leaving it to chance and fate" (*şansa, kadere bırakmamak*), which implies tacitly accepting the "risk" of having additional daughters. Although there is clearly a logic to this son-biased differential stopping behavior, as a reproductive strategy it is most often considered by clinicians (and also some couples) an instance of "irrational reproduction" (Krause and De Zordo 2012), given the alternative of PGD for sex selection. New stakes for "reasonable and responsible" reproduction are cast to legitimize the use of PGD as a more rational way of having a child with the desired sex in line with a family planning strategy to limit family size.

Heather Paxson, writing on family planning in Athens in the 1990s, discusses how "[i]n rationalizing sex, they [Athenian advocates of family planning's "safe sex" message] aim to make sense in modern terms of the common but seemingly backward practice in urban Greece of

---

[131] Özbay (2014) points out that the image of a two-child-small family has been promoted as the ideal of "happy family" which was featured in the posters of the family planning and mother and child health clinics as part of the antinatalist policy supported in Turkey from the 1960s to the 2000s.

[132] "Dizilerde Aileler 3 Çocuklu Gösterilsin Önerisi [A proposal to feature more families with three children in Turkish TV series]" http://www.hurriyet.com.tr/gundem/dizilerde-aileler-3-cocuklu-gosterilsin-onerisi-40035051

repeat abortions [following -- and hiding -- unprotected, possibly extramarital, sex] and to forward what they see as a more rational and healthy alternative in the form of medicalized contraceptive practice" (2002: 308). Similarly, Northern Cypriot clinics rationalize PGD-sex selection as a more reasonable and rational alternative to sex selective abortion or to having "irrationally" large families in order to attain that one son or (less likely) daughter. Many PGD users I talked to also strategically adopted this reproductive logic to legitimize their quest for PGD for sex selection in the name of smaller families, rather than leaving it to chance and fate. As the IVF sector has been rapidly growing in Turkey, assisted reproductive technologies (including gamete donation, sex selection and surrogacy) have not only changed the lives of infertile couples, but also impacted local understandings and perceptions of reproduction, gender, kinship, family-making, and modernity (Gürtin 2015; Açıksöz 2015; Demircioğlu-Göknar 2015; Mutlu 2017).

In this chapter, I discuss how moral engagement with sex selection becomes a "reproductive measure" (Kanaaneh 2002) strategically used as a means of "assigning social values, negotiating relationships, and envisioning progress" by both the PGD–seeking couples and the clinicians who provide PGD services to indicate one's position on a sliding scale between "modern" (progressive) and "traditional" (backwards) ideals. According to Rhoda Kanaaneh writing on Israeli Palestinians, "[r]eproductive measures are key markers [of self and other] [...] strategically deployed as part of the local negotiations of personal and collective identity and daily engagements of power" (2002:105). In other words, reproductive measures are not fixed. While for most Palestinians, having smaller families (using medical contraceptives) is measured favorably as a marker of modernity; for others, having large families becomes a valuable aspect of religious and cultural traditionalism. Following Kananneh, I will examine the

reproductive measures employed to characterize, and to morally adjudicate, the use of transnational sex selection between Turkey and Northern Cyprus. While couples legitimate their use of PGD-sex selection with reference to (their own) modern aspirations or to the burden of (relatives' and neighbors') traditionalism, the clinicians capitalize on the biopolitical construct of the "typical PGD patient" in developing the market potential of sex selective technologies that offer a "modern," technological fix to a social problem whose "traditionalism" is thereby reinforced. In this context, a couple's use of PGD is *measured* against the alternative of whether one should be "leaving it to chance and fate" (continuing to give birth until having a son). However, at the global level, the use of PGD, along with MicroSort (a preconception method of sex selection based on the sorting of X- and Y- chromosome bearing sperm), has been *measured* against sex selective abortion.

Rajani Bhatia (2018), in her analysis of MicroSort, turns attention to two concurrent events concerning sex selection that took place in the 1990s. Two international conferences held one year apart, the international conference on population and development in Cairo in 1994, and the world conference on women in Beijing in 1995, condemned prenatal sex selection as unethical by defining it as an act of violence and discrimination against women and the "girl child," with delegates calling upon nation-states to prevent and eliminate prenatal sex selection (2018: 3). Ironically, Bhatia notes, at the very same time, a clinical trial to test the use of MicroSort for "family balancing" was approved by the institutional review board of the Genetics and IVF Institute (GIVF) in Virginia, USA, paving the way for expanding the market potential of the new sex selective technology.[133] Since both MicroSort and PGD are applied before

[133] The GIVF currently has five MicroSort laboratory sites abroad, two in Mexico, one in Northern Cyprus, one in Basel, Switzerland (only for medical conditions), and one in Malaysia (Bhatia 2018:115).

pregnancy in conjunction with IVF, they disassociate sex selection techniques from abortion.[134] To some, PGD may be ethically more acceptable than embryonic sex determination followed by abortion (van Balen and Inhorn 2003:243). In other words, Bhatia writes, "just as the international community came together to condemn sex selection, a fertility clinic in the US created an ethical opening to the practice" (4).

After being invented and proliferated as a justification for the use of MicroSort technology, "family balancing" then came to be called upon to justify the use of such sex selective technologies more broadly (Whittaker 2012: 149). Citing Holm (2004), Whittaker states that family balancing rhetorically re-labels sex selection with positive associations of "family" and "balance," and it creates the "unbalanced family" as a potential problem that might even lead to a new pathologized condition in parents called "gender disappointment"[135] (Duckett 2008; Whittaker 2012; Bhatia 2018). Furthermore, journalist Kara Platoni, citing Charis Thompson, compares family balancing to plastic surgery as "proportionality" has become medicalized rationales for both practices (Platoni 2004 cited by Bhatia 2018: 96).

Overall, this historical moment in the 1990s has led to the global stratification of sex selection, reliant upon an Orientalist rhetorical strategy that contrasts (Western) family balancing and (Eastern) son preference,[136] by condemning sex selective abortion as essentially Other,

---

[134] Rajani Bhatia, writing on MicroSort, argues that the US plays a significant role in the science and practice of new forms of sex selection, by discussing how the politics of sex selective technologies is closely linked to the abortion politics in the US.

[135] For example, a specific online board is devoted to "extreme gender disappointment" on genderdreaming.com. There is a book entitled *Altered Dreams: Living with Gender Disappointment* self-published by a regular participant on sex selection boards of the online forums such ingender.com and babycenter.com (cited by Bhatia 2018:107).

[136] Some scholars prefer to call this reproductive strategy as "daughter aversion/ avoidance" rather than son preference (Diamond-Smith et al 2008). For example, a study that focuses on the southern Indian state of Tamil Nadu examines how daughter aversion, fuelled primarily by the perceived economic burden of daughters due to the proliferation of dowry, is playing a larger

backwards, and tied to culturally to the East, or Asian regions of the world (Whittaker 2011; Bhatia 2018) or South Asian immigrants in the West (who are blamed as importing these practices when they come to the West).[137] Bhatia describes this Orientalist strategy as "a boundary-making project that creates hierarchical differences between people and contexts" (2018:14) by recasting the use of some sex selective technologies from being ethically controversial to being ethically ambivalent. Indeed, classical "patriarchy" has been outsourced to the global South (Grewal 2013 cited by Ozyegin 2018: 233) in a way that draws "a strong marker of the boundaries between the global North and South (the absence of patriarchy in the West but the existence of 'patriarchy elsewhere') in the service of various economic and political global neoliberal projects" (233). This boundary-making project can be viewed as the "ethical choreography" of sex selection (Thompson 2013). Thompson introduces this term to explore the process of consolidation of human embryonic stem cell research around some concerns of various actors while other issues relatively failed to go noticed (2013:5). The ethical choreography of sex selection reveals how the biopolitical normalization of sex selection for family balancing is globally stratified across rigid geo-cultural divides between pre-pregnancy sex selective technologies and sex selective abortion, as follows (Bhatia 2018:17):

sex selective technologies / sex selective abortion:

---

role in fertility decision-making than son preference, especially within the context of declined fertility. The findings suggest that the desire for a son is often trumped by the worry over having many daughters.

[137] There are feminist studies focusing on the experiences of South Asian immigrants seeking sex selective abortion (Purewal 2010; Puri et al. 2011). Bhatia even discusses how some of these studies are strategically used in the US by conservative, anti-abortion groups for their own agenda (2018:160-163), based on racial stereotyping. In a similar vein, Corinne L. Mason (2016) discusses the CBC's short hidden-camera investigative documentary titled *Unnatural Selection* on immigrants women seeking sex selective abortions in Canada as a form of "racializing surveillance."

Western/ non-Western

Individually determined/ culturally determined

Unbiased/backward

Desired babies/ missing girls

Family balance/ population imbalance

Following Whittaker's (2011) and Bhatia's (2018) call to question the Orientalist rhetoric contrasting (Western) family balancing and (Eastern) son preference as motives for sex selection, this chapter will explore how PGD users, for whom this technology might be "simultaneously promising and problematic" (Inhorn 2004a:163), make moral sense of transnational sex selection in relation to gender and family ideologies in contemporary Turkey. By doing so, it will reveal how crude (Western vs Eastern) geo-cultural divides are played out, along ethnic lines and stereotypes, in complex and strategic ways by the users themselves in their moral negotiations with reproductive technologies, while at the same time, the clinics leverage the reproductive measure to capitalize (in very modern ways) on perpetuating traditional patriarchal stereotypes about son preference embodied by the biopolitical construct of the "typical PGD patient" in developing the market potential of sex selective technologies.

Following Arthur Kleinman (1992), I take "moral reasoning" to refer to how people draw upon locally specific moral resources for "reasoning and judgment about acceptable or unacceptable personal qualities or conduct in the social arena" (Liu 2011:170). I treat PGD users as moral agents who strategically enact moral reasoning in their engagement with a controversial reproductive technology that is presented as offering a "modern" solution to a "traditional" problem; in doing so, I begin to show how these "moral issues relate directly to the expectations

of women [and men] as gendered beings and the roles they fulfill with the family, the local community and society" (Sleeboom-Faulkner 2010:140). Rather than being "moral pioneers" (Rapp 1999) grappling with new ethical issues on "virgin territory," PGD users act as morally "pragmatic" agents (Lock and Kaufert 1998), describing their use of the technology as fulfilling their own, morally justifiable ends. Users frame PGD for sex selection "as a means by which women [and men] can properly produce and achieve for themselves the desired end of motherhood [and fatherhood]" and imagined family (Paxson 2003:1864) by producing the kind (sex) of offspring they deem required by their personal circumstances in light of the expectations of their extended families.

The first part of this chapter sets the scene by discussing the biopolitics of sex selection in Turkey. In the second part, I will briefly introduce the couples pursing PGD/IVF with sex selection with whom I spoke at Clinic Delta, juxtaposing their heterogeneous backgrounds to the clinicians' oversimplified depictions of "typical" PGD users. Drawing on patient interviews, the third part will analyze the moral negotiations of Turkish couples using sex selection in light of the cultural and biopolitical landscapes they see themselves as inhabiting. This part has three sections: the first focuses on the reproductive measures — of modern vs. traditional or ethnic sensibilities, of "good" family relations, of gender proficiency — by which the use of PGD is evaluated; the second explores the moralizing effects of how boundaries between "medical" and "nonmedical" uses of PGD are blurred in users' accounts; the third highlights the heterogeneity among PGD users and their discourses of legitimation (regarding not only sex selection but also gamete donation) to further challenge the (auto-)Orientalist stereotype of the "typical PGD patient." In the fourth and final part, I will look at the wider transnational choreographies between fertility clinics and genetic laboratories, with particular focus on the cross-border

circulation of biopsied embryonic cells as they transform from biomaterial to biodata, a transformation that requires an epistemological choreography to navigate risks of unintended communicability of concealed knowledge. The aim is to reveal the contingent and tactical shifting positions of Turkey and Northern Cyprus as ethical grey zones of sex selection, in and across which expectations, desires and economies are (re)configured.

1. The Biopolitics of Sex Selection in Turkey and Northern Cyprus

In Turkey, non-therapeutic use of any sex selective technologies has been legally prohibited since the mid-1990s.[138] Notably, however, non-therapeutic sex selection, which Turkish people had been seeking in Northern Cyprus for a decade, was overlooked in Turkey's 2010 legislation that banned gamete donation abroad, with gamete (especially sperm) donation becoming an increasing focus of biopolitical attention in Turkey.

In the early 1990s, sex selection received considerable public attention, especially with the opening of sex selection clinics first in Izmir and then in Istanbul.[139] These clinics used the Ericsson method, a pre-conception sex selection method based on a sperm sorting procedure used with intrauterine insemination, to provide sex selection services to Turkish citizens. According to a news report based on an interview with a doctor working in the sex selection clinic in Izmir at the time, most Turkish couples (480/500) had asked for a son in their clinic, with a Saudi Arabian Prince reportedly "ordering" a son.[140] Such news stories regarding sex selection clinics elicited criticism from feminist organizations and from the Turkish Medical

[138] Turkish Ministry of Health. 1998. Genetik Hastalıklar Tanı Merkezleri Yönetmeliği [Regulation on Diagnosis Centers for Genetic Diseases]. *Official Gazette* no. 23368. June 10. Ankara.
[139] "İzmir'den sonra İstanbul'da da Cinsiyet Belirleme Enstitüsü Kuruldu" [After Izmir, A Sex Selection Institute opened in Istanbul] *Milliyet*, 13 October 1994.
[140] "Bir Prens, Erkek Bebek Ismarladı" [A Prince ordered a Son] *Milliyet*, 18 August 1994.

Association, fueling a public discussion. Çağrı Kalaça (then a member of the Ethical Committee of the Turkish Medical Association) and Ayse Akin (then a member Ministry of Health's Mother and Child Health and Family Planning) reviewed in 1995 the process that led the legal ban. They noted that after a six-month debate and consultation with various interested parties (including the General Directorate of Mother and Child Health and Family Planning, the Ethical Committee of the Turkish Medical Association, the Legal Consultancy of the Ministry of Health, and also with the Turkish counterparts of the American company, Gametrics Ltd, which patented Ericsson method), the High Health Council of the Turkish Ministry of Health decided to restrict non-medical clinical applications of sex selection methods, recognizing differences between a sperm separation method with a low degree of accuracy and no medical benefits, and genetic technologies (such as prenatal diagnosis) that provided diagnostic and therapeutic results. Unsurprisingly, "[b]oth Dr Ericsson and his Turkish counterparts claim[ed] that this method can help family planning in Turkey" (Kalaça and Akin 1995:1632) in accordance with the Turkish antinatalist population policies introduced in the 1960s. However, the following counter-arguments were presented to the Council: studies done in other countries demonstrated that the role of sex preference in family planning programs was overstated; and given the high cost of the method (almost $1000 per each application) and its low degree of accuracy, the Ericsson method would be an extremely expensive way to promote family planning in the country (1632). Kalaça and Akin referred to the Ethics Committee of the American Fertility Society's stance on sex selection which "also found the use of gender selection to achieve 'family balancing' or other preferential goals based on non-disease traits 'highly problematic' (1632). Although they did not explicitly state whether "family balancing" was used by the Turkish counterparts to justify their

sex selective method, Kalaça and Akin's reference to "family balancing" in their writing affirms the arrival of this discourse to Turkey and the exposure of the Turkish medical experts to it.

This biopolitical attention to sex selection was a response to the international debate of the 1990s on discriminatory and unethical uses of sex selection (whether through sex selective abortion or infanticide or following inadequate nutrition during infancy) resulting in what was popularly called the "missing women of Asia" (Sen 1990), which forced many governments to take preventative measures. Again, as Bhatia has noted (2018), this occurred alongside the emergence of more ethical sex selection for family balancing, producing global stratification of sex selection. Turkey's legal regulation concerning prenatal sex determination was eventually issued in 1998 under Article 17 of "The Regulation on Diagnostic Centers for Genetic Diseases," simply stating that sex determination is not allowed except to screen for sex-related medical conditions. However, currently, despite Turkey's legal prohibition on prenatal sex determination, prospective parents are still informed about the sex of their fetus via ultrasound scans[141], especially in private clinics (Açıksöz 2012b:45). Furthermore, in 2011, the sale and distribution of the two commercially available prenatal sex prediction test kits (namely *IntelliGender* and *Ultimate 10 Weeks*) were forbidden on the grounds that they may be used for self-induced abortions for sex selective purposes.[142]

In Turkey, abortion has been legal since 1983, despite the government's recent attempts to restrict women's access to it. The legal limit for terminations upon request is at the end of the

---

[141] As far as I understand from the online posts regarding this issue, the sex of the fetus is usually revealed around the sixteen week of pregnancy, although it might be said to the expectant parents by the doctor in earlier weeks, using such phrases "it looks like a boy; it is hiding oneself [not revealing the genital area]; it is 60 percent a girl or boy". It seems that this information tends to be revealed after the legal abortion limit of the tenth week.

[142] " Toplatılan 'cinsiyet belirleme' testleri [Sex prediction tests Withdrawn]" http://www.milliyet.com.tr/toplatilan--cinsiyet-belirleme--testleri-pembenar-detay-hamilelik-1358471/

10th week of pregnancy (requiring spousal consent in the case of married women); it can be extended until the 20th week if the continuance of pregnancy has life-threatening consequences for the mother or if the child would be born with a severe disability. A few months after the passing of the 1983 Population Planning Law that legalized abortion until the 10th week of pregnancy, a complementary regulation was accepted, which governs the legal conditions under which abortions after the 10th week of the pregnancy could be carried out, including in cases of genetic disorders such as Down's syndrome as well as conditions vaguely defined as "the hereditary diseases which may cause the birth of a disabled child" (Açıksöz 2012b). Can Açıksöz argues that this regulation paved the way in Turkey for the routinization of second trimester prenatal diagnosis technologies such as amniocentesis. By extending the uses of diagnostic technologies before pregnancy, PGD has been offered for therapeutic reasons (including producing "savior siblings") in Turkey since the 2000s, framed as an unproblematic medical practice to promote the health of babies and families (and thus the *quality* of the population) accompanying compulsory premarital screening, which was introduced with the 1930 Public Health Law (*Umumi Hıfzısıhha Kanunu*).[143]

Since the mid-2000s, as state funding for IVF has fueled the normalization and routinization of IVF, accompanied by the mushrooming of IVF centers in and beyond Turkey's national borders, this process has "provided sex selective technologies with an associative home in fertility clinics" (Bhatia 2018:60) by offering a (transnational) "biomedical platform" (Keating and Cambrosio 2003) for the emergence of PGD as a new "hope technology" (Franklin 1997), whereby "professional aspirations, commercial ambitions and personal desires are intertwined and reshaped" (Rose 2007a: 135) around the maintenance of hope. In other words, "[a]s IVF

[143] See Articles 123 and 124 of the Public Health Law: http://www.mevzuat.gov.tr/MevzuatMetin/1.3.1593.pdf

proceeded to normalize, its meanings as a tool for family building and pregnancy making [...] deepened its associations with valued reproduction" (Bhatia 2018:60), including sex selective conception.

Sex selection continues to be a highly popular topic in Turkey's online discussion forums. As my preliminary research[144] on moral negotiations of sex selection in a highly popular women-only Turkish web portal, *Women's Club,* revealed, discussions on such forums depict how new sex selection technologies are "inserted into a pre-existing cultural milieu in which the sex of a baby is a central concern" (Whittaker 2012: 148). Sex selection-related topics created by Women's Club members include:

"Chinese Calendar"

"Prediction of the baby's sex with [woman's] pulse rate"

"See your baby's sex before your doctor tells you: Genital nub theory (baby's sex)"

"At which week of pregnancy can baby's sex be determined? :)"

"Sex prediction from ultrasound picture"

"At-home sex prediction test"

"Those that was told girl but had a boy, here please!"

[144] Focusing on the online discussion forum of the Turkish web portal *Women's Club,* I examine the moral negotiations of sex selection by women seeking to legitimize or delegitimize it through rhetorical appeal to a mix of science, religion, gender, ignorance, propitiousness, and modernity. To do so, I examined a sample of 541 messages about sex selection posted between 2007 and 2013 to *Women's Club*, with 600,000 current registered members. By examining the discursive content of these postings concerning sex selection, I argue that online forums offer these women an anonymous moral space to discuss their reproductive goals, although some family secrets do not escape the moral scrutiny of others even within these forums. See Mutlu 2017.

