

**THE MAKING OF QUEER PARENTING:  
NEW KINSHIP FORMATIONS BEYOND BORDERS AND NORMS**

by  
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**THE MAKING OF QUEER PARENTING: NEW KINSHIP  
FORMATIONS BEYOND BORDERS AND NORMS**

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## ABSTRACT

### THE MAKING OF QUEER PARENTING: NEW KINSHIP FORMATIONS BEYOND BORDERS AND NORMS

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After the introduction of assisted reproductive technologies in late 20th century primarily in the United States and gradually throughout the globe, the methods such as IVF and surrogacy have enabled new kinship arrangements for single intended parents and same-sex couples, as well as heterosexuals. In some countries like Turkey, these technologies became a subject of political debate and legal limitations against egg/sperm donation and surrogacy were taken. I examined two different contexts in this debate, the United States where these reproductive technologies are legalized and Turkey where they are prohibited. I looked at how parenting with biological kin for queer people is possible through navigating potential resources and mobility options for reproductive purposes. Having conducted 24 in-depth interviews and participant observations in those countries, I encountered different opportunities and challenges for queer people. In the United States, queer people are channeled into the commercial reproductive system and the costly nature of it stratifies the intended parents; in Turkey, transgender and bisexual parents manage state-recognition through heterosexual marriages and the access to reproductive technologies in nearby Northern Cyprus meanwhile the same sex intended parents either look for ways to move abroad or keep it there in secrecy. Reading these reproductive landscapes together with a gender lens, I aim to provide a cross-cultural analysis of how the making of queer parenting works concurrently as an approximation to the normative dynamics and a deconstruction.

## ÖZET

### KUIR EBEVEYNLİĞİN YAPIMI: SINIRLAR VE NORMLAR ÖTESİNDE YENİ AKRABALIK OLUŞUMLARI

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Anahtar Kelimeler: üreme adaleti, taşıyıcı gebelik, kuir akrabalık, biyolojik kuir ebeveynlik, pandemi sürecinde araştırma

Yardımcı üreme teknolojilerinin 20. yüzyılın sonlarında öncelikle Amerika Birleşik Devletleri'nde ve giderek tüm dünyada kullanılmaya başlanmasının ardından, tüpte dölleme ve taşıyıcı gebelik gibi yöntemler, bekar ebeveynler, eşcinsel çiftler ve aynı zamanda heteroseksüeller için yeni akrabalık düzenlemelerine olanak tanıdı. Türkiye gibi bazı ülkelerde bu teknolojiler tartışmalara konu oldu ve yumurta/sperm bağıışı ve taşıyıcı gebelik gibi bazı konularda yasal sınırlamalar getirildi. Bu tartışmada iki farklı bağlamı inceledim; bu üreme teknolojilerinin yasallaştırıldığı Amerika Birleşik Devletleri ve yasak olduğu Türkiye. Üreme amaçlarına yönelik potansiyel kaynaklar ve mobilite seçenekleri arasında yol alan kuir insanlar için üremenin nasıl mümkün olabileceğine baktım. Bu ülkelerde 24 derinlemesine görüşme ve katılımcı gözlemi yaptıktan sonra, kuir insanlar için farklı fırsatlar ve zorluklarla karşılaştım. Amerika Birleşik Devletleri'nde, kuir insanlar ticari üreme sistemine yönlendiriliyor ve bunun maliyetli yapısı, ebeveyn adaylarını sınıflandırıyor; Türkiye'de, trans ve biseksüel ebeveynler, heteroseksüel evlilikler kurarak ve yakındaki Kuzey Kıbrıs'ta üreme teknolojilerine erişim yoluyla çocuk sahibi olup devlet tarafından tanınmayı elde ederken, eşcinsel ebeveyn adayları ya yurtdışına taşınmanın yollarını arıyor ya da ebeveynliklerini gizli tutuyor. Kuir ebeveynliğin eş zamanlı olarak hem normatif dinamiklere bir yaklaşım hem de bunların bir yapı bozumu şeklinde nasıl işlediğine dair toplumsal cinsiyet merceğinden kültürler arası bir analiz sunuyorum.

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*To my mother, Neşe Aydemir  
For making it all possible with her love*

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## LIST OF ABBREVIATIONS

<b>ART</b>	Assisted Reproductive Technologies .....
<b>IVF</b>	In Vitro Fertilization .....
<b>LGBTQ+</b>	Lesbian, Gay, Bisexual, Transgender, Queer, + .....
<b>NGO</b>	Non-Governmental Organization .....

# 1. INTRODUCTION

## 1.1 Theoretical Frame and Literature Review

### 1.1.1 Looking Together at Queer Reproduction

“In what ways are families made beyond gender normativity in different geographies?”

The story of this research began by this question I had in mind. Gender is inherent to generating and generations, both as in linguistics and its operation. Multiple ways of generating new generations, or in other words reproduction, has been a central focus in interdisciplinary gender studies scholarship. This dissertation research was born in a time of global pandemic where social media and medical technologies played instrumental roles in people’s lives. I began writing this dissertation with a concern over exploring how the queer reproduction occurs against all odds through certain methods which concurrently approximates and deconstructs the norms surrounding family making. To contextualize this particular concern within the broader literature of gender studies and reproductive justice scholarship, I introduce an overarching discussion on the previous research of these fields in this introduction chapter. Before going deeper into the literature review, I would like to share the steps of how I built the pillars of this research.

My initial idea was to look into biological queer parenting through non-commercial surrogacy in the United States and to try understanding how they position themselves in a constraining reproductive arena. On one hand, the queer parents had to challenge the heteronormative family making procedures. On the other hand, they had to navigate a medico-legal system which favors commercial and gestational surrogacy through costly reproductive clinics and agencies. In order to get closer to my research pool, I had to find funding for my research plan, and luckily I did back in 2021 by Fulbright Visiting Student Researcher program. I traveled to San Francisco

and based myself near the historically queer neighborhoods of Castro and Mission while occasionally visiting my affiliated campus at UC Davis. I spent a semester in the Bay Area, California, trying to figure out not only how the queer parenting works but also how American culture and institutions surround these people. I consider myself lucky for being able to observe the daily conditions of queer parents and the surrogate women who help them in their reproductive journeys. Thanks to this first-hand experience, I could make sense of the cultural aspects of their everyday lives.

To contextualize the cultural aspect, I share the photo below which became a memoir of my research days there. This public mural painting in San Francisco depicts a gender-based divided glorification of child making in a culturally juxtaposed imagery of Aztec and Christian visual elements. There is an adult man on the right side of the arch and an adult woman on the left side reaching higher and holding a baby in the middle positioned as a flower or fruit of a tree which has its roots in the bodies of the humans. The human reproduction is overtly celebrated in this visual. However, is this the whole representation of the human reproduction and parenting? The union of a cisgender man and a woman is not the entire picture of human reproduction and parenting as we know: there are single parents, same-sex parents, and transgender parents who use methods like assisted reproductive technologies and adoption. Considering that the mural was painted in 1987, it is more understandable that these alternative family making were not as well-known as today back then. Nevertheless, I couldn't help but wonder the void left in this image: how the families are made beyond this reproductive imagery?

In the late 1980s and early 1990s, the urban centers of the United States such as San Francisco became sites where queer kinship practices emerged and flourished despite, and often because of, conditions of profound marginalization. As Weston documents in *Families We Choose: Lesbians, Gays, Kinship* (Weston 1991), LGBTQ+ people responded to familial rejection and legal exclusion by building chosen families grounded in care, reciprocity, and shared political commitments. These kinship forms were not merely private arrangements but embedded in activist cultures, especially during the height of the HIV/AIDS crisis. Gould, in *Moving Politics: Emotion and ACT UP's Fight Against AIDS* (Gould 2009), shows how queer activism in these cities mobilized collective grief, anger, and hope to forge networks of survival and resistance. In such contexts, the making of family was inseparable from political struggle: caregiving and activism intertwined as people fought both for their lives and for broader recognition of non-normative kinship. This entanglement of intimate and political life offers a crucial backdrop to understanding the conditions under which queer parenting and family making practices developed in the US.

Figure 1.1 The New World Tree: The photo of a mural painting of Mission Pool and Playground taken by me at 19th and Linda Street in Mission District of San Francisco by Juana Alicia, Susan Cervantes and Raul Martinez (1987). The Jade Eye of the Aztec Rain God Tlaloc and Aztec Tree of Life concept at the center of the mural; Adam and Eve by the sides.



Guided by this historical and ethnographic grounding, I chose to conduct a second fieldwork in Turkey to situate queer parenting within a cross-cultural framework. In *Tracking the Invisible: Queer Approaches to Parenthood and Family in Turkey* (İş 2013), İş maps how queer families in Turkey navigate invisibility, legal precarity, and heteronormative expectations, often relying on informal networks of support similar to Weston's cases in the United States, but shaped by the distinct socio-legal environment of Turkey. Complementing this, Köse's *Tackling with Taboos: The Case of HIV Associations in Turkey* (Köse 2022) illustrates how activist communities have mobilized around HIV/AIDS, leveraging their activist capital to negotiate successfully with the state despite a conservative and authoritarian climate. This success, exemplifying biological citizenship, relies on strategically shifting between aggressive, necessarily conformist, and everyday forms of activism, with the necessarily conformist mode best suited to the present sociopolitical context, albeit under different political constraints and cultural stigmas than those faced by ACT UP.

Similarly, in this research, I found out that queer parents from Turkey navigate by a necessarily conformist mode which I explain as approximation. This approximation is neither yielding from an alternative family making structure nor an entire revolution of the kinship. It is rather a strategy that queer parents and queer intended parents (the queer individuals who are planning and investing on parenting) apply in order to create and maintain their families within a normative and restrictive structure. These parallels and divergences reveal how local political climates, state regulation, and dominant moral orders differently configure the possibilities for queer kinship and activism. The conservative reproductive politics lead by right wing populist political movements operate coercively, stratifying access to reproduction and family making along lines of race, gender identity, sexuality, and class. Such politics privilege the imagery of white, cisgender, heterosexual families, while systematically constraining the reproductive lives of those who fall outside that frame.

Several scholars investigated the issues of body and medical interventions to women's and trans people's bodies in the name of reproductive correction at times by forced natalism and in other cases by coercive sterilization (Patel 2017; Rapp 1999; Solinger 2020; Stern 2005). On a broader level, researchers worked on the social analysis of how families are made, changed, and broken through processes such as urbanization (Rosenfeld 2007), legal recognition (Baumle and Compton 2015), and reproductive failures (Craven 2019). The racial aspects of how reproduction becomes stratified (Colen 1995; Smietana and Twine 2022) and a matter of collective resilience as a response to this social stratification (Luna 2020; Moore 2011) are studied with ethnically diverse women and queer populations. In addition to those, the ultimate impact of socioeconomic class as an enabler or disabler factor is discussed in case of

the access to reproduction (Thompson 2005).

Stratified reproduction refers to the ways in which social, economic, and political factors create inequalities in people's abilities to reproduce and parent. This concept, first introduced by Colen in 1995, highlights how factors such as race, class, gender, and sexuality intersect to shape individuals' reproductive experiences and opportunities. In the social sciences literature, scholars have expanded on Colen's concept to examine various aspects of stratified reproduction. For example, Rapp explores how assisted reproductive technologies can reinforce existing inequalities by enabling some people to reproduce while excluding others (Rapp 1999). She argues that the availability and accessibility of assisted reproduction are often determined by social and economic factors, leading to stratification in reproductive opportunities. On the other hand, the research also showed that queer parenting is no exception to the stratified reproduction (Smietana, Thompson, and Twine 2018). Along the lines of above outlined existing contributions to literature, I aimed to look at how queer parenthood becomes possible against challenges in different cultural contexts while paying special attention to medical, legal, and social networking contexts.

I define queer parenting as the experiences of people whose sexual orientation and gender identity are other than cisgender heterosexual (gay and bisexual men, lesbian and bisexual women, non-binary, and transgender people) in terms of reproductive processes, adoptive choices, and parental care. I chose to focus on a particular type of queer reproduction which has blood kin and the use of assisted reproductive technologies in order to understand how they experience parenting under the same terms with their heterosexual counterparts who have conventional families. What makes this type of biological queer parenting special is that it converges the chosen family dynamics and biological family desires and practices and enables a ground for intersectional research which also touches upon the question of social influence on fertility. Furthermore, by adding an analysis of cultural commonalities and different contexts, I hope to provide an intersectional approach which looks together at queer reproduction rather than comparing just descriptive aspects.

Examining queer reproduction in the United States, a legally enabling country, and Turkey, a legally disabling one, reveals both the universality and specificity of queer family formation under varying legal and medical conditions. In the United States, as detailed in *Legalizing LGBT Families* by Baumle and Compton, legal frameworks facilitate queer parenthood through recognized rights and accessible medical services, shaping diverse family structures legitimized by the law (Baumle and Compton 2015). Conversely, *Tracking the Invisible* by İş demonstrates that even under prohibitive legal circumstances in Turkey, queer families still emerge, driven by resilience and innovation (İş 2013). There are some studies which highlight how

individuals navigate the complexities of restrictive legal landscapes, utilizing ambiguous legal interpretations and informal networks to pursue their reproductive rights (Mutlu 2019; Toksöz 2017). These efforts display the crucial role of legal and medical systems in shaping queer family models, where prohibitive environments necessitate alternative strategies and support mechanisms. The imperative for equal access to reproductive rights, as advocated by feminist and queer scholarship (Golombok 2020; Keaney 2023; Lewis 2019; Mamo 2018*a*), underscores the need for extensive legalization and promotion of assisted reproduction, ensuring that all individuals, regardless of sexual orientation or legal jurisdiction, can pursue parenthood on equitable terms.

In parallel with Butler's argument on how kinship is not and should not be always already heterosexual (Butler 2002), this study argues for a more inclusive and equitable approach to reproduction and kinship that acknowledges and respects the diverse ways in which individuals form families. Butler points at a critical breaking point in queer liberation movement's integration to the given family institution especially by marriage equality demands in the United States. Butler explains that increased citizenship claims by same-sex unions should not be tied to a heteronormative institution which reproduces gender norms and class values. Plummer considers these citizenship desires by lesbian and gay people vulnerable to existing power structures around reproduction and family (Plummer 2003). He defines it as an intimate citizenship in which the public and private issues overlap. The intimacy here becomes a social conflict in which our most private decisions are related to public institutions such as legal codes, the medical system, or the media. He defends the right to have children as essential even if we are infertile or have no partner, especially after assisted conception to have children was introduced to our lives (Plummer 2003, 27). Reading Butler and Plummer together, I critically try understanding the research participants' accounts on the level of approximation of their family making with the given norms of family structure in societies.

The landscape of queer reproduction in both the United States and Turkey reveals different institutional arrangements yet surprisingly overlapping dynamics of negotiation, resistance, and conformity. While the United States has experienced increasing legal recognition of same-sex marriage, parentage, and adoption, alongside the expanding but stratified access to assisted reproductive technologies, Turkey has tightened its restrictions, prohibiting surrogacy and restricting assisted reproductive technologies to heterosexual, married couples. Despite these structural divergences, queer parents and prospective parents in both contexts find themselves engaged in practices of approximation: drawing near to normative institutions, performances, and legal frameworks in order to secure belonging, recognition, and care for their

families.

The concept of approximation emerges as a bridge between the contexts. It allows us to see how queer family-making is not merely an act of defiance or assimilation but often a pragmatic navigation of the reproductive arena: the overlapping domains of law, medicine, kinship, religion, and culture that shape the possibilities of reproduction. Within this arena, the framework of reproductive justice becomes central, insisting not only on the right to parent or not to parent, but on the right to parent in safe, affirming conditions. Both the United States and Turkey display stratified terrains of access, where class, race, gender identity, and citizenship profoundly shape who can approximate the normative family and under what terms.

Approximation does not imply full assimilation into the dominant family model. Instead, it describes the ways queer individuals strategically approach the norms of heterosexual kinship, sometimes partially performing them, sometimes challenging them, and often repurposing them. In the United States, gay male couples pursuing surrogacy may adopt gendered scripts of “fatherhood” to reassure clinics, agencies, or courts, while lesbian couples often frame their reproductive choices through discourses of stability and responsibility. These practices resonate with Duggan’s critique of homonormativity (Duggan 2002), yet they also exceed it: they do not merely replicate heteronormative ideals but reshape them under the pressure of lived necessity.

In Turkey, queer parents face an even more acute form of what can be termed un-reproductive citizenship. State policy prohibits assisted reproductive technologies for LGBTQ+ people, framing them as outside the legitimate reproductive order. Yet queer people from Turkey still approximate the institution of family, through informal kinship arrangements, transnational reproductive practices. Here, approximation highlights not just how queer people adapt to constraints but how they craft belonging even in a state framework that insists they are non-reproductive citizens. Approximation is not equally available to all. In both the United States and Turkey, class determines the degree of access to assisted reproductive technologies, legal assistance, and transnational reproductive markets. In the United States, reproductive justice scholars have long noted the racialized dynamics of surrogacy and egg donation, where wealthier, often white, intended parents rely on the reproductive labor of poorer women, frequently women of color. Similarly, in Turkey, the possibility of seeking assisted reproduction abroad is reserved for middle and upper-class individuals with financial and social capital.

Thus, approximation reveals the stratified character of queer reproduction: it illuminates both the opportunities for navigating institutions and the persistent ex-

clusions that shape who can become a parent. The reproductive arena, when analyzed through approximation, underscores the simultaneity of agency and constraint. Queer individuals approximate dominant kinship in ways that both reproduce inequalities (by privileging those with resources) and disrupt normative boundaries (by expanding the visibility and legitimacy of queer families). What approximation offers as a comparative lens is the possibility of connecting seemingly disparate contexts. In the United States, approximation often involves navigating complex but available pathways to recognition. In Turkey, it entails working within or around prohibitive structures, at times informally. Thus, queerness and reproduction intersect in tension with the state, medicine, and family. Approximation generates new forms of belonging: queer families that look familiar enough to be legible but remain marked by difference, vulnerability, and creativity.

Queer people encounter challenges all around the world due to different levels of prohibiting laws or lacking social policies to facilitate their reproductive rights. However, in countries like the United States queer parenting has increasingly become more convenient along with legal adjustments which recognize queer couples and single intended parents to have children through adoption and assisted reproduction. Although reproduction is announced as an essential human right in which the states must provide available reproductive healthcare services physically and economically without discrimination by United Nations (UNHRC 2006), reproductive rights such as queer parenting is a deliberately neglected subject in politics where in countries like Turkey it is a legally and socially vague subject that not every individual can access (Inhorn 2018; Tao 2023; İş 2013). For queer intended parents there seems to be two main paths: adoption and assisted reproduction which includes technologies of in vitro fertilization (IVF), egg donation and transfer, sperm transfer, and surrogate pregnancies. I focus on the latter by in-depth interviews I had with queer parents and surrogates who took part in assisted reproduction.

In the United States, both of these options are technically available for queer people with reproductive intentions. However, according to research (Briggs 2017; Wilson 2008) and the accounts of my participants who expressed a particular difficulty for queer couples to find a place in the system of adoption which is dominated by religious authorities with conservative inclinations in the United States, it appears to be not as accessible as it should be. Briggs notes that gay and lesbian intended parents from the United States played a major role in adopting and fostering the children from impoverished and indigenous mothers from places such as Latin America where the mainstream adoption channels did not prioritize (Briggs 2017). Although there are some other researches which highlight the tendency of queer intended parents to support the disadvantaged communities in their adoptive choices or the use of repro-

ductive labor (Keaney 2023; Smietana and Twine 2022), there are studies claiming that some disadvantaged women are taken advantage of by neoliberal reproduction market (Deomampo 2019; Rudrappa 2014).

Meanwhile, in terms of adoption, same sex unions and also their adoptive rights are not legally recognized in Turkey, but there are a few cases in which single parents managed to adopt which technically may be an option for single queer individuals. However, when we consider the institutionalized homophobia and prejudice in Turkish bureaucracy, it is clear that such parents would prefer to hide their sexual identities to get equal treatment. A participant I interviewed told his case of adopting his own child in Turkey as a trans father. It is important to note that this instance was enabled for a heterosexual married couple by Turkish social security services. Yet it stands for a step forward for queer kinship rights in Turkey.

Although there is queer activism taking place in Turkey in many forms, including LİSTAG (Association of Families and Friends of LGBTQ+ in Turkey), when the issue of queer family is discussed, it is usually around the experiences of coming out (İş 2013) rather than queer reproductive rights within activist communities. According to Erol, the queer activism in Turkey tends to use the space “to defy the logic of family and reproduction through sexual dissent” (Erol 2021, 90). This sexual liberation emphasis of queer activism in Turkey appears as a topic of debate among the Turkish participants, some arguing that flamboyance is not helping, and some arguing the family we talk about must be different from the given family structures. Despite the overall silence over queer parenting in Turkish queer activism, along with increasing awareness through knowledge served online and social media, there is a little-by-little growing curiosity and action towards queer reproduction and parenthood in Turkey and this research is a testimony to this movement.

In contrast to the emphasis on sexual liberation within Turkish queer activism, queer family-making in the United States has been more prominently discussed, particularly within the framework of legal rights, reproductive technologies, and parenthood. The United States has a more established history of advocacy for LGBTQ+ parental rights, including the legalization of same-sex marriage (2015) and the recognition of diverse family structures. Activist efforts in the United States have focused on securing equal access to assisted reproductive technologies, adoption, and legal parenthood, reflecting a broader movement toward inclusion and equality. However, despite these advances, queer families in the United States still face systemic obstacles, including high costs, limited insurance coverage, and cultural stigma. While queer activism in Turkey is gradually beginning to engage with issues of reproduction and parenting, this emerging interest is accompanied by a need to navigate a more conservative societal framework that traditionally confines discussions of fam-

ily to heteronormative structures. Thus, while both contexts show activism and growing curiosity, the approaches and challenges reflect the distinct legal, social, and cultural landscapes of each country.

LGBTQ+ liberation movement activists push for equal rights, non-discrimination, and acceptance, promoting visibility and social recognition for diverse sexual orientations and gender identities. Reproductive justice movement encompasses the autonomous choices of individuals regarding parenthood, along with access to health-care treatments. The movement and the scholarship of reproductive justice play pivotal roles in advocating for legal equality and medical accessibility for queer parenting. The intersection of reproductive justice and queer liberation movements in the United States have been more prevalent compared to the case of Turkey in which queer liberation movement has to deal with more primary challenges such as the right to exist, work, and be recognized before getting to reproduction.

At this point, I must explain how these cases are comparable and what the significance of “looking together” is. In a nutshell, just looking at the nuances of queer reproductive attempts in one legally enabling and one disabling culture matters, but moreover I aim to portray how there are different forces of gender, class, and mobility at play in making these reproductive journeys possible. Therefore, I employ a “looking together” attitude rather than a descriptive comparison to capture as much aspects as possible which take place in the United States and Turkey. Based on my literature review, there has been only three research projects done on queer parenthood experiences in Turkey (Boyacıoğlu et al. 2022; Çalışkan 2014; İş 2013) before this dissertation research. Considering that the main focus of these research happens to be lesbian and trans motherhood, this study is the first one to speak about queer fatherhood in Turkey.

Both in the United States and Turkey, queer parents encounter barriers to parenthood that are shaped by legal, financial, and social factors. In the United States, the financial burden of assisted reproduction is significant, as queer parents must navigate a system that privileges conventional heterosexual reproduction (Smietana 2017). However, there appears some alternative networks to queer reproduction as well. Through interviews with surrogate women who help queer people becoming parents in the United States, I observed that their primary motivation for participating in surrogacy is to help create new families rather than a thirst for financial compensation. Although this study confirmed the emotions’ role in affective de-commodification of financially compensated surrogacy as Smietana captured earlier, there is still a need for a clarification on whether surrogates are conditioned by reproductive clinics to state certain repeating narratives such as “I was just the oven” or “This is about making a new family”. Surrogacy is a complex and intimate process

that challenges traditional notions of parenthood and family, particularly regarding the exchange of care and responsibility.

In Turkey, legal restrictions on assisted reproduction outside of heterosexual marriages force queer parents to seek alternative arrangements, such as reproductive travel or secretive partnerships. Mutlu explains that the family making in secrecy is not an exception for Turkish heterosexual infertile couples who seek assisted reproduction in Northern Cyprus (Mutlu 2019). Meanwhile, I encountered queer intended parents who plan to travel or already had travelled to Northern Cypriot reproductive clinics in order to have children. Their accounts reflect a stratification based on capital similar to what (Thompson 2005) described and a challenging experience similar to what (Mamo 2018*b*) told for the disadvantaged queer experience in reproductive clinics. In following chapters, I develop on how they express and detail on this case of transnational reproduction while critically engaging with their narratives from a gender lens.

Through the findings of multi-sited fieldwork research, I demonstrate that while the lack of resources for queer people's access to reproductive healthcare and legal rights reflects a broader crisis of care in society, queer parents respond to these challenges by certain strategies like approximation. By analyzing the experiences of queer parents, intended parents, and surrogate women, I argue that the norms and practices of family-making are being reshaped in a dual way. On the one hand, queer parents and intended parents navigate the path to parenthood by at times approximating the medico-industrial system of commercial reproduction and the heteronormative family structures while concurrently challenging these systems by creating new spaces, networks, and kinship formations. Overall, this dissertation seeks to contribute the ongoing discussions in gender studies by providing a nuanced cross-cultural analysis of the strategies queer parents employ to navigate a complex reproductive arena.

### **1.1.2 Medical and Legal Contexts**

To understand how queer parents navigate reproductive healthcare and parenthood, it is essential to consider the medical and legal frameworks that shape their experiences in different national contexts. In the United States, assisted reproductive technologies such as in vitro fertilization, surrogacy, and sperm or egg donation are widely available but vary significantly in accessibility due to a patchwork of state laws and high medical costs. Legal recognition of queer families also differs by state, with parental rights often hinging on marriage status, adoption procedures, and

legal agreements. In Turkey, assisted reproductive technology procedures are regulated strictly, with surrogacy and donor-assisted reproduction banned under Turkish law. Furthermore, the Turkish legal system does not formally recognize same-sex partnerships. These disparities display how medical and legal systems affect and are affected by broader societal attitudes toward queerness, family, and legitimacy.

The medical procedures around the assisted reproduction have become so central that medicine has defined the way the people make families along with legal systems. Medicalization is a concept that refers to the increasing influence of medical knowledge, practices, and institutions on various aspects of society, including healthcare, identity, and social norms. Medicalization can be understood as a process through which medical technologies and discourses come to shape and govern individual and collective life. Foucault's work on biopower and biopolitics provides a foundational framework for understanding medicalization. Foucault argues that modern societies have increasingly sought to regulate and control populations through mechanisms that target life itself, including health and reproduction (Foucault 1976, 2003).

Medicalization, then, can be seen as a manifestation of this biopolitical power, where medical knowledge and practices extend into areas beyond the traditional domain of health. Conrad further elaborates on medicalization by highlighting its impact on the construction of illness and identity (Conrad 2007). He argues that medicalization has led to the medicalization of everyday life, where normal experiences and behaviors are pathologized and treated as medical conditions. This process has profound implications for individuals' sense of self and well-being, as they come to understand their bodies and experiences through a medical lens.

The advancements in biotechnology, such as assisted reproductive technologies, have further blurred the boundaries between health, identity, and social norms (Clarke et al. 2003). These technologies offer new possibilities for controlling and manipulating biological processes, leading to a reconfiguration of what it means to be human. When considering the emerging phenomenon of biological same-sex parenting and dependency on surrogacy, medicalization becomes particularly relevant. Same-sex couples who utilize assisted reproduction to conceive children challenge traditional notions of family and gender roles, highlighting the ways in which medical technologies are reshaping reproductive practices and family formations. Furthermore, the gendered aspects of the reproductive framework are central to understanding the implications of medicalization.

Historically, women's bodies have been the primary site for reproduction, and medicalization has both reinforced and challenged traditional gender roles in this context. The use of surrogacy, for example, raises complex questions about the commodifi-

cation of women's bodies and the ways in which reproductive labor is valued and compensated within a biomedical framework. Davis-Floyd's research on the technocratic model of birth further expands our understanding of reproductive practices by highlighting how childbirth is often medicalized and managed as a problem to be controlled through technology and expertise (Davis-Floyd 2001). This model, she argues, can disempower women and lead to unnecessary medical interventions. By contextualizing childbirth as a cultural phenomenon, Davis-Floyd's work challenges the dominant medical discourse and emphasizes the importance of holistic, woman-centered approaches to childbirth.

Several feminist social sciences research on surrogacy have critiqued the unregulated surrogacy industry, arguing that when driven by neoliberal market forces, it can exploit women's bodies and reinforce existing inequalities. Rudrappa, for example, explores how the commercial surrogacy industry in India often exploits marginalized women from lower socio-economic backgrounds, highlighting the need for regulation to protect their rights and well-being (Rudrappa 2015). Similarly, Twine's work on reproductive justice and transnational commercial surrogacy sheds light on how the global surrogacy market can commodify women's bodies, reducing them to mere vessels for reproduction. Twine argues that the exploitation of a double standard in legal systems, where in some countries and states it is legal and in most others is not, by neoliberal market in reproductive medical business has reinforced transnational reproductive tourism and commodification of bodies often in structurally racial and gendered ways of operating (Twine 2011).

Despite these critiques, the researchers also acknowledge that surrogacy can be empowering for women, particularly for marginalized groups. Vora discusses how surrogacy can provide economic opportunities for women in developing countries, challenging traditional gender roles based on her fieldwork with Indian surrogate women (Vora 2015). Lewis, in her work on potentials of queer kinship and reproductive technologies, explores how surrogacy can mobilize women for bodily agency and can enable queer people to build their own families, subverting heteronormative notions of gender and parenthood (Lewis 2019). This perspective highlights the potential of surrogacy to redefine family structures based on solidarity and shared experiences, offering new possibilities for women's bodily autonomy and the formation of extended family networks.

Surrogacy in the United States is highly medicalized by surrogacy clinics, which implement extensive screening processes to ensure the health and suitability of surrogate mothers. These clinics require surrogates to undergo rigorous medical examinations, psychological evaluations, and background checks to minimize risks for both the surrogate and the intended parents. This medicalization claims to safe-

guard the interests of all parties involved, promoting successful pregnancies and healthy outcomes. By implementing such thorough screening protocols, surrogacy clinics in the United States aim to establish a controlled and reliable environment, reinforcing the legitimacy and safety of the surrogacy process. However, the framing of these screening processes can be normative and potentially taking away from the reproductive autonomy of surrogates and intended parents.

This interplay between institutional control and reproductive autonomy raises important questions for queer reproduction more broadly. In both surrogacy and fertility care, medical protocols are framed as neutral safeguards, yet they are embedded within normative assumptions about who should reproduce and under what conditions. For queer individuals and couples, entering these systems often requires accepting forms of medical gatekeeping that may not correspond to actual physiological needs. While such measures can offer reassurance and structure, they can also reassert heteronormative authority over family making, positioning queer reproduction as a process in need of justification and oversight. This dynamic makes the negotiation of medical relationships, through the selection of providers, the navigation of protocols, or the refusal of certain interventions, a key site where reproductive autonomy is contested and reclaimed.

In a recent study by Brown, about one-third of participants entered fertility care not due to prior unsuccessful conception attempts, but because they were in same-sex relationships (Brown 2023). While lesbians did not switch clinics more often than heterosexuals, their paths through fertility care differed. Many conceived quickly due to the absence of underlying medical issues, limiting opportunities to change providers. For those who faced conception challenges, frustrations could be heightened compared to heterosexual couples who already anticipated medical obstacles. Lesbian participants often selected clinics through queer social networks, prioritizing criteria such as “gay-friendliness” alongside medical competence. Consequently, switching clinics served as a means of asserting autonomy, though shaped by distinct entry points, satisfaction benchmarks, and reasons for leaving (Brown 2023, 237).

Mamo’s *Queering Reproduction* illuminates the broader stakes of this dynamic by showing how lesbian reproduction becomes medicalized not because of biological necessity but because of sexual identity (Mamo 2007). In this framing, the clinic visit itself is not always about solving a physiological problem but about negotiating entry into a heteronormatively structured reproductive system. Brown’s account reinforces Mamo’s argument by revealing how clinic choice and switching operate as subtle acts of resistance, ways of reclaiming agency in a process that otherwise risks pathologizing queer reproduction. The criteria lesbian patients use to evaluate clinics, including inclusivity and cultural competence, reflect this negotiation between

medicalized authority and personal autonomy.

Extending this discussion to the global queer reproductive landscape, the interplay between medical and legal frameworks becomes even more visible. In the United States, access to assisted reproduction for queer individuals is mediated by market-based healthcare and varying state laws, often leaving inclusivity to individual clinic policies. In Turkey, legal prohibitions on donor insemination and surrogacy for all citizens, combined with strong heteronormative family laws, drive queer reproductive efforts into secrecy, informal arrangements, or cross-border care. While the sociopolitical contexts differ, in both countries medical and legal framings determine who can reproduce, under what conditions, and with which forms of recognition. These constraints reinforce Mamo's point that access is always filtered through systems of power.

The partially enabling aspect of legal frameworks is starkly contrasted by the restrictive approach seen in Turkey. Article 41 of the Turkish Constitution asserts that "the family is the cornerstone of Turkish society," and the state only acknowledges marriages between a man and a woman. Consequently, the relevant IVF technologies are exclusively available to legally married heterosexual couples. This legal framework in Turkey significantly discriminates against single intended parents and same-sex couples in terms of access to reproductive technologies. By recognizing only heterosexual marriages, the state excludes any other forms of familial structures from utilizing IVF and similar reproductive technologies. This exclusion is particularly problematic given Turkey's pronatalist policies, which encourage the population to have more children. While the government advocates for increased reproduction, its restrictive legal definitions and gender binaries prevent certain groups from accessing the means to achieve this goal. This contradiction highlights a significant adversity: the pronatalist stance demands more children but simultaneously imposes barriers on those willing and able to contribute to this demographic goal. As a result, the legal framework not only marginalizes non-traditional families but also undermines the broader societal objective of population growth.

Turkey has prohibited surrogacy by law since 2018, reflecting a different legal and cultural stance on reproductive technologies. Turkish Constitution rigidly defines the legal mother as the woman who gives birth, leaving no room for recognizing intended parents in surrogacy arrangements (Atabay and Kıbrıs 2022). This inflexible definition creates a significant issue for gestational surrogacy, where the surrogate mother, who may have no desire to be the legal parent, is automatically assigned parenthood. Meanwhile, intended parents suffer from a lack of appropriate legal recognition, facing immense difficulties in asserting their parenthood rights. The situation worsened in November 2018, when Turkey imposed criminal penalties,

including prison sentences, for all individuals participating in surrogacy actions.

This punitive approach not only fails to address the rights and desires of both surrogates and intended parents but also imposes severe risks on anyone attempting to navigate parenthood through surrogacy in Turkey, leaving many hopeful parents without viable options for growing their families. However, according to the research by Türkdoğan, some heterosexual couples in Turkey circumvent these restrictions by engaging in unregulated commercial surrogacy (Türkdoğan 2023). This underground market highlights the uncontrollable nature of reproductive bodily autonomy and the challenges of enforcing prohibitive laws. Türkdoğan's research emphasizes the need for comprehensive legislation that protects all parties involved in surrogacy arrangements. Enabling laws, rather than outright bans, can provide safer and more ethical frameworks for surrogacy, ensuring the protection of surrogates, intended parents, and children.

The situation in Turkey illustrates the critical need for reproductive justice frameworks that consider the complexities of reproductive autonomy and the impact of restrictive laws. As argued by Mutlu in her research on reproductive policies in Turkey and Northern Cyprus, prohibitive laws often drive reproductive practices underground, where they become less safe and less regulated (Mutlu 2019). This reality brings out the importance of advocating for policies that respect and enable reproductive choices rather than criminalizing them, a principle central to the reproductive justice movement. This advocacy extends beyond national borders, highlighting the intersection of reproductive justice and queer liberation movements.

