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To cite this article: Serap Sahinoglu & Nuket Buken (2010) Gender, Infertility, Motherhood, and Assisted Reproductive Technology (ART) in Turkey, *Human Reproduction & Genetic Ethics*, 16:2, 218-232, DOI: [10.1558/hrge.v16i2.218](https://doi.org/10.1558/hrge.v16i2.218)

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Gender, Infertility, Motherhood, and Assisted Reproductive Technology (ART) in Turkey*

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Abstract

In Turkey, as in many other countries, infertility is generally regarded as a negative phenomenon in a woman's life and is associated with a lot of stigma by society. In other words, female infertility and having a baby using Assisted Reproductive Technologies (ART) have to be taken into consideration with respect to gender, motherhood, social factors, religion and law. Yet if a woman chooses to use ART she has to deal with the consequences of her decision, such as being ostracized by society. Other types of procedures in this area, such as sperm and ova donation or surrogate motherhood, are not permitted in law. However, both before and after the development of this technology, society has been finding its own solutions which are rarely questioned and are

* This manuscript was presented as “A Medicolegal Approach to Assisted Reproductive Technology in Turkey” at the 8th World Bioethics Congress, 6–9 August 2006, Beijing, CHINA.

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still performed. This article will discuss what these practices are and try to reach some pragmatic conclusions concerning female infertility, the concept of motherhood and some traditional practices in Turkey.

Keywords: cultural aspects of infertility; female infertility; gender; motherhood; reproduction; traditional practices.

Introduction

In Turkey, a common explanation is that IVF is designed to help women have the babies they might not otherwise be able to have. Whereas IVF was, at first, offered to women whose own medical conditions prevented a pregnancy, it is significant that it is now being used in the treatment of male infertility. If infertility can be considered as a disorder, it follows logically that it should also be treated in a similar manner. Accordingly, infertility is not a matter for the woman, it is a condition of the couple.³

The treatments for infertility have increased significantly, particularly in the last 20 years in Turkey, as in the rest of the world. Couples who previously would not have been able to be treated now have the opportunity to have a child by using Assisted Reproductive Techniques (ART). However, the rapid evolution and development of ART have given rise to certain legal and social issues that still have to be addressed. Though infertility is a common problem shared by both women and men, it is often considered as only a woman's issue in Turkey due to the existing religious, cultural and social attitudes in this country towards these new technologies. But as Ann Oakley states above, infertility has to be considered as a condition concerning both women and men even though ART is mostly practised on a woman's body.

The first guidelines on ART were published in Turkey in 1987.⁴ Two years later (1989), the first "test-tube baby" in Turkey was born.⁵ From 1989 to 2005, the guidelines were revised five times whereby ART centres in Turkey were given a legal status.

Infertility has been assessed regardless of the acceptance of its definition and society's views on the subject. Moreover, primary legislation was sometimes insufficient, on its own, to deal with such a complex issue including all

3. A. Oakley, *Essays on Women, Medicine & Health* (Edinburgh: Edingburgh University Press, 1994), pp.171–88.

4. MoH regulation, Turkey, 2005

5. T. Ornek, Yardimci ureme teknolojileri ve bu teknolojilerin uygulanmasindan dogan etik sorunlar (in Turkish). "Ethical Issues That Arise from Assisted Reproductive Technology and its Use." *Sedrom* 11 (2006a), pp. 51–60.

its multi-dimensional aspects. Indeed, not only the legal aspects of ART but also the cultural and social aspects remain to be examined in our country.

The purpose of this article is to present the social dynamics of ART and to analyse, in this respect, issues such as (1) the practicality of assisted reproductive procedures within and outside the law, (2) the social pressures on women that are specific to Turkey in certain aspects (e.g. “kumalik”) and (3) Turkey’s uniqueness in relation to the informal infertility solutions (“kumalik,” sibling child, illegal adoption, etc.) that ignore the law.

Each of these issues merits discussion and debate on their own but the examples have been limited to a minimum by choosing those that are specific to Turkey. These are as follows:

- the “medicalization” of life and the perception of infertility;
- the burden that infertile women bear in our society;
- the manner in which women identify themselves and their preference in its definition (e.g. preference of being a mother to being an individual, the dilemma between personal and social status); and
- the unquestioning persistence of social attitudes.

In support of this article, we have used recently published information either in the media (TV, newspapers, and internet) or directly, by talking to the women who have experienced the difficulties of infertility and ART regulations and its applications.