Under the discussion topic, "Attention for those who want a boy!," one forum member (a 28-year-old teacher, living in Izmir, married for 15 months and 35 weeks pregnant with her first child [a girl]) posted a long list of things she planned to do in order to have a baby boy:

> Here is my list:
> I am planning to get pregnant this September. September of 2011. I am going to start a diet three months beforehand. My intent is to better get to know my period (*adet döngüm*) and ovu [ovulation] time (*yum. günüm*) as well as its pattern by then.
> Prayer (*dua*) and salat (*namaz*, or ritual prayer) are the first things I'll do. I have made big vows to God (*Çok büyük adaklarım var*). If God grants my wish, I'll willingly fulfill them.
> I'll lie down on my right side for a vaginal wash with bicarbonate water so as to make the vaginal environment alkaline.
> [Have intercourse on] *odd* days for *girls* and *even* days for *boys*. And it is said it is a boy when there's a half-moon; it is a girl if the moon is full. I'm not sure [if it's true] but that's what I know [have been told]. I might use Klomen [a Turkish brand of Clomid, a fertility drug] and an "egg-cracking shot" [of hormones] (*çatlatma iğnesi*) to make sure it is the right time to conceive.
> Yet, it is also said in sayings of the Prophet Muhammad (*hadis*) [to have intercourse] 5 days after menstruation for a boy, which sounds logical to me. I might try that. I've also heard [to have intercourse on] ovu [ovulation] day before it [egg] is cracked (*yum günü çatlamadan*) for a boy. I might try that, too. I believe in the benefit of sexual abstinence. My husband is not supposed to be tired as well. I make him drink carbonated water (*soda*) and coffee.
> I am praying every day, every moment...Babies born in August are mostly boys. If I get pregnant in November, I might give birth in August or I might get pregnant in September to give birth in June.
> Another thing to do is to collect baby boy stuff from every house I visit.
> I know these are all pleas. If God grants, my baby boy will come and find me :))
>
> (gulenkalpler 29 January 2010)

As the check-list by gulenkalpler, as well as the forum topics listed above, clearly indicate, women's interest in influencing the sex of their future children did not start with the availability of new reproductive technologies such as PGD. Indeed, the sex of future offspring is among the most popular themes discussed on the forum by women who are eager to imagine, guess, influence, choose and know the sex of their desired baby before fertilization and during pregnancy. Yet, with the new technologies that have merged assisted conception (specifically IVF) with the new genetics, it is now technically possible not only "to prevent certain kinds of children from being born," but also to "bring specific kinds of children into the world through selective fertilization of gametes or implantation of embryos" (Gammeltoft and Wahlberg 2014:203).

Although sex selection is a highly popular topic in Turkish online forums, it has not attracted the national media attention that gamete donation has, with the exception of a few single cases exclusively focused on foreign PGD users.[145] However, hundreds of ordinary Turkish people seek sex selection each year in Northern Cyprus, thanks to complex inter-clinical

[145] In May of 2008, the Uruguayan footballer, who was then playing for one of the biggest Turkish national football teams, pursued PGD for sex selection with his wife in Northern Cyprus in May 2018 as to have a baby girl after two boys. "Lugano'nun Büyük Sırrı [Lugano's Big Secret] http://www.gazetevatan.com/lugano-nun--buyuk-sirri-178035-yasam/. A few months after the media appearance of the foreign footballer's pursuit of transnational sex selection, "sex selection scandal" made the news headlines in Turkey, following the BBC news reports which accused representatives from one Turkish fertility clinic, which were secretly filmed, of offering prospective parents in the UK the chance to have sex selection abroad, which is illegal in the UK. "UK Couples 'Choosing Baby Gender'" http://news.bbc.co.uk/2/hi/uk_news/7696696.stm. The representatives of the clinic refused the accusations by stating that the legal parts of the procedure happen in Turkey and the rest takes place abroad. The clinic even claimed these accusations were deliberate attempts to harm Turkish medical tourism. "Türk doktorların "tüp bebek turizmi" İngiltere'yi karıştırdı [Turkish Doctors' "Tube Baby Tourism" stirred England]" http://www.turizmdebusabah.com/haberler/turk-doktorlarin-tup-bebek-turizmi-ingiltereyi-karistirdi-42406.html.

and inter-lab arrangements between the two countries, enabling the "enterprising up" of sex selection (Strathern 1992; Haraway 1997) through which son preference is instrumentalized into a profitable service in a way that "makes [it] differently visible, and thus altered in [its] significance ([its] ability to signify)" (Franklin 1997:4).

2. Sex Selection in Northern Cyprus: Is there a "Typical" PGD Patient?

Northern Cyprus has joined the USA, Thailand, Mexico, United Arab Emirates and South Africa in being an international hub for medical sex selection (Whittaker 2011, 2012; Bhatia 2014, 2018; Martin 2014; Inhorn 2015). Due to the "not-illegal" status of sex selection in Northern Cyprus (until June 2016)[146], during my fieldwork IVF clinics provided nonmedical sex selection as a profitable service in increasing numbers; some clinics told me that PGD for sex selection accounted for 30 percent of all reproductive services they offered. One Turkish Cypriot clinician explained to me the legal status of sex selection this way: "Sex selection is not illegal here, it is not written so [in the law]. Maybe they forgot to write it! We are practicing it legally."

One Northern Cypriot IVF doctor, the co-owner of the clinic she works at, told me, "30 percent of our procedures [/services] is PGD." When I asked her about PGD for medical reasons, she replied, "it is only 1 percent for health [reasons] (*sağlık için*). There are very few [PGD patients] for that. It is mostly for sex selection; and 95 percent of that is for a boy (*erkek için*). I asked her about their PGD patients, she just said, "Mostly from the East" (*Daha çok Doğu'dan*). She kept her answers short as did many other IVF providers I talked to. At some point, since my questions were mostly about their patients, she asked to introduce me to their patient coordinator whom, she thought, would be more helpful about providing information regarding the patients.

[146] In 2016, the uses of sex selection for nonmedical reasons have been banned in Northern Cyprus, as in Turkey.

The patient coordinator, who moved from Turkey to Northern Cyprus a few months ago, started listing the cities, to answer my question regarding their PGD patient profile: "They are from the Mediterranean region; Adana, Antalya, Urfa, Antep... Not many from the Black Sea [region]. Many from Istanbul, Izmir...Their level of culture is medium. The desire for a child, especially for a boy, is more in the regions where the level of culture is low. They are mostly from the East. It is not because their financial status is higher; it is because of the social pressure (*çevre baskısı*). 90 percent of them want a boy while very few want a girl. In the last three months, there was one patient or two. One was foreign, who wanted to have a girl because they had boys. The other was from Antep because the man wanted a girl after having boys. The man determines the decision [for sex selection]. Women want it [sex selection] because of their husbands."

The coordinator provided me with further information regarding the reproductive services they offer. While PGD corresponds to 30 percent of their all services, 60 percent is egg donation, and the remaining 10 percent includes normal IVF (due to some legal restrictions in Turkey such as marital status [including religious marriage]; the limit on the maximum number of embryos that could be transferred) and sperm donation. She saw a similar socio-regional pattern between sex selection and sperm donation, from her observations in the clinic that the demand for donor sperm was high in the Eastern Turkey because of social pressure on the men to have their own child.

Like these two, the PGD providers tended to associate a typical PGD patient with the Eastern region of Turkey as a geographic imaginary of sex selection, although their accounts included some clues for the diversity in their PGD patient profile. One patient coordinator, (a headnurse who moved from Turkey, where she had worked in the big and famous IVF centers), noting an increasing demand for PGD, classified two types of PGD patient: "First, there are

those coming from the East, out of necessity. The man even gets a second wife [to have a boy], but he has a girl again. After [having] 4 or 5 daughters. They come [to Cyprus] for a boy after having at least 3 girls. Their economic status is good, but their educational background or social situation is different. It [PGD] is very costly, so those who can afford it come [here]. Second, there are those who come from an upper socio-economic background. They come for sex selection after having one child, either for a boy or a girl. It is because they donot want to leave [the sex of] their second child to chance. Since they know there is this choice available, their right [to choose], they come [here] for this choice. There is no social situation [with them]." This coordinator thus differentiates the reasons for PGD into two: parental choice (Western) and social necessity (Eastern). Either way, PGD for sex selection is conceived as a form of "rational reproduction" which constitutes a rational and reasonable way of having a child with the desired sex in line with a family planning strategy to limit family size, which might also be combined with a family balancing logic.

When I asked her if their PGD patients had any concerns (religious or other) regarding sex selection, she made a similar distinction between the western PGD users and the eastern PGD users in relation to their concerns: "When they come here, they have already made up their mind. Since those who are from the East come here out of necessity, they do not think about it [the religious aspect of PGD]. Those who are from the West see it as a medical method, so they tend to have no such concerns. In general, since their own gametes are used in IVF/PGD, they do not ask this question. It is mostly gamete donation patients who ask questions about the religious aspect [of gamete donation]." When I explicitly asked her where their PGD patients were usually from, she said that 60-70 percent of their PGD patients was from Turkey, after listing some other countries including Iraq, England. However, she later emphasized, "British people come for a

girl, Turks come for a boy." In her view, although there are also some who want a girl, Turkish people mostly want a boy: "70 percent [of Turkish people] wants a boy while 30 percent wants a girl."

According to the coordinator, the demand for PGD increases in summer because PGD patients mostly have school-aged kids. More importantly, the other common thing was the purchasing power of the PGD patients that affords such an expensive procedure. In her view, there were very few financially disadvantaged among their PGD patients ("one in ten"), "who only could come [to Northern Cyprus] after collecting enough money one year later their first call to the clinic." Villagers might save money from their harvest, some other might apply for a bank loan, she added. She gave more information from her observations on the demand for PGD:

> The coordinator: It also depends on the harvesting time. *Karadenizliler* (people of the Black Sea region) wait for the tea and nut [harvesting] time. It is hard to find *Karadenizliler* around in summer. *Adanalılar* (people of Adana) wait for the cotton [harvesting] time
>
> Burcu: What about the office workers?
>
> C: For office workers, there is no such time restriction. Some of them prefer [to come] in summer. They arrange their work schedule according to their [PGD] procedure.
>
> B: Are your PGD patients mostly working women?
>
> C: yes, most of them are.

Another IVF doctor referred to the skewed sex ratio at birth in China to indicate that sex selection is a byproduct of "backwards thoughts, outdated things." When one of the two embryologists, who were present in the room during my interview with the doctor, said that the

desire for the continuation of paternal lineage (*soyu devam ettirme*) was the reason for sex selection, the doctor disagreed by emphasizing the genetic contribution of the women: "women give the egg" (challenging imbalanced perceptions of seed and soil). In his view, the reason for sex selection is more economically motivated as part of a rural patriarchal system, that still exits in Anatolia: "They get him (a son) to work in the field (implying a rural background), but daughters are not allowed to get their share from inheritance in Anatolia."

Overall, these accounts reveal how clinics capitalize on such "traditional" explanations behind the motivation for sex selection in developing sex selective PGD as a profitable reproductive service in Northern Cyprus. In the words of one of the two "IVF doctor representatives" who work for Clinic Delta (to make specific deals with the doctors in Turkey as to get them to send their patients to Clinic Delta), "PGD makes the doctor and clinic happy" because it is financially rewarding (with very low cost to the clinic, in comparison to gamete donation including the "donor cost"). One day, I overheard the IVF nurse of Clinic Delta talking to someone on the phone (probably calling from Turkey), "Normal baby is 8,000 Turkish Liras; male baby (*erkek bebek*) is 15,000 Turkish Liras." "Normal baby" here might refer to "normal IVF" procedure using one's own gametes without PGD sex selection. If so, the nurse who also works as a patient coordinator in the clinic was explaining to the person on the phone that the price would double if they want to have a boy using sex selective PGD. The person on the phone might have wanted to undergo sex selection to have a boy and so also asked the price of IVF without PGD to make a price comparison. Or the person might have been a fertility patient who already knew about sex selective PGD and wanted to undergo an IVF treatment along with PGD, or who had no knowledge of sex selection and was offered sex selection as an add-on service

during the chat on the phone. As the embryologist of Clinic Delta told me, "it is up to the doctor [or the clinic] to mention an IVF patient about sex selection."

However, some clinicians were not comfortable talking about sex selective PGD as a service offered to IVF patients. Some even explicitly said that they ethically disapproved of it since, in their view, an IVF patient's priority should be to have a child, not to choose the sex of a non-existing child. They told stories about how they convinced their patients not to pursue sex selection even though they knew that they would lose money or maybe the patient to another clinic. Yet, this might be just a rhetoric of ethical practice that these clinicians resorted to during our conversations so as to protect the appearance of their business.

As these accounts reveal, despite a more heterogeneous reality, the clinicians capitalize on an ethnicized image of the "typical PGD patient" as the "tradition effect"[147] (Koğacıoğlu 2004) in justifying and developing the market potential of sex selective PGD, "thus obfuscating the institutional dynamics (and complicity) in [its] perpetuation" (Kandiyoti 2016 :112.n1).

The Demographics of the PGD Users

In Clinic Delta, I interviewed 19 couples and 3 women undergoing PGD (the latter 3 were accompanied to the clinic not by their husbands, due to their busy work schedules, but by a family member: a mother, aunt or nephew). As was mostly the case with couples seeking gamete donation, I was able to talk to the couples seeking sex selection only once in the clinic, with the exception of one fertility patient seeking egg donation along with PGD who came to the clinic

[147] Dicle Koğacıoğlu, writing on violence against women in Turkey, describes how tradition as a discursive effect is instrumentalized to justify institutional interventions and (re)distribution of power, by circumscribing honor crimes (representative of the archaic tradition) to the Eastern Turkey and the Kurdish populations and thereby conceptualizing tradition outside the reach of modern state institutions (laws, courts etc).

twice a few months apart, once with her mother and another time with her husband (I was able to talk to her on two occasions). Ten out of 22 interviews were voice-recorded with the permission of the interviewees. The twenty-two interviewees fall into two primary categories: Couples who already had children and were seeking PGD for sex selection, and couples who could not have children on their own and were undergoing PGD as "added service" to their fertility treatment.

Sixteen of the 22 interviewees were strictly PGD patients, all of whom already had children – more specifically, girls – and desired to have son(s). Fourteen of these 16 couples were undergoing PGD using their own gametes while the other 2 were using donor eggs. Ten out of 16 couples had 2 daughters while 5 couples had more than 2 daughters: 2 had 3 daughters, 2 had 4, and 1 had 5. Only one of the couples had only a single daughter. In most cases, the youngest of 2 daughters was over 5 years old (and 10 or older in 4 cases). With one exception, the couples that had more than 2 daughters had recently had their last child within the last two years (in the case of the exception, the youngest daughter was 4 years old). The age of these 16 women ranged from 24 to 48. Three out of 16 women were in their 20s (one of whom was a second wife to a 42 year-old man who was officially married to a woman in her 40s); 6 were in their 30s, and 7 were in their 40s. The age of the 16 men ranged from 33 to 54: 6 of them were in their 30s, 9 were in their 40s, and 1 was in his 50s. The duration of marriage ranged from 4 to 27 years. Four out of the 16 couples had been married for 10 or fewer years, and 3 had been married for 20 years or more. For almost all interviewees, it was the first marriage for both spouses. In only 2 cases, it was the man's second marriage: one man had two boys from a previous marriage and was undergoing egg donation with his wife who wanted to have a girl; the other man, officially married to another woman, took a second wife via a religious ceremony due to his

(first) wife's fertility problem and was undergoing IVF/PGD to have a son with his second wife after she had twin daughters with him via IVF.

Six out of 22 couples were fertility patients who incorporated sex selection into their initially planned fertility treatment in Clinic Delta. Five of these 6 couples underwent gamete donation along with PGD: 3 were seeking donor eggs and 2 were seeking donor sperm. The other couple was seeking IVF using their own gametes, along with PGD. Only one of these 6 couples desired to have a girl (using donor eggs) since the husband had two boys from his previous marriage, while the other 5 couples desired to have twins, one boy and one boy, if their fertility treatment would succeed and produce embryos carrying the chromosomes of each sex. Two of these 6 women were in their 20s, 1 in her early 30s and 1 in her late 30s, and 2 were in their early 40s. Two of these 5 men were in their early 30s, 2 in their late 30s, and 2 in their early 40s. 3 of these 6 couples had been married for 5 years or less, 1 was married for 8 years, and the other 2 had been married for more than 10 years.

Twenty of the 22 interviewees came from Turkey: 3 each from Istanbul and Hatay; 2 each from Antep, Ankara and Urfa; 1 each from Bursa, Kocaeli, Mardin, Adana, Diyarbakır and Mersin; and 2 undisclosed locations. Two of the 22 couples, both of Turkish origin, had traveled from Europe to Northern Cyprus via Turkey: one from Germany and other from Britain. The majority of the couples was economically affluent. Almost half of the 22 interviewees were university graduates; among whom were doctors, teachers, lawyers, a cartographer and businessperson. The price for sex selection, including IVF ranges from 4,000 Euros to 6,000 Euros in Clinic Delta. These prices may or may not include other expenses such as a flight, accommodation, and hormonal drugs. Contrary to the expressed views of the clinicians, it is difficult to identify from the above demographic characteristics a "typical PGD patient," with

"typical" — that is, culturally "traditional," conservative motives — that would encompass most if not all of the actual patients who pursue PGD at clinic Delta. Delving into my interview data with these patients further highlights this heterogeneity.

3. PGD Users' Experiences and Narratives: There is no "typical" PGD patient

Focusing on patient interviews, this part will discuss Turkish couples' moral engagements with PGD for sex selection in light of the socio-economic, cultural and biopolitical landscapes they see themselves as inhabiting and navigating, to challenge the stereotypical image of the "typical PGD patient." Their moral engagements with PGD are thematically organized in three sections: the first section examines the reproductive measures — of modern vs. traditional or ethnic sensibilities, of "good" family relations, of gender proficiency — by which these couples evaluate their resort to PGD for sex selection; the second section demonstrates the moralizing boundary work between "medical" and "nonmedical" uses of PGD; and the third section reveals the fertility patients' legitimizing discourses regarding not only sex selection but also gamete donation.

(Selective) Reproductive Measures, Fertile Differences

This section will focus on the accounts of PGD users to discuss diverse yet overlapping themes that they utilize as the reproductive measures in their moral engagements with sex selection. Their reproductive measures include: gender proficiency, modern vs. traditional or ethnic sensibilities, of generational differences, and "good" family relations.

Gender Proficiency

On the second day of my fieldwork in the clinic, the doctor Kamil introduced me to Cevdet and Nazik, "typical PGD patients" in his view, while they were talking to the coordinator before the embryo transfer. They seemed to have no choice but to say yes to the doctor's request that they speak with me, despite signs of hesitation on the man's face. They had travelled from Hatay (a southern city of Turkey, on the eastern Mediterranean coast, home to a prominent number of Arab *Alevis*[148]) to Northern Cyprus to have a boy after 4 girls (the oldest is twelve years old, and the youngest is eighteen months old).

I had a short conversation with them in the patient coordinator's room while she was present. 44 year-old Cevdet, who dominated all conversation, explained how they had used a calendar method[149] for conceiving the last pregnancy, upon the advice of their doctor in Turkey, hoping to have a boy, but it did not work; their 18-month daughter was the living proof of this unsuccessful attempt. Not wanting to risk another daughter, the couple decided to try PGD for sex selection in Northern Cyprus. The 32-year-old Nazik said, at some point in the conversation, that she actually did not want to do sex selection (to have a boy) because she adores her daughters. She even asked her husband to show me the pictures of their lovely daughters on his mobile phone. They had left the children with Cevdet's sister, who was taking care of the youngest one while the older ones were at school. Nazik was willing to try PGD just for her husband. When I asked why they wanted to have a son, Cevdet replied that a son would "carry

[148] The *Alevis*, Turkey's largest religious minority, fuse Shia Islam with Sufism and Shamanism. They reject the hegemonic association of Turkish identity with Sunni Islam.

[149] Although I did not have a chance to ask this couple how the calendar method works as a sex selective technique, I found some information on this method on online forums and health-related websites. It is argued that having sexual intercourse 3 or 4 days prior to ovulation (or between the end of menstruation and the start of ovulation) increases the chance of conceiving a girl because X-bearing sperm is assumed to survive longer, while having sexual intercourse around the time of ovulation is believed to increase the chance of conceiving a boy because Y-bearing sperm is assumed to move faster.

on the father's name," so "one should have a male child" (*erkek evlat*). He said his (male) siblings all had sons. Why, I asked, did he want to have a son if his all brothers already had sons to carry on the family name. He replied, "Children are the father's, not the uncle's. They carry on their father's name. After you die, they continue to represent the father (*babayı temsil edecekler*)" by emphasizing the importance of the continuation of his lineage through a son as the embodied extension of his father.

Cevdet described how familial and social pressure (*çevre baskısı*) on men without a son was difficult and overwhelming: "People in our neighborhood (*bizim oralarda*) see a man (without a son) as passive (*pasif gözle bakıyorlar*)." Referring to patrilocal marriage customs, he continued, "They do not see daughters as yours (permanently), so they imagine that the property etc. would pass on to the son-in-law," to a daughter's husband's family. The coordinator broke into the conversation to reassure Cevdet: "No more worries! We have one male baby [embryo]." Cevdet asked her if there was a "female baby [embryo]" (*kız bebek*). The coordinator replied: "One single normal male baby. I do not know about the others [embryos]. They might be unhealthy." Nazik added: "May they [future children] be healthy (*sağlıklı olsun*)!"