Reproductive justice must include “the human rights of reproductive laborers and access to treatment for those without economic means and otherwise marginalized” populations (Smietana, Thompson, and Twine 2018). Meanwhile, the contemporary transnational surrogacy market “in which clinicians are capitalizing on the biogenetic-propertarian, white-supremacist logic of kin making in the Global North,” (Lewis 2018) functions in a way to suppress theoretical sexual liberation and convert it into a new form of naturalizing the binary hierarchies through deliberate limitation of legal access, manipulation of labor force and introduction of market capitalization.

To make it more concrete, for example, an individual who lives in a country where parenting rights are not allowed for single parents or same-sex couples may not be able to use IVF and surrogacy to have a child within the national borders even though that person is in a good financial condition; or an individual who lives in a country where single parenting and same-sex parenting are legally recognized but the person may not have the financial resources to afford the costly IVF and

surrogacy procedures; and as a result, they could also be alienated from the reproductive arena. So, there appears a reproductive stratification or an unequal reproductive arena regulated by “a transnational capitalist market that is structured by racial, ethnic, class, and gender inequities and by competing nation-state regulatory regimes” (Twine 2011).

The legal recognition of LGBTQ+ rights in the United States has seen significant progress over the past few decades, with landmark moments such as the legalization of same-sex marriage in 2015 playing a pivotal role. This ruling by the Supreme Court affirmed marriage equality nationwide, granting same-sex couples not only the right to marry but also access to a range of benefits previously reserved for heterosexual couples, including spousal health insurance, tax benefits, and parental rights. This legal victory further strengthened the status of queer families by making it easier for same-sex partners to seek recognition as co-parents, especially in cases involving assisted reproductive technologies like surrogacy or IVF. As legal barriers began to dissolve, a growing focus emerged on expanding rights and protections beyond marriage, reflecting a broader understanding of family structures and addressing inequalities in areas like fertility treatment coverage, as evidenced by recent state mandates.

The situation regarding insurance coverage for surrogacy and fertility treatments for queer intended parents in the United States is complex, with significant state-by-state differences. Illinois led the way in January 2022, becoming the first state to mandate insurers to cover IVF for same-sex couples. This step paved the way for similar mandates in six other states, including Colorado, Delaware, Maine, Maryland, New Jersey, and New York, all of which now ensure that insurance plans provide IVF coverage regardless of sexual orientation. California, however, has been a pioneer in this domain, known for its broad and inclusive reproductive healthcare policies. Its role has influenced discussions in other states currently considering reforms. For instance, California, along with Connecticut, Massachusetts, and Rhode Island, is exploring expanded mandates to explicitly cover same-sex couples under their IVF insurance policies. While states like Oregon, Washington, and Wisconsin have seen attempts to introduce such legislation fail, there is ongoing advocacy to make fertility treatment more accessible for LGBTQ+ families across the country.

The issues surrounding surrogacy, reproductive autonomy, and social movements in the United States and Turkey display the complexities of reproductive justice. While medicalization and legal frameworks in the United States facilitate supportive and regulated surrogacy experiences, restrictive laws in Turkey drive the practice underground, illustrating the need for enabling legislation. Reproduction is automatically about population and thus the state, which often covertly and overtly interrupts

with sexuality (Weissman 2017). An intimate choice to have children becomes automatically a political matter for queer parents. The intersection of reproductive justice and queer liberation movements, amplified by social media, continues to push for broader awareness and more inclusive policies. As these movements evolve, they underscore the importance of comprehensive, supportive frameworks that respect and enable reproductive choices globally.

## **1.2 Methodology and the Fieldwork**

### **1.2.1 Qualitative Research on Transnational and Biological Queer Parenting**

Qualitative research becomes vital to unpack the lived experiences of queer individuals navigating complex reproductive landscapes, particularly when considering transnational and biological queer parenting. A cross-cultural research design comparing the United States and Turkey is thus meaningful to highlight how disparate legal and social contexts shape the realities of queer parenthood and access to reproductive justice. Such an approach allows for a nuanced understanding of how concepts like “approximation,” where individuals strive to conform to normative family ideals to gain legitimacy; “reproductive citizenship,” which refers to the state’s recognition and support of an individual’s right to reproduce; and “unreproductive citizenship,” denoting the social and legal exclusion of certain groups from full reproductive participation, emerge as valuable frameworks. These concepts are thoroughly discussed in the following chapters in dialogue with the narratives of research participants.

In examining these narratives, the ethnographic process itself becomes more than a mode of data collection, it turns into a site where queerness is both represented and enacted. When I say queer ethnography, I do not only mean the qualitative research including participant observations done with queer individuals, but I also mean the very method itself is queer due to the unusual circumstances of research, such as social stigma on the researched community. In this subchapter, I elaborate on how this study is a queer ethnography in both ways I outlined above, and how my positionality contributed to this.

Feminist and queer ethnography traditions in social science research enabled new possibilities for a less patriarchal discourse in the disciplines of science in which men have dominated due to structural inequalities. These methodologies contributed the

scientific knowledge through amplifying voices of people and perspectives left unheard previously. Considering that the early theoreticians of gender and sexuality studies were mostly scholars who concentrated on textual and discourse analysis, the impact of feminist and queer ethnography has been connecting the theory and practice through cross-cultural fieldworks with an emphasis on a knowledge production that makes the voices of people who have been systematically silenced and ignored by the mainstream male-dominated science and political discourses heard.

To sum up the course of change, let us take a look at three definitions on women made by feminist anthropologists at different times: (1) “Women lactate and bear children and this fact has important consequences for human social life” (Rosaldo and Lamphere 1974, 4); (2) “It is no longer possible to assume that women are to be measured by the status they hold relative to another or relegated to a chapter dealing with marriage and the family” (Strathern 1987, 278); (3) “To be engaged in the creation of a world for women is to transform what it means to be women” (Ahmed 2017, 224). “What it means to be women” has been one of the crucial questions that gender studies ask along with queer theories and methodology (Schilt, Meadow, and Compton 2018).

The answers to that question have evolved in time. The initial sentiments in feminist anthropology about the cross-cultural research on women with a curiosity to find a matriarchal or non-patriarchal culture to challenge the universal male-dominance hypothesis shifted to an effort to deconstruct the gender-binary norms and colonial practices within the discipline. Through such ethnographies, feminist and queer scholars have demonstrated how the cultural symbolizations of gender and perceptions on sex and sexuality vary among different cultural contexts. Moreover, the focus of their research grew considerably as Dána-Ain Davis and Christa Craven explained: “Although feminist ethnography began as a project by, for, and about women, it has transitioned into broader explorations of gender and sexuality through a feminist lens” (Davis and Craven 2016).

In this context, I look at the case of parenting through a gender studies lens deriving from feminist and queer ethnography traditions to understand what dynamics there are to the contemporary making of queer parenting. I particularly focus on the biological queer parenting stories in a transnational fieldwork because the nature of queer parenting through assisted reproduction necessitates such a framework, as I explained in the previous introduction subchapter. I treat the stories of my participants in a careful way not only because they contain valuable information for the intended queer parents and surrogates but also because they have insights for the future learned from the past experiences. Through a thematic analysis of the participants’ accounts, we gain insight into the patterns shaping both personal

experiences and collective futures in terms of queer reproduction.

I aim to illustrate the ways in which narrative functions as both an emotional and political tool in queer family making. This approach is particularly relevant when examining queer parenting in the United States and Turkey, two countries with contrasting legal frameworks but concurrently similar challenges in reproductive and familial politics. In Turkey, for example, trans men in heterosexual marriages can legally adopt their children, a fact that complicates the perception of Turkey as a wholly disabling context for queer family-making. At the same time, surrogate women in the United States face legal and medical boundaries that favor gestational surrogacy, leaving those who wish to pursue traditional surrogacy in a legally precarious position. These patterns reveal that even in contexts where laws are seemingly enabling, like in the United States, or restrictive, like in Turkey, certain family-making forms are privileged while others are marginalized. My research demonstrates that despite their legal differences, both countries exhibit patterns where normative family making practices are more accessible, while alternative forms face legal, social, and emotional challenges. This approach allows for a deeper understanding of how queer parents navigate these terrains, providing valuable insights into the emotional and political stakes involved in forming families across different cultural and legal contexts.

Emotions play a crucial role in feminist and queer ethnography, particularly when employing thematic analysis as a method. The emotional aspect enable researchers to engage more with the lived experiences of queer parents, revealing how these individuals navigate the complex intersections of legal, social, and cultural barriers in both the United States and Turkey. Through the transmission of memories and personal narratives, emotions become an essential component of understanding the challenges and resilience involved in alternative family-making practices. This emotional engagement is not only critical for uncovering the nuanced realities faced by queer parents but also informs the researcher's own positionality and experience in the field. In my own research in the United States and Turkey, managing my emotions alongside those of the participants has allowed me to reflect on the delicate balance between authority and openness, making the ethnographic process a profound learning journey.

The process of constituting social data through transmission of memories and narratives anchors on emotions (Ahmed 2004; Sirman 2006), especially when the subjectivity of negotiating "one's own field" becomes the case (Bolak 1996). In my case, Turkey has been my own field and managing my own emotions of curiosity, hope, and anxiety along with the participants' emotions have been a pedagogical experience in which I learned how to maintain a balance of the researcher authority

and openness while the participants discussed fragile personal topics. While having interviews with Turkish queer parents, I felt an admiration for them since they achieved something socially and legally challenging.

Concurrently, in the United States, for example, the participants told me about the emotional weight of waiting to find a match with a surrogate and then the nine-months of waiting after the insemination with the constant possibilities of medical failures. Processing all the new information and emotionally loaded experiences into a melting pot analysis required significant time, patience, and revision. Knowing the limitations and physical distances that the global pandemic caused together with social bias against the group of people I interviewed with made this study a particularly challenging one.

As an intended queer parent myself, I felt the pressure of being surrounded with all these stress factors while trying to ensure an affirmative and comfortable interview atmosphere. Nevertheless, the main theme appeared to be solidarity around care practices, such as supportive surrogates who did it for their brothers or close friends without compensation, or the family members and surrogates themselves breast-feeding for the children of same-sex parents. I personally think that this finding of my research is particularly influencing for queer people who desire to build families. While developing the interview questions, I had not forecasted the level of how multilayered answers I would get, but I tried keeping the spectrum as wide as possible. I asked the participants of this research about the matters below, but not limited to:

- (1) Their social environment and how they define and consider themselves and their families
- (2) How they first obtained information about queer individuals and couples becoming parents and what factors contributed to their decision to be a parent
- (3) What challenges occurred following their decision
- (4) How they searched or found the co-responsible individuals and institutions on the way to reproduction and parenting
- (5) After they were in action with the reproductive process, what bodily interventions they had gone through, medically justified or not
- (6) How the first physical contact with the baby mattered and was planned as an idea and how this experience affected them
- (7) What it means to be a good parent
- (8) How they experience and consider the role of legal arrangements

(9) How they describe and differentiate family and community in their own terms

(10) What they forecast for the short-term and long-term futures of reproductive justice locally and globally.

By asking these questions, I aimed to unravel various aspects of queer parenthood journeys that might have been left unheard or silenced. Specifically, I sought to measure not only the practical and logistical steps but also the emotional, social, and legal dimensions that shape their experiences. By addressing how individuals navigate the medico-legal landscape, define their family structures, and engage with the notion of reproductive justice, I aimed to bring forth voices and narratives that are often overlooked or marginalized.

However, during my fieldwork in the United States and Turkey, I encountered several silences and gaps that highlighted the uneven accessibility and visibility within queer reproduction. In the United States, the medico-industrial complex of commercial surrogacy has created a stratified system where most visible and accessible queer parents tend to be cis-gay men from upper-middle-class backgrounds. This pattern reveals how class and economic capital play a crucial role in determining who can participate in and benefit from reproductive technologies, with race and class diversity remaining largely absent. The financial barriers of surrogacy and other assisted reproductive methods make it difficult for queer individuals from lower socioeconomic backgrounds and communities of color to pursue these paths to parenthood. Additionally, the legal frameworks surrounding parenthood further reinforce these inequalities, privileging those who can afford legal counsel and navigate the system.

In contrast, fieldwork in Turkey presented a different set of challenges and silences. Although transgender and bisexual parents can achieve state recognition through heterosexual marriages, gay parents often face legal and social obstacles that force them to either conceal their identities or relocate to more accepting countries. This dichotomy underscores a stark reality: while certain queer identities can be accommodated within the existing legal structures, others remain marginalized, lacking the same level of access to reproductive rights and protections. The experiences of Turkish gay parents reveal a struggle to balance visibility and safety, with many opting for secrecy to avoid discrimination, while others migrate in search of greater freedom to build their families. Ultimately, these silences expose how both the legal frameworks and societal norms in Turkey and the United States fail to fully support diverse forms of queer reproduction, with commercial surrogacy and legal recognition mechanisms favoring those who already hold certain privileges, thereby perpetuating inequities within the queer community.

### 1.2.2 Field Design and Data Analysis

In this field research, I applied snowball sampling to reach participants using online platforms and academic networks. I did participant observation in historically queer neighborhoods of Castro and Mission in San Francisco, and Oakland in the Bay Area, California, by routine visits to local venues where LGBTQ+ people and their families typically gather in particular spots such as Mission Dolores Park or Lake Merritt. I interacted with volunteers in one of the well-known pro-LGBTQ+ rights non-governmental organizations (NGOs) in the area (SF-LGBT Center on Market Street in San Francisco) for three months. Meanwhile, I could observe these activists work and engage in community enforcement from homeless healthcare to reproductive rights workshops. I also contacted with local people who work with queer fertility as healthcare professionals and visited one reproductive clinic in Bay Area. I chose this particular clinic due to its nearby location in the city and its favorable mention by LGBTQ+ people who interacted with reproductive clinics.

The semi-structured interview questions were designed and asked in such a mentality in which the participants were also made part of evaluating how the questions are and what could or should be asked more. I interviewed with 24 participants of various backgrounds of social class, ethnicity, gender identity, sexual orientation, marital status, and occupational fields via Zoom Video Conference. 12 of these participants were location-wise based in the United States, 1 was in Canada, 9 were based in Turkey, 1 Turkish participant was in Germany, and 1 in Denmark. In the United States, 6 participants were surrogate women. The surrogates were all based in the state of California. 5 participants were gay fathers from different states (California, Florida, New York, Massachusetts) who consented and volunteered to participate the study. 1 gay father was from Ontario, Canada, and he gave integral insight on how regulative basis for surrogacy arrangements on altruism work on gendered levels.

On the other hand, 6 participants were Turkish LGBTQ+ identified parents who consented and volunteered to participate in the study and the ones who applied surrogacy had recently chosen to move abroad due to state restrictions. The rest of 6 Turkish participants were LGBTQ+ identified intended parents who desired to raise children. The ones among them who intended for surrogacy were outspokenly considering moving abroad. Selection criteria for the queer intended parents who were from Turkey was based on their replies to the research announcements and whether they had concrete steps towards parenthood such as immigration, reproductive clinic research, or changing hormone therapies in the case of trans men who wish to carry out pregnancy themselves.

Rare conditions require specific precautions and arrangements in sampling. An abductive analysis (Tavory and Timmermans 2022) of how different subjectivities and localizations work out became necessary to incorporate the research on plurality in family making. So, I applied a type of purposive sampling that is used to focus on cases that are special or unusual, typically in the sense that the cases highlight notable outcomes, failures, or successes. I basically started with purposive sampling and moved onto snowball sampling to make sure that the participants belonged to a particular parenthood type or surrogacy type.

At first, the greatest challenge seemed not having the traditional ethnographic setting much-frequented in the discipline due to COVID-19 pandemic. Nevertheless, there eventually appeared the benefits I outlined especially when considering the flexibility of time and comfort of chosen place to conduct the interviews that the online setting enabled. The social anxiety was minimized in online in-depth interviews. The genuineness of uncontrolled environment in online interviews during pandemic enabled a sense of security for the participants and me. Also, it would have been more complicated to access the participants from different states, if the perks of internet had not been available. The snowball sampling that I applied had three different focus groups: surrogates, queer parents, queer intended parents. In order to access a higher number of queer parents, I effectively used well-known social media networks such as *Men Having Babies* and got in touch with NGOs such as *Family Equality*. I recruited three participants through them, and they also referenced to other potential participants in the long run.

On the other hand, while reaching the surrogate women participants, since the access was not very available for country-wide or internationally organized networks that demand policy-enforcement and amendments for surrogates allowing them to reorganize, communicate, and exchange information among themselves easily, I had to use my personal contacts with the university professors who had lawyer friends whose jobs were specifically on surrogacy law and surrogate contracts in California, United States. That is why, with the gay fathers, I ended up having a more spread-out geographic pool of participants throughout the United States while the surrogate participants were all based in California. Having done the research in the United States, to reach participants in Turkey I effectively used social media such as online communities around queer solidarity and made invitation posts of research on various social media websites like Facebook, Instagram, Twitter, and LinkedIn.

I had aimed to look at the performances of care and narratives of consent in only non-commercial surrogacy. However, finding participants in only those restricted terms proved very difficult and I began losing valuable time. The field decided whom to talk to and I decided what to collect as data. To reach queer parents and

intended parents, I had to look at several social media platforms and introduced my research subject to dozens of openly LGBTQ+ parents who became parents through surrogacy. The ones who replied back were a dozen and the ones who actually showed the kindness to interview were half a dozen in the United States.

To explain the sampling criteria and the strategy, I must state that there could not have been a systematically selective elimination process from a larger group into a minor one for sampling because the aimed group of people to be interviewed with was already highly specific, well-defined, small in size, and restricted both in terms of demographic profiles and physical and virtual places to be located at. The ages of participants have been aligned with the expected range, mostly frequenting around 35 years old in the age-scale. Urban localizations, social positionings, and education levels of the participants were not a matter of determined pre-research choice, but there appeared an overall high level of education level. Each participant was nicknamed randomly in data analysis process to protect their anonymity.

As I grew patient and spend more time interacting with relevant groups and people, I met key informants who have active roles in California's surrogacy arena by their professional work as medical, legal, or education-wise interests. The online Zoom Conference was very useful in allowing participants to be comfortable during a pandemic, and the data collection to be more precise. In each interview I had, I grew confidence in the research I was doing and the philosophy behind it. The feedback and the data share were encouraging. After gathering data, I began the qualitative analysis by transcribing the audio records of interviews and translating the Turkish ones to English. I coded patterns of narratives around themes like financial struggles, emotional moments, legal boundaries, and healthcare encounters. MAXQDA qualitative analysis software helped me to organize the themes such as strategies and challenges. I elaborate on each theme with different chapters in the following parts of the dissertation.

### **1.2.3 Research During Pandemic and Ethical Considerations**

This research is approved by Sabancı University's Research Ethics Council (SUREC). To discover the potentials and hardships of non-heteronormative parenting, the semi-structured interview questions were prepared with ethical considerations in mind. I aimed to maintain the safe-zone principle of the interview process in which the participants' vulnerabilities are respected and data retrieval is functional and relevant. The research objective was to map the current networks of new family making journeys through approximately 40 minutes long in-depth interviews

that were answered by queer parents, intended parents, and surrogate women in the United States and Turkey. There were no financial benefits offered to participants as encouragement to join. The study has been based on voluntary participation. Each individual who participated in the making of this knowledge production journey on plurality of family making expressed an intangible benefit from the sense of participation in community empowerment.

If the participants happened to have particular disturbances in talking about issues related to their family or identity in terms of being in a socially vulnerable position, each were made aware that this study contains sensitive topics to be covered. The information they share are gathered to be published while their specific personal data is duly kept anonymous. The audio recordings had been protected in a digital environment where only I had the access until the end of the data analysis process and then the recordings are permanently deleted. The audio recordings are not shared with or published to any third party that is not indicated in the consent agreement. In order to minimize the risks of disclosure for the interlocuters which belong to a socially vulnerable community, the data is used while giving a special attention to confidentiality. The questions at times provoked challenging emotions and memories for me and the participants. In order to minimize the discomfort, I did my best to provide a reassuring atmosphere in which I explained my position of support and empathy with the case. In case of any experience of discomfort, they were informed that they are able to skip any given question or terminate the interview.

In qualitative research, the methodological importance of having individual in-depth interviews with each case at different times and in different isolated environments, even though they happen to be familiar with each other from their own lives, appears vital in collecting multifaceted data. Another limitation of the research was the majority of participants were not able to meet me in person due to COVID-19 pandemic. So that, I could not arrange as much integration as I intended to have with their ordinary lives and habits. Nevertheless, the surrogates, parents, and intended parents cooperated with me to a degree of formulating alternative questions to be asked and they replied to their own questions as well. To name a few, in addition to what I had prepared, the participants asked: (1) Do you consider your family as an ordinary one or you define your own format? (2) What does it mean to have a disability or chronic illness and to be a queer intended parent? (3) How did COVID-19 pandemic lockdowns affect your reproductive travels?

The concurrence of dissertation research with COVID-19 pandemic has emerged as the main limitation of the field research along with the social stigma against LGBTQ+ people and surrogates which also has considerably hindered the alter-

natives for participant observation in social settings for the relevant groups. The research itself has proven to be pedagogically effective and it made me more aware along with the people around me including my core family, close friends circle, people on social media, and of course, the participants and their networks. The coexisting immobility came along with COVID-19 pandemic and the mass mobilities of global migrations defined the structure and content of this research. The pandemic halted the cross-border reproductive travel, and fertility care for many reproductive subjects was affected negatively (Keaney and Moll 2020). I heard especially from the parents who recently got experiences at hospitals such as childbirth or examination controls that they had to go through many procedures to even enter the hospitals and even some risked missing the birth due to extreme lockdown precautions.

The unique challenges of the COVID-19 pandemic, particularly its impact on cross-border reproductive travel and healthcare access, thus accentuated existing vulnerabilities within diverse family structures. These vulnerabilities were further compounded by pre-existing socio-legal barriers that disproportionately affect LGBTQ+ families. While advancements in international human rights frameworks have enabled greater visibility and support for LGBTQ+ families, the socio-legal barriers they face vary widely, shaped by local histories, politics, and cultural values. These barriers are often reinforced by medically and legally backed propaganda that claims the gender of parents significantly impacts a child's development. Such narratives, rooted in heteronormative assumptions, serve to delegitimize queer families under the guise of science and law. However, research consistently shows that what truly matters is not the gender or sexual orientation of parents, but the care, love, and stability they provide. Studies reveal that the quality of family relationships and the emotional support children receive are far more critical to their well-being than traditional parental gender roles.

The gender of parents has minor significance for children's psychological adjustment and social success (Biblarz and Stacey 2010); the number of parents, their gender, gender identity, sexual orientation, or biological connection to the child are less significant for a child's psychological health than the strength and quality of family bonds (Golombok 2020). In fact, "those who face challenges to become parents often become exceptionally devoted and engaged in their parenting role" (Golombok 2020, 271). I endorse that each step in the path to parenthood, queer parents and the supportive actors in their journeys do biology, kinship, gender as well as undoing them by new limits and intersections.

### 1.2.4 Research Participants

This study engaged with 24 individuals whose lives intersect with surrogacy and queer family making in ways that reflect personal histories, cultural contexts, and the intimate negotiations between bodies, technologies, and laws. Each participant's journey was embedded in their own life story, yet together they formed a collective portrait of queer reproduction beyond borders and norms. Among them were six women in the United States who had each carried children for others. All were already mothers, and most lived in California. Lily, in her mid-thirties, grew up as the daughter of a lesbian mother and now worked as a healthcare secretary. Divorced and raising her own children, she completed both agency and online surrogacy matches, traveling from Washington to California for the process. Kate, a late-thirties military officer, approached surrogacy with the same discipline she brought to her career. Divorced and parenting her own children, she completed one arrangement for a friend and another through an agency, both gestational. Irene, a lawyer in her late thirties, carried for her best friend as a traditional surrogate, contributing her own egg. For her, the process was not merely contractual but an act of personal generosity. Mary, in her early thirties, was a college student in education when she undertook gestational surrogacy. Married and raising her own children, she carried with the resilience of someone who had grown up in foster care, framing her decision as a way to provide stability for others. Linda, a mid-thirties Hispanic accountant, carried for her brother Alberto, blending family solidarity with the intimate work of surrogacy. Barbara, in her early forties, had been a housewife when she carried twins in her first surrogacy arrangement, later completing a second through a personal referral.

Six queer parents in the United States shared how they built their families, often across geographical borders and through carefully mediated clinical processes. Nathan, a Jewish gay man in his mid-forties, was a visual art producer and single father who traveled from France to the United States to work with an agency. His child was delivered by C-section, marking a crossing not just of borders but of life stages. Justin, a Canadian education specialist in his late thirties, completed an altruistic surrogacy through an agency, welcoming his child a week earlier than expected. Dave, a Florida-based lawyer in his mid-forties, was part of one of the earlier queer surrogacy cases of the United States in 2009. His child's premature birth unfolded between Florida and California, reflecting the fragmented geography of legal and medical arrangements at the time. Alberto, a mid-thirties Hispanic marketing specialist, realized fatherhood through his sister Linda's surrogacy, making the process both familial and legally complex. Andrew and Luke, a married couple

from Massachusetts working in healthcare and medicine, navigated an agency-based surrogacy complicated by preeclampsia, sharing both the risks and the anticipation of becoming parents.

In Turkey, where surrogacy is prohibited, six queer parents described alternative routes to parenthood, each shaped by the constraints of local law and the need for discretion. Jale, an openly bisexual child development specialist in her early thirties, carried her own child within a heterosexual marriage, experiencing complications during birth. Can, a late-thirties trans man from İzmir, became a state-recognized father through his wife's pregnancy via sperm donation, with the pregnancy managed between Turkey and North Cyprus, ending in a premature birth. Cihan, an early-thirties trans man and language teacher in İstanbul, also became a father through his wife's pregnancy and sperm donation in North Cyprus, maintaining a discreet public identity. Aydın, an early-forties gay pharmacology specialist, pursued transnational surrogacy between Turkey, Denmark, and Colombia, navigating the process across multiple legal systems. Kerem, a late-thirties bisexual sales manager, became a father through his wife's pregnancy without medical intervention, yet remained private about his sexuality. Dilan, a bisexual business owner in her mid-thirties, became a mother through her partner's pregnancy in a lesbian relationship, raising her child without legal recognition of her role.

The final six participants were queer individuals in Turkey who had not yet become parents but carried strong visions of future family-making. İhsan, an early-thirties gay psychology graduate student, imagined single fatherhood through surrogacy, potentially abroad in Finland. Özgür, a mid-twenties gay trans man, planned to carry a pregnancy himself after transitioning, with relocation to Germany as part of his plan. Tarık, a late-twenties heterosexual trans man and chef from Samsun, intended to have a child through sperm donation and his partner's pregnancy after emigrating, though he faced the complication of prior sterilization. Emre, a heterosexual trans man in his mid-twenties, shared Tarık's vision and challenges, also positioning immigration as a necessary step toward parenthood. Onur, a late-twenties gay sociologist, drew on his time studying in the United States as a reference point for his family building plans, which remained open-ended. Bora, a late-twenties gay political scientist, had already migrated to the United States, positioning himself on the threshold of beginning surrogacy. Taken together, these stories show that queer family making does not follow a single path. Each participant's background, values, and decisions shaped their own journey while adding to a broader understanding of how families are created in different contexts. Their varied experiences, formed by specific histories, cultural settings, and legal realities, highlight the importance of every individual's perspective in capturing the complexity and diversity of building

families beyond borders and norms.

### 1.2.5 An Overview of Chapters

This dissertation establishes the interdisciplinary framework for examining queer parenting, combining gender studies and reproductive justice. It introduces the central question of how families are made beyond gender normativity in different geographies, and outlines how this research contributes to broader debates around queer family making across borders. Chapter One examines how current governments in the United States and Turkey reinforce heteronormative, nuclear family ideals through reproductive politics. Key concepts like reproductive and unproductive citizenship highlight how states reward conformity while excluding those who deviate. Despite differing histories, both countries use pronatalist policies to enforce reproductive hierarchies, positioning queer family making as a political disruption to state-sanctioned norms. Historical cases, such as Baby M in the United States and a recent Turkish-American lesbian custody battle, demonstrate how legal frameworks often prioritize biological and heteronormative kinship, disadvantaging various types of families which are formed outside the conventional methods. Queer parenthood in Turkey is severely constrained by legal, social, and media forces that enforce heteronormativity and marginalize LGBTQ+ individuals. Trans people, despite legal gender recognition, face barriers like past sterilization mandates and lack of clear adoption rights. Public cases like Selin Cigerci's and Bulut Duman's reveal how media sensationalism and legal ambiguity stigmatize queer families, portraying them as controversial rather than legitimate.

Turkey's legal framework reinforces a state-sponsored model of family rooted in patriarchal and Islamic values. Religious authorities, such as Diyanet, and state laws narrowly define legitimate parenthood within heterosexual marriage, leaving queer individuals without legal or reproductive recognition. While grassroots initiatives and visibility efforts exist, the state's pronatalist policies and conservative politics maintain rigid norms. As a result, queer people are often forced to conform into a system of "social sterilization" and "unproductive citizenship" as Smietana argues (Smietana 2024). These dynamics reflect broader ideological efforts to define citizenship through reproductive conformity and family normativity.

On the other hand, the medical and industrial system in the United States has shaped queer reproduction by embedding it within a network of medical institutions, legal structures, and commercial markets. Although homosexuality was removed from psychiatric classifications of illness in the 1970s, queer parenthood has

since become partially re-medicalized through the increasing reliance on assisted reproductive technologies and clinical interventions. These developments place queer individuals, especially those seeking biological parenthood, back under the authority of medical systems that often reflect and reproduce social inequalities. While this system offers new possibilities for family making, it also privileges individuals with financial and social resources, leaving others marginalized. Concepts such as the increasing emphasis on genetic lineage and the coordination of biological, legal, and emotional processes reveal how queer reproduction is managed within highly regulated and normative medical spaces. At this point, Connell's idea of the reproductive arena (Connell 2009) further highlights how reproductive practices are shaped by social structures rather than biology alone, showing that queer parenthood can disrupt traditional gender expectations while still being limited by systemic barriers.

Chapter Two examines how queer individuals, particularly gay men in the United States, pursue biological parenting as a means of legitimacy within a system that privileges genetic ties. Drawing on interviews, the study reveals four main motivations: experiencing traditional parenthood, avoiding the challenges of adoption, maintaining bloodlines, and seeking resemblance for societal recognition. Participants often frame biological parenting as a strategic, emotional, and socially informed choice rather than mere preference. While adoption presents legal and emotional hurdles, especially for same-sex couples in conservative states, assisted reproduction offers a more controlled, albeit expensive, path. Biological parenting is often framed as a way to counteract stigma and affirm the authenticity of queer families, even though it reproduces heteronormative ideals. Choices around donors reveal how race, class, and aesthetics are embedded in queer family making. Access to assisted reproduction is highly stratified. The majority of those who use surrogacy are white, cisgender, and middle/upper class; cost and systemic exclusion limit access for people of color and trans individuals. Legal and digital infrastructures also shape access, marriage can secure parentage rights, while social media serves as both a resource hub and a site of visibility politics that favor affluent queer families.

The dominant model of surrogacy in the United States emphasizes gestational arrangements, where the surrogate carries a child without a genetic link, largely due to legal and emotional concerns stemming from cases like Baby M. This model, supported by the medical, legal, and commercial surrogacy industries, is framed as safer and more predictable, favoring emotional detachment and legal clarity for intended parents. However, this privileging marginalizes traditional and altruistic surrogacies, which involve both genetic and gestational contributions or familial ties. Stories like those of Irene and Linda challenge this norm by embracing surrogacy as an act of relational care. Their experiences reveal how queer and familial surroga-

cies, rooted in trust and ethical commitment rather than financial exchange, offer a more inclusive vision of family making, one that questions the legal-medical control over reproduction and opens the door to more diverse, communal, and queer forms of kinship.

Queer parenting exists within a tension between conforming to dominant family norms and creating alternative kinship structures. Many LGBTQ+ individuals pursue biologically connected children through assisted reproductive technologies, aligning with normative ideals and market-driven systems that often exclude the less affluent. This path can reinforce heteronormative values, but it can also subtly disrupt them through non-traditional arrangements like ongoing roles for surrogates or donors. Queer families thus navigate a complex field, not moving linearly toward progress or assimilation, but continually negotiating family boundaries amid structural inequalities, market forces, and personal values.

In Chapter Three, I explore Turkish queer individuals who face systemic exclusion from reproductive citizenship due to a combination of nationalism, neoliberalism, and religious conservatism. LGBTQ+ people are denied access to assisted reproduction, stigmatized in public institutions, and often forced to seek options abroad. Two key strategies emerge: reproductive mobility, involving transnational travel to access services, and approximation, where queer individuals conform temporarily to normative roles to gain access. These strategies reflect resilience rather than assimilation. Queer families in Turkey are formed through ongoing negotiation, often in invisibility and precarity, resisting a system never intended to include them.

Despite systemic inequalities and strong heteronormative pressures, queer parenting continues to grow in Turkey through personal resilience and strategic navigation of social and legal barriers. Due to limited legal protections and cultural stigma, queer individuals often rely on informal networks and social media role models to pursue parenthood. Coming out as a queer parent involves personal risk, with trans parents especially facing visibility-related challenges, while cisgender queer parents often remain closeted due to safety concerns. The story of Can, a state-recognized transgender father, illustrates how some queer parents both conform to and challenge traditional family norms. Can and his wife used IVF in Northern Cyprus to have children, as Turkey restricts such options for queer families.

On the other hand, especially gay men face extensive legal and institutional barriers to parenthood, which compel them to seek reproductive options abroad. Aydın's journey from Turkey to Denmark and then to Colombia for commercial surrogacy illustrates how parenthood for queer people often requires transnational mobility, financial capacity, and careful navigation of legal systems. His choice to use his

own sperm was motivated by a desire for both personal connection and social legitimacy in a context where biological ties can influence parental recognition. Aydın's story shows that the access to queer parenthood remains unequal and dependent on mobility, economic capital, and strategic decision making. Queer parents in Turkey adapt their visibility, presentation, and family making methods to navigate a hostile system. Their experiences highlight a broader movement of queering reproduction, not by wholly rejecting norms, but by reshaping and negotiating them for safety, legitimacy, and change.

In the conclusion chapter, I connect the two cultural contexts through the patterns of reproductive politics around queer reproduction. Framing the family as a national project, initiatives like Project 2025 in the United States and Turkey's "Year of the Family" seek to marginalize queer and non-normative families by regulating access to reproductive technologies and legal recognition. I emphasize that between the fieldwork back in 2021-2022 and the current political conditions in 2025 there are significant shifts and different tendencies around reproductive politics. Therefore, I conclude with a discussion on how the future of queer reproduction is concurrently under certain risks due to conservative reproductive politics which may even leave no space for the approximation strategies of queer parents and filled with new possibilities around the developing assisted reproductive technologies and further visibilities on social media.

## 2. A PROBLEMATIZATION OF LEGITIMATE FAMILY: QUEER FAMILY-MAKING IN THE UNITED STATES AND TURKEY

### 2.1 Conceptualizations on Legitimate Family

#### 2.1.1 What Makes a Family Legitimate?

What counts as a “legitimate” family is never a neutral question. Across contexts, legitimacy is defined and policed through a combination of legal, cultural, medical, and political frameworks that privilege some forms of kinship while marginalizing others. The chapters that follow examine these dynamics in the United States and Turkey, where the family is consistently imagined as a cornerstone of national identity and social order. Both countries reveal how queer attempts to access parenthood are shaped not only by technological and legal possibilities, but also by restrictive visions of what kinds of families deserve recognition, protection, and support.

The United States offers a case where queer people have gained significant visibility and legal rights, but largely within the limits of homonormativity and stratified reproduction. Marriage equality in 2015, for example, offered federal recognition but simultaneously reinforced marriage as the gateway to legitimacy, benefits, and protection. Similarly, access to assisted reproductive technologies, such as IVF, gamete donation, and surrogacy, has expanded possibilities for LGBTQ+ parenthood. Yet these technologies are embedded in privatized, market-based systems that reward wealth, contractual reproduction, and nuclear family forms. Queer parents are thus positioned as both beneficiaries of expanded rights and subjects of regulation, expected to demonstrate self-sufficiency and responsibility in line with dominant ideals. While these frameworks create pathways for inclusion, they also impose assimilationist pressures, relegating non-marital, collective, or informal kinship models, once central to queer life (Weston 1991), into marginality.