In this regard, we have noted the difficulty in conceptualizing some of the materials due to the nature of the problem in Turkey (e.g. in certain rural parts of society, infertility is not even recognized or people create their own solutions to infertility problems). Even if ART is used, the social recognition and acceptance of these families, that is, their social context, is a concern. ART is sometimes considered to be immoral or unnatural and families face prejudice both from the community and relatives or even from close friends. These concerns are neither openly discussed nor publicly exposed due to religious and cultural factors significantly influencing social life in Turkey. Therefore, the majority of the information and examples used in this text have not been reported in the literature concerning IVF regulations.

The departments of women’s studies in Turkish universities have not been able to pay enough attention to these issues and women’s studies have mostly been limited to politics, working conditions and the social status of women. The topic of medicine, and more specifically reproductive health, discussed through gender perspective is quite new. Therefore, it can be suggested that this article is unique in its approach to the subject matter in our country.

“Medicalization” of our Lives and the Perception of Infertility

Though infertility is a biomedical problem, the difficulties caused by infertility and its awareness have been increasing in society through its exposure to the media. This is partly due to the fact that the internet is widely accessible but also because Turkey’s social codes on the topic are degrading for those who seek advice. When examining some internet sites on the subject, we found that a huge amount of information on infertility and its solutions may be easily accessed. At present, this is a concern not only for medicine but for any subject matter that is freely exposed on the web. Information and guidance given on the internet seem to create a conceptual and foundational basis equipping childless couples. This, however, causes a dilemma. While it seems to provide free information, it consolidates society’s existing negative value judgments on infertility with individuals potentially becoming the victims of its commercialization, or even its manipulation.

Despite the fact that infertility may not be defined as an “illness,”⁶ we are facing couples who are under a lot of pressure and who are suffering from their condition both psychologically and socially. Their desire to have a child is overshadowed not only by the impossibility of having a child but also by society’s perception that comes with it.

Having a child is extremely important to most couples for many reasons. If health is defined as “the complete biological and psychosocial wholeness of an individual,” then infertility can be seen as an illness. Taking this into consideration, a number of questions arise. What does this “new illness” definition mean for women who are married and do not particularly want children, or for single women who want to have a baby? The current law in Turkey prevents them from having access to ART procedures as the law applies only to married couples. Do we then stigmatize women and men with a kind of “social illness” because they do not have a child? This may even happen when no pathological reasons exist but they have decided “not to be married.”

In addition, there is further social pressure on single women who want to have a child before or out of wedlock. In this case, there is a high risk of being labelled as “immoral” and being rejected by the society they live in. The pressure is such that women either do not want to consider the option at all whilst they are single or they consider it as a price to be paid by both mother and child. They are well aware of the difficulties that they will be facing both at present and in the future for the two of them.

6. S. Sahinoglu, “Artificial Reproductive Technologies (ART) Applications in Turkey as Viewed by Feminists.” *Journal of Human Reproduction and Genetic Ethics* 8(1) (2002), pp. 7–10.

The media's influence on society is worth mentioning. When we looked at the Turkish internet sites covering infertility and ART, we noticed that many sites defined infertility as an illness. Consequently, for those who use these sites as the only means of obtaining information, the first impression of infertility is as an ailment. Thus, naturally, a treatment for an illness would be desired. In this particular situation, the appropriateness of artificial insemination procedures is open to question.

Those who support these practices for experimental but not therapeutic reasons claim that the individuals who have been going through these procedures remain infertile and that these practices have no therapeutic use. In general, all these procedures are presented as the last medical step in the battle against infertility though, in reality, this is not the case. The procedure's real aim is to bring a child into the world by artificial means.

The majority of ethical issues have a medical background. However, when a specific procedure is mentioned in medicine, even when this procedure is not giving "the right to protect health," "the right to achieve health," "the right to have a child," those who are uninformed may push the procedure into a related area and place it in the ethical and moral position of "permission will be given."

Whilst medicine is searching for solutions to conditions such as infertility, menopause and andropause, individuals who have authority over many topics in natural physiological life, have begun to provide guidance. But it is possible, in this way, to question whether they have not also begun to reorganize the lives of persons based on medical recommendations relating to various subjects (from nutrition to living long lives and from sexuality to maintaining a youthful appearance). Most of these recommendations, undoubtedly, make life easier and improve its quality.

