



Fate, morals and rational calculations: Freezing eggs for non-medical reasons in Turkey

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ABSTRACT

This article aims to explore women's decisions to freeze their eggs for non-medical reasons in Turkey. It draws on semi-structured interviews conducted with twenty-one women who were either in the process of freezing their eggs, or had completed the process within the previous year. Being highly educated and holding prestigious occupations, on the one hand, and faced with traditional gender norms, on the other, these women are confronted with a challenging decision. When making such a decision to freeze their eggs, women act under the constraints defined by biomedical paradigms, the society they live in, and the future uncertainty of their lives. However, it becomes apparent that women are able to reconcile different kinds of rationalities and concerns in their decisions to freeze eggs. They engage in rational calculations to find a solution to their reproductive concerns; they turn to their own belief systems when dealing with future uncertainty; and they negotiate social norms concerning virginity, while trying to conform to traditional reproductive roles.

1. Introduction

The technology of oocyte cryopreservation, or, in lay terms, egg freezing, is one of the most recent phases in the medicalization of reproduction. This technology “anticipates” future infertility (Martin, 2010) as a result of women, due to their changing status in modern societies, increasingly delaying marriage and childbearing. Scientific methods can help forecast and plan for such future scenarios, to a certain extent, by examining the changes in women's ovaries, counting eggs, calculating the probability of pregnancy, and offering help measures such as egg freezing. Hence, in the news media, egg freezing is depicted as a “rational” strategy for women who want to pursue both career and maternal goals (Myers, 2014; Van de Wiel, 2014). However, women do not usually have only rational-utilitarian concerns, nor can the future be interpreted solely in statistical terms. This article explores women's experiences of freezing eggs for non-medical reasons in Turkey: we analyze the processes of decision-making by focusing on the roles that rational calculation, personal beliefs and social norms play in women's decisions and experiences of egg freezing.

The medicalization of reproduction can be considered to be a part of the broader process of rationalization that underpins modernity in Weberian terms (cf. Conrad, 1992: 213–214). One important dimension of this process as highlighted by sociologists—from Bourdieu (1979) to Beckert (2016)—is the future orientation of individuals. Scientific

progress, secularization and capitalist development have enabled the “opening up of the future for rational calculation and planning” (Beckert, 2016), instead of relying on a religious notion of predestination and divine intervention. Such rationalization is underpinned by the means-ends type of social action (Kalberg, 1980). The process of modernization, however, has not unfolded in the form of a complete shift from traditional to modern practices; rather, they coexist. Social norms and beliefs continue to play a role in the rationalization process and are sometimes redefined.

The case of women freezing eggs for non-medical reasons in Turkey offers an interesting opportunity to consider the contemporary manifestations of rationalization in the areas of reproduction and future orientation. Being highly educated and holding prestigious occupations, on the one hand, and faced with traditional gender norms, on the other, these women are faced with an uneasy decision. When deciding to freeze their eggs, women act under the constraints defined by biomedical paradigms concerning reproductive aging, the society they live in, and future uncertainty concerning potential partners and eventual pregnancy. Still, we see that women can reconcile different rationalities and concerns in their decisions to freeze eggs. They engage in what we call rational calculations (the means-ends type of reasoning) in their efforts to find a solution to their reproductive concerns; they turn to belief-based expectations in dealing with future uncertainty; and they negotiate social norms concerning virginity, while trying to conform to

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traditional reproductive roles.

First, we shall review the literature on egg freezing with a focus on the medicalization of reproduction and its implications for women's choices. In the next section, we shall explain our methodological approach. Third, we shall provide some background information to situate the case within the Turkish context. In the fourth part, we shall provide the empirical analysis in three sub-sections: (a) how women engage in rational calculations when they consider egg freezing, (b) how they turn to beliefs in fate and God's will to deal with future uncertainty, especially once they start the procedure, and (c) how they negotiate social norms concerning reproductive roles and chastity throughout the process. After providing a discussion of the findings, we conclude the paper with an overview.

2. Conceptual framework

In this section, first of all we shall provide an overview of the literature on assisted reproductive technologies (ARTs) with regard to the medicalization of reproduction and women's choices. Second, we shall elaborate on the limitations of bioethical and rational choice approaches in order to situate women's decisions within the social and historical context.

2.1. The medical rationalization of reproduction

Providing a history of conception in *The Baby Business*, Debora Spar (2006) tells how the experience of (in)fertility used to be framed in terms of mysterious blessings, curses and superstitious fears in the premodern era. The idea of a woman's responsibility for her own "fate," such as that of infertility, would be supported with references to acts of God, among others. In the modern era, however, the notion of infertility has changed from a matter of fate to a physical condition treatable by scientific remedies, thanks to developments in medicine, such as an improved understanding of the biology of reproduction, the discovery of hormones and, more recently, the invention of *in vitro* fertilization (IVF). This has meant not only the advance of knowledge, but also "the advance of medicine into both the bedroom and the female body" (Spar, 2006: 11).