Turkey presents a different configuration, where familial citizenship as Sirman de-

scribes, is far more rigidly defined and exclusive (Sirman 2005). Since 1987, ART has been legally restricted to heterosexual married couples, effectively excluding queer and single individuals from accessing reproductive technologies. Surrogacy was penalized in 2018, and reproductive mobility abroad was criminalized in 2010, binding family legitimacy tightly to heteronormative marriage and national belonging. These exclusions are part of a broader ethnonationalist and pronatalist politics, where reproductive encouragement is extended selectively to ethnically Turkish, Sunni Muslim heterosexual families, while Kurdish and queer reproductive desires are surveilled or suppressed (Kılıçtepe 2021; İş 2013). In this sense, Turkey exemplifies unreproductive citizenship: queer and trans people are tolerated at times in cultural or symbolic registers but systematically denied recognition as reproductive subjects. The result is a stratified reproductive regime in which only certain families count as pillars of the nation, while others are excluded or pushed into precarious transnational arrangements.

These dynamics are not static. At the time of this research's fieldwork (2021–2022), both contexts were already undergoing significant shifts. In the United States, the overturning of *Roe v. Wade* (2022) destabilized reproductive freedoms more broadly, signaling a resurgent conservative agenda that redefined “family values” in exclusionary terms. In Turkey, the 2021 withdrawal from the Istanbul Convention dismantled a key framework for gender equality and reinforced heteropatriarchal visions of the family. These developments narrowed reproductive possibilities for queer individuals, though they still existed within contested and uneven landscapes.

By 2025, however, the circumstances have become more stratified and distressing. In the United States, a wave of conservative legislation has curtailed gender-affirming care, restricted LGBTQ+ presence in schools, and undermined protections for queer families. ART access has become increasingly unequal, with new barriers to insurance coverage for fertility preservation, surrogacy contracts, and transgender reproduction. The result is a patchwork system in which affluent, cisgender, and married queer couples retain access, while others face escalating exclusion. In Turkey, proposed rollbacks on transgender rights, including potential reinstatement of sterilization requirements, illustrate the fragility of earlier gains. The continuing conflation of reproductive politics with national security has intensified selective pronatalism, leaving queer family making under heightened scrutiny and threat.

Foregrounding these frameworks allows us to see that legitimacy is not simply about legal recognition or technological access, but about the broader political projects that organize kinship. Familial citizenship privileges normative family forms as the basis for belonging; unreproductive citizenship exposes the systemic denial of reproductive autonomy to those who fall outside heteronormative ideals; and reproductive justice

reminds us that true freedom requires more than market access to technologies, it demands equitable healthcare, childcare, housing, and protection from discrimination. The chapters that follow situate queer family making in the United States and Turkey within these contested terrains. They reveal the limits of state-sanctioned legitimacy, but also the creative, often precarious ways queer kinship persists beyond normativity. Ultimately, what makes a family legitimate is not a settled fact but a site of struggle, one that reflects the ongoing contestation of sexuality, reproduction, and citizenship in an era of tightening conservatism.

Where do queer people, who are seen as non-reproductive, fit into the selective pronatalist politics? In such frameworks, reproductive capacity is often equated with social value, positioning queer individuals, especially those who do not engage in heteronormative family structures, as outside the idealized vision of citizenship and contribution. This exclusion reinforces social hierarchies, where only certain kinds of families and reproductive choices are deemed worthy of support and validation. However, queer people's roles in caregiving, chosen families, and biological families challenge this narrow definition of reproductive value, offering alternative models of kinship and social contribution. As Butler argues, the legal definition of paternity, based solely on genetic contribution, overlooks the social and cultural dimensions of parenthood, reducing kinship to a biological transaction (Butler 2022, 32).

In this chapter, I explore the question of legitimacy for queer families as follows. At first, focusing on the context of the United States, I examine the ideological and institutional mechanisms that privilege normative families while marginalizing queer family formations, including through selective access to assisted reproductive technologies, adoption, and parental recognition. Then I discuss the legal and symbolic significance of assisted reproductive technologies in shaping contemporary family structures. I trace the evolution of surrogacy discourse from the Baby M case in 1986 to the more recent court case involving a Turkish-American lesbian couple in 2021, illustrating the shifting boundaries of reproductive legitimacy. Later on, I explain how the medico-industrial complex has historically shaped the queer reproductive arena. Subsequently, I investigate how Turkey's conservative regime enforces a heteronormative, pronatalist agenda that positions the nuclear family as central to national survival, while systematically excluding queer and trans subjects from full reproductive and political recognition.

### 2.1.2 Legitimate Family Dynamics in the United States

In the United States, legitimate family dynamics, rooted in heteronormativity, patriarchy, and economic self-sufficiency, have long shaped the social, legal, and political frameworks that define legitimate kinship. These ideals, reinforced by state policy, religious conservatism, and cultural narratives, privilege the normative nuclear family and marginalize alternative forms of care and connection. As queer individuals and communities have sought to build families, they have navigated these dominant norms, often gaining recognition and rights only through assimilation into conventional family models. We can see that queer family-making in the United States has been both enabled and constrained by normative family dynamics, tracing the historical, legal, and political forces that have simultaneously expanded possibilities for queer parenthood and imposed new forms of regulation and exclusion.

The evolution of queer parenthood in the United States provides a compelling lens through which to examine the persistence and transformation of normative family structures. Legal, medical, and technological advances have opened new pathways for LGBTQ+ individuals to form families. However, these developments have largely unfolded within systems that prioritize heteronormative, nuclear, and economically self-sufficient family models. The story of queer parenting in the United States is therefore one of both liberation and constraint, where expansion of rights often coexists with pressures to assimilate (Mamo 2007; Montegary 2018; Moore 2011).

Beginning in the 1980s, new reproductive technologies like in vitro fertilization (IVF) and surrogacy began to make biological parenthood more accessible for queer individuals. Yet this period was also marked by the devastation of the HIV/AIDS epidemic, which ravaged queer communities, especially gay men. The crisis redirected activist energy toward health and survival, delaying broader social and legal conversations around queer family-making. The 1990s brought increased visibility for LGBTQ+ people through advancements in information technology and growing cultural awareness. Informal support systems, online forums, and advocacy networks began to emerge, enabling queer individuals to exchange knowledge about parenting, adoption, and reproductive options. These early digital spaces fostered new kinds of community and solidarity.

By the 2000s, transformative shifts were underway. Massachusetts became the first U.S. state to legalize same-sex marriage in 2004, a landmark that offered queer families symbolic and legal validation. Meanwhile, social media facilitated unprecedented visibility for queer parents, providing tools for connection with surrogates, donors, and adoptive agencies. Despite these advancements, access to reproductive options remained unequal, shaped by income, race, geography, and legal barriers.

The nationwide legalization of same-sex marriage with the influence of both NGO and every day activists in 2015 marked another milestone. With this decision, same-sex couples gained federal recognition and legal protections long denied to them. But the triumph of marriage equality also brought new challenges. It reinforced marriage as the primary avenue through which queer people could access legitimacy, benefits, and stability. As a result, non-traditional or non-marital family structures, once central to queer life, were increasingly marginalized.

This trend toward normalization and assimilation was not incidental. For decades, political and social institutions in the United States have promoted a specific ideal of family life: the married, heterosexual, economically independent nuclear family. Evangelical Christianity has played a powerful role in shaping this ideal, especially through its influence on conservative politics (Bjork-James 2023). This alliance has worked to define the traditional family as morally superior and to position LGBTQ+ identities and practices as deviant.

The 2022 overturning of *Roe v. Wade*, for example, was celebrated by many in the Evangelical movement as a victory for “family values,” despite the serious implications for reproductive freedom. Under the banner of protecting children and parental rights, new laws and cultural campaigns have emerged to restrict LGBTQ+ expression and presence in public life. In states like Florida, legislation has been passed to prohibit discussions of sexual orientation and gender identity in schools and bans on drag performances and LGBTQ+ books have been enacted under the guise of shielding youth from harm (CNN 2023). These measures are part of a broader political project aimed at restoring and preserving a narrow vision of the family.

While queer families have made significant legal gains, these victories have often come within frameworks that emphasize self-sufficiency, privatized care, and personal responsibility. Policies such as the Welfare Reform Act and federal “responsible fatherhood” initiatives have historically targeted low-income and marginalized families under the assumption that marriage is a cure-all for social inequality. As same-sex couples gained access to these frameworks, they were also expected to adopt their norms. Queer parents, in turn, often find themselves navigating a tension between the values of conformity and the traditions of resistance and collectivity that once defined queer kinship. The growing reliance on assisted reproductive technologies and commercial surrogacy has further complicated the landscape of queer parenthood.

These technologies offer new opportunities for biological connection, but they are deeply embedded in a market-based system that privileges wealth and access. Reproductive services, such as sperm and egg banks, IVF clinics, and surrogacy agencies,

are expensive, and the legal protections they offer are often contingent upon financial transactions. The result is a system in which affluent queer individuals can more easily form legally recognized families, while others are excluded. Moreover, the emphasis on legal security through contractual reproduction may come at the expense of more fluid, community-oriented models of parenting. The shift toward clinic-based, commercialized conception discourages the informal networks that have long supported queer family-making. Legal recognition through tools like second-parent adoption and marriage rights has undoubtedly provided crucial protections, but it has also elevated certain family forms over others, particularly couple-based, biologically connected units.

While examining queer reproduction, transgender reproduction should be considered carefully due to the specific circumstances which medically and legally surround the process. Access to parenting and reproduction for transgender and nonbinary individuals in the United States is shaped by both medical possibilities and structural barriers. Survey research indicates that a substantial minority of transgender adults are parents, about one in five report ever having a child, though rates are lower than in the general population (Wilson and Bouton 2024). In the United States, many trans men retain reproductive capacity and may conceive and carry pregnancies after social and/or medical transition, yet often encounter stigma and inadequate provider knowledge during perinatal care (Light et al. 2014).

Trans women and transfeminine people can become genetic parents through gamete preservation prior to initiating estrogen therapy, or via assisted reproductive technologies using cryopreserved sperm, but coverage for such services is inconsistent and often excluded from insurance plans (American Society for Reproductive Medicine Ethics Committee 2021). Nonbinary individuals face similar fertility preservation and ART needs, yet clinical protocols remain heavily gendered, limiting affirming care (Coleman et al. 2022). Across all groups, access to assisted reproductive technologies, including intrauterine insemination, in vitro fertilization, surrogacy, and adoption, is mediated by cost, legal restrictions, and provider bias. In addition, uneven state-level laws mean that even biological or marital parents may need to secure legal recognition through second-parent adoption or court judgments to protect parental rights across jurisdictions.

As queer parents navigate these systems, they find themselves not only consumers of reproductive services but also active participants in shaping the institutions of everyday life. They interact with hospitals, schools, and legal systems, carving out space for non-normative families while simultaneously confronting barriers to recognition and equity. These tensions are particularly acute for queer people of color, low-income individuals, and those whose family formations do not fit neatly into

institutional boxes. The path forward lies not solely in further legal inclusion, but in broader structural change. A robust vision of reproductive justice demands access not only to technologies and legal rights, but also to public resources, such as healthcare, housing, childcare, and protections from discrimination. Moving beyond marketized reproduction and toward sustainable, inclusive support systems will require sustained political struggle and solidarity across feminist, queer, and racial justice movements.

### **2.1.3 Complexities of Assisted Reproduction**

The first successful IVF (in vitro fertilization) procedure in the United States took place in 1981, leading to the birth of the first IVF baby, Elizabeth Jordan Carr, in 1982. Since then, assisted reproductive technology services have rapidly expanded, offering a diverse range of options for individuals and couples seeking fertility treatment. However, despite its widespread use, assisted reproductive technologies remain inaccessible to many, leading to criticisms of the “paradoxical legacy” of these technologies (Franklin 2013). This paradox is compounded by a double standard in legal systems, where assisted reproductive technologies are legal in some countries and states but not in others. Neoliberal markets in the reproductive medical industry have reinforced transnational reproductive tourism and the commodification of bodies, often in ways that are racialized and gendered (Twine 2011).

Surrogacy, as an important assisted reproductive technology especially for queer parents, is situated within these exclusionary and commodifying dynamics. It has become increasingly common in the United States, with both traditional and gestational surrogacy arrangements legally recognized in various states. However, while gestational surrogacy is increasingly normalized by the reproductive market and the legal frameworks, traditional surrogacy finds little to no legal support, and it is treated as an exception. Unlike Turkey, where regulations have been more restrictive and subject to change, the United States has adopted a more permissive approach to assisted reproductive technologies and surrogacy. This has allowed for greater individual choice and autonomy in reproductive decision making. However, the current state of surrogacy in the United States is the result of social and political struggle.

When it was first popularized in the 1980s, the scholars and media only considered and discussed in vitro fertilization for the heterosexual couples. Assisted reproductive technologies grew quite extensive in their forms around this decade. In the 1980s, assisted reproductive technologies advanced significantly, transforming fertil-

ity treatment options. In vitro fertilization (IVF), first successful in 1978, became more refined and widely used during this decade, with improved hormonal stimulation and embryo transfer techniques. Gamete intrafallopian transfer (GIFT), introduced in 1984, offered an alternative by placing eggs and sperm directly into the fallopian tubes, allowing fertilization to occur naturally. Two years later, zygote intrafallopian transfer (ZIFT) combined aspects of IVF and GIFT by fertilizing the egg in vitro and transferring the resulting zygote to the fallopian tube. Cryopreservation of embryos also became more common, enabling the storage and future use of embryos without repeated ovarian stimulation. Additionally, early micromanipulation techniques like sub-zonal insemination (SUZI) began to emerge, paving the way for more advanced procedures such as intracytoplasmic sperm injection (ICSI) in the following decade.

These innovations collectively marked a turning point in reproductive medicine, offering new hope to individuals and couples facing infertility. These technologies were capable of helping more diverse groups in need and it eventually proved efficient those people with reproductive desires who were incapacitated. As these technologies evolved and gained social acceptance, they eventually opened new possibilities for individuals and couples outside the traditional heterosexual framework. Lesbian women were the first within the LGBTQ+ community to access assisted reproductive technologies, often through sperm donation, aligning their reproductive aspirations with broader feminist movements advocating for women's reproductive autonomy. It was only later that gay men began to engage with these technologies, primarily through surrogacy, which requires more complex medical and legal arrangements.

In the 1980s, queer people were largely excluded from early discussions about assisted reproductive technologies. Many clinics refused services to unmarried people and same-sex couples, often citing moral or ethical reasons and upholding the belief that a two-parent, heterosexual household was the "ideal" environment for child-rearing. This exclusion was not just cultural; it was often embedded in legal regulations and medical guidelines (Mamo 2018*a*). Initially, many insurance policies defined infertility based on the inability to conceive after a year of unprotected heterosexual intercourse. This definition inherently excluded same-sex couples and single LGBTQ+ individuals, as their inability to conceive was not recognized under these terms. As a result, they were often denied coverage for fertility treatments. It took nearly five decades before queer intended parents were considered eligible for infertility treatments as social rights, with specific regulations such as state-based insurance coverage being enacted in states like Illinois and California since 2022.

Looking at the history of queer reproductive justice within the broader context of reproductive justice and fertility regulations, certain breaking points emerge. For

example, the framing of surrogacy arrangements for heterosexual couples has influenced how they are applied to queer individuals and couples. A landmark legal case in 1986, Baby M, had a significant impact on public and legal discussions surrounding surrogacy. In this case, a traditional surrogacy arrangement resulted in a legal battle over custody of the child, known as Baby M. The surrogate mother, Mary Beth Whitehead, sought to retain custody, leading to a highly publicized and contentious court case. The case raised complex ethical and legal questions about the rights and responsibilities of the surrogate mother, the intended parents, and the child, sparking debates about the ethical implications of surrogacy and the need for clearer legal regulations. The contemporary legal contracts done before surrogacy journeys are detailed and clarified with certain concerns learned and informed from these past events.

The Baby M case became a turning point in how surrogacy was understood and handled in the United States. It showed the emotional and legal difficulties that can come with traditional surrogacy, where the surrogate is also the biological mother of the child. The case made it clear that this kind of arrangement could lead to serious conflicts over who has the right to raise the child, causing emotional stress and legal confusion. Because of this, traditional surrogacy became less popular and is now less supported by both medical and legal professionals. In contrast, gestational surrogacy, where the surrogate has no biological connection to the child, started to be seen as a safer and clearer option. It made it easier to separate the roles of the surrogate and the intended parents, which helped avoid custody battles. As a result, laws began to favor gestational surrogacy and put stronger rules in place to protect everyone involved. The Baby M case continues to influence how surrogacy is handled today, especially for queer families who need legal clarity in building and protecting their families.

The Baby M case was mediatized globally and interestingly coincided with the criminalization of assisted reproduction outside heterosexual conjugality including surrogacy in Turkey as a potential form of assisted reproduction. Sperm banks and surrogate motherhood were automatically defined as ineligible and unlawful by the Turkish Ministry of Health (İY 1987) (in “Resmi Gazete” in Turkish) since the legal practices of assisted reproduction were strictly defined to be only realized in the case of married couples in Turkey. Although this ban does not articulate surrogacy as unlawful, in practice, it excludes any form of third party intervention to fertility treatments outside a heterosexually married couple. However, there is no explicit mention of the surrogacy concept in the decision from 1987, so the surrogacy ban in 2018 takes extra detailed penalizing measures at this point.

Since the Baby M case, laws regarding surrogacy in the United States have evolved

significantly. On one hand, medical advancements in assisted reproduction have expanded possibilities for family formation beyond heteronormative structures, allowing individuals and couples who do not conform to traditional gender and sexual norms to pursue parenthood. On the other hand, the same biomedical frameworks often impose normative expectations about family, gender, and parenthood, which can marginalize or exclude queer individuals. The regulation of family building through assisted reproduction, as seen in both the United States' or Turkey's legal stances, exemplifies how medicalization can entrench state control over reproductive rights, dictating who has access to these technologies and under what conditions.

To amplify the discussion, I would like to introduce a recent story from the media as a vignette where an American-Turkish lesbian couple had a custody case over their child. The international custody battle between N.S., a Turkish woman, and C.B., an American woman, is a recent and relevant example of a mediatized transnational challenge faced by queer families. The couple, married in Minnesota and using sperm donation to conceive, faced a legal impasse after their separation. While the Turkish court dismissed their marriage as void under national law and awarded custody to N.S. because she was the biological mother, the American court invoked the Hague Convention to demand the child's return. Following a violent incident, N.S. filed for divorce, and the court issued a two-year restraining order against the American woman and awarded N.S. 2,500 US Dollars in alimony. During this time, N.S., who was diagnosed with cancer, moved to Turkey with her son and registered the 4-year-old child as a Turkish citizen. The American woman, however, filed a lawsuit in her home country, claiming the child had been abducted.

A court in Minnesota ruled that the child, deemed "the product of a mutual marriage," should be returned to the United States and forwarded the request to the Ministry of Justice. However, a court in Ankara rejected the request, stating that the child, born via a sperm bank, had "no custodial ties" to the American woman (Oksijen 2021). N.S.'s lawyer argued that same-sex marriage is not legally recognized in Turkey and asserted that the child should remain with the Turkish mother. "This marriage and custody arrangement cannot be registered under Turkish law and is considered null and void," the lawyer stated. Interestingly, the Turkish lesbian mother also reproduced this heteronormative rhetoric, saying, "My son is not an adopted child; I gave birth to him. Therefore, he should not be viewed as a mutual child, as in heterosexual marriages." At this point, we observe how biological kinship can be utilized to establish dominance even in queer family-building cases.

Discrepancies between international laws and the double standards that work against queer families, as seen in this example, further complicate legal family-building and divorce processes. In her analysis of queer reproductive failures and cases of separa-

tion, Craven argues that traditional understandings of family, rooted in biological or heterosexual ties, disadvantage queer parents (Craven 2019). Courts frequently prioritize biological or heteronormative kinship over the lived realities of queer family structures, creating significant vulnerabilities during divorce cases. Craven's point is further complicated by this court case where a queer individual approximates to a normative legitimacy claim.

In both Baby M case and the recent vignette story, a pattern of citizenship debate emerges where the conflicting individual interests and the state-led selective pronatalist concerns encounter. These cases reveal how reproductive technologies and legal frameworks become sites of struggle over the definition of legitimate parenthood and family, often reflecting broader socio-political ideologies. By examining the intersection of national laws, medical advancements, and cultural expectations, we see how state policies regulate access to assisted reproduction in ways that reinforce existing social hierarchies and exclusions. Whether through Turkey's restrictive approach or the United States' more permissive but equally contested landscape, the selective recognition of reproductive rights underscores the ongoing tension between individual autonomy and state intervention.

## **2.2 The Medico-Industrial Complex in the United States**

### **2.2.1 Demedicalization of Homosexuality**

The United States have witnessed the emergence of a system around assisted reproduction which I call "Medico-Industrial Complex" for the last half century. This system, where medical institutions, state policies, and individual interests intersect, redefines the boundaries of the legitimate family. Through assisted reproductive technologies and surrogacy, traditional norms of gender, biology, and parenthood are simultaneously reinforced and challenged. However, significant gaps remain between the experiences of heterosexual and queer prospective parents, who often face additional layers of legal and social scrutiny. When we trace back the history of this gap, the medicalization of homosexuality first as an illness by global health authorities, and the following demedicalization of it from the category of pathology remark the background of current inequalities. The same medical system now remedicalizes queer reproduction through a system where medical intervention is introduced as a necessity and the path to reproduce is surrounded with the neoliberal reproductive market.

To understand the dynamics of that medico-industrial complex, let us first take a look at the historical developments behind it. The medicalization of queer identities has evolved significantly from the early 20th century to the present, reflecting shifts in social perceptions and advancements in scientific research. In *The History of Sexuality*, Foucault describes how, beginning in the 19th century, sexuality, including homosexuality, became a focal point of medical and psychiatric intervention (Foucault 1978). Sexuality was classified, studied, and often pathologized within medical and psychiatric contexts, creating a system that defined non-heteronormative identities as deviations from the norm. This medicalization stigmatized homosexuality and transgender identities and the associated behaviors as “disorders,” lending authority to medical institutions in defining and controlling sexual and gender identities.

Throughout the 20th century, particularly from the 1970s onward, various social and scientific changes began to challenge these medicalized views. Conrad notes four key areas that shifted societal views on homosexuality: psychiatry, HIV/AIDS treatment, genetics, and changing perspectives within the gay community (Conrad 2007). Within psychiatry, homosexuality’s removal from the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973 marked a major step toward its depathologization and a shift away from its treatment as a medical disorder. However, in the 1980s, the HIV/AIDS epidemic reintroduced certain medicalized narratives, with heightened medical surveillance and stigma surrounding gay men and heightened scrutiny of gay sexual practices. While HIV/AIDS increased the stigmatization of homosexuality, it did not lead to a full remedicalization.

In the 1990s, genetic studies such as the research into a “gay gene” re-ignited discussions on the origins of homosexuality, with some in the LGBTQ+ community interpreting these studies as validating a biological basis for sexual orientation. While some gay activists welcomed the genetic framing as evidence that homosexuality is inherent and therefore not “treatable,” others feared that this would open pathways for genetic interventions, potentially leading to a renewed medicalization of queer identities. As Conrad highlights, the debate over the “gay gene” underscored how scientific evidence itself is not deterministic for medicalization; rather, it is the societal interpretation of that evidence that drives medical discourses (Conrad 2007). By the early 2000s, along with advances in the queer liberation movement and gains in legal recognition, particularly in Western contexts, a more widespread demedicalization of homosexuality had taken hold.

Despite these advances, queer reproduction has emerged as a renewed point of entry into the medical discourse, presenting a partial remedicalization for LGBTQ+ individuals pursuing biological parenthood. As queer individuals seek access to reproductive technologies like IVF, surrogacy, and sperm or egg donation, they of-

ten re-enter a medical framework that channels them through reproductive clinics. Scholars such as Rapp and Thompson have conceptualized this dynamic as “geneticization” and “ontological choreography,” respectively (Rapp 1999; Thompson 2005). Rapp’s concept of geneticization highlights the increasing emphasis on genetic lineage in shaping identity, a trend that places queer reproduction within a biological framework often mediated by medical professionals. Thompson’s “ontological choreography” describes how reproductive technologies coordinate and align biological, legal, and social factors, situating queer individuals seeking parenthood within a medicalized reproductive process.

In the last two decades, while access is more readily available in the United States, it is stratified by factors like socioeconomic status and location, impacting the accessibility of assisted reproductive technologies for queer individuals. Moreover, as Mamo portrays, the reproductive clinics are not always readily accessible to all queer individuals considering the different gender identities, gender performances, and socioeconomic class backgrounds (Mamo 2018*b*). Mamo explains that medical institutions as normative spaces where some queer people who do not conform with these norms feel uncomfortable and at times discriminated. Ultimately, queer reproduction takes place in a reproductive arena of ongoing negotiation between agency and medicalization. For many queer individuals, reproductive technologies open possibilities for biological parenthood, yet they also reintroduce medical authority into the reproductive process and every day queer lives through reproduction.

Surrogacy, framed as a technologically advanced and “ideal” solution for queer parenting, often prioritizes gestational surrogacy within a system that commodifies reproduction. This approach privileges affluent queer individuals or couples who can navigate the financial, legal, and bureaucratic hurdles of surrogacy arrangements. At the same time, it marginalizes those who lack the economic resources to afford such services or choose alternative paths to parenthood, such as adoption, co-parenting, or traditional surrogacy. By defining legitimacy through medicalized and market-driven norms, this system enforces exclusionary practices that valorize particular forms of queer reproduction while delegitimizing or ignoring others. As a result, the intersection of economic privilege and medical technology not only reifies existing inequalities but also narrows the scope of what is considered viable or acceptable queer family-making.

### 2.2.2 Queer Reproductive Arena

Connell's concept of the "Reproductive Arena" provides a crucial framework for analyzing the intersection of gender relations and reproductive practices, particularly in queer reproduction and parenthood. Connell's model conceives the reproductive arena not as biologically determined but as a social domain where societies assign meaning to reproductive roles and practices (Connell 2009). As Connell notes, "the link with the reproductive arena is social," and thus, gender is not a mere reflection of reproductive capacity but rather the result of how these capacities are structured socially. This perspective makes queer parenthood legible as a site where traditional gender norms are reshaped or reinforced, offering insight into the divergent reproductive practices and barriers. Queer parenthood becomes a transformative terrain, where contrasting sociopolitical landscapes manifest in distinct reproductive choices and possibilities.

In the United States, the reproductive arena includes a network of medical, legal, and commercial institutions that facilitate queer parenthood. Here, although it is a stratified arena based on race and class dynamics (Smietana, Thompson, and Twine 2018), gendered expectations are shifting to accommodate more inclusive family structures, as the reproductive arena expands through assisted reproductive technologies, surrogacy, and other pathways accessible to non-heteronormative parents. Connell's framework reveals that this diversity reflects changes in gender relations, enabling queer individuals and couples to assert reproductive agency within a system that, despite legal and economic barriers, increasingly acknowledges diverse family forms. Nonetheless, it must be remarked that the current permissive situation for queer parenthood in the United States has been the result of a complicated and challenging work of decades.

The process of queer reproductive justice awareness, request, and political struggle in the United States did not happen overnight. There have been several historical developments which led the progress and shaped the request of queer parenthood by different groups such as queer people who had children through traditional heterosexual reproduction, lesbian women, gay men, and transgender people. Over the past fifty years, the landscape of queer parenthood in the United States has undergone a profound transformation, marked by legal battles, cultural shifts, and evolving state policies. Following the American Psychiatric Association's removal of homosexuality from its list of "mental disorders" in 1973, lesbian and gay parents began fighting to retain custody of and maintain contact with children from previous heterosexual relationships. This period saw the emergence of parental rights as a core issue within lesbian and gay activism, extending beyond legal battles to align

with broader movements for racial, economic, and reproductive justice (Montegary 2018, 38).

One of the most significant changes has been the expansion of family structures and the redefinition of kinship. During the height of the HIV/AIDS crisis, queer communities created alternative familial networks based on care and solidarity. These networks often included ex-partners, friends, and co-parents who collectively raised children or provided care for those affected by the disease. The kinship arrangements between lesbians and gay men through donor insemination and co-parenting agreements illustrated a vision of family rooted in political alliances and communal support rather than traditional, privatized domesticity. Through these intentional family-building practices, queer parenthood became a site for sustaining cultural communities and fostering decolonial desires (Montegary 2018, 44).

Before the introduction of assisted reproductive technologies, queer people in the United States experienced parenting either through their heterosexual encounters or through manual injections of genetic material they arranged within themselves with a sense of queer solidarity on the way to parenting. However, the HIV/AIDS epidemic hit the community severely in the 1980s and using genetic material to raise children with a queer family became less of an option due to the fear of infection. Anderson and Vazquez describe these years as a time of crisis when the LGBTQ+ activism had to focus on survival before anything else including reproductive rights (Anderson and Vazquez 2006).

Anderson and Vazquez explain how lesbian women, gay men, and other members of the LGBTQ+ community have faced significant health, economic, and practical challenges in accessing reproductive technologies and rights (Anderson and Vazquez 2006). Structural inequalities and divergent agendas within LGBTQ+ liberation movement and reproductive justice movement contributed to the delayed collaboration between the two. The lack of affordable and safe reproductive options for queer individuals, such as the high costs of assisted insemination and in-vitro fertilization, and the exclusion of openly gay men from sperm donation due to discriminative health policies ignited by HIV/AIDS crisis, created heightened health risks among the community like HIV and other STDs. Insurance coverage for fertility treatments remains largely unavailable to queer people, unlike their heterosexual counterparts. The prohibitive costs of surrogacy and adoption further exacerbated these disparities, issues rarely addressed in the policy agendas of either reproductive rights or LGBTQ+ organizations.

Anderson and Vazquez observe that reproductive rights, often framed narrowly around abortion access in the United States, are fundamentally connected to sex-

ual and gender rights. Despite this connection, the LGBTQ+ movement historically overlooked reproductive justice, delaying opportunities for collaborative policy work. It was only two decades later that practical expressions of this shared political understanding began to emerge, leading to the formation of Causes in Common in 2003. This coalition sought to bridge reproductive rights and LGBTQ+ liberation through joint policy efforts and collaborative advocacy in the United States. Despite these systemic barriers to reproductive rights, the fight for LGBTQ+ family-building extended beyond assisted reproduction to include adoption rights. Just as queer individuals faced financial and legal obstacles in accessing fertility treatments, they also encountered institutional biases and legislative roadblocks when seeking to adopt. The delayed collaboration between the LGBTQ+ liberation and reproductive justice movements mirrored the slow progress in securing adoption rights, where legal battles and shifting public opinions played a crucial role in expanding access.

One of the major challenges in uniting these movements has been resistance from within the LGBTQ+ community, particularly from segments of the gay male population who often viewed reproductive issues as unrelated to their political agenda. Furthermore, a conservative faction within the gay community opposed abortion rights, complicating alliance-building. Another obstacle stemmed from the perceived lack of reciprocity from reproductive rights organizations, which often failed to prioritize LGBTQ+ issues in their candidate endorsements, despite consistent support from queer movements for reproductive choice. The historical invisibility of queer people within social justice movements, driven by the pressures of homophobia, weakened opportunities for broad-based coalitions (Anderson and Vazquez 2006). A failure to assert the interconnectedness of race, class, gender, and sexuality further hindered the potential for solidarity between movements. The increased visibility and a more assertive articulation of these intersections are crucial for advancing a more inclusive and effective queer reproductive justice agenda.

The history of queer people's access to adoption rights in the United States has been shaped by legal battles, shifting public opinion, and state-by-state differences. In the early 20th century, adoption laws favored heterosexual, married couples, and while there were no explicit bans on LGBTQ+ individuals adopting, social stigma and institutional bias made it nearly impossible. By the 1980s, as more queer individuals sought to become parents, some states enacted explicit bans, such as Florida's 1977 law prohibiting LGBTQ+ adoption. Throughout the 1990s and early 2000s, some states began recognizing same-sex couples as adoptive parents, while courts struck down discriminatory laws. In 2010, Florida's ban was ruled unconstitutional, marking a turning point in the legal landscape. The landmark *Obergefell v. Hodges*

Supreme Court ruling in 2015, which legalized same-sex marriage nationwide, further solidified LGBTQ+ adoption rights, and in 2016, the last remaining ban in Mississippi was struck down.

Despite nationwide legalization, challenges persist, particularly due to religious exemption laws. Since 2018, states like Texas and South Carolina have passed legislation allowing faith-based adoption agencies to refuse LGBTQ+ parents, arguing for religious freedom. The 2021 Supreme Court ruling in *Fulton v. City of Philadelphia* further complicated the issue by upholding the right of a religious foster care agency to reject same-sex couples. While queer individuals and couples can legally adopt in all 50 states today, discrimination remains a significant barrier in states with strong religious influence. The struggle for full equality in adoption continues, as advocacy groups work to challenge religious exemptions and ensure that LGBTQ+ families have equal access to parenthood.

Among LGBTQ+ parents in the United States, cisgender gay men make up only 5 percent of the total, a significantly smaller proportion compared to other groups (Wilson and Bouton 2024). In contrast, cisgender bisexual women constitute the largest share at 61 percent, followed by lesbian women at 14 percent. Transgender individuals, including transgender men (4.3 percent), transgender women (2.2 percent), and gender non-conforming individuals (2.4 percent), collectively account for 9 percent of LGBTQ+ parents. The stark difference in representation raises important questions about the social, economic, and cultural factors that shape family-building pathways within the LGBTQ+ community. This disparity is caused by potential barriers such as adoption restrictions, surrogacy costs, societal expectations, and differences in family planning preferences among queer individuals.

The latency of gay men's procreative consciousness reflects the historical exclusion of gay people from reproductive rights (Smietana 2019) and the social power associated with parenthood (Weeks 2017). For much of modern history, coming out as gay was perceived as inherently contradictory to developing reproductive ambitions. The recent shift, where gay men increasingly articulate and realize their desires for biological parenthood, marks a significant cultural transformation. This delayed engagement portrays the influence of gendered cultural dynamics in the United States, where men's reproductive aspirations have traditionally been framed within heteronormative expectations, and only more recently has queerness been brought into the reproductive realm previously dominated by heterosexual norms.

## 2.3 The State-Led Heteronormative Pronatalism in Turkey

### 2.3.1 Legitimate Family Dynamics in Turkey

In Turkey, the regulation of family formation has long reflected a complex interplay between normative ideologies, legal structures, and sociopolitical agendas. Central to this regulation is the institutionalization of the nuclear heterosexual family as the ideal unit of national belonging. State policies have consistently reinforced a vision of family that is heteronormative, reproductive, and patriarchal, marginalizing those who do not conform, especially queer and transgender individuals. The exclusionary nature of these practices is best understood through Sirman's concept of familial citizenship, which links national belonging to the normative family unit (Sirman 2005). In this framework, families are not merely private institutions but are actively constructed by the state as pillars of national identity. The "ideal" family, heterosexual, reproductive, and hierarchically gendered, serves as the blueprint for full citizenship. Both the early Republican and contemporary conservative governments, despite ideological differences, converge in using the nuclear family as a disciplinary and productive tool.

Since 1987, access to assisted reproductive technologies (ART) has been restricted to heterosexual married couples, effectively excluding queer individuals from state-supported pathways to parenthood. This legal rigidity was echoed in other state actions, such as temporary bans on transgender reassignment surgeries, further marginalizing trans individuals seeking gender-affirming care. Social attitudes have mirrored this rigidity. On one hand, iconic queer public figures like Zeki Müren and Bülent Ersoy were celebrated in mainstream media. On the other, trans sex workers, often the most vulnerable within the queer community, faced criminalization and displacement, revealing a stark divide between selective visibility and lived precarity.

Throughout the 2010s, queer visibility and state repression intensified simultaneously. The Istanbul Pride Parade, once a vibrant symbol of LGBTQ+ resistance, was banned in 2015 after gaining significant momentum. Reproductive restrictions tightened: reproductive mobility (seeking ART abroad) was criminalized in 2010, and surrogacy was penalized in 2018, further constraining queer and single individuals' family-making options. Although the requirement of sterilization for transgender individuals was eventually repealed, Turkey's 2021 withdrawal from the Istanbul Convention undermined broader protections for LGBTQ+ rights.

