

Egg freezing experiences of women in Turkey: From the social context to the narratives of reproductive ageing and empowerment

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Abstract

This article explores egg freezing experiences of women in Turkey. Since 2014, it has been legal in Turkey to use egg freezing technology for ageing women, while it was previously allowed only for disease-related purposes. In cooperation with a private fertility clinic in Istanbul, the authors conducted 21 interviews with older, single women who held either professional or managerial positions and who were undergoing or had undergone the procedure. Drawing on a qualitative analysis of these interviews, the authors explore the social context in which women postpone motherhood and decide to freeze their eggs. The study also looks at the women's emotional responses to ageing that were triggered by the experience of egg freezing and their narratives of empowerment as a result of the procedure.

Keywords

Ageing, egg freezing, empowerment, gender, reproductive technologies

Introduction

Many women worldwide heard of egg freezing for the first time in 2014, thanks to the news about a few well-known American companies that decided to support their female

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employees in freezing their eggs, thus allowing them to focus on their careers by postponing motherhood (Miller, 2014). While much debate ensued in the media on this relatively new technology, scientific literature is still scant with respect to women's experiences of the procedure. Medical researchers have focused primarily on women's awareness of and attitudes toward egg freezing, using survey methods (Lewis et al., 2016; Stoop et al., 2011; Tan et al., 2014; Wennberg et al., 2016), yet studies on women who have actually undergone the procedure are scarce, and most are based on surveys (Hodes-Wertz et al., 2013; Stoop et al., 2015). Studies based on interviews to explore the motivations and experiences of women who freeze their eggs are also few (Baldwin et al., 2015; Waldby, 2015a, 2015b). This article contributes to the literature by providing thick descriptions of the motivations and experiences of women who were undergoing or had undergone the egg freezing procedure for reasons related to reproductive ageing.

The article proceeds as follows: we first review the literature on egg freezing with regard to the debates on women's reasons for freezing their eggs and the potential benefits and risks associated with the procedure. Second, we describe our methodological approach. Third, to situate the case within the national social context, we provide background information on the Turkish legal framework for egg freezing, the indicators related to marriage, attitudes toward childbearing, and female labour force participation. Fourth, we provide an empirical analysis: we describe women's personal reasons for and the social context women underline to explain their decision to postpone motherhood and freeze their eggs and then discuss their emotional responses to ageing as triggered by the experience of egg freezing. Finally, we present women's accounts of empowerment. We conclude with an overall discussion.

Literature review

Whether freezing eggs empowers women by extending their fertility period is an important topic of discussion in the literature. Some researchers claim that the extra time gained through egg freezing gives women a chance to continue their education for more years, to invest in their career for a longer time, and to defer decisions about getting married and having children (Harwood, 2009; Inhorn, 2013; Richards, 2013; Urist, 2013). Focusing on the issue of time, Waldby (2015b) describes how several women thought that freezing their eggs would give them more time to secure a relationship with a reliable partner and to establish a household. Similarly, the reasons for freezing eggs presented by Stoop et al. (2011) include having 'insurance against infertility', gaining time to find a suitable partner or to establish a better relationship, and alleviating the social pressure of immediate childbearing. Others point to a sense of empowerment provided by egg freezing since it protects fertility and gives women a choice on the genetic father of their children (Robertson, 2014).

While some researchers see egg freezing as an event that increases the autonomy of women, others claim that extending the period of fertility may not necessarily reflect the 'true' interests of women and does not necessarily lead to increased autonomy (Bittner, 2009). However, it would be an oversimplification to discuss egg freezing solely in terms of autonomy. Social factors such as the rise in female participation in the labour force, an increase in marriage age and rising divorce rates must be included in the discourse, along

with social norms regarding women's reproductive roles and the stigmatization of childlessness (Cil et al., 2015; Gillespie, 2001).