Motherhood in Turkish Society Relating to the Concept of Gender

If it is proposed that reproductive technologies should be made illegal in Turkey, what should then be said to women who want to become mothers? In order to answer this question, it is necessary to proceed to a second level of analysis and ask: what is the significance of these technologies for a

7. N. O. Buken, "Yardımcı üreme teknolojisi ve bu tekniklerin uygulanmasından dogan etik sorunlar" (in Turkish). "Assisted Reproductive Technology and the Ethics Issues that Arise from its Use," in C. Akpınar, F. Aslan, N. O. Buken, E. Calıkoğlu, F. Cay and N. Y. Oguz (eds), *Etik Bunun Neresinde* (in Turkish); *Where is the Ethics in This?* (Ankara, Turkey: Ankara Tabip Odasi Publishing, 1997), pp. 85–99.

woman's position as a mother, and what meaning does the reshaping of motherhood have in terms of social values and practices in Turkey?

In our society, the concepts of "being a woman" and "being a mother" are intertwined and cannot easily be separated from each other. Motherhood appears as a pattern passing from one generation to another, along with its concepts, symbolic forms and attitudes toward life.

In terms of gender, the perceived right to reproduction and to have a child is considered to be the individual's right as a woman and are fed by the status that is socially acquired. This desired status mostly overshadows other individual rights of women, making them appear secondary, and is dependent on the number of children as well as on their gender (e.g. a male child is usually preferred).

It is interesting that, when asked, women who have different socioeconomic, educational and cultural backgrounds define themselves first as "mothers."

Sociologist Aksu Bora has presented striking data from a study conducted on two groups of women: Those who were born between 1930 and 1949 were designated as the first generation. Those who were born between 1950 and 1960 were designated as the second generation. The study questions the manner in which women in Turkish society define themselves. In this study, women from both generations were asked a simple question "Who are you?" in order to find out who they were.⁸

The women were initially puzzled by the question and found it odd. But when they were then asked the question "Can you give us information about yourself?" they relaxed and started to talk about their children, their husbands and their families.

The answers from the first generation were as follows:

"I'm a housewife. I have two daughters, one grandson and two granddaughters. My husband is retired. Now I spend my free time with my grandchildren."

"I am one member of a very large family... I have one son and one daughter and I have one grandchild from each of them. I worked as a judge for many years and I am retired."

By looking at the answers of the second generation women, they seemed more relaxed and less puzzled than the first generation. The answers from

8. A. Bora, "Turk modernlesme surecinde annelik kimliginin donusumu" (in Turkish); "Transformation of the Motherhood Identity in the Process of Turkish Modernization." In A. Ilyasoglu and N. Akgokce (eds), *Yerli Bir Feminizme Dogru* (in Turkish) *Towards the Turkish Feminism*. (Istanbul, Turkey: Sel Pub., 2001), pp. 77–105.

the second generation appropriately define both personal characteristics of these women and their family connections:

“This is a difficult question... I’m a cheerful, social person... I love to work... What else? I’ve been married for four years and I have a little boy.”

“This is the hardest question... The thing I love the most is to travel – No, the thing I love the most is my daughter, then to travel. In fact, to travel together with my daughter!”

These answers give us some clues concerning the importance of the women’s position as “mother” and “wife” in Turkish society.

In most situations, the necessity of being a mother is underlined, and not being able to be a mother is associated with feelings such as incompleteness, inadequacy, embarrassment and unhappiness. For example, one woman explained her situation by sharing the following:⁹

“It is very difficult not to be a mother. As if your own sadness wasn’t enough, you also have to deal with negative criticisms from those around you. Every moment you feel sad and unlucky.”

There are proverbs in Turkish society and folklore that also express common attitudes: “a woman without a child is like a tree without fruit,” “a child is the fruit of a home,” “a woman without a son, a daughter, is no better than old straw.” The importance of being a mother and father or of continuing the lineage is emphasized in these sayings. This also creates additional pressure, especially on women, forcing them to accept unlawful and degrading solutions such as “kumalik” meaning a man taking a second wife whilst legally married to another woman. This concept of “kumalik” and its association to women and infertility are interesting.

The Concept of “Kumalik”: Is it a Solution to Infertility?