Ural and Cindoğlu show how debates on reproductive rights, such as Erdoğan's

2012 declaration that “every abortion is murder”, display the state’s control over women’s bodies and sexualities (Ünal and Cindoğlu 2013). This rhetoric reveals how reproductive capacities are tightly regulated under a selective regime of citizenship. Smietana’s concept of “unreproductive citizenship” offers further insight into the exclusion of queer and trans individuals (Smietana 2024). Even when tolerated in the public sphere, they are denied full recognition as reproductive subjects. In Turkey, this exclusion is compounded by the criminalization of alternative reproductive practices and the conflation of reproductive and national security agendas.

In Turkey, the legitimate family is a vision which is restricted by heteronormative and gendered expectations. As Kavaf, a former Minister of Family Affairs, declared in 2010, "We do not accept gay marriage and parenthood as an institution" (KaosGL 2010). This statement reflects the broader exclusionary stance embedded in Turkish family policies, which privilege the normative family structure while sidelining queer families, single parents, and other non-normative family configurations. These policies are not merely rhetorical but material, as evidenced by the 2010 prohibition on cross-border reproductive treatments for Turkish citizens. Despite this restriction, queer individuals and others bypass these barriers through transnational reproductive mobility, particularly to Northern Cyprus, navigating a covert system of family-making that Mutlu describes as entangled in gendered, moral, and economic challenges (Mutlu 2023).

İş documents how queer women encounter institutional barriers in terms of various subjects from keeping the custody of their children to the reception at hospitals when they need reproductive or pediatric healthcare (İş 2013). Attempting to conceive and raise children as queer parents reflects the broader legal-medical exclusion in Turkey where the double standards underscore how fertility becomes a mechanism of national identity formation and political control. These overlapping political projects restrict gender and sexual diversity, shaping legal frameworks through normative definitions of kinship and reproduction. For instance, while laws permitting gender reassignment recognition for transgender individuals appear progressive, they have often reinforced gender binaries through restrictive conditions like mandatory sterilization, a practice that was only recently repealed but is now at risk of being reinstated. A recent legislative proposal (KaosGL 2025) seeks to roll back transgender rights, including access to hormones and reproductive autonomy, highlighting the fragility of these gains.

Kurtoğlu notes that trans individuals’ exclusion from full civil, social, and political citizenship stems from their perceived threat to normative gender structures (Kurtoğlu 2009). Their existence, and by extension their potential for non-normative reproduction, is framed as a disruption to national coherence. The intersection of

sexual and reproductive citizenship reinforces a system in which full inclusion is contingent upon conformity to hegemonic masculinity and complementary femininity. Those who fall outside these categories, queer, trans, and non-reproductive individuals, are systematically excluded.

### **2.3.2 Making of (Un)Reproductive Citizenship**

Turkey's approach to reproductive rights and family structures is fundamentally linked to its legacy of reproductive and familial citizenship, where national identity is constructed around normative family roles. This model equates good citizenship with adherence to heteronormative norms, positioning the nuclear family as a central pillar of Turkish identity. As Sirman argues, Turkish citizenship historically emerged around the idea of the family, idealizing the male citizen as a "sovereign husband" and the female citizen as a dependent wife and mother (Sirman 2005). The state's vision of the "ideal" family upholds heteronormativity, tying reproductive roles directly to citizenship and excluding alternative family structures. Consequently, individuals and families who deviate from these norms face legal and social marginalization. However, some queer parents in Turkey have managed bypassing this legal barrier by approximating to a heteronormative format curtailing their visibility. The way to legitimacy for any parenthood in Turkey is paved with conforming to a normative imagery of nuclear Turkish family.

Accordingly, the legal history of assisted reproductive technologies (ART) in Turkey has changed significantly since the 1980s. Initially characterized by limited regulation, the landscape changed with the issuance of regulations and guidelines by the Turkish Ministry of Health in the 1990s. The enactment of the Regulation on Centers for Assisted Reproductive Treatment and the initiation of insurance coverage for heterosexual married couples' access to ARTs in 2005 provided a more complex legal framework for ART. Despite these advancements, religiously fueled controversies and legal challenges have persisted, such as the legislation change in 2010 regarding anonymous sperm donation, seriously limiting people who sought out transnational reproductive mobility to navigate the restrictive heterosexual conjugality in Turkey.

The evolution of ART regulations in Turkey has been deeply influenced by social, ethical, and religious considerations. As a predominantly Muslim country, Turkey has seen considerable debate regarding the permissibility of ART within Islamic teachings. Some religious scholars have expressed concerns over sperm and egg donation, as well as surrogacy, due to potential complications related to lineage and inheritance laws. The legislative changes in 2010s, which prohibited anonymous

sperm donation, was largely influenced by these concerns, reflecting broader societal resistance to practices that could obscure biological parentage. In 2014, the restrictions on egg freezing were somewhat loosened, but the requirement of marriage continued to be a challenge for people (Kılıç and Göçmen 2018). In 2018, when discussions around surrogacy began appearing in the media, an explicit ban on surrogacy was introduced. The Presidency of Religious Affairs (Diyanet) made statements declaring it adultery and not permissible (Türkdoğan 2023).

Community discussions have also centered on the impact of ART on traditional family structures. Conservative groups have voiced apprehensions that increasing access to ART might challenge the conventional definitions of motherhood and fatherhood. At the same time, medical professionals and advocacy groups have pushed for more inclusive policies that prioritize reproductive rights and access to medical advancements. This ongoing tension between conservative values and the demand for reproductive autonomy has shaped the country's ART policies, often leading to legal ambiguities and enforcement challenges. Moreover, legal concerns have emerged regarding the rights of children born through ART, particularly regarding citizenship and parental rights. Cases of Turkish citizens seeking ART treatments abroad due to domestic restrictions have added complexity to these discussions, prompting policymakers to consider how international legal frameworks interact with national laws.

Gürtin explains the unique case of the Turkish ban on reproductive travels by examining the regulations introduced in 2010 (Gürtin 2011). Prior to these amendments, the use of donor eggs, donor sperm, and surrogacy had been technically prohibited within Turkey since 1987 due to the legal limitation within heterosexual conjugality (İY 1987). However, individuals could legally seek such third-party reproductive assistance abroad, often facilitated by collaborations between Turkish and foreign IVF clinics. Gürtin argues that the legal change in 2010 was implemented with the governmental concerns about the implications of third-party reproductive assistance on concepts of ancestry and parenthood (Gürtin 2011).

Nevertheless, the legal restriction did not stop people from alternative paths to fertility treatments and it was followed by a reproductive arena in Turkey where intended parents who needed egg/sperm donation and surrogacy had to seek reproductive arrangements in secrecy outside the country especially in nearby countries such as Northern Cyprus and Georgia. These arrangements are usually done under the cover of tourism. Despite the prohibitive rulings, the reproductive journeys cannot be limited for the ones who are resourceful and mobile enough to make it, as Mutlu suggested (Mutlu 2019). In other words, assisted reproduction is individually financed for people who do not fit within the cisgender and heterosexually married

format in Turkey, and it is directly subject to stratified reproduction due to its lack of comprehensive recognition and insurance coverage for the citizens of various reproductive needs.

Pronatalism in Turkey since the mid-2000s has been intertwined with the state's promotion of heterosexual, nuclear family structures as the normative unit of society. This form of conservative family-centric worldview, as Sirman argues, positions citizenship not simply as an individual right but as something that is mediated through familial belonging, effectively privileging heterosexual conjugal unions (Sirman 2005). Yazıcı further expands on this by explaining how neoliberal reforms in the post-1980 era paradoxically strengthened state control over family life by delegating welfare responsibilities to families, thereby reinforcing the ideal of a self-sufficient heterosexual household (Yazıcı 2012). Gürtin demonstrates how reproductive regulations, particularly access to assisted reproductive technologies, have been designed to align with these ideals, restricting access to only married heterosexual couples in Turkey (Gürtin 2016). These limitations essentialize heterosexual conjugality as both a moral and biological prerequisite for legitimate reproduction, excluding single women, same-sex couples, and other non-normative family forms from reproductive rights and state-supported services.

This restrictive approach to reproductive rights aligns with the broader legal frameworks in Turkey that reflect a heteronormative vision. Same-sex marriage, partnerships, and joint custody rights are not legally recognized in Turkey. Access to reproductive technologies is strictly limited to married heterosexual couples, and sperm banks are prohibited. Turkish citizens are even barred from using sperm banks abroad. Although queer intimacies and unrecognized family formations exist, citizens of Turkey cannot equally access to same-sex marriage and parental rights in their country (İş 2013, 45). Surrogacy, which is a viable fertility option for queer parents, is banned in Turkey since 2018. However, there are still domestic cases of surrogacy transactions (Türkdoğan 2023), as well as transnational cases.

Based on the recent Judicial Reform Strategy announced by President Erdoğan, a new draft introduces amendments to the Civil Code and Penal Code, making legal gender recognition and expression more restrictive (KaosGL 2025). One major change is to Article 40 of the Turkish Civil Code, which would increase the minimum age for gender affirmation from 18 to 21 and require individuals to prove permanent infertility and mental health necessity through multiple medical evaluations from government-designated hospitals. It also introduces stricter court procedures for changing gender on official documents. The draft law proposes harsh penalties for unauthorized gender reassignment surgeries performed abroad and criminalizes public expressions and behaviors not aligned with biological sex, imposing prison

sentences for promoting LGBTQ+ identities and for same-sex engagement or marriage ceremonies. If enacted, this law would severely limit the rights and visibility of LGBTQ+ people in Turkey and criminalize the work of organizations advocating for their rights. The law reverses previous judicial progress and increases state control over gender identity and expression.

Savcı further highlights how heteronormative conjugality in Turkey is defined by the exceptional legal and cultural status of the family (Savcı 2021). According to Savcı, the former minister Kavaf's statement against same-sex marriage and parenting reflects a broader cultural discourse that sees the family as a site of authenticity and cultural difference. Unlike laws regulating international trade, family law has been treated as a domain where cultural and religious values can override universal rights, which allows conservative interpretations of family and sexuality to prevail. This exceptionalism in family law legitimizes the exclusion of non-heteronormative family structures, reinforcing the state's commitment to preserving traditional conceptions of marriage and parenting.

As the government continues to prioritize heteronormative conjugality in its reproductive and family policies, understanding how these dynamics evolve will be crucial for assessing the broader implications for gender and sexual rights in Turkey. Ultimately, Turkey's state-led heteronormative pronatalism serves as both a legal and ideological mechanism to enforce normative family structures and exclude alternative forms of parenthood. By overlapping reproductive rights with national identity, the state marginalizes queer families and restricts their visibility and legitimacy. This exclusion not only limits reproductive autonomy but also reinforces a vision of citizenship that is contingent on adherence to heteronormative ideals.

The social sterilization goes beyond medical interventions, manifesting through legal restrictions and societal pressures that severely limit queer people's ability to form recognized families. The current legal frameworks in Turkey actively work to sever queer individuals from the possibility of parenthood. The republican modernization effort, while promoting the formal equality of men and women, also maintained control over women's public participation and marginalized sexual dissidents. In the late 2000s and early 2010s, the emphasis on family in Turkish politics made a strong return and dominated the last decade with certain limitations we have already discussed.

The criminalization of surrogacy, which took place in 2018, further reflects political concerns about protecting normative family values and preserving the perceived sanctity of motherhood. Actually, it had already been forbidden in practice due to the legal arrangement in 1987. However, the ban on surrogacy in 2018, which was

included in various legal regulations, was this time re-enacted in a special law on health. “As in many other countries around the world, the government in Turkey does not find surrogacy ethical” says the Secretary General of the Turkish Gynecology and Obstetrics Association (DW - Deutsche Welle 2018). The resistance to surrogacy also stems from ethical anxieties about potential exploitation, emphasizing the cultural view of motherhood as an irreplaceable bond.

In accordance with the ethical and legal guidance derived from Islamic influence, assisted reproductive technologies in the Middle Eastern countries such as Turkey, as Inhorn and Gürtin explain, are practiced within clear religious parameters to safeguard lineage and marital sanctity (Inhorn and Gürtin 2012). Religious scholars have established rulings to ensure that such procedures remain compliant with Sharia principles, and many Muslim couples seeking treatment for infertility express a deep commitment to conceiving in ways that are religiously sanctioned. From the Sunni perspective, several rulings are central: First, artificial insemination using the husband’s own semen is permissible, with the resulting child recognized as the legitimate offspring of the married couple. Second, in vitro fertilization involving the wife’s egg and the husband’s sperm is also permissible, on the condition that it is medically justified and performed by a qualified IVF specialist, with the fertilized embryo returned to the wife’s uterus. Third, surplus embryos resulting from the procedure may be preserved through cryopreservation, but these embryos remain the exclusive property of the couple and may only be used by the same wife during the period of the valid marriage contract. These guidelines are intended to uphold Islamic values while addressing the medical needs of infertile couples (Inhorn and Gürtin 2012).

In Turkey, Islamic teachings significantly influence perceptions of women’s roles, often prioritizing their identities as mothers and wives over individual autonomy. The Turkish Islamic authority, Diyanet (Presidency of Religious Affairs), asserts that IVF is only permissible when no external elements are involved, meaning the sperm, egg, and womb must all come from the married couple. According to the general principles of Islam, for a child to be considered legitimate, they must be biologically connected to both the husband and wife within the bounds of marriage. As long as these conditions are met, the use of IVF is both supported and encouraged (Presidency of Religious Affairs of the Republic of Turkey 2006). However, at the same time, Diyanet overtly supports adoption for heterosexually married couples while also suggesting that it is not an equivalent to blood kin (Presidency of Religious Affairs of the Republic of Turkey 2017). These perspectives complicate discussions around reproductive rights and technologies. For instance, Turkey’s ban on surrogacy aligns with normative views on biological motherhood and family integrity.

The state's repro-national character not only promotes high birth rates but also reinforces specific models of family and citizenship that align with traditional gender roles and heterosexual marriage.

Moreover, the current legal framework does not suffice to explain alternative family makings. The rule "Mater semper certa est" (The mother is always certain), recognized in the Turkish Civil Code, cannot explain the situation where, with today's technology, a child's biological and genetic mother can be different (Demir 2024, 186). Despite the advancements in reproductive technologies, Turkish legal and religious authorities remain largely inadequate in addressing the complexities of alternative family formations. The rigid adherence to normative definitions of family and motherhood fails to accommodate possibilities like gestational surrogacy, egg donation, or same-sex parenting. The legal system's reliance on the "Mater semper certa est" principle becomes increasingly problematic when the woman giving birth to a child may not be the genetic mother, raising questions about maternal rights and the legal status of children born through such methods. This regulatory gap not only undermines reproductive autonomy but also leaves many children without clear legal protections, reflecting a broader failure to adapt to evolving societal and technological realities.

Besides the state-led heteronormative pronatalism, there has been a growing resistance of queer families in Turkey consisting of people from every gender and sexual identities including heterosexuals. Initiatives like LİSTAG (Association of Families and Friends of LGBTQ+ in Turkey) and their documentary "My Child" have played a crucial role in challenging heteronormative family discourse and creating space for public dialogue in 2013. The documentary has played an instrumental role in the coming out experiences of Turkish youth in the last decade by constituting a supportive resource demonstrating that accepting parents exist. However, these conversations often focus on the heterosexual parents of queer individuals rather than on the rights and experiences of queer parents themselves.

Despite the gradual expansion of LGBTQ+ visibility and activism in Turkey, evidenced by the growth of Istanbul's Pride March from a few dozen participants in 2003 to tens of thousands in 2013, the Turkish government's stance on LGBTQ+ rights has become increasingly repressive. The cancellation of Pride events after 2015 coincided with a global surge in right-wing politics and selective pronatalist agendas. Official statements from government figures, such as former Minister of Family and Social Policies Fatma Şahin's emphasis on "LGBTQ+ people shouldn't be alienated but the family values must be protected," reflect this growing concern.

Heteronormative conjugality stands at the core of Turkey's patriarchal and pronat-

talist policies, shaping not only the acceptable family unit but also the boundaries of reproductive rights. As Gürtin argues, Turkey’s legal and social approach to assisted reproductive technologies reflects a broader ideological framework where the family is framed within heteronormative and patriarchal structures (Gürtin 2016). This vision is supported by a neo-conservative government that balances pronatalist rhetoric with tensions between Islamic and secular principles while maintaining a commitment to medico-scientific modernity. Consequently, the state’s reproductive character is not just about promoting high birth rates but also about reinforcing a specific model of family and citizenship that aligns with traditional gender roles and heterosexual marriage.

Turkish queer individuals face a semi-permissive reproductive arena shaped by legal and social constraints. Drawing on “unreproductive citizenship” (Smietana 2024), this dissertation also explores how bisexual and transgender individuals in heterosexual marriages navigate these restrictions. By conforming to heteronormative family models, they gain access to parenthood, while gay couples and single intended parents remain excluded. Recent cases illustrate the complexity of these strategies. In Turkey, a single father’s adoption was recognized, provided he did not claim a queer identity. Similarly, a trans father successfully claimed parenthood of his wife’s biological child conceived in Northern Cyprus through IVF and sperm donation. These examples highlight the double-edged nature of approximation strategies: they provide pathways to parenthood while reinforcing heteronormative standards and excluding those who cannot or will not conform.

### **2.3.3 Contested Cases of Queer Parenthood**

The intersection of law, media, and societal attitudes creates a precarious landscape for queer individuals seeking parenthood in Turkey. Despite legal recognition of gender transition, trans people have long faced systemic restrictions, including mandatory sterilization and ambiguous adoption policies. Recent legislative efforts threaten to reinstate sterilization requirements, further limiting their reproductive rights. At the same time, media portrayals of queer parenthood often reinforce societal biases, turning personal struggles into public spectacles. The legal and social challenges faced by transgender and queer individuals in Turkey such as the cases of Selin Cigerci and Bulut Duman, demonstrate how both the legal system and mainstream media shape and constrain their parental aspirations and well-beings.

Transgender individuals, although legally permitted to undergo sex reassignment surgery, were required to undergo mandatory sterilization for years, and a recent

bill aims to reinstate this requirement, effectively stripping them of the right to biological parenthood. Turkish regulations on adoption do not explicitly address the gender identity of prospective adoptive parents. Therefore, in theory, transgender individuals who meet the general adoption requirements may be eligible to adopt. While some transgender individuals in Turkey could adopt children within heterosexual marriages, their social recognition is in a precarious condition. For instance, Turkey's family legislation remains vague and restrictive when it comes to trans parenthood, especially in the absence of clear frameworks around surrogacy and adoption. The case of Selin Ciğerci, a prominent Turkish trans woman and social media personality, has brought these legal ambiguities and social controversies to the forefront. Through the lens of Ciğerci's journey to motherhood, we see not only the inadequacies in Turkish family law but also how mainstream media manipulates public perception of trans parenthood, framing it as a marginal and contentious issue.

According to Turkish law, the lineage of a child is strictly tied to the woman who gives birth. This approach is further reinforced by Diyanet's (Presidency of Religious Affairs) stance on considering the woman as a birthgiver individual in society from an Islamic perspective. The very existence of women is undermined into a birthgiving function both legally and culturally. This provision excludes not only surrogacy but also poses challenges for trans women who cannot conceive biologically. Therefore, legal routes to parenthood for trans individuals remain extremely limited. Selin Ciğerci's pursuit of motherhood was met with these legal barriers. Despite her public declarations of wanting to become a mother, Turkish legislation offered no pathway for her to have a biological or surrogate child. As a result, the adoption process seemed to be the only viable route. However, this also became a source of controversy and confusion.

The media frenzy surrounding Ciğerci's motherhood intensified when her ex-husband, Gökhan Çıra, posted a photo with a baby, sparking questions about the child's origins. According to the couple's statement, the baby was conceived through Çıra's sperm, egg donation, and gestational surrogacy (Milliyet 2023). Ciğerci claimed in a series of Instagram videos that they had legally adopted the child during their marriage. She further insisted that everything had been done through official channels and that she was now a legitimate mother. However, the Ministry of Family and Social Services swiftly refuted these claims, stating that no official adoption application had been filed by Ciğerci and Çıra (Milliyet 2023). The Ministry's announcement not only cast doubt on Ciğerci's narrative but also prompted an investigation into the matter. This contradictory information fueled sensationalized media coverage, turning the personal life of a trans woman into a national

spectacle.

Mainstream Turkish media played a significant role in manipulating public perception, portraying Ciğerci's parenthood as dubious and controversial with headlines such as "Bu Bebeğin Annesi Kim? ("Who is the Mother of This Baby?") or "LGBT'li Selin Ciğerci'den skandal itiraf: Taşıyıcı anne vasıtasıyla evlat edindim" ("Scandalous confession from LGBT Selin Ciğerci: I adopted a child through a surrogate mother"). By framing the story as a scandal rather than a human rights issue, the media reinforced negative stereotypes and marginalized trans parenthood. This type of coverage often incites social hostility, as evidenced by the wave of criticism and invasive scrutiny Ciğerci faced. The lack of clear legislation on trans parenthood and adoption leaves room for misinformation and legal ambiguity. Moreover, the sensationalized media coverage exacerbates societal prejudice, making it difficult for trans individuals to exercise their rights without fear of public backlash.

The case of Bulut Duman, a Turkish gay father who became a single parent through transnational surrogacy, also exemplifies the precarious legal and social position of queer parents in Turkey. Bulut Duman, an openly gay singer who has social media popularity, became a single father through transnational surrogacy in Georgia which is a practice that is not legally recognized in Turkey, and claimed parenthood in Turkey as the biological father of the child. In 2020, Duman faced severe allegations of instigating another man to sexually abuse his two-year-old child (NTV 2021). Despite these accusations, Duman consistently maintained his innocence, asserting that social services and expert reports found no evidence of abuse and that his child was never taken from him. Throughout the legal process, Duman also reported being the target of a smear campaign, armed attacks, and extortion attempts. He claimed to have filed numerous complaints and won civil court cases against those spreading false allegations.

The media's handling of Duman's case has been sensationalist, casting his role as a gay father in a suspicious light and amplifying the controversy without verified facts. Despite the lack of concrete evidence against him, the damage to his reputation and the scrutiny over his parenting capabilities reflect broader societal prejudices. Turkey's legal framework does not recognize same-sex marriages, partnerships, nor surrogacy, which automatically excludes gay men from domestic surrogacy and adoption rights. This forces queer individuals who wish to become parents to seek alternative, transnational methods, often placing them in legally ambiguous situations upon returning to Turkey. Even when these methods are legally valid abroad, they face potential challenges in establishing parental rights domestically.

Socially, Turkey remains a conservative society with biases against LGBTQ+ in-

dividuals. Accusations against them are at times weaponized and sensationalized, reflecting broader societal prejudices rather than objective assessments of their parenting capabilities. The lack of legal recognition and protection further compounds their marginalization, leaving them more susceptible to character attacks and legal challenges. For Turkey to move toward greater inclusivity, it must establish clearer legal pathways for queer individuals seeking parenthood and regulate media representation to prevent the stigmatization of marginalized communities. Until then, cases like Selin Ciğerci and Bulut Duman will continue to expose the intersection of legal inadequacies and social intolerance.

Queer people face a form of social sterilization driven by heteronormative pronatalism, which positions them as inherently non-reproductive and excludes them from the reproductive rights enjoyed by heterosexual citizens. This exclusion is not only a result of state policies but also stems from widespread social attitudes that frame queer individuals as a perceived threat to national identity and stability. By labeling them as "unreproductive citizens," selective pronatalist politics marginalize queer people both legally and socially, denying them access to reproductive rights and placing them outside the framework of reproductive citizenship (Smietana 2024). The sociopolitical landscape in Turkey severely restricts queer individuals' access to reproductive services, resulting in what Smietana terms "social sterilization." This concept refers to the deliberate exclusion of non-heteronormative individuals from the means of biological parenthood. This systematic exclusion reinforces the idea that queer lives are incompatible with nation-building and societal continuity.

### **3. WHO FORMS LEGITIMATE FAMILY? STRATIFICATION OF QUEER BIOLOGICAL PARENTING IN THE UNITED STATES**

#### **3.1 Pursuing Biological Parenting**

##### **3.1.1 Looking for Legitimacy in Biology**

Queer parenting in the United States unfolds at the intersection of desire, legality, biology, and societal legitimacy. Drawing on Berkowitz's and Smietana's analysis of "procreative consciousness" (Berkowitz 2007; Smietana 2019), this subchapter explores how gay fathers articulate motivations for parenthood that extend beyond the personal, situating their reproductive decisions within broader social, familial, and cultural frameworks. For the six queer parents I interviewed in the United States the pursuit of biological parenting over adoption emerged not as an arbitrary preference but as a carefully considered decision, shaped by emotional longing, social expectation, and systemic constraint. These decisions are intimately linked to perceptions of what it means to be a "real" parent in a world that often measures legitimacy through biological connectedness. Across the interviews, four major themes surfaced to explain why these queer individuals opted for biological parenting: (1) the desire to experience parenthood in its full traditional form, (2) the institutional and emotional difficulties of adoption, (3) the impulse to maintain family heritage and blood kinship, and (4) the hope to establish a maximum likeness and emotional bond with the child.

This quest for legitimacy often begins with a need for recognition, both internal and societal. Luke, a gay father in his early 30s living in Massachusetts, described a lifelong desire to become a parent, a dream he carried with him from childhood into his adult life and same-sex partnership. Even after coming out, he never relinquished this aspiration. What changed was not the dream but the path to achieving it. In pursuing surrogacy, Luke and his husband confronted not only the logistical challenges of assisted reproduction but also the implicit societal assumption that

biological parenting conveys a deeper or more authentic connection. Luke’s decision was guided by an urge to create a visible link between himself and his child, what he called a sense of “*resemblance and connection*.” In a society that often questions queer families’ authenticity, biology can serve as proof.

Andrew, a gay father in his mid 30s, also from Massachusetts, echoed this sentiment, yet his reasoning leaned more toward the experiential realm. For Andrew and his partner, surrogacy was a way to participate in the “*full experience*” of parenthood, an experience traditionally reserved for heterosexual couples. This included being present for the pregnancy, hearing the heartbeat for the first time, and forming an early emotional bond with the baby at birth. Although Andrew acknowledged the high financial cost of surrogacy, he regarded it as essential to achieving a form of parenthood that he had imagined since his youth. Similarly, “*to have a child that can never be taken away from*” was also a major motivation theme in Smietana’s research for the gay parents who pursued surrogacy in the United States (Smietana 2019).

Not all parents I spoke with framed their decision through the lens of emotional fulfillment. Dave, a gay father in his mid 40s living in Florida, focused on the institutional and bureaucratic hurdles of adoption. A decade ago, when he and his partner began exploring their options, they found adoption agencies to be “*unwelcoming and religiously aligned*,” often leaving them with few choices. As Dave recounted, “*We were very discouraged... You really had to put yourself out there and figure it out. I remember getting a lot of dead-ends and frustrations.*” The adoption process demanded emotional labor, legal navigation, and openness to rejection, all underpinned by a sense of marginalization. In contrast, reproductive technologies, while costly, offered a structured and goal-oriented pathway. Dave’s choice was less about privileging biology for its own sake and more about avoiding the trauma and uncertainty embedded in the adoption system.

This redirection from adoption to biological parenting is not isolated to Dave’s experience. Rather, it reflects a national landscape marked by uneven access and variable legal recognition. Adoption laws in the United States differ significantly by state. In some states, same-sex couples are fully supported through laws and institutional frameworks, while in others, especially where agencies are affiliated with religious organizations, queer couples face rejection or prolonged scrutiny. Alberto, a gay father in his mid-30s living in California, shared that despite his progressive surroundings, he knew couples in other states who had encountered discriminatory policies or outright denial when trying to adopt. The geography of parenting rights in the United States, therefore, influences whether adoption feels like a viable choice for queer families.

Nathan, a gay father in his mid 40s living in New York, brought an additional dimension to the discussion: the desire to maintain his family's heritage. Nathan described his longing to see a continuation of his bloodline, a sentiment typically reserved for heterosexual normative families but clearly resonant in his own narrative. For Nathan, biological parenting was not only about raising a child but also about carrying forward his family's history, culture, and identity. "*It felt like my family would end with me otherwise,*" he stated, a reflection of how queer people, too, engage with intergenerational thinking and legacy building. His choice to pursue surrogacy had a sense of belonging, to his past, his name, and his future.

These themes of emotional completeness, systemic exclusion, intergenerational legacy, and symbolic legitimacy did not exist in isolation. They intersected and overlapped in each participant's narrative. The experiences of Dave and Andrew, for example, reveal both institutional avoidance and emotional aspiration. In choosing surrogacy, they found a path that was not only feasible but fulfilling. Yet their choices also mirrored conventional family-making trajectories, complicating the idea that queer parenting always subverts tradition. In fact, several participants, including Luke, explicitly referenced their attempts to mirror the parenting experiences of straight couples, not out of conformity, but out of a desire for equal recognition.

Biological parenting also enables queer couples to shape the aesthetics and identity of their families. This was evident in how parents selected egg or sperm donors. Preferences for race, education level, and physical appearance surfaced frequently in the interviews. Luke and Dave both spoke in detail about their decision-making processes. Luke noted that he and his partner specifically sought a Caucasian donor with height and a particular hair color. "*You want to give them the best shot,*" he said, reflecting how these decisions are embedded in normative values of success and social acceptability in the United States. Dave was even more meticulous, ruling out college students seeking compensation and favoring donors with artistic ability and parenting experience. These choices show how privilege, race, and class continue to shape queer family-making, often reproducing the very hierarchies that queer communities seek to dismantle.

While these selective decisions might appear problematic through a critical lens, they also reflect the pressures placed on queer parents to "prove" their legitimacy. Biological connection becomes one way to shield oneself from societal doubt. As Nathan shared, "*When people look at my child and see my features, they do not question whether I am the father.*" This pursuit of likeness, both visual and emotional, speaks to a need for recognition that extends beyond the private sphere into public validation. These fathers' choices are not just about personal fulfillment but about engaging with legacies, communities, and futures. As Berkowitz argues, pro-

creative consciousness among gay men cannot be understood without accounting for the sociohistorical conditions under which their desires are formed (Berkowitz 2007). These men came of age during times when gay fatherhood was either invisible or stigmatized. Their efforts to create families today are both a response to and a refusal of that exclusion.

In light of these narratives, the preference for biological parenting among queer people must be understood as both a desire and a response to a system that privileges biology as the ultimate marker of legitimacy. It is a desire to be seen, respected, and understood as real parents. It is a strategy to counteract legal barriers, social stigma, and institutional exclusion. And it is, at times, a reproduction of traditional family ideals within a queer context. In choosing biology, queer parents are not rejecting alternative kinship structures. Rather, they are making the most viable and validating choice available to them in a stratified reproductive landscape. Their stories complicate the binary between normativity and resistance, suggesting that legitimacy in queer parenting, alongside chosen families, is often found not in opposition to biology, but through it.

Becoming a parent often aligns individuals more closely with traditional gender norms. However, for queer parents, this step can also challenge the association of homosexuality with unnaturalness, providing an opportunity to push back against gendered definitions of sexuality (Moore 2011). There are diverse approaches by queer parents who are open about their identity and the ones who might feel conflicted about openly embracing a queer identity, especially if it could lead to resistance or disapproval from their children or society. Moore notes that for some queer parents, identity experiences are shaped more by circumstance than by deliberate choice, as they navigate complex biases related to race, socioeconomic class, and other factors (Moore 2011). This means that the fear of societal stigma is a common theme among queer parents, yet the desire to create a family can outweigh these concerns. Actually, the family claim itself has a justifying social power and it can be used to transform the given norms surrounding it.

This yearning for legitimacy through biology is shaped by both personal history and social pressure. Participants repeatedly expressed a desire to avoid being seen as second-class parents. For some, biological connection was a way to prove that their families were just as natural and deserving of respect as those formed by heterosexual couples. However, they mirror the very structures they might otherwise challenge. Yet this is not simply mimicry. It is a tactical response to inequality. As Dave put it, “*You just want something that works. Something that people cannot question.*” This entire family making process takes place within a neoliberal framework that increasingly commodifies reproduction. For some queer parents, assisted

reproduction becomes the only viable option due to the emotional setbacks and the systemic exclusions from adoption. Yet this pathway is only accessible to those with considerable financial and social capital.

### **3.1.2 Accessibility of Queer Biological Parenting**

Reproductive possibilities for queer families in the United States are shaped by systems of social stratification that limit reproduction along lines of race, class, gender identity, and access to resources. While advancements in assisted reproductive technologies have made biological kinship increasingly viable for queer individuals, these methods remain largely accessible to a privileged few. In particular, the field of queer reproduction is overwhelmingly dominated by white, cisgender, middle-class and upper-class individuals. According to data from the Williams Institute, over 70 percent of LGBTQ+ parents in the United States who report using assisted reproduction or surrogacy identify as white, while Black LGBTQ+ individuals, who face higher rates of poverty and structural exclusion, make up less than 10 percent of such parents (Williams Institute 2021). Transgender people are also underrepresented: though they comprise approximately 1.6 million adults in the United States, only a small fraction report access to or utilization of assisted reproductive technologies, with many citing barriers such as cost, discrimination, and inadequate healthcare infrastructure (James et al. 2016).

For gay intended parents in the United States, the cost of gestational surrogacy typically ranges from 120,000 US dollars to over 200,000 US dollars, depending on the state, agency, and services used (Smietana 2019). States like California, New York, and Illinois are the most surrogacy-friendly, while others like Texas can be more complex, and places like Louisiana and Michigan are legally restrictive. The total cost includes surrogate compensation, agency and legal fees, IVF, egg donation, insurance, and travel. Costs can increase if both partners wish to fertilize embryos or if additional legal protections are needed for parentage. In my fieldwork, some participants shared that they had chosen to work with famous surrogacy clinics which tend to cost higher than the average. On the other hand, some other participants who expressed financial limitations shared that they had sought alternative ways such as altruistic surrogacy or manual insemination through doulas which cost significantly lower.

Assisted reproductive technologies, often costing around 150,000 US dollars, have become a symbol of queer homonormativity, but only for those with the financial and cultural capital to participate. During my fieldwork, I deliberately sought to

include the voices of queer parents of color and from lower socioeconomic classes. Despite active outreach through NGOs and online support networks, I encountered substantial difficulties in reaching these populations, underscoring how economic and racial exclusions translate into invisibility within queer parenting narratives. The people I could reach out were majorly the representatives of groups with presumably privileged backgrounds.

The decision to pursue biological kin for queer parents is accompanied by significant emotional and financial costs. Although one queer individual may have a privileged background, the challenges remain. Andrew, a gay man in his mid 30s, speaks to the emotional investment in the process of surrogacy: *“In our case, there was no assistance, no health insurance covered anything. Obviously, adoption is substantially less expensive. But we were both really adamant that we wanted to have the full experience... you know, hearing the heartbeat for the first time, skin-to-skin when she was born... as a result, the only real way to guarantee that is to go through surrogacy. It was the best decision. We will start a second journey to have a sibling, because we were just adamant that it’s the right choice for us.”*

Andrew’s emphasis on experiencing the physical and emotional milestones of parenthood reflects the deep emotional investment in the process of surrogacy, where the biological connection is seen as integral to fully participating in the journey of parenthood. However, in Andrew’s idealization of a particular parenthood trajectory, there is also the reproduction of a conventional family narrative as how things should be in a certain order. By declaring one specific way of parenting as the best way for themselves, they also internalize and imitate the traditional way of having a child by heterosexuals. Although this might be interpreted as a setback, concurrently, it can also be considered as a claim on equal parenting.

Another question for queer parents is whether to get married on the path to a safer parenting. While marriage can facilitate the establishment of parental rights for LGBTQ+ couples, it is not an absolute requirement in all states. However, some more conservative states like Utah restrict adoption by cohabiting unmarried couples, effectively requiring individuals to be single or married to adopt. In case of biological parenting, even when both partners are listed on a child’s birth certificate, this may not guarantee legal parentage, especially in states that do not recognize certain forms of parental establishment for unmarried couples. Hence, in order to secure recognition across all states, marriage emerges as a functional way for queer parents. Again, a normative institution necessitates itself through practical need rather than sole desirability.