Women might also feel pressure to freeze their eggs 'for the sake of workplace and career efficiency', and an employer's willingness to pay for egg freezing may create even more pressure for women to stay competitive (Robertson, 2014: 10–11). In a similar vein, employer subsidies for egg freezing may be viewed as an intrusion into female employees' reproductive choices (Linkeviciute et al., 2015; Martinelli et al., 2015).

Several scholars maintain that being forced to decide out of hopelessness, desperation or ignorance cannot be interpreted as autonomy (Harwood, 2009; McLeod, 2002). 'The request for treatment ... and the circumstances around it carry emotional and life issues which can impede the ability of patients to hear and process the information around oocyte cryopreservation' (Cutting et al., quoted in Mertes and Pennings, 2011: 827). Additionally, existing studies demonstrate that women are not always well informed about their fertility, available fertility preservation techniques, or the health risks and success rates of these techniques (Harwood, 2009; Hodes-Werts et al., 2013; Mertes and Pennings, 2011; Morgan and Taylor, 2013). Hence, there is a need to educate both the public in general, and women in particular, about female fertility (Qiao, 2014). Otherwise, enthusiastic promotion of the purported benefits of egg freezing without reference to potential drawbacks (Mertes and Pennings, 2011) can lead to 'commercial exploitation' rather than to an expansion of women's 'reproductive autonomy' (Martinelli et al., 2015).

Issues of accountability and responsibility frequently arise in these discussions. Martin states that 'contemporary biomedicalization has replaced 'illness' with 'health,' turning it into an individual project of social responsibility wherein technologies of risk and surveillance are used to manage and achieve an ideal state of being' (2010: 530). Biomedicalization is a result of the application of technologies that are developed for one group of individuals with specific biomedical needs to other groups whose needs and situations are different (Martin, 2010: 528). This generally results in a redefinition of categories and expansion of boundaries. In the case of reproductive ageing, Martin defines it as 'anticipated infertility', where women who are not infertile are diagnosed with and treated for a potential future condition. Adams et al. conceptualize biopreparation in a similar way, emphasizing that this new approach to health conditions acts in anticipation of potential medical problems as if they were already there (2009: 258). In such a context, women are seen as actors who are responsible for taking steps to achieve an ideal individual state. Yet the question of whether it is solely women who are responsible for reproductive decisions is an important one here (Daniluk, 2015; Lemoine and Ravitsky, 2015). There are scholars who claim that freezing one's eggs because of age-related fertility decline is an individual decision of women to empower themselves. Responding to this position, feminist scholars point to social and institutional factors that prompt women to have the procedure (Cattapan et al., 2014; Lemoine and Ravitsky, 2015; Morgan and Taylor, 2013), and propose alternative ways to empower women that would include social policies that are women-friendly, such as paid paternal leave, affordable childcare and comprehensive health insurance.

Methods

This article draws on semi-structured interviews conducted with 21 women who were either in the process of freezing their eggs or who had completed the process in the past year. The authors conducted the interviews in the second half of 2016. While both authors were present in half of the interviews, the rest were conducted by one author or the other, using the same interview guideline. Eighteen of the interviewees were recruited through the American Hospital IVF Center in Istanbul; the remaining three were recruited through personal contacts.

All respondents were Turkish citizens, two of whom were living in the US at the time. The median age was 40. Twenty of the women were employed, and one was temporarily unemployed. The occupations represented in the sample included lawyers, nurses, medical doctors, psychologists, academics, engineers and high-level managers in multinational companies. One respondent had only a high school education, while the rest had university degrees, and about one-third held a graduate degree. All were single: three were divorced and 18 had never been married. Five of them were in a relationship at the time of the interview.

