Studies in Comparative International Development
https://doi.org/10.1007/s12116-025-09473-3

Exhausted Patients: Racialized Reproductive Experiences in Türkiye

Şafak Kılıçtepe[1]

Accepted: 23 May 2025
© The Author(s) 2025

Abstract

This article demonstrates how women living in a politically unstable environment experience and negotiate politics of reproduction in a society within which their ethnic identity significantly shapes their position in the nation. Taking a cue from these women's frequent use of the term "exhausted" to describe their reproductive experiences in Türkiye, this article analyzes the stratification of race, ethnicity, and reproduction in Türkiye. Using a long-term and multi-sited ethnographic approach, this article examines experiences with government-regulated reproduction alongside spatially-shaped identities to demonstrate the intersections of racially, historically, and regionally shaped heterogeneous reproductive injustices and patriarchal structures unveiled by the reproductive governance structure in Türkiye. The research finds that the country's reproductive politics and political instability combine to create social and biotechnical stratifications in exercising reproductive rights that exhaust patients in the course of seeking reproductive care. By illustrating the complexity of reproductive experiences at the local and national level, this article contributes to developments and strategies of reproductive politics to reach reproductive rights for all, as suggested by the Cairo International Conference on Population and Development in 1994.

Keywords Türkiye · Exhausted patients · Infertility · Race and ethnicity · Reproductive technologies

✉ Şafak Kılıçtepe
safakkilictepe@gmail.com

[1] Ahi Evran University, Kırşehir, Türkiye

Published online: 16 June 2025

Exhausted Patients: Racialized Reproductive Experiences in Türkiye [1]

"I am Turk, which is the best *millet* (nation). I am Hanafi, which is the best religion," said Figen, a woman going through in vitro fertilization (IVF) treatment at the hospital in Ankara [2]. She articulated further:

> I went to the *mescit* (prayer room) in the hospital the other day... I saw doctors, nurses, secretaries and employees were there as well. It made me so *proud* to see the hospital employees lined up like white butterflies with their white uniforms, praying and chatting...

I met Figen, a housewife in her 40s, at the state hospital where I conducted my fieldwork research in Ankara. As many other *proud* patients in this hospital had done, Figen openly expressed to me how proud she felt as a Sunni-Turkish citizen receiving infertility treatment in a hospital where she found herself among people with a similar identity. Being around like-minded people with the same ethnonational identity was meaningful to Figen and eased the invasive process of IVF for her.

Yet the Kurdish women I met, such as Figen's roommate at the hospital in Ankara, experienced the same IVF process as degrading and exhausting. Figen's hospital roommate, Pembe, is from Van, a mostly Kurdish-populated province in eastern Türkiye. Unlike Figen, but much like other Kurdish women seeking infertility treatment in Ankara, Pembe was withdrawn and did not want to talk. Although she was taciturn, I could recognize her Kurdish accent in her abbreviated answers to my questions. Figen, on the other hand, was making loud and discriminatory comments about Kurds. Looking at Pembe, Figen stated:

> I hate Kurds. That woman [using her head to point at her presumably Kurdish roommate] shouldn't take offense, but I don't like them. I am frank. No one likes them in where I am from.

When Figen gestured at Pembe, I looked at her. Pembe was laying down with her eyes closed, but I knew that she heard the comment since she just answered her phone call a moment ago. The silence of Kurdish women within hospitals in Ankara was striking during my ethnographic study between 2016 and 2017. Facing a complex set of discriminations, Kurdish women—especially those with Kurdish accents or with physical and material cultural identity markers that signal their Kurdishness—are racialized/ethnicized in and outside of medical clinics, and become exhausted when they seek medical treatment for infertility. They face both societal and institutional discriminations due to their identity and fertility status in Türkiye. Unlike Figen, Hatun—a 26-year-old infertility patient from a Kurdish-populated

[1] This article draws from the chapters of my dissertation, titled "Reproductive Technologies, Pronatalism and Ethnicity: An Ethnography of Situated Reproduction in Turkey.".

[2] I anonymously name all the individuals mentioned in the study.
Hanafi is a Sunni branch in Islam.

town Bitlis, whom I met at an IVF clinic in Diyarbakır—described her identity as a Kurdish woman with infertility in Türkiye and in her culture as a *misfit*, a feeling that made her *exhausted*:

> I am tired of being seen as something, how to say [*nasıl desem*], like a misfit [*uymayan*] everywhere I go. In my hometown [*memlekette*], I am a *kısır* [barren]. Somewhere else, I get discriminated against [by medical staff] because I am Kurdish. I am exhausted [*tükendim*] from all of this…

An IVF doctor, whom I interviewed about his experience with the IVF market in Ankara in 2014, first used the term "exhausted patient" to describe patients' overexertion in seeking out infertility treatment. The term puzzled me throughout my research as I witnessed a range of, and at times contradictory, experiences with reproduction, some of which can be defined as exhaustion, which are specific to Kurdish women. As I talked with Kurdish women, the term exhaustion started to represent historical, geographic, and intersectional experiences created by the state's selective pronatalist approaches which are shaped by what Seda Saluk coins *fraternal natalism*: "in which male-dominated state institutions support each other to preserve the state's ethnonationalist reproductive imaginaries," (Saluk 2023, 2). Such approaches constitute political representations of whose life is valuable and who should reproduce. For example, at the United Nations Population Fund Parliamentarians Conference held in Istanbul on May 25, 2012, President Recep Tayyip Erdoğan declared that abortion should be illegal. Previously, in December 2011, Erdoğan had specifically compared the abortion to the Uludere case, also known as Uludere Massacre—in which 34 Kurdish citizens, mostly children, were "mistakenly" murdered by a military bombardment near the Iraqi border with the order of fighting against terrorism. Responding to public and political criticisms of the airstrike, Erdoğan stated:

> I see abortion as murder, and I call upon those circles and members of the media who oppose my comments [about abortion]: You live and breathe Uludere. I say every abortion is an Uludere! [[3]]

With this statement, Erdoğan aimed to draw citizens' attention to the "more important" issue than the Kurds murdered in Uludere: abortion. Instead of recognizing unjustly lost (Kurdish) lives, he viewed abortion as an unjust taking of an innocent life. Erdoğan's remarks mirror the specific kind of natalism expressed in anti-abortion rhetoric that prioritizes the life of the unborn over the lives of members of racialized other.

Thus, Hatun's feelings of being a misfit and exhausted as a result of her search for reproductive care are induced by ideals about womanhood and ethnic-racial

[3] Vela, Justin, "'Abortions are like air strikes on civilians': Turkish PM Recep Tayyip Erdogan's rant sparks women's rage," Independent, May 30, 2012. Accessed October 22, 2018. https://www.independent.co.uk/life-style/health-and-families/health-news/abortions-are-like-air-strikes-on-civilians-turkish-pm-recep-tayyip-erdogans-rant-sparks-womens-rage-7800939.html.

selective pronatalism shaped by historical, political, and cultural dynamics [4]. Kurdish women become exhausted patients in their reproductive quests since they have to navigate contradictory pronatalist systems: gendered-societal pronatalism that pressures them to have (more) children; and, the state's ethnonationalist-selective pronatalism that systematically pressures them to reproduce less or, in some cases, not to reproduce at all.

Making an emphasis on reproductive health as a human right, the Programme of Action adopted at the International Conference on Population and Development (ICPD) aimed to end population control, advance gender equality, empower women, ensure women's authority over their fertility, and eradicate all forms of discrimination based on sex, race, ethnicity, and migration status. Having ratified the ICPD, Türkiye also "recognizes" the program's initiative to highlight the significance of reproductive and sexual health rights for *all* individuals. Yet, instead of focusing on individual and community-oriented reproductive needs, and inspired by dominant white-feminist arguments, ICPD placed excessive stress on family planning and contraception. Governments have utilized *global* reproductive governance, as described by Siri Suh (2019), for population engineering purposes, thereby creating situated stratified reproduction, defined by Shellee Colen (1986) as the unequal distribution of reproductive opportunities and resources among social groups based on factors such as class, race, and ethnicity, which in turn shapes women's reproductive experiences. Reproductive governance, as outlined by Morgan and Roberts (2009), refers to the state, societal practices, policies, and ideologies, as well as the role of non-governmental organizations (NGOs), that regulate and shape reproductive decisions, often aimed at controlling population growth, ensuring social order, and promoting specific reproductive agendas through both top-down and grassroots approaches. In the case of Türkiye, with increasing ethnic and national population politics, the discourse of population control has been replaced with reproductive regulations, creating new layers of reproductive injustices and stratifications. Therefore, women have continued facing reproductive health violations, including obstetric violence—referring to any action or behavior by a healthcare employee that causes harm to an individual who is pregnant, in labor, or has recently given birth—(Dayi and Karakaya 2018; Aşci and Bal 2023; Avcı and Kaydırak 2023; Erkmen 2020), forced sterilizations, and discrimination based on identity (Dixon 2023). Türkiye's reproductive politics is a representation of ethno-racial-national reproductive applications that create specific and various inequalities in accessing reproductive rights.

Women's *reproductive rights* were first discussed in 1984 at the International Women and Health Meeting in Amsterdam, and promoted with gender equality and reproductive autonomy at the ICPD in 1994. Yet, the discourse of rights did not include reproductive needs of all women in the same way. Rather, limiting *reproductive rights* discourse within the pro- "choice" perspective, non-white [also read

[4] See the following book chapter for how the feeling of being a "misfit" is created historically: Kılıçtepe, Şafak. 2021. Feeling like a 'Misfit': Kurdish Women's Entangled Reproductive Experiences in Turkey. Hilal Alkan, Ayşe Dayı, Sezin Topcu, ve Betül Yarar (Eds.) In *The Politics of the Female Body in Contemporary Turkey: Reproduction, Maternity, Sexuality* (ss. 85-100). London: I.B. TAURIS.

as marginalized] women's reproductive needs were ignored. Coining the framework of *reproductive justice*, Black feminists aimed to bring an inclusive social justice approach to reproduction, which covered three main issues: the right not to have children, the right to have children, and the right to raise children in safe and healthy environments (Ross and Solinger 2017). The primary goal here is that the aforementioned rights should be available and accessible to *all* individuals. By using the term *exhausted* to describe their reproductive care experiences, Kurdish women indicate the specific kind of reproductive injustices that they face, produced by historically shaped reproductive governance (Morgan and Roberts 2009) and stratifying reproductive politics. As this article shows, there is a discrepancy between the reproductive rights discourse suggested by ICPD and women's real-life reproductive experiences (Dixon 2023; Presser and Sen 2000; Bowen 1997). Shedding light on Kurdish women's experiences with and responses to discrimination in Türkiye, this article examines how being a racialized-other shapes Kurdish women's reproductive bodies and subjectivities and, consequently, propels them to develop new ways to resist or overcome impediments to their reproductive endeavors.