When I asked this couple who among their family members and friends knew about their trip to Northern Cyprus for sex selection, they replied, "It is just between the two of us." Cevdet said, "At first, we were suspicious about tube baby. But, after doing some research, and due to social pressure, we finally agreed to pursue it. It is still considered in our society like someone else's thing [sperm] is used. We would never accept it [someone else's sperm]. But our society still sees it [tube baby] this way, as a suspicious thing. That's why we did not want to tell anybody about it." The coordinator added, looking at me: "They already have (their own) children. There is no suspicious situation. However, people do not know (IVF), especially those

who have not experienced it themselves." The coordinator thus wanted to emphasize that the couple's own gametes were being used for PGD-sex selection, in conjunction with IVF.

Throughout the conversation, Cevdet seemed nervous about talking to me, despite the doctor's and my assurance of confidentiality. He warned me multiple times at the end of the conversation: "This information is secret, very secret!" The coordinator tried to assure him that I did not know any personal details from their file: "I have your file, she did not see it. You did not tell her your names. So, she does not even know your names. No worries." Later, I learned from the coordinator that Cevdet's concern stemmed from having accidently seen the name of their neighbor in Hatay, who comes to the same clinic for egg donation, in the memo book of the clinic's chauffeur; Cevdet panicked that their cover story of a marriage anniversary celebration in another city of Turkey was about to fail. "Not all PGD patients are so sensitive (secretive)," the coordinator assured me. Nevertheless, she emphasized that they were always very careful not to make reservations for couples coming from the same cities on the same flight or at the same hotel, and not transporting them in the same car. The coordinator was angry at the clinic's chauffeur for being careless. She made sure that these two couples coming from the same city were not staying at the same hotel.

As depicted above, after their last attempt to have a boy (after having 4 daughters) using a calendar method of sex-specific conception failed, Cevdet and Nazik decided to shift from ethnomedical to biomedical means. After it failed, they began to perceive using a calendar method as "leaving it to chance" by continuing to give birth until they have a boy while tacitly accepting the "risk" of having an additional daughter. Instead, they turned to PGD as a new hope technology to attain their desired family with at least one son and thus fulfil their gender proficiencies as a man and as a woman. Since having a son might improve a woman's status in

the family and confirm a man's reputation in the community, sex selection enables couples to maintain moral status as gendered beings through recognition, inclusion and reputation while also securing old-age support and (paternal) lineage continuity.

As Cevdet's account's reveals, the inability to have a son may "not only be a stigmatizing and potentially emasculating condition for [...] men [in Turkey], but the very technologies [PGD/IVF] designed to overcome" this condition can also be stigmatizing and therefore something to be disguised (Inhorn 2004a:163), similar to the stigma and secrecy surrounding gamete donation discussed in Chapter 3. This couple's (especially the man's) endeavor to conceal their pursuit of IVF/ PGD in Northern Cyprus is related not only to concerns over the perceived legitimacy of a future child due to social misconceptions about pursuing IVF in Northern Cyprus, where gamete donation is available, but also due to gendered anxieties that link male fertility to male potency and virility in the normative constructions of masculinity. When male sexual potency is perceived as impregnating a woman (by providing a "seed" to the "soil"), fertility becomes for men not only about making children but also about performing their (hetero)sexual and masculine identity (Gürtin 2016; Açıksöz 2015: Demircioğlu-Göknar 2015). Being a man is an achieved status which requires the proper fulfilment of his gender proficiency. In Turkish, there is a popular expression: *Erkek adamın erkek oğlu olur* (male men have male sons), in which "'male' precedes both words to emphasize the significance of masculine ideals (of both being a man and having a son)" (133). Thus, the man's inability "to make a son" impairs his gender and sexual identity: in Cevdet's own words, a man without a son can be seen by others as "passive", referring to his sexual and social emasculation.

Similarly to infertile women, women without a son can experience a sense of "incompleteness" (Demircioğlu-Göknar 2015; Paxson 2004) in their gender identities as well as

in their families and lives, sometimes because of the pressure they face from their husbands and in-laws, and sometimes because having a son is the only way for a woman to attain certain privileges and better treatment at home as a form of "patriarchal bargaining"[150] (Kandiyoti 1988).

As in the case of male infertility, women can shoulder the blame and responsibility for not "giving a son" to the husband and his family (Demircioğlu-Göknar 2015:44), and some desperately seek a solution in various social domains including friend circles, ethno(religious) medicine and the Internet. The below online posting depicts the discriminatory behaviors of family members toward a woman without a son, and a woman's desperate call for help:

> Hello all,
> I could not talk to anybody about my special situation so I have created this topic here. I look forward to the comments of those who have any information about and experience of that.
> I am a 29-year-old woman, married for 6 years. I had a miscarriage in the first year of my marriage. Then, I had two girls. My problem is other than conception. I know it might sound strange to some, but I am actually living all through these :((My in-laws and their relatives keep saying to me 'you could not give birth to a son.' Especially my mother in-law, and even my little sister in-law constantly insinuate that. I am psychologically broken down. I do not want to see the faces of any of them. That's why I started searching [online about] sex selection. It is said we can choose whether we have a baby boy or a girl. It is said this is already being done. I am wondering if it is really possible to do. Is there anybody here who has had already it done or has any knowledge of it? I need your help...

[150] Deniz Kandiyoti (1988) identifies women's different strategies and coping mechanisms, utilized in the face of concrete constraints, as "patriarchal bargains." She argues that, in classic patriarchy, "the young bride enters her husband's household as an effectively dispossessed individual who can establish her place in the patriliny only by producing male offspring" (279).

(s_ygt 22 February 2013)

This 29-year-old woman, married for 6 years, having two daughters, searching *Women's Club* for online advice about sex selection to have a son, later posted on May 6, 2013 about her decision to undergo PGD in Northern Cyprus and taking the daughters with them as if they were going on a vacation; they would not tell others, especially her in-laws, about it. As this online posting illustrates, women can become distressed, be treated badly, humiliated and even face the threat of divorce or a second wife because of their inability "to give" to others (especially to their husband and in-laws) a boy.

Ethnic Sensibilities

Like Cemil's wife Nazik, some women emphasized that they were pursuing sex selection "just for him [their husband]." Makbule was one of them. She was a 42 year-old housewife with a primary education, while her 44 year-old husband was a primary-educated *kebapçı* (kebab vendor). They had been married for almost 30 years and had two daughters, one in her mid-20s and the other around 10. Makbule came to the clinic for the embryo transfer together with her nephew, in his early 20s, since her husband could not come due to his work; throughout the day, however, he frequently called her out of excitement and to check in on how things were going. She started explaining her quest for PGD to me this way: "My husband [who was originally from *Diyarbakır*, a southeastern city largely populated by Kurds] is *Doğulu* (Easterner).[151] He really wants a son. Although I told him there is no need, there is also social pressure. [We learned] it [sex selection] is not available in Turkey. How should I say it? I also did not want to leave it to chance and fate. It is also our (advanced) age, so we wanted it to be a professional thing. We

[151] *Doğulu* is a Turkish term used to refer to Kurds.

wanted it to be in the hands of professionals. That's why we resorted to such a thing and if God wills, we will get a result."

Makbule, who was born and raised in Istanbul, continued explaining the reason for their quest for PGD: "It was also the social pressure. I am also doing this because of his mother and father. I took the risk and everything." Makbule told me how her husband's desire for a son increased after the birth of their second daughter and how others put the blame on her, as a woman, for not producing a (male) child, although she understood that it (fetal sex) is determined by both the man and the woman, if God grants it. Nevertheless, she "felt conscientiously uncomfortable (*vicdanen rahatsız hissetmek*)" (and responsible) towards his husband and agreed to pursue sex selection. She was glad that there was "such an opportunity in medicine" provided in Cyprus. She added that since she came here after making up her mind with certainty, she had no question marks in her mind and felt very well. Her husband did not want to tell others that they were undergoing IVF/PGD; instead he wanted others think that they would have son(s) on their own (*kendiliğinden*). She added, "you know men have egos." She said it did not matter to her since she knew that it is their "own parts [gametes] used" ("*kendi parçalarımız zaten*"), and she has told her own family and close friends — with whom she was texting during the interview — about their sex selection. It was her husband's family, implied to be Kurdish, they were keeping in the dark.

Even their own daughters, Makbule told me, were enthusiastic "because they felt for their father (*kıyamadılar*) and also knew that I could handle this" although, she said, they would be happy for her to have another child even if it were a girl. Since theirs was an arranged marriage when she was around 15, Makbule also wanted to think of this baby, if it arrives, as if it were their first child, bringing joy and excitement to their family. When I explicitly asked her what

having a boy would change in their life, she replied, "My husband would feel better. I mean, he would feel more confident. He always says he will be my son, my brother, my everything." Makbule said her husband had three sisters and an older brother, but he did not talk to his brother for years; for this reason, in her view, he always wanted to have a good fraternal relationship and he could still build one if he were to have a son.

Makbule had three sisters and one older brother. However, she described her brother as "a bad child" (*hayırsız evlat*)[152] who is no good to his parents. Comparing her husband to her brother, she described her husband as "a good child" (*hayırlı evlat)* who is always good to his own family, his sisters and his parents. Although she expressed that she was pursuing sex selection for his husband, she wanted to underline that her husband was a good man, and that she also would like to have a son as well as daughters. Out of five eggs extracted from Makbule, three embryos were produced in vitro and biopsied for PGD. She got the results during the embryo transfer: they had only one male embryo. Although her husband was willing to have another daughter and a son, she said it was her decision to have only the male embyo transferred since she thought there was no need for a third daughter. However, she admitted that she could not have said no to the transfer of multiple embryos if their three embryos were all male. In other words, in Makbule's account, the decision to allow only the transfer of a single male embryo was legitimized as rationally fulfilling her desire for a smaller family, despite her husband's willingness for a larger family, but one with at least one boy. Although Makbule explained her

---

[152] I (2017) further analyzed the idea of a *hayırlı* child appeared as a heteronormative construction in the online posting of Turkish women regarding sex selection in the *Women's Club*. Since most topics were created by women who wanted to have a boy with PGD after already having girl(s), the rhetoric of a *hayırlı* child was most often deployed to argue that it may be better to have a daughter than to have a son through appealing to the hegemonic characteristics of femininity (unselfish, caring, kind, loving) over those of masculinity (selfish, unmerciful and uncaring).

pursuit of sex selection as a gendered family duty and responsibility to give a boy to her husband and his family, who were coming from a different regional and cultural background than herself and her family, she also implicitly underlined how her husband was deserving of a son for the realization of his gender proficiency as a caring husband and father and a good son, unlike her own "*hayırsız*" brother.

Generational Differences

> We had children (two girls) immediately. One in the first months of marriage, the other after 4 years as planned. However, another thing, we have the "longing for a son" (*erkek sevdası*) (laughs) in our society. It is not in my husband, or me, but in our families. Certainly, I cannot give birth to 4 or 5 children. So, our thinking was, if we have a third child, we want it to be a boy. We thought for a while. We were not sure. We remained undecided. Then, we decided to let it happen. These things would not happen like a dream, though. We had to come here. We had to resort to this. We are now here [in Nicosia] for the second time. [...] I would like to have 4 or 5 children, but times have changed. I mean, it is no longer our moms' time. Children, I mean, attention ... things are different now. I would not take care of more children. So, 3 children at most, if it [the birth of desired boy] happens.

Didem was a teacher in her mid-30s. Her husband Melih was a 40-year old doctor. They lived in Hatay. Married for around 10 years, they had two daughters who were 9 and 5 years old. Didem mentioned she practiced family planning not only to have a smaller family but also, as a working mom, to have a 4-year age gap (spacing) between siblings. As they were an educated couple, Didem underlined that it was not herself or her husband, but their families and society

that had "the longing for a son." Her mother and mother-in-law each gave birth to five children and had both boys and girls. Unlike them, she had only two children, two girls. To have a boy, she would have to give birth to a third child. Yet, she did not want to "risk" having another daughter, so they decided to try PGD to "guarantee" one son or more. Didem was one of two daughters in a family of five siblings while Melih was one of three sons in a family of five siblings. Given their own experiences, Didem said that she liked "this balance in a family." Since she had sisters and brothers, she wanted the same for her daughters. However, she said she could not continue giving birth until they have a boy. Instead, they decided to pursue PGD in Northern Cyprus to have son(s) as a more rational and reasonable alternative to what her mother's generation used to do. When I talked to them, they were undergoing their second PGD at Clinic Delta to have boy(s). Didem said that there was significant interest in sex selection in her circle of friends, generating curiosity and demand for PGD in Northern Cyprus, yet "always for sons," in contrary to what "progressive" Europeans do:

> Didem: It was my idea. I already knew about it [sex selection]. I heard a lot about such things existing. [I heard] Mostly from my friend circles. It is not talked about all the time, but you hear about it somehow. I mean, I heard a couple times that [tube] baby or sex selection is done in Cyprus. I have friends who had it [sex selection] done. Many got the [desired] result. Yet, I did not talk to them about this issue. I mean, they do not know that I am also doing it [...] It is always for sons! Nobody comes [to Cyprus] for girls (laughs) in our society (*Bizde kız için gelen olmaz*)!
>
> Melih: Europeans come for girls, our people for boys!
>
> Didem: In our society, people would laugh at you if you come for girls!

Didem and Melih strategically used their desire for a smaller family, where size and quality are inversely related, as a reproductive measure to indicate the generational difference between their own and parents' generation. The longing for a son also emerged in their narrative as a reproductive measure to emphasize the generational and educational difference between themselves and their parents to distinguish their own quest for a "balanced family" from "traditional son preference." However, they also used their families' longing for a son as a justification for their quest for PGD by reframing traditional social pressure (which they say they have not internalized) as respectful acknowledgment of the different social and familial expectations of the previous generation. In other words, they depict their quest for a son as a reflection of their virtue in being "good" — caring, respectful — sons and daughters to their older parents. On the other hand, seeking a girl using PGD would be, in their view, too progressive ("European"), going far beyond the social values and expectations.

Traditional vs Modern Sensibilities

Şirin (in late 40s) and Baran (in mid-50s) were undergoing PGD for sex selection using donor gametes. They had been married for around 10 years and had two daughters, ages 9 and 7. They "came [to Cyprus] for a boy" (*erkek için geldik*). Baran explained the reason: "In the East, if you do not have a son, it means that you do not have a child (*Doğu'da erkek çocuğunuz yoksa çocuğunuz yok anlamına geliyor*)." Şirin and Baran were Kurdish, living in a southeastern Kurdish city of Turkey. Şirin said they could not bear the social pressure anymore. They listed the alternatives, "some *find* a boy after [having] ten or twelve girls"; "some get married to a

second wife" [153]; and "some *get* tube baby *made* (*tüp bebek yaptırmak*)," suggesting a reproductive measure between passive (leaving it to chance and fate with the hope of finding a boy) and active (pursuing IVF/PGD to have a tube baby with desired sex) strategies.

Şirin and Baran did not pursue the first alternative (it would not be an option in any case due to Şirin's and [maybe, also Baran's] advanced age) since they believed that having children was not only about bearing a child, but also about raising a child well by satisfying all its needs including education, health and more. Baran explained, "The number of children is decreasing. It is now 2, 3 or 4 at most. Because people are becoming conscious (*bilinçleniyor*) and the level of culture is increasing"; nevertheless, "this boy thing [preference] has not changed." Baran thought that son preference still exists not just in their hometown or elsewhere in eastern Turkey, but in Turkey in general, including "Black Sea, southeastern, eastern, central Anatolian" regions, except for "elite" parts such as Nişantaşı in İstanbul.

Baran studied philosophy while Şirin did not go to school, but was literate. She defined herself as a practicing religious person while he defined himself as a deist (believing that God exists and created the world but does not interfere with His creation). He admitted that he was just like his wife before his university education in philosophy and emphasized his education and deist identity to position himself as a progressive person vis-à-vis his uneducated and religious wife and the majority of the society.

Baran underlined that he did not actually care about having a son; it was his wife who wanted it [a boy] more. It was because, Şirin said, it was more difficult for women. She was being pressured not only by her in-laws but even by her own family to give birth to a son. Şirin

---

[153] As discussed in Chapter 2, polygamy is not legally allowed in Turkey since 1926; therefore, polygamous "marriages" are usually formed via a religious ceremony which is called and socially accepted as "religious marriage."

was one of two daughters in a family of 3 siblings while Baran was one of 4 sons in a family of 5 siblings. They both emphasized that each of their married brothers had at least one boy. Şirin's brother had 5 boys, two of whom became teachers, she added proudly; one of Baran's two married brothers had two girls and one boy, and other had two boys and six girls.

Given these concerns, "a fear of a second wife" also accompanied the familial pressure on Şirin to "give" others (especially her husband and in-laws) a boy (Demircioğlu-Göknar 2015:44) as another form of "patriarchal bargaining" (Kandiyoti 1988). When I asked if taking a second wife was common in their hometown, Baran replied, "it is not just for a boy [preference]. Even if people [meaning men] have a boy, they may marry a second or third wife. Especially, for last 2-3 years, with the arrival of Syrians." Şirin added "Our daughters will stay single because of Syrians. My [single] sister even says that it is now almost impossible to find a husband." In their view, the reasons behind this rising phenomenon of "Syrian second [or more] wives" were attributable to Arab culture, which allows a man to take 3-4 wives, and the low or nonexistent cost to wed Syrian refuges since these women's consent was almost guaranteed by the harsh conditions under which they lived in Turkey.[154] Facing the threat of a second wife, Şirin was constantly told, "Go, get it done [sex selection], and give birth!" while Baran was told "Go, get it done, otherwise go married [to another woman]!"

When I asked Baran about his wife's concerns regarding the possibility of him getting a second wife, his reply was simply: "If you just ask me, I would not want to do it, probably." "But, never say never!" He continued: "I do not want it, but what should we do vis-a-vis 99 percent?" — that is, in light of such overwhelming pressure. When I asked him whether, as a

[154] For an Interview with sociologist Tuba Duman studying this phenomenon, "Suriyelilerle 2. Evlilik Sosyal Sorun [Second Marriages with Syrians is a Social Problem] http://www.aljazeera.com.tr/al-jazeera-ozel/suriyelilerle-2-evlilik-sosyal-sorun

university graduate, it was really so hard to resist social pressure, his answer was that "We are only 1%, but they are 99%" of the population. Baran was aware of his conflicting feelings toward sex selection and blamed his social circumstances "If I were reborn, I would not want to live in this region. I wish I lived in Europe. You have to comply even if you know that it is wrong. All this contradiction! It affects your health, your psychology." Given all this, what about leaving, I asked. Baran replied they would not leave this region because of the prejudices against Kurds in the West [i.e., western Turkey, outside the southeastern Kurdish region] "in a country almost at the edge of an internal war [between Turks and Kurds]," in his words.

Şirin wished for her daughters a better life than her own and encouraged them, she said, not to live as she lived. When I asked if she was afraid that her daughters might be discriminated against by others if they were to have a boy, she said she had no fear because she adored her daughters and would do her best to protect them against any discriminatory attitudes. Baran went so far as to say that he would not love him [a future son]. This (rhetorically) implied discrimination against a future son might be more about suggesting his lack of tendency to discrimate against her daughters if they have a son.

Their family all knew that they were pursuing sex selection and all supported it. They collected some money from Baran's family because they were having financial problems since he had been jobless for two years (after the closing down of *dersane*s [private exam preparatory schools] in Turkey, following the deterioration of the relations between the Turkish government and the Gülen movement that had been controlling a huge network of *dersane*s across the country). However, they kept their egg donation a secret from their families, except for Şirin's sister. According to Baran, people generally think that the use of reproductive technologies is interfering in God's business. Şirin admitted that she had thought so before, but later changed her

mind after consulting a hodja trained in Malaysia (without revealing that she herself was thinking of doing it) who approves egg donation on the grounds that the woman still carries the baby in her belly and gives birth, making it preferable to adoption. Şirin did not have any religious concerns regarding sex selection. "After all, if God does not grant it [the child], it does not happen, [whether or not sex selection is involved]." Considering their social and financial circumstances, I wondered what would be their next move if their first PGD attempt to have a son failed. Their response was surprisingly simple: "If it does not work, we would just say [to others] 'we tried [PGD].'" Baran was hoping this would at least "psychologically relieve us."

Another couple turned to PGD for sex selection to guarantee that their second child be a son in the fourth year of marriage, after having their 20-month-old daughter; they spoke of their commitment to having smaller families, rather than leaving it to chance and fate. Esengül was a high school graduate housewife in her mid-20s while Aytekin was a doctor in his mid-30s. They lived in Diyarbakır, one of the largest Kurdish cities in the Southeastern Turkey. They wanted to pursue sex selection in the first years of their marriage since they desired to have a son as their first child; however, Esengül got pregnant on her own (*kendiliğinden*), so they decided to wait at least until their daughter turned one year old.