Since it was the experiences of egg freezing that we aimed to explore, we used semi-structured interviews, which allowed us to collect data in a theoretically informed but relatively flexible way. Our research proposal was approved by the Ethics Committee for Social Sciences of Koç University in Istanbul. Respondents were given an informed consent form before the interviews, and their oral consent was taken as well. They were asked how they had learned about the procedure, how they had decided to freeze their eggs, and how they felt (both psychologically and physiologically) during the process, and whether financing the procedure was an issue for them. They were also asked about their ideas about the potential effects on future relationships that having frozen eggs might bring about. Additionally, we asked general questions about their families, their romantic relationships, their thoughts on marriage and childbearing, their educational background and career trajectories that might influence their decision to freeze their eggs.

Two research assistants transcribed the interviews verbatim and assigned each participant a pseudonym. The authors analysed the transcripts, following Boyatzis's approach of thematic coding, which basically entails presenting what researchers see in the data and how they interpret it (1998: 4). No software was used for data analysis since the authors wanted to stay close to the data by repeated close readings of the transcripts. Analyses were therefore done manually. After a close reading of the transcripts by both authors, and bearing in mind the previous reading of the literature, the data were categorized under themes that emerged from the interviews (e.g. the social context of egg freezing, the experience of reproductive ageing and women's accounts of empowerment). After repeated reading of the material, sub-themes were then generated for each theme (e.g. working conditions, under the theme of social context).

The main limitation of this study was its biased sample. As mentioned above, 18 of the respondents were recruited through a private hospital, where fees tend to be considerable, an indicator that participants probably had a relatively high earning potential and were likely highly educated. Further research is needed to explore the experiences of women who undergo this procedure in public hospitals, therefore.

Egg freezing and women in Turkey

Until 2014, it was legal to freeze eggs only for disease-related reasons in Turkey – for example; patients who were about to undergo cancer treatment or have surgical procedures that could threaten reproductive functions were allowed to have the procedure. In 2014, however, the restriction on freezing eggs was relaxed, allowing its use for other medical situations such as diminishing ovarian reserves and a family history of premature menopause.

The use of frozen eggs for in-vitro fertilization (IVF) is allowed only for married couples. Therefore, single women who freeze their eggs are doing so at the risk of never being able to use these eggs. A formal requirement that a woman must be married in order to be eligible for IVF also makes egg freezing an unsuitable tool for unmarried but cohabiting couples and homosexual couples. It is important to note that reproductive technologies such as egg, sperm and embryo donations are not allowed in Turkey.

Fees for egg freezing vary according to the fertility clinic, and although there is partial public insurance coverage, the number of public hospitals where the procedure is available is limited. The procedure is said to be available in two public hospitals in Istanbul, but one woman we interviewed mentioned that she had been trying to start the process for six months in one of these hospitals, without success. She also mentioned that there is not yet a single patient who has managed to get her eggs frozen in this public hospital. The private fertility clinic where we conducted most of the interviews charges about US\$2000 per cycle, while the annual fee for banking the eggs is about US\$200, and hormone medication costs about US\$500 dollars per cycle.

As the regulations on egg freezing imply, prevalent social norms stipulate marriage as a requirement for childbearing, making it illegal to have children out of wedlock, especially in a context of single motherhood. Marriage and motherhood are strong elements of the gender norms in Turkish society, and childlessness can be a source of stigmatization (Göknaar, 2015). Statistics also suggest that, in 2013, delayed marriage and postponed motherhood were uncommon phenomena: the median age for the first marriage for women was 21, and for women between the ages of 25 and 49, the median age for bearing the first child was 22.9 (HÜNEE, 2014). There is a positive relationship between the median age and variables such as education level and urban residence, a fact that takes on considerable importance, considering that the sample at hand was composed of women with high education levels residing in large cities.

Female labour force participation in Turkey is relatively low by European standards. The 2015 rate was 35% across the country and 36.6% for Istanbul alone. Female employment in urban areas is concentrated in the service sector, which is usually characterized by low-paying, low-skilled jobs. In 2015, the rates of women employed in managerial and professional occupations were 2.2 and 14.3%, respectively (TURKSTAT, 2016). These statistics contribute to the understanding of the societal status of the women we interviewed for this study, given that they held either managerial or, more commonly, professional positions. The personal histories related by the women show that the exceptional career trajectories they have pursued are relevant to their experience of egg freezing.