ART is not the only method used in Turkey for couples who want to have a baby. For many years, society has created its own solutions that side step the technology. The solutions that are developed for couples who have no children are quite traditional and rarely questioned. These are seen primarily in

9. S. Sahinoglu, “Yardımcı ureme tekniklerinin kadın bakış açisiyle değerlendirilmesi” (in Turkish); “Evaluation of Artificial Reproduction with a Woman’s Perspective.” In O. Oncel, A. Namal, E. A. Demirhan, H. Ertin, E. Atıcı (eds), *İleri Teknoloji Tıbbi ve Hekim-Hasta İlişkisi* (in Turkish); High-Tech Medicine and the Physician-Patient Relationship (İstanbul, Turkey: Nobel Tıp Kitabevleri Publishing, 2006), pp. 395–401.

rural areas; however, they are also practised in big cities by migrants coming from the country.

For example, if a couple is not capable of having a child by natural means, they may then choose to have an offspring from either one of their siblings or close relatives. They then raise and register this baby as their own under their family name though it is actually their nephew or niece. This practice still takes place today, and is not usually questioned. In fact, the pregnancy is often arranged, from the beginning, with the condition that the newborn will be given up without charge to the childless couple. This situation from the perspective of the couple who give up the baby, and primarily the blood mother, is based purely on altruistic behavior.

However, there is another solution named “kumalik” which is worth examining. “Kumalik” in Turkey is not legal though it is accepted by society since it is not considered as being similar to a man having a mistress. In this procedure a man has a relationship, for whatever reason, with another woman who is not his legal wife. Hence there are two women and one man living together in the same house as husband and wives.

One of the main reasons for “kumalik” is to produce a child. In other words, if it is not possible to have a child with the first wife, the man then chooses to have a relationship with another woman, even though there is no medical evidence that the first couple was infertile. But the blame is put on the woman and she is expected to find a solution or accept the solution that is found for her. Although it is very difficult for a woman to accept the situation and to give her consent to the second wife, her infertility has caused the situation and the “kumalik” is accepted by society which, paradoxically, is very traditional in terms of marriage.

There are obviously more social issues related to “kumalik” and its consequences which need to be seriously examined but we have limited our discussion to its relationship to infertility within the context of this article. Only one of these wives can be legally married and the other has a religious wedding, so whoever the child comes from, the legal wife is considered to be the official mother.

Let us continue this discussion with an example of an event that was reported in the general media. The headline of the news article was: “Woman approved of Second Wife.” It recounted how Mrs. A, had given permission to her husband to have a religious marriage with another woman as she had been unable to have a baby for 30 years and believed that she could not make him happy in any way. When her husband was unable to have a child with the second woman as well, they used the test tube baby technique at the university hospital in the city where they lived. They now have triplets.

Unfortunately, because the couple does not have any health care insurance, they had to rely on their own resources and fell into debt in order to have these babies. However, they explained that they were now in debt but happy.

Undoubtedly, if a woman greatly desires to have a baby and gives her consent to a second wife, she can be seen as helpless. But on the other hand, this is an altruistic attitude. However, this is quite a tragic story, one of many more unknown stories in Turkey, because of the persistence of one of these traditional solutions.

This time the husband and the second wife, who were unable to have a baby, sought help through modern medical resources. But according to the law, only married couples may benefit from this treatment. In other words, it is not possible for unmarried couples to use new reproductive procedures to have a child. However, in this case, the law was broken and legal proceedings were brought against the physician who performed the ART procedure. However, this may also have happened because the case received a lot of publicity in the media.

In this commentary, we have tried to examine the ethical issues that are faced by individuals seeking to have a baby using ART procedures in Turkey, primarily from a woman's perspective. The issues such as motherhood, infertility, whether or not to have a baby, and ART are at the basis of ongoing discussions for women since social pressure in this field can make women do or accept almost anything.

Medical practices certainly provide significant assistance in finding solutions to infertility problems and many couples have had a child through these procedures. However, it is important for physicians and healthcare personnel to play a part in the discussions concerning the classification of infertility as an illness used in the context of this article. But they should also evaluate the psychological and social process related to this situation and the ethical dimensions of the practices. Ethical, legal and social issues will always be central to the concerns when there is an evaluation, no matter in which country ART is applied. However it seems that, in Turkey, it might take even longer and require more effort to overcome not only personal but also social and cultural prejudices.

Regulation of the Practice of ART in Turkey

In Turkey, ART is practised according to regulations laid down by professional bodies appointed by governments (Ministry of Health). The Regulations related to ART was published and went into effect on the 21 August 1987 (entitled, "In Vitro Fertilization and Embryo Transfer Center Regulations"). It has been revised five times since then.