When I asked them why they wanted to have a boy, Aytekin replied they just wanted a child of the opposite sex, "we wanted to taste it [having a son] too (*onu da tadalım istedik*)." Aytekin and Esengül justified their quest for PGD to have son(s) as a form of family planning combined with family balancing in the name of a smaller family with at least one son. However, when I asked them if they would have pursued PGD to have a daughter to balance their family if they had a son as their first child, they replied that they would not have tried it [PGD], but, instead, they would have let it on its own [to the chance] (*kendi haline bırakırdık*). Although

Esengül said she would have wanted to have a daughter as the second child. When I asked her again if they would have tried PGD to have a daughter, she changed her answer. Then, I explicitly asked them why in this case they would not have tried to have a child of the opposite sex using PGD. Aytekin admitted their own "contradiction" in legitimizing sex selection for family balancing to guarantee a family with at least one boy while they would have been willing to leave it on its own if they wanted a daughter, since, they laughed jokingly, they "would have had a daughter [on our own] for sure!" Since they had a girl as the first child and produced three female embryos but only one male embryo, they believed they could easily have a daughter naturally without using PGD, if needed. However, when her husband went to the bathroom to receive a phone call, Esengül whispered me, "You know how the Eastern society (*Doğu toplumu*) is, I mean, regarding [the desire for] a male child."[155] Unlike some other couples mentioned above, Esengül and Ayteking never talked about any social and familial pressure to justify their pursuit for PGD; instead they justified their use of PGD as a means for family balancing through which they hoped to guarantee a smaller family with at least one boy. How desired family size is achieved is used by these couples as a reproductive measure to express their modern aspirations to fulfill good parenting since, many couples noted, raising a child is a care-intensive, time and energy-consuming (especially for mothers) and expensive endeavor.

Similarly, Leyla legitimized their pursuit of PGD to have a boy after having two daughters (17 and 10 years old) as a way of family balancing by combining it with a family planning ideology. Leyla was a 40-year old teacher who recently quit her job. She was undergoing her second round of IVF/PGD at Clinic Delta. She was accompanied only by her

[155] I did not have a chance to ask Esengül to further elaborate on this whispered sentence, but wondered what she would have told me more if her husband were not in the room.

mother on her trip to Northern Cyprus for the embryo transfer. I talked to Layla right before the embryo transfer while waiting for the genetic lab to send the results of the embryo biopsy to the clinic. For this reason, she was very nervous and constantly texting updates to her husband who had to go work and take care of their daughters in Istanbul.

Two years ago, when their second daughter was around 7, Leyla and her husband started considering whether to have another child. They tried for a while, but she did not get pregnant. When she consulted her doctor, she was advised not to waste her time and to try IVF because of her advanced age. So, Leyla and her husband decided to pursue PGD along with IVF for sex selection to have a boy, since they were already taking this path to pregnancy. By doing so, they expected to achieve a not-too long age gap between siblings and also a balanced family with girls and boy(s). Leyla explained to me their quest for sex selection to have a son more as a means of family-balancing by framing it as a natural desire to have children of both sexes in a family; she took pains to distinguish their quest from traditional son preference, which she associated with the eastern part of Turkey, and as backward and patriarchal. In this way, sex selection emerged as a reproductive measure in Leyla's account that was used to distinguish sex selection as a new and modern practice of family balancing from sex selection as a result of traditional social pressure for son preference.

Leyla was willing to talk about her quest for PGD only with people who, she thought, would understand her rationale, even though she believed she was doing nothing wrong. Interestingly, when I asked her if sex selection should be readily available in Turkey, she replied at first that it might be better to offer it in Turkey, but then reconsidered noting that if it were available in Turkey, many would want to have a son — which would not be good. Then, she changed her answer when she thought aloud of people in Turkey who continue giving birth until

they have a son: "I would not want to be one of those [people]. If there is a method for this [sex selection], one could have one [child with the desired sex] so it is done. Not after bearing 5 or 6 girls. I say 5, but there are also those who bear 9 children or 2 or 1 [until they have a son]. It changes. People have different family structures or cultures. They bear children until they have what they desire for, but I do not think that they could raise their children in a healthy way. For this reason, it [sex selection] should be legal." However, Leyla believed that her own case was different than "those people." She and her mother emphasized multiple times how much their entire family loves children. She humorously told me that she (and also her daughters) felt sorry for her husband since he was alone as the only male in the family. So, if they had a son, he would be no longer alone vis-à-vis his wife and daughters (implying a female gang). However, Leyla later changed her narrative when she mentioned the close and loving relationship between her husband and their daughters, and she admitted that actually it was she herself who was feeling alone and needed a son as an ally: mother-son(s) vis-à-vis father-daughters. In other words, such family balancing accounts suggest "gender expectations and desires of parents [which] are fueled by normative gender stereotypes" and ideals and expected to be achieved via sex selection "as a guarantee of child gender, thereby re-affixing gender to sex" (Bhatia 2018:10).

"Good" Family Relations

Almost all couples expressed, in varying ways and degrees, their love for their daughters. Many men underlined that they had a special relationship with their daughters, describing a daughter as unselfish, caring, kind, and loving, which are the stereotyped gendered qualities attributed to femininity that, in their view, makes a daughter a good (*hayırlı*) child. I asked one man, who was explaining the reason for their pursuit of sex selection in terms of familial and social pressure, if he thought he might treat his son(s) (if it would happen) differently than his

daughters. He replied that girls, not boys, were "loved" (*sevilmek*) openly in their society because, in his view, girls needed more affection than boys so as not to feel discriminated against in such a son-biased social setting. Moreover, many women also emphasized the loving relationship of their husband with their daughters to underline their husband's longing for a son as nondiscriminatory and thereby to depict their pursuit of sex selection as a new and modern practice of family balancing rather than a traditional discriminatory son preference.

Moreover, in some interviews, the theme of "incompleteness" emerged around the issue of sisterhood, revealing how sisters may (be forced to) feel incomplete without having a brother in family and desperately desire for a brother, like their parents desiring for a son.[156] As some couples said, girls, who are not even considered as children, are also subject to social prejudices and offending comments and treatments in social and family gatherings. Therefore, these couples also emphasized that they were pursuing PGD for their daughters to give them a brother. Recalling Suad Joseph's analysis of the brother/sister relationship in the reproduction of Arab patriarchy (1994) which is based on love and nurturance while paradoxically also based on power and violence, some couples mentioned that having a brother is important for girls especially for the provision of (patriarchal) protection.

In Turkey, compulsory military service and marriage are two important contexts where socialization into an adult male status takes place and reveals the extent to which providing protection can be an important aspect of masculine identity (Demircioğlu-Göknar 2015:135), as men and the (masculine) state are expected to protect the family and the (feminine) motherland

[156] There are also personal accounts shared on the websites depicting how young women felt and were made to feel incomplete as sisters due to the lack of a brother in their family. See "Erkek Kardeşsiz Kızlar Korosu [The Choir for the Girls Without Brothers] http://www.5harfliler.com/erkek-kardessiz-kizlar-korosu/.

(Altinay 2004; Delaney 1995). One couple talked about how their daughters came home crying and asking why they did not have a brother like other girls around them. Interestingly, one man said that having a brother was also important as a source of (social and economic) protection with the increasing number of women getting divorced in Turkey. As mentioned in the previous chapter on egg donors, since male breadwinner-based social policies in Turkey render women dependent on male family members (father or husband) for social security, and a divorced woman occupies a socially stigmatized social status as a non-virgin, divorced women ("women without men") usually find themselves in a socially and economically precarious condition (Özar and Yakut-Çakar 2013). Overall, as some accounts of sex selection have revealed so far, uses of PGD to have a son were justified as a modern solution to traditional social pressure on men and women to have a son for the realization of their adult gender identities and also to give a brother to their daughters for the provision of protection as the fulfillment of parental responsibility.

Morally Choreographing the Boundary between "Medical" and "Nonmedical"

The uses of PGD are defined as "nonmedical" when it is not conducted to screen embryos created in vitro for chromosomal and genetic conditions before implantation. However, in the medical discourse adopted by the Northern Cypriot clinics that increasingly promote PGD for sex selection, the boundary between "medical" and "nonmedical" is blurred. As one geneticist underscored in an interview, in addition to the sex chromosomes, they check three other chromosomes, namely 13, 18 and 21, for anomalies, and this, in her view, makes PGD for sex selection a more ethical practice. This medical discourse has been increasingly adopted by the Northern Cypriot clinics, including Clinic Delta, to promote PGD as a sex selective biomedical technology which promises healthy children with desired sex. Similarly, in the

narratives of Turkish couples seeking sex selection via PGD, factors with medical relevance, such as the woman's age, fertility history, having sick children, etc. were intertwined with the nonmedical aspirations and helped to legitimize their pursuit of PGD for sex selection as practicing rational reproduction.

When 40 year-old Leyla did not get pregnant, hoping to have a son approximately 7 years after the birth of their second daughter, she was advised by the doctor she consulted to try IVF because of her advanced age. She was told that IVF would eliminate the possible risks of advanced maternal age, such as an increased risk of giving birth to a baby with chromosomal disorders like Down's Syndrome, and also, along with PGD, enable them to have a boy. At the time of our interview, it was their second PGD attempt. In the first one, only one male embryo was produced out of 6 eggs extracted. 4 months later, she underwent OPU for another try, but only two eggs were extracted from her. These two eggs were frozen for their second PGD attempt, to be used along with the eggs that would be extracted in her third OPU.

Advanced maternal age with its associated risks also emerged in the narratives of some couples seeking egg donation. Similar to Leyla, one woman undergoing egg donation explained how using donor eggs from a young woman would decrease her risks of having a child with chromosomal conditions like Down's Syndrome since she was in her early 40s. She was also pursuing PGD along with egg donation to make sure that anonymous young donor eggs were not carrying any genetic risks. In addition to these health concerns, she and her husband also wanted to use PGD for sex selection. In the end, however, two healthy embryos, one male and one female, were transferred to her. I will discuss in more detail later in this chapter how PGD is incorporated into fertility treatment via donor gametes.

During an interview with another couple, the husband raised the issue of maternal age as a medical justification for PGD to have a son, after having two daughters. They had learned, he explained, how the woman's age is linked to the quality of eggs. His wife was in her late 30s. However, she explicitly stated that she herself did not want to pursue sex selection, but was doing it just for her husband. While he used a medical discourse to justify PGD vis-à-vis his wife's lack of interest in sex selection, she mentioned that they were hiding their pursuit of PGD for sex selection from her own family because she believed that her parents, especially her mother, would be concerned about possible consequences to her health. Her parents, she thought, would consider IVF/PGD as an unneccesary medical intervention since they already had two daughters. Thus, she reframed her disapproval of PGD for sex selection as the parental concern of her parents, also by employing a medical discourse.

As the geneticist suggested above, the fact that three chromosomes associated with serious medical conditions are checked in addition to the sex chromosomes during genetic screening makes PGD for sex selection ethically more justifiable in her eyes. PGD for nonmedical sex selection is framed as inherently medical, not in a therapeutic sense but instead in a diagnostic sense. The presumption here is that if a couple is told that Down's syndrome (trisomy 21: the presence of three #21 chromosomes, rather than the usual pair) is detected, they would feel relieved to have prevented the risk of having an "unhealthy" baby, thanks to PGD. One couple I interviewed was told that their PGD results showed that they had 2 "unhealthy [embryos]", 2 "girls" and 2 "boys." Since they hoped to have a boy after having two girls, the two healthy male embryos were transferred.

27 year-old Atiye and 33 year-old Selim had been married for 10 years. They could not have a child in the first two years of marriage.[157] After two years, they tried IUI twice, but it did not work. Then, Atiye got pregnant "on their own" (*kendiliğinden*). Two years after the birth of their first daughter, Atiye became pregnant with their second daughter using an "[egg]cracking shot" [of hormones] (*çatlatma iğnesi*). When the second daughter was 4 years old, Atiye became pregnant "on their own" (*kendiliğinden*) a third time, which resulted in a miscarriage after two and half months. They had a genetic test to determine the cause of the miscarriage, but the results showed that it was not genetically related. Searching for more information about the genetic test on the Internet, they came across information regarding PGD for sex selection. After the miscarriage Atiye started considering IVF and talked to her OB-GYN of ten years about sex selection. When I met them, they were pursuing their second PGD at Clinic Delta, after their first attempt at another clinic failed. In Atiye and Selim's case, while the use of genetic testing had expanded from the "medical" realm (diagnosing miscarriage) toward a "nonmedical" realm (PGD for sex selection), their reproductive history, including the use of IUI and hormonal drug to achieve a pregnancy, also made it easier for them to consider PGD along with IVF to get pregnant with healthy boy(s).

Moreover, although the medical uses of PGD are specified for certain chromosomal and genetic conditions, some couples strategically stretched PGD beyond the scope of its professionally and legally recognized medical uses so as to morally justify their pursuit of PGD for sex selection. These couples had daughters with medical conditions and wanted to have a

[157] In the cases in which women are less than 18 years old at the time of marriage, I wonder if they had any delays in the fertility treatment due to the legal age limitations, and had to wait for the treatment until 18. Neither I had a chance to ask them this question, nor did these women bring up this issue during interview.

boy, so in their view their use of PGD was morally justifiable to realize their desire to have healthy boy(s), even if it was not directly for "relevant" medical reasons.

Zuhal and Musa were one of these couples. Zuhal and Musa in their mid-30s had been married for 12 years and had three daughters, the oldest was 10 years old and the youngest was 4 years old. Musa was a butcher and Zuhal was a housewife. During the interview, Musa jumped to the subject by exclaiming, "our children are being born sick/defective (*bizim çocuklar sakat oluyor*)." They lost three children (from 1 month to 14 months after birth) to a condition called hydrocephalus (meaning "water on the brain"), which occurs when excessive cerebrospinal fluid accumulates in the brain. Zuhal said they were told that it was because of consanguineous marriage since they were paternal cousins, but Musa disagreed, although his brother's and sister's children were also suffering from the same condition.

Zuhal had given birth to six children in total, four girls and two boys; only three girls survived. Their first child was a girl and she did not survive. Then, they had a boy, and he did not survive either. Their third child was the first one who survived. Zuhal and Musa told me how each time Zuhal gave birth they would guess whether or not this one would survive. Since no boy survived, they kept trying to have a healthy son. Although the condition could be detected in utero, via ultrasonography (between 2.5 and 3.5 months), a "positive" diagnosis would not lead them to have an abortion because they held that abortion was sinful (*günah*). They also knew that a child sick with this condition would not long survive, so in their view there was no need for abortion.

Zuhal and Musa were in Clinic Delta to undergo their second attempt at PGD for sex selection. Their first PGD had been ten months ago. This time again they had only one healthy male embryo to be transferred. Actually, Zuhal was told during the transfer that two male

embryos, "one weak and one strong" (referring to the quality of the embyos), were transferred. Zuhal and Musa said they invested very little hope in this attempt since the first one did not work despite their high expectations. They were planning to keep going since they had enough money. However, they were considering going to a different clinic next time. In their case, as Zuhal put it, "it [pregnancy] happens in normal way, but not with tube baby" (*normal yoldan oluyor, tüp bebekte olmuyor*). Then, she added: "May God help those who cannot have children, the stress of it [IVF] is so difficult." She was grateful that they at least never had a problem conceiving a child, even after times when she did not want to become pregnant and they had sex with protection. However, IVF/PGD had not worked. In her view, it might be "because it comes from outside, so it is hard for the womb to accept (*benimsemek*) it [the embryo]." Musa expressed their desire for twin boys this way: "If there were more than one (male) embryo, let's say 4, we would get all 4 transferred. Not all of them would hold on anyway." Zuhal added that if they had twins, Musa had "promised to hire a helper (*hizmetçi*) to take care of the babies." When I asked him if he had not made the same promise for a single baby, he said no by laughing, and continued: "our [oldest] daughter is old enough [to take care of a baby]."

When I asked Zuhal and Musa why they wanted to have a boy, Zuhal said they could not enter every social gathering and community as a couple without a son, describing how some people even hid their son from them because they did not have their own. She told me how the words of extended family members hurt, and how jealousy is very common among family members in a way puts social pressure on couples without a son: "Jealousy is in human genes. If my *elti* (husband's brother's wife) gives birth to a boy and if I give birth to a girl, I would definitely become jealous of her." In other words, Zuhal emphasized that both nature (a human propensity towards jealousy) and society (framing sons as cause for jealousy) play a role.

"People say they will take your daughters [as brides], or you make and save money for son-in-laws." She thought, "this culture has not changed in the East [of Turkey] (*Doğu'da bu kültür çok değişmedi*)." When I asked her if this was not generalizable to all of Turkey, she replied, "this is not completely embraced all over Turkey." However, Musa impressed upon me, "our [issue] is not only about longing for a boy (*tek erkek davası değil bizim*). They [their children] are being born sick. What good can his manliness do [if he is defective]? (*ne anladık erkekliğinden yoksa*)." Zuhal and Musa were concerned to have not just a boy, but a healthy boy.

In Musa and Zuhal's narrative, medical and nonmedical meanings and aspirations are intertwined to morally legitimize the pursuit of PGD for sex selection. A further reason for them to pursue PGD, rather than continuing giving birth until they have a healthy boy, was the number of cesarean section (C-section) that Zuhal had undergone. She told me that, "doctors [in Turkey] get angry if it is your 6th C-section." Zuhal's six children had all been delivered via C-section. At her fifth birth, her doctor warned her before entering the operation room that if something were to go wrong, they would remove her womb. That doctor told her afterwards that her womb looked good when they opened up her, and that she could have three more C-sections. Despite the doctor's assurance, Zuhal and Musa did not want her to risk of losing her womb, so they decided to try IVF/PGD. Moreover, Zuhal's *görümce* (husband's sister) had lost her womb at her 6th birth two months earlier. "They took away the womb!" Zuhal cried. If she were not also facing her sixth C-section, Zuhal said of herself, she could have continued giving birth.

As discussed in Chapter 2, in accordance with its pronatalist agenda, the AKP government introduced a series of interventions in 2012 to decrease the high rate of elective C-section births in Turkey. The rate of the C-section births is above 50%, which almost doubled in the last decade. The rate of C-section births reaches to 70 percent in the private hospitals. Since

women are not medically recommended to undergo several C-sections (generally no more than three C-sections), this potentially might decrease the number of children women can give birth to, especially if their first delivery is by C-section (Erten 2015:10). Therefore, the Turkish government held C-sections accountable for some of the nation's fertility decline by supposedly preventing Turkish women from giving birth to more than two children. Although the majority of my interviewees were pursuing PGD for sex selection after having at least two girls, only two women mentioned the number of their C-sections (interestingly, it was 5 and above in these two cases) as a legitimizing reason for their pursuit of PGD for sex selection, along with other factors.

Like Zuhal and Musa, Kiraz and Fevzi raised the issue of disability as a medical reason for their pursuit of PGD, beyond sex selection, which intertwines with various other social dynamics at multiple scales. Kiraz was a housewife in her mid-20s with a secondary school education, and Fevzi was a merchant in his early 40s with primary education. They lived in Antep, but both were originally from Urfa. Kiraz and Fevzi got married when Kiraz was 16 years old. They had 7 year-old twin daughters via IVF treatment in Turkey; however, one girl was born with a disability. Fevzi showed me photos of their daughters on his mobile phone and Kiraz commented, "[unfortunately] the disabled girl is prettier than the other; she [the abled-one] is very black (*simsiyah*, meaning dark skinned and haired)!" A facial expression expressed her dislike of this, but Fevzi added, "She is 7, but looks like 9!" to indicate how healthy she is.

Toward the middle of the interview, I learned that Kiraz was Fevzi's "fellow wife." Fevzi's first wife, to whom he has been married for more than 20 years, was in her early 40s. Fevzi claimed that, "she had already entered menopause" when they got married and "had a 70-year-old woman's womb." Since they could not have a child, he took Kiraz as a second wife.

Kiraz said she went to the doctor in the second month of marriage to find out why she had not yet become pregnant. Fevzi explained the reasons: there is something wrong with her womb and his sperm count is low due to his age. She had three IUI and underwent three laparoscopic operations,[158] which, she said, "cleaned inside the womb." After none of these fertility treatments worked, they consulted Fevzi's longtime friend who was an obstetrician-gynaecologist and tried one cycle of IVF that resulted in the birth of twin girls. When their daughters were around 2 years old, Kiraz and Fevzi started seeking information about sex selection. Fevzi's friend was the one who told them about PGD for sex selection and referred them to Delta Clinic. However, they had to wait a few years to save the money for PGD. Although Fevzi had a good job and they also earned some income from having tenants, Fevzi said, "20,000 [Turkish Liras] is not a small amount of money!" On the embryo transfer day, I heard that Fevzi tried to get a signed document from the clinic guaranteeing that only healthy embryos had been transferred, eliminating the possibility of disability. They clinic said they could not provide him with such a document and declined his request.

