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»TAKE IT PERSONALLY« – THREE GENERATIONS’ BIOGRAPHIES ON WOMEN’S REPRODUCTIVE CHOICES IN SLOVENIA AND INDIA

Abstract. The article speaks about the introduction of the life course approach and auto/biographical method to the study of sociology in Slovenia and in India. It explores the method’s potential for researching issues of social change over time in general and issues of sexuality and reproduction in particular. The authors claim that bringing the personal into social analysis enables a better understanding of the social conditioning of reproduction as well as the subtle strategies and coping mechanisms that women from three generations in the samples in Slovenia and in India used in order to react to both the social norms and hidden messages regarding reproductive choices.

Key words: auto/biographical method, reproduction, sexuality, son preference

Introduction

As part of their academic training, students of sociology are often instructed not to speak or write as »I« since the first-person singular tends to replace analytical tools with »first-person experience« which may illustrate a case or pattern but does not reflect or interpret it. The personal is traditionally hidden in academic writing and authors – especially in Anglo-Saxon languages – adopt the passive form of grammar that ‘conceals’ the existence of a person behind the text. Arguments for including personal experiences in sociological work come from a number of sources, particularly from feminist epistemology (Ribbens, 1993) as an appropriate vehicle for exploring women’s experiences, and from phenomenologists and ethnomethodologists whose main interest is to explore the constructions of meaning people exercise in everyday life.

The biographical approach which best incorporates the personal into the social sciences has become widely recognised since the 1970s in European social research in general, but especially in gender studies and the life
course perspective. In the mid-1980s, ‘narrative research’, a generic term that could be applied to all approaches interested in narrations, became so powerful that several authors wrote about an interpretative, linguistic and rhetoric turn in the social sciences (McCall, 1983; Lieblich and Josselson, 1997; Urek, 2005; Denzin and Lincoln, 2011).

If a storyteller and/or their listener is her/himself a sociologist or wants to be one, we can presume that a critical and reflexive form of auto/biography holds sociological potential for considering the extent to which our subjectivity is not something ‘out there’, something that gets in the way of our social analysis but is itself deeply social (Bertaux, 1981; Ribbens, 1993; Miller, 2000; Cole and Knowles, 2001). Accordingly, we introduced the life course approach and auto/biographical method into the teaching of sociology to undergraduate and graduate sociology students. In other words, we asked our students to ‘take it personally’ and to explore in which ways the personal is not only political, but might also be sociological.

Since 1990, three biographical research projects with pedagogical ambitions have been conducted that dealt with oral history and multi-generational family history at the Faculty of Social Sciences in Ljubljana. We shall briefly present the main results and experiences of one of these projects because it shaped and influenced the most recent project that was carried out in 2015 and which we discuss in this article.

In 1995, as part of the Family Genealogies Project 355 students followed Daniel Bertaux’s methodological instructions for Social Genealogies Commented On and Compared (Bertaux, 1991) and produced genealogical charts of three generations, short life stories of each unit and a wider family history, commented on by each student with the exposition of one or two topics that most influenced the life course of a given family line.

Given that a considerable number of students were involved in the work, the question was how efficient this method was in terms of representing the population in Slovenia, as well as the quality and depth of information about a series of social phenomena and processes. Comparisons were made of research findings based on large (representative) samples and statistical data for a particular birth cohort with our sample, and it was seen that findings from our sample matched the available statistical and research data well. This informed and provided us with interesting insights about family processes where the period of time of three generations was a relevant

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1 We are immensely grateful to our graduate and postgraduate students who shared with us in a very committed way their family genealogies and family histories on sensitive subjects.

2 The term generation which should – strictu sensu – denote relations between relatives (e.g. parents and children, grandparents and grandchildren) is often used instead of cohort, which denotes people who share particular social events in a particular span of time and thus have similar life experiences and concerns. We decided to use the term generation in this article to be closer to everyday language.
variable – to observe social mobility over time, female agency and demographic transition (Rener, 1993; Rener, 1995).

We were interested in the values, life strategies and plans parents transmitted to their children over time; we found that women (grandmothers) were the primary agents of transmission, also accentuated by the fact they were principal informants. Differences between generations were remarkable, the first generation transmitted classical biblical values, hard work and honesty, and the parental aspirations remained modest: to survive on the land, to learn a craft, perhaps to obtain some more land. For the grandmothers, the family and the well-being of their families were most important. Apparently, parents are mostly giving to their children. It seems they receive little or almost nothing in exchange. The truth is a little more complex: they are given back precisely what is the most important, i.e. the family, the sentiment of a family, an illusion of a family. The second generation transmitted a mix of traditional values plus aspirations for the emerging materialistic achievements. The third generation was carrying a new element, the power of being well educated.