The growing possibility of biological parenting for queer people in the United States

is closely shaped by both legal systems and digital platforms, which open new paths while also setting certain limits. Legal institutions like marriage help queer parents gain rights and recognition, especially in states where being married is required to be seen as a legal parent. At the same time, marriage encourages people to follow traditional ideas about what a family should look like. In a similar way, social media platforms have become important tools for queer people to learn about surrogacy, ask questions, and find support. But these online spaces often highlight certain types of families, mostly white, wealthy, partnered parents, which makes others less visible. As Smietana, Twine, and Thompson explain, queer reproduction is shaped by strong inequalities tied to race, class, gender identity, and location (Smietana, Thompson, and Twine 2018). These inequalities affect who can afford to have a child, who is seen as a parent, and who remains excluded.

During the fieldwork research, I learned that there are administered private groups on Facebook in which the actors match on their will through posts which may include charming photos and wishes along with detailed requests, questions around healthcare or finances. I began observing the way those communities interacted. Their names were “Surrogates and Intended Parents’ Match” (13k members, established in July 2014, administered by Sherman Taylor and two women from surrogacy agencies) and “Men Having Babies / Planning Biological Parenthood” (6k members, established in February 2009, administered by Sherman Taylor and four people in the board of NGO named “Men Having Babies”). Three of the participants I interviewed are the members of the latter group. Except one negative experience with dead-end (Justin’s case), they all mentioned these online groups as useful, reinforcing, and positive.

Social media has emerged as an initial point of exposure to surrogacy for queer individuals, as well as a way around the clinics where the procedures are framed and more costly. Justin, a gay man in his late 30s, recalls, “*I think I saw on social media that a friend had a baby via a surrogate. I think it was the first time I saw surrogacy in practice.*” This anecdote exemplifies how social media platforms introduce queer individuals to the concept of surrogacy, providing them with firsthand accounts and resources. Through online connections, potential parents can ask questions, join specialized Facebook groups, and gather essential information before embarking on their surrogacy journeys.

Rosenfeld points to a great shift in the ways to family making in terms of interracial unions, same-sex partnerships, and online matchmaking (Rosenfeld 2007) instead of conventional ways of “meeting through friends” (Rosenfeld, Thomas, and Hausen 2019). Also, the expression of “I want to have a child/or not” has become an integral part of most known dating apps in 2020s. I consider this as a reacknowledgement of

the reproductive structure by the virtual structure making. Andrew, a gay parent, emphasizes the significance of online research and the availability of resources when initiating the surrogacy journey. “*We have a ton of resources with regard to medical professionals, surrogacy agencies, fertility clinics,*” he notes. Although, social media platforms provide access to a wealth of information, from medical advice to agency recommendations, it may also confuse the intended parents due to unstructured info-flux.

Dave also shares his experience of navigating surrogacy a decade ago, when resources were scarce, and guidance was limited. “*You just really had to put yourself out there and figure it out,*” he recalls. The evolution of social media has significantly alleviated these challenges by providing centralized platforms where queer individuals, especially the ones who speak English, usually white, middle-class, and upper-class men, and the surrogate women who are usually cisgender and have middle-class backgrounds can seek advice, share experiences, and overcome obstacles together. The collective wisdom of these communities helps mitigate the frustrations and dead ends that early pioneers like Dave encountered.

In these online spaces, queer individuals can imagine and plan their paths to parenthood. Social media platforms allow them to visualize their future families, drawing inspiration from others who have successfully navigated the journey. This process of imagining parenthood is essential for queer people, as it provides hope, motivation, and a roadmap to achieving their dreams. While social media helps queer individuals imagine parenthood, it also plays a role in reproducing certain norms of the ideal family. Participants often share photos and stories to appeal to potential matches, striving to present their families in a positive light. This behavior reflects traditional norms of family representation but also highlights the desire for acceptance and recognition within broader society. Moreover, the queer people who do not want to become parents, get married, or self-define as anti-family may react this reproduction of family norms negatively. There are some internal debates on the direction of queer liberation movement in terms of integration to family institution. Although there is such a debate, the general tendency within queer communities is to liberate people with different needs and desires as much as possible.

The case of queer biological parenting in the United States shows that access is shaped by many layers of inequality. Some queer individuals are able to pursue assisted reproduction or surrogacy because they have the money, legal support, and social networks to do so. Others are pushed to the margins due to financial limits, lack of legal protection, or discrimination in the healthcare system. Institutions like marriage and platforms like social media play important roles in this process. They give people tools and support, but they also create and repeat ideas about what

kinds of families are most acceptable. As Smietana, Thompson and Twine point out, queer reproduction is part of a wider system that includes both opportunity and exclusion (Smietana, Thompson, and Twine 2018). As we consider the future of queer parenting, it is important to look beyond who is able to become a parent and ask under what conditions those paths are made possible or blocked.

As in the case of Luke, the longing to have a genetically related child has a meaning and often is emotionally charged. This desire does not necessarily signal a capitulation to normative ideals of family, but rather reflects a pursuit of recognition, continuity, and belonging. For many queer individuals, the act of creating a family through biological means, such as surrogacy, can be both a personal aspiration and a political act. It is a way of asserting visibility and legitimacy within a culture historically denying queer people the right to be seen as full participants in familial life.

Luke's reflections make visible the tensions between progress and ongoing structural inequality. "*We were excited when the gay marriage passed in the United States,*" he recalls, situating his narrative within broader milestones in LGBTQ+ rights. Yet even as legal barriers fall, new challenges emerge, particularly in the realm of family formation. "*Now we are at a place where surrogacy is becoming way more common place in the United States,*" Luke observes, but he also points to the uneven terrain of access: "*My prediction is that and my hope is that the next generation will see health insurance start to pick up the cost of surrogacy.*" His hope foregrounds a key issue: the economic burden of reproductive technologies is not evenly distributed, and the lack of insurance coverage reveals persistent forms of discrimination. "*When a man and a woman face infertility issues, insurance picks that up. Well, this is the same thing!*" Luke argues, challenging the heteronormative assumptions that continue to shape healthcare policies.

Luke's statement reveals how the denial of insurance coverage for gay men seeking surrogacy is a structural exclusion that reinforces reproductive inequality. By framing this as a form of "*technical infertility,*" Luke reframes the issue within the language of medical necessity, thus making a claim for equal treatment under existing frameworks. His call for "*pressure on lawmakers and insurance companies*" signals a strategic move toward policy change, but also underscores the necessity of broader cultural shifts. The recognition of queer families must move beyond symbolic acceptance to material support. Without such changes, queer parenthood remains precarious, accessible primarily to those with the financial means to navigate the costly terrain of assisted reproduction. Luke's commentary on insurance coverage is especially critical within the broader struggle for queer reproductive justice because it exposes how economic gatekeeping perpetuates inequality even in the

face of legal recognition. His insistence that surrogacy-related expenses be covered by insurance challenges a healthcare system that continues to privilege cisgender and heterosexual couples.

### 3.1.3 Negotiating Biological Contribution

In the unfolding narratives of queer parenthood, biological contribution emerges as a carefully navigated process involving emotional investment, medical advice, and social concerns. For gay men pursuing fatherhood through assisted reproduction, questions of who will be the biological parent, how embryos will be selected, and which surrogacy arrangements will be pursued are made by complex decisions. In this subchapter, I provide a comparative discussion across the narratives of participants to explore these complex decision makings in terms of queer reproduction and parenting.

In *Queering Reproduction* (2007), Mamo explores how the increasing medicalization of reproductive technologies has transformed queer subjectivities in both liberating and constraining ways. According to Mamo, assisted reproduction can destabilize the assumed link between heterosexuality and parenthood, expanding the possibilities for queer kinship (Mamo 2007). Yet at the same time, these technologies can reinforce traditional ideals of family and reproduction, such as the desire for genetic ties and the reliance on medical expertise to determine the "best" outcomes. In this sense, reproduction becomes a highly regulated and moralized domain, even for those who seek to challenge normative family structures.

The participants in this study reflect Mamo's argument vividly. Luke, for example, shared that both he and his partner felt strongly about having a biological connection to their children. He emphasized, "*We both felt strongly about having the biological link to our children. And again, for a lot of that nature versus nurture piece, and us just being so tight knit with our family and wanting that link for our children.*" This approach shows the emotional weight placed on biology, even in queer contexts where social parenting is equally vital. The medical authority ultimately influenced the order. As Luke explained, "*We talked to our IVF doctor... we asked him for his medical opinion and he basically said go with my partner first because if things don't go well and we don't have a successful implantation with any of those three, we can then switch over to mine.*"

Here, the doctor becomes a gatekeeper, directing the couple's choices based on embryo quality and implantation odds. This deference to medical authority, as Mamo argues, is a hallmark of how reproduction has become a site of expertise

and regulation. Luke's mention that they tell friends and family "*the doctor chose for us*" rather than explaining the full decision-making process reveals a tension between private deliberation and public narrative. The emphasis on choosing the "*highest-grade*" embryo reflects how normative standards of health, success, and risk reduction are imported into queer reproductive strategies.

Alberto's story presents another pattern, one grounded in familial support and shifting medical advice. He initially considered having his sister act as both egg donor and surrogate, a configuration that might have deepened family ties but risked emotional complications. As he recalled, "*Originally, we planned using my sister's eggs and my husband's sperm... most of the doctors recommended that's not the best case because sometimes the moment that the woman feels that biologically the child is hers, it might be harder for her.*" This medical recommendation reshaped their plans. Alberto and his husband ultimately opted for an anonymous egg donor and both contributed sperm. They instructed the doctor to "*just go with whatever looks healthier.*"

This approach parallels the findings of Smietana, who studied gay fatherhood in the United States and found that decision making around assisted reproduction is shaped by multiple and interlocking factors (Smietana 2019). Smietana identifies access to the fertility industry, financial resources, social support, and personal values as key elements that influence how queer men become parents. In Alberto's case, his sister's willingness to act as a surrogate simplified access to reproduction. Unlike others who must rely on expensive agencies, Alberto's journey was facilitated through kinship, even though medical professionals played a decisive role in redirecting their plans.

Smietana also highlights how a "procreative consciousness shift" has occurred among gay men, especially after the emergence of assisted reproductive technologies tailored to queer individuals. Dave's narrative on his motivation to be the biological father aligns with this observation. From the moment he discovered assisted reproductive technologies as an option for him, he knew he wanted to be a biological parent. This motivation led him to become the biological parent as opposed to his partner: "*It was an early decision that I would be the biological father. I was certainly the more driven, ticking clock of parenting figure,*" he stated. While his partner was fully invested in parenthood and described as "*the best father I have ever seen,*" the biological contribution was not evenly shared. There had been an internal negotiation within the couple, where emotional urgency and readiness influenced the decision more than medical logic.

Dave's process of finding a surrogate also reflects a non-institutional path. He found

a lesbian surrogate through digital forums and emphasized shared values and life experiences. “*She is a lesbian based in central California. She has a daughter with her wife. . . She just really wanted cash for the second car,*” he noted, pointing out how practical concerns intersected with queer solidarity. This surrogate’s prior experience using an anonymous donor helped shape her approach to surrogacy, allowing her to maintain emotional distance while offering support. Dave emphasized her “*level-headed*” attitude, highlighting how mutual trust and shared identity shaped a successful collaboration outside of commercial fertility clinics.

Together, these three narratives illustrate different configurations of biological contribution within queer parenting. Luke and his partner planned a reciprocal model shaped by embryo quality and doctor recommendations. Alberto and his husband adapted their strategy from familial genetic ties to medically guided anonymity. Dave, driven by emotional readiness and the absence of institutional support, pursued a direct, community-based approach to surrogacy. Each story reveals how decisions around biology are never purely technical. They are made with feelings, values, social relationships, and broader structures of power.

The presence of medical professionals as key decision makers across all three cases illustrates Mamo’s claim that queer reproduction often becomes subject to traditional forms of expertise and authority. Embryo quality, emotional risks, and implantation success rates become the terms through which potential parenthood is assessed. These accounts reflect a broader transformation in how families are imagined and made. The participants are not simply recipients of reproductive services; they are active negotiators, strategically navigating institutions and family values.

## **3.2 Reproductive Arrangements**

### **3.2.1 Narratives of Donor and Surrogate Matching**

The processes of selecting a donor and a surrogate, while often discussed together under the umbrella of assisted reproduction, are distinct in their logics, expectations, and emotional weight. Donor selection is typically mediated through catalogues, medical profiles, and biographical sketches, where intended parents navigate a marketplace of genetic possibilities by weighing factors such as racial identity, educational background, medical history, and even personality traits described on paper. Surrogate selection, by contrast, unfolds as a relational and affective process that extends far beyond the exchange of biological material: it requires negotiating

ongoing human interactions, ethical commitments, and often the emotional lives of multiple parties. Whereas donor choice is usually confined to considerations of phenotype, health, and lineage, surrogacy involves questions of compatibility, trust, lifestyle, geography, and long-term expectations of contact or distance.

In my own research, the surrogacy narratives I accessed were strongly marked by emotional dimensions and personal motivations, surrogates' decisions were intertwined with their identities, family situations, and affective investments in helping queer couples build families. It is crucial to qualify, however, that this observation emerges from the specific group of surrogates I was able to interview, many of whom framed their participation in terms of altruism, solidarity, or personal meaning. There are other surrogacy experiences, some more transactional, others more ambivalent, that fall outside the scope of my data. By placing donor and surrogate selection side by side, this subchapter explores not only how intended parents make decisions about the bodies and lives of others in pursuit of family, but also how these decisions are embedded in broader systems of stratification, legitimacy, and cultural norms about kinship, race, and class.

The egg/sperm donor matching is also an important part of this assisted reproductive process. There are many factors that play a role in choosing a donor and surrogate. The factors that stand out in my data are as follows: ethnic/racial identity; education background; medical profile; geographical proximity; family background. These elements do not operate in isolation but rather intersect with broader societal norms and expectations about idealized family structures. The narratives of participants such as Dave, Luke, and Nathan display how donor selection is shaped by a mixture of personal aspirations, cultural ideals, and social pressures. From desires for certain physical traits and educational credentials to concerns about racial resemblance and emotional compatibility, these choices are embedded within a system that stratifies reproductive labor and reinforces dominant norms about kinship, race, and class. Donor selection emerges not merely as a clinical or practical task. It is a process in which the queer parents negotiate both personal values and social legitimacy.

In Dave's words: "*The egg donor was selected... gosh, originally you get like just papers with kind of questionnaires, some of them were like what's your height, weight, medical issues, education, family history and things like that. I believe our egg donor was described as not very tall, very artistic though... which stood out to me. She did art teaching for preschool. She played music. She enjoys painting. I am a little more cerebral and left-brained... analytical. And it seemed like a good complement. She had a degree in accounting, she was athletic. So, when I was there, they showed a physical picture of the two surrogates that I was interested in. I was more interested*

*in one of them, but she actually turned out to be the egg donor for us in the end. Things like successful pregnancies as a parent yourself were important. I was not going to invest in the entire in vitro process for people who did not have that. And that ruled out a number of people, you know, college students looking for money, probably would not be eligible for my consideration. Anyway, I saw those pictures, I remember the dark hair, fair skin, very nice smile, and I was like 'Oh yeah, that's the one, that is the person.' That's how we found our egg donor."*

In this case, they did not meet the egg donor in person, but they chose her egg based on the phenotype and biography told in the catalog. It is interesting to hear that the college students looking for money are stereotyped and eliminated out of the pool of reproductive choice. This constitutes another example of how assisted reproduction is stratified on many ways not only in terms of the intended parents but also about the reproductive donors and surrogates. Another important aspect appears to be the racial narratives from these matching stories. For instance, in Luke's statements, the intricacies of decision-making for gay parents in selecting egg donors and surrogates reveal a deeper layer of considerations that extend beyond mere physical attributes.

The preference for a Caucasian egg donor and specific physical traits such as height and hair color are not uncommon, yet it underscores the racial discourse that often permeates the realm of gay parenting in the United States. Smietana and Twine emphasize how racial preferences in donor selection reflect broader societal biases and pressures, as gay parents navigate the intersection of homonormativity and racial identity (Smietana and Twine 2022). The desire to provide the "best shot" for their child through these choices echoes a form of homonormative aspiration, aligning closely with conventional family ideals that prioritize certain racial and educational attributes.

Luke said: *"I do not want to sound superficial, even though it might come out like that. For us specifically, we were looking for a Caucasian egg donor. We were looking for height, you know, someone that is on the taller side. I think my partner did not want someone with red hair or blonde hair considering ... you know, most straight couples do not necessarily talk about these things, but we do have access to think about those things. Number one, you want the best for your child. You want to give them the best shot. Number two, our egg donor is the type that we would have bonded with if we were... you know, with her in person or if we were straight. Maybe we would have chosen her as a partner. That was kind of important for us too. So, anyways those are some of the physical characteristics. They tell a little bit about their schooling and education. They even report test scores and things like that. That was not very important to me because I do not know whether they were verified*

*or how much necessarily correlate... I care about the actual in-person conversation because I think you can tell a lot about the person's intelligence academically and emotionally just by talking to them."*

Critically assessing this within the context of queer kinship making, Luke's narrative illustrates the tension between conforming to societal expectations and forging an inclusive, diverse family identity. Unlike Dave, Luke was able to engage in a conversation with the egg donor and in his words it meant a lot to him to envision the future of their child. Luke's reflection on the potential in-person bonding with their chosen donor further indicates a blend of normative and queer considerations in their decision making process. Ultimately, both Dave and Luke express their intentions to forecast and reach a potential optimal reproductive outcome through their meticulous search of egg donors.

Nathan's experience adds further nuance to these dynamics by remarking how the desire for relational openness with the donor intersects with broader legitimizing discourses of kinship. His insistence on selecting an "open" donor, someone who would be accessible to his daughter in the future, reveals a commitment to transparency and continuity that mirrors normative ideals of familial stability and coherence. This focus on establishing a known lineage, even in the absence of genetic or gestational connection, demonstrates how queer parents often internalize and reproduce dominant familial frameworks to validate their parental identity. Nathan's efforts to meet the donor in person and assess not only her background but her overall presence and demeanor suggest that donor selection is not purely clinical or transactional. Rather, it is an emotionally charged process that seeks to secure a sense of belonging and recognition within the child's origin story.

Additionally, Nathan's preference for a donor of a similar ethnic background, even if loosely described, further illustrates how queer parents may draw upon traditional markers of familial resemblance in response to social expectations. While Nathan emphasizes that his criteria were limited, his decisions still reflect broader cultural norms about the ideal family, those built on shared cultural or physical traits and emotional compatibility. This approach echoes what Smietana and Twine describe as a homonormative strategy, where queer families seek legitimacy by aligning with conventional family logics (Smietana and Twine 2022). In looking for someone who felt familiar in both personality and heritage, Nathan participated in a form of social validation, constructing a family narrative that could be recognized and accepted within dominant cultural frameworks. These actions are embedded within a larger context in which reproductive decisions are influenced by the need for legitimacy and social recognition.

Nathan's own words reinforce this interplay between emotional resonance and strategic choice. Reflecting on the process, he shared: "*I needed to see how she was. I couldn't just select her on a profile and photos... It kinda slowly defined my choice. I thought like that's the one. She was organized and cute, and I liked her vibe. So that reinforced my choice, I was like this is it.*" His attention to qualities that go beyond genetic or educational qualifications reveals how affect and intuition are central to constructing a meaningful and socially intelligible version of family. Moreover, his statement that "*you put a lot of pressure on yourself to find the perfect one*" shows how the weight of reproductive decision making is not only about the child's future but also about crafting a family that can be legible and affirmed within a wider social structure.

The process of choosing a surrogate is relational rather than purely instrumental. Smietana describes how intended parents often look for compatibility in values, lifestyle, and emotional orientation (Smietana 2019). While some intended fathers prefer minimal contact after birth, others seek ongoing relationships with their surrogates, imagining them as lifelong companions or extended family. These preferences signal differing visions of intimacy, care, and commitment. The process involves a careful weighing of personalities and expectations, often facilitated through agencies that organize interviews and mediations to ensure mutual understanding. Nevertheless, there are also individual attempts to match between surrogates and intended parents especially through online platforms.

In addition to emotional and ethical considerations, pragmatic concerns shape the matching process. For instance, Nathan, a gay father, emphasized the importance of geographic proximity and insurance coverage in choosing his surrogate. Nathan explains: "*Honestly, they say that they match people that fit together, I do not believe that at all. I think they have one person, on top of the list and they have a surrogate, and I mean, unless there are some factors that are important, so for example, some people want twins and so the surrogate has to agree with carrying twins, but that was not my case. The only criteria I had was someone who is geographically close. So, I could attend some of the pregnancy appointments... and the one with a good insurance, which she did not have that. But she was close, I live in New York, she is in Connecticut. So, she is about two and a half hours away. I did not have to fly her out, you know. That happens very often like... sometimes you have to fly her to the clinic and book a hotel and all the things. So, I was able to manage that better and cheaper.*"

Nathan's approach focused on minimizing logistical challenges and financial burdens. He remarked that, despite agency claims about personalized matching, his experience suggested otherwise. Nathan's choice of a surrogate close to his clinic

in Connecticut minimized logistical complications and costs, reflecting a pragmatic approach to surrogacy. Smietana relevantly discusses how intended parents navigate practical concerns and emotional connections in their surrogacy journeys, balancing intimacy with logistical efficiency (Smietana 2017).

Virtual platforms, especially social media groups, offer alternative spaces for intended parents to connect egg donors and surrogates. These online environments allow for more personalized and less institutionalized matching practices. However, they might still need to get involved in clinics for the IVF procedure, but when the match is already done, it becomes quicker and more affordable. In Facebook groups focused on queer surrogacy, intended parents often share images with their partners and pets, write about their relationships, and describe their commitment to building a loving home. These posts frequently narrate an imagined future filled with family dinners, movie nights, and shared milestones like school graduations. Such portrayals are designed not only to attract potential surrogates but also to demonstrate emotional readiness and social conformity. By presenting themselves as stable, nurturing, and committed, intended parents engage in a form of self-representation that aims to position them as suitable and deserving within a competitive reproductive marketplace.

While agencies offer structured frameworks to manage legal and logistical aspects of surrogacy, unpredictability and emotional uncertainty remain part of the matching process. As discussed by Teman and Vora, agencies help reduce risk by managing contracts, medical evaluations, and psychological assessments (Teman 2010; Vora 2015). However, they cannot eliminate the complex human dimensions of forming a reproductive partnership. For example, Justin initially pursued an independent surrogate search and eventually turned to an agency when those efforts did not lead to a match. According to his account, the surrogate he had agreed online cancelled at the last minute. Justin's experience was challenging in terms of matching, until he turned to the formal structures of agencies.

In some cases, the selection criteria imposed by intended parents reveal underlying assumptions about surrogacy and motherhood. Dave, another intended father, insisted on working only with surrogates who had previously given birth and had no desire to parent again. He believed this would reduce the risk of emotional conflict over custody. However, such preferences overlook women who have not had children and who may have no interest in becoming parents themselves. Lewis argues that these kinds of assumptions are shaped by broader cultural ideals and economic logics that conflate experience with reliability (Lewis 2019). The goal of ensuring the best possible outcomes for the child might reinforce exclusionary norms based on gender, class, and reproductive history.

Surrogate matching among queer intended parents is a layered process shaped by emotion, strategy, social expectation, and institutional structure. Whether conducted through agencies or social media platforms, the choices made in selecting a surrogate are part of a broader effort to construct legitimate forms of queer parenthood within a system that often privileges heterosexual, biologically related families. Through narratives of compatibility, commitment, and care, intended parents craft identities that conform to prevailing ideals while also contesting the limitations those ideals impose. Surrogacy, in this context, becomes not only a means of family formation but also a platform for negotiating visibility and belonging in the face of normative constraints.

Preferences around egg donors and surrogates, and the traits considered desirable, are influenced by larger social narratives about race, education, class, and gender. These narratives are not neutral. They are embedded in a capitalist framework that prioritizes optimization and social conformity over inclusion and justice. As the relevant literature emphasizes, these decisions reflect not only personal desires but also a social structure that privileges whiteness, cisnormativity, and economic security (Lewis 2019; Smietana and Twine 2022). Assisted reproductive technologies have thus become a pathway to parenthood primarily for those who already benefit from a structural advantage.

In the contested terrain of assisted reproduction, the process of selecting a surrogate for queer intended parents functions as more than a logistical step; it is a site for constructing legitimacy within a reproductive system shaped by normative expectations and structural inequalities. For queer couples, especially gay men pursuing parenthood through surrogacy, the act of matching with a surrogate involves emotional, ethical, and strategic considerations that both negotiate and accommodate dominant societal ideals about family and kinship. These choices are not merely individual but are shaped by larger systems that reward conformity to traditional models of parenting while making alternative family forms more precarious. Surrogate matching becomes a key practice through which queer intended parents assert their moral and social eligibility to parent.

### **3.2.2 Tracing the Divides in Surrogacy**

Surrogacy is a practice defined not only by medical technologies and legal contracts but also by the social and emotional arrangements that surround it. One of the most significant and enduring distinctions within the practice is the separation of egg donors and surrogates, particularly in the form of gestational surrogacy, where the

surrogate carries an embryo to which she has no genetic connection. This separation is not simply a logistical feature; rather, it is deeply embedded in the regulatory and cultural frameworks of surrogacy, especially in the United States. The system that privileges gestational surrogacy frames this arrangement as being in the best interest of the child and the intended parents, as it reduces the perceived emotional and legal complications that might arise from a surrogate having a biological tie to the baby.

The legal and cultural emphasis on separating genetic and gestational roles emerged prominently in response to the widely publicized Baby M case in the United States in 1986. In this case, a traditional surrogate, Mary Beth Whitehead, who was both the genetic and gestational mother of the child, attempted to keep the baby after giving birth, challenging the custody of the intended parents. The emotional turmoil and complex legal battle that ensued led many policymakers and medical professionals to push for the legal and clinical standardization of gestational surrogacy. This distinction allowed the law to treat the surrogate as a gestational carrier rather than a potential parent, thereby reducing legal ambiguity. Consequently, gestational surrogacy became not only more accepted but also more institutionalized, while traditional surrogacy was increasingly viewed as legally risky and emotionally fraught.

In the United States, surrogacy laws have created a structure that favors gestational surrogacy over traditional surrogacy, wherein the surrogate has no biological link to the child she carries. This preference stems from a prevailing assumption that gestational surrogates will experience fewer issues with attachment than traditional surrogates, who contribute both womb and genetics to the child. Consequently, the medical community and legal system offer more comprehensive support for gestational surrogacy, allowing it to flourish, while traditional surrogacy, though legally permissible in several states, faces greater obstacles. These distinctions reflect a deep-rooted belief that biological ties may complicate the surrogacy process and potentially jeopardize the intended parents' legal and emotional claims to the child.

For intended parents like Andrew, a gay father, the preference for gestational surrogacy was not only a practical decision but also a source of reassurance. He emphasized how the system of separating the egg donor from the surrogate added a layer of clarity and legal protection to an already complex process. “*We felt comfortable with our surrogate because we knew she was extensively screened,*” he explained. Beyond the screening, Andrew described the legal and administrative infrastructure, drawing up wills, assigning embryo ownership, and preparing for emergencies, that shaped his surrogacy experience. He believed that such structure would not have been possible without the clear separation of reproductive roles and the involvement of an agency. For him and his partner, this division reduced emotional risk

and increased their confidence in the process.

Barbara, a surrogate with multiple experiences, similarly valued the clarity afforded by gestational surrogacy. Having her own children already, she had no desire to build additional maternal bonds. “*It’s very easy for me to carry children. I think the hardest thing is to raise a child,*” she said. For Barbara, gestational surrogacy allowed her to engage in the aspects of motherhood she enjoyed, pregnancy and childbirth, without the complexities of maternal attachment. She openly acknowledged that had her own eggs been used, the emotional boundaries might have become more blurred. The system’s separation of genetic and gestational contributions, for her, was both protective and empowering.

This model of gestational surrogacy is reinforced by an industry that invests heavily in its emotional framing. Smietana argues that commercial surrogacy strategically incorporates narratives about the emotional bonds formed through surrogacy as a tool to market the practice to prospective parents (Smietana 2017). By emphasizing the affective connections and emotional aspects of surrogacy, agencies and clinics frame surrogacy as more than a transactional arrangement; it is portrayed as a journey that brings intended parents, surrogates, and children together in an intimate and meaningful experience. This framing works to soften the commercial nature of the arrangement, positioning surrogacy as a pathway to a deeply fulfilling form of family-building, rather than simply a means to acquire a child.

Yet the appeal of gestational surrogacy is not only commercial but also ideological. Lewis identifies a socially transformative potential in both types of surrogacies, particularly in how it disrupts the traditional, heteronormative family structure (Lewis 2019). Surrogacy challenges the assumption that family must be rooted in heterosexual reproduction and biological ties by enabling families to form through non-traditional means, often involving queer parents, donor gametes, and surrogate mothers. By fracturing the nuclear family model and introducing various forms of kinship that do not rely on conventional genetic or gendered roles, surrogacy opens up new possibilities for conceptualizing family. Lewis suggests that this deconstruction of the heteronormative family structure inherent to surrogacy practices holds the potential for broader social change, as it promotes alternative family forms that challenge long-standing social norms (Lewis 2019).

Nevertheless, the system’s aversion to traditional surrogacy has also generated frustration and exclusion for some participants. Linda, who served as a traditional surrogate for her brother and his partner, felt this divide keenly. She had offered not only to carry the baby but also to contribute her own egg so that the child could be genetically related to both fathers. However, concerns about emotional attach-

ment led the couple to reject her egg and opt for a third-party donor. “*They think it’s best to purchase the egg from someone else,*” Linda recounted. Her experience reveals how the system’s privileging of emotional detachment can override familial intentions and complicate kinship dynamics within queer families.

Irene’s experience further highlights the systemic challenges traditional surrogates face. After offering to carry a child for her close gay friend, she found herself navigating a system resistant to her involvement. Despite being in California, a state often celebrated for its progressive surrogacy laws, she encountered multiple obstacles. “*There are lawyers and doctors that wouldn’t take traditional cases,*” she explained. Her regular healthcare provider refused to perform the insemination, forcing them to rely on a midwife to carry out the procedure. The lack of institutional support and the inability to work with agencies left her feeling isolated. “*It feels unfair,*” she reflected, pointing to the ongoing stigma that traditional surrogates still endure even in supposedly supportive contexts.

This stigma is not merely a product of individual prejudice but is structurally reinforced. The surrogacy industry, legal framework, and medical institutions have coalesced around a model that favors gestational surrogacy. While this model offers a sense of predictability and security to intended parents and surrogates like Andrew and Barbara, it simultaneously marginalizes those like Linda and Irene who seek to integrate genetic and gestational roles or who participate in the process outside of commercial frameworks.

The divide between traditional and gestational surrogacy thus reflects more than just a medical or legal preference; it reveals a broader sociopolitical effort to manage the uncertainties and emotional dimensions of reproduction. By emphasizing the separation of biological and gestational labor, the system constructs a version of surrogacy that is considered safer, more manageable, and less emotionally complicated. This version appeals to those who seek clarity and certainty in an already complex process. Yet this clarity comes at a cost. The rigidity of the current system often silences alternative forms of kinship and caregiving that do not conform to its preferred structure. Traditional surrogates, despite their deep emotional investments and relational commitments, remain peripheral figures in the dominant narrative of surrogacy. Their stories challenge the industry’s reliance on emotional detachment and invite us to reconsider what kinds of relationships are valued, legitimized, or erased in contemporary family making practices.

### 3.2.3 Can There Be Alternative Surrogacies?

Commercial gestational surrogacy often dominates both media portrayals and legal frameworks in the United States. However, alternative surrogacy models rooted in altruism and kinship have emerged as significant counter-narratives. These alternatives challenge the dominant view that surrogacy must always be transactional, heavily medicalized, and legally codified. Altruistic and traditional surrogacies instead offer a vision of reproductive labor grounded in personal relationships, ethical commitment, and community solidarity. By examining the stories of two individuals, Irene and Linda, this subchapter explores how queer family-making and alternative surrogacy arrangements redefine the possibilities of kinship and reproduction beyond commercial norms.

Irene, a healthcare lawyer in California, undertook a traditional surrogacy for her gay best friend and his partner. What makes Irene's story remarkable is that she served as both the egg donor and the surrogate, using home insemination methods rather than fertility clinics. Her motivation was not financial but deeply relational. She described the offer as a gesture that came from trust, love, and her belief in her friends' ability to be excellent parents. Irene did not wait to be asked. She proactively offered her body and care, seeing this act as a continuation of an already existing bond. In doing so, she challenged both the commercial model of surrogacy and the medical separation of genetic and gestational roles that dominates the legal landscape.

Irene's decision not to use fertility clinics was also a form of resistance. She and her friends were rejected by multiple clinics because of their choice to pursue traditional surrogacy, where the surrogate is also the biological mother. Most reproductive institutions refused to assist them, citing policies aligned with gestational surrogacy protocols. Instead, Irene found a queer-friendly doula to support the insemination process and relied on legal experts in California who specialize in non-traditional family-making. They crafted an intricate legal agreement outlining custody rights, parental responsibilities, and post-birth arrangements such as breastfeeding and inheritance. This legal navigation highlights how restrictive laws can be creatively maneuvered to affirm alternative forms of family.

Importantly, Irene's narrative exposes how honesty about non-normative reproductive choices can provoke institutional resistance. She pointed out that had she not disclosed her plan to give the child to someone else, the clinics would have proceeded with insemination without issue. However, her transparency about acting as a surrogate led to complications, emphasizing how the system polices personal decisions around reproduction. She questioned why the state or medical institutions should

interfere with her right to conceive a child and gift that child to someone she trusts. Her critique extended to the surrogacy industry as a whole, which she saw as profit driven rather than community supportive, particularly for queer families.

Irene's story is a powerful reminder that surrogacy is not solely a legal or medical event but an emotional and ethical one. Her motivation stemmed from a place of financial independence and emotional clarity. She already had children of her own and felt no desire to raise another. Yet she envisioned being present in the child's life as a meaningful figure. She recognized that her children would also form a bond with the baby as half siblings, creating an extended kin network. This version of family is not anchored in legal recognition or biological categories alone but emerges from shared intentions, love, and responsibility.

Traditional surrogacy, as Irene's case reveals, is still largely unacknowledged or even suppressed within the reproductive frameworks of the United States. By acting as both genetic and gestational parent and still transferring parenthood, Irene disrupted the boundaries that law and medicine draw between biology and caregiving. Her story embodies a form of reproductive autonomy that resists the institutionalization and commercialization of surrogacy. Irene's case raises fundamental questions about why the state feels entitled to regulate family-making practices so strictly, and whose interests are truly being served.

A second story that offers insight into alternative surrogacy practices is that of Linda and her gay brother Alberto who became a parent through Linda's altruistic gestational surrogacy. Unlike Irene, Linda did not use her own eggs but instead carried a pregnancy created from an anonymous egg donor and her brother's sperm. This arrangement was initially proposed differently. Linda had offered both her womb and her eggs, intending to create a child genetically related to both her brother and his partner. However, fertility specialists advised against this, warning that having a biological tie to the child might lead to emotional complications.

The recommendation of the clinic reflects how reproductive medicine often exerts normative authority under the guise of clinical objectivity. Despite Linda's willingness to offer a double biological connection, the clinic discouraged it and promoted a model that better fit institutional expectations. This decision had a direct impact on the kind of family that was eventually created. It also reflects how reproductive institutions often intervene not only medically but morally, shaping outcomes in ways that maintain their relevance and revenue by inserting commercial elements like donor eggs, even in cases of altruistic surrogacy.

Linda and Alberto's journey also demonstrates how alternative surrogacies can provoke cultural and familial conflict. Linda faced criticism from her fiancé's conserva-

tive family, who viewed her choice through a religious lens. However, both she and her fiancé stood firm in their decision, believing that helping her brother become a parent was morally right. This act of reproductive solidarity within the family blurred normative kinship boundaries. Linda became both an aunt and a surrogate, embodying a role that was affectively rich but legally and culturally ambiguous.