In short, the above accounts reveal the ways in which prospective parents morally legitimate their uses of PGD for sex selection through strategic incorporation of various medical reasons into their narratives, ranging from a woman's age and fertility history to the experience of raising a sick or disabled child. Again, we see how many couples oscillate between moral positions, demonstrating moral ambivalence and ambiguity vis-à-vis the social expectations and roles they fulfill as gendered beings with the family and wider society.

---

[158] Laparoscopy is a surgical procedure that involves making very small cuts in the abdomen, through which specialized surgical instruments are inserted to diagnosis and/or treat fertility problems (such as treating endometriosis, removing scar tissue, clearing fallobian tubes and removing fibroids, cysts, or lesions).

Incorporating Sex Selection into the Fertility Treatment

Among those patients who had their embryos tested through PGD for sex selection purposes at clinic Delta, some were parents who had come to the clinic expressly to pursue sex selection, while others had come as (childless) fertility patients who ended up adding PGD for sex selection to their treatment as an extra reproductive service (for an added fee). Among both sets of patients were those who used their own gametes for IVF and those who made use of donor eggs [and/] or sperm. This kaleidoscope of reproductive services used by patients refracts an even more complicated kaleidoscopic picture of moral narratives. For instance, some (but not all) PGD users comfortable with sex selection (under certain circumstances) were disapproving of gamete donation, and vice versa. In this section, I untangle a range of moral logics voiced by fertility patients who also pursued sex selection (in addition to IVF with or without donor gametes in order to have a child at all) as a final rebuttal of the notion of a "typical PGD user" in Turkey.

Many of the couples using donor gametes view the use of PGD for sex selection as morally unacceptable, as "interfering too much" and acting against "proper parenthood," framed here as a wish for healthy and *hayırlı* (propitious) children no matter their sex. On the other hand, some couples seeking sex selection using their own gametes do not consider gamete donation (especially sperm donation) to be a morally acceptable option, saying that if they were unable to use their own gametes they would opt instead for adoption. Yet they, like those seeking sex selection using donor gametes, frame sex selection as a morally appropriate technique on the grounds that it would not be going against "God's will" since God grants what He wishes in the end, whether or not technology is involved. It is worth noting that these varied moral justifications do not come close to "neutralizing" morally loaded technologies for these couples.

Didem and Sadık, seeking PGD to have a son after having two daughters, were among those who "did not have a warm feeling toward" gamete donation. As Didem said to me, "People could adopt, instead. If it [a child] does not happen, one should not push it. If God does not grant it, He would not grant it." When I ask them about their views of gamete donation generally, the first thing that came to Sadık's mind was the image of single women with money pursing donor sperm: "People go and check the [donor sperm] catalogue [to have a child]. This child always will have a problem, will be incomplete without a father. It [sperm donation] is just a selfish thing that [single] women with money do." His response is not surprising, given the high visibility of single female celebrities seeking donor sperm abroad whose stories are sensationalized in the media, in comparison to the invisibility of married couples who conceive using donor sperm, and even donor eggs. When I asked Sadık for his thoughts specifically about married couples seeking donor gametes, he responded: "They take someone else's sperm or someone else's egg, so it would not be their own child. They give birth to the child, but it is still not their own child. It would be better to adopt an already born child, an orphan child."

Similarly, another woman seeking PGD to have son(s) after three daughters said that she would prefer to adopt rather than pursue gamete donation because she saw adoption as a good deed (*hayır işi*). However, she imagined that her husband would not approve of adoption, either. She continued by commenting on how gender ideologies and inequalities are played out in the uses of reproductive technologies: "When it comes to gamete donation, people do not accept it when the [fertility] problem is with the man, but they approve everything more easily when the problem is with the woman." During our interview, she emphasized that she was only pursuing PGD for sex selection because her husband and his family wanted son(s). She herself viewed sex selection as "pushing it too hard" (*zorlamak*). In contrast, pursuing IVF to have a child was not,

in her view, "pushing it too hard" since the social difficulties of [involuntary] childlessness justified the effort. If donor gametes were needed to have children using IVF, she would herself prefer adoption, "However, people think that it [an adopted child] is someone else's child [in comparison to a child conceived using donor gametes], and there is also pregnancy involved [in gamete donation], so they do not want it [adoption]. When people adopt, they do so mostly for the financial assistance," she concluded, referring to support provided to foster parents by the state.[159]

The views (and misperceptions) of "other people" loomed large in these accounts. Couples pursuing sex selection after having only two children told me that "other people" would consider sex selection "unnecessary" in cases such as theirs. Didem explained that such people would probably regard sex selection as a reasonable option for those having more than 4 or 5 children (more specifically, daughters) and for those without any children. At the same time, a woman seeking PGD to have boy(s) after having 2 girls expressed her view that sex selection was inappropriate for couples who did not already have children. She felt that such people should focus on having any children at all and not prioritize desired sex. At the same time, the idea of sex selection can provoke negative reactions from couples seeking donor gametes to have children, especially against "naturally fertile" couples (who already have children [girls]) who are seeking IVF-PGD for sex selection to have boy(s). However, no clear-cut division can be

[159] Foster-parents are provided with montly payments (ranging between 478 and 1,050 Turkish Liras) depending on the age of the child. Also, education and clothing assistance is made twice a year. "Yurtlarda Binlerce Çocuk Koruyucu Aile Bekliyor [Thousands of Children in the System are Waiting for Foster Families]" https://www.gazeteduvar.com.tr/gundem/2017/01/17/yurtlardaki-binlerce-cocuk-koruyucu-aile-bekliyor/

identified between positions of those seeking PGD for sex selection and those seeking gamete donation to have children.

Among couples seeking PGD to have boy(s) after having girls were a few who needed to use donor eggs. I talked to two couples that were undergoing PGD for sex selection using donor eggs. Both couples already had two daughters and they wanted to have son(s). Serpil was a 42 year-old housewife and her husband Sadi, like Serpil's father, was a (45 year-old) ***kebapçı*** (kebab master), working in a family restaurant in Saudi Arabia. They were living in the southern Turkish city of Hatay. Sadi returned to Turkey every 6 months, staying for approximately 3 months. Serpil and Sadi had been married for 16 years. They were unable to have children in the first two years of marriage, and so she underwent two surgeries to "open the tubes connected to her womb," as she put it. After the surgeries, they had two daughters in quick succession, without further medical help. After seven years of using contraceptive protection, they wanted to have a third child, preferably a son. Serpil said, "everybody around us has three or four children, each of my *eltis* (the husband's brothers' wives) has four children and we only have two." When they went to the doctor, she was told that her ovaries were "weak," which was why she could not have another child in the normal way; instead, they should consider IVF. They decided to pursue PGD for sex selection in Northern Cyprus. Serpil said: "All of my husband's brothers have a son, only my husband does not have a son. A male child is different; a female child is different. His sister has five daughters and one son. One of his brother has three sons and one daughter." While there are 10 siblings, five boys and five girls, in Serpil's family, there are 10 siblings, four boys and four girls, in Sadi's family. Serpil's account reveals the importance of having a son to her and her husband's gender proficiency, both of which are evaluated vis-à-vis the members of the husband's family.

At the beginning of our interview, Serpil and Sadi tended to explain the reason for their trip to Northern Cyprus as pursuing PGD for sex selection, without mentioning the use of donor eggs. Since Serpil talked about her "weak" ovaries, I directly asked if her own eggs were used for IVF/PGD and then we started talking about egg donation more explicitly. Serpil explained how her doctor relieved her concerns regarding egg donation: "I asked my doctor if it would be my [own] child, and he said that it is like when you put eggs under a hen and chicks hatch from those eggs, are they not her [the hen] chicks? [In egg donation] It is also your husband's sperm." When I asked about sperm donation, Serpil said she would not have agreed to it. Sadi responded "Never!" by making a hand movement and simultaneously shaking his head to express his disapproval. He had even warningly told the doctor, "There must be no [sperm] mixing ever!" One of his brothers had also considered sex selection but to have a girl, not a boy. But when his sperm count proved to be too low he rejected the plan, rather than undergo sperm donation along with PGD. Serpil and Sadi were open to others about their pursuit of sex selection, but very secretive about the use of donor eggs. Before voice-recording the interview, I had them sign the usual consent form. That evening, Sadi called me to tell me that he had become very anxious about having signed the form (in other words, leaving a trace behind). He wanted me to destroy it. I told him I could come to the hotel where they were staying until their departure, the next day, and give them the signed form if it would make them more comfortable. They agreed and I used this visit an opportunity to talk to them again at the hotel.

Sometimes, sex selection is adopted as an afterthought by couples who came to the clinic to pursue IVF with donor gametes. I found that clinic staff often offer sex selection using PGD as an option for couples using IVF, explaining that it might increase their chance of pregnancy as well as guarantee healthy embryos with desired sex. By doing so, the clinics leverage the

reproductive measure to capitalize on perpetuating traditional patriarchal stereotypes about son preference in expanding the market potential of sex selective PGD towards fertility patients. When couples accept this added service, those I observed (two seeking donor sperm and three seeking donor eggs) who do not have any living children tend to want to have one "girl" and one "boy" embryo transferred together, if a healthy one of each is available. In other words, they accept PGD for family balancing, and do not exhibit "son preference." In such cases, I observed, it is the women who ask to have female embryos transferred along with male ones. One man was there with his second wife; he had two sons from his previous marriage. This couple was seeking egg donation along with PGD for selection to have a girl, at the woman's request. In the other four cases, the couples requested that one male and one female embryo be transferred together.

Among the couples seeking sperm donation along with PGD-sex selection was a woman was in her early 20s and her husband, in his early 30s. He was an only child and his wealthy family wanted him to have a child, and more particularly a son, at all costs. Since his father was very sick, the newlywed couple wanted to give a grandson to the paternal grandfather, but the man had no (viable) sperm. The woman told me that her in-laws accepted sperm donation very easily, but that she had a harder time agreeing to it. Besides her concerns about having a child using the sperm of a total stranger, she was also facing the prospect of undergoing the physical demands of fertility treatment, including injections of hormonal drugs, as a newly wed and very young woman. She had at first wanted to cancel the treatment but eventually, she agreed to see it through. At the time of our interview, the young woman was accompanied by her aunt. The aunt talked about her own life story to give her niece a better sense of perspective. The aunt did not have any children because her husband was also infertile. She had chosen her husband over having a child, but now she regretted her decision since she was left alone following a divorce.

Although the aunt did not explicitly say she would have been willing to pursue sperm donation despite her husband's objection, she advised her niece to ignore her in-laws and follow this path to parenthood as long as her husband loved her.

Although she had some complaints, the young woman was also using her husband's infertility as a kind of leverage against her in-laws, especially against her mother in-law. During our interview, her mother in-law called; the young woman showed me the screen of her phone, which read, "*kaynana*" (mother in-law). She commented humorously that "she [mother in-law] would make me give birth in the 8th month if she could," complaining that her in-laws, eager for a grandchild, were too much involved in the process. Nonetheless, although both her in-laws and her husband wanted her to have a son, she also wanted to have a daughter, and so she asked the doctor to transfer one "boy" and one "girl" embryo. She did not share this with her mother in-law on the phone. Instead, she said to her aunt and me, "Let's make her wait for 5 or 6 more months to find out!" She even added jokingly: "What a surprise would it be if it were the two girls instead!"

Another childless couple in their late 30s was seeking IVF using their own gametes along with sex selection. The woman had moved to London from Turkey almost 20 years ago and her entire family was now living there. Her husband had been living in London for the last 15 years. They met and got married in England 13 years ago. They had undergone two rounds of IVF in London, without success. Having heard good things about people seeking IVF in Northern Cyprus, they travelled to Turkey and, through a doctor they were acquainted with in Antep (this husband's hometown), from there made their way to Cyprus. They chose reproductive travel to

Northern Cyprus because, unlike in either Turkey or England,[160] in Cyprus they could have 3 or 4 embryos transferred at once, and because they were interested in the availability of sex selection. The husband wanted to have a son. They had four embryos biopsied for PGD. At the beginning, the man was only interested in the possibility of having a son. However, when they learned that unwanted "girl" embryos would be thrown away, the woman objected: "what if there is only one male embryo? After all that we have gone through to have children!" Two embryos were transferred, and only the woman knew their sex since the information was revealed during the transfer procedure, which her husband did not attend. During our interview, the woman did not reveal her secret to me, either. She said it would be a surprise for her husband. They were planning to freeze the remaining two embryos if their quality was good enough.

In short, fertility patients' varied engagements with PGD for sex selection further complicates the perceived image of the "typical PGD patient." These couples travelled to Northern Cyprus from different parts of Turkey to bypass that country's legal restrictions on reproductive technologies. In one man's words, "if there were no ban [on gamete donation and sex selection] in Turkey, [the IVF sector in] Cyprus would be over!" Although Northern Cyprus seems to have emerged as an ethical grey zone of Turkey's reproductive politics and its IVF industry, these positionalities are neither fixed nor stable. The next section looks at the cross-border choreographies of biopsied cells between Turkey and Northern Cyprus to destabilize the

[160] In 2009, a new policy has been introduced in the UK to encourage fertility centres to adopt single embryo transfer into routine use to decrease the multiple pregnancy rate. Similarly, in Turkey, since 2010, single embryo transfer is mandated for all women under 35 years of age in their first or second cycle of IVF treatment; 2 embryos can be transferred in the third or subsequent treatment cycles and for all women over the age of 35 years, as outlined in Chapter 2.

positionality of Northern Cyprus as an ethical grey zone vis-à-vis Turkey and to reveal the circumstantial and contingent nature of these positionalities.

4. Choreographing Biopsied Cells Across Borders

> The nurse Güler had already changed her clothes and was preparing for the flight to Turkey, which was departing in two hours. The patient coordinator handed Güler the stapled white envelope with a bulge in the middle that had been left on her desk by the embryologist. While Güler was placing the envelope in her purse, she jokingly said: "If they happen to ask (at the border control), I will say these are my eggs!" The clinic chauffer was waiting for her in front of the clinic, ready to take her to the airport. Two hours later the nurse Güler was on a plane, flying from Ercan Airport in Nicosia to Atatürk Airport on the European side of Istanbul, Turkey. After a 75-minute flight, a man was waiting for her at the arrivals gate at the international terminal. They found each other in the crowd using their cell phones to communicate. The nurse Güler handed the white envelope to the man, sent by the genetics lab. The man left the airport with the envelope containing biopsied embryonic cells. The nurse Güler wandered around the airport to kill time until her flight back to Ercan Airport three hours later.
>
> ***

Although this brief exchange might recall a briefcase exchange scene in a James Bond movie, it represents a routine moment in the extensive transnational PGD network that spans a cross-border web of interclinical and interlaboratory practices. After the genetics laboratory that

Clinic Delta and some other clinics had worked with shut down in early 2015,[161] Clinic Delta began to send the biopsied embryonic cells for genetic testing as part of PGD to laboratories in either Istanbul or Ankara, as they had previously. I was told that Clinic Delta had previously sent the cells either to Turkey or to Southern Cyprus, but I was not given details regarding their arrangements with Southern Cypriot labs.

When I began my fieldwork, Clinic Delta was sending biopsied cells to a genetics lab nearby in Nicosia via the clinic chauffeur, or sometimes the embryologist Elif would stop by the clinic herself on her way to the genetics lab. When I asked the embryologist Kerem, working at Clinic Delta, about the details of PGD, he suggested that I talk to Elif, who once worked at Clinic Delta as the embryologist under his supervision. I called her and we met at her new workplace, a recently opened Northern Cypriot IVF clinic in the same city.

While Elif had been completing her master's degree and receiving work certifications in Turkey, a medical professor trained in genetics in Ankara offered her a job in Northern Cyprus. He was planning to establish a genetics lab in Northern Cyprus, which would concentrate on PGD for sex selection, and wanted to train her in PGD. Since she was a newly graduated, single young woman, she accepted the job offer and moved to Northern Cyprus. As she was working alone in the newly established small genetics lab in the evenings, she also started working as an embryologist at Clinic Delta under the supervision of the more experienced embryologist Kerem. One year later, she left Clinic Delta and started working at another IVF clinic as an embryologist. She continued working alone in the genetics lab, offering PGD services to multiple IVF clinics, including Clinic Delta.

---

[161] Besides this genetics laboratory, only two Northern Cypriot IVF clinics had their own genetics labs, and one Northern Cypriot university established its own genetics lab along with an IVF clinic, which provided PGD services to other IVF clinics.

Around February of 2015, owing to an increased workload and some personal disagreements, she left the genetics lab and moved back to Turkey. Since she was the only trained person in the lab, her leave caused the lab to close. I was told during interviews that in addition to a university hospital, only two Northern Cypriot IVF clinics had their own genetics labs in which to conduct PGD testing. The head embryologist of one of these two clinics told me that they could cover the investment in the genetics lab with their extensive patient demand. Since investing in a genetics lab is very expensive, clinics should have sufficient patient demand to be able to cover the costs and keep a lab running. This cost-benefit logic also explains the market expansion of PGD towards wider segments of patients beyond sex selection to include fertility patients. The other genetics lab was opened by a geneticist trained abroad as part of an IVF clinic newly established under the Northern Cypriot university hospital that was also providing PGD to other clinics. When Elif's genetics lab closed down, Clinic Delta did not want to work with the university's lab because "it gives too much negative," as Kerem said to me, meaning that the lab's genetic test results came back mostly negative: the embryos that passed through the hospital's lab were too unhealthy to be transferred.

Eventually, Clinic Delta made private business arrangements with genetics labs in Turkey, one in Istanbul and another in Ankara. Since then, the cells biopsied from the embryos of couples traveling from Turkey to bypass the ban on sex selection were being sent in secrecy back to Turkey for testing; the patients were not aware of their cells' further reproductive travels. The test results usually arrive in Nicosia five days after sperm and egg are joined in vitro, which happens also to be embryo transfer day, so for the most part PGD patients return to the clinic for embryo transfer without learning the status of their embryos beforehand. For this reason, delays in the arrival of the test results might cause some couples to get anxious, especially if they had

few embryos to test. In a few cases, couples chose to have untransferred embryos frozen for possible future use. After the envelope exchange depicted above takes place at the airport, genetic testing is conducted on each biopsied cell in the lab. Through this process a material substance is transformed into a report consisting of information/ data about the health status of the genetically tested cells.

One evening in August 2015, I asked the embryologist Eren,[162] while he was in the kitchen making a sandwich for himself, what the PGD results looked like when they came in. He showed me on his mobile phone the reports sent via email from two different genetics labs in Turkey. One result, which he called "less professional," was typed in color to convey the sex information: female in pink, male in blue, and not-viable in red. Another report, which he called "more professional (technically detailed)," did not include any sex information at all; the only mark made was an "N", standing for "None" (no information). He showed both examples to me and let me take notes. When I asked him how they received the information regarding the sex of the emrbyos when they were unwritten on the report, he said "via WhatsApp text." He told me he once received a message from the person working in the lab in Turkey that read, "one of us:)" At first, he could not make sense of it. But then, Eren realized that this person was indicating the sex of the embryos as "male" by naming it "one of them," as men. Since there weren't so many PGD patients in Clinic Delta, Eren felt it was not so difficult to track the results informally, via texting. As embryologists, they took care in doing their job to prevent any mix up.

When test results are sent to the clinics via an email or WhatsApp text, they include information regarding the health status and viability of the embryos, most often without any

---

[162] He joined the clinic around January, 2015 when I was in Turkey for a few days on the new year's eve to make my three-mountly visit due to the 90-day stay limit applied to Turkish citizens. Kerem introduced Eren to me as "my fellow countryman" ("*toprağım*" in Turkish literally "my soil") since they both are Turkish Cypriot.

information regarding chromosomal sex — that space is usually left blank on the report. As seen in the previous chapter, secrecy and risk are closely related. PGD test results are thus epistemologically choreographed through the idioms of trust and risk and turned into a specific (mobile) materialization of concealed knowledge. "[S]pecific materializations of concealed knowledge affect the conditions of its social life cycle (production, circulation, and depletion)"; however, materialization also "creates risks of unintended communicability" (Jones 2014: 56). So, the PGD results without the sex information embody an epistemological choreography to navigate risks of unintended communicability, especially when operating in ethical grey zones.

Conclusion

PGD for sex selection has emerged a growing segment of a wider transnational reproductive network between Turkey and Northern Cyprus, as it is promoted by the clinics as a "modern," technological fix to a "traditional" social problem of son preference in Turkey, embodied by the biopolitical construct of the "typical PGD patient" in developing the market potential of sex selective technologies. Focusing on the Turkish PGD users' moral engagements with transnational sex selection in relation to gender and family ideologies in contemporary Turkey, this chapter has revealed the *financial* stakes the clinic has in perpetuating certain ideological fictions that the reality of their patients' stories and narratives refute. Complicating the one-dimensional (and ethnicized) image of "the typical PGD patient" presumed to be acting on traditional son preference, Turkish couples' stories demonstrate how their use of PGD is evaluated by the reproductive measures of modern vs. traditional or ethnic sensibilities, of generational differences, of "good" family relations, of gender proficiency, as part of daily negotiations of essential categories of personal and collective identity. The boundaries between

"medical" and "nonmedical" uses of PGD get blurred not only in the patients' moralizing accounts, but also with the expansion of PGD for selection into routine fertility treatment as an add-on service. These expectations, desires and economies are (re)configured in and across the contingent and tactical shifting positions of Turkey and Northern Cyprus as ethical grey zones of sex selection.