In this regard, there is an ongoing debate in society, especially among members of the medical profession, as to the necessity for jurisdiction, regulations and public control of the practice of ART. This is because, at present, a certain number of centres in Europe are not covered by specific legislation pertaining to the various aspects of the practice of ART. It is assumed that this is because the law tends to lag behind social changes and scientific achievements.¹⁰

The issue of ART has received attention in the parliamentary assembly of the Council of Europe, of which Turkey is a part, although insufficient agreement was achieved in the Committee of Ministers for a legal instrument to be drafted on the topic.¹¹

The regulation in Turkey applies to married couples who cannot have a child of their own and those considered to be medically suited for an ART practice in seeking to have a child. But single mothers, co-habitants or lesbians are excluded from the treatment.

In this context, it should be noted that one suggested basic human right is the right of a woman to decide when and how to try to conceive. An interpretation of the European Convention on Human Rights, suggests that a single woman or even a lesbian couple may seek to have children, even though these children may have no legal father.¹² Interestingly, in this regard, the structure of many societies is rapidly changing; there is an increasing divorce rate and an increasing number of single women who wish to become mothers and establish single-parent families. These drastic social changes have initiated a discussion on the question as to whether ART programmes should be legally denied to single women.¹³

However, most professional bodies and legislation in the various European countries have recommended that ART should be restricted to heterosexual couples, legally married, or at least living in a stable relationship. Even in countries that have no national regulations, ART is generally only applied to married or co-habiting couples.¹⁴

10. J. G. Schenker, "Assisted Reproduction Practice in Europe: Legal and Ethical Aspects." *Human Reproduction Update* 2 (1997), pp. 173–84.

11. Council of Europe, *Europe and Bioethics*. Proceedings of the 1st Symposium of the Council of Europe on Bioethics, Strasbourg 5–7 December 1989 (Council of Europe, Strasbourg, France, 1990).

12. European Convention on Human Rights. Articles 12 and 14 (Strasbourg, France, 1978).

13. Schenker, "Assisted Reproduction Practice in Europe."

14. Schenker, "Assisted Reproduction Practice in Europe."

In this context, the main aim of ART regulation in Turkey is not only to set the principles, rules and guidelines of these practices, but also to establish a full set of regulations for the centres which are providing the procedures on their premises. It defines the rules not only for opening and running the centres but also for supervising them. In addition, the public institutions, their facilities related to the centres and the individuals or their legal representatives, are all part of the regulation's terms of reference.

The 5th Article of the Regulation concerns the formation of a Ministerial Scientific Commission for Assisted Reproduction Technology Treatment Methods and the subcommittees which would make recommendations about the opening, supervision, evaluation and closure of related centers.

According to these legal provisions, it is also forbidden to use ova, sperm and embryos obtained from individuals being treated with ART for any purpose other than reproduction. The restriction applies to individuals other than those from whom the embryos or gametes were taken or for any use, transfer or sale, or for whatever further use other than their stated use in the regulation. All the activities will be discontinued by the Ministry, if they are found to be breaking the prohibition and carried out against the law.

The centres that administer ART do not transfer more than three embryos. When there are more than three transferred because of an age factor, embryo quality or similar medical requirements, the medical necessity has to be documented.

It is forbidden to store fertilized cells and gonadal tissue except when it is medically necessary to do so. These stored fertilized ova and gonadal tissue cannot be used out of wedlock or by other individuals. They can be destroyed at the request of the individual from whom the frozen fertilized cells and gonadal tissue were taken. When supernumerary embryos are created from individuals and both spouses have given their consent, the embryos can be frozen and stored. When both spouses have consented, the embryos may be used for the same individuals, as long as they are not stored for more than five years and that the time period is determined by the centre. The stored embryos will be immediately destroyed before the specific date if one of the spouses dies or if there is a legal divorce.

The issues relating to the financial aspects of these procedures and the manner of providing the solutions in a just and equitable way are also important. Only a minority of individuals benefit from private health insurance schemes and a few persons may pay for their own health expenses.¹⁵ The payment for treatments at ART centres is funded by the state under the

15. N. O. Buken and E. Buken, "Emerging Health Sector Problems Affecting Patient Rights in Turkey." *Nursing Ethics* 6 (2004), pp. 610–24.

heading of “necessary health expenses.” The couples who have received a health commission report can apply to a centre of their choice to seek to have a child, but only a maximum of three attempts are paid for at these centres. If there is no success after the third attempt, the state will not cover any further expenses.