Women's narratives of egg freezing

This section presents our findings on women's experiences and expectations with regard to egg freezing. First, we focus on the social context of egg freezing – particularly, the social conditions under which women decide to postpone motherhood and freeze their eggs. Second, we focus on women's emotional responses to ageing as triggered by the experience of egg freezing. Third, we focus on their accounts of empowerment.

The social context of egg freezing

'When I went for a routine check-up, the gynaecologist told me about the likelihood of premature menopause and recommended egg freezing', said 40-year-old Yasemin, an engineer by training who works as the marketing director of an international company. Many of the women had read or heard about this technology, but it was generally their gynaecologist who recommended it after a diagnosis of diminishing ovarian reserves or potential premature menopause. When we asked why they were not trying having children now instead of freezing their eggs, virtually all of them stated that they did not have a suitable partner for that. This response is in line with the existing literature, which points to the lack of a reliable partner and a secure relationship as one of the major reasons for egg freezing (Cil et al., 2015; Waldby, 2015b).

In the mainstream media, egg freezing is usually framed as an option for career-oriented women to help them focus on their job by delaying parenthood. While none of the women we interviewed acknowledged their future career goals as a reason for freezing their eggs, we saw that their past experiences – such as long time spent in education and demanding working conditions – might have been factors that led them to postpone motherhood and to freeze eggs (cf. Esping-Andersen, 2015).

Esin, 40, a medical doctor, told us about her years at medical school:

If you choose to study medicine at university, you are already at a disadvantage. Although I have friends who did it, it is terribly difficult to bear and raise children before you reach a certain point [in your career]. Frankly, I didn't want to take that responsibility. I was quite a nerd ... It was difficult to even think about marriage before I finished school, did my internship and completed specialty training.

Meltem, 39, also a medical doctor, divorced, recounted a story that complements Esin's. She said she did not feel ready for motherhood (neither psychologically nor materially) when she was married: 'Because of our profession, we lead a highly unstable life. We move a lot. We have to do our obligatory [public] service ... our lives stabilize only as we approach the age of 40.'

Çağla, 41, related a similar story about her academic career. She started her education in Istanbul, but went on to earn a PhD from a US university. After that, she lived in several US cities before she finally found a tenure-track position. 'The positions were only for one year', she remarked. 'I didn't have time to socialize; I was constantly looking for a job. And I knew I would have to move again ... In my first year, I was working 15 hours a day. I hardly had time to cook for myself, let alone go out for a date.'

Likewise, Yasemin, the marketing director mentioned above, explained how career consumes her time and energy. She reported having to spend about three months out of the year away from home, travelling to destinations in the Middle East and Central Asia.

Ece, 38, an engineer in an international company, on the other hand, took a different route: she changed her job, leaving a hectic career that sapped her time and energy:

In my previous job, it was so hectic. It was a good position, but the travelling was too much. I left that job because of health problems and found the current one, which is calmer, so that I could start a family. I'm getting old ... I want to have a family and a calmer, stable job with predictable working hours and less travel ... Interestingly, I met my current boyfriend shortly after I got this job.

Apart from long years of study and a series of non-permanent jobs, family responsibilities such as elderly care can complicate the work–life balance for women. Ayşe, 41, a project manager, told us she would not be able to have a child now even if she was married: 'I have too many other responsibilities ... My mother is sick, and because I'm her only child, I assume the medical and financial responsibilities ... these might change with the support of a partner, but still ...'

Women's narratives show that they have been overwhelmed by problems related to their work–life balance. Therefore, their decision to postpone parenthood and freeze eggs can be seen as a result of such challenges. This seems at odds with the mainstream media message that depicts egg freezing as a matter of rational choice that would enable women to focus on their careers.