We think that in terms of pedagogic and research possibilities, three issues are worth considering from our past biographical exercises:

• They seem to be a good teaching method since they motivate students to research their personal and family environment and place it in a broader historical, social and cultural context. Less important as a sociological matter and more as a personal and intimate one is the fact many participants mentioned, namely that the method also served as an opportunity to open up topics hitherto less discussed in families or even not spoken about at all.

• The method proves to be efficient in researching issues of social changes over time, especially subtle and sensitive changes that are more difficult to identify and for dealing with more flat and conventional research methods.

• It appears the method of three generations’ family histories and genealogies might be a useful method for at least temporarily replacing conventional statistical and research methods of data collection in situations and regions with high conflict and tensions when conventional methods are usually abolished or delayed for long periods of time.

3 Women of the first generation, born between 1895 and 1910, did not have any representative public power but had quite substantial intra-family power. We found a considerable number of families where no important decision was made without the agreement of the mother, especially in regions (Goriska, Vipavska, Kras, Slovenska Istra) where women had a little of their own money from selling agricultural products in the town of Trieste. There were only 12 families in our sample where the status of women was very low and this was probably connected with higher infant mortality in the same families.
Concepts, Structure of the Research and the Sample

The »push« for a study to understand the dynamics of the reproductive behaviour of women and men within families and society in general initially came from the persisting phenomenon (and cultural norm) of son preference in India, that has historically created (and continues to) an imbalance in sex ratios in child sex composition(s) within families and in the country as a whole (Miller, 1981; Das Gupta, 1987; Bose, 1996; Bose, 2001; Sen and Dreze, 1995; Das Gupta and Bhat, 1997; Agnihotri, 2000; Croll, 2000; Croll, 2002; National Family Health Survey-NFHS, 2007; John et al., 2010; Jayachandran, 2014). With the decline in fertility, increased education and household wealth and widespread use of contraceptives in India (NFHS, ibid.; Jayachandran, ibid.) the situation has not changed, instead the ‘squeeze’ on the number of children is leading to the near absence of girls and a reduced ‘space’ for sons in families, especially in North India.

This research »pulled« us to look more closely at the factors that shape women and men’s reproductive choices, the extent to which they can act as agents (or not) influencing, impacting or owning the decision-making processes around reproduction and their sexuality. We used the biographical family histories method to explore how social conditioning, inherent paradoxes in social norms, strategies and mind-sets transmitted through three generations, within the larger socio-economic and political contexts, impact reproductive choices within families across time and space.

The research addressed these issues through a twofold structure, which helps one to read the information gleaned from the family histories together with the information visible in the charts. Part one presents factual information, giving us a sense of the ‘movements’ in people’s lives across time through three generational genealogical charts (the first/grandmother’s generation in some cases also informs us of the circumstances and choices of an earlier generation, i.e. her mother’s and father’s). The information provided is on questions like age, place of birth, sequence of migration, residence, ethnic origin and citizenship, education (levels and locations), sequence of work/jobs, marriage/relationship status, religion, and class. Part two provides qualitative information collected through biographies (in some cases the researcher/student-Ego is male) of three generations of women in the same family. The biographies are divided into two broad areas: first, reproductive choices, sexuality, gender roles and, second, questions on decision making concerning reproduction and parenthood.

The sample of 64 life histories was collected by students from Slovenia (Ljubljana) and 26 life histories from (North) India (Delhi, Rohtak, Chandigarh). The respondents were sociology students studying courses or programmes in sociology at public universities (undergrad and postgrad) in
Graph 1: AN EXAMPLE OF THREE GENERATIONS GENEALOGICAL CHART

FIRST GENERATION

1. Jana
2. 1902
3. Ljubljana
4. Slovene
5. elementary school education
6. Ljubljana
7. single
8. X
9. X
10. atheist
11. middle
12. X

2. Ljubljana
3. Slovene
4. higher education/degree
5. Ljubljana
6. in a relationship
7. single
8. X
9. student
10. atheist
11. middle
12. X

3. Ljubljana
4. Slovene
5. higher education/degree
6. Ljubljana
7. married
8. X
9. student
10. atheist
11. middle
12. X

SECOND GENERATION

1. MAJA
2. 1982
3. Novo mesto, Ljubljana
4. Slovene
5. higher education/degree
6. Novo mesto, Ljubljana
7. married
8. X
9. researcher, programme manager, public servant
10. atheist
11. middle
12. X