Alberto, born into a traditional Mexican-American family, had long envisioned becoming a parent. Though adoption had once seemed the only realistic path, financial stability and Linda's insistence reopened the possibility of surrogacy. Their collaboration circumvented commercial surrogacy agencies, reducing costs and centering trust. Despite institutional interventions, they retained a sense of control and ownership over the process. Importantly, when it came to determining the biological father between Alberto and his partner, they chose not to know. They prioritized health in embryo selection, undermining the normative emphasis on clear biological lineage.

Both Irene and Linda's stories illuminate how alternative surrogacies operate within and against dominant systems. They demonstrate the dual nature of familial surrogacy. It can reinforce biological kin networks while simultaneously queering traditional family forms. These arrangements are not entirely outside normative structures, but they do challenge the assumption that reproduction must occur within heterosexual and nuclear family models. The critiques of surrogacy as a capitalist enterprise, such as those offered by Lewis, find echoes in these stories. Rather than advocating for market-based solutions, Lewis envisions reproductive labor as a collective, queer practice (Lewis 2019). Irene and Linda's experiences offer partial realizations of that vision. They engage in what could be called reproductive communing, acts of bodily generosity motivated by care rather than compensation. Though still shaped by institutional frameworks, these surrogacies point toward more ethical, relational, and inclusive possibilities for family making.

### **3.3 Redrawing the Lines of Family**

#### **3.3.1 Reconfiguring Bonds and Motivations**

Making of queer parenting consists of various processes of attachment and detachment which reconceptualize the given definitions of family. Teman explains that woman's attachment to the children she carries is often seen as inherently biological, connected to how female hormones function (Teman 2010). Most women in her

study reported a strong emotional bond with their own biological children during pregnancy, in contrast to a sense of emotional distance from the surrogate child. This finding aligns closely with what I observed among the six surrogate participants I interviewed with. Teman argues that this comparison between their own pregnancies and surrogacy may reveal an "internal sense of transgression," where surrogates worry that their emotional detachment from the surrogate fetus could be perceived as abnormal (Teman 2010, 39). In both Teman's study and this research, surrogates commonly express frustration with the daily comments and judgments they encounter.

For instance, the theme of "how you can abandon your child" is reacted with the common stance of "this is not my child." The detachment the surrogates establish in this regard stems from the parenting practice and responsibility which would be carried out rather than the genetic link or reproductive labor. The way they detach emphasizes the significance of what constitutes as parenting at the end of the day. On the other hand, they attach with the parent more than they do with the child, as Teman argues, from a sense of solidarity and the pride they take from enabling new parents and a new family which could not have been possible if their participation was not there (Teman 2010).

In reflecting on common misconceptions about surrogates, Kate, a surrogate woman participant in her late 30s, pushes back against the stereotype that surrogates are poor and uneducated, emphasizing her own educational background and stable job. She critiques the assumption that surrogates are being taken advantage of, highlighting the rigorous checks in place and the financial hurdles that intended parents face. One of the most significant challenges Kate faces in her surrogacy journey is combating the misconceptions and ignorance of those around her. From people asking if she "sleeps with the intended father" to conceive, to assumptions that she is giving away her own baby, Kate is often frustrated by the lack of education about the surrogacy process. "*A lot of people think that I am giving up a baby,*" she explains, clarifying that the child is never hers to begin with. For Kate, education is crucial, and she actively works to dispel myths about surrogacy wherever possible.

As surrogacy and assisted reproductive technologies redefine what it means to form a family, the connections between intended parents, surrogates, and donors emerge as meaningful, transcending mere biological ties at times. For example, as Keaney explains, in cases where a queer family has worked closely with a surrogate of a different cultural or racial background, the relationship may foster a lasting sense of shared identity, shaping both the parents' and the child's connection to that heritage (Keaney 2023). Similarly, the family may cultivate a bond with the egg or sperm donor's community, adopting traditions or values that surpass biological ties. These

embodied connections, Keaney argues, allow for forms of kinship that extend beyond standard narratives of reproductive choice, inviting a reconsideration of family as shaped by collective, bodily, and affective dimensions rather than genetic continuity alone (Keaney 2023, 175). Keaney's perspective on these "queer attachments" emphasizes that, even when family stories might attempt to minimize or omit these entanglements to fit within a conventional framework of reproductive autonomy, the relationships formed are often too powerful to ignore.

In the formation of queer families, surrogacy offers a powerful reimagining of kinship by reshaping how emotional bonds are formed, experienced, and sustained. Rather than centering the connection between the surrogate and the child, many surrogates describe their strongest emotional ties as forming with the intended parents. These attachments are shaped by mutual respect, shared goals, and a sense of solidarity that arises from enabling someone else's path to parenthood. Teman shows that surrogates often see themselves as facilitators rather than mothers, and this framing helps them establish affective boundaries while still remaining emotionally invested in the outcome of the pregnancy (Teman 2010).

At the same time, these new forms of attachment require intentional detachment from dominant narratives of motherhood and the presumed permanence of maternal identity. Surrogates regularly assert that the baby is not theirs, not as a denial of connection, but as a way to set clear emotional and relational boundaries. This form of detachment is a protective and affirming strategy, one that acknowledges the surrogate's role without conflating it with traditional ideas of maternal belonging. Teman notes that many surrogates contrast their experiences of carrying their own children with the emotional distance they maintain in surrogate pregnancies (Teman 2010), a distinction that reflects not coldness but a necessary differentiation of roles. Vora emphasizes that this detachment is also shaped by the broader social and structural contexts in which reproductive labor takes place (Vora 2015). In queer surrogacy arrangements, detachment from a normative sense of family opens up space for new affiliations and forms of belonging. These dynamics of attachment and detachment together reconfigure what it means to care, to parent, and to participate in the making of a family.

The motivations of women who become surrogates in the United States are often shaped by personal experiences that intersect with broader social structures. Rather than initiating their journeys purely from an economic standpoint, some surrogate women might express motivations rooted in empathy and familial values. Yet, as Mamo outlines, the moment reproduction becomes decoupled from conjugality, especially for women, it is absorbed into a system that both queers and normalizes these reproductive acts (Mamo 2007). This duality is evident in how surrogate women

initially conceptualize their roles as helpers or givers, only to be gradually redirected by the structures of the reproductive market into commercialized arrangements.

Lily, a surrogate in her mid 30s, shares how her own family story shaped her inclination to help gay male couples. *“My parents were divorced when I was one. And my mom left my dad for a girlfriend. So, I grew up in a lesbian household. In a time when being lesbian was wrong. Flat out, not okay. I grew up feeling like I had to hide it from my friends and protect my mom. And I still to this day. . . for example, when I was telling friends that I wanted to carry for a gay male couple, the only reason I don’t say females is because they can carry a baby, you know, men can’t, so, that’s why I gravitate towards them.”* Her desire to carry a child for a gay male couple was a way to affirm and honor the love and marginalization she witnessed growing up. Lily’s motivations were emotional and political, shaped by her understanding of queerness.

Like many surrogates, Lily’s journey began with personal ideals but evolved in response to the commercial structures surrounding surrogacy. While she initially worked with agencies in her first two matches, she became critical of their role, explaining that she now chooses to work independently. *“Agencies charge intended parents exorbitant fees while offering minimal protection or support to surrogates.”* In her view, going independent saves the intended parents substantial sums and avoids the conflicts that sometimes arise when an agency acts as a middleman. Lily’s shift was not just logistical but ideological. It reflects Deomampo’s critique that surrogacy markets obscure their commercial logics by centering narratives of personal choice while masking the limits of those choices (Deomampo 2019). By stepping away from agencies, Lily reclaimed control over her choices and the meanings attached to her reproductive labor.

Mary, a surrogate in her early 30s, also illustrates a personal and emotionally driven entry into surrogacy. *“After doing some research having a couple friends that had issues with not being able to conceive, I just decided to look further into it. So that way, I can help someone else become a family. I mean, my family is a huge part of me. I grew up in foster care. I know what it feels like not being able to... Well, I have children now and my kiddos are everything to me. So, if I can give that to someone else, I figured why not.”* Mary’s desire to become a surrogate came from a place of loss and longing, rooted in her experiences of growing up without stable family. Her decision to help someone else form a family was a response to this absence.

Mary was not financially motivated. In fact, she recalls being surprised that surrogates receive compensation. *“I initially thought I might even incur costs during the surrogacy. I thought I might have to pay medical bills myself.”* Her family was already

financially stable, and her goal was to help someone experience the joys of family. She was supported by her husband and children in her decision, which further reinforced her belief that she was doing something valuable. Her interaction with the formal surrogacy system did not change her underlying intent, but it introduced a structure that reframed her actions in medical and contractual terms. Mamo suggests that in such systems, certain reproductive acts are legitimized through their alignment with institutional norms (Mamo 2007). Mary's journey reflects this process of navigation and adaptation.

Kate, in her late 30s, began her journey with a desire to help a close friend who had suffered through multiple miscarriages. *"I love being pregnant. I don't want any more kids. You know, I watched a friend of mine go through multiple miscarriages. I wanted to just help her. I like being pregnant so it's easy, right? And I don't want any more kids, so there was no fear that I would desire a child after it. I just wanted her to complete her family. I watched her lose so many babies. And I was like... I want to help. That's how I got involved in surrogacy at first."* Kate's motivation stemmed from her friend's pain and her own love of pregnancy. There was no initial expectation of compensation.

Once Kate entered the process and became involved with surrogacy clinics, she was already emotionally invested. She found herself enjoying the process and ultimately continued beyond the original match, helping other families as a surrogate. Her story shows how emotional labor and relational care evolve within and alongside commercial frameworks. The medical system not only facilitated the process but also influenced her path by legitimizing continued involvement through infrastructure, contracts, and compensation. As Deomampo argues, these frameworks often present themselves as neutral, but they actively shape how women understand their options and their value within the reproductive economy (Deomampo 2019).

The stories of Lily, Mary, and Kate demonstrate that surrogates often begin with care-based motivations that later become entwined with the expectations and structures of the surrogacy industry. These women do not abandon their moral frameworks when compensation is introduced. Instead, they reinterpret and adapt them. Lily continues to prioritize helping gay families but chooses to do so outside of agencies. Mary holds fast to the value of family and sees compensation as a means to enable her giving. Kate begins with friendship and loss and finds herself expanding that compassion through institutional pathways. These adaptations do not weaken their original motivations; they expand them. Nonetheless, I must acknowledge that the ways I employed to access these participants might have shaped this result since my key interlocutor was a pioneer lawyer in surrogacy-related cases who introduced me to these women. These women were, therefore, rather more informed

people about the process who sought after their rights through legal avenues, which explains the pattern of non-compensational motivation among my participants.

Lewis urges readers to see surrogacy not as exploitation but as a practice of radical care, one that creates new bonds between strangers (Lewis 2019). For Lewis, surrogacy's queerness lies in its refusal to treat the family as a fixed biological unit. This view is echoed in the lives of these surrogates, who extend care beyond conventional kinship ties and participate in building families that defy traditional norms. Their reproductive labor is relational and transformative. It invites a broader consideration of how care can be structured beyond the confines of biology or financial necessity.

The boundaries between altruistic and commercial surrogacy are blurred in practice. The women's motivations are not easily separated into categories of giving versus earning. Compensation, where present, does not diminish the emotional or moral value of their contributions. Instead, it becomes a vehicle that allows them to realize their intentions. The motivations of surrogate women are not static. They evolve over time as women encounter clinics, contracts, and new families. Their journeys are personal, political, and shaped by systems that offer limited but negotiable pathways. By choosing to participate, critique, and reshape these systems, surrogates craft new forms of meaning in reproduction.

### **3.3.2 Different Approaches to Reproductive Labor**

One major critique of surrogacy is that surrogates lose autonomy and agency upon signing a surrogacy contract, as they are required to follow various restrictions and behavioral guidelines (such as those related to sexual activity or consuming coffee, alcohol, and nicotine). However, König contends that in the extreme circumstances of war, some surrogates exercised their agency by refusing to leave their city or country, or by leaving despite agency directives (König 2023). For others, however, familiar power imbalances emerged as they faced threats of withheld payments or legal repercussions, making resistance unfeasible. König explains that intended parents were also impacted by these pressures, with some agencies even blocking their attempts to help surrogates leave the country (Ukraine) under war circumstances (König 2023). These crises, particularly the COVID-19 pandemic and the war in Ukraine, have significantly heightened vulnerabilities for surrogates, intended parents, and children. Similar to what König argues, I also found out that surrogate women might have different stances and limitations based on their personal priorities. For example, Irene considered breastfeeding too much of a demand for the

child she carried while other surrogates were okay with reinforcing the child with their breast milk for a brief period, such as in Dave's case where the surrogate's support was crucial after a premature birth.

Creating a family through surrogacy involves more than just medical and legal steps. It also includes emotional work, changing relationships, and new ways of thinking about care and family. Arranging reproductive labor means organizing not just the physical care of a child, but also the support systems and emotional connections that help the family thrive, especially when the family does not fit the traditional model. In this subchapter, I provide a discussion based on the participants' relevant contributions to the case of arranging reproductive labor.

When Justin and his husband had their son, they quickly learned that parenting came with extra challenges. As two gay men raising a child in a society that still praises the mother and father family model, they faced both emotional and social pressures. Their surrogate pumped breast milk for the first three months, and they often met up to support the baby's early needs. But as their son got older, the lack of a mother became harder to ignore. People often asked personal questions about who the egg donor was, who the surrogate was, and whose sperm was used. These moments were stressful and tiring, even though Justin, who is a teacher, tried to turn them into learning opportunities.

The hardest part for Justin has been making sure his son always feels loved and whole. His son, now two and a half, proudly says he has "*papa and daddy*," but sometimes he becomes upset when he sees other kids with mothers. These moments hurt Justin deeply and show how strong society's idea of motherhood still is. Still, he and his husband stay focused on raising their son with care and confidence. As a coping strategy, Justin tries socializing with other queer parents with children to show their son that they are not alone in this and there are alternative ways to build families.

Andrew and his partner also worked hard to build a strong support system around their family. They stayed in close contact with their surrogate even after the birth. Their bond included regular phone calls and family get-togethers. In the first weeks, the surrogate provided breast milk. Later, Andrew's sister-in-law, who had recently given birth, helped by sharing her extra milk. This setup showed how family and friends came together to support them in both emotional and practical ways. Andrew's case is an example of how female figures outside mothers such as surrogates and aunts can provide vital care for the children's development without any complication.

Mary, a surrogate who carried twins, also chose to pump breast milk for the babies.

She said that since she would do it for her own children, it felt natural to do it for the twins too. Over time, her relationship with the intended parents became more like family. They stayed in touch through daily messages and photo updates. For Mary, this connection brought a sense of community and belonging that went beyond the original agreement. Mary remarked that this was a kind of attachment that she had been actually hoping for when she first began this journey.

In all of these stories, reproductive labor is arranged not in isolation, but through webs of intimacy, trust, and care. Whether through pumping breast milk, staying in touch through messages and visits, or shouldering the emotional work of raising a child in a nontraditional family, these arrangements demonstrate that reproductive labor can extend beyond the normative family making dynamics. The experiences of the surrogates, the intended parents, and their support systems reveal that family creation through surrogacy is not a one-size-fits-all process. In this subchapter, I tried exploring this diverse process through the very specific sample of participants I had which allowed my analysis on surrogate motivations. However, it is important to underline that this is a diverse practice and there might be other forms of alignments and agreements between the intended parents and surrogates.

### **3.3.3 Tension Between Regression and Progression**

Queer parenting today appears as a field of contradictory forces that simultaneously enable and constrain. At the heart of this is a central tension: the push toward inclusion within the dominant model of the nuclear family and the pull toward forming alternatives that challenge or exceed that model. These paths do not form a binary nor unfold in a clear trajectory of progress. Rather, queer family making must be understood as a dynamic and often ambivalent negotiation, a continuous drawing, disrupting, and redrawing of family boundaries within specific socio-historical contexts.

On one hand, many queer intended parents in the United States pursue biologically connected children through assisted reproductive technologies, aligning themselves with dominant ideals of family legitimacy. This path is very much related with the medico-industrial complex and capitalist logics of value, where family formation is marketized and available predominantly to affluent LGBTQ+ individuals. The medicalization of queer reproduction, as Mamo argues, reinforces heteronormative assumptions by privileging biology and clinical authority as the legitimizing forces of parenthood (Mamo 2007). Similarly, Smietana highlights how commercial surrogacy reproduces global inequalities by embedding family creation within neoliberal

markets, rendering reproduction a commodified service and, by extension, limiting the accessibility and legitimacy of non-biological or non-commercial pathways (Smietana 2019).

These regressive tendencies complicate the radical potential of queer kinship. Rather than offering a fundamental reimagining of family, some queer parents find themselves re-inscribing the very norms they once challenged. Biological relatedness, legal parenthood, and genetic continuity become metrics of legitimacy, even within communities that historically forged alternative modes of belonging. However, this is not the full picture. The same queer parenting practices that sometimes reproduce normative ideals can also disrupt them. Lewis points to the capacity of queer families to challenge the nuclear family not through wholesale rejection but through subtle reconfigurations that resist closure (Lewis 2019). Some queer parenting arrangements, for example, maintain long-term relationships with egg donors, surrogates, or co-parents who remain active figures in the child's life. Rather than mirroring the bounded nuclear family, these configurations suggest a relational openness.

This openness is neither guaranteed nor universally embraced. While parents like Alberto, Justin, and Nathan cultivate enduring kinship ties with their surrogates or donors, others like Andrew, Luke, and Dave move toward more privatized, nuclear arrangements. Importantly, both approaches can coexist within the same socio-legal framework, often within the same community, revealing that queer family making is not a linear evolution from marginality to normativity. It is instead a field of competing possibilities, shaped by resources, ideologies, and structural constraints.

Moreover, other studies show that (Keaney 2023; Smietana and Twine 2022) the progressive edge of queer reproduction can also manifest in the intentional construction of racially and ethnically diverse families. As Keaney notes, some intended parents deliberately pursue reproductive arrangements that blend racial and cultural backgrounds, thereby unsettling the presumed whiteness and homogeneity of the normative family (Keaney 2023). Likewise, in her critical research on chosen families of queer people, Weston argued that kinship is not a fixed, biological given but a flexible, culturally constructed system (Weston 1991). What emerges, then, is not a coherent movement toward either regression or progression, but a series of negotiated, reversible steps. Family, in this view, is not a destination but a process. It is redrawn again and again through legal contracts, emotional commitments, market interactions, and political aspirations. The formation of queer families today reflects a tension which is not a flaw to be corrected but a constitutive feature of contemporary queer kinship.

## 4. NAVIGATING SELECTIVE PRONATALISM: APPROXIMATION STORIES OF QUEER PARENTING IN TURKEY

### 4.1 Reproductive Arena in Turkey

#### 4.1.1 Margins of Reproductive Citizenship

In Turkey, the scope of who may legitimately reproduce is regulated by the intersecting logics of nationalism, religion, and neoliberal governance. This regulatory framework which I outline in the first chapter in detail produces a narrow, heteronormative model of family and citizenship that excludes LGBTQ+ individuals from reproductive rights and recognition. As Savcı argues, the current regime in Turkey has merged neoliberalism with a particular interpretation of Islam to impose a moral order that shapes the boundaries of social participation, particularly in relation to gender and sexuality (Savcı 2021).

This regime, especially in the last ten years, have increasingly treated queer lives as a threat to its reproductive imagination. Pride marches, once tolerated, are now met with state violence and legal bans, demonstrating how dissent and nonnormative visibility are rendered unacceptable (Savcı 2021). Reproduction in this context is not just a biological act but a political one. The state defines who is worthy of creating the future citizen. LGBTQ+ people, as a result, are positioned outside of reproductive citizenship and viewed as socially infertile or undeserving of parenthood (Smietana 2024). Connell's conceptualization of the reproductive arena as a socially organized process (Connell 2009) helps illuminate how, in Turkey, reproductive legitimacy is not merely about procreation but about conformity to state-sanctioned norms of gender, sexuality, and national belonging.

The Turkish research participants I could reach have reflected on their challenging position in terms of being reproductive subjects while being considered as unrepro-

ductive citizens by the regime. I contacted 6 queer parents (one gay father, one bisexual father, one lesbian mother, one bisexual mother, two trans fathers) and 6 queer intended parents (three trans intended fathers, three gay intended fathers). The profiles of participants have a significance for the theoretical framework and my argument about the important role of approximation to heteronormative family unit for queer people with parental desires. While the trans men who could pass and gain a social visibility as a normative father figure could reach queer parenthood in Turkey, the other groups who could not access this approximation pattern struggle to reach parental practice and recognition.

These struggles are not merely personal or social, they are institutional. Public institutions contribute to the normalization of these exclusions. Schools and healthcare settings reproduce familial norms that erase queer configurations of kinship. İhsan, a gay intended parent in his early 30s, recalled: *“If you go to school in countries like Turkey, the first question the teacher will ask is ‘What do your mother and father do?’ So, I would feel lucky both myself and the child in a different place, where we would feel comfortable with similar people.”* This everyday form of questioning reinforces a model of family that centers heterosexual, biologically connected parents as the norm.

Healthcare providers, instead of serving as facilitators of care, sometimes act as agents of exclusion. Özgür, a trans man intended parent in his mid 20s, described his encounters with doctors in Turkey: *“Institutions have a huge effect; I had a hard time meeting with doctors even during my own normal process. I was subjected to uncomfortable statements by many gynecologists, and I couldn’t do anything about it. After that, I started not going to my check-ups. So, doctors are a barrier for me... the doctors in Turkey.”* These barriers are not simply bureaucratic but are rooted in discriminatory beliefs held by medical professionals, often shielded from accountability.

Furthermore, the access to assisted reproductive technologies in Turkey is tightly regulated by legal, moral, and institutional constraints that reinforce a heteronormative understanding of family and reproduction. By law, assisted reproductive technologies such as in vitro fertilization are only available to married heterosexual couples, effectively excluding single individuals and LGBTQ+ people from state-sanctioned reproductive assistance. Gamete donation, including sperm and egg donation, as well as surrogacy are explicitly banned under Turkish regulations, which frame these practices as ethically unacceptable and contrary to the cultural and religious fabric of the nation (Gürtin 2011; Türkdöğän 2023).

Clinics are not permitted to import donor gametes or embryos, and the use of third-

party reproductive assistance is criminalized if conducted within Turkish borders. Additionally, unmarried individuals, regardless of sexual orientation, are denied access to fertility services even when they can afford to pay privately. These restrictions are not merely legal formalities but are often reinforced by healthcare professionals who act as moral gatekeepers, sometimes denying services or expressing overt disapproval of non-normative reproductive desires. As a result, queer individuals are often forced to look abroad for reproductive options, making assisted reproductive technologies an expensive and emotionally taxing endeavor marked by transnational navigation and social invisibility.

Although legal frameworks in Turkey make limited room for assisted reproductive technologies, they are restricted by moral and economic logics as explained above. Türkdöğän argues that despite the principle that all individuals have a right to reproduction, LGBTQ+ individuals and low-income groups are the first to be denied access (Türkdöğän 2023, 131). The right to reproduce, though ethically recognized, is structurally inaccessible. Legal bans on gamete donation and surrogacy create an uneven field where access is a privilege for those who can mobilize themselves with transnational reproduction, not a right.

These restrictions are further reinforced through what Saluk calls “fraternal natalism”, where men in power communicate and consolidate their influence through shared reproductive ideologies (Saluk 2023). These male alliances are not accidental. They form a coordinated network among politicians, bureaucrats, physicians, military leaders, and religious authorities, maintaining a selectively pronatalist order which centers heterosexual men and women as ideal reproducers. Queer individuals are positioned as outsiders to this fraternity and thus excluded from the benefits of its reproductive policies.

Reproductive citizenship in Turkey remains shaped by who is imagined as capable of carrying the nation into the future. Through state campaigns, medical policies, and social rituals, the heterosexual nuclear family is celebrated and protected. LGBTQ+ individuals, by contrast, are treated as symbols of moral decline and social disorder. Their reproductive choices are regulated through silence, denial, and sometimes forced transnational mobility. Queer reproductive mobility must therefore be read as both an act of refusal and necessity. It is a response to state enforced social sterilization and a strategy for building alternative futures. Yet, it is one marked by economic precarity, legal ambiguity, and emotional dislocation. These parents form families in the margins of reproductive citizenship, not because they have failed the system, but because the system was never built to include them.

To analyze these exclusions, I use three key concepts to understand the lived expe-

periences of queer parents in Turkey: reproductive mobility, reproductive citizenship, and approximation. Reproductive mobility refers to the physical, legal, and social movement required to access the means of reproduction outside national and normative constraints. For many queer individuals in Turkey, becoming a parent requires navigating complex transnational routes, including traveling abroad for treatments or forming partnerships with institutions and professionals that operate outside the mainstream medical and legal infrastructures. This mobility, however, is not always possible and comes with its own set of limitations and vulnerabilities. Reproductive citizenship defines those limitations depending on the political regime's desires on who should reproduce and how it should be done under what circumstances.

Approximation, on the other hand, describes the strategy of aligning oneself partially or temporarily with normative expectations to gain access to reproductive possibilities. Queer individuals may engage in heterosexual relationships, legally marry, or remain selectively closeted in order to qualify for reproductive services or secure social acceptance for their families. These strategies are not evidence of assimilation but acts of survival and negotiation within a regime that demands conformity in exchange for access.

Historically, the Turkish state has treated fertility not as a fluid or negotiable aspect of identity, but as a fixed condition that determines eligibility for legal gender recognition. This approach has placed transgender people in a difficult position, forcing many to choose between the possibility of biological parenthood and the legal validation of their gender identity. Although there have been recent changes in the law that removed the sterilization requirement, a proposed bill threatens to reverse these gains.

Although same-sex marriage remains illegal in Turkey, certain queer parental formations can still gain state recognition, particularly through the heterosexual unions of transgender and bisexual individuals. This legal workaround provides a narrow path to family legitimacy under Turkish law. Trans men who enter heterosexual marriages with cisgender women can sometimes access state-sanctioned routes to parenthood, such as adoption within Turkey or assisted reproduction outside the country, as long as they are recognized as male on legal documents. This loophole is especially significant because parental recognition in Turkey is often conditional upon the heteronormative framing of family roles. Thus, transgender people who can navigate this framework by appearing to conform to traditional gender and family norms are sometimes able to access institutional forms of parental legitimacy, even if their family structures fundamentally challenge normative assumptions.

The focus of this research on queer parenting in Turkey naturally led to a predom-

inance of trans men in the participant group. This outcome was shaped by the structural reality that, within the current legal and social framework, trans men are more likely to meet the criteria for parenthood, particularly through legal marriage to cisgender women. Trans men's access to a blue ID card marking them as male, and thus legally eligible for fatherhood in the eyes of the state, creates a point of entry into state-recognized kinship. I reached trans fathers through participation in Facebook groups focused on transgender rights and parenting, and snowball sampling techniques that allowed participants to refer others in their networks. This methodology enabled access to a population that is both marginalized and often cautious about visibility. It also reflected the digital intimacy that underpins much of queer community building in Turkey.

As Durur and Tahir argue, fatherhood functions as a foundational element of male identity within patriarchal social structures in Turkey (Durur and Tahir 2020). For trans men, this normative alignment allows a partial inclusion into the gendered roles of caregiving and authority, even as their identities remain marginal in broader society. The authors note that fatherhood offers trans men a discursive and symbolic means to solidify their male identities, particularly because paternity in Turkish society confers legal recognition, guardianship rights, and societal authority. In contrast, trans women face heightened marginalization, as motherhood continues to be defined almost exclusively through the biological act of giving birth. The case of Selin Cığerci, a prominent trans woman who faced intense media backlash and legal obstruction in her attempts to become a parent, illustrates how firmly established the association between motherhood and biological reproduction remains, as discussed in Chapter One. While fatherhood is often performative and legally constructed, motherhood is sacralized and biologized. This asymmetry helps explain why trans men can sometimes access the rights of parenthood while trans women are routinely excluded: Turkish law and culture treat fatherhood as something one can become, but motherhood as something one must biologically be.

In earlier decades, Turkish law required that those seeking legal gender recognition be permanently sterile. This requirement was interpreted by courts as excluding any individual who had ever participated in biological reproduction. Trans people who had fathered or given birth to children were not permitted to change their legal gender (Kurtoğlu 2009, 85). The law viewed sterility not as a temporary or personal decision but as an essential and irreversible state. This interpretation helped enforce a rigid vision of gender identity that aligned strictly with normative reproductive roles. Those who did not conform to these roles were excluded from the legal structures that defined and protected the family.

This exclusion had profound consequences for transgender individuals. Once some-

one had become a biological parent, the law treated that status as unchangeable. Legal recognition of gender was effectively denied to anyone who had exercised their reproductive function. This placed a significant burden on transgender people who, like their cisgender counterparts, might have desired both recognition and family. The law forced them into an artificial and painful binary: to become parents and lose their legal identity, or to be recognized in their gender but relinquish any chance of having biological children. Until the influence of European Human Rights Commission to Turkish regulations in 2015, sterilization was mandatory for transgender people to be recognized. The Turkish constitutions of 1961 and 1982 recognized reproductive rights for cisgender people while excluding non-normative families from this protection. The state positioned the nuclear heterosexual family as the foundation of society and viewed any deviation from this norm as illegitimate or dangerous.

Savcı draws attention to how the Turkish state frames queer families as threats to cultural authenticity (Savcı 2021). LGBTQ+ family formations are frequently dismissed not just as illegal, but as culturally foreign and inappropriate. This cultural framing further entrenches the legal exclusions that transgender individuals face. Family-making, for queer people, thus becomes a complex negotiation between identity and legality, desire and denial. These tensions are evident in the way the state oscillates between enabling certain aspects of transgender life while systematically restricting others. In the case of fertility, this tension is particularly acute, since reproduction is not only a biological matter but a social and legal one.

#### **4.1.2 Approximation to Heteronormativity**

In Turkey, there are oppressive state dynamics that I have previously described in which queer people's reproductive rights and capacity are ignored or prohibited. Notwithstanding the overt and covert barriers surrounding queer production, queer intended parents from Turkey find alternative ways to reach their reproductive goals. These methods usually depend on the gender and sexual identity of the intended parent. For instance, if a transgender heterosexual individual undergoes full transition, get recognition by the state, and get married, according to the research participants, trans men and women have access to adoption rights in Turkey.

Moreover, if they can afford transnational reproductive mobility, trans intended parents can either have biological children unless they had been sterilized through assisted reproductive technologies or their partner can become a biological parent through egg/sperm donation or surrogacy if necessary. On the other hand, a gay intended parent either has to conceal their sexual identity and get single parenting

recognition through adoption without sharing custody or has to leave the country and get family recognition abroad.

At this point, a curiosity emerges: the question of whether the state recognizes the child and the parents when they come back to Turkey after the reproductive treatment received abroad. The research participant Can, a trans father in his mid 30s, claimed that he had successfully gained recognition of custody for his children from the state authorities, as a first case in the history of Turkish Law. He explained that there had been meticulous surveillance and several visits from Social Security services to his household. He reasoned that his gender appropriate attitude, masculinity, and lack of flamboyance contributed the affirmative decision by the Social Security. In this case, we witness an exception which turned out to be a historical gain for the queer community in Turkey. Ironically, a normative portrayal of legitimate family by queer parents managed to get the extension of what could be considered a threshold for the entire community.

I call this phenomenon “approximation” strategy. Similar to what Smietana had observed in the United states with the gay fathers who pursued surrogacy to build their families, in which there were homonormative tendencies of expressions around family making (Smietana 2019), I detected a new norm making tendency in the fieldwork among the Turkish queer parents who are especially closer to the legitimate family portrait that has been described since the early republican stages until the current political regime in Turkey.

According to Schilt, Meadow, and Compton, the percentage of queer family making in the conservative southern states of the United States is statistically higher than the stereotypically progressive states, when the family making practice within the community is compared to the total regional demographic representation (Schilt, Meadow, and Compton 2018). They explain these are striking evidence of how the superstructure of a social institution such as family in this case dominates the lifestyles of people who are considered to behave in a certain way. In other words, the expectation would be to see higher percentages of gay marriage and queer family formation in the progressive states, but the very definition of progressive leads people to a more individualistic lifestyle which is more costly and less family friendly.

Thus, we can infer that when there are social constraints and expectations on how to build legitimate families, there emerges an approximation to the norm from the marginalized communities regardless of whether the approximation is a genuine embracement of the normative institution or not. This strategy apparently paves the way for further progress and gradual integration into the zeitgeist of society. Butler argues that this is a critical point which simultaneously does and undoes

gender and norms around kinship (Butler 2002). On one hand, this could lead to an assimilation and erasure of the gains achieved by queer liberation movement's struggles throughout decades. On the other hand, this could be the first step of a path towards a wider spectrum of legitimate family conceptualizations that are alternatively communed.

The strategy of approximation to normativity employed by queer intended parents in Turkey reveals a double-edged dynamic in queer family making. While it allows access to rights and recognition within an oppressive sociolegal context, it also requires a careful negotiation of normative expectations around gender and kinship. While same-sex parenthood is disabled in Turkey, other queer parenthood types such as single parenthood through adoption, bisexual and transgender parenthood through heterosexual marriages, and transnational reproductive mobility constitute certain alternatives.

This dual nature of approximation functions both as a means of survival and as a transformative act. It enables queer families to navigate structural limitations while subtly expanding the boundaries of what is considered legitimate family. Rather than simply conforming, these families strategically inhabit the normative frame to challenge its rigidity from within. Therefore, approximation is not simply a concession to dominant norms, but a strategic maneuver that contains the potential to reshape the reproductive arena. For instance, I view egg freezing as an approximation to biological kinship. However, this approximation is considered as valid and important for some trans men, while it is considered as a gendered and biological burden for some others.

The personal story of Cihan, a trans man in his early 30s, illustrates these strategies. Cihan, who is heterosexually married, reflects on the lack of options presented to him before his gender affirmation surgeries. "*Before my gender affirmation surgeries, I wasn't informed about the possibility of freezing my eggs. If I had known, I would have done it,*" he says, indicating the option of egg freezing provided abroad. This contrasts with another trans father participant, Can, who expressed that he did not want to retain his fertility. Cihan's experience highlights how the lack of information and systemic discouragement of fertility preservation erased his ability to make a fully informed decision about his reproductive future.

For Cihan, the sterilization requirement was more than a legal hurdle, it was an intrusion into his bodily autonomy and future aspirations. He wishes that he could have frozen the eggs prior to the transition, possibly abroad, to maintain the chance of biological fertility. He criticizes the practice as a form of forced medical intervention: "*I think sterilization is a form of forced intervention. It eliminates our options.*

*It takes away something before we can even consider it.*” Though biology was not the central component of his desire for parenthood, the inability to preserve his fertility became a lasting reminder of how the state could intervene in personal decisions. Cihan argues that transgender people should be given the freedom to make reproductive choices for themselves, free from legal coercion and forced sterilization policies.

Despite these systemic constraints, Cihan and his wife chose to pursue parenthood through assisted reproduction. Since such services are not available in Turkey for queer couples, they had to travel to Northern Cyprus, where they underwent in vitro fertilization using sperm donation. The process cost them around 5000 euros for the IVF procedure alone in 2019, excluding travel and other logistical expenses. Cihan recounts the journey as both financially and emotionally demanding, but ultimately worthwhile: *“We had to go abroad for the procedure, and it was very expensive. But we were determined. We wanted a child, and this was our way.”*

Cihan recalls the contrast between the supportive environment of the clinic in Northern Cyprus and the judgmental attitudes they encountered upon returning to Turkey. Medical staff there were respectful and professional, but social stigma in Turkey remained intense. Friends, acquaintances, and even some healthcare workers asked invasive questions about the origins of their child and why they had to travel abroad. Cihan explains, *“Some people asked why we went abroad, how the child was conceived, or whether he was really my son. It was exhausting.”* Despite this exhaustive process, Cihan and his wife have managed to be registered as the recognized parents of their child in Turkey as a heterosexually married couple. For trans men, the principle that a child born in marriage belongs to a man legally qualifies as their recognized child. Through a “legal loophole”, they are recognized as their “biological” child.

The moment Cihan held his son for the first time brought a sense of fulfillment that transcended all the legal and social barriers they had faced. *“In that moment,”* he recalls, *“it did not matter how he came into the world, just that he was finally here.”* His attachment to his son was not dependent on biology but was shaped by the love and intention that brought him into their lives. This experience speaks to an alternative vision of kinship, one that is grounded in care and commitment rather than traditional reproductive roles.