This article draws on my 17-month ethnographic research in Ankara and Diyarbakır in Türkiye between 2016 and 2017. During this time, Kurdish citizens of Türkiye were acutely associated with the active armed conflict between Kurdish Workers' Party (PKK [Kurdish: *Partiya Karkeren Kurdistan*]) and the Turkish Armed Forces (TAF), leading to further racialization of Kurdish women and their reproductive rights. Amid global turmoil, it is crucial to examine *how* the reproductive experiences of women in politically unstable environments have manifested in various forms of stratification. The issue of minority rights is a global one; minority rights and reproductive rights for all is a matter of human rights.

Literature Review

Reproduction and reproductive health, as sites of complex sociopolitical, economic and cultural dynamics, mirror societal inequalities shaped by intersectional identities of race, ethnicity, class, migration status, sexuality, and place in the market (Ginsburg and Rapp 1995; Crenshaw 1991; Morgan 2004; Federici 2020; Martin 2001; Briggs 2018). When ignoring the national and local realities of regulations, reproductive health policies become threats to women's, infant's and children's lives, and lead to disparities in well-being, especially when they are the members of a nationally disadvantaged group (Anagnost 1988; Ebenstein 2010; Black et al. 2008; Bridges 2020; Saluk 2023; Scheper-Hughes 1992; Brunson and Suh 2020). For instance, forms of global reproductive governance—such as policy decisions made by the ICPD and the role of the United States Agency for International Development (USAID) in funding the worldwide distribution of contraceptives—are designed to "enhance" reproductive health for women and girls. However, at both global and national levels, these initiatives have led to emerging forms of stratified reproduction (Colen 1986) shaped by state surveillance, identity politics, and eugenic practices. This further hinders disadvantaged women's access to reproductive health services, including contraceptives (Dixon 2023; Bledsoe

et al. 1998; Brunson and Suh 2020; Alemdaroğlu 2005), abortion and post-abortion services (Suh 2019; Rivkin-Fish 2013a; Ginsburg and Rapp 1995; Erkmen 2020; Mutlu and Saluk 2020), and the use of and access to reproductive technologies (Kanaaneh 2002; Gürtin et al. 2015; Nahman 2013; Davis 2009; Inhorn 2005; Ragone 2000; Roberts 2012).

Nation-states often define women primarily in terms of their reproductive capacities, symbolically reducing them to vessels that carry the social, cultural, and political continuity of a lineage, nation, and state (Yuval-Davis 1996; Briggs 2018). This reductionist framing contributes to the systemic violation of women's reproductive rights, particularly among marginalized groups (Morgan 2004; Briggs 2010; Mills 2003; Smith 2011; Rivkin-Fish 2013b). Perceiving women as biological reproducers of a nation, lineage, ideology, and labor force is detrimental to women's well-being and leads to eugenic practices (Ginsburg and Rapp 1995). For instance, the ban on abortion in Romania, designed to encourage each family to produce at least four or five children to strengthen the socialist regime, caused many women to be harmed and even die due to the unsafe abortion methods they were forced to use (Kligman 1992). State restrictions on the number of children per family has, such as those historically implemented in China, also has damaging effects on women's health and well-being, as it is usually women taking the responsibility of using contraceptives with potential side effects (Greenhalgh 1994; Anagnost 1988). Similarly, the founding members of Türkiye described women as "valuable soils," who should reproduce for continuity of the nation (Delaney 1991), which further legitimized the ban on abortion and use of contraception, framed as "crimes against the integrity and health of the race" (Miller 2007, 362). Thousands of women have died, become disabled, or suffered long-term health complications due to unsafe or self-managed abortions (Özbay 2014). Population control through reproductive regulations has also contributed to serious health and safety risks, including eugenics, sex-selective abortions, unregistered live births, and female infanticide (Greenhalgh 1995; Gupta et al. 2003; Ebenstein 2010; Bhatia 2021).

Some scholars have emphasized patriarchy as a settler colonialist tool used to govern, oppress, and engineer reproduction and population, which further exhausts ethnicized and racialized women (Smith 2011; Kanaaneh and Nusair 2010). Reproductive governance, which shapes and regulates the state's ideal citizenry, involves state-subsidized reproductive technologies that are selectively allocated to certain individuals, reflecting broader societal hierarchies and power structures. For example, Rhoda Ann Kanaaneh (2002) shows that Israel, seeing Arab fertility as a threat to the Zionist state, has historically discouraged Arab reproduction in Israel. Although reproductive technologies have advanced significantly, their access and utilization remain deeply stratified, shaped by factors such as prohibitive costs, inadequate healthcare infrastructure, restrictive reproductive policies, and systemic discrimination against racialized and ethnicized women (Morgan 2004; Roberts 2012; Colen 1995). For instance, in the USA, non-white women are discouraged from reproduction, and have unequal access to reproductive health services in general (Davis 2009; Bridges 2020). In the case of Türkiye, "selective pronatalist" approaches (Thompson 2005) were designed to encourage Turkish women to reproduce more, while Kurdish reproduction has historically induced "replacement

anxieties" (Marchesi 2016) for the state, with Kurdish fertility racialized and framed as a threat to the nation (Dündar 2012). Despite the discrimination faced by racialized and ethnicized women, they may strategically navigate and even align themselves with discriminatory power structures in order to gain access to resources or improve their standing, thus leveraging hegemonic systems for their own bodily autonomy and interests (Martin 2001).

These studies represent the shifting focus from the traditional anthropological understanding of reproduction within cultures as a homogeneous structure to a focus on how reproductive experiences are shaped across sociopolitical, cultural frontiers and local/national/global intersections. Yet, they are not enough to explain how Kurdish women's reproductive experiences are stratified due to their racialized fertility. This article locates the term "exhausted" in the literature on reproduction, specifically the literature on *stratified reproduction* and *reproductive governance* in order to explain that the kind of racialization that Kurdish women face is shaped by the envisioning of the Turkish nation-state that consists of homogeneous ethnic Turks and the population politics of Türkiye. Shellee Colen uses the phrase "stratified reproduction" in her 1986 study on Black West Indian caregivers and their employers in New York City, where she argues that "physical and social reproductive tasks" are shaped differently by inequalities resulting from the power relations between race, ethnicity, gender, place within the global economy, and migration status (Colen 1995, 78). Here, while women who belong to a socioeconomically and racially advantaged group are empowered to care, nurture, and reproduce, women who belong to a disadvantaged group are disempowered from engaging in these activities.

Lynn Morgan and Elizabeth F.S. Roberts expand on this, proposing the term "reproductive governance" to describe the mechanisms used by various actors—including NGOs, state institutions, religious organizations, and private sector interests—to "produce, monitor, and control reproductive behaviors and practices" (Morgan and Roberts 2009, 12). To comprehend the effects of larger political-economic forces on reproduction and reproductive behaviors within their distinct settings, Morgan and Roberts call attention to reproductive governance across boundaries. I argue in this article that the concept of exhaustion reveals a particular method of reproductive governance that produces reproductive injustices and stratifications shaped by the relations of gender, race, ethnicity, class, nationalism, and spatiality. The concept also demonstrates how women's experiences with reproduction are situated (Haraway 1988).

This paper situates the reproductive body at the intersection of transnational reproductive policies, state regulations over reproduction and technology, the formation of the nation-state, and cultural norms surrounding fertility and womanhood. Through this framing, I demonstrate how women living in shifting social and political environments negotiate their reproductive needs as part of identities shaped by political instability, population control, and processes of racialization. I further argue that reproductive regulations in politically insecure areas produce and function as new forms of governance. Illustrating that reproductive experiences in Türkiye are both varied and deeply situated within the relationship between sociopolitical history and identities, this study contributes to reproductive policy-making

debates regarding the ICPD's mission of reproductive rights for all. Focusing on how Kurdish women experience reproductive politics provides a new angle from which to understand inequalities along the lines of race, ethnicity, femininity, sexuality, gender, and space in the global South. In the following sections, after presenting my research methods and discussing the study's background, I demonstrate why Kurdish women's reproductive experiences in Türkiye require particular consideration in the formulation of reproductive policies.

Research Methods

This article draws from my long-term research on Kurdish women's reproduction in Türkiye. In addition to 4 and a half months of preliminary research in different parts of Türkiye between 2012 and 2014, I conducted 17 months of multi-sited research in the socio-culturally diverse capital Ankara for 5 months, and the Kurdish-populated metropolitan city Diyarbakır for 12 months between 2016 and 2017 (Marcus 1995). I collected data via participant observation, personal conversations and structured interviews, in-depth interviews with semi-structured questions, and archival research. During the period of this research, Türkiye experienced significant political turbulence, marked by military operations in the eastern region, a failed coup attempt, mass shootings, and bombing attacks. This political turbulence influenced various aspects of my research, including the research permission process, which voices could be recorded, who participated in the research, the sociopolitical, economic, and bodily anxieties involved (including mine, as discussed later), and the locations where I could conduct the study. Thus, this article is not only the result of ethnographic research on situated reproductive experiences, but also that of situated data collection and analyzing processes.

Ankara has one of the biggest reproductive markets in Türkiye, which receives patients not only from all around Türkiye, but also from abroad. Therefore, Ankara provided me a unique opportunity to have access to individuals coming from different backgrounds, enabling me to better understand Kurdish women's reproductive strategies and experiences in comparison to others in Türkiye. Ankara, the center of power, allowed me to trace hegemonic discourses and policies about reproductive regulations. I conducted participant observation and interviews both within and outside the state hospital, as well as in women's homes, public spaces, and with bureaucrats in various settings.

Diyarbakır is a unique site for this study due to its geopolitical and sociocultural significance. Located in southeastern Türkiye, Diyarbakır is predominantly populated by Sunni Kurds. At the time of my research, three privately operated hospitals in the city housed IVF clinics. These facilities served not only local patients but also individuals from neighboring Kurdish-populated cities, positioning Diyarbakır as a key hub for IVF services in the southeastern region. At the time of fieldwork, no IVF clinics operated in other Kurdish-inhabited cities. I conducted

participant observation and interviews at a private IVF hospital, as well as at women's health and infertility clinics within a state hospital in Diyarbakır. I also spent time with Sunni Kurdish men and women (who were married, unmarried, with children, without children) from different socioeconomic backgrounds. The research included women who experienced military operations that took place in the eastern and southeastern regions of Türkiye between 2015 and 2016, and who came from low, middle, and upper middle class families. I conducted participant observation at women's houses when they were with their families, relatives, and friends. These participants and methods gave me a unique opportunity to evaluate how power relations within and outside of families shaped the reproductive narratives of women, how conflict created inequalities in my informants' reproductive lives, and, in turn, how exhaustion has come to be a part of Kurdish women's reproductive experiences.