3. Ljubljana
4. Slovene
5. higher education/degree (Master degree)
6. Ljubljana
7. married
8. X
9. researcher, manager, IT auditor
10. Catholic, atheist
11. middle
12. X

5. PAVEL
6. 1985
7. Ljubljana
8. Slovene
9. secondary school education
10. Ljubljana
11. cohabitation
12. X

7. MATEJA
8. 1965
9. Ljubljana
10. Slovene
11. secondary school education
12. Ljubljana

THIRD GENERATION

1. MARTINA
2. 1997
3. Ljubljana
4. Slovene
5. elementary school education
6. Ljubljana
7. single
8. X
9. X
10. atheist
11. middle
12. X

3. ZARJA
4. 1992
5. Ljubljana
6. Slovene
7. higher education/degree
8. in a relationship
9. single
10. atheist
11. middle
12. X

5. NEŽA
6. 1988
7. Ljubljana
8. Slovene
9. higher education/degree
10. single
11. middle
12. X

7. VERONIKA
8. 1996
9. Ljubljana
10. Slovene
11. elementary school education
12. X
both countries. The research consisted of a preparation phase in which students were informed about the project’s scope and methodology, the field work of collecting biographies and charts was done in April and May and discussed in class in June 2015 in Slovenia and in November and December 2015 in India. The analysis and interpretation of the 1,080 pages of family histories was done by thematic coding first and then by comparing the coded material across the two samples’ three generations.

In the sample, for both Slovenia and India the biographies of grandparents (1st generation –G1) represent the age group born in the mid-1930s–1940s; those of the parents (G2) cover the 1960s; and of the Ego (G3) represent the 1980s–early 1990s.

Three Generations’ Biographies on Reproductive Choices: Slovenia and India

Both Slovenia and India have seen chequered histories of population movements due to wars (1918 and 1945) and post-independence from colonial rule (partition in India 1947), respectively, from the early to mid-20th century. The early 1950s heralded an era of demographic transition through socialist and State policies in both countries. 1991 marked the liberalisation of the Indian economy and the ‘fall’ of the Socialist State in Slovenia. Coupled with this is the impact of globalisation and growing importance and reliance on technologies – communication, reproductive, information and electronic – which transformed the social and cultural realities, opportunities and choices for people, especially women, in both countries. The emerging era of neoliberal politics/policies, which is bringing cuts in education and health budgets, the trend of contractual working, high unemployment, steps to reduce the role of government in favour of the ‘free market’ is, among other things, creating new scenarios for and pressures on reproductive behaviour/choices and decision-making within families.

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4 India was the first developing country to formulate a population policy in 1950. The trend towards “population control” intensified in the 1960s and 1970s for India, especially with imposition of the Emergency in 1975. It led to forcible sterilisation efforts to curtail the population. Since the late 1980s, the growth in literacy and prosperity and the dissemination of reproductive technologies have been cited as reasons for the overall decline in fertility growth. In the 1970s, there was a visible North-South divide in the total fertility rate, with Kerala topping the tables at 1.9. No credit for Kerala’s fertility rate could be attributed to economic prosperity; instead, it was linked to high female literacy and low infant mortality and greater access to health services (Mahendra Dev et al., 2002).

In Slovenia, the period of demographic transition lasted from the turn of the century until the 1970s, most intensely between the 1930s and the 1970s when the transition was completed. The first generations whose fertility was below replacement level were the generations born between the two world wars and was accelerated in the generations born after 1960 (Fertility and Family Surveys in Countries of the ECE Region – FFS, 2001 ix).
In the Slovenian sample, a significant social transformation is visible between the first and second generations, with fewer signs of continuity as compared between the second and third generations. In India, a socio-cultural shift is visible between the first and second generations, but there is more continuity between the first two generations. Differences are most visible between the second and third generations, although certain similarities among all three generations remain, like the preference for a son in the family and the control that families exercise over the sexuality of their women. Interestingly, the dramatic economic and political movements that marked the independence struggle and the partition of India (1947), the onset of a democratic state with socialist ideals and social reformist movements, did little to shift the social equations for women within families and society in the first generation, as they did in Slovenia.

Two family life histories, that of a male student from Ljubljana (Slovenia) and a female student from Rohtak (Haryana, India), are analysed in this article, along with a snap-shot comparison of the sample and the trends visible across Slovenia and India.