Women's emotional responses to ageing as triggered by the experience of egg freezing

When women were asked how they felt when told their ovarian reserves were declining, they indicated that learning about egg freezing technology changed their perception of ageing, the stage of life they were going through, and about their life choices. The existing literature on medicalization also emphasizes how reproductive technologies change women's experience of (in)fertility: infertility is no longer seen as part of the normal progression of life but as a condition that women are expected to take charge of, a condition against which they should take precautions (Bell, 2009; Martin, 2010).

Most of the women interviewed reported that learning about this technology was an eye-opening experience, particularly with respect to their age. Prior to learning about the diagnosis many did not think that they were old enough to have to think about fertility decline. Handan, 44, a medical doctor, explained it as follows: 'When my doctor recommended I freeze my eggs at the age of 35 or 36, I was offended. I don't know why I felt that way ... Until very recently, I had never thought about it. It was a very sudden decision. Probably it's about age, it's because I feel I'm getting older, I feel like I'm losing everything.'

The ovarian reserve test is often the first encounter with the reality of ageing. Yasemin recounted her experience as a big shock since she had never thought she was already at this stage of life: 'I was shocked when I encountered an ageing issue. I looked and felt

young. Then I thought about it more and told myself I couldn't expect every part of my body to have the same capacity ... If I hadn't given it [egg freezing] a try, I would never have forgiven myself.'

As Yasemin's comment suggests, the existence of such a technology makes women feel responsible for the protection of their future fertility. This is in line with the view of feminist scholars, who are critical of egg freezing and who maintain that being presented with an option to freeze eggs may make women feel guilty about any negative consequences that may arise in the future (Cattapan et al., 2014: 239).

Women generally describe learning about ovarian reserve decline as one where something that belongs to them is taken away, or that they are losing their natural rights. Ayşe says: 'When I saw the decline in my ovarian reserves, I felt I was losing a right ... Even though I'm not sure I want [a child], it still made me feel bad.'

Esin explained how reproductive ageing can be a source of stigmatization:

I just feel sorry when something is taken away from a person. Unfortunately, this is part of being a woman. You know, there's the idea that unless you have a child by a certain age, you're finished. I think this is bad. We should at least freeze those eggs while we are young, when we can still do it.

Following the first encounter with the reality of ageing, women usually feel stressed by the possibility of being unable to have a child. Most of the women we interviewed who were not sure whether they wanted to have children told us they had started thinking and behaving as if it was the most important thing in their life – that is, once they were diagnosed with diminished ovarian reserves, they felt the need to protect the option of having a child. They claimed that having a child would change their priorities in life. Ela, 43, a marketing director, said, 'Having a child may change my priorities. I'm not sure I would continue in my career or change my career path if I have child ... I might work as a consultant or work part-time ... I don't need to be a full-time marketing director in a company, or be a general manager, nor do I aspire to own a house or a yacht.'

Çağla, having devoted her life to building a successful academic career in a very competitive field in the US, now regrets her life trajectory because it has diminished her chances of motherhood: 'Having a kid is much more important than my career', she declared. Asked about her long years of education and her subsequent career, she said, 'Sometimes one hates it and questions whether it was worth all of this. It would be easier if I had got married and had children [instead of focusing on a career].'

Some women frame the decline of ovarian reserves in terms of passing from one stage of life to another. Concerns about mortality and death also came up frequently in the interviews. These are not, of course, gender-specific phenomena, but it is interesting to observe women's concerns about such universal issues in the particular context of reproductive ageing and egg freezing. Defne, a doctoral researcher, was the one of youngest respondents. At the age of 29, she faced the possibility of premature menopause. She explained how she felt when she learned about her medical situation:

I felt like I was dying. Really, a stage of my life ended, and now I am in the phase of dying. I mean, I felt devastated ... There was a period when you kept growing up. I didn't notice when

it ended. Probably I thought I was still growing up ... Now that this thing has happened, that period is over and a new period is opening up and you realize there is something declining ... It feels like something has died in me, and I wasn't even aware of it.