CHAPTER 6

Conclusion

Deploying secrecy as both an analytical and methodological tool, this dissertation has ethnographically examined the moral and practical negotiations of disguised reproductive travels, taking place between Turkey and Northern Cyprus. By adding a transnational dimension to the study of national reproductive politics, my study reveals tensions and contradictions in contemporary ideologies of gender and family in Turkey in the age of technologized and globalized reproduction that unfold at the intersection of "neoconservative familialism" (Korkman 2015), trans/national neoliberal economic transformations, stratified pronatalism and Sunni Islamic morality under over a decade rule of AKP governments.

By combining anthropology of secrecy with feminist studies of assisted reproductive technologies, this dissertation argues that Turkey's ban on gamete donation has helped to normalize IVF in the country by reinforcing the heteronormative nuclear family ideal: that is, if gamete donation is unavailable to Turkish people, then married couples who conceive using IVF are presumed to be genetically related to their children. However, I argue further that this normalization of IVF is only able to rest upon the national ban on gamete donation so long as access to donor gametes continues to be available — transnationally and clandestinely facilitated through a network of inter-clinical and inter-lab relations between Turkey and Northern Cyprus that have been formed over the last decade. In other words, these travels constitute a discursive and geographical space at the margins of, but fully integral to, Turkish reproductive biopolitics, in which secrecy is essential to diverse actors for multiple reasons: for protecting the public appearance of Turkish couples seeking donor gametes to have children as "normal families," for

protecting the reputation of egg donors as "good women" and their pursuit of egg donation as a new realm of financial opportunity, for protecting the Turkish IVF sector as a legitimate medical business, and even for protecting the reputation of the Turkish state as able to ensure sovereign power over its citizens. This ethnographic study of reproductive travels connecting Turkey and Northern Cyprus complicates the familiar analysis of transnational reproductive inequalities by demonstrating the plurality of Turkish experience. In doing so, it also extends the non-western scope of anthropological studies of transnational reproductive travel.

Overall, transnational reproduction can tell us about what "IVF reproduces" other than babies (if it works) (Franklin 2013): this includes reproductive services and markets; desires and expectations; subversion, normativity and conformity; ambivalences, negotiations and pragmatic action; notions of identity and belonging; and power relations and inequalities. This dissertation reveals ways in which Turkey's current ideological, social and economic transformations shape the dynamics for the material-discursive (re)making of borders and boundaries of both Turkish families and the Turkish-nation in the Northern Cypriot IVF clinics.

Suggestions for further research:

This study was based on a small-scale Northern Cypriot IVF which received patients predominantly from Turkey through covert medical-business arrangements established mostly with individual doctors in Turkey. An investigation of the larger-scale clinics which also receive international patients could provide a useful comparative lens to study further the role and place of Northern Cyprus within a globalized reproductive market by focusing on the transnational reproductive experiences of patients from different nationalities. Moreover, an investigation of why and how Turkish couples are seeking gamete donation in destinations other than Northern

Cyprus, such as the US and Greece, can provide further data on the moral, practical, economic and ethnic negotiations of these reproductive travels in more complex ways.

I did not include surrogacy in my study, but it has been an emerging segment of transnational third-party reproduction connecting Turkey and Northern Cyprus and/or Georgia.[163] Studying the views and experiences of Turkish couples seeking surrogacy across national borders would contribute to the existing anthropological literature on surrogacy, which geographically has focused on India (Deomampo 2016; Pande 2011; Vora 2013), the US (Berend 2016; Ragoné 1994) and Israel (Teman 2010). Such research would further enable us to understand how reproductive technologies affect notions of kinship and gender, especially providing the perspectives of the intended mothers and surrogates' notions of motherhood in relation to pregnancy. As suggested by the "fake pregnant bellies" used by intended mothers to "hide" the use of surrogacy to have a child as featured in the news on surrogacy in the Turkish media,[164] the in/visibility of pregnancy in the context of surrogacy, as a (9-month-long) embodied site for epistemological, ontological and moral choreographies, takes complex forms and in comparison to gamete donation, and requires further analysis.

As Marcia Inhorn and Zeynep Gürtin (2011:669) have noted, transnational reproduction involves various spaces beyond IVF clinics, "including guest hostels, hotels, tourism firms, brokerage agencies, maternity waiting homes and the Internet," which could further inform our understanding of how reproduction and globalization come together in and across multiple

---

[163] "'Taşıyıcı anne pazarı': 150 bin liradan başlıyor; Kıbrıs ve Gürcistan tercih ediliyor ['Surrogate Mother Market': It starts from 150,000 Turkish Liras; Cyprus and Georgia are popular destinations]" http://www.diken.com.tr/tasiyici-anne-pazari-150-bin-liradan-basliyor-kibris-ve-gurcistan-tercih-ediliyor/; " 'Son Umut'ları artık Gürcistan [Their Last Resort is now Georgia]" http://www.milliyet.com.tr/-son-umut-lari-artik-gurcistan-gundem-2137397/

[164] "Çin Malı Silikon Göbekle 'Hamileyim' Süsü [Pretending to be Pregnant via Made-in-China-Silicone Belly]" *Hürriyet*, 17 October 2015.

spaces. Since Clinic Delta had a relatively small presence in the online forums, I did not focus on the Internet in my study as a novel site of transnational reproduction. However, some Northern Cypriot clinics have a strong online presence not only with their websites but also via specific topics created in the Turkish online forums by the (previous, potential or current) patients regarding the clinics and/or the clinics' IVF doctors. Nor did I have an opportunity to expand my research to include a focus on the Northern Cypriot hotels. Further research is needed on the Internet, hotels and even tourism agencies as sites of transnational reproduction.

As my study has illustrated, most couples pursued gamete donation as their last resort to have a child, which, in their view, was a better alternative to childlessness or adoption. Yet, this begs the question of what happens if gamete donation does not work. For whom and under what conditions is the contingent hierarchy of reproductive choices rearranged in such a way that either adoption or childlessness follows unsuccessful gamete donation? On the other hand, what happens when gamete donation succeeds? How are family secrets maintained over time? As Soraya Tremayne (2012) invites us to look at the down side of gamete donation that challanges the happy family rhetoric surrounding gamete donation in Iran, one might investigate what happens to family secrets involving gamete donation in the case, for example, of divorce.

For my study, I did not have an opportunity to talk to sperm donors. Rene Almeling (2011)'s sociological analysis of egg agencies and sperm banks illustrates how the gendered framing of paid donation not only influences the structure of the market, but also profoundly affects the men and women as gamete donors. Similarly, a comparative analysis of Turkish egg and sperm donors' views and experiences could reveal how ideologies of gender and kinship not only shape and are shaped by their embodied experiences as gendered and paid gamete donors, but also structure the ways gamete donors are recruited by the Northern Cypriot IVF clinics. It

would also be worth investigating to what extent secrecy matters to sperm donors as gendered beings, and in what ways.

As mentioned before, abortion tourism has emerged another form of reproductive travel between Turkey and Northern Cyprus, especially following Turkey's 2012 attempt to restrict it. Although the proposal was withdrawn due to the opposition from the feminist groups, it has recently been reported that access to abortion in Turkey has become severely restricted in practice even within the legal time limits, due to the political scrutiny and pressure on the hospitals and practitioners.[165] De *facto* restriction on abortion has resulted in the heightened surveillance over women's reproductive and non-reproductive capabilities in Turkey, which has pushed the practice underground, creating an unregulated, risky and expensive market within the Turkish private medicine.[166] Beyond national borders, this has led to the emergence of abortion tourism as a new, disguised form of transnational reproduction. Abortion tourism has already been highly sensationalized both in the Northern Cypriot and Turkish media, especially following the scandal (described as "illegal abortion tours" and "abortion gangs" in the media) that broke out in 2016 when a Northern Cypriot Hospital and IVF Center opened in 2003 was accused of terminating the late term pregnancies of women coming from Turkey.[167] An ethnographic investigation of the *de facto* abortion ban can reveal the complexities of

---

[165] For the feminist groups' report on *de facto* restriction on abortion in Turkey, see https://www.morcati.org.tr/tr/370-fiili-kurtaj-yasagi-devam-ediyor

[166] "Yeni Türkiye'de Kürtaj: Bekar Bir Kadının Deneyimi [Abortion in New Turkey: A single Woman's Experience] http://www.5harfliler.com/yeni-turkiyede-kurtaj-bekar-bir-kadinin-deneyimi/

[167] "Kürtaj Çetesi Çökertildi [Abortion Gang collapsed by the Police]" https://www.sabah.com.tr/yasam/2016/02/28/kurtaj-cetesi-cokertildi-4-doktor-ve-4-calisan-tutuklandi; "KKTC'de kürtaj skandalı [Abortion Scandal in TRNC]" https://www.aksam.com.tr/dunya/kktcde-kurtaj-skandali/haber-493383

contemporary Turkish reproductive biopolitics within and beyond its the national borders, for which secrecy is essential.

In her review article on reproductive tourism, Michal Nahman (2016) invites us to think about "[h]ow [...] the study of reproduction across borders [has] been a kind of tourism for anthropologists themselves, taking us on journeys in and out of various arenas and debates [...] shaped by the context of what is happening globally (a critique made by many, including Trouillot 2003, cited in Robbins 2013) in terms of economic crises, global wars on terror, and mass migrations of people from the Middle East to Europe" (419-420). As my dissertation provides a transnational perspective to the national reproductive politics of contemporary Turkey, migration would be another topic to further explore transnationalism in relation to ideas of citizenship and belonging, and reproductive health and politics. As Nahman points out, "reproductive tourism puts into question the global utility of borders and what they mean to people who experience their limits and possibilities" (2016: 420). This dissertation has illustrated the limits and possibilities of transnational reproduction across borders between Turkey and Northern Cyprus.

BIBLIOGRAPHY

Acar, Feride, and Gülbanu Altunok. 2013. The 'politics of intimate' at the intersection of neo-liberalism and neo-conservatism in contemporary Turkey. *Women's Studies International Forum* 41: 14–23.

Açıksöz, Salih Can. 2015. In vitro nationalism: Masculinity, disability, and assisted reproduction in war-torn Turkey. In *Gender and Sexuality in Muslim Cultures*. Gül Özyeğin, ed. Pp. 19-36. Ashgate Press

Açıksöz, Salih Can. 2012a. Sacrificial limbs of sovereignty: Disabled veterans, masculinity, and nationalist politics in Turkey. *Medical Anthropology Quarterly* 26 (1):4–25.

Açıksöz, Salih Can. 2012b. *Navigating in the Ocean of Risk: Discourses and Experiences of Prenatal Diagnosis in Turkey*. LAP Lambert Academic Publishing.

Adrian, Stine Willum. 2010. Sperm stories: Policies and practices of sperm banking in Denmark and Sweden. European Journal of Women's Studies 17(4): 393-411.

Ahıska, Meltem. 2005. *Radyonun Sihirli Kapısı: Garbiyatçılık ve Politik Öznellik* [The Magical Door of Radio: Occidentalism and Political Subjectivity].İstanbul: Metis Yayınları, 2005.

Akkan, Başak. 2017.The Politics of care in Turkey: Sacred familialism in a changing political context. *Social Politics: International Studies in Gender, State and Society* 25 (1):72–91.

Akşit, Elif Ekin. 2010. Geç Osmanlı ve cumhuriyet dönemlerinde nüfus kontrolü yaklaşımları. [Approaches to population control in late Ottoman and Republican periods]. *Toplum ve Bilim [Society and Science]* 117:179–197.

Akşit, Elif Ekin. 2009. Kısırlık: olanak ve tahakküm. *Fe Dergi* 1 (2): 44- 54.

Alessandrini, Anthony, Nazan Üstündağ, and Emrah Yıldız, eds. 2014. Resistance everywhere: the Gezi protests and dissidents visions of Turkey. Washington, DC: Tadween Publishing.

Alıcı, Feriha Merve. 2014. Appropriate IVF vs. Inappropriate IVF: Formation of the discursive space of in-vitro fertilization in Turkey. Atatürk Institute for Modern Turkish History. M.A. Thesis. Istanbul. Boğaziçi University.

Almeling, Rene. 2011. *Sex cells: the medical market for eggs and sperm.* Berkeley, CA: University of California Press.

Altinay, Ayse Gul. 2004. *The myth of the military-nation: militarism, gender, and education in Turkey*. Palgrave Macmillan.

Altindag, Onur. 2016. Son preference, fertility decline, and the nonmissing girls of Turkey. *Demography* 53:541–566.

Altunok, Gülbanu. 2016. Neo-conservatism, sovereign power and bio-power: Female subjectivity in contemporary Turkey. *Research and Policy on Turkey* 1 (2): 1-15.

Andersen, Anders Nyboe, Elisabeth Carlsen, and Anne Loft. 2008.Trends in the use of intracytoplasmatic sperm injection marked variability between countries. *Human Reproduction Update* 14 (6): 593-604.

Anıl, Ela, Canan Arın, Ayşe Berktay Hacımirzaoğlu, Mehveş Bingöllü, and Pınar İlkkaracan. 2002. The New legal status of women in Turkey. Available at http://www.kadininsanhaklari.org/static/yayin/kitapcik/yeni-yasal-statu.pdf

Arat, Yesim. 2010. Women's rights and Islam in Turkish politics: The civil code amendment. *Middle East Journal* 64 (2): 235-251.

Atay, Hazal. 2017. Kürtaj yasasının arkeolojisi: Türkiye'de kürtaj düzenlemeleri, edimleri,

kısıtları ve mücadele alanları [Archeology of the abortion law in Turkey: Abortion regulations, their gains, constrains and contestations]. *Fe Dergi* [Journal Fe] 9 (2):1-16.
Aydın, Ayşe. 2009. Annee! anne oluyorum! [*Mommm! I am becoming a mom]*. Remzi Kitabevi.
Babül, Elif. 2017. *Bureaucratic intimacies: Translating human rights in Turkey.* Stanford: Stanford University Press.
Babül, Elif. 2015. The paradox of protection: Human rights, the Masculinist State, and the Moral Economy of Gratitude in Turkey. *American Ethnologist* 42 (1): 116–130.
Bahçeci, Mustafa, and Aytun Aktan. 2007. *Beni leylek getirmedi: Tüp bebek kitabı* [*A Stork did not bring me: A Tube Baby Book*]. Aura Kitapları.
Balsoy, Gülhan. 2015. *The Politics of reproduction in Ottoman society, 1838- 1900.* Routledge.
Barner, Liberty Walther. 2014. *Conceiving masculinity: Male infertility, medicine, and identity.* Philadelphia: Temple University Press.
Beck, Stefan. 2012. Biomedical mobilities: Transnational lab-benches and other space-effects. In *Reproductive Technologies as Global Form: Ethnographies of Knowledge, Practices, and Transnational Encounters*. Michi Knecht, Maren Klotz and Stefan Beck, eds. Pp.357–374. Frankfurt: Campus Verlagp.
Becker, Gay, Anneliese Butler, and Robert D. Nachtigall. 2005. Resemblance talk: A challenge for parents whose children were conceived with donor gametes in the US. *Social Science & Medicine* 61: 1300–1309.
Benezra, Belin. 2014. The Institutional history of family planning in Turkey. In *Contemporary Turkey at a Glance: Interdisciplinary Perspectives on Local and Translocal Dynamics.* Kristina Kamp, Ayhan Kaya, E. Fuat Keyman, Özge Onursal Beşgül, eds. Pp: 41-56. New York: Springer.
Berend, Zsuzsa. 2016. *The online world of surrogacy.* New York and Oxford: Berghahn.
Bergmann, Sven. 2012. Resemblance that matters: On transnational anonymized egg donation in two European ivf clinics. In *Reproductive Technologies as Global Form: Ethnographies of Knowledge, Practices, and Transnational Encounters*. Michi Knecht, Maren Klotz and Stefan Beck, eds. Pp.331–356. Frankfurt: *Campus* Verlagp.
Bergmann, Sven. 2011. Reproductive agency and projects: Germans searching for egg donation in Spain and the Czech republic. *Reproductive Biomedicine Online* 23: 600-608.
Beyinli, Gökçen. 2015. *Elleri tılsımlı: modern Türkiye'de ebelik [Charmed Hands: Midwifery in Modern Turkey],* Ayizi Kitap.
Bharadwaj, Aditya. 2003. Why adoption is not an option in India: the visibility of infertility, the secrecy of donor insemination, and other cultural complexities. *Social Science & Medicine* 56 (9): 1867- 1880.
Bhatia, Rajani. 2018. *Gender before birth: sex selection in a transnational context.* University of Washington Press.
Bhatia, Rajani. 2014. Cross-border sex selection: ethical challenges posed by a Globalizing practice. *International Journal of Feminist Approaches to Bioethics* 7 (2): 185-218.
Birenbaum-Carmeli, Daphna, and Marcia Inhorn, eds. 2009. *Assisting Reproduction, Testing Genes: Global Encounters with the New Biotechnologies.* New York, Oxford: Berghahn.
Bonaccorso, Monica M. E. 2009. *Conceiving kinship: assisted conception, procreation and family in Southern Europe.* New York, Oxford: Berghahn.
Bowker, Geoffrey C., and Susan Leigh Star. 2000. *Sorting things out: classification and its*

consequences. The MIT Press.
Bozkurt, Umut. 2014. Turkey: From the 'motherland' to the 'IMF of northern Cyprus'? *The Cyprus Review* 26 (1): 83-105.
Browner, Carole H., and Carolyn F. Sargent, eds. 2011. *Reproduction, globalization, and the state: New theoretical and ethnographic perspectives.* Durham, London: Duke University Press.
Bryant, Rebecca. 2016. On critical times: return, repetition, and the uncanny present. *History and Anthropology* 27 (1): 19-31.
Bryant, Rebecca. 2014. Living with liminality: de facto states on the threshold of the global. *Brown Journal of World Affairs* 20(2): 125–143.
Bryant, Rebecca, and Christalla Yakinthou. 2012. *Cypriot Perceptions of Turkey*. TESEV.
Buğra, Ayşe. 2012. The changing welfare regime of Turkey. In *Gender and Society in Turkey: The Impact of Neoliberal Policies, Political Islam, and EU Accession.* Saniye Dedeoglu and Adem Yavuz Elveren, eds. Pp: 15-31. London ve New York: Tauris.
Buğra, Ayşe, and Çağlar Keyder. 2006. The Turkish welfare regime in transformation. *Journal of European Social Policy* 16 (3): 211–28.
Buğra, Ayşe, and Burcu Yakut-Çakar. 2010. Structural change, the social policy environment and female employment in Turkey. *Development and Change* 41 (3): 517–38.
Campion-Vincent, Véronique. 2002. Organ theft narratives as medical and social critique. *Journal of Folklore Research* 39 (1): 33-50.
Carmeli, Yoram S. and Dapnha Birenbaum-Carmeli. 2000. Ritualizing the 'natural family': secrecy in Israeli donor insemination, *Science as Culture* 9 (3): 301-324.
Cindoglu Dilek, and Sayan-Cengiz, F. 2010. Medicalization discourse and modernity: Contested meanings over childbirth in contemporary Turkey. *Health Care for Women International* 31(3): 221-43.
Clarke, Morgan. 2009. *Islam and new kinship: reproductive technology and the shariah in Lebanon*. New York, Oxford: Berghahn Books.
Clarke, Morgan. 2008. New kinship, Islam, and the liberal tradition: sexual morality and new reproductive technology in Lebanon. *Journal of the Royal Anthropological Institute* 14: 153-169.
Clarke, Morgan. 2007. The modernity of milk kinship. *Social Anthropology/Anthropologie Sociale* 15 (3): 287–304.
Colen, Shellee. 1995. 'Like a mother to them': stratified reproduction and west Indian childcare workers and employers in New York. In *Conceiving the New World Order: The Global Politics of Reproduction*. F.D. Ginsburg and R.R. Rapp, eds. Pp: 78–102. Berkeley: University of California Press.
Cooper, Melinda, and Catherine Waldby. 2014. *Clinical labor: tissue donors and research subjects in the global bioeconomy.* Durham, London: Duke University Press.
Coşar, Simten, and Metin Yeğenoğlu. 2011. New grounds for patriarchy in Turkey? gender policy in the age of AKP. *South European Society and Politics* 16 (4): 555–573.
Çarkoğlu, Aslı, Nilüfer Kafescioğlu, and Aslı Akdaş Mitrani. 2012. Review of explicit family policies in Turkey from a systemic perspective. *Journal of Child and Family Studies* 21(1): 42-52.
Das, Veena, and Deborah Poole, eds. 2004. *Anthropology in the margins of the state*. School for Advanced Research Press.
Dedeoglu, Saniye. 2013. Veiled Europeanisation of welfare state in Turkey: Gender and social

policy in the 2000s. *Women's Studies International Forum* 41 (PART 1): 7-13.