Tarik, another trans man from Turkey in his late 20s, also dreams of becoming a parent. However, he remains conscious of the financial demands involved. *“Raising a child requires serious resources. Love is not enough, unfortunately,”* he says. Tarik explains that he is open to various paths to parenthood, including adoption and

assisted reproduction. He and his ex-wife once explored adoption and were surprised to find a degree of support from the Turkish Child Protection Institution. This unexpected opening reveals how state institutions may apply gendered assumptions even within discriminatory systems.

Tarik explains, “*When I was married a year and a half ago, my ex-wife and I researched this issue, and the Child Protection Institutions actually provide a kind of positive discrimination to trans men. For example, I haven’t changed my diploma yet, but when I change my diploma, I become more visible in the job market. The state says, okay, you can have children if you are recognized as a married man. According to the information we have, if I remember correctly, a trans woman was previously provided with adoption. Now, if I wanted, I could actually do it. The state generally sees trans women as transvestites, they think they do ugly things. So, the state doesn’t make things easy for them, but when we met with the Child Protection Agency, we learned that this could happen. As long as we provide sufficient financial conditions, we could first provide foster care for a child and then a few years later, we could completely adopt the child under our ID. The state basically says when a person other than a mother and a father figure wants to adopt a child, they can’t provide sufficient conditions, so they can’t adopt. But when I get a blue ID, the state says, okay, you are a man, and you can adopt a child if you have a partner. In other words, if we had gone as a lesbian couple, they would not have given us that child.*”

This testimony highlights a striking gender disparity in how trans individuals are treated. While trans men may be seen as more aligned with patriarchal expectations and thus granted limited access to parenthood, trans women face continued marginalization. The systemic perception of trans women as deviant or unfit for parenthood reflects the broader cultural prejudices that underlie legal policies. Tarik’s critique underscores the need for equal parental rights regardless of one’s gender identity or presentation.

#### **4.1.3 The Question of Trans Fertility**

A recent bill (KaosGL 2025) aims to restrict transgender rights, such as access to hormone treatment and control over reproductive choices. While the legal changes in 2015 had removed the explicit sterilization requirement for gender recognition, the threat of its return reveals the fragility of these gains. When we think about trans bodies and their reproductive abilities, we have to ask what it means for a trans man to be pregnant or to use his own eggs. Joslin raises this question when writing about the possibilities and challenges of queer reproduction (Joslin 2020). One of the

Turkish participants I interviewed is an important case in this discussion. Özgür, a trans man in his mid 20s, managed to avoid the rule in Turkey that used to require sterilization for legal gender recognition. This rule was in place for many years and only changed after activists took the issue to the European Court of Human Rights in 2015 (Amnesty International 2015).

Turkey removed the compulsory sterilization requirement for transgender individuals seeking sex reassignment surgery after a significant ruling by the European Court of Human Rights in March 2015. The specific case was *Y.Y. v. Turkey*. The European Court of Human Rights found that Turkey's requirement for a transgender person to be permanently unable to procreate as a precondition for gender reassignment surgery violated Article 8 (right to respect for private life) of the European Convention on Human Rights. Following this judgment, Turkey's Constitutional Court annulled the relevant provision in the Civil Code, effectively removing the sterilization requirement.

Regarding the question of trans fertility, there are various approaches from the participants. For instance, when asked if he was given the option to freeze his eggs before starting his transition, Can explains that this was never an option presented to him. However, he consciously chose not to pursue egg freezing, fully aware of the process and its implications. His reasoning stems from a deep respect for his wife's right to be the biological mother. Can believes that he alone should carry the emotional weight of his transition, without subjecting his wife or future children to the burden of his past. He views the decision not to freeze his eggs as a way of ensuring his wife's role as the sole biological parent, which also provides them legal control over their children in a country like Turkey.

Can's choice reflects his desire for a clean start. He did not want to hold on to any biological link to his past reproductive ability. For him, fertility was something that did not fit with who he was or how he saw his future family. He also considered the legal side. In Turkey, being the biological parent could lead to complications in court or public records. By making sure only his wife had that link, Can felt more secure in his role as a father in a family that would be seen as "normal" in a restrictive society. Fertility, in this sense, was something that had to be let go of, not only for emotional peace but also for practical protection.

Thanks to the amendment in 2015, Özgür could protect their fertility as a person who underwent gender reassignment after that progress. Özgür lived in Turkey for most of their life, but they are now in the process of moving abroad. This legal change gave Özgür a chance to think differently about reproduction. They were no longer forced to choose between legal recognition and keeping their fertility. Özgür

now lives in Germany. They left Turkey because of the strict social norms that value traditional family structures and biological ties. In Germany, Özgür found more freedom to imagine a different future, yet some challenges remained regarding immigration.

Özgür is in a committed relationship with Burak, a cisgender gay man in his early 30s who moved to Germany alongside Özgür. They met during Özgür's gender transition process back in Turkey. Before meeting Burak, Özgür had not given much thought to parenthood. However, their relationship sparked the desire to have children, and this mutual realization shifted Özgür's life path. The decision to become a parent was both sudden and profound. Özgür had undergone breast surgery and was preparing for ovarian surgery when they and Burak looked at each other one day and, in a moment of clarity, decided that they wanted to have children. This decision led Özgür to halt the transition process, placing parenthood as the couple's primary goal. For Özgür, this was not a step backward but a rethinking of their journey. Fertility became a way to stay connected to their body and to use it for something meaningful. The idea of becoming a pregnant man was not something they had considered before, but now it felt like a bold and personal form of queer expression. It was also a way to create a family with their partner, built on shared dreams rather than traditional roles.

Finances have been a significant concern for Özgür and Burak as they prepare for their future as parents. While they were both working in Turkey, they had been in a period of waiting and saving, focused on building a stable financial and emotional foundation for their child. The cost of pursuing reproductive technologies or other options has been a lingering question, though Özgür acknowledges that they would have set aside money for the process if they were still in Turkey. Institutional barriers in Turkey played a large role in Özgür's decision to pursue parenthood in Germany.

In Turkey, they faced resistance and judgment from doctors during their gender transition, which led Özgür to avoid necessary medical check-ups. This experience created a lasting impression of how hostile medical institutions can be to queer and trans individuals. In Germany, they hope to find a more supportive environment. Moving to Germany was not just about access to medical services, Özgür explains, it was about finding safety and respect. In Turkey, every step toward parenthood felt like a struggle due to Özgür's will to carry pregnancy in a trans man's body. In Germany, Özgür hopes to feel supported, especially by medical professionals who understand trans and queer experiences. The decision to keep their fertility was only possible in a place where that choice could be taken seriously and treated with care.

Özgür's reflections on trans pregnancy add a critical layer to the discussion. Özgür acknowledges that the process would be emotionally and hormonally challenging, particularly in terms of the shifts between testosterone and estrogen. They are aware that the experience would involve a unique set of psychological and emotional burdens, which is why they emphasize the importance of finding psychological stability before embarking on this journey. The support of trans communities in Germany plays a critical role in their ability to navigate this complexity, providing them with a sense of belonging and access to medical resources. Özgür knows this path will not be easy. They expect to face dysphoria and emotional ups and downs. But they also know they are not alone. The trans community in Germany offers advice, encouragement, and solidarity. This support makes it possible to imagine a pregnancy that is not just a medical event, but a queer and personal story of becoming a parent.

Özgür's decision to pause their gender transition in pursuit of parenthood shows how medical expectations and systems shape people's lives in deep ways. Epstein talks about how medical spaces often misunderstand queer people (Epstein 2017). This happened to Özgür many times in Turkey, as Özgür told, especially in the clinic visits where Özgür tried explaining his reproductive needs and plans. Their choice to have a child using their own body challenges both the medical norms and the usual ideas of family. For Özgür, pregnancy would not just be a way to have a child. It would also be a statement about who they are and what kind of future they want. This shows how queer people often have to find creative and brave ways to balance their health, identity, and dreams.

The experiences of Can and Özgür show how fertility can mean very different things to transgender people in Turkey. For Can, fertility was a painful reminder of the past and a risk to his gender and family. Can believed that if he had kept his fertility, he could have caused a chaos in his family's order since there would be two egg donors. On the other hand, for Özgür, fertility became a way to express queerness and hope. They decided to keep it, even if it meant delaying transition and moving to another country. These stories remind us that fertility is not just a biological fact. It is shaped by laws, relationships, emotions, and expectations. Trans people in Turkey are not all the same. They face hard choices, but they also find ways to make those choices meaningful and their own.

For trans individuals like Emre and Tarık, the question of biology comes with other barriers. Emre, a trans man in his mid 20s, shares that he once wanted to become a biological parent, but it was not possible. As part of his gender transition, his ovaries were removed, and he says that he might consider adoption in the future. His words show how some queer people do not choose to give up biological parenting

but are forced to do so. Tarik tells a similar story. During his transition, he was told by the state that he had to go through surgery to be legally recognized as male. No doctor informed him about the option to freeze his eggs. He says that he only learned about it after the surgery was over. These experiences reflect how state control over gender identity can also limit reproductive options, leaving people without the chance to decide for themselves.

For Emre and Tarık, the path toward parenting often begins with restrictions and losses. They are not only blocked from biological options but also from receiving proper information or support, similar to what Mamo and Craven showed (Craven 2019; Mamo 2007). This difference shows how queer parenting is shaped not just by personal desires, but also by uneven access to rights, healthcare, and recognition. Drawing on Savcı's work, which explores the paradoxical positioning of queer identities in Turkey (Savcı 2021), the experiences of participants reveal how the country's complex cultural and legal landscape shapes the lives of queer individuals seeking parenthood. Savcı describes how Turkey simultaneously regards queerness as a sin, an illness, and a natural variation, creating a contradictory space (Savcı 2021) where queer people are visible yet marginal, tolerated but not fully accepted.

## **4.2 Various Paths to Queer Parenting**

### **4.2.1 Options for Trans Parenthood Journeys**

The landscape of parenting in Turkey is evolving, particularly for transgender individuals navigating the complex intersections of identity, societal norms, and legal frameworks. This subchapter delves into the unique pathways undertaken by trans parents in Turkey. It examines how trans men, facing restrictions on assisted reproductive technologies within Turkey, embark on journeys to Northern Cyprus to access vital sperm donation services, a practice otherwise prohibited domestically. These transnational engagements enable the wives of trans men to undergo reproductive treatments, leading to their biological motherhood, while the trans men themselves embrace roles as non-biological fathers.

Remarkably, upon their return to Turkey, the state has, in notable instances, extended parental recognition and custody rights to these families, with the case of Can serving as a significant precedent for such acknowledgment. Conversely, the paths to parenthood for trans women present distinct challenges, necessitating not only in vitro fertilization but also surrogacy, a procedure with even more limited

accessibility and legal ambiguity for Turkish intended parents seeking transnational reproductive mobility. While widely publicized examples of trans motherhood in Turkey exist through transnational assisted reproductive technologies, such as the prominent case of Selin Ciğerci, my research revealed a notable absence of trans mother participants in direct fieldwork. There is a disparity in visibility and accessibility to reproductive services for different segments of the transgender community.

Northern Cypriot fertility clinics play a pivotal role in the reproductive journeys of Turkish citizens who are excluded from assisted reproductive services in their home country. Turkey's restrictive legal framework prohibits third-party reproduction such as egg and sperm donation and bans surrogacy altogether. These constraints particularly affect single intended parents and queer individuals who do not conform to the traditional heterosexual family model sanctioned by the state. For those determined to become parents, Northern Cyprus presents a geographically accessible and legally permissive alternative. These clinics function not merely as medical facilities but as commercial actors within a transnational fertility market shaped by legal exclusion and social marginalization in Turkey.

Thompson's concept of the "monopoly of desperation" sheds light on the dynamics at play in this cross-border movement for fertility care (Thompson 2005). Turkish citizens who travel to Northern Cyprus for treatment often do so under emotional strain, fueled by intense social pressures and individual desires to become parents. Fertility clinics might benefit from this desperation by offering services that are otherwise illegal or unattainable in the clients' home country. These clinics capitalize on reproductive urgency while simultaneously positioning themselves as enablers of reproductive freedom. In doing so, they transform intimate desires into high-stakes economic transactions that promise not only children but also a sort of legitimacy.

Yet this relationship is not entirely one of exploitation. As Thompson notes, the demand for assisted reproduction is shaped by consumers who are active participants, seeking to realize their reproductive goals despite legal and societal barriers (Thompson 2005, 243). Turkish clients are not merely victims of a predatory market. They are also agents who engage strategically with the options available to them, navigating a globalized system of fertility services to claim the rights and recognition denied at home. Their desperation is co-produced by both personal aspirations and systemic exclusions. The Northern Cypriot clinics, therefore, are both beneficiaries of and responses to a state-imposed vacuum in reproductive rights.

For queer intended parents in particular, Northern Cypriot clinics offer a critical path to parenthood. As Mutlu explains, the limitations of Turkish law surrounding assisted reproductive services drive many heterosexual couples to seek care in

secrecy (Mutlu 2019). In this context, Northern Cyprus becomes an enabler for alternative kinship formations that cannot be legally acknowledged in Turkey. Trans men in heterosexual marriages, for example, use these clinics to undergo IVF with sperm donation, and later navigate the Turkish legal system through adoption to gain parental recognition. This cross-border practice is shaped by necessity. These medical services abroad are repurposed to navigate domestic restrictions.

Can declares himself as the first state-level recognized trans father in Turkey (self-acclaimed, I could not find an alternative source which confirms). He recalls a childhood overshadowed by rigid family dynamics, where understanding and openness were scarce. “*The family I was born into wasn’t open-minded. They did not understand people’s problems,*” Can explains. His current family environment is one of mutual support and understanding, something he describes as fundamentally different from the one he grew up in. Can’s transition into parenthood was not straightforward. Initially, he and his wife did not want children. The couple harbored concerns about the responsibilities of parenthood, exacerbated by the struggles they witnessed in others. “*Why would we have a child when so many people and children are being tortured or living without being in the places they should be?*” he recalls thinking. However, this perspective shifted after an unplanned visit to a gynecologist, where Can’s wife, moved by the sight of pregnant women, expressed a deep desire for motherhood. This moment triggered a reevaluation, and soon after, they embarked on their journey to parenthood.

Can is not the biological father of his children, but he is listed as their father on official documentation. “*There is nothing from me, I am only on the ID,*” he clarifies. His wife, who is both the biological and legal mother, carried the children, and together they navigate parenthood in a society that did not fully recognize Can’s parental rights until very recently. Can and his family had to go through the scrutiny of Social Services in Turkey before the recognition. After gaining recognition, Can decided to appear on YouTube and coming out as a transgender male parent there. He expressed how his gender appropriate masculine attitude brought positive reactions on the comments section. Family making in Turkey is a cultural issue under the highly emphasized “Turkish family institution” before being an individual issue and this revolves the discussions around gender:

*“I have a family, and others should be influenced by that. I got surgery. I got better easily. You should have surgery too. This is a role model here on social media I portray. That is why I receive no bad reactions on any platform regardless of whether people know me. For instance, I spoke on a well-known YouTube channel. Thousands watched it and there were many comments below. In Turkey when someone says trans man people think of a wild being. Perhaps because they only got to know people who*

*are in the beginning of their transition. They do not know what they are capable of becoming. I was there, as a man, a full man according to their view, they reacted respectfully, that is a trans man, that is a man. I also performed very neatly on that program. Maybe because I self-controlled myself very tightly.”*

Can self-assigns himself a role model function and embodies the gender binary family model as a distributor of trust and recognition for an online crowd to show that queer families exist. The way that gender is done and undone concurrently is observable in this case where Can both owns one normative gender performance while challenging a normative family structure by becoming a recognized transgender father in Turkey.

Trans individuals who are sterilized and their partners from Turkey may pursue IVF with sperm/egg donation abroad under secrecy, creating a unique model of partly biological kinship. However, after returning to Turkey, although there are emerging cases where trans parents pursue custodial rights through adoption, there is a challenging process that does not guarantee full recognition of both parents' rights due to the absence of legal frameworks for queer families.

The pursuit of reproductive possibilities comes with ethical tensions and emotional costs. Can recounts the discomfort he felt when asked by the clinic to select the sex of his child. For him, the suggestion evoked the commodification of human life, making the process feel transactional and alienating. His rejection of this choice exemplifies a moral boundary drawn by some queer parents who, while participating in the fertility market, resist its more consumerist tendencies. Nonetheless, the decision not to choose the child's sex coexists with another ethically charged choice: the rejection of Black sperm donors due to fears of future stigma. This contradiction reveals the complex negotiations parents undertake in managing societal biases, medical possibilities, and personal ethics.

The racial dimensions of reproductive choice are shaped by anticipated social consequences. Can's comments expose the subtle racism embedded in reproductive decision-making, where the fear of social stigma motivates a preference for whiteness. At the same time, the rejection of sex selection on ethical grounds suggests a hierarchy of acceptable manipulations. These patterns are not isolated; they reflect broader social narratives and expectations that influence the fertility industry. As Mutlu argues, the moral ambiguity surrounding sex selection in Northern Cyprus is tied to broader societal norms (Mutlu 2015), where certain forms of selection are normalized, especially if they are medically reasoned, while others are debated.

Financial inequality further complicates access to reproductive care in Northern Cyprus. While the clinics offer services that are technically available to all, in practice, only those with sufficient financial resources can afford to travel and pay

for the procedures. Cihan, a Turkish queer parent, had to spend over 5,000 euros to undergo sperm donation and IVF in Northern Cyprus. The cost of international travel and medical services creates a barrier that disproportionately affects low-income families. This economic reality underscores how reproductive citizenship remains stratified by class, even within transnational spaces of opportunity.

The openness of Northern Cypriot clinics contrasts starkly with the conservative and often hostile reproductive landscape in Turkey. According to the accounts of participants, while clinic staff in Northern Cyprus may be supportive and inclusive, returning home to Turkey often brings new challenges. Intended parents face social stigma, invasive questions, and legal ambiguities. For queer families, the act of becoming parents is not just about biology or desire but also about navigating legal recognition and social acceptance. The experience of crossing borders to seek parenthood reveals the limits of national reproductive policies and the ways in which state power extends into the intimate domain of family life.

Northern Cypriot clinics also benefit from operating in a semi-recognized geopolitical space. As Mutlu points out, the lack of international recognition allows these clinics to escape the regulatory oversight present in many other countries (Mutlu 2019). This legal ambiguity creates room for flexible practices that accommodate diverse reproductive needs. However, it also introduces risks, as the absence of regulation can compromise safety and accountability. Intended parents entering this system must rely on informal networks and personal judgment to evaluate clinic practices and ensure ethical standards.

The clinics in this region do more than provide medical services; they serve as enablers of social possibility and identity formation. For Turkish citizens, especially those from queer communities, these clinics offer a path to becoming parents. However, this path consists of financial strain and legal uncertainties. Northern Cypriot clinics occupy a complex position at the intersection of reproductive desire and exclusion. They emerge as both sites of liberation and instruments of market-driven biopolitics. The experiences of Turkish intended parents demonstrate how reproductive agency is negotiated through law, capital, and emotion. These clinics, operating in a liminal political space, enable forms of kinship that are otherwise criminalized or denied, but they do so within a commercial framework that reproduces stratified access and moral ambivalence (Mutlu 2019; Thompson 2005).

Queer people and especially transgender people in Turkey face many challenges when it comes to fertility. The idea of keeping or giving up fertility is shaped by legal rules, access to healthcare, cultural expectations, and personal identity. For some, fertility feels like a heavy reminder of their past and a challenge to their gender

identity. For others, fertility is a way to express queerness and build new kinds of families. This subchapter looks at two different experiences. Can saw fertility as a burden and chose to give it up. Özgür saw it as a way to imagine a future and decided to protect it. These two examples show how transgender people in Turkey make different decisions about their bodies, their families, and their futures.

#### **4.2.2 Reproductive Mobility for Gay Parents**

The pursuit of parenthood for queer individuals involves navigating complex legal, cultural, and institutional barriers. In countries like Turkey, where same-sex marriage is not legally recognized and surrogacy is strictly prohibited, queer people who wish to become parents must look beyond national borders to realize their aspirations. For gay men especially, the inability to marry or access reproductive technologies domestically renders biological parenthood nearly impossible without relocating. This leads to a phenomenon of compulsory reproductive mobility, where migration becomes not just a personal or professional decision but a necessary condition for building a family. Moreover, reproductive mobility to Northern Cyprus is not as viable and popular as among gay intended parents compared to trans intended parents from Turkey due to the necessity of surrogacy for gay intended parents who wish to have biological children. The vague standards and consequent limitations around surrogacy in Northern Cyprus combining with the minority of the Northern Cypriot reproductive clinics advertising towards gay men visibly contribute to this picture.

The case of Aydın, a gay man from Turkey who moved to Denmark and later traveled to Colombia, illustrates how queer individuals are compelled to forge transnational paths in order to parent. His journey exemplifies how reproductive desires intersect with migration, legal inequality, and social stigma, turning family making into a form of political and geographic movement. Aydın migrated from Turkey to Denmark to get married and then traveled to Colombia to access commercial surrogacy. His story sheds light on the challenges of queer parenting in a restrictive legal landscape. With surrogacy outlawed domestically and parenthood for same-sex couples unrecognized, Aydın was compelled to seek surrogacy outside Turkey to realize his dream of fatherhood. The decision to pursue biological kin also led them to go to Colombia where unlike Denmark commercial surrogacy is allowed. There, Aydın and his husband connected with a surrogate who became a continuous meaningful part of their family's life like an aunt who lives abroad. Aydın's surrogacy journey moved beyond transactional arrangements and challenged conventional barriers of

nuclear family.

The desire for biological connection is a significant factor for some queer parents when considering their path to parenthood. For some, this desire is rooted in the quest for continuity and security within their family structure. A biological link can provide a sense of legitimacy and social recognition that is often denied to non-biological families. This is particularly relevant in contexts where queer families are marginalized or where legal recognition is contingent on biological connections. For instance, in the case of Aydın, the decision to use his own sperm was influenced by concerns about how his child would be perceived within Danish society. Plus, by maintaining the biological kin, he avoids a potential risk of separation from the child in case of a custody case in the future. Considering that he is Turkish and not Danish, he expressed concerns over his legitimacy as a parent within the transnational context.

As Aydın explains: "*The biological link was really important for me personally because I really tried hard to establish a good life here in Denmark, and I did not want people to think like, you know, 'he is an outsider.'* This way, it is maybe even easier to get the Danish citizenship or things like that. We decided to go with my sperm for our child since I was the one who showed a bigger interest in this earlier. I also asked a question to my mother. If it was my partner, my husband's sperm, how would she feel about it? I mean, the older generations are more conservative compared to us. And she said, like, even though you would have gotten a black baby from Ethiopia, I would not have minded at all. I would have loved the same as I am loving your baby, and that answer was everything for me. In that sense, we do not care that much about the biological link."

On one hand, Aydın's narrative connects the intersection of personal desire and social recognition in the pursuit of biological kin. The choice to use his own sperm is not just about fulfilling a personal desire for a biological connection but also about securing a stable identity for his child within a society that might otherwise marginalize them. On the other hand, his account underscores a contradiction on whether the biological link matters. He concurrently argues that it mattered from a sense of social legitimacy and parental desire, and it did not matter from a perspective of care and family making. He simultaneously acknowledges that the blood kin is not a priority and insists on donating his sperm while making their child. This duality implies how the making of queer parenthood occurs in a reproductive arena which is defined by the normative structures of social relations and processes of human reproduction (Connell 2009), as Connell frames.

The process of becoming parents often involves meticulous calculations in each step

of the journey. Aydın describes a rigorous process that includes psychological and personality tests for both parties. The selection of a surrogate is typically facilitated by a clinic, which ensures that surrogates have their own children and are financially independent, and not solely motivated by money. Aydın's surrogate, according to Aydın's account, is an industrial engineer who sought both financial gain and a sense of purpose in contributing to something larger. Aydın's experience exemplifies how transnational surrogacy, despite being costly, allows queer intended parents to navigate prohibitive legal frameworks and find ways to build families on their own terms. In Colombia, Aydın and his Danish husband established a supportive relationship with their surrogate, viewing her not as a service provider but as a "remote aunt" to their child, a connection that continued beyond the birth through visits, photo exchanges, and occasional videocalls.

Navigating surrogacy independently, Aydın opted out of the agency model, securing a direct relationship with a clinic instead. In other words, in the surrogacy agency model, the agency takes care of all the bureaucratic and matching related issues, while in the surrogacy clinic model, the parents actively carry out the tasks in every step including the matching, but they leave the medical part to a specialized clinic. This choice afforded him greater control, though it also exposed the complex disparities between partially supportive frameworks in Denmark and Colombia, where the legal frameworks allowed queer family making through transnational surrogacy, and restrictive policies in Turkey, where surrogacy is banned.

Aydın's reflections on child-rearing practices, including formula feeding and colostrum access, exemplify the practical yet overlooked dimensions of surrogacy. Aydın states: "*There was no breastfeeding in general. The first milk, colostrum, which was very important for us was just pumped by our surrogate, and we gave it to our baby, and the rest was just formula which was financially supported.*" He describes a set of practices that are linked with a greater social accessibility which is challenging to provide alone without the institutional support systems.

Aydın emphasizes the positive role his family and close friends play in their journey. They occasionally visit Aydın's family in Turkey and their transnational family journey moves forward. When asked about the experience of visiting Turkey as a married same-sex couple, Aydın shares that despite the overall feeling of a bureaucratic ambivalence, as long as they are surrounded with their close circle of friends and family, everything is under control. He acknowledges that the people walking on the street in Turkey might assign them perhaps a father and an uncle instead of a couple with a baby. Nevertheless, Aydın is glad that his son can grow up bilingual, internationally traveling, and surrounded by people from different cultures. This fusion resonates with Keaney's observation that queer attachments have the potential

to reimagine new bonds (Keaney 2023).

Aydın, as a queer parent now living in Denmark, describes the economic and institutional barriers he faces even outside Turkey: *“In Denmark, you are not afraid because the government provides you healthcare and education, everything essential, basically. There are so many single mothers in Denmark, and they manage so fine. By the way, I don’t need to find the money for diapers or formula or something. The government gives you that in Denmark. So that was never a fear for me. But again, I had to find money to become a parent. This is why I had to wait a little bit more. Money to pay for the surrogacy clinic abroad. For our case it was Colombia. On average, you need to find 150,000 euros to get this journey started.”*

Aydın’s account reflects what Inhorn refers to as “reproductive exile” (Inhorn 2018). Like many Arab refugee couples that Inhorn describe who are stranded between unaffordable healthcare systems in the United States and restrictive legal contexts back in their home countries, queer Turkish individuals find themselves trapped in a condition where their reproductive dreams are possible only elsewhere, and even then, at a steep cost. The journey toward parenthood becomes dependent not on intention or care but on financial capital and international mobility. This necessity for reproductive mobility is compounded by the absence of recognition in Turkish law. This forces queer parents to settle in countries that recognize their parental status, often leaving behind their communities, families, and native language. The act of becoming a parent thus entails a total reconfiguration of life.

When asked why they chose Colombia instead of a closer option like Northern Cyprus, Aydın pointed out that there are too many ambiguities there. He explained that the necessity to work with a more expensive clinic in the Colombia due to the structure of Northern Cypriot agencies is undesirable. Commercial surrogacy in Northern Cyprus operates in a legally ambiguous and largely unregulated environment. While there isn’t a clear legislative framework explicitly legalizing commercial surrogacy in Northern Cyprus, the absence of specific prohibitions has led to a proliferation of private clinics actively promoting and facilitating such services, attracting individuals from countries where surrogacy is illegal or highly restricted. The clinics in Northern Cyprus usually work together with other agencies located in the permissive states of the United States and thus provide a transnational reproductive link to their clients. This also serves as a marketing strategy introducing a potential for the American citizenship for the child. However, this way, the procedure automatically becomes even more costly. Despite these circumstances, Northern Cyprus has become a hub for "surrogacy tourism" due to its perceived accessibility and fewer restrictions compared to other jurisdictions.

Even in more inclusive settings abroad, queer parents face stratified access based on class and immigration status. Aydın’s case shows that the access to assisted reproduction for gay men requires long term economic planning and strategic employment. Without inherited wealth or strong financial support, the process can take years of preparation and sacrifice. Smietana compares this condition to forced sterilization in its effects (Smietana 2024). The inability to legally and socially reproduce interrupts generational continuity and places queer people in a permanent state of reproductive denial.

### 4.2.3 Situating Bisexual Parenting

As a form of queer parenting, bisexual parenting in Turkey must be understood in the context of intersecting pressures from societal normativity, legal exclusions, and the widespread effects of monosexism. Monosexism is the belief that being attracted to only one gender is the norm or superior, which leads to the marginalization and invalidation of bisexual, pansexual, and other non-monosexual identities (Önder 2021). The lived experiences of participants such as Jale and Kerem offer insight into how bisexual parents navigate visibility, resistance, and care in a landscape where their identities are often dismissed or invisible. These stories challenge the static and heteronormative conceptions of family prevalent in Turkish society and illuminate how bisexual parents actively reconfigure kinship.

Jale, a cisgender bisexual woman in her early 30s, articulates a journey of persistence and deliberate action in building her family. Her desire to have children was not contingent on finding a socially sanctioned partnership, but instead was rooted in a long-standing personal aspiration. “*Getting married was a very utopian thing for me,*” she explains, noting how few people in her life could accept her bisexual identity. This early awareness led her to consider alternative routes to parenthood, such as accessing a sperm bank. Her statement, “*I will get it from the sperm bank and solve it somehow,*” reflects not only determination but also a pragmatic approach to circumventing societal and relational obstacles. These decisions unfold against the backdrop of legal and financial constraints that often prevent queer people in Turkey from forming families through formal reproductive assistance.

Jale’s story also illuminates the complex relational negotiations that bisexual parents must undertake. Her partner, a cisgender bisexual man, initially resisted the idea of parenting, expressing fears about societal rejection and the bullying their child might face due to their unconventional family structure. This fear is well-founded in the Turkish context, where, as Önder details, bisexuality is frequently misunderstood

and marginalized through mechanisms like binegativity and identity erasure (Önder 2021). Nevertheless, Jale and her partner moved forward, encouraged by their shared belief that their professional stability and mutual support would help them overcome these external challenges. In doing so, they embody a form of queer kinship that is both intentional and transformative.

Parenting for Jale extends far beyond caregiving. It is an educational and political practice. She takes pride in raising her son with honest, scientifically accurate information that challenges gender essentialism and societal myths. Her approach includes explaining menstruation in biological terms without gendering it and using affectionate but non-gendered terms like "*my flower*" or "*my butterfly*" instead of masculine tropes such as "*my lion*." Through these everyday choices, Jale actively destabilizes traditional gender roles and works to build a home where queer awareness is normalized. This is not only a parenting philosophy but a form of social activism. Her visibility as a bisexual mother in both private and public spheres, including social media, directly challenges dominant representations of family in Turkey.

This disruption is particularly significant given the normative frameworks imposed by both Turkish society and academic institutions. Jale first encountered the idea of queer parenthood during her studies in child development. Her conviction that LGBTQ+ individuals are equally capable of forming loving and functional families clashed with the conservative stance of her university. When her views were rejected, she made the difficult decision to withdraw from her master's program. Rather than retreat, she sought intellectual and emotional refuge in her friendship with a gay man, who became her companion in exploring themes of identity and kinship. Their conversations even led to the idea of Jale becoming an egg donor, a scenario she navigated with clarity and emotional boundaries, yet has not actualized until now. Her ability to view the egg as "just a cell" and separate it from parental attachment reflects a nuanced understanding of biology, kinship, and choice. These relational and ethical decisions are what İş identifies as essential to the queer reformation of family, where lived realities demand a reshaping of rigid theoretical and societal frameworks (İş 2013).

Kerem's narrative complements Jale's by offering the perspective of a bisexual father negotiating similar terrains of identity, visibility, and family life. A cisgender man in his late thirties, Kerem lives in what outwardly appears to be a conventional heterosexual marriage. However, both he and his wife identify as bisexual, and together they consciously resist the norms imposed upon them. "*We do not fit the mold of a traditional family, and I am proud of that,*" he states. His pride in their authenticity coexists with the strategic caution they employ in parenting. They

have not yet come out to their child, preferring to wait until the “*time is right*.” This decision to defer rather than deny visibility demonstrates the balancing act bisexual parents often perform between protecting their children and maintaining their own integrity.

Kerem’s upbringing in a conservative family, where conversations about sexuality were taboo, created internal conflict. He describes being expected to follow a standard trajectory (education, marriage, children) without space for his bisexual identity. This silence echoes what Önder describes as the profound psychological toll experienced by bisexual individuals raised in religious or nationalist environments (Önder 2021). For many, this silence leads to self-doubt and confusion, particularly when bisexuality is positioned as incompatible with masculinity and normative family roles. Kerem’s narrative, in this sense, is also about healing. His current family is built not just on love, but on a shared commitment to creating a space where their child will never feel the silence that shaped his own youth.

Both Jale and Kerem’s experiences show how bisexual parenting in Turkey is often constructed through layered negotiations. As İş argues, queer parenthood compels us to revise our conceptual tools, not to better categorize these families, but to learn from their refusal to conform (İş 2013). Jale and Kerem do not simply endure the contradictions of their social context; they transform them. Jale, for instance, uses her social media presence to normalize bisexual motherhood, disrupting the presumed heterosexuality of parental roles. Kerem, while still selectively visible, resists traditional family molds by building a home centered on understanding and acceptance.

Their stories collectively refute the notion that bisexuality is temporary, confused, or incompatible with family life, a myth that continues to inform public perception and institutional attitudes in Turkey. In situating bisexual parenting within the Turkish context, it becomes clear that these families resist invisibility not only through words but also through daily acts of care, education, and openness. They serve as living counter-narratives to the monolithic image of the Turkish nuclear family.

### **4.3 Strategic Navigation of Cultural Scripts**

#### **4.3.1 Strategic Navigation of Biological Parenting**

Queer individuals pursuing parenthood in Turkey must navigate certain cultural scripts which regulate what counts as legitimate family, parenthood, and kinship.

These scripts, often backed by legal, religious, and moral codes, marginalize queer expressions of care and belonging. Rather than merely managing identity, queer and trans people in Turkey engage in a calculated engagement with normative expectations around gender, reproduction, and childhood innocence. Their journeys involve maneuvering through societal fears such as the widespread panic that queer people will “turn children gay” and contesting the pervasive belief that non heterosexual individuals should not be involved with children at all.

In this context, access to parenthood requires much more than legal strategy or identity performance. It entails a persistent reworking of cultural assumptions about who is deemed fit to parent. These negotiations are not just institutional but deeply intimate, extending into bodily decisions, social visibility, and family dynamics. As Savcı argues, the Turkish state’s refusal to acknowledge queer families reflects a broader societal denial of queer kinship as culturally acceptable or morally viable (Savcı 2021). Within this discursive and regulatory terrain, queer individuals are often forced to detach from dominant narratives of biological kinship while forging alternative models of care and community. These journeys are rarely straightforward; rather, they require calculated decisions about visibility, legality, and self-presentation within systems that are not designed to accommodate queer lives. For instance, transgender individuals who are legally recognized in ways that align with binary gender expectations may find greater ease in accessing reproductive services, often by “passing” within dominant frameworks.

Sterilization used to be required for legal sex reassignment in Turkey, and a new legislation made in February 2025 proposes a regression to that system (KaosGL 2025). At this point, Cihan’s story illustrates the complexity of transgender parenthood. Cihan’s inability to preserve his reproductive function reflects the state’s control over trans parenthood options. His loss points to a structural detachment from traditional biological kinship while also fostering a form of attachment to a reimagined family model beyond biology. By navigating forced separations from conventional parenthood pathways, queer parents like Cihan embody resilience in redefining kinship. Cihan stated: “*They took away my reproductive capacity. But no one could have taken away my instinct to parent. With or without blood kin, I was determined to make this happen. Ultimately, I did.*” Cihan formed his path as a trans man and a trans father by persisting against the normative medical and legal boundaries. His persistence is also a strategic engagement with dominant cultural scripts that position trans people as non-reproductive and therefore as non-parental. His narrative challenges these assumptions and reveals how fundamentally political the act of parenting becomes.