Background of the Research

Since the founding of the Republic in 1923, through intertwined processes of nation-building, ethnicization, and racialization, the Turkish state elite have sought to assimilate the country's national, religious, and ethnic diversity into a "unifying" and "superior" Turkish identity. In the context of Türkiye, the concept of race has been fashioned as an ideology that one possesses, embraces, and acts upon, which also intersects with the categories of ethnicity, religion, and nation. In Türkiye, an ethnically and religiously diverse country, this ideology has led to the alienation and marginalization of certain groups, exposing them to structural violence, including deadly repercussions, as evidenced by the evacuations of predominantly Kurdish villages in the 1990 s.

These village evacuations in the eastern and southeastern regions of Türkiye in the 1990 s took place as a result of the conflict between the TAF and PKK, which initially started in 1984. According to the Turkish government's estimates, 3236 settlements had been cleared in south-eastern Türkiye, forcibly displacing 362,915 people, leaving them unemployed and under precarious conditions (Göçek 2008). In 2013, with the aim of ending the 30-year-long war, a ceasefire between the TAF and PKK took place, which lasted 2 years. By July 2015, the war reignited and moved into the cities. Authorities ordered curfews for an indefinite time, often lasting for months for security reasons. Large areas in Kurdish populated cities, including Diyarbakır, Şırnak, Mardin, and Hakkari, were demolished due to armed clashes between TAF and PKK. According to a United Nations Human Rights Office report (HRA 2017), the operations in southeast Türkiye between July 2015 and December 2016 affected more than 30 towns and neighborhoods. It is also estimated that between 355,000 and 500,000 people, mostly of Kurdish origin, were displaced.

In addition to the conflict, the Kurdish population has been navigating between two pronatalist systems: namely, the ruling Justice and Development Party (JDP)'s religio-ethnonationalist pronatalism (Korkman 2015a; Saluk 2023), and the Kurdish minority's gendered-societal pronatalism. Since the JDP came to power in 2002,

the government has insisted on their ethnonationalist and conservative pronatalist reproductive approach to the nation and encouraged "each family" to have at least three, but preferably five children. This pronatalist approach has also shaped the use, regulation, and promotion of reproductive technologies, as well as discourse on reproductive policies, by discouraging abortion, contraception, and C-sections (Acar and Altunok 2013; Gürtin 2016). Although legal up to 10 weeks, abortion is difficult to access, as are contraceptives (Erkmen 2020; Saluk 2023). Despite efforts to limit C-sections based on concerns that they may reduce women's ability to give birth again, Türkiye continues to have one of the highest C-section rates in the world, at 60% [[5]]. The contradiction surrounding practices related to C-sections reflects a broader systemic issue: the over-medicalization of the maternal body and the institutionalization of childbirth, where medical interventions become both profitable and routine, rather than being critically assessed for their benefits and potential risks (Maffi 2016; Topçu 2021). Moreover, in Türkiye, IVF is restricted to heterosexual married couples (Mutlu 2024). The state's subsidization for the first three attempts of IVF are further limited to heterosexual couples who are married, proven to be infertile, have the General Health Insurance Scheme (GHIS) for 5 years, and when women are in the age range of 23–40 [[6]]. Despite being cheaper than many other countries and subsidization of services for some citizens of Türkiye, IVF remains a cost-prohibitive luxury for many, especially for racialized, marginalized and lower socio-economic status groups. The cost of IVF in Türkiye starts at approximately 60,000 TL (around US$1,578) and can exceed 200,000 TL (roughly US$5,261) [[7]]. In contrast, over 40% of the population lives on the minimum wage, which, as of January 2025, is 22,104 TL per month (about US$582) [[8]].

According to Turkish Statistical Institute's [TSI] (2018) data, the lowest employment rate in 2021 is in the Kurdish populated southeastern region of Türkiye (TSI 23 March, 2022). Kurds experience higher rates of poverty and unemployment, along with lower levels of education and literacy, compared to Turks (Smits and Gündüz-Hoşgör 2003; Icduygu et al. 1999; Koc et al. 2008), which creates inequalities in Kurds' access to reproductive health care, state subsidization of IVF, and reproductive treatments in general.

[5] Çelik, Fatime. "Türkiye'de neden daha fazla kadın sezaryen ile doğum yapıyor, uzmanlar ne diyor? [*Why are more women giving birth by Caesarean section in Türkiye, what do experts say*]?" *BBC News Türkçe*. November 24, 2024. Accessed February 28, 2025. Website: https://www.bbc.com/turkce/articles/c5yrzm89k48o.

[6] GHIS is provided by the Social Security Institution, financed via payments by employers, employees and/or government subsidy.

[7] These figures reflect the economic conditions and exchange rates at the time of writing; due to Türkiye's ongoing economic instability and fluctuating currency, they are subject to change over time.

[8] Demirci, Hakki. "Milyonlarca çalışanı ilgilendiren asgari ücretle ilgili tüm merak edilenler," *Ekonomist,* October 27, 2022. Accessed September 26, 2024. Website: https://www.ekonomist.com.tr/makale/milyonlarca-calisani-ilgilendiren-asgari-ucretle-ilgili-tum-merak-edilenler-17532.

Asgari Ücretin Net Hesabi Ve İşverene Maliyeti [Net Calculation Of Minimum Wage And Its Cost To The Employer], Çalışma ve Sosyal Güvenlik Bakanlığı [Ministry of Labor and Social Security]. January 1 – December 31, 2025. Accessed February 28, 2025. Website: https://www.csgb.gov.tr/poco-pages/asgari-ucret/.

Kurdish women also contend with gendered societal expectations that promote high fertility. According to TSI (2022), the top ten provinces with the highest birth rates out of 81 are predominantly Kurdish. This pattern not only highlights distinct reproductive practices in the region but also underscores how, beyond selective pronatalism, racialization, and political conflict, Kurdish women navigate complex pronatalist pressures shaped by both gender and society. This, in turn, shapes how they define themselves in relation to their own societal standards as women, and to the Turkish nation-state's citizenship standards. As opposed to their Turkish peers, Kurdish women are already exhausted from navigating these standards before they begin searching for reproductive treatments. They therefore become increasingly exhausted patients as they navigate, engage with, and confront ethnoracially shaped reproductive regulations and gendered societal pronatalism.

ICPD and Reproduction in Contemporary Türkiye

The ICPD's representation and platforming of intersectional approaches to reproduction and population reflect steps toward achieving *reproductive rights* for *all*. Prioritizing women's autonomy in population and development policies, the 1994 ICPD in Cairo aimed to end regulations targeting population control, defining reproductive and sexual health as human rights for all. In this regard, ICPD revised and included access to reproductive health care as primary health care, including information, education, and communication about abortion, prenatal care, safe delivery, post-natal, and appropriate treatment of infertility. Yet, in overlooking the issue of infertility, the ICPD placed disproportionate emphasis on family planning, which, over time, led to the replacement of population control discourse and practices with those of reproductive regulation (Bhatia et al. 2020; Rao and Sexton 2010; Hartmann 2018; Brunson and Suh 2020; Nandagiri 2021). Thus, women continued to face violations of reproductive health rights, such as obstetric violence, institutional discrimination, and forced sterilizations, as this article uncovers in the following sections.

The Reproductive Health Working Group (RHWG)[[9]], initiated in 1988, is one of the leading scholarly groups focusing on reproductive health issues in the Middle East and North Africa. By taking an interdisciplinary research approach to reproductive health, the RHWG has helped to displace the reductionist focus on Islamic history and culture as the primary factor shaping women's subjectivities. Scholarship interested in a holistic conceptualization of reproductive health has shown that constant political turbulence, wars, and socio-economic precarities both in Arab countries and in Türkiye further deepen the reproductive inequalities that women face (Giacaman et al. 2007; Rahim et al. 2009; Terzioğlu and Hammoudeh 2017; Kanaaneh and Nusair 2010; Inhorn 2012; Açıksöz 2012; Kabakian-Khasholian and Mourtada 2017). This holistic approach illustrates that the ability to exercise reproductive rights is shaped by various patriarchal structures operating within neoliberal

[9] Reproductive Health Working Group's Website: https://www.rhwg.org/whoweare.

capitalism, nationalism, socio-political environments, and governance at the local and national levels (Polat 2012; Korkman 2015a; Khalili et al. 2008; Ghannam 2013; Alemdaroğlu 2005). Yet, to have a more inclusive approach, there is a need to account for women's reproductive experiences shaped by ways of racialization, spatiality, and political instabilities.

Scholarship on Türkiye shows that the emerging conservative patriarchal structure in Türkiye has a "repro-national" character that results from the interrelationships between neoliberalism, neoconservativism, and Sunni Islamic morality (Açıksöz 2015; Korkman 2015b; Babül 2015; Gürtin 2016). They have also described the nationalist nature of population politics (Korkman 2015a; Açıksöz 2015; Mutlu 2018) in which Kurds—as the biggest minority group in Türkiye—are at times stigmatized and excluded (Erten 2015; Saluk 2023).

Despite addressing aspects of the Turkish state's reproductive politics and its relation to Kurds living in Türkiye, the issue has not been analyzed fully. Accounting for the very ideology of the homogenization of Türkiye as "Turks" in reproductive regulations and their ramifications for the Kurdish populations provides a deeper understanding of the regulatory politics. This article demonstrates that due to their specific socio-political history, Kurdish women's reproductive experiences differ from the ones who selectively embrace the Turkish identity strategically and consider themselves to be the ideal citizens. Kurdish women living in Türkiye have to deal not only with the aspects of reproduction that are political, social, cultural, and economic within a patriarchal system, but also with an environment marked by decades-long ethnic conflict, which have become part of their daily and reproductive lives as well as their exhaustion. In what follows, detailing stories about infertility that unveil reproductive and identity politics, political instabilities, obstetric violence and forced sterilizations, I demonstrate how Kurdish women become exhausted patients in their reproductive quests, which are shaped by ethno-racial selective and stratifying reproductive politics. This study illustrates reproductive governance in Türkiye and how the uneven application of ICPD policies failed to protect women's reproductive rights and autonomy, leading to reproductive stratifications unique to Kurds.

Spatial Gendered-Societal-Pronatalism: Exhaustion Before Entering Medical Spaces

Hatun had a 5-year-old daughter whom she conceived, in her words, "in natural ways" [*doğal yollarla*]. Hatun's husband was the oldest child and the breadwinner of his highly traditional and conservative extended family. He was a building contractor who earned a good living until the military operations started in 2015. Thus, the expenditures of costly IVF treatment had not negatively affected them. However, due to ongoing operations in eastern Türkiye, they incurred a loss of one million Turkish Lira (approximately US$280,000 at the time), as investors were reluctant to engage in a conflict-affected region. The conflict left many people in the region—some of whom I met in person both in and outside of the infertility clinics—unemployed and with further precarious conditions.