One Illegal Solution with Respect to the Prohibition of Sperm Donation in Turkey

The 17th Article of the Regulations relating to ART centres indicates that sperm donation is prohibited. However, those who want to use this procedure may go abroad or perform it illegally in Turkey. There is no punishment for individuals who choose this alternative. Legal action may only be taken against the institutions that perform the procedure. But even though sperm donation is prohibited in Turkey, counselling services are provided to those who wish to employ this method in foreign countries.¹⁶

In spite of these regulations, a notorious legal case occurred in 2003 in a university hospital of one of the major provinces in Turkey. Called the “sperm scandal” by the public, the incident was quite disturbing. Indeed, it was reported that a complaint had been made in the infertility centre of the hospital that a professor of obstetrics, a division assistant and medical students had ill-appropriated sperm which had been used for couples seeking to have a baby. The physician in charge and 12 of his assistants were accused of using sperm taken from other individuals being treated and in assisting as well as in condoning the practice over a five-year period. In light of the evidence proving the physician in charge’s abuse of his duty, the judge sentenced the culprit to at least three years of imprisonment and gave the following statement: “It was found that a crime against humanity with evil intention was taking place, and this crime has shaken the public’s confidence in medical science and university hospitals,” adding that no reduction in the sentence could be allowed.

The court gave a range of other legal penalties not including imprisonment against the physicians who were assistants to the physician in charge at the time. The following statement was adjoined according to the 53rd article of the Turkish Penal Code:¹⁷ “Until the punishment is completed, these convicted physicians will not be allowed to be employed by appointment or selection as a civil servant or any other employment, or use their rights to vote or any other political rights.” Once this scandal came to light,

16. MoH Regulation, 2005

17. TPC, 1926

it is interesting to note that none of the families instituted a court case or registered a complaint against the physicians although they had received infertility treatment and had obtained a baby during this period.

The nurse, who was the most important witness, had to change her department several times in the hospital where she still continues to work even though she has faced emotional pressure for a long time. After this scandal, access to the operational section of the centre in question was secured by two password-controlled doors. Now, only a few people who know the code and those who want to have a baby at the centre and the employees can enter this section. In addition a written document stating, “this sperm belongs to me” is requested from sperm donors.

Another interesting matter, which was revealed by this case, was that the couples who had obtained children using the service provided by the clinic had not consulted the relevant authorities and filed a complaint. Considering the facts that the genealogy of a child is legally very important in Turkey and that because of this sperm donation is prohibited, it is noteworthy that the families have not instituted a court case against the clinic. But it might also indicate that the notion of sperm donation is not as rigid as may be expected in Turkey.

Conclusion and Discussion

A closer look at the above mentioned terms – infertility, motherhood and assisted reproductive technology – and their evaluation in terms of gender and the differences between their individual and social implications has become clearer. Considering the fact that individuals perceive that they have a right to have a child, it is conceivable to suggest that every effort should be considered to eliminate infertility.

From a sociological perspective, it is important that already limited medical resources should be allocated in a just manner with respect to medical problems including infertility. In fact, the manner in which resources are allocated for infertility should be specifically determined while taking seriously into account the views of the persons who will benefit from these resources.

The health economics and policies of a country play a role in the allocation of health resources. From an ethical perspective, ART should be available to all in need. In other words, providing this technology only to those who can afford it cannot be acceptable in terms of social justice. The fact that only married couples can benefit from this technology in our country causes social injustice. Single people and couples, who are not married, have to go abroad to access this technology. Unfortunately, this requires that couples should be able to pay for the treatment themselves.

Due to the values attributed to motherhood, traditional methods still persist in Turkey despite the presence of ART. It is reported in the media that widespread use of ART, especially in rural areas, decreases traditional methods such as “kumalik” (Oz Diyarbakir Newspaper, 2008).¹⁸ It is also recognized that ART decreases violence towards women caused by “kuma,” which is called “wearing a fetal dress” in the country.¹⁹

The media does not only help to question motherhood but also serves to present a new concept of “new motherhood.” As a result, the process during which ART is offered to women and the manner in which it is applied becomes more common and widespread. Presentations in the news concerning Sarah Jessica Parker who gave her frozen embryo to a surrogate mother as if it were not unusual, has encouraged people to use ART in Turkey and led individuals to question again the concept of motherhood.

Acknowledgement

We would like to thank to Aynur Meric and T. Ulku Tekden who kindly provided us with a redaction of our manuscript.

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