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Gender and Reproductive Technologies: doing exploratory interviews in Istanbul IVF clinics

Gül Özsan

Reproductive technologies or bio-technologies, including in-vitro fertilization of human ova as well as other experiments and research that change the nature of human reproduction, are accompanied by a number of problems in terms of religious, philosophical, and political perspectives. These practices are also open to gender based inquiries. As Habermas stated, „assisted“ human reproduction today has turned out to be a „technological operation“ rather than a „human action“. He sees practices related to new reproductive technologies as providing for „a kind of human reproduction determined by certain preferences.“¹ The main point that needs careful scrutiny here is that human reproduction is being confined to a framework that allows to discuss it as a purely medical and technical matter². Such an approach may lead to a growing „fetishism“ with regard to reproductive technologies: the introduction of novel reproductive technologies, engineering capabilities of late capitalism, and advertising strategies all have contributed to the fact that these technologies are perceived as a spectacular area full of new alternatives and possibilities. Today, we witness a rapid expansion of these reproductive technologies in some countries, including Turkey.³ In the application of these

technologies, it can be observed that the language employed is that of technical vocabulary and laboratory terminology – the social and political implications these new technologies might bring with them are not addressed...⁴ With only limited social science research available that reports on ongoing experiments and research conducted in the field and asks for everyday implications of new technologies, we don't have a very clear idea about their future progress. This can prevent us from making accurate evaluations of these practices.

These technologies need to be dealt with in terms of ethical and political questions: questions related to the effects of embryo testing, the elimination of „defective“ embryos, the effects of embryo donations on families, possible personal and interpersonal problems which may appear as a result of the use of such technologies, and new kinship systems that are likely to appear have received only limited consideration. Similarly, neither a study nor an anticipation regarding the way of life children lead who have come into being by means of those technologies have appeared yet. Thus, it would really be significant to study the possible results that are likely to appear in the process of bringing up children who are born in this way.

It is obvious that the use of reproductive technologies has caused significant changes in the childbearing processes. From a gender based approach, this is a very important point. Early feminists were the first who considered gender inequality as a problem which appeared mostly because of women's biological difference and their identity as mothers. Simone de Beauvoir and Shulamith Firestone are two prominent feminist writers who dealt with issues of reproduction as matters causing gender inequality.⁵ Both Beauvoir and Firestone viewed women's biological difference and motherhood as the biggest obstacle preventing women's self-actualization as social agents. In fact, Firestone developed the idea that reproductive technologies could have a fundamentally emancipating impact. According to Firestone, with the help of those technologies, women could get rid of their biological destiny and become liberated. In that way, reproductive technologies could change not only the process of childbearing but that of -rearing as well. As a result, the roles of motherhood and fatherhood could be transformed. Firestone also anticipated that „assisting“ reproductive technologies should not be taken for granted without any control because that might lead to manipulation and domination by men. She thought that the control of such technologies should be in the hands of women.⁶ I think, however, that today we are far away from the feminist program Firestone envisaged, where reproductive technologies are used by and for women.

In 2004, I conducted an exploratory pilot study on the use of reproductive technologies in urban Turkey. In this research, I tried to deal with new reproductive technologies in terms of gender: that is, basically tracing dimensions of importance

for women. Medical authorities and medical staff who provide the service in medical centers were another concern of my study. I conducted in-depth interviews with three male physicians and a female nurse in four different centers in Istanbul, where IVF technologies are made available: Cerrahpaşa Hospital, Department of Obstetrics, IVF Unit; Istanbul Medicine Faculty, Department of Gynecology and Obstetrics, Infertility Unit; Kadıköy Şifa Hospital, Center of Infertility and IVF; and the Reproductive Health Unit at the American Hospital. As I mentioned above, I am aware of the ethical problems involved in the application of reproductive technologies. The only legal regulation concerning reproductive technologies in Turkey, the Regulation for Assisted Reproductive Health Centers, is certainly insufficient in a number of respects. As my informants pointed out, „*everything left vacant by legal regulations is up to personal responsibility*.“ My exploratory project also entailed questions on the situation and motives of the female users of reproductive technologies: who were the applicants that needed the assistance of reproductive technologies? What were the main reasons that impelled them to such applications? For what reasons did they apply mostly? Did the applicants come from certain social strata or did they vary in terms of their social levels?

The in-depth interviews I conducted to find answers to such questions basically bring out the personal views, observations and experiences of those who work in the medical centers I visited. In three out of four centers in which I collected data the authorized persons were men. The one female professional I talked to worked as a nurse. There were obvious

differences between the female informant and the three male informants in terms of their approaches to women who suffer from unwanted childlessness or infertility. For example, male informants stated that the women faced significant difficulties in the process of using IVF, but they believed that these were „ordinary“ problems required by the process. What the women experienced and how they behaved comprised a smaller part of the interviews held with male informants than those held with the female informant. Moreover, the fact that the male informants were physicians and that the female informant was a nurse certainly had an impact on the time they usually spent with female patients, their forms of interaction with them, and their perception of women's experience in this process. The in-depth interviews I held allowed me to identify and comprehend these diverging points of view.

I specifically focused on the application of in-vitro fertilization. The doctors working in those centers stated the reasons of their applicants' demand for in-vitro fertilization or any other help as follows: couples who are unable to have a child because of physical and hormonal reasons, the ones who have just started a relationship and want to have a child right away, people who give priority to their career and thus put off childbearing until they are in their late 30s or 40s, the ones who want to have a boy or who want to have twins or more children at the same time, people who want to have a healthy and „beautiful“ child, and women who want to have a child without marrying or without having heterosexual intercourse. The list above indicates that the IVF process entails more than just having a child.