The case of 31-year-old Beran, one of my informants in Diyarbakır, provides anecdotal evidence of the economic and social consequences of the conflict. In addition to a shop in Suriçi, where the military operations mostly took place in Diyarbakır, Beran and his family had a factory outside of Suriçi that employed about a hundred socioeconomically disadvantaged people, mostly from Suriçi. He reported that due to military operations and curfews, and the financial burden this incurred, they had to close their business and lay off many of their staff. Other shops in Suriçi were damaged and most were unable to reopen their businesses when the conflict ended. These military operations deepened already existing financial hardship and lack of jobs in the region, which fundamentally contributed to Kurdish women's exhaustion and further stratified their reproduction. For example, some of the women I met at infertility clinics in Diyarbakır were unaccompanied by their husbands, who had migrated to southern or western Türkiye in search of (mostly temporary) employment, due to limited job opportunities in the province. Although some Kurdish women went through the jarring process of hormonal therapy, they could not complete the treatment since their husbands working outside of Diyarbakır could not take time off work to provide sperm for fertilization. The financial burden caused physical, mental, and social exhaustion for these women. Some of them could not even enjoy going through a successful IVF treatment. For example, a Kurdish woman whom I met at the state hospital in Diyarbakır told me that she took out loans for her IVF treatment. She now had a daughter, yet she did not feel she could experience the joy of having a child up until she finished paying back the loans. She said, "I started saying I have a daughter only after I had finished repayments." This reflects how Kurds are more likely to experience reproductive anxiety, shaped by the region's higher unemployment rates and lower job security.

Despite the financial burden exacerbated by the conflict, some Kurdish women would sell their belongings to get IVF treatment in order to stop their family, friends and relatives from talking about their infertility. Thus, for Kurdish women, the "logic of the choice," as Sarah Franklin put it (Franklin 2022), to select IVF treatment as an option with the "hope" of ensuring their reproductive futures is deeply determined by their social environments. For example, Hatun reported that most of her family members and friends perceived her as a *kısır* person not only due to having only one child, but also having a daughter, who could not continue her father's lineage. Hatun's mother-in-law kept telling her, "others' daughters-in-law lined their children up [*milletin gelini çocuklarını sıraya dizmiş*]," suggesting that other married women kept giving birth, but Hatun could not even have a second one. Not having a son jeopardized Hatun's status in the family. Therefore, selling their belongings to find a solution to their infertility, Hatun and her husband decided to have IVF treatment in a private clinic in Diyarbakır. Because it was a closer location for them, she told me that Diyarbakır made it easier for Hatun and her husband to manage their family, traveling, and finances. They were getting IVF treatment secretly since people around them

considered IVF to be a form of *zina* [adultery], which was considered the same as having someone else's child by association of using someone else's sperm. Thus, to prevent people from judging and treating them harshly, they were compelled to make stories up every time they traveled for IVF treatment.

In addition to the medical process and financial situation, difficulty negotiating their social environments was common among my Kurdish informants. For instance, a 40-year-old Kurdish woman, Seda, whom I met at the private IVF clinic in Diyarbakır told me that she traveled from İstanbul to Diyarbakır to have her (probably last) IVF treatment [[10]]. She previously had three failed IVF treatment attempts. Seda was doing IVF to "shut people's mouths," in her words. The cause of her infertility was unexplained; yet, she still had too much pressure from her husband, her husband's family, and her surroundings to have a baby. Since her highly patriarchal family did not let her leave the house alone and her husband could not accompany her due to his job, Seda had to come to Diyarbakır where her sister lived, and who could be with Seda during her hospital visits. Despite what a well-known infertility doctor told me, "the best clinic for patients' mental and physical well-being is the one closest to their places," this did not apply to all Kurdish patients, as they had to navigate their social environments and endure the discomfort of reproductive travel.

Many scholars have illustrated that the introduction of state funding, the growing number of patient organizations, and the wide availability of information on the topic of IVF in popular media have contributed to the *normalization* and *routinization* (Thompson 2005) of IVF treatment in Türkiye (Goknar 2015; Polat 2012; Gürtin et al. 2015). Yet, as illustrated above, the normalization and routinization of reproductive practices in Türkiye do not follow the same trajectory for Kurds and vary both regionally and across different social groups. For instance, whereas most of the infertility patients going through IVF in Ankara shared with me that they were openly doing IVF treatment, most of the infertility patients in Diyarbakır stated the opposite. Individuals seeking IVF in secret often find themselves engaging in *patriarchal bargains* (Kandiyoti 1988)—the strategies women use to attain more security and autonomy while navigating their gender-based oppression—under the intense societal and biotechnological pressures they face (Good 2001). In spite of the exhaustion it causes them, they are forced to navigate various kinds of power relations, such as having IVF secretly, experiencing ethnic discrimination—which I detail in the next section—and being silent at medical centers, in order to alleviate the pressure coming from their surroundings.

The kind of societal pronatalism that Kurdish women live with is gendered and spatially shaped. For instance, in Diyarbakır, I met Kurdish women who had more than four children and were still seeking infertility treatment to continue their fertility. Maintaining fertility was a way of performing ideal womanhood, which some of my informants described as being sexually active, satisfying their husband's needs, and serving as bearers of male's lineage. I also met several infertile women who

[10] Seda's ovarian reserve was almost diminished.

had to divorce their husbands since they could not give birth. Mother Esma (*Esma Anne*), for example, told me that due to her infertility, she had been forced to divorce her well-off husband on paper, had him marry someone else, and then eventually moved to an old house where she now lived alone and in poverty. She said, "I tried to live with them for a while. But, the new wife was evil. She was creating problems all the time. I decided to live in this old house. They have children now, but at least I am relieved from being scorned." Esma Anne's socioeconomic condition was determined by her fertility status. She was divorced and without any financial support, which gradually impoverished her further. In contrast to eastern Türkiye, I never personally witnessed such divorce stories in western Türkiye. Kurdish women's reproduction is stratified differently than those living in western Türkiye since they had to deal with a different kind of patriarchal structure, which limits women's autonomy and shapes their subjectivities differently than their non-Kurdish peers. Kurdish women are exhausted from the stigma of infertility and the reproductive responsibilities put upon their shoulders.

The experiences of Sultan, whom I met at a private clinic in Diyarbakır, and Yaprak, whom I met in Suriçi through a friend, illustrate how gender dynamics in eastern Türkiye shape women's self-perception. Those who do not fit within the concept of "ideal" womanhood suffer from its consequences (Kanaaneh 2002). Let me explain. Sultan and her husband, both Kurdish and in their 30 s, went to the private clinic in Diyarbakır for infertility treatment. When I spoke with them, they told me that they wanted to have a baby "just to shut the mouths of other people." Sultan elaborated that women around her despised her and tried to make her feel jealous, inadequate, and disabled:

> One day a woman with two daughters was complaining to me how she did not have a son. I told her that I would be really happy if I had only a daughter. She said, "of course you would because you don't even have one!" This happens all the time. They treat me as if I am disabled.

Moreover, Yaprak, a 26-year-old Kurdish woman with two children, who was living in the Suriçi of Diyarbakır, explained how some Kurdish women with children stigmatize women who are involuntarily childless. She stated:

> Here people look down on women who cannot have a baby. They taunt and inflict pain on *çocuksuz kadınlar* [childless women]. I have seen women telling childless women's husbands to get another wife if they want to have babies… I would never do that! I feel really sad for them.

Both Sultan's and Yaprak's accounts illustrate the gendered complexity around infertility and the social pressures that Kurdish women face in their everyday lives in the eastern part of Türkiye. Yaprak's bitterness about women scorning those with infertility can be seen as a response to the patriarchal structure (Abu-Lughod 1990). Sultan, with infertility, was positioned as a person with disability, an incomplete woman and wife. Both accounts demonstrate that women use their fertility to enhance their status within the patriarchal structure, as having children confers socioeconomic status and symbolic capital (Bourdieu 2001). Exhaustion, in this aspect,

is ingrained in their everyday lives. Kurdish women living in eastern Türkiye are thus already exhausted before entering the medical realm, where these exhaustions are exacerbated.

Navigating Medical Spaces: Exhaustion Amid Ethnonationalist and Racial Pronatalist Policies

Medical spaces add various layers to the exhaustion of Kurdish women. Accessing medical services means managing and negotiating reproductive governance including racialization and discrimination in various settings. One of the forms of racialization that they experience is due to their language—not speaking Turkish or having a Kurdish accent—which defines the extent to which they have access to medical resources (Suzuki Him and Gündüz-Hoşgör 2011; Smits and Gündüz-Hoşgör 2003). The account of Yaprak illustrates how Kurds experience racial discrimination based on language. Yaprak stated:

> Especially in the past, I felt the exclusion so deeply as a Kurdish person. For example, our elders do not speak Turkish. And, when they went to hospitals, they would speak Kurdish to the doctors. Doctors would say, "Auntie, shut up. We don't understand anything from what you are saying. Bring someone speaking Turkish!" But, indeed, they would understand Kurdish. I have seen this many times, but these doctors pretended that they do not understand just to exclude women because they are Kurdish.

Both those who do not speak Turkish, and those who have Kurdish identifiers, such as an accent or registered place of birth, face discrimination that can cause long-term and life-threatening outcomes. For example, Hatun explained how her reproductive memories are full of experiences with discrimination leading to lasting pain and health problems. Although Hatun's previous doctor had recommended a cesarean section, the physician who ultimately delivered her baby disregarded this advice and insisted on a vaginal birth. His decision was based on the assumption that, as a Kurdish woman—a fact inferred from her accent and place of birth listed on her ID—she could endure it. The Kurdish body was stereotyped as resilient rather than fragile, a perception reinforced by narratives of Kurdish "over-fertility," echoing broader racialized and ethnicized assumptions that mark some women as more biologically suited to pain or reproductive endurance (Bridges 2020; Ginsburg and Rapp 1995). Hatun recounted that during the delivery, the doctor applied such excessive physical force that it resulted in a bladder prolapse, from which she suffered for an extended period. This experience illustrates how the systemic racialization of Kurdish identity—and particularly of Kurdish women's bodies—not only intensifies their physical and emotional exhaustion, but also endangers their lives by placing them under the care of medical personnel who may act on discriminatory assumptions or negative preconceptions.

The accounts of both Yaprak and Hatun highlight how medical staff act as gatekeepers of reproductive governance, privileging those with an ethnic Turkish

identity and fluency in (proper) Turkish as the ideal citizens. They illustrate how spoken language is salient in shaping Kurdish women's experiences within and outside of medical institutions. As not speaking proper Turkish creates disadvantage in accessing services, women with Kurdish accents develop strategies, such as the tactics of silence and subordination noted earlier, to avoid being subjected to anti-Kurdish discrimination as well as to make use of medical treatment, both of which contribute to their exhaustion.