Another relevant story around the navigation of cultural scripts is told by Onur,

who witnessed the queer spaces both living in the United States and Turkey. Onur has spent time in the United States during his master's studies, which exposed him to a broader understanding of queer lives and parenting. Reflecting on his journey as a queer intended parent, Onur's experiences reveal the complexities of reconciling societal expectations, personal anxieties, and the future he envisions as a parent. Onur's first real encounter with queer parenting happened while he was living in the United States. He met a lesbian couple with children, an experience that was both enlightening and surreal. Although he played with their children and witnessed their family dynamic firsthand, the idea of queer parenting still felt distant, almost as if it was something from social media rather than his immediate reality. "*When I was embracing my gay identity, I automatically accepted that I could not have children at first,*" Onur explains. For him, the notion of becoming a parent seemed out of reach.

What Onur internalized was not only a sense of personal limitation but also a broader cultural belief that gay people should have no business with children. Especially considering anti-LGBTQ+ social and political events using family as the main discourse, such as "Büyük Aile Yürüyüşü" ("Great Family March") or withdrawal from Istanbul Convention due to concerns over family and LGBTQ+ as a perceived threat to family exemplify the broader cultural context. Before encountering alternative models abroad, Onur had normalized this cultural script which linked homosexuality to inappropriate proximity to minors. His exposure to a queer family in the United States unsettled this assumption, not because he changed how he identified, but because it showed him how differently family can be imagined outside of the Turkish context. His reflection on possibilities of queer parenting reveal a creative engagement with this cultural contrast. He considers various reproductive constellations including those involving a cisgender man and a trans man or arrangements with a lesbian couple. However, these ideas remain largely theoretical, and his desire for parenthood is still entangled in emotional and cultural hesitation. "*It is not an individual project,*" he says, referring to the additional steps men face in pursuing parenthood, such as finding a surrogate. This contrasts with his observations of especially lesbian women around him, who more readily express their desire to have children and act on it.

Another major influence on Onur's ambivalence toward parenthood is his relationship with his niece. She knows that Onur is gay, and at just eight years old, she has already expressed liking girls to her mother. Onur's sister, however, became upset, worrying about the difficulties her daughter might face. This reaction reinforced Onur's fears about being around children as a queer person, and for years, he stayed distant from his niece. He felt that society views homosexuality and children as

incompatible, worrying that people might assume he would influence or harm the child, even though he knows he cannot “*make*” his niece gay. This mental barrier created a distance between him and his family.

What Onur experienced here is a textbook instance of navigating dominant cultural scripts that view queer adults as corrupting influences. These fears are not simply about individual bias but are embedded in widespread social discourse. Even Onur’s own sister, despite her personal relationship with him, reacted according to these scripts. Onur’s caution and retreat from his niece reflect the emotional cost of such cultural messaging, where even familial closeness becomes suspect under the public gaze. His temporary distancing is not a matter of personal doubt alone, but a survival tactic within a society where queer people’s proximity to children is constantly scrutinized.

Onur imagines that if he were to become a parent in Turkey, he would prefer to raise a child in a large city like Istanbul. He appreciates the anonymity that comes with urban life, where he could blend in more easily. However, in the United States, most of the queer parenting examples he witnessed were in suburban settings, a lifestyle he does not believe is as accessible in Turkey. Despite his anxieties and hesitations, Onur feels confident in his ability to raise a child with love and care. He believes that his child would benefit from the “*colorful*” life he and his close-knit group of friends could offer, with many older siblings to play with.

Onur imagines encouraging his child to express their feelings and to live authentically, without imposing traditional expectations. Yet, Onur also recognizes the challenges that lie ahead for queer parents, particularly as anti-LGBTQ+ rhetoric becomes more visible in Turkey and globally. According to Onur, despite its networking opportunities, social media has also become a place for the harmful narratives that equates homosexuality with deviance, and there are persistent fears that queer people have an agenda to turn children gay. Onur resists this discourse and asserts, “*We are the living proofs that they are wrong, and we make healthy families and communities.*”

İhsan, a gay man in his early 30s, has long imagined being a father. He says that hearing stories about gay parents in South America made him feel both hopeful and uncertain. He was happy to know that such lives were possible, but he also felt unsure about whether he wanted to follow a path that looked too much like the traditional family. İhsan explains that joining this kind of family model can feel like performing a role that does not fully belong to him. Still, he admits that having a biological tie to a child has some emotional weight for him. He says that a sense of belonging comes from that connection, and that part of him still wants that. His

reflections show how wanting a child can bring up not only feelings of care but also fears of losing his own values or reinforcing norms he does not believe in.

The question of biology in parenting looks very different in Dilan's story. Dilan is a cisgender bisexual woman who is in her mid 30s. She is in a relationship with a woman who has a child from a past heterosexual marriage. Dilan did not plan to become a parent, but when she joined her partner's life, she found herself slowly becoming a parent figure. She describes how she started to feel responsible and emotionally connected, without any need for legal documents or shared genetics. She says that her love for the child grew over time and that now she feels like a real parent. Dilan does not speak in terms of legal rights or biological facts. Instead, she talks about coming home each day to see the child, feeling joy in their presence, and building a daily life that feels like a family. Her story shows that parenting can grow from shared routines and affection, not just from blood ties.

When we think about İhsan's feelings and Dilan's experience together, we see two different ways of imagining queer parenthood. İhsan is still unsure whether he wants to be a parent through methods like surrogacy or donating sperm, because he worries about the meaning of such decisions within a society that pushes people into traditional roles. Dilan, on the other hand, has found a way to live as a parent without having planned it, and without any biological or legal connection. This difference shows that queer parenting is not one clear path. It depends on how people relate to each other, how they imagine care, and what kinds of emotional commitments they are ready for.

#### **4.3.2 Strategic Navigation of Visibility**

Visibility, both as a social condition and political strategy, remains a central dilemma for queer parents navigating heteronormative reproductive arena. It is not only about being seen but about how being seen is entangled with risk, recognition, and resistance. The accounts of queer parents in Turkey and the broader academic literature demonstrate how visibility functions as a contested terrain shaped by social norms, legal constraints, and intimate decisions. Moore, in her examination of Black lesbian motherhood in *Invisible Families*, reveals how racial and gender identities formed early in life influence how individuals perform and interpret later identities, including those related to sexuality and family (Moore 2011). The visibility of queer family forms, she argues, cannot be detached from other intersecting markers of identity. Similarly, in the Turkish context, queer parents navigate sexual identity not in isolation but amid complex social scripts surrounding morality, family, and

national identity.

The broader Turkish landscape for queer parenting is one of strategic invisibilization, as Mutlu discusses in relation to egg donors: “Secrecy, integral to the bioavailability of Turkish egg donors, sustains this transnational illicit bioeconomy while simultaneously masking the exploitative harms and risks” (Mutlu 2024). Though Mutlu’s focus is on reproductive labor, the logic of invisibility as a protective mechanism resonates with queer parenting practices. In both cases, visibility can invite stigma or surveillance. The invisibility is not passive but tactical, a mode of survival in an environment where legality and morality are often weaponized against non-normative bodies and families.

Cihan articulates this dilemma: “*When one googles my name, they can easily understand that I am a trans man. Stigmatizing questions from the community would be overwhelming.*” Visibility for trans parents, as Cihan suggests, comes with unavoidable exposure. The digital permanence of identity becomes a source of vulnerability, where simply existing openly as a trans parent can trigger social and institutional scrutiny. Moreover, the lack of legal frameworks to support queer families amplifies this vulnerability. Without recognition, visibility risks becoming a liability rather than a tool for rights claims. This legal void is not neutral. As Cihan further notes, Civil Code Article 40 used to mandate sterilization for legal gender recognition. Visibility, in this context, might threaten the very possibility of queer family making. The previous institutional requirement to renounce fertility speaks to a broader cultural anxiety about non-normative reproduction, where the state enforced a form of reproductive exile on those who do not conform.

Jale’s approach to discussing gender identity with her child introduces another layer to this discussion: visibility as pedagogy. She reflects, “*I can open a spectrum and say, if this is 100 percent masculine, if that is 100 percent feminine, sometimes I’m around here, sometimes I’m at the extreme end...*” This fluid model of gender identity disrupts binary thinking and exemplifies a form of queer parenting that resists static visibility. Rather than offering a definitive self-identification, Jale presents gender as exploratory and interactive. Her strategy not only renders her own identity legible but also equips her child with tools for understanding themselves and others beyond rigid categories.

Visibility also intersects with collective recognition. Bora is a cisgender gay intended parent from Turkey in his late 20s. Bora has migrated to the United States in order to become a parent. The level of acceptance from the environment, Bora explains, made him decide to migrate. As Bora explains: “*Many biased parents might not be okay with their kids becoming friends with a queer couple’s child... living with*

*a same-sex partner in the same house while raising a child might trigger a social chaos, especially in Turkey.*” Bora’s reflection underscores how queer visibility is often perceived as contagious or disruptive. The fear that association with queer families might socially stigmatize others speaks to a cultural logic where queerness is rendered not just deviant but dangerous. The mere existence of queer families becomes a provocation to the heteronormative order.

This insight is mirrored in İş’s research on queer parenting in Turkey, which examines how these parents disrupt the “ideal nuclear family” endorsed by the nation-state (İş 2013). İş questions how queer parents challenge compulsory heterosexuality and parental identification, revealing that visibility itself can become a mode of resistance. The very presence of queer families forces a reimagining of what constitutes legitimate parenthood. Yet, as İş and the participants remind us, this resistance is rarely safe. It involves negotiating institutions like schools and health services that are steeped in heteronormative assumptions.

Queer people with parenting desires are pushed into a corner of individual research based on social bubbles and few social media role models. As İş previously argued, “the claustrophobic imagination of nuclear family which is promoted throughout the history of Turkey and particularly by the current government at every turn is the basis of discrimination against their citizens” (İş 2013, 176). Queer parents come out from the corner that they were driven into by “developing strategies both as parents and as queer individuals” (İş 2013, 177). These strategies may include different paths especially depending on the gender and sexual identity of queer intended parents in Turkey.

Coming out as a queer parent in Turkey involves navigating a complex web of cultural stigma, legal ambiguity, and personal risk. The prevailing conservative and patriarchal values in society often position queer identities as incompatible with the image of a “proper” parent. This results in social isolation, potential loss of custody, and even threats to physical safety for those who choose to come out. Legal protections for LGBTQ+ individuals remain limited, leaving queer parents vulnerable in family court disputes or public institutions such as schools and healthcare services. Furthermore, fear of being judged by extended family, neighbors, or other parents often discourages open disclosure. For many, the decision to come out is not only a personal milestone but also a calculated risk that weighs the authenticity of living openly against the potential harm to themselves and their children.

In line with İş’s findings on queer parenting in Turkey, the interview participants I reached out in Turkey, both the queer parents and queer intended parents, emphasized a common concern: raising children as non-conforming parents in a heteronor-

mative society may subject their children to discrimination. Despite this risk, they agreed that concealing their identities only reinforces a heterosexual framework they have never identified with. They aspire to raise children who are not bound by the restrictive norms of this dominant system and therefore wish to be open about their sexual orientation from the beginning, although this is not always the case.

Transgender parents face distinct challenges compared to closeted gay, lesbian, and bisexual parents, as their gender expression and appearance often make invisibility impossible. Their identities, which resist normative gender expectations, frequently necessitate disclosure. Due to social pressures, cisgender queer parents in Turkey tend to remain closeted to the society. They suffer from the emotional strain of leading double lives. Yet, there are some queer parents who break this secrecy as well. As İş observes, these individuals continuously navigate and redefine what it means to be both queer and a parent (İş 2013).

Biblarz and Stacey argue that the idea that children need both a mother and a father is not supported by evidence when gender is disentangled from family structure (Biblarz and Stacey 2010). They contend that parenting strengths do not strictly follow gender lines and that two-mother or two-father households are equally capable of nurturing and supporting children. This perspective creates space to recognize that queer parents may possess competencies that are not reducible to gender roles, though they often operate within a system that insists on such reductions.

İhsan directly speaks to this tension when he addresses widespread anxieties about replacing traditional gender roles in parenting. “*There are many people, including some gays, who have reservations about shifting the gender-binary mother and father figure with concerns over child’s psychological development,*” he notes, before stating firmly that “*not all cisgender heterosexual parents are perfect.*” His argument resists the conflation of parental fitness with gender identity, proposing instead that what matters most is having a caregiver who offers consistent love and protection.

Yet even as they experience these external pressures, queer individuals often reimagine family making in creative and relational terms. Bora, for instance, describes how family and peer networks play a central role in his vision of parenthood: “*My mom constantly talks about how she wants grand kids... Our friends tell us we would be great fathers.*” The idea of inheritance, kinship continuity, and social approval intersect in Bora’s narrative, suggesting that even non-traditional families remain entangled in traditional familial expectations. His plan to raise children with his boyfriend is both a response to and a reworking of heteronormative family aspirations.

The division of household labor within queer families also reveals how normative

gender roles are rearticulated rather than abolished. Moore found that even in lesbian households committed to egalitarian ideals, the biological mother often assumes more of the domestic and parenting labor (Moore 2011, 161). Her study showed that in lesbian stepfamilies, the biological mother is more likely to perform stereotypically female chores and take on the “mental load” of family organization. These patterns are not necessarily seen as unjust by the participants, who value economic independence and autonomy over equal task distribution. In my research participants, although I did not observe an obvious link to gender norms or biological link to parenting behaviors and roles, there was a tendency in gay fathers to seek alternative caregivers more such as nannies or other family members to compensate childcare since their working conditions were not allowing them to full-time parent.

Onur has a similar story to İhsan who had been considered as a potential sperm donor for his lesbian couple friends. Onur’s story about reproductive planning with a lesbian friend further illustrates how gender and kinship are negotiated within queer families. He explains, “*My mother might demand to take care of the child since I would have a biological bond, and that could be complicated.*” This comment exposes the multigenerational stakes of queer parenting, where extended family members may project traditional caregiving roles onto new family formations. The possibility of his trans partner becoming pregnant adds another layer of complexity, confronting cultural taboos about gender, biology, and parenthood in Turkey.

The legacy of patriarchal family structures remains present even in situations where queer people seek to challenge them. Bora’s mention of a family house passed down through generations reflects a continuity of patrilineal inheritance that still shapes queer aspirations. The house becomes not just a place of residence, but a symbol of belonging, legitimacy, and permanence. That this symbol is used to imagine a future with children suggests that queer families might seek recognition on terms that partially align with traditional values.

Queer parenting in Turkey is thus characterized by an ongoing negotiation between constraint and creativity. While normative gender roles exert a strong influence, queer individuals find ways to challenge, adapt, and reconfigure these roles in line with their lived realities. As Biblarz and Stacey argue, “Every family form provides distinct advantages and risks for children” (Biblarz and Stacey 2010). In queer families, these advantages often stem from chosen kinship, commitment, and the refusal to be defined by rigid binaries of mother and father. The risks, meanwhile, come from a society that continues to question their legitimacy, forcing them to find new ways to parent under watchful eyes.

Visibility, then, is not a fixed state but a series of negotiations. It is relational,

contingent, and political. Through pedagogical openness queer parents actively manage their visibility in relation to their children, communities, and state institutions. Their decisions are shaped by the intersecting forces of morality, legality, economy, and emotion. The question of visibility in queer parenting points to the structures that render certain families invisible and others hyper-visible, some celebrated and others surveilled. In navigating these conditions, queer parents in Turkey and elsewhere quietly redefine what it means to be seen.

### **4.3.3 Approximating Reproductive Citizenship?**

The concept of reproductive citizenship illuminates the intricate relationship between political power and the constitution of the family unit within a nation state. This framework posits that a prevailing political regime actively defines and promotes an ideal citizen capable of reproduction, thereby solidifying the family as the foundational bedrock of national identity and societal well being. Within this paradigm, individuals or groups who deviate from the prescribed reproductive and familial norms are often rendered “unreproductive citizens,” not due to biological incapacity, but through deliberate political and social mechanisms. As Smietana argues, this process effectively marginalizes certain populations by denying them the full spectrum of reproductive rights and recognition (Smietana 2024).

In Turkey, the case of queer parenting presents a particularly ambivalent and challenging scenario that starkly illustrates the dynamics of reproductive citizenship. Faced with a socio legal landscape largely unaccommodating to non-heteronormative family structures, many queer parents resort to a strategic form of adaptation: approximation. This involves consciously, and often painstakingly, aligning their family formations and public presentation with the established norms of the heterosexual nuclear family. This strategy is employed primarily as a pragmatic means to navigate existing legal ambiguities and to gain a semblance of social recognition and legitimacy within a conservative societal framework.

This strategy of approximation manifests in various ways, from adopting conventional roles within a partnership to presenting children as belonging to a single parent or to a heterosexual couple even if fictitiously. The goal is to minimize friction with social expectations and, crucially, to secure legal recognition for their parental status, access to essential services, and protection under existing laws designed for heterosexual families. For instance, in the absence of explicit legal provisions for same sex adoption or coparenting, queer parents might rely on biological ties or informal agreements, hoping that a perceived resemblance to the “ideal” family unit

will prevent scrutiny and facilitate acceptance, as we have seen in the cases of Aydın and Jale from the dataset.

However, the path of approximation is not entirely accessible or desirable for all queer individuals in Turkey. For those who cannot, or choose not to, engage in this form of mimicry perhaps due to personal conviction, lack of resources, or the inherent difficulty of maintaining such a facade the options become significantly more limited. Many are compelled to construct their families in secrecy, operating outside formal recognition and constantly vulnerable to exposure and its potential repercussions, as we have seen in the cases of Kerem and Dilan. Alternatively, some queer parents opt for emigration, seeking refuge and reproductive freedom in more permissive countries where legal frameworks and social attitudes are more amenable to diverse family forms, as we have seen in the cases of Aydın and Özgür.

The global advancements in assisted reproductive technologies such as gamete donation and surrogacy, alongside evolving adoption rights in some jurisdictions, have fundamentally shifted the landscape of queer reproduction. This shift has, in turn, intensified the scrutiny on who constitutes a "legitimate family" in countries like Turkey, making the political barriers against queer reproduction even more entangled. While these technologies offer biological paths to queer parenthood, the political and social gatekeepers in Turkey remain steadfast in defining and upholding a narrow vision of reproductive citizenship. Thus, queer intended parents are forced into a maneuvering between approximation and exile.

For trans individuals in Turkey, realizing the ideals of parenthood journeys involves navigating particularly complex legal and medical hurdles. The experiences of trans men and trans women diverge significantly here, with trans men potentially able to carry pregnancies, while trans women face distinct challenges regarding genetic parenthood. Among the sample, some explored domestic adoption routes, though these are often contingent on presenting as a single parent or within a culturally acceptable family configuration. Reproductive mobility, particularly for gamete donation, becomes a viable but economically stratified option for many. Approximation for trans people also extends to domestic strategies that navigate prevailing cultural scripts. This might involve presenting as a gender that is more readily accepted in parental roles within Turkish society or adhering to conservative appearances in public life, even while living authentically within their private spheres. These nuanced forms of approximation are aimed at reducing social friction and increasing the likelihood of children being accepted within schools and wider community settings.

For gay men in Turkey, the concept of approximation takes on different dimensions compared to trans individuals, largely due to distinct legal and biological realities.

Domestic options for fatherhood are severely limited; direct adoption by same sex couples is prohibited, and informal arrangements with lesbian couples for coparenting are fraught with legal uncertainty and social stigma. However, the path to biological fatherhood without a female partner is virtually nonexistent within Turkey's legal framework, making reproductive mobility a dominant, often sole, viable option. In the sample, some gay men explicitly chose not to pursue coparenting with lesbian couples, showing the desire for a specific family structure that domestic options often preclude.

Reproductive mobility has become a critical method for gay men to realize their dreams of fatherhood, primarily through international surrogacy. Participants in the study detailed journeys to countries where commercial surrogacy is legally accessible to gay individuals. These journeys are not only logistical; they represent a profound challenge to their status as nonreproductive citizens within Turkey. However, this mobility is highly stratified, available almost exclusively to those with significant financial resources, underscoring how economic privilege can, to some extent, circumvent national reproductive citizenship barriers. The plans of those considering surrogacy involve complex legal and medical arrangements abroad, followed by the challenge of navigating the lack of recognition for their parenthood especially if they are not the biological parent upon returning to Turkey.

As detailed in Chapter One regarding Turkey's broader political landscape, marked by increasing authoritarianism, anti-gender, and anti-LGBTQ+ policies, the findings of this work contribute to the understanding of how state-imposed ideals of family shape and constrain individual reproductive lives. The concepts of reproductive citizenship, unproductive citizenship, and approximation thus serve as critical theoretical tools for analyzing and comparing queer reproductive experiences both in Turkey and in other contexts. They demonstrate the resilience and strategic adaptations of queer families in the face of state induced marginalization.

## 5. CONCLUSION

### 5.1 Reading Queer Reproduction Together

In the first chapter, I portray how family policies in the United States and Turkey are being reconfigured under right-wing political agendas, particularly through reproductive politics. These policies are not only shaping who can have families, but also who counts as a reproductive citizen, a subject whose ability to reproduce and form state-sanctioned kinship networks is rewarded with recognition, rights, and resources. As feminist scholars have long argued, control over reproduction has always been central to nationalist and patriarchal state-building projects. The regulation of bodies, especially those of women, trans, and queer people, serves as a mechanism through which states sustain normative visions of citizenship, belonging, and futurity.

A growing body of literature has examined how national political projects instrumentalize population and family policies to produce ideal citizens. Sirman's concept of familial citizenship traces how the Turkish state, from its republican foundations to contemporary conservative rule, constructs citizens as members of reproductive, heterosexual family units (Sirman 2005). Whether secular-modernist or religious-conservative, both iterations of governance in Turkey have utilized the nuclear family as a disciplinary tool for social reproduction. Similarly, Ural and Cindoğlu contribute to the concept of reproductive citizenship, arguing that women's access to reproductive rights in Turkey is not universal but contingent upon their compliance with nationalistic and patriarchal expectations (Ünal and Cindoğlu 2013). Rights are granted not as entitlements but as rewards for normative behavior: married, fertile, heterosexual motherhood.

Here, Smietana's notion of unproductive citizenship appears particularly useful. This framework names those who are systematically denied reproductive recognition, not because they are incapable of caregiving or kinship, but because their

ways of forming families fall outside the state's normative mold (Smietana 2024). Queer and trans people, racialized minorities, and poor individuals often occupy this position of unproductive citizenship: seen as unfit to reproduce, unworthy of support, and irrelevant to the national future. The relationship between reproduction and citizenship is therefore neither accidental nor peripheral. It is foundational. Reproduction becomes a measure of one's legitimacy as a national subject. But whose reproduction matters? Which forms of kinship are deemed socially valuable? And how do queer forms of reproduction, biological or not, disrupt these narrow definitions?

In the United States, although the historical trajectory differs, the logics are parallel. From eugenics and forced sterilizations to contemporary restrictions on reproductive technologies and anti-trans legislation, reproductive governance has long been racialized, gendered, and classed. The historical roots of reproductive righteousness in conservative politics reveal its function as a tool of systemic inequality. In the United States, the concept has been used to privilege certain groups while marginalizing others. For example, the forced sterilization of Black, Indigenous, and other women of color in the history of the United States reflected societal beliefs that their reproduction was less "desirable" than that of white, middle-class and upper-class families (Luna 2020; Patel 2017). Although this exclusionary reproductive arena has been changing, access to assisted reproductive technologies such as in-vitro fertilization (IVF) and surrogacy is still often provided to affluent married couples, excluding most lower-income groups and people who choose alternative family making methods. In other words, the heavily racialized reproductive stratification of the past now mainly functions through the filter of socioeconomic class. However, the fact that race, gender, and sexuality still function as predictors of socioeconomic class to a certain extent keeps these demographic variables as relevant influencers to reproductive abilities and inabilities.

Queer reproduction destabilizes the core assumptions that bind reproduction to citizenship: that kinship must be biological, that it must take place within heterosexual marriage, that it must follow the timelines and hierarchies prescribed by the state. Whether through surrogacy, adoption, co-parenting, or chosen family formations, queer reproduction queers not only the family but the nation itself. It challenges the very premise that the nation must be reproduced through a specific kind of body and relationship. As Butler reminds us, kinship is always a cultural construction, even when it masquerades as biological fact (Butler 2022). The state's insistence on genetic definitions of parenthood, and its regulation of assisted reproductive technologies reveal the enduring power of heteronormative logics in shaping who gets to be a parent, and under what conditions. In this dissertation, I explore how

contemporary right-wing family politics in the United States and Turkey mobilize reproductive anxieties to reassert narrow definitions of legitimate family, and how queer reproductive practices expose the exclusions embedded in these projects.

According to Ahmed, sexual orientation shapes how bodies interact with and move within social spaces, guiding us toward or away from certain people and environments (Ahmed 2004, 145). This orientation impacts our ability to access different social settings, which often assume specific bodies, desires, and lifestyles, even if these orientations do not lead everyone to identical outcomes. Ahmed emphasizes that orientation shapes what bodies can achieve in various spaces; thus, failing to align with the normative ideal of a “proper” sexual object is read as both a disruption to social life and as a failure to sustain societal structures.

Queer reproduction and queer parenting disrupt the notion that non-cis-heterosexual orientations inevitably lead to "social failure" through childlessness. By forming families, queer parents directly challenge the assumption that reproduction and parenting are exclusive to heteronormative relationships. In Ahmed's terms, the orientation away from a traditional sexual object does not preclude one from engaging in family-making, even if society has historically equated non-heteronormative orientations with a lack of social reproduction (Ahmed 2004). Queer families confront this stigma by actively creating familial structures through diverse methods, thus demonstrating that parenting can transcend traditional biological reproduction. By having children, queer parents show that family can be inclusive of various sexual orientations, repositioning themselves within society as legitimate agents of social continuity rather than failures of it.

At this point, the social critique against repronormativity, a critique that queer liberation movement embodies, problematizes the stance of queer parenthood. As Butler points out, the queer integration into the institutions of marriage and family should not necessitate a monolithic form of legitimate citizenship, but rather it should open the door to various identities and ways to kinship (Butler 2002). I argue that queer parenting can open this door despite the limitations it endures by amplifying these various needs and desires to kinship. Halberstam contends that queer failure is about finding alternatives and dismantling the binary nature of success and failure (Halberstam 2011). In parallel to Halberstam's approach, I evaluate the positioning of queer parenting as a mixture of success and failure in which the conventional family format is failed, yet the transgenerational continuity is achieved. Therefore, queer parenting becomes a site of resistance and redefinition.

Furthermore, assisted reproduction and surrogacy facilitate queer families by challenging conventional ways of creating family ties, aligning queer parents more closely

with normative family institutions. Surrogacy and other reproductive technologies allow queer parents to approximate the typical structure of a nuclear family, reinterpreting biological kinship roles. However, this process also involves complex legal, social, and ethical dynamics that complicate the traditional family structure. For example, countries like Poland as Smietana shows, or Turkey as this study explores, restrict queer individuals' reproductive rights, reinforcing the traditional heterosexual family model as the norm (Smietana 2024). Through transnational assisted reproduction, queer families subvert these restrictive frameworks, demanding inclusion and altering the perception of who can constitute a family.

The reproductive actors like surrogates and queer intended parents often develop strategies to navigate the constraints imposed by these normative frameworks. Such strategies may involve complex arrangements of attachment and detachment, particularly in how surrogate and intended parents share reproductive labor, including breastfeeding and other child-rearing responsibilities. These roles, negotiated within specific legal frameworks, sometimes require concealment, migration, or even adaptation to local laws to gain social and legal acceptance. By doing so, queer families and the surrogates engage in a strategic alignment within the legal structures to achieve recognition, demonstrating adaptability in the face of restrictive state policies. This flexibility showcases how queer family making actively participates in, reshapes, and sometimes resists the structures limiting their inclusion.

By engaging critically with the intersections of reproduction, citizenship, and global reproductive politics, this dissertation argues that reproductive justice must move beyond the fight for access alone. It must interrogate the very conditions under which reproduction is valued, regulated, and recognized by the state. In doing so, it reveals the political stakes of queer reproduction, not only in the struggle for family, but in the broader contest over who belongs in the national future. I argue that the journey to queer parenthood is shaped by socio-legal, economic, and cultural landscapes that both enable and constrain access to family-making. By examining the strategies employed in the United States and Turkey, this dissertation highlights how queer individuals navigate restrictive reproductive arenas through approximation to heteronormative family structures, migration, and leveraging assisted reproductive technologies.

## 5.2 Repositioning Queer Families in Contemporary Politics

In both the United States and Turkey, the family has long been more than a private institution. It is a political project, a symbol of national strength, moral order, and social continuity. Recent initiatives such as the Project 2025 platform in the United States and the Turkish government's declaration of 2025 as the "Year of the Family" mark an intensification of this dynamic. Despite differing cultural and historical contexts, both reflect a global convergence among contemporary conservative governments in reasserting the normative, nuclear, heterosexual family as the cornerstone of national identity and moral purity. These campaigns against "gender ideology," assisted reproductive technologies, and queer family formations are not coincidental. Rather, they are structured efforts to resecure the family as a biological and ideological unit of the nation-state, where the lines between citizenship, reproduction, and morality are drawn with increasing rigidity.

The concept of the "legitimate family" is no stranger to the citizens of either Turkey or the United States. Both nations, although they have differing sociopolitical landscapes, have witnessed the ways in which family-making is regulated, idealized, and contested. Pronatalist politics in both the United States and Turkey have enforced double standards in fertility arrangements. For instance, Turkey's President Erdoğan's call for families to have "at least three children" exemplifies a state-driven emphasis on reproduction. However, this emphasis on fertility is not applied equally across all populations. There is a sexually, racially, and ethnically preferred choreography for the type of family which is legitimate in this regime.

Most recently, Turkey has declared 2025 the "Year of the Family," framing this initiative as part of the Vision Document and Action Plan for the Protection and Strengthening of the Family (2024–2028). These policies align with the Twelfth Development Plan, which emphasizes protecting the family as "established through the marriage bond of women and men," portraying it as the cornerstone of societal and cultural stability (HREIT Human Rights and Equality Institution of Türkiye 2025). Queer reproductive rights in Turkey are effectively non-existent within this framework. The absence of legal recognition for same-sex partnerships excludes queer individuals from state-supported family-making measures.

While Turkey's selective pronatalist policies reinforce normative family structures, the United States has witnessed its own conservative shifts in reproductive politics, most notably with the Supreme Court's *Dobbs* decision (2022), which overturned *Roe v. Wade* and restricted abortion rights. Similar to Turkey, American pronatalism often celebrates specific forms of family-making while marginalizing others.

Cromer and Taragin-Zeller’s conceptualization of “reproductive righteousness” is particularly useful in understanding these dynamics (Cromer and Taragin-Zeller 2024). They argue that right-wing actors employ reproductive politics as a moralizing mechanism, legitimizing regressive agendas through quasi-religious claims. In both countries, the legitimate family emerges as a construct that embodies moral and political ideals, perpetuating exclusionary norms while maintaining the illusion of universality.

After the 2024 election in the United States that Trump’s administration is making a comeback, more conservative politics are taking place, including one named Project 2025 that is considered as an imminent threat by queer family organizations and NGOs in the United States (Family Equality 2024). Project 2025, developed by the conservative Heritage Foundation in collaboration with over 100 right-wing organizations, exemplifies a contemporary iteration of a systemic inequality. Designed to reshape the United States federal government by consolidating executive power and promoting conservative Christian values, it targets reproductive justice and reinforces normative family structures. President Trump has already backed up this conservative trend by explicitly stating that “*there are only two genders: male and female*” and subsequently all non-binary categories were erased within federal institutions (The 19th News 2025). This has caused trouble for especially trans people from healthcare system to passports.

Central to the Project 2025 initiative, there are policies that undermine access to abortion and restrict assisted reproductive technologies and stem cell research, all while framing these measures as aligned with public health and morality. Bjork-James argues that the prevailing evangelical pro-life perspective operates as a component of a broader reproductive righteousness agenda, which simultaneously upholds free-market capitalism and legitimizes the state through its stance on abortion (Bjork-James 2023). This perspective shifts attention away from the harms caused by capitalism, rendering them insignificant, by centering ethical discourse on abortion.

Not surprisingly, one of the project’s primary goals is to restrict abortion access. It seeks to revive the Comstock Act, a 19th-century law, to ban the mailing of abortion pills, instituting a national ban on medication of abortion. Furthermore, it advocates for the withdrawal of FDA approval for a widely used abortion pill, effectively removing it from the market. Additionally, the blueprint targets ART by calling for the National Institutes of Health (NIH) to cease funding embryonic stem cell research, curbing advancements in reproductive health. While explicit restrictions on ART are not fully detailed, the project’s focus on normative family values suggests barriers to access for those who do not conform to these norms. The

project also reinforces a vision of the nuclear family as the only acceptable family structure, defined as a married man and woman raising biological children. By proposing that the Department of Health and Human Services (HHS) be rebranded as the “Department of Life” and requiring the clinics to emphasize the importance of normative marriage, Project 2025 marginalizes single-parent, queer, and non-normative families.

A striking parallel can be drawn between Turkish President’s declaration of 2025 as the “Year of the Family” and the Project 2025 initiative in the United States, as both underscore a push for normative family values within their respective sociopolitical contexts. Erdoğan’s emphasis on promoting the nuclear family as central to Turkish national identity aligns with Project 2025’s blueprint for reinforcing similar ideals in the United States, where marriage between a man and a woman raising biological children is prioritized. Both initiatives utilize state power to marginalize non-normative families. Together, these efforts exemplify a global trend among conservative movements to intertwine nationalism with restrictive definitions of family, undermining the inclusivity of diverse family structures and reproductive rights.

Even today, although the laws have been improved in the United States through same-sex marriage and ameliorations to LGBTQ+ access to reproduction and parenting, there are still structural challenges. While queer families have access to reproductive technologies, they often face legal and socioeconomic obstacles that reinforce their status as marginal participants in societal reproduction. The conceptualization of citizenship through the lenses of intimacy, reproduction, sexuality, and family reveals the intricate ways in which state policies and societal norms shape the rights and recognition of diverse family forms.

Looking toward the future, queer reproduction in the United States and Turkey appears poised to diverge further while also sharing continuities of inequality. In the United States, legal recognition of queer parenthood is likely to consolidate, but reproductive justice concerns will persist: under the current political regime, access to assisted reproductive technologies will remain stratified by class and race, and the growing commercialization of surrogacy may deepen inequalities. In Turkey, state restrictions on assisted reproduction and surrogacy are unlikely to loosen in the near future, but queer families will continue to craft reproductive possibilities through informal, transnational, or kin-based strategies. In this sense, approximation will remain central in both contexts, manifesting as negotiation with institutional recognition in the United States and as resilient workarounds in Turkey. Across both settings, queer reproduction will continue to highlight the tension between exclusionary reproductive citizenship and the everyday strategies through which LGBTQ+ people claim family, intimacy, and belonging.

### 5.3 Suggestions for Further Research

This dissertation research was carried out under certain limitations as well as some unique opportunities. The fieldwork began in the peak days of COVID-19 pandemic which led me into an online research setting. Although it had different conditions from a conventional ethnographic research, it enabled a capacity to reach further dimensions such as a more comfortable interview setting for the participants who were remote and a peek into their comfort zones. For future research in this particular subject, I believe it would be significant to carry out a research design in which the queer parents are interacted while being surrounded with their families and interacting with them. That way, a deeper observation into their making, remaking, or unmaking of gender and family norms would be unraveled.

Another limitation of this research was the lack of non-privileged queer parents from the communities of people of color, trans women, and non-binary parents. I would strongly recommend for the future researchers on this subject to keep chasing after these parents to better understand how they make such a challenging process possible, if they do. I genuinely see a potential to awaken awareness and solidarity in doing qualitative research on queer parenting which is a historically silenced subject. Therefore, I would like to invite future researchers to engage in with the themes around queer parenting to amplify the voices of queer people with various needs, desires, and experiences in terms of parenting. I hope this dissertation research can shed some light for people who are in search of it.

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