Medicalization has been a long debated topic in sociology and can be approached from a variety of perspectives. A pioneer in the literature, Zola (1972: 487) argued that "medicine [was] becoming a major institution of social control, nudging aside, if not incorporating, the more traditional institutions of religion and law." The medicalization of social problems was also assumed to lead to their exemption from religious inspection and, hence, from moral consequences. As a result, the issue of personal responsibility was redefined, in that it became more about what a person does about her medical problem, rather than about having a medical problem (Zola, 1972: 489–491). Discussing how earlier sociologists emphasized secularization as an important factor behind medicalization, Conrad (1992: 213) also observed that "many conditions have become transformed from sin to crime to sickness. In Weberian terms, this is of a piece with the rationalization of society." He, however, noted that the relationship between medicine and religion is more complex (Conrad, 1992: 214). We will return to this topic in the next section.

The medicalization of reproduction, in particular, has also been a significant topic of debate for scholars, including feminist ones. Thompson (2005) divides the history of feminist literature on reproductive technologies into two periods: the first period takes place roughly during the 1980s when writers were generally critical of new assisted reproductive technologies, and the second one occurs roughly during the 1990s, when scholars were still concerned about their use but generally used a more ambivalent tone regarding them. Starting from the 1980s, the medicalization of reproduction was criticized by feminist scholars due to it being perceived as a patriarchal intervention into women's bodies (see, for instance, Oakley, 1984; O'Brien, 1981)

and subjecting women to surveillance (Terry, 1989). There were also concerns about the legal and social regulation of these technologies (Corea, 1985; Stanworth, 1987). Feminist studies in the post-1990s, instead of being totally critical of reproductive technologies, paid more attention to how women experience infertility and such technologies (Becker, 2000; Franklin, 1997). Accordingly, Ginsburg and Rapp (1991: 330) underlined that "no aspect of women's reproduction is a universal or unified experience, nor can such phenomena be understood apart from the larger social context that frames them."

As a recent invention, the technology of egg freezing is a part of ARTs and rests on similar medical practices; yet, there are also some novelties about it. As Martin (2010) states, egg freezing is about an "anticipated infertility:" women seeking this treatment are not infertile in that moment, but they are diagnosed and treated for a future situation. To a certain extent, scientific methods can help with forecasting and planning for this future situation. As Waldby states, medical tests conducted in the clinical setting, such as ovarian reserve tests, "give patient and clinician a metric for future fertility and... introduce a degree of calculative rationality" (Waldby, 2015a: 478). These tests examine the qualitative and quantitative changes in the ovaries, warn against the "risks" of reproductive aging, such as (premature) menopause, and help calculate the probability of a woman getting pregnant using her own eggs through IVF. Egg freezing, hence, has appeared as a medical precaution against the situation of future age-induced infertility.

The medical rationalization of reproduction is accompanied with rational-choice approaches of social action in the news media (Myers, 2014; Van de Wiel, 2014), as well as in the newly developing literature on egg freezing. The procedure is often depicted in the literature as a "rational" strategy for "wise proactive women who take control of their fertility" (Linkeviciute et al., 2015: 1216). Some scholars, as well as the women studied by these scholars, frame egg freezing as an "insurance" mechanism or a "backup plan" against the "risks" of reproductive aging (Hodes-Wertz et al., 2013; Linkeviciute et al., 2015; Waldby, 2015b). Accordingly, several potential benefits are listed, such as extending the fertility period and so increasing time for education, investing in one's career, and forming a relationship, as well as increasing personal autonomy (Harwood, 2009; Mertes and Pennings, 2012; Savulescu and Goold, 2008; Waldby, 2015a).

Factors, or "costs," such as the health risks of egg freezing (e.g., concerning the use of hormones and egg retrieval surgery) and the high price of the procedure, as well as varying success rates for an eventual pregnancy, are also considered (Mertes and Pennings, 2012; Stoop et al., 2014; Lewis et al., 2016). Against this background, underlining the significance of "informed choice," scholars warn against selling "false hopes" and commercial exploitation (Harwood, 2009; Martinelli et al., 2015; Robertson, 2014). For instance, Mertes and Pennings (2012) argue that a lottery ticket would be a better analogy than an insurance policy for women freezing their eggs during the late thirties considering the lower success rate for older women.

Debates about the benefits and costs of egg-freezing technology for women (especially for working women) can be thought about in terms of neoliberal feminism, which requires women to adapt themselves to the idea of "human capital" by "investing" in themselves (Fraser, 2009; Repo, 2016; Rottenberg, 2017). Such an approach also implies the extension of market values and of an economic rationality of costs and benefits into new areas of life, as well as the future, as we shall elaborate on further below. Drawing on bioethics, concerns about costs also suggest the significance of rational expectations in decision-making; in other words, the use of probabilistic assessments and means-ends calculations which are based on available information. However, decision-making, as well as expectations, does not happen in a vacuum. We need to consider the social context within which subjects are embedded and by which they are constrained (Carroll and Waldby, 2012; Murtagh and Hepworth, 2003).

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