Accordingly, some see childbearing as a sort of immortality. Zeynep, 39, a lawyer, explained her decision to freeze her eggs: 'There are lots of medical developments ... Maybe immortality ceases to be a dream. I'm thinking of freezing my eggs before then. But even if it [medical innovation for immortality] doesn't happen, I imagine that [if I have a child], some part of me will be alive and will continue to live, even after I die.'

In a similar vein, a couple of women described childbearing as a way of leaving a mark on the world. For instance, Defne said:

Everyone has this feeling of wanting to leave a mark ... I think a child represents this feeling. After I learned that I might not have a child, I started to think about how else I could leave a mark ... I could write a book, for example.

In addition to a human reaction to ageing and mortality, in some cases we also see that the prospect of infertility heightens gender-specific worries about not fulfilling the role of being a mother. One example is the fear of being an old mother. This fear is explained with reference to the stigmatization of advanced-age motherhood, potential generational conflicts between mother and child, and the fear of dying before the child becomes self-sufficient. Deniz, 42, a clinical psychologist, imagined herself as an advanced-age mother: 'If I give birth now, I will be almost 60 when the child is 15. This is an old age ... So I go to pilates twice a week, I have to take care of myself and be healthy so that I won't be a burden on my child. She shouldn't have be concerned about my dying or my being too old to help when she needs me.' In a similar vein, Damla, 43, an accountant, stated that she did not want to be an advanced-age mother simply because 'no kid wants an old mother'.

Our findings support the literature on the medicalization of women's bodies. Women's narratives show that their emotional responses to ageing as triggered by the experience of egg freezing brought about changes in their self-perception, their priorities concerning career and childbearing goals, and anxieties about loss. In these experiences, we see how the medicalization of (in)fertility reflects and actually reinforces gender role norms. In other words, through medicalization, women are being defined as potential mothers who need to protect their fertility, and hence, they find themselves troubled by another problem, i.e. reproductive ageing.

Women's accounts of empowerment

When the interviewees learned about a decline in their fertility and were advised to freeze their eggs, they generally did not hesitate. They saw it as an empowering opportunity to maintain their reproductive capacities and extend the time period for childbearing. The issue of empowerment is both theory-informed and data-driven in the context of this research.

Women were not asked directly about whether they found the option to freeze their eggs empowering, but their answers to questions that probed issues such as how they felt

about having eggs frozen, and whether they thought having eggs frozen would influence their relationship with possible future partners brought empowerment to the front. We embarked on our study not with a predefined concept of empowerment, but with a close reading of the literature. We found that some studies maintain that egg freezing empowers women, while others reject the idea of empowerment, claiming that it creates pressure on women to find personal solutions to what is essentially a problem of social structure and mores. Once empowerment emerged as a recurrent issue in the interviews, we identified it as a main theme and then included sub-themes such as feeling relieved, having a choice, making an investment, gaining time, minimizing risk and perceiving a positive effect on current or future relationships.

For example, Merve, 38, a clinical psychologist, stated: 'It [childbearing] may happen or not; I'm just hoping for the best, and that is a big relief for me.' She further argued that if she decides to have a child, it will be her call: 'I feel so good about this. It gives me relief that I will not think "it's too late, damn it" when I am in that stage of life when I cannot physiologically conceive a child.' Handan too described it as a stress-relieving measure: 'Maybe, they [frozen eggs] will never be used, they will just stay there, but I will feel relaxed and peaceful. I'll know "they are there, they will stay there, and they are mine".'