In my experience, women who applied for infertility treatment in IVF clinics and hospitals often came at first without their husbands' company. In such cases, the doctors told the unaccompanied women that they wanted to see their husbands as well. Women's appearance at the clinic without their husbands implies a lot – as I would argue: women seem to consider themselves solely responsible for the inability to have children. However, I also see them as actors with agency seeking medical aid. Men were reluctant to accompany their wives to the clinic, and the doctors held similar views: they often regarded the child-bearing process as „a women's problem“ and tended to see it as an experience to be tackled by individual women alone. *„We just want to see him once. It is okay even if we don't. We just want him to give us a sample for the sperm test. That is, we want to see him just for technical reasons. It isn't enough for us to know that she has a husband.“*

I also wanted to learn about the psychological effects of the IVF-process on women. It can easily be understood that those women were regarding themselves as deficient and in some ways guilty. One of the doctors I interviewed explained the situation as follows: *„They sit down as if they were guilty. We encounter such cases very often. Regardless of their educational background. Let me tell you something more striking: whether they come from the rural or the urban areas, whether they are literate or illiterate, there is no difference between men in terms of the psychological pressure they make their wives feel. I can say that in some cases, men from rural areas or lower social strata might even handle it better.“* Even though some of the husbands knew that the cause for the couple's infertility

rested on their side, they were reluctant to accept it. In state hospitals it was possible to encounter even worse cases. There were some women who were subjected to violence by their husbands since the husband had difficulties accepting male infertility which had been detected by tests.

Women who apply for assisted reproduction at IVF-centers are subjected to a number of medical procedures. Basic procedures include ultrasonography, anesthesia, embryo transference, ovum collection, hormonal injections, and a number of blood tests. I asked the authorities about the physical difficulties that might be experienced. The male informants expressed the view that the procedures were not so difficult. According to them, if having a child was at stake, it was totally „natural“. However, the female nurse expressed the opinion that the process could be rather painful for women. The nurse also reported that according to her experience women often encountered a deep anxiety about their own body being incomplete and thus unable to give birth. And she added that often a feeling of inferiority accompanied their anxiety.

While male physicians tended to downplay any physiological or body related hardships entailed in IVF treatment, all the people I interviewed agreed on the belief that women will experience psychological problems during the IVF process. According to the protagonists of my interviews, psychological problems encountered by women throughout the procedure were far more remarkable than other possible problems. They recounted that women suffered most when tests and treatments provided negative results. There was a significant difference between the views of the female informant and the others in terms of their

approaches to women's experiences. The female informant stated that women experienced specific problems throughout the process: *„I realized that stress affects their perceptual capacity very negatively. That is, you tell them a very simple thing, quite easy to understand, you ask them to check if they understood or not, or you write it down and hand them the note, and then after three minutes they call you back. (...) they are really anxiety-stricken (...) about their body (...) though they don't care much about it (...), they are especially anxious about the results of the program. What, if it doesn't work again? Although we inform them about the estimated percentages, they feel totally helpless in case of a negative result.“* Besides being a woman, it was the fact that she was a nurse, which – in my view – affected her approach. Nurses meet or see those women more often than the doctors, and this might help them to have „deeper“ contact and understand their situation better. Especially in centers financed by the government, the contacts between the doctors and the patients were rather limited. When patients get a chance for direct communication and contact with their doctors, the situation is usually restricted to negotiating medical details and forwarding recommendations related to medical issues.

Another problem faced by women when using new reproductive technologies were financial difficulties that their families ran into. Most of the couples that my interview partners knew were borrowing money to afford the IVF treatment. After a while, having a child could become the sole objective of their lives – and one could speculate that this may cause other problems between husband and wife.

It could be argued that today, the price women pay in order to have a better career and status in society, is delaying their motherhood experience until older age. As a consequence, in the future more and more women might want to give birth to children by using reproductive technologies. Women's position in reproductive technologies could and should become one of the main items on the feminist agenda based upon a serious questioning of the present state of affairs. In other words, discussions on reproductive technologies will undoubtedly provide significant possibilities for feminist politics. Unfortunately, up to now both social scientists and feminists have shown little interest in this area in Turkey.

Endnotes

- ¹ Jürgen Habermas: İnsan Doğasının Geleceği - Die Zukunft der menschlichen Natur. Übersetzt von Kaan H. Okten. Istanbul: Everest Yayınları, 2003, S. 19-20.
- ² İ. Emre Işık: Gen-Politik. Istanbul: Bağlam Yayınları, 2004, S. 92.
- ³ There has been an expansion of IVF centers in İstanbul in the last five years. Private health institutions seem to focus upon the IVF services as a major source of income. There have been a large number of campaigns to promote IVF, even declaring beforehand how many IVFs they would carry out in a particular year.
- ⁴ Faye D. Ginsburg / Rayna Rapp (Hg): Conceiving the New World Order. The Global Politics of Reproduction. London: University Of California Press, 1995, S. 5-7.
- ⁵ Simone de Beauvoir: Kadın „İkinci Cins” Genç Kızlık Çağı, - Le Deuxieme Sexe. Übersetzt von Bertan Onaran. Istanbul: Payel Yayınları, 1993. Shulamith Firestone: Cinselliğin Diyalektiği, - The Dialectic of Sex. Übersetzt von Yurdanur Salman. Istanbul: Payel Yayınları, 1993.
- ⁶ Josephine Donovan: Feminist Teori - Feminist Theory. Istanbul: İletişim Yayınları, 1997, S. 272.