Delaney, Carol. 1995. Father state, motherland, and the birth of modern Turkey. In *Naturalizing Power: Essays in Feminist Cultural Analysis*. Sylvia Yanagisako and Carol Delaney, eds. Pp. 177–199. New York, London: Routledge.

Delaney, Carol. 1991. *The seed and the soil: gender and cosmology in Turkish village society.* Berkeley: University of California Press.

Delaney, Carol. 1986. The meaning of paternity and the virgin birth debate. *Man (New Series)* 21 (3): 494- 513.

Demetriou, Olga. 2007. To cross or not to cross? Subjectivization and the absent state in Cyprus. *Journal of the Royal Anthropological Institute* 13: 987-1006.

Demircioğlu-Göknar, Merve. 2015. *Achieving procreation: childlessness and ivf in Turkey.* New York & Oxford: Berghahn Books.

Deomampo, Daisy. 2016. *Transnational reproduction: race, kinship, and commercial surrogacy in India.* New York University Press.

Diamond-Smith, Nadia, Nancy Luke, and Stephen McGarvey. 2008. 'Too many girls, too much dowry': son preference and daughter aversion in rural Tamil Nadu, India. *Culture, Health & Sexuality* 10(7): 697–708.

Dikomitis, Lisa. 2005.Three readings of a border: Greek Cypriots crossing the Green Line in Cyprus. *Anthropology Today* 21 (5): 7-12.

Douglas, Mary. 1966. *Purity and danger: an analysis of concepts of pollution and taboo* London: Routledge.

Duben, Alan. 1982. The significance of family and kinship in urban Turkey. In *Sex Roles, Family and Community in Turkey.* Cigdem Kagitcibasi, ed. Pp: 81-88. Bloomington: Indiana University Press.

Duckett, Alison. 2008. *Gender dreams: the social construction of gender disappointment as an affliction in online communities*. MA thesis. University of Guelph, Ontaria, Canada.

Durakbaşa, Ayşe, and Dilek Cindoğlu. 2002. Encounters at the counter: gender and the shopping experience. In *Fragments of Culture: The Everyday of Modern Turkey.* Deniz Kandiyoti and Ayşe Saktanber, eds. Pp. 73-89. Rutgers University Press.

Eder, Mine. 2010. Retreating state? political economy of welfare regime change in Turkey. *Middle East Law and Governance* 2: 152–184.

Eissenstat, Howard. 2005. Metaphors of race and discourse of nation: racial theory and state nationalism in the first decades of the Turkish republic. In *Race and Nation: Ethnic systems in the modern world.* Paul Spickard, ed. Pp. 239- 256. New York & London: Routledge.

Ellialtı, Tuğçe. 2012. Evlilik öncesi cinsellik, bekaret ve beden disiplini: kadınların 'aşk' üzerinden cinsel ahlak mücadelesi [Premarital Sex, Virginity and Body Discipline: Women's Sexual Moral Struggles through 'Love']. *Cogito* 70-71: 371-397.

Emre, Ramazan, Kemal M. Cantürk, Ilhami Kömür, and Bünyamin Başpınar. 2015. Evaluation of incest cases of Turkey in terms of DNA profiling difficulties. *Journal of Forensic and Legal Medicine* 36: 16-21.

Erol, Maral. 2009. Tales of the second spring: menopause in Turkey through the narratives of menopausal women and gynecologists. *Medical Anthropology* 28 (4): 368-396.

Erten, Hatice. 2015. 'No more than two with caesarean': The C-section at the intersection of pronatalism and ethnicity in Turkey. *Anthropology in Action* 22 (1): 7–16.

Foucault, Michel. 1990[1978]. *History of sexuality*. Vol 1. Robert Hurley, trans. New York: Vintage Books.
Franklin, Sarah. 2013. *Biological relatives: ivf, stem cells, and the future of kinship,* Duke University Press.
Franklin, Sarah. 2007. *Dolly mixtures: the remaking of genealogy,* Duke University Press.
Franklin, Sarah. 2002. Biologization revisited: kinship theory in the context of the new biologies. In *Relative Values: Reconfiguring Kinship Studies*. Sarah Franklin and Susan McKinnon, eds. Pp. 302-327. Durham & London: Duke University Press.
Franklin, Sarah. 1997. *Embodied progress: a cultural account of assisted conception.* London: Routledge.
Franklin, Sarah and Roberts, Celia. 2006. Born and made: An ethnography of preimplantation genetic diagnosis. Princeton, NJ: Princeton University Press
Franklin, Sarah and Margaret Lock. 2003. Animation and cessation: The Remaking of Life and Death. In *Remaking Life and Death: Toward an Anthropology of the Biosciences*. Sarah Franklin and Margaret Lock, eds. Pp. 3-22. School for Advanced Research Press.
Gamburd, Michele Ruth. 2004. Money at burns like oil: a Sri Lankan cultural logic of morality and agency. *Ethnology* 43(2): 167-184.
Gammeltoft, Tine M., and Ayo Wahlberg. 2014. Selective reproductive technologies. *Annual Review of Anthropology* 43: 201-16.
Gerrits, Trudie. 2016. 'It's not my eggs, it is not my husband's sperm, ir is not my child': surrogacy and 'not doing kinship' in Ghana. In *Critical Kinship Studies*. Charlotte Kroløkke, Lene Myong, Stine W. Adrian, and Tine Tjørnhøj-Thomson, eds. Pp. 65- 80. Rowman & Littlefield International.
Ginsburg, Faye, and Rayna Rapp.1991. The Politics of reproduction. Annual Review of Anthropology 20: 311–343.
Ginsburg, Faye, and Rayna Rapp, eds.1995. Conceiving the new world order: the global politics of reproduction. Berkeley, Los Angeles: University of California Press.
Gizli, Duygu Çağlar. 2017. Başka bir doğum hikayesi [Another Story of Birth]. Yan Pasaj Yayınevi.
Goffman, Erving. 1963. *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, N.J.:Prentice-Hall.
Goffman, Erving. 1959. *The presentation of self in everyday life.* Garden City, New York: Doubleday.
Good, Mary-Jo DelVecchio, B. J. Good, C. Schaffer and S.E. Lind. 1990. American oncology and the discourse on hope. *Culture, Medicine and Psychiatry* 14: 59-79.
Göçmen, Ipek, and Azer Kılıç. 2017. Egg freezing experiences of women in Turkey: From the social context to the narratives of reproductive ageing and empowerment. *European Journal of Women's Studies* 25 (2):168 – 182.
Görgülü, Burcu. 2007. Interpreting IVF from a Foucauldian perspective. Graduate School of Arts and Social Sciences. M.A. Thesis. Istanbul: Sabanci University
Greenhalgh, Susan. 2008. *Just one child: science and policy in Deng's China*. Berkeley, CA: University of California Press.
Gregg, Jessica L. 2011. An unanticipated source of hope: stigma and cervical cancer in Brazil. *Medical Anthropology Quarterly* 25 (1): 70–84.
Gupta, Jyotsna Agnihotri. 2012. Reproductive biocrossings: Indian egg donors and surrogates in the globalized fertility market. *International Journal of Feminist Approaches to*

Bioethics 5 (1): 25-51.
Gupta, Jyotsna Agnihotri. 2006. Towards transnational feminisms: Some reflections and concerns in relation to the globalization of reproductive technologies. *European Journal of Women's Studies* 13: 23–38.
Gürtin, Zeynep. 2016. Patriarchal pronatalism: Islam, secularism and the conjugal confines of Turkey's IVF boom. *Reproductive Biomedicine and Society Online* 2: 39-46.
Gürtin, Zeynep. 2013.The ART of making babies: Turkish ivf patients' experiences of childlessness, infertility and *tüp bebek*. PhD. Dissertation. University of Cambridge.
Gürtin, Zeynep. 2012a. Assisted reproduction in secular Turkey: regulation, rhetoric, and the role of religion. In *Islam and Assisted Reproductive Technologies: Sunni and Shia Perspectives*. Marcia Inhorn and Soraya Tremayne, eds. Oxford, New York: Berghahn.
Gürtin, Zeynep. 2012b. Practitioners as interface agents between the local and the global: the localization of IVF in Turkey. In *Reproductive Technologies as Global Form: Ethnographies of Knowledge, Practices, and Transnational Encounters*. Michi Knecht, Maren Klotz and Stefan Beck, eds. Pp.81-110. Frankfurt: *Campus* Verlagp.
Gürtin, Zeynep. 2011. Banning reproductive travel: Turkey's ART legislation and third-party assisted reproduction. *Reproductive BioMedicine Online* 23: 555–564.
Hamdy, Sherine. 2012. *Our bodies belong to god: organ transplants, islam, and the struggle for human dignity in Egypt*. Berkeley: University of California Press.
Hang, Minh Tran. 2018. Coping with sex-selective abortions in Vietnam: An ethnographic study of selective reproduction as emotional experience. In *Selective Reproduction in the 21st Century*. Ayo Wahlberg and Tine M. Gammeltoft, eds. Pp.27-44. New York: Palgrave Macmillan.
Haraway, Donna. 1997. *Modest_Witness@Second_Millennium.FemaleMan_Meets_OncoMouse: Feminism and Technoscience*. New York: Routledge.
Haraway, Donna. 1990 [1985]. A cyborg manifesto: science, technology, and socialist feminism in the late twentieth century. In *Simians, Cyborgs, and Women: The Reinvention of Nature*. Pp. 149-182. Routledge.
Hardon, Anita, and Deborah Posel. 2012. Editorial introduction- Secrecy as embodied practice: beyond the confessional imperative. *Culture, Health & Sexuality* 14 (S1): S1–S13.
Hatay, Mete. 2005. Beyond numbers: an inquiry into the political integration of the Turkish 'settlers' in northern Cyprus. PRIO Report. 4. Oslo/Nicosia: PRIO Cyprus Centre.
Hatay, Mete. 2007. Is the Turkish Cypriot population shrinking? an overview of the ethno-demography of Cyprus in the light of the preliminary results of the 2006 Turkish- Cypriot census. PRIO Report. 4. Oslo/Nicosia: PRIO Cyprus Centre.
Hatay, Mete. 2008. The problem of pigeons: orientalism, xenophobia and a rhetoric of the 'local' in north Cyprus. *The Cyprus Review* 20(2): 145-171.
Herdt, Gilbert. 1990. Secret societies and secret collectives. *Oceania* 60 (4): 360-381.
Hershberger, Patricia E., Agatha M. Gallo, Karen Kavanaugh, Ellen Olshansky, Alan Schwartz, and Ilan Tur-Kaspa. 2012. The Decision-making process of genetically at-risk couples considering preimplantation genetic diagnosis: initial findings from a grounded theory study. *Social Science & Medicine* 74 (10): 1536–1543.
Hudson, Nicky, Lorraine Culley, Eric Blyth, Wendy Norton, Frances Rapport, and Allan Pacey. 2011. Cross-border reproductive care: a review of the literature. *Reproductive BioMedicine Online* 22: 673–685.
Hudson, Nicky, and Lorraine Culley. 2011. Assisted reproductive travel: UK patient

trajectories. *Reproductive Biomedicine Online*. 23: 573-581.
Inhorn, Marcia. 2015. *Cosmopolitan conceptions: ivf sojourns in global Dubai*. Durham, London: Duke University Press.
Inhorn, Marcia. 2012. *The new Arab man: Emergent masculinities, technologies, and Islam in the middle east*. Princeton University Press.
Inhorn, Marcia. 2011a. Diasporic dreaming: return reproductive tourism to the middle east. *Reproductive Biomedicine Online* 23: 582-591.
Inhorn, Marcia. 2011b. Globalization and gametes: reproductive 'tourism,' islamic bioethics, and middle eastern modernity. *Anthropology & Medicine* 18(1): 87-103.
Inhorn, Marcia. 2004a. Middle eastern masculinities in the age of new reproductive technologies: male infertility and stigma in Egypt and Lebanon. *Medical Anthropology Quarterly* 18 (2): 162-182.
Inhorn, Marcia. 2004b. Privacy, privatization, and the politics of patronage: ethnographic challenges to penetrating the secret world of middle eastern, hospital-based in vitro fertilization. *Social Science and Medicine* 59(10): 2095-2108.
Inhorn, Marcia. 2003. *Local babies global science: gender, religion and in vitro fertilization in Egypt.* New York: Routledge.
Inhorn, Marcia. 2002. The local confronts the global: infertile bodies and new reproductive technologies in Egypt. In *Infertility Around the Globe: New Thinking On Childlessness, Gender and Reproductive Technologies.* M. Inhorn and F. van Balen, eds. Pp: 263-282. Berkeley: University of California Press.
Inhorn, Marcia, and Zeynep Gürtin. 2011. Cross-border reproductive care: a future research agenda. *Reproductive Biomedicine Online* 23: 665-676.
Inhorn, Marcia, and Pasquale Patrizio. 2009. Rethinking reproductive 'tourism' as reproductive 'exile.' *Fertility and Sterility* 92(3):904–906.
Introna, Lucas D. 2016. Algorithms, governance, and governmentality: on governing academic writing. *Science, Technology, & Human Values* 41(1): 17-49.
Ivry, Tsipy. 2009. *Embodying culture: pregnancy in Japan and Israel.* New Brunswick, New Jersey: Rutgers University Press.
İlkılıç, İlhan, and Abdullah Uçar. 2016. *Süt akrabalığı ve süt bankası* [*Milk Kinship and Milk Bank*]. İSAR Yayınları.
Jones, Graham. 2014. Secrecy. *Annual Review of Anthropology* 43: 53-69.
Kahn, Susan M. 2000. *Reproducing Jews: A cultural account of assisted conception in Israel.* Durham, London: Duke University Press.
Kagitcibasi, Çiğdem, and Bilge Ataca. 2005. Value of children and family change: a three-decade portrait from Turkey. *Applied Psychology* 54 (3): 317–337.
Kalaça, Cagri and Ayse Akin. 1995. The Issues of sex selection in Turkey. *Human Reproduction* 10 (7): 1631-1632.
Kanaaneh, Rhoda. 2002. *Birthing the Nation: Strategies of Palestinian Women in Israel.* Berkeley: University of California Press.
Kandiyoti, Deniz. 2016. Locating the politics of gender: Patriarchy, neo-liberal governance and violence in Turkey. *Research and Policy on Turkey* 1(2):103-118.
Kandiyoti, Deniz. 2011. A tangled web: the politics of gender in Turkey. Available at https://www.opendemocracy.net/5050/deniz-kandiyoti/tangled-web-politics-of-gender-in-turkey
Kandiyoti, Deniz. 1988. Bargaining with patriarchy. *Gender and Society* 2 (3): 274-290.

Kangas, Beth. 2011. Complicating common ideas about medical tourism: gender, class, and globality in Yemenis' International Medical Travel. *Signs: Journal of Women in Culture and Society* 36 (2): 327-332.

Kayaalp, Ebru. 2015. *Remaking politics, markets, and citizens in Turkey: governing through smoke*. Bloomsbury.

Keating, Peter, and Alberto Cambrosio. 2003. *Biomedical platforms: realigning the normal and the pathological in late-twentieth-century medicine*. The MIT Press

Kılıç, Azer. 2008. The gender dimension of social policy reform in Turkey: towards equal citizenship? *Social Policy & Administration* 42(5): 487- 503.

Kılıçtepe, Şafak. 2018. Secure motherhood, insecure places: Kurdish women and Turkish state's (reproductive) politics. The Annual Conference of Central States Anthropological Society. Bloomington IN.

Kleinman, Arthur. 1992. Local worlds of suffering: an interpersonal focus for ethnographies of illness experience. *Qualitative Health Research* 2: 127-134.

Kligman, Gail. 1998. *The Politics of duplicity: controlling reproduction in Ceausescu's Romania.* Los Angeles: University of California Press.

Knecht, Michi, Maren Klotz and Stefan Beck, eds. 2012. *Reproductive technologies as global form: ethnographies of knowledge, practices, and transnational encounters.* Frankfurt: Campus Verlagp.

Knoll, Eva-Maria. 2012. Reproducing hungarians: reflections on fuzzy boundaries in reproductive border crossing. In *Reproductive Technologies as Global Form: Ethnographies of Knowledge, Practices, and Transnational Encounters*. Michi Knecht, Maren Klotz and Stefan Beck, eds. Pp.255–282. Frankfurt: Campus Verlagp.

Kocamaner, Hikmet. 2017. Strengthening the family through television: Islamic broadcasting, secularism, and the politics of responsibility in Turkey. *Anthropological Quarterly* 90 (3): 675-714.

Koğacıoğlu, Dicle. 2004. The Tradition effect: framing honor crimes in Turkey. *Differences* 15(2): 119–151.

Konrad, Monica. 2005. *Nameless relations: anonymity, melanesia and reproductive gift exchange between British ova donors and recipients.* Oxford, New York: Berghahn Books.

Korkman, Zeynep Kurtulus. 2016. Politics of intimacy in Turkey: A distraction from "real" politics? *Journal of Middle East Women's Studies* 12 (1):112-121.

Korkman, Zeynep Kurtulus. 2015. Blessing neoliberalism: economy, family, and the occult in millennial Turkey. *Journal of the Ottoman and Turkish Studies Association* 2 (2): 335-357.

Korkman, Zeynep Kurtulus, and Salih Can Açıksöz. 2013. Erdoğan's masculinity and the language of the Gezi resistance. Available at http://www.jadaliyya.com/Details/28822/Erdogan's-Masculinity-and-the-Language-of-the-Gezi-Resistance

Korkut, Umut, and Hande Eslen-Ziya. 2016. The discursive governance of population politics: the evolution of a pro-birth regime in Turkey. *Social Politics: International Studies in Gender, State and Society* 23 (4): 555-575.

Krause, Elizabeth L., and Silvia De Zordo. 2012. Introduction. ethnography and biopolitics: tracing 'rationalities' of reproduction across the north-south divide. *Anthropology & Medicine* 19(2): 137-151

Krause, Elizabeth L., and Milena Marchesi. 2007. Fertility politics as "social viagra": reproducing boundaries, social cohesion, and modernity in Italy. *American Anthropologist* 109 (2): 350-362.

Kroløkke, Charlotte. 2016. Jetlagged and bloated: egg provider tourism and transformations. In *Global Bodies in Grey Zones: Health, Hope, Biotechnology*. Susanne Lundin, Charlotte Kroløkke, Michael N. Petersen, and Elmi Muller, eds. Pp: 75-89. Stellenbosch: SUN Press.

Kroløkke, Charlotte. 2014. West is best: affective assemblages and Spanish oocytes. *European Journal of Women's Studies* 21(1): 57-71.

Kroløkke, Charlotte, Karen A. Foss, and Saumya Pant. 2012. Fertility travel: the commodification of human reproduction. *Cultural Politics* 8:273–282.

Kurtuluş, Hatice, and Semra Purkis. 2014. *Kuzey Kıbrıs'ta türkiyeli göçmenler [turkish immigrant in northern Cyprus]*. Istanbul: Türkiye İş Bankası Kültür Yayınları.

Kus, Basak. 2016. Financial citizenship and the hidden crisis of the working class in the "new Turkey." *Middle East Report* 278: 40-48.

Layne, Linda, Charlotte Faircloth and Diane M. Hoffman, eds. 2013. *Parenting in global perspective: Negotiating ideologies of kinship, self and politics.* London and New York: Routledge.

Lie, Merete, and Nina Lykke, eds. 2017. *Assisted reproduction across borders: Feminist Perspectives on normalizations, disruptions and transmissions*. New York and London: Routledge.

Liu, Shao-hua. 2011. *Passage to manhood: youth migration, heroin, and AIDS in southwest China*. Stanford University Press.

Lock, Margaret. 1998. Perfecting society: reproductive technologies, genetic testing and the planned family in Japan. In *Pragmatic Women and Body Politics*. M. Lock and P.A. Kaufert, eds. Pp: 206-239. New York: Cambridge University Press.

Lock, Margaret, and Patricia A. Kaufert, eds.1998. *Pragmatic women and body politics*. Cambridge, UK: Cambridge University Press.

Martin, Lauren Jade. 2014. The world's not ready for this: globalizing selective technologies. *Science, Technology, & Human Values* 39 (3): 432-455.

Martin, Lauren Jade. 2010. Anticipating Infertility: Egg Freezing, Genetic Preservation, and Risk. *Gender and Society* 24 (4): 526-545.

Martin, Emily. 1991. The egg and the sperm: how science has constructed a romance based on stereotypical male-female roles. *Signs* 16 (3): 485-501.