Many women also referred to a sense of contentment that came with freezing their eggs – in economic terms. Merve, for instance, characterized it as an 'investment' in herself. Ayşe elaborated on this: 'I am making a deposit in a bank. It's not certain if I'll use it or not, but I feel at ease.' Similarly, Defne said, 'I feel like I have deposited money in the bank. When the day comes and everything [fertility] is over, I will at least have a chance to try [pregnancy].'

Similarly, Ekin, 37, an attorney, noted, 'If I have this information, I told myself there is a risk, and I have to undergo this operation to minimize the risk.' Ela, too, related this mode of thinking to her profession, when asked about the probability of success with frozen eggs:

I am trying to increase the probability [of having a child]. I'm a rational person, an engineer, so I know how to deal with probabilities ... When making a decision, you consider causes and effects to project the future. Engineering is about finding an optimum solution under given constraints.

The decision to freeze one's eggs is also generally construed as a way to gain more time in terms of reproduction and relationships, similar to the findings of other studies (Waldby, 2015b). Defne admitted that she considered marrying someone as soon as possible when she first learned about the decline in her ovarian reserves: 'At first I thought about marrying one of my ex-boyfriends immediately and having a child. It's because my chances of having a child now are high. If it didn't work out, I would get divorced. Then I realized that was a silly idea.' The opportunity to freeze their eggs, on the other hand, provides women with more time and, hence, more options. Deniz articulated this very clearly:

I don't currently have a serious relationship, and I don't want to feel like I'm missing the train. But I don't want to hurry up to find someone, marry and have a child ... I don't want to make

a wrong decision ... [Having frozen my eggs], I'm not stressed about meeting the right person at the moment ... Also, it will help me not to rush into such thoughts as 'I've found a guy, let him be the one, what else it can be, he is good enough'.

Aslı, 34, an academic, sees the same benefit of freezing eggs – gaining time:

Even if I meet and get along with someone, it will take at least one to three years to decide about marriage and to get things working in the relationship. In the meantime, [I have done this] in order not to feel like my biological clock is running out. I don't have to panic and have a child immediately. This way I won't end up making a wrong decision under pressure.

Some women think that freezing eggs will benefit their future relationships. Merve, for instance, explained her thoughts as follows: 'I'll be appreciated. I think I'll hear things [from my future partner] like "it's good that you have thought about this, and you have done this."' Sezen, 41, an academic, anticipates a similar affirmative reaction from a future partner: 'I think the guy I marry will thank me, since I've got everything ready.' Deniz expects it will also increase her chances of having a long-term relationship in the future:

Let's imagine that someone wants to have a child. He might wonder how a woman at the age of 42 could have a child and therefore say to himself, 'It would be better to end [this relationship] before it's too late. Otherwise it will be harder, so I'd better get away before getting too attached to her.' But now, if we want to have a kid, we will have an option.

As the above quotes suggest, some women feel they will not be chosen as partners if they no longer have the ability to have a child. This shows that the society in which they live makes them believe that their value decreases with a decline in their capacity for child-bearing. Therefore, the option to freeze eggs is seen as an empowering tool in a social context where prevailing norms value women for their childbearing capacity. Interviewees who were in a relationship at the time of the interview also saw egg freezing as an empowering tool. As discussed in the literature, egg freezing enables women to choose who fathers their children (Robertson, 2014).

It is useful to point out that some women considered the possibility of freezing embryos (vs freezing eggs). Having embryos frozen, however, assumes the continuation of the relationship (Tucker et al., 2004). For instance, Ece, a 38-year-old engineer, first wanted to freeze embryos abroad with her boyfriend of four years. She told us about how their relationship had become stressful when they learned about the decline in her ovarian reserves. Their relationship was not leading to marriage at the time, as her boyfriend's condition for getting married was an agreement to have a child. Ece then visited a gynaecologist in Istanbul, who suggested she freeze her eggs instead, taking into consideration the possibility of a separation from her boyfriend. Ece decided to freeze only her eggs, and it seems this decision changed the dynamics of their relationship:

Ece: When I got my eggs frozen, my self-confidence increased. I will at least lower the risk ... But he [the boyfriend] said something very interesting. He thinks we got closer in this process.