In addition to the racialization of their identity and language, Kurdish women's reproductive experiences and exhaustion are influenced by political conflict, which extends into medical spaces. After the active armed clashes between the TAF and PKK spread from the cities to rural areas, police checkpoints continued to be part of people's lives in eastern Türkiye. They appeared in almost every corner in the eastern cities and between cities, making traveling from one place to another a challenge. One time, for instance, I was walking from Sümer Park to Dağkapı, holding a camera over my shoulders and carrying a backpack. I chose to use one of the Gates of Sur—Urfa Gate, in which Dağkapı is located [11]. Pedestrians and vehicles entering Sur were searched thoroughly at the gates. As I approached Urfa Gate, a policeman at the station, which was across from the street, yelled at me to stop where I was, and demanded that I come quickly to the checkpoint. While I was walking toward the checkpoint, he stormed towards me holding his weapon. He asked for my ID and told me to open my backpack and show them what I had on my camera as a female police officer started patting me down. In the end, they let me walk away after looking through my camera and asking me questions about the materials I had on me.

This kind of search was part of the reproductive experiences of patients traveling for IVF treatments. Patients would often be late to their appointments because of the numerous checkpoints and arbitrary searches and seizures. Besides the bodily anxieties coming from infertility itself, they had more apprehensions regarding their travels, checkpoint lines, bombings, attacks, and the stress of making it to their appointments after a grueling voyage. Patients had to make multiple visits to the IVF clinic on different days for different procedures of the treatment. This meant that they had to go through the same exhausting process every time they visited the clinic for IVF treatment. Exhaustion for Kurdish women is inevitable and shaped by political instabilities. Sevgi, a hairdresser whom I met at the private clinic in Diyarbakır, articulated her reproductive anxiety, which was intertwined with social, political, national, and local dynamics, stating:

> Due to curfews after the war started [military operations in 2015], I had to close my hairdresser's. People were scared even to go outside of their homes, let alone coming to a hairdresser's. The war here was still going on when I had the embryo transfer. But, I am really fearful for bringing a child into this world. Türkiye is also going into a war. We live with a constant fear. We lost everything, our jobs, homes, and history. Now, there is only police everywhere.

[11] Sur has four gates and each gate of Sur was held by security forces for security reasons.

I heard similar war-related reproductive anxieties from many other Kurdish women whom I met both within and outside of infertility clinics. The time I met Sevgi was also when Operation Euphrates Shield (*Fırat Kalkanı Operasyonu*) was taking place around the borders of Syria and Türkiye. Moving from Ankara to Diyarbakır, I became emotionally and physically overwhelmed by the sounds of gunshots and warplanes. This was not the scenario in Ankara. Reproductive anxiety shaped by military operations at home was not the shared experience among my non-Kurdish research participants. Despite all the political turbulence in Türkiye, there was a sense of normalcy in Ankara as opposed to the violent environment in Diyarbakır.

Disparities between how everyday lives are experienced in Ankara and in Diyarbakır show a specific kind of vulnerability that is geographically and politically shaped. There is a growing body of literature showing that bio-spatial state securitization damages disadvantaged, racially and socioeconomically marginalized groups more than the others (Kaufman 2021; Nelson 2010; Kanaaneh and Nusair 2010; Babül 2015). Thus, as a member of a marginalized group whose everyday life has been profoundly shaped by the decades-long conflict in Türkiye, Sevgi's reproductive anxieties stemmed from a sense of vulnerability that was further amplified by political developments at both local and international levels. These developments are disproportionately experienced by Kurdish communities in Türkiye, placing them in a dilemma between the concerns of bringing a child into a politically precarious environment and the pressure to give birth to a/another child.

This is an exhaustive tangle for them. In what follows, I further elaborate how racialization of Kurds and the political conflict serve as legitimizing tools for antinatalist strategies toward Kurds, creating deeper and more complex layers of reproductive stratification.

Racialization, Conflict, and Antinatalist Strategies

Halise's story unveils multidimensional aspects of reproductive injustices that Kurdish women face. Halise was a Kurdish woman in her 40 s. Like her husband, she was born and raised in Suriçi-Hançepek, known for its impoverished inhabitants. It is one of the districts demolished after the military operations occurred in 2015–2016. At the time that I met Halise in the spring of 2017, she had been married for 20 years and could not have a child due to her husband's azoospermia [[12]]. Yet, they told people that the "problem" was with Halise as she wanted to protect her husband from gossip.

For Halise and her husband, the pressure to have a baby was so intense at the beginning of their marriage that, to avoid the stress, they had to move to another city, Antalya, where they lived for 6 years. Halise's husband did not have a stable job and picked up whatever work he could find. In addition to financial difficulties

[12] Azoospermia is the absence of motile and hence viable sperm in the semen.

in Antalya, they also had to cope with people's prejudice and racism toward Kurds. Halise narrated:

> When I first moved to Antalya, no one really talked to us because we are Kurds. For example, I had a neighbor across from the street, Fatma *teyze* (aunt). She and her husband did not talk to Kurds at all…. After we started talking, they said, 'We didn't think Kurds are like this.' For them, Kurds do not like other people, and all are terrorists.

Halise's time in Antalya was marked by experiences where her Kurdish identity was both criminalized and subjected to racial discrimination. After they spent 6 years in Antalya, they went back to Diyarbakır upon the request of her father-in-law. Nonetheless, increasing the level of pressure to have a baby, Halise's in-laws even pushed her husband to have a second wife. Halise and her husband received loans several times to have infertility treatment. Since they were in debt due to the high cost of IVF treatment, they were not able to pay their rent for several months in Diyarbakır. Consequently, their landlord evicted them. But, "luckily," Halise said, someone found a temporary one-room house for them where they did not have to pay any rent. She explained:

> This house gave me hope. I was going to save money and go through IVF again. But then, the war (military operations) started. We couldn't even leave our houses. Curfews lasted for months. My husband was not able to work. Because all the roads were closed and ditched, and clashes were happening, he could not even look for any jobs. We had no money. Our lives were in danger.

Because Halise and her husband did not have GHIS due to instability of their employment status and Halise's age (40 s), they had to pay expenses of IVF procedures out of pocket, which eventually left them homeless. In addition, they had to experience the conflict first hand since it was happening right in front of them. They were burdened financially, psychologically, socially and legally even more after the military operation. Exhaustion caused by the conflict was a crucial force shaping Halise's reproductive desires.

While pressures surrounding motherhood may be experienced similarly among Kurds and non-Kurds in Türkiye, Kurdish women's reproductive experiences are uniquely influenced by the decades-long conflict, political instability, ethnic discrimination, and their geographic location. I have met non-Kurdish women in Ankara who also had to deal with social pressure to have children coming both from their familial and social circles. However, their reproductive stories did not include how they had to negotiate membership of a racialized minority group and living in a conflict-driven environment, which resulted in various forms of discrimination and wider inequalities.

To understand racialization of reproduction and the government's involvement in the sphere of reproductive regulations, in the summer of 2014, I interviewed a JDP female official who worked at the Ministry of Family and Social Policies. She told me, "We are a democratic-conservative government; of course, all the regulations we make are expected to meet Muslim morality." As an extension of fraternal

natalism, the concept of "Muslim morality" in reproductive policies encompasses ethnic and racially selective pronatalism. This framework reflects the historical undermining of Kurdish reproductive rights, fundamentally influencing their access to and use of reproductive technologies, as illustrated in the narratives above.

The formal erosion of reproductive autonomy of Kurds living in Türkiye started as early as the foundation of Türkiye. For example, in his "*siyah rapor*" (black report) presented in 1936, the First Inspectorate-General of Türkiye, Abidin Özmen argued that the rapid growth of the Kurdish population posed a problem for the Turkish nation and proposed assimilation as the solution (Dündar 2012). His assimilation strategy included measures such as prohibiting the use of the Kurdish language in state institutions, encouraging Turkish men to marry Kurdish women, and removing Kurdish children from their families to raise them elsewhere. Both "overpopulation" of Kurds and "raising Kurdish children away from their families" have historically dominated public debates. In 2010, a group of politicians generated a debate over whether the state should remove what was referred to as "stone-throwing kids" from their families' custody and take them under "the protection of the state" to rehabilitate.[13] Instead of seeing them as political subjects, these Kurdish children involved in urban protests were viewed as being manipulated by terror organizations and their parents' political agendas. Demographic anxieties surrounding the Kurdish population shape reproductive governance in Türkiye, contributing to polarizing public debates that continue today. For instance, in one of his speeches in 2017, Erdoğan made a remark about who should reproduce and whose reproduction aligns with the criteria of "Muslim morality," in which he stated:

> What do *Rabbim (Allah)* and our prophet want? The [religious] order is very clear. Unite. Get married. Reproduce... A Muslim has to reproduce... And, I trust Muslim women's sensitivity the most in this matter. *The terror organization*[14] is very sensitive on this. They have at least 10–15 children [[15]] [author's translation]

Although Erdoğan does not name which terror organization is sensitive about reproducing, the speech points to a terror organization having a high birth rate. TSI's press release in 2018 shows that the highest fertility rates are in the Kurdish populated provinces, as the lowest fertility rates are in the Turkish populated ones. Thus, the speech calling for procreation is not for Kurds, who, in this equation, are seen as *the* terrorist, but for those who identify themselves as Turkish [read as pious Sunni-Muslim Turk]. With such an ethnonational-selective-pronatalist approach, Kurdish reproduction is not only further stigmatized and racialized, but also criminalized.

[13] "'Taş atan çocuklar'la ilgili düzenleme alt komisyonda," *Cumhuriyet,* June 16, 2010. Accessed June 13, 2024. Website: https://www.cumhuriyet.com.tr/haber/tas-atan-cocuklarla-ilgili-duzenleme-alt-komisyonda-154344.

[14] Emphasis is mine.

[15] "Erdoğan: Nikahlanın, evlenin, çoğalın… Türkiye'deki terör örgütü üyelerinin en az 15 çocukları var," *Cumhuriyet,* November 10, 2017. Accessed June 10, 2024 Website: http://www.cumhuriyet.com.tr/haber/siyaset/863711/Erdogan__Nikahlanin__evlenin__cogalin..._Turkiye deki_teror_orgutu_uyelerinin_en_az_15_cocuklari_var.html.

As shown above, the criminalization and racialization of Kurds and their reproduction affect the way non-Kurdish citizens treat them within and outside of medical institutions. My conversation with Neşe, one of my informants in her 40 s receiving IVF treatment in Ankara, represents how Kurds' reproduction are seen as deviant:

> Me: How do you feel about the government's insistence on 'each family should have at least three children?'
> Neşe: I think that it is a bad idea. Okay, you might want more children, but have you [the state] given jobs to families? Have you created a good future for them? Hmm [tinkering a little bit]… But, in the meantime, I am thinking that there are Kurds who keep making five to ten children. I like Kurds, but there are those who want to divide the country. There might not be left of any of us [Turks] in the near future if they keep giving birth. From this standpoint, it is good to grow the Turkish nation.