Masco, Joseph. 2006. *The nuclear borderlands: the manhattan project in post-cold war new mexico.* Princeton University Press.

Mason, Corinne L. 2016. Race, media, and surveillance: sex-selective abortions in Canada. In *Expanding the Gaze: Gender and the Politics of Surveillance*. Emily van der Meulen and Robert Heynen, eds. Pp. 136-155. University of Toronto Press.

McKinnon, Susan. 2002. The economies in kinship and the paternity of culture: origin stories in kinship theory. In *Relative Values: Reconfiguring Kinship Studies*. Sarah Franklin and Susan McKinnon, eds. Pp. 277-301. Durham & London: Duke University Press.

Miller, Ruth. 2007. Politicizing reproduction in comparative perspective: Ottoman, Turkish, and French approaches to abortion law. *Hawwa* 5(1): 73-89.

Mitchell, Lisa. 2001. *Baby's first picture: ultrasound and the politics of fetal subjects.* University of Toronto Press.

Mol, Annemarie. 2003. *The Body multiple: ontology in medical practice*. Duke University Press.
Mookherjee, Nayanika. 2015. The spectral wound: sexual violence, public memories, and the Bangladesh war of 1971. Duke University Press.
Morgan, Lynn M., and Elizabeth F.S. Roberts. 2012. Reproductive governance in Latin America. *Anthropology & Medicine* 19 (2): 241-254.
Murphy, Michelle. 2011. Distributed reproduction. In *Corpus: An Interdisciplinary Reader on Bodies and Knowledge.* Paisley Currah and Monica Casper, eds. Pp: 21-38. New York: Palgrave Macmillan.
Mutlu, Burcu. 2017. Morally accounting for sex selection online in Turkey. *BioSocieties* 12 (4): 543- 567.
Mutlu, Burcu. 2009. The Local culture of ın vitro fertilization in Turkey: Women's narratives of "test-tube baby" technologies. Unpublished MA thesis. Department of Sociology, Boğaziçi University.
Nahman, Michal. 2016. reproductive Tourism: Through the Anthropological "Reproscope." *Annual Review of Anthropology* 45: 417-432.
Nahman, Michal. 2013. *Extractions: an ethnography of reproductive tourism.* Basingstoke: *Palgrave* MacMillan.
Nahman, Michal. 2011. Reverse traffic: intersecting inequalities in human egg 'donation.' *Reproductive Biomedicine Online* 23: 626-633.
Nahman, Michal. 2008. Nodes of desire: Romanian egg-sellers, 'dignity' and feminist alliances in transnational ova exchanges. *European Journal of Women's Studies* 15(2): 65-82.
Nahman, Michal. 2006. Materialising israeliness: difference and mixture in transnational ova donation. *science as Culture* 15(3):199-213.
Navaro-Yashin, Yael. 2012. *The make-believe space: affective geography in a postwar polity.* Duke University Press.
Navaro-Yashin, Yael. 2006. De-ethnicizing the ethnography of Cyprus: political and social conflict between Turkish-Cypriots and settlers from Turkey. In *Divided Cyprus: Modernity and an Island in Conflict*, Yiannis Papadakis, Nicos Peristianis, and Gisela Welz, eds. Pp. 84-99. Bloomington: Indiana University Press.
Navaro-Yashin, Yael. 2003. Life is dead here: Sensing the political in 'no man's land.' *Anthropological Theory* 3(1): 107–125.
Navaro-Yashin, Yael. 2002. *Faces of the state: secularism and public life in Turkey.* Princeton University Press.
Novas, Carlos. 2006. The political economy of hope: patients' organizations, science and biovalue. *BioSocieties* 1: 289-305.
Orobitg, Gemma, and Carles Salazar. 2005. "The gift of motherhood: Egg donation in a Barcelona infertility clinic." *Ethnos* 70 (1): 31-52.
Ozyegin, Gul. 2018. Rethinking patriarchy through unpatriarchal male desires. In *Gender reckonings: new social theory and research.* James W. Messerschmidt, Patricia Yancey Martin, Michael A. Messner, and Raewynn Connell, eds. Pp: 233-253. New York: New York University Press.
Ozyegin, Gul. 2015. *New desires, new selves: sex, love, and piety among Turkish Youth.* New York University Press.
Öniş, Ziya. 2004. Turgut Özal and his economic legacy: Turkish neo-liberalism in critical

perspective. *Middle Eastern Studies* 40 (4): 113- 134.
Özar, Şemsa, and Burcu Yakut-Çakar. 2013. Unfolding the invisibility of women without men in the case of Turkey. *Women's Studies International Forum* 41: 24-34.
Özbay, Cenk. 2015. 'Men are less manly, women are more feminine': The shopping mall as a site for gender crisis in Istanbul. In *Gender and Sexuality in Muslim Cultures*. Gul Ozyegin, ed. Pp71-94. Routledge.
Özbay, Ferhunde. 2014. demografik dönüşüm sürecinde iktidar, kadın ve aile [Power, Woman and Family in the Process of Demographic Transformation] In *Başka Bir Aile Anlayışı Mümkün mü?* [Is Another Idea of Family Possible?]. Pp. 106-111. Heinrich Böll Stiftung Derneği,
Özbay, Ferhunde. 2009. Türkiye'de gençlik, nüfus ve iktidar [Youth, Population and Power in Turkey]. In *Türkiye'de Iktidarı Yeniden Düşünmek [Rethinking Power in Turkey]*. K. Murat Güney, ed. Pp. 158–196. Istanbul: Varlık.
Özbay, Ferhunde. 1999. *Türkiye'de evlatlık kurumu: köle mi, evlat mı?* [The Institution of Adoption in Turkey: A Slave or a Child?] Boğaziçi Üniversitesi.
Özgüler, Cevahir, and Betül Yarar 2017. Neoliberal body politics: feminist resistance and the abortion law in Turkey. In *Bodies in Resistance: Gender and Sexual Politics in the Age of Neoliberalism*. Wendy Harcourt, ed. Pp. 133- 161. London: Palgrave MacMillan.
Özkaplan, Nurcan, Ece Öztan, and Ester Ruben. 2017. *AVM'lerin yorgun gençleri: tezgahtarlıktan satış elemanlığına emeğin dönüşümü* [Exhausted Youth of Shopping Malls: Transformation of Salesperson Labor]. Sosyal Araştırmalar Vakfı.
Özkırımlı, Umut, ed. 2014. *The making of a protest movement in Turkey: #occupygezi.* Palgrave Macmillan.
Özyürek, Esra. 2006. *Nostalgia for the modern: state secularism and everday politics in Turkey.* Duke University Press.
Pande, Amrita. 2011. Transnational commercial surrogacy in India: gifts for global sisters? *Reproductive BioMedicine Online* 23:618–625.
Pande, Amrita. 2010. 'At least i am not sleeping with anyone': resisting the stigma of commercial surrogacy in India. *Feminist Studies* 36 (2): 292-313.
Parla, Ayşe. 2001. The 'honor' of the state: virginity examinations in Turkey. *Feminist Studies* 27(1): 65–88.
Pashigian, Melissa J. 2009. The womb, infertility, and the vicissitudes of kin-relatedness in Vietnam. *Journal of Vietnamese Studies*. 4(2):34–68.
Paxson, Heather. 1997. Demographics and Diaspora, gender and genealogy: anthropological notes on Greek population policy. *South European Society & Politics* 2(2): 34-56.
Paxson, Heather. 2003. With or against nature? ivf, gender and reproductive agency in Athens, Greece. *Social Science and Medicine* 56: 1853–1866.
Paxson, Heather. 2004. *Making modern mothers: ethics and family planning in urban Greece.* Berkeley: University of California Press.
Pavone, Vincenzo, and Sara Lafuente Funes. 2018. Selecting what? pre-implantation genetic diagnosis and screening trajectories in Spain. In *Selective Reproduction in the 21st Century*. Ayo Wahlberg and Tine M. Gammeltoft, eds. Pp.123- 148. New York, Palgrave Macmillan.
Pennings, Guido. 2002. Reproductive tourism as moral pluralism in motion. *Journal of Medical Ethics* 28(6): 337–341.

Petryna, Adriana. 2009. *When experiments travel: clinical trials and the global search for human subjects.* Princeton University Press.
Petryna, Adriana. 2002. *Life exposed: Biological citizens after Chernobyl.* Princeton University Press.
Pfeffer, Naomi. 2011. Eggs-ploiting women: A critical feminist analysis of the different principles in transplant and fertility tourism. *Reproductive Biomedicine Online* 23: 634-641.
Polat, Nurhak. 2012. Concerned groups in the field of reproductive technologies: a Turkish case study. In *Reproductive Technologies as Global Form: Ethnographies of Knowledge, Practices, and Transnational Encounters.* Michi Knecht, Maren Klotz and Stefan Beck, eds. Pp. 197-227. Frankfurt: Campus Verlagp.
Poole, Deborah. 2004. Between threat and guarantee: justice and community in the margins of the Peruvian state. In *Anthropology in the Margins of the State.* Veena Das and Deborah Poole, eds. Pp: 35-66. School for Advanced Research Press.
Purewal, Navtej. 2010. *Son preference: sex selection, gender and culture in south Asia.* Oxford, UK: Berg Publishers.
Puri, Sunita, Vincanne Adams, Susan Ivey, and Robert D. Nachtigall. 2011. 'There is such a thing as too many daughters, but not too many sons': A qualitative study of son preference and fetal sex selection among Indian immigrants in the United States. *Social Science & Medicine* 72: 1169–1176.
Rabinow, Paul, and Nikolas Rose. 2006. Biopower today. *BioSocieties* 1(2): 195-217.
Ragoné, Helena. 1994. *Surrogate motherhood: conception in the heart.* Westview Press.
Rajan, Kaushik Sunder. 2006. *Biocapital: The constitution of postgenomic life.* Duke University Press.
Ram, Moriel. 2015. Colonial conquests and the politics of normalization: The case of the Golan Heights and Northern Cyprus. *Political Geography* 47: 21-32.
Rapp, Rayna. 2001. Gender, body, biomedicine: how some feminist concerns dragged reproduction to the center of social theory. *Medical Anthropology Quarterly* 15 (4): 466-477.
Rapp, Rayna. 1999. *Testing women, testing the fetus: the social impact of amniocentesis in America.* New York: Routledge.
Rhine, Kathryn A. 2014. HIV, embodied secrets, and intimate labour in northern Nigeria. *Ethnos* 79 (5): 699–718.
Riessman, Catherine Kohler. 2000. Stigma and everyday resistance practices: childless women in south India. *Gender and Society* 14 (1): 111-135.
Roberts, Elizabeth F.S. 2012. *God's laboratory: assisted reproduction in the Andes.* Berkeley: University of California Press.
Roberts, Elizabeth F.S. 2007. Extra embryos: the ethics of cryopreservation in Ecuador and elsewhere. *American Ethnologist* 34 (1): 181- 199.
Rose, Nikolas. 2007a. *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century.* Princeton and Oxford: Princeton University Press.
Rose, Nikolas. 2007b. Molecular Biopolitics, Somatic Ethics and the Spirit of Biocapital. *Social Theory and Health* 5(1): 3-29.
Rose, Nikolas, and Carlos Novas. 2005. Biological citizenship. In *Global Assemblages: Technology, politics and ethics as anthropological problems.* Aihwa Ong and Stephen Collier, eds. Pp. 439- 463. Malden, MA: Blackwell.

Sanal, Aslihan. 2011. *New organs within us: transplants and the moral economy.* Duke University Press.
Sanal, Aslihan. 2004. 'Robin hood' of techno-turkey or organ trafficking in the state of ethical beings. *Culture, Medicine and Psychiatry* 28: 281–309.
Sandelowski, Margarete and Sheryl de Lacey. 2002. The uses of a 'disease:' infertility as rhetorical vehicle. In *Infertility Around the Globe: New Thinking On Childlessness, Gender and Reproductive Technologies.* M. Inhon and F.van Balen, eds. Pp: 33-51. Berkeley: University of California Press.
Scalco, Patricia. 2016. The politics of chastity: marriageability and reproductive rights in Turkey. Social Anthropology (2016) 24, 3 324–337.
Scheper-Hughes, Nancy 2008. The last commodity: post-human ethics and the global traffic in 'fresh' organs. In *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems.* Aihwa Ong and Stephen J. Collier, eds. Pp. 439–463. Malden, MA: Blackwell.
Scheper-Hughes, Nancy. 2003. Rotten trade: millennial capitalism, human values and global justice in organs trafficking. *Journal of Human Rights* 2 (2): 197–226.
Scheper-Hughes, Nancy. 2001. Commodity fetishism in organs trafficking. *Body & Society* 7 (2-3): 31-62.
Scheper-Hughes, Nancy, and Margaret M. Lock. 1987. The mindful body: a prolegomenon to future work in medical anthropology. *Medical Anthropology Quarterly* 1 (1): 6-41.
Sen, Amartya. 1990. More than 100 million women are missing. *New York Review of Books* 37 (20): 61–66.
Shi, Lihong. 2017. *Choosing daughters: family change in rural China.* Stanford University Press.
Simmel, Georg. 1950. The secret and the secret society. In *The Sociology of Georg Simmel.* Kurt H. Wolff, trans. & ed. Pp. 307-376. New York: Free Press of Glencoe.
Sirman, Nükhet. 2014. Contextualizing honor. *European Journal of Turkish Studies* 18:1-6.
Sirman, Nükhet. 2005. The making of familial citizenship in Turkey. In *Citizenship in A Global World: European Questions and Turkish Experiences.* Fuat Keyman and Ahmet İçduygu, eds. Pp.147–172. London: Routledge.
Sirman. Nükhet. 2004. Kinship, politics, and love: honour in post-colonial contexts: the case of Turkey. In *Violence in The Name of Honor. Theoretical and Political Challenges.* Shahrzad Mojab and Nahla Abdo, eds. Pp. 39–56. Istanbul: Bilgi University Press.
Sleeboom-Faulkner, Margaret. 2010. Reproductive technologies and the quality of offspring in Asia: Reproductive pioneering and moral pragmatism? *Culture, Health & Sexuality* 12(2): 139-152.
Sobo, Elisa J., Herlihy, E., and Bicker, M. 2011. Selling medical travel to US patient-consumers: The cultural appeal of website marketing messages. *Anthropology & Medicine* 18 (1): 119-136.
Song, Priscilla. 2017. *Biomedical odysseys: fetal cell experiments from cyberspace to China,* Princeton University Press.
Spar, Debora. 2006. *The baby business: how money, science, and politics drive the commerce of conception.* Boston: Harvard Business School Press.
Speier, Amy. 2016. *Fertility holidays: ivf tourism and the reproduction of whiteness.* New York: New York University Press.
Speier, Amy. 2011. Brokers, consumers and the internet: how north American consumers

navigate their infertility journeys. *Reproductive Biomedicine Online* 23: 592-599.
Strathern, Marilyn. 1992. *Reproducing the future: anthropology, kinship and the new reproductive technologies.* New York: Routledge.
Şen, Neslihan. 2017. 'It is a piece of cake': Diagnosing vaginismus, treating the body in contemporary Turkey. The Annual Meeting of American Anthropological Association. Washington DC.
Şenlikoğlu, Emine. 2014 *Sorma nasılsa cevabı yok* [*Do not Ask, because There is no Answer*]. Mektup Yayınları.
Taussig, Michael. 1977. The genesis of capitalism amongst a south American peasantry: devil's labor and the baptism of money. *Comparative Studies in Society and History* 19(2): 130-155.
Taussig, Karen-Sue, K. Hoeyer, and S. Helmreich. 2013. The anthropology of potentiality in biomedicine: an introduction to supplement 7. *Current Anthropology* 54 (S7): S3-S14.
Teerling, Janine, and Russell King. 2011. Cyprus as a multi-diasporic space. Working Paper No: 67. Sussex Centre for Migration Research, University of Sussex.
Teman, Elly. 2010. *Birthing a mother: the surrogate body and the pregnant self.* University of California Press.
Tepiltepe, Tuğkan. 2015. *Tüp Babayım: bir babanın gözünden tüp bebek yolculuğu [I am a Tube Dad: Tube Baby Journey from a Dad's Eyes].* Magistra Yayınları.
Thompson, Charis. 2013. *Good science: the ethical choreography of stem cell research.* The MIT Press.
Thompson, Charis. 2005. *Making parents: the ontological choreography of reproductive technologies.* MA: The MIT Press.
Thompson, Charis. 2001. Strategic naturalizing: kinship in an infertility clinic. In *Relative Values: Reconfiguring Kinship Studies.* Sarah Franklin & Susan McKinnon, eds. Pp. 175-202. Durham/London: Duke University Press.
Turkmendag, Ilke. 2012. Home and away: the Turkish ban on donor conception. *Law, Innovation and Technology* 4 (2): 144-164.
Unal, Didem, and Dilek Cindoğlu. 2013. Reproductive citizenship in Turkey: abortion chronicles. *Women's Studies International Forum* 38: 21-31.
Ünsal, Didem. 2006. *99 Sayfada* tüp bebek: prof. dr. *Bülent Gülekli söyleşi* [*Tube baby in 99 pages: Interview with Prof Bülent Gülekli*]. İş Bankası Kültür Yayınları.
van Hollen, Cecilia. 2003. *Birth on the threshold: childbirth and modernity in south India.* Berkeley, California: University of California Press.
van Balen, Frank, and Marcia Inhorn. 2003. Son preference, sex selection, and the 'new' new reproductive technologies. *International Journal of Health Services* 33(2): 235–252.
Vora, Kalindi. 2013. Potential, risk, and return in transnational indian gestational surrogacy. *Current Anthropology* 54 (S7): S97- S106.
Wahlberg, Ayo. 2018. *Good quality: the routinization of sperm banking in China.* California: University of California Press.
Waldby, Catherine and Melinda Cooper. 2008. The biopolitics of reproduction: post-fordist biotechnology and women's clinical labour. *Australian Feminist Studies* 23 (55): 57-73.
Waldby, Catherine and Melinda Cooper. 2010. From reproductive work to regenerative labour: The female body and the stem cell industries. *Feminist Theory* 11(1): 3 – 22.
Warin, Megan. 2010. *Abject relations: everyday worlds of anorexia.* Rutgers University Press.

Whittaker, Andrea M. 2015. *Thai in vitro: gender, culture and assisted reproduction.* Berghahn.
Whittaker, Andrea M. 2012. Gender disappointment and cross-border high tech sex selection. In *Technologies of Sexuality, Identity, and Sexual Health.* Lenore Manderson ed. Pp. 143-164. Routledge.
Whittaker, Andrea M. 2011. Reproduction opportunists in the new global sex trade: pgd and non-medical sex selection. *Reproductive BioMedicine Online* 23: 609–617.
Whittaker, Andrea M., and Amy Speier. 2010. 'Cycling overseas': care, commodification and stratification in cross-border reproductive travel. *Medical Anthropology* 29: 363–383.
Wu, Chia-ling. 2017. From single motherhood to queer reproduction. In *Gender, Health and History in Modern East Asia.* Angela Ki Che Leung and Izumi Nakayama, eds. Pp.92-114. Hong Kong: Hong Kong University Press.
Yazıcı, Berna. 2012. The return to the family: welfare, state, and politics of the family in Turkey. *Anthropological Quarterly* 85 (1): 103–140.
Yeğen, Mesut. 2004. Citizenship and ethnicity in Turkey. *Middle Eastern Studies* 40 (6): 51-66.
Yelsalı Parmaksız, Pınar Melis. 2012. Digital opportunities for social transition: blogosphere and motherhood in Turkey. *Fe Dergi* 4 (1): 123-134.
Yıldız, Büşra Doğa. 2015 *Bir bebek daha* [*One More Baby*]. Müptela Yayınları.
Yıldız, Büşra Doğa. 2016. *Bir bebek daha 2* [*One More Baby 2*]. Müptela Yayınları.
Yılmaz, Volkan. 2017. *The politics of healthcare reform in Turkey.* Palgrave Macmillan.
Yuval-Davis, Nira. 1997. *Gender & Nation.* London: Sage Publications.
Yüceşahin, M. Murat, Tuğba Adalı, and A. Sinan Türkyılmaz. 2016. Population Policies in Turkey and Demographic Changes on a Social Map. *Border Crossing* 6(2): 240- 266.
Yükseker, Deniz. 2004. "Trust and gender in a transnational market: the public culture of Laleli, Istanbul." *Public Culture* 16 (1): 47-65.
Zahir, Fazile. 2006. A scandal is born. Available at http://www.atimes.com/atimes/Middle_East/HD18Ak01.html
Zanini, Giulia. 2011. Abandoned by the state, betrayed by the church: Italian experiences of cross-border reproductive care. *Reproductive Biomedicine Online* 23(5):565-572.
Zengin, Aslı. 2013. What is queer about gezi? https://culanth.org/fieldsights/407-what-is-queer-about-gezi