Interviewer: What about you? Do you feel you got closer?

Ece: No, I feel we're getting further away from each other [laughs] ... As a result of my increased self-confidence, I feel like if it doesn't happen with him, I can have a child with person x, y, or z – or not. In my next relationship, I may not even want to have a child.

Women's accounts support the literature on the empowering aspects of egg freezing technology. Our respondents reported feeling more self-confident and relaxed, having made the decision to freeze their eggs. They believe that in postponing their reproductive ageing, they will have a better chance of a long-term relationship in the future, and that they will be more relaxed about making decisions about the timing of childbearing and the choice of a suitable partner.

Conclusion

Drawing on the qualitative data collected in 21 semi-structured interviews, this study aimed to explore women's experiences with egg freezing and thus to contribute to the literature on assisted reproductive technologies, specifically on egg freezing. While there has been much debate in the English-language media and in a number of academic studies on this relatively new technology, the literature in this area is marked by a paucity of studies that focus on the experiences of women who have actually had their eggs frozen. The findings of our study shed light on the social context for postponing motherhood and freezing eggs, women's emotional responses to ageing as triggered by the experience of egg freezing, and accounts of empowerment.

Contrary to the optimistic representation of egg freezing in the media, our findings demonstrate that women do not freeze their eggs simply to delay motherhood. Women do not explain their decisions to freeze eggs as a conscious and deliberate attempt to gain more time for pursuing their education or career. Their social situation, however, appears to play an influential role in the postponement of motherhood. This results from the demands of their jobs, such as long working hours and frequent international travel. This crucial finding supports the literature by showing that technologies such as egg freezing only offer individual solutions to broader social problems (Cattapan et al., 2014). However, policies for work and family reconciliation, such as paid parental leave, affordable child and elderly care, and adequate wages can feasibly decrease the need for such reproductive technologies, since women would then be empowered through structural changes (see also Morgan and Taylor, 2013). The role of structural inequalities in the access to the technology of egg freezing is another important issue that warrants attention. Due to the high cost of the egg freezing procedure, it is affordable only for some individuals with the financial resources to pay for it. The medicalization of infertility via technologies such as egg freezing does not unite women. Just the opposite is true: it actually maintains differences (Bell, 2009).

Our findings also show that women's introduction to egg freezing technology changes their perceptions of age and life trajectories. Increasing anxiety about ageing and sometimes about mortality was experienced as a result of having submitted to tests that measure reproductive capacity and then learning about the technology. While in

some cases this is a gender-neutral response to the issue of ageing, in others it takes the form of gender-specific worries. For women, increasing anxiety about ageing generally brings with it changes in personal priorities about one's life. Women who do not prioritize marriage or having a child up to a certain point in their lives start to see childbearing as the most important aim in their life, and they are ready to sacrifice their careers for that, if necessary. Such a shift in priorities can be related to the stigmatization of childlessness, infertility and female ageing in society. Hence, we too support the position that the medicalization of 'anticipated infertility' (Martin, 2010) through egg freezing may have gendered effects and that it reinforces traditional norms about gender roles and reproduction.

Finally, women's accounts of egg freezing reveal a sense of empowerment. Women feel more confident and relaxed, having had their eggs frozen. They believe they are taking the necessary precautions with regard to reproductive ageing, that they will have increased chances for a long-term relationship in the future, and that they will be more relaxed about making decisions on the timing of childbearing and the choice of a partner. While it is not possible to ignore such empowering aspects, it is important to reiterate that the egg freezing technology offers only a palliative solution or the promise of a solution rather than an intervention into the societal and structural issues – intense working conditions, a lack of institutional support for care work, and traditional gender norms that stigmatize childless women and devalue ageing women — that make women feel obliged to postpone motherhood and freeze their eggs.

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