Colonialist portrayals of Kurds as a demographic threat through their birthrates have shaped my non-Kurdish informants'perceptions of who should reproduce in Türkiye. Neşe's account of Kurdish birth rates and her endorsement of Turkish reproduction, apparently to protect the Turkish nation, stem from nation-state imaginings that envision the nation as a homogenous entity in which Kurdish reproduction is historically othered and racialized, as their existence breaks the racial harmony of the nation. The sociopolitical concern about Kurds' high birth rates becomes a legitimizing tool for promoting reproduction only for those who define themselves as Turks. In this sense, Kurdish women continue to negotiate population control through reproductive regulations, where biases about them are mirrored in the use of reproductive technologies and services, thus creating further stratification in reproductive experiences across the nation.

Within the scope of the Action Plan carried out as a part of the Southeastern Anatolia Project (GAP) in 1992–1994, Multi-Purpose Community Centers (ÇATOM) started operating with so-called feminist discourses such as "raising the status of women" and "integrating women into the development process." GAP exemplifies how state *development* can serve as a method of governance (Özok-Gündoğan 2005). Being a reproductive governance strategy, ÇATOM carried out activities that ignored the demands and priorities of Kurdish women. Instead, with antinatalist intent, they applied policies designed to prevent women from giving birth to and raising "terrorists" (Kutluata 2002). ÇATOM promoted birth control methods in the region, where "fewer children" was a general feminist demand and "having many children" was associated with ignorance. Kurdish feminists, especially those engaged with Black feminist literature from the USA, stated that such approaches were racist (ibid). Reproductive justice, in contrast to these approaches, prioritizes the health and welfare of individuals, and emphasizes that the state should guarantee women's access to information, health, and welfare services respectfully and safely, rather than intervening in their reproductive decisions. According to this understanding, whether or not to use the services offered should remain an individual's choice.

Yet, perpetuating stratified reproduction, community-based reproductive health attempts were either canceled or misused by antinatalist purposes in the region. For example, with the aim of solving the problems that Kurdish women and children faced

due to the displacements and the social violence resulting from the conflict, a total of 45 women's organizations/centers—the first of which was Diyarbakır Research Center for Women's Problems (DIKASUM) —were opened in the early 2000 s. Some of these organizations provided periodic education programs about reproductive health, which included informing Kurdish women about reproduction, their bodies, and their rights, as well as about physical, sexual, and psychological violence. The majority of women participating in the education programs did not read or write, nor speak Turkish, and faced forced migration and military violence as well as social and domestic violence. For most of these women, talking about reproductive organs, their sexualities, wombs, and vaginas was taboo. They believed that they did not have autonomy over their bodies, desires, and rights. Kurdish women, facing systemic violence, the criminalization of their identities and their natality, lost trust toward government institutions, and saw these women's centers as alternative security shelters when facing domestic violence, crime and abuse. Yet, "for security reasons" after the coup attempt on July 15, 2016, and when the military operations were continuing in the southeastern Türkiye, the government closed 36 of the 43 women's centers. All of the reproductive education programs were canceled, leaving the displaced women on their own and without support.

Neşe's account also mirrors the political and military debates, historically framing Kurds' reproduction as an obstacle for the nation-state's continuity. For instance, Kurdish population growth was officially regarded as a "security problem" in the "Problems and Solution Suggestions" report published in 1996 [16]. This report suggested providing incentives to Kurds who have fewer children and fining those with more than three children. Although it was not officially promulgated, alleged unofficial birth control programs, including sterilizations, were put into action in heavily Kurdish-populated areas in which healthcare workers took on the primary role. Racializing Kurds as " dangerously overfertile" became a justifying tool for medical mistreatments and sterilization attempts in eastern Türkiye. Diren, a former employee of DIKASUM, for example, highlights the unique reproductive governance and the resulting injustices that Kurdish women face at the local level, which continue to shape their reproductive experiences and exhaustion within their community and in the nation. She reported:

> When working for the DIKASUM, I met so many women whose tubes were ligated when they gave birth. Most of these women, did not speak or understand Turkish very well. When they gave birth to their fourth or fifth children at the hospital, doctors would ask them if they wanted tubal ligation (*bağlamak*). They would say, "Yes," because in Kurdish, ligated (*girêdan*) refers to something that can be un-tied. By "ligation," they wanted to give themselves a break from getting pregnant soon. Two years later, for example, when they wanted to have another child again, they would realize that they could not get pregnant. I met many women who committed suicide and others who were thrown out of their houses by their husbands because their tubes were ligated. It was regarded as a disgrace to the family. This was after 1990 s when the government was pursuing illegal sterilization programs. We had a

[16] "Güneydoğu'da Nufüs Planlaması MGK'daydı," *Milliyet, August 26, 2005. Accessed* May 2, 2019. http://www.milliyet.com.tr/guneydogu-ya-nufus-planlamasi-mgk-daydi/guncel/haberdetayarsiv/26.08.2005/253683/default.htm.

big file at the research center for women who were injured and/or almost killed because of this. Everyone was silent about it, including the Diyarbakır municipality and Health Union (SES), the so-called protectors of Kurds' health rights. They did not do anything, despite the fact that we kept bringing these reports to them until the numbers reached to a significant level [17 women] [[17]].

A close look into Diren's account elucidates not only how Kurdish women's reproductive experiences are subjected to the interplay of national and local politics, but also a regionally specific patriarchal structure, creating further exhaustion. Specifically, this account shows that reproductive governance was carried out not only by state officials and medical staff, but also by local actors, such as the municipalities elected by Kurds and SES in the region.

Kurdish women's lack of proficiency in Turkish has significantly hindered their access to essential healthcare services, particularly during childbirth. This language barrier has led to miscommunications with medical staff, resulting in inadequate care that has had severe, even fatal, consequences. In this regard, it is impossible to separate Kurdish women's reproductive experiences from ethnoracial/national selective pronatalism as they stand at the center of reproductive debates and treatments. Kurdish women's reproductive experiences in Türkiye are shaped by a combination of factors, including involuntary sterilizations, their complex sociopolitical history, ongoing conflicts, societal pronatalism influenced by gender norms, and the state's selective pronatalist policies.

Selective pronatalism positions Kurdish women, such as Halise, as racialized'others,'intensifying their exhaustion. This exhaustion is further influenced by the racialization of their reproduction, the way in which they relate to their own reproduction and to the Turkish Republic's citizenship classifications. Despite the deterrent effects of their encounters in the medical system, women continue to seek solutions to having children to validate their womanhood, their position in the society in which they live in and claim their citizenship.

Conclusion

Women's reproduction is beyond the level of the individual and of a (here, heterosexually married) couple (Singh 2020). Although medical and technological interventions into reproductive bodies create various difficulties for all women (Bonaccorso 2009; Whittaker and Speier 2010), women belonging to a racialized group become exhausted not only from seeking for reproductive treatments but also from socio-political and financial factors (Briggs 2010; Banerjee 2019). This article offers an ethnographic analysis of the reproductive experiences of Kurdish women living in Türkiye. Kurdish women's exhaustion, produced by gendered-societal pronatalism and the state's ethnoracial, selective pronatalism unveils the specific ways in which reproductive governance functions and how stratified reproduction is produced by reproductive injustices.

[17] In tubal ligation process, the fallopian tubes could be cut, tied or blocked permanently to prevent pregnancy.

This article examines women's experiences with reproductive politics to understand two key aspects: first, how reproduction and access to reproductive health are stratified within unstable environments inhabited by racialized women; and second, the diverse forms of negotiations and identities that emerge from these stratified reproductive experiences. The'exhaustion'experienced by Kurdish women, such as Hatun, stems from their intersection with the State's ethnoracially selective pronatalism, political instability, violence targeting their racialized identities both within and outside medical settings, financial hardship, and societal pressure to embody the'complete woman'through motherhood, particularly of multiple male children. Thus, I show that reproductive experiences in Türkiye are varied through class, gender, race, ethnicity, and political status, marked by geographic locations.

Ethnic and racialized approaches to population define who should reproduce, and whose reproduction is "dangerous," which then needs to be controlled via family planning materials and sterilizations. Although ICPD's recommendations include "offering adequate protection and assistance to persons displaced within their country, particularly women, children and the elderly," these recommendations land unevenly and do not provide protection for displaced Kurdish women (United Nations Population Fund 1994). Instead, reproductive governance in Türkiye has continued to racialize and stratify Kurdish women's reproduction, creating exhausted patients. Access to reproductive health services is not solely determined by reproductive policies that define individuals'ability to utilize these services (Kanaaneh 2002). It is also stratified due to the intersectionality of residing in a patriarchal society and an economically disadvantaged, conflict-driven environment, where disparities in education, housing, and employment opportunities further exacerbate inequalities. When there is no justice in terms of accessibility to education, work, justice and health services, there is also no *reproductive justice* (Ross and Solinger 2017; Kılıçtepe et al. 2022).

The issue of reproductive injustice for individuals with racialized identities is not limited to Kurds and Türkiye. In the case of Türkiye, minority issues take on an additional significance with both the recent influx of Syrian, Afghan and Ukrainian refugees into the country and the ongoing political instabilities around the world. According to the most recent statistics, Türkiye hosts more than 3.6 million refugees of the Syrian Civil War, making it the largest host country for Syrian refugees. Based on the numbers of the United Nations' High Commissioner for Refugees (UNHCR), 300,000 Afghans fled to Türkiye, though only 183,000 are officially registered and the rest are undocumented [[18]]. As reported by the UN agency, 68,000 Ukrainians took refuge in Türkiye since the war in Ukraine started in February 2022 [[19]]. Despite having a different history than Kurds in Türkiye, Syrian women's bodies are also racialized. They, too, have had to deal with reproductive injustices

[18] According to UNICEF's Humanitarian Action for Children (2022), there are 3.6 registered Syrian refugees in Türkiye: "Humanitarian Action for Children," *Unicef for every child*, 2022. Website: https://www.unicef.org/appeals/syrian-refugees. Also see, Henry Ridgwell, "Undocumented Afghan Refugees in Turkey Struggle to Access COVID Treatments, Vaccines," *Voa News,* January 17, 2022. Accessed in February 18, 2022: https://www.voanews.com/a/undocumented-afghan-refugees-in-Turkey-struggle-to-access-covid-treatments-vaccines-/6390984.html.

[19] "Over 68,000 Ukrainians take refuge in Turkey: UN agency," *Daily Sabah*, April 6, 2022: https://www.dailysabah.com/politics/diplomacy/over-68000-ukrainians-take-refuge-in-Turkey-un-agency.

emerging from their racialized identities (Terzioğlu 2018). Showing the pitfalls of reproductive governance and the limitations imposed on individuals, Sunni Kurdish women's reproductive experiences provide evidence of how women experiencing political conflict become exhausted and how they negotiate, navigate, and conceive their reproduction in a place where their identities are historically racialized and their bodies perceived as over-fertile. This analysis contributes to the development of strategies aimed at achieving reproductive justice and enriches discussions on reproductive rights for all.

Acknowledgments The Indiana University Institutional Review Board (IRB) approved this study on May 19, 2015 (study# 1502765023). I would like to thank to the journal editors and reviewer(s), my PhD advisor Sara Phillips, my friends Burcu Mutlu, Polina Vlasenko, Ozen Bas, Sara Conrad, Julie Johnson-Searcy, Sami H Atassi and others for their precious comments, feedback and edits that helped me tremendously in crafting this article.

Funding Open access funding provided by the Scientific and Technological Research Council of Türkiye (TÜBİTAK). This work was funded by the Social Science Research Council Mellon International Dissertation Research Fellowship (2016), the National Science Foundation Doctoral Dissertation Research Fellowship [1559281], Indiana University's Center for Research on Race and Ethnicity in Society Graduate Student Research Award (2015), Mellon's Innovating International Research, Teaching and Collaboration Graduate Dissertation Fellowship (2015), and Orient-Institut Istanbul.

Social Science Research Council,National Science Foundation,1559281,Safak Kilictepe,Indiana University's Center for Research on Race and Ethnicity in Society Graduate Student Research Award,Mellon's Innovating International Research,Teaching and Collaboration Graduate Dissertation Fellowship,Orient-Institut Istanbul.

Declarations

Disclosure statement No potential conflict of interest was reported by the author.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/.

References

Abu-Lughod, Lila. 1990. The romance of resistance: Tracing transformations of power through Bedouin women. *American Ethnologist* 17 (1): 41–55.

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, Gendering Social Policy and Welfare State in Turkey* 41: 14–23.

Açıksöz, Salih Can. 2012. Sacrificial limbs of sovereignty: Disabled veterans, masculinity, and nationalist politics in Turkey. *Medical Anthropology Quarterly* 26 (1): 4–25.

Açıksöz, Salih Can. 2015. In vitro nationalism: Masculinity, disability, and assisted reproduction in war-torn Turkey. In *In*, ed. Gul Ozyegin, 19–37. Farnham, England: Ashgate.

Alemdaroğlu, Ayça. 2005. Politics of the body and eugenic discourse in early Republican Turkey. *Body & Society* 11 (3): 61–76.

Anagnost, Ann Stasia. 1988. Family violence and magical violence: The woman as victim in china's one-child family policy. *Women and Language* 11 (2): 16–20.

Aşci, Özlem., and Meltem Demirgoz Bal. 2023. The prevalence of obstetric violence experienced by women during childbirth care and its associated factors in Türkiye: A cross-sectional study. *Midwifery* 124: 103766.

Avcı, Nihal, and Meltem Mecdi Kaydırak. 2023. A qualitative study of women's experiences with obstetric violence during childbirth in Turkey. *Midwifery* 121: 103658.

Babül, Elif M. 2015. The paradox of protection: Human rights, the masculinist state, and the moral economy of gratitude in Turkey. *American Ethnologist* 42 (1): 116–130.

Banerjee, Dwaipayan. 2019. Cancer and conjugality in contemporary Delhi: Mediating life between violence and care. *Medical Anthropology Quarterly* 33 (4): 579–594.

Bhatia, Rajani, Jade S. Sasser, Diana Ojeda, Anne Hendrixson, Sarojini Nadimpally, and Ellen E. Foley. 2020. A feminist exploration of 'populationism': Engaging contemporary forms of population control. *Gender, Place & Culture* 27 (3): 333–350.

Bhatia, Rajani. 2021. Figuring India and China in the constitution of globally stratified sex selection. *Asian Bioethics Review* 13 (1): 23–37.

Black, Robert E., Lindsay H. Allen, Zulfiqar A. Bhutta, Laura E. Caulfield, Mercedes de Onis, Majid Ezzati, Colin Mathers, and Juan Rivera. 2008. Maternal and child undernutrition: Global and regional exposures and health consequences. *The Lancet* 371 (9608): 243–260.

Bledsoe, Caroline, Fatoumatta Banja, and Allan G. Hill. 1998. Reproductive mishaps and Western contraception: An African challenge to fertility theory. *Population and Development Review* 24 (1): 15–57.

Bonaccorso, Monica M. E. 2009. *Conceiving kinship: assisted conception, procreation and Family in Southern Europe*. New York: Berghahn Books.

Bourdieu, Pierre. 2001. *Masculine Domination*. Stanford University Press.

Bowen, Donna Lee. 1997. Abortion, Islam, and the 1994 Cairo Population Conference. *International Journal of Middle East Studies* 29 (02): 161–184.

Bridges, Khiara M. 2020. Racial disparities in maternal mortality. *New York University Law Review* 95: 1229.

Briggs, Laura. 2010. Reproductive technology: Of labor and markets. *Feminist Studies* 36 (2): 359–374.

Briggs, Laura. 2018. *How all politics became reproductive politics from welfare reform to foreclosure to trump*. California: University of California Press.

Brunson, Jan, and Siri Suh. 2020. Behind the measures of maternal and reproductive health: ethnographic accounts of inventory and intervention - Science Direct. *Social Science & Medicine* 254: 112730.

Colen, Shellee. 1986. *Stratified reproduction: The case of domestic workers in New York City*. Wrightsville Beach, North Carolina: In American Ethnological Society Meeting.

Colen, Shellee. 1995. *'Like a mother to them': stratified reproduction and West Indian Childcare workers and employers in New York*, 78–102. Conceiving the New World Order: The Global Politics of Reproduction.

Crenshaw, Kimberle. 1991. Mapping the margins: intersectionality, identity politics, and violence against women of color. *Stanford Law Review* 43 (6): 1241–99. https://doi.org/10.2307/1229039.

Davis, Dana-Ain. 2009. The politics of reproduction: the troubling case of Nadya Suleman and assisted reproductive technology[*]. *Transforming Anthropology* 17 (2): 105–16.

Dayi, Ayse, and Eylem Karakaya. 2018. Transforming the gendered regime through reproductive politics: Neoliberal health restructuring, the debt economy and reproductive rights in Turkey. *Les Cahiers Du CEDREF. Centre D'enseignement, D'études Et De Recherches Pour Les Études Féministes,* 22: 158–192.

Delaney, Carol L. 1991. *The seed and the soil: gender and cosmology in turkish village society*, vol. 11. California: University of California Press.

Dixon, Lydia Zacher. 2023. 'No Se Cuidan (they don't take care of themselves)': reframing reproductive rights as contraceptive responsibility in post-ICPD Mexico. Studies in Comparative International Development, December. https://doi.org/10.1007/s12116-023-09409-9

Dündar, Fuat. 2012. Abidin Özmen'in 'Siyah Raporu' Vesilesiyle Kürt Nüfus Artışı Sorunu. *Toplumsal Tarih* 226: 76–82.

Ebenstein, Avraham. 2010. The 'missing girls' of China and the unintended consequences of the one child policy. *Journal of Human Resources* 45 (1): 87–115.

Erkmen, Sedef. 2020. *Türkiye'de Kürtaj: AKP ve Biyopolitika*. İstanbul: İletişim Yayınları.

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.

Federici, Silvia. 2020. *Revolution at point zero: housework, reproduction, and feminist struggle*. New York: PM Press.

Franklin, Sarah. 2022. *Embodied progress: a cultural account of assisted conception*, 2nd ed. London: Routledge.
Ghannam, Farha. 2013. *Live and die like a man: Gender dynamics in urban Egypt*. California: Stanford University Press.
Giacaman, Rita, Harry S. Shannon, Hana Saab, Neil Arya, and Will Boyce. 2007. Individual and collective exposure to political violence: Palestinian adolescents coping with conflict. *European Journal of Public Health* 17 (4): 361–368.
Ginsburg, Faye D., and Rayna Rapp. 1995. *Conceiving the new world order: the global politics of reproductionconceiving the new world order: the global politics of reproduction*. California: University of California Press.
Göçek, Fatma Müge. 2008. Through a glass darkly: Consequences of a politicized past in contemporary Turkey. *The Annals of the American Academy of Political and Social Science* 617: 88–106.
Goknar, Merve Demircioğlu. 2015. Achieving procreation: childlessness and IVF in Turkey. Vol. 29. Berghahn Books. https://doi.org/10.3167/9781782386346
Good, Mary-Jo DelVecchio. 2001. The biotechnical embrace. *Culture, Medicine and Psychiatry* 25 (4): 395–410.
Greenhalgh, Susan. 1994. Controlling births and bodies in village China. *American Ethnologist* 21 (1): 3–30.
Greenhalgh, Susan. 1995. *Situating fertility: anthropology and demographic inquiry*. Cambridge: Cambridge University Press.
Gupta, Monica Das, Jiang Zhenghua, Li. Bohua, Xie Zhenming, Woojin Chung, and Bae Hwa-Ok. 2003. Why is son preference so persistent in East and South Asia? A cross-country study of China, India and the Republic of Korea. *The Journal of Development Studies* 40 (2): 153–187.
Gürtin, Zeynep B., Marcia C. Inhorn, and Soraya Tremayne. 2015. Islam and assisted reproduction in the Middle East: Comparing the Sunni Arab World, Shia Iran and Secular Turkey. In *The Changing World Religion Map*, ed. Stanley D. Brunn, 3137–3153. Netherlands: Springer.
Gürtin, Zeynep B. 2016. Patriarchal pronatalism: Islam, secularism and the conjugal confines of Turkey's IVF boom. *Reproductive Biomedicine & Society Online, Symposium: IVF - Global Histories* 2 (June): 39–46.
Haraway, Donna. 1988. Situated knowledges: The science question in feminism and the privilege of partial perspective. *Feminist Studies* 14 (3): 575–599.
Hartmann, Betsy. 2018. Reproductive rights and wrongs. In *Living with contradictions: Controversies in feminist social ethics*, ed. A.M. Jaggar, 330–40. New York and London: Routledge.
Him, Miki Suzuki, and Ay.şe Gündüz. Hoşgör. 2011. Reproductive practises: Kurdish women responding to patriarchy. *Women's Studies International Forum* 34 (4): 335–344.
HRA. 2017. UN report details massive destruction and serious rights violations since July 2015 in Southeast Turkey, March 10, 2017. https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21342.
Humanitarian Action for Children. 2022. *Unicef for every child*. Website: https://www.unicef.org/appeals/syrian-refugees. Accessed 18 Feb 2022.
Icduygu, Ahmet, David Romano, and Ibrahim Sirkeci. 1999. The ethnic question in an environment of insecurity: The Kurds in Turkey. *Ethnic and Racial Studies* 22 (6): 991–1010.
Inhorn, Marcia C. 2005. Fatwas and ARTs: IVF and gamete donation in Sunni v. Shi'a Islam. *J. Gender Race & Just* 9: 291.
Inhorn, Marcia Claire. 2012. *The new arab man: emergent masculinities, technologies, and islam in the middle east*. New Jersey: Princeton University Press.
Kabakian-Khasholian, Tamar, and Rima Mourtada. 2017. Perspectives of displaced Syrian women and service providers on fertility behaviour and available services in West Bekaa. *Lebanon. Reproductive Health Matters* 25 (1): 75–86.
Kanaaneh, Rhoda Ann. 2002. *Birthing the nation: strategies of palestinian women in Israel*. California: University of California Press.
Kanaaneh, Rhoda Ann, and Isis Nusair. 2010. *Displaced at home: ethnicity and gender among Palestinians in Israel*. Albany, N.Y: State University of New York Press.
Kandiyoti, Deniz. 1988. Bargaining with patriarchy. *Gender & Society* 2 (3): 274–290.
Kaufman, Emily. 2021. Bio-spatial policing in theory and practice: examining impacts and resistance through mobilities and children's everyday life. Theses and Dissertations--Geography. https://doi.org/10.13023/etd.2021.359
Khalili, Mohammad Ali, Mete Isikoglu, Nasim Tabibnejad, Mehdi Ahmadi, Farhang Abed, Mohammad E. Parsanejad, Mojdeh Ghasemi, and Hachem el Jamal. 2008. IVF staff attitudes towards oocyte donation: A multi-centric study from Iran and Turkey. *Reproductive BioMedicine Online* 17. *Supplement* 3: 61–66.

Kılıçtepe, Şafak. 2021. Feeling like a 'Misfit': Kurdish women's entangled reproductive experiences in Turkey. In *The politics of the female body in contemporary Turkey: Reproduction, maternity, sexuality*, ed. by Hilal Alkan, Ayşe Dayı, Sezin Topcu, and ve Betül Yarar, 85–100. New York London: I.B. TAURIS Bloomsbury Publishing.

Kılıçtepe, Şafak, Seda Saluk, and Burcu Mutlu. 2022. Üreme Adaleti Perspektifinden Türkiye'de Üreme ve Doğurganlık Politikalarına Bakış [The Politics of Reproduction and Fertility in Turkey from the Perspective of Reproductive Justice]. *Feminist Tahayyül* 3 (1): 39–72.

Kligman, Gail. 1992. Abortion and international adoption in post-Ceausescu Romania. *Feminist Studies* 18 (2): 405–419.

Koc, Ismet, Attila Hancioglu, and Alanur Cavlin. 2008. Demographic differentials and demographic integration of Turkish and Kurdish populations in Turkey. *Population Research and Policy Review* 27 (4): 447–457.

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. 2015. Feeling labor: Commercial divination and commodified intimacy in Turkey. *Gender & Society* 29 (2): 195–218.

Kutluata, Zeynep. 2002. Feminist Kürt Kadın Dergilerinde Doğum Kontrol Tartışmaları. *Toplum Bilim,* 15: 35–40.

Maffi, Irene. 2016. Full article: the detour of an obstetric technology: active management of labor across cultures. *Medical Anthropology* 35 (1): 17–30.

Marchesi, Milena. 2016. Reproducing Italians: Contested biopolitics in the age of 'Replacement Anxiety.' In *Reproduction and biopolitics: Ethnographies of governance, rationality and resistance*, ed. Silvia De Zordo and Milena Marchesi, 35–52. New York and London: Routledge.

Marcus, George E. 1995. Ethnography in/of the world system: The emergence of multi-sited ethnography. *Annual Review of Anthropology* 24 (1): 95–117.

Martin, Emily. 2001. *The woman in the body: A cultural analysis of reproduction*. Boston: Beacon Press.

Miller, Ruth A. 2007. Rights, reproduction, sexuality, and citizenship in the Ottoman Empire and Turkey. *Signs* 32 (2): 347–373.

Mills, Mary Beth. 2003. Gender and inequality in the global labor force. *Annual Review of Anthropology* 32 (1): 41–62.

Morgan, Jennifer L. 2004. *Laboring women: Reproduction and gender in new world slavery*. Philadelphia: University of Pennsylvania Press.

Morgan, Lynn M., and Elizabeth FS. Roberts. 2009. Rights and reproduction in Latin America. *Anthropology News* 50 (3): 12–16.

Mutlu, Burcu. 2024. Strategic in/visibility of Turkish egg donors: reproductive labor, secrecy, and stigma in the transnational bioeconomy. *Medical Anthropology*, 1–17. https://doi.org/10.1080/01459740.2024.2355959

Mutlu, Burcu. 2018. *Transnational biopolitics and family-making in secrecy: An ethnography of reproductive travel from turkey to Northern Cyprus*. PhD dissertation. Cambridge: Massachusetts Institute of Technology.

Mutlu, Burcu, and Seda Saluk. 2020. Türkiye'de Üreme Sağlığı ve Kürtaj Tartışmaları. *Modern Türkiye'de Siyasi Düşünce: Feminizm* 10: 411–421.

Nahman, Michal. 2013. *Extractions: an ethnography of reproductive tourism. globath ethics series.* Houndmills, Basingstoke, New York: Palgrave Macmillan.

Nandagiri, Rishita. 2021. What's so troubling about 'voluntary' family planning anyway? *A Feminist Perspective. Population Studies* 75 (sup1): 221–234.

Nelson, Lise. 2010. Geographical perspectives on development studies. In *Oxford Research Encyclopedia of International Studies*. https://doi.org/10.1093/acrefore/9780190846626.013.197

Özbay, Ferhunde. 2014. Demografik Dönüşüm Sürecinde İktidar, Kadın ve Aile. In *Başka Bir Aile Anlayışı Mümkün mü?*, ed. Nihal Boztekin, 106–111. İstanbul: Heinrich Böll Stiftung Derneği Türkiye Temsilciliği.

Özok-Gündoğan, Nilay. 2005. 'Social development' as a governmental strategy in the Southeastern Anatolia Project. *New Perspectives on Turkey* 32: 93–111.

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*, ed. Michi Knecht, Maren Klotz, and Stefan Beck, 197–228. Frankfurt and New York: Campus Verlag.

Presser, Harriet, and Gita Sen. 2000. *Women's empowerment and demographic processes: Moving beyond Cairo*. Oxford: Oxford University Press.

Ragone, Helene. 2000. Of likeness and difference: How race is being transfigured by gestational surrogacy. In *Ideologies and technologies of motherhood: Race, class, sexuality, nationalism*, ed. Helene Ragoné and France Winddance Twine, 56–75. New York and London: Routledge.

Rahim, Hanan F., Laura Wick Abdul, Samia Halileh, Sahar Hassan-Bitar, Hafedh Chekir, Graham Watt, and Marwan Khawaja. 2009. Maternal and child health in the occupied Palestinian Territory. *The Lancet* 373 (9667): 967–977.

Rao, Mohan, and Sarah Sexton. 2010. *Markets and Malthus: population, gender, and health in neo-liberal times*. India Pvt Ltd: SAGE Publications.

Rivkin-Fish, Michele. 2013. Conceptualizing feminist strategies for russian reproductive politics: Abortion, surrogate motherhood, and family support after socialism. *Signs* 38 (3): 569–593.

Roberts, Elizabeth F. S. 2012. *God's Laboratory: assisted reproduction in the Andes*. California: University of California Press.

Ross, Loretta, and Rickie Solinger. 2017. *Reproductive justice: an introduction*. California: Univ of California Press.

Saluk, Seda. 2023. Fraternal natalism: Demographic anxieties and the righteous state in Turkey. *Women's Studies International Forum* 98 (May): 102751.

Scheper-Hughes, Nancy. 1992. *Death without weeping: the violence of everyday life in Brazil*. Berkeley: University of California Press.

Singh, Holly Donahue. 2020. Numbering others: Religious demography, identity, and fertility management experiences in contemporary India. *Social Science & Medicine, behind the Measures of Maternal and Reproductive Health: Ethnographic Accounts of Inventory and Intervention* 254: 112534.

Smith, Andrea. 2011. Against the law: Indigenous feminism and the nation-state. In *Affinities: In a journal of radical theory, culture, and action*, ed. Glen Coulthard, Jacqueline Lasky, Adam Lewis, and Vanessa Watts, 56–69. Special Issue on Anarch@Indigenism.

Smits, Jeroen, and Ay.şe Gündüz-Hoşgör. 2003. Linguistic capital: Language as a socio-economic resource among Kurdish and Arabic women in Turkey. *Ethnic and Racial Studies* 26 (5): 829–853.

Suh, Siri. 2019. Metrics of survival: Post-abortion care and reproductive rights in Senegal. *Medical Anthropology* 38 (2): 152–166.

Terzioğlu, Ay.şecan. 2018. The banality of evil and the normalization of the discriminatory discourses against Syrians in Turkey. *Anthropology of the Contemporary Middle East and Central Eurasia* 4 (2): 34–47.

Terzioğlu, Ay.şecan, and Weeam Hammoudeh. 2017. Coping with cancer diagnosis and treatment: A comparative study on women with breast cancer in Turkey and occupied Palestinian territory. *Reproductive Health Matters* 25 (sup1): 35–46.

Thompson, Charis. 2005. *Making Parents: The ontological choreography of reproductive technologies*. Cambridge: MIT Press.

Topçu, Sezin. 2021. Banning caesareans or selling 'choice'?: The paradoxical regulation of caesarean section epidemics and the maternal body in Turkey. In *The politics of the female body in contemporary turkey: Reproduction, maternity, sexuality*, ed. Hilal Alkan, Ayse Dayi, Sezin Topçu, and Betül Yarar, 103–126. New York: I.B. TAURIS Bloomsbury Publishing.

Turkish Statistical Institute. 2018. http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=24647. Accessed 23 Oct 2018.

Turkish Statistical Institute, March 23, 2022. https://data.tuik.gov.tr/Bulten/Index?p=Labour-Force-Statistics-2022-49390&dil=2. Accessed 10 Mar 2025.

United Nations Population Fund. 1994. *Programme of action: Adopted at the international conference on population and development*. Cairo.

Whittaker, Andrea, and Amy Speier. 2010. 'Cycling overseas': Care, commodification, and stratification in cross-border reproductive travel. *Medical Anthropology* 29 (4): 363–383.

Yuval-Davis, Nira. 1996. Women and the biological reproduction of 'the nation.' *Women's Studies International Forum, Links across Differences: Gender, Ethnicity, and Nationalism* 19 (1): 17–24.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Şafak Kılıçtepe is a medical anthropologist whose research interests include reproductive politics, reproductive technologies, medical technologies, science and technology studies, race, ethnicity, minority politics, disability studies, alternative medicine and emerging wellness fields. She works as an assistant professor in the Department of Anthropology at Kırşehir Ahi Evran University in Türkiye.