Sex education, child birth, contraception and ‘son preference’

In the first generation of Jan’s (name changed for the Slovenian student) family, his maternal grandmother was a postgraduate and came from a deeply Catholic family, “therefore most likely didn’t openly discuss sex and intimate relations”; the use of contraceptives was restricted, the grandfather was a doctor and did not allow contraception use due to perceived harmful health effects. Compared to the other 63 family histories, Jan’s grandparents were more educated and lived in an urban setting. What links Jan’s grandmother to all the others is the almost absolute absence of any sex education (“We had to figure it out for ourselves”, said Dora (G1). “What little we heard about was in church and thus I thought sex was something that had to be endured”, said another. “Menstruation came as a shock to me and I washed my pads in secret for years.”) Women from the first generation of our sample in Slovenia did not use contraception other than ‘safe days’ and coitus interruptus. (“We knew so little about it, I lived in constant fear of...
pregnancy”). The average age at which they had their first serious relationship was 21.5 and it usually ended in marriage a couple of years later. Their first child was born when they were on average 23.6 years of age.

In Shanti’s (name changed for the Indian student) family, her grandmother-in-law’s story differed from Jan’s grandmother’s in that she was uneducated and had her first lesson in sex education only after marriage from her sister-in-law and sisters; she got married at 14; had 6 children (all at home); and the notion of family size or the use of contraceptives was completely absent, the more children a woman could give birth to, or rather the more sons, the better. Children were “considered a gift from God”. In 24 (across Delhi, Rohtak and Chandigarh) life histories, women shared similar experiences of going without sex education until they got married (“Only upon marriage did my mother-in-law tell me about reproduction”, said a grandmother. “When I started to read novels I educated myself”, said a more literate grandmother. “It was a taboo and shameless to speak about such topics”, said another), except in one case from Assam (East India) where a puberty ritual performed for all girls7 was when they received their education from their mothers. All women in this generation were married between the age of 10 and 18 years; most never used contraceptives, except for one woman who was under a doctor’s supervision and from a wealthy educated family (“We were supposed to have as many children as we could, many died in infancy, the family needed no more than 2–3 girls but many sons to work on the farms” said a grandmother). The first child was on average born when the mothers were between 16–18 years of age.

In the second generation, Jan’s mother was educated and self-taught on reproduction from her father’s books and not at school; 60 out of the 63 mothers in our sample talk about elementary school and regular medical check-ups as their primary sources of sex education, followed by books and magazines (“At school one doctor spoke about safe sex and sexually transmitted diseases and scared us up a bit”, Mateja, G2). Jan’s mother used an array of contraceptives (condoms, diaphragm, checking the temperature for fertile days, but she never used any chemical contraceptive); on the contrary, a great majority of women of the second generation mainly used pills and condoms8. Jan’s mother got married at 27 after having been in a relationship

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7 When a girl reaches puberty (6–14) there is a ritual called »Tuloni Biya« which is celebrated by all communities in Assam to teach the menarche girl about the female sexual and reproductive system. Literally, Tulo means lift and Biya means marriage … “celebrated as a small marriage to move a step up”. She fasts for 3–4 days, is kept in seclusion and not allowed to see the sun, moon, cows or any man, even her father, she is allowed to bathe on the 4th or 7th day. There are celebrations in the evening like a wedding and she is given gifts.

8 Efficient and available contraception is probably a result of the very systematic »family planning« doctrine in Slovenia in the post-war period led by the Institute for Family Planning; one of the first with its own production of oral hormonal contraception since 1964. Read more in: Obersnel Kveder, Dunja,
for 6 years and gave birth to her only child at 42 years of age (after two miscarriages). The first serious relationship in the second generation occurred at the average age of 20 and the first child was born when the mothers in our sample were on average 24.4 years old. In the sex composition of Jan’s family, a son was not preferred, although a child of each sex would have been optimal. Almost all mothers from our sample said the same (“We even preferred daughters. My husband said they are more easy and pleasant to live with”, said Petra, G2).

Shanti’s mother-in-law was educated, got married at 18 years and used contraceptives; learned sex education from her friends and mostly after marriage; she had her first child at home when aged 19 and then another when she was 21 (after two abortions). Most women in this generation across the three cities did not use contraceptives, but the women who did were using the Copper T, condoms and the pill. This generation mostly obtained their sex education from magazines, friends and their mother/women of the family (Tuloni-Biya still prevailed in Assam); only a couple mentioned that school was a source of information and these were women from educated, upper middle class urban families. Most women were married between the ages of 18–24 without any prior relationship (except for one woman living in Delhi who was in a relationship before marriage, she married by choice while studying in Delhi away from her home in Kolkata). “Any relationship outside marriage was considered a sin”, said a mother from Uttar Pradesh) and on average they had their first child by the age of 20. A son was essential in the sex composition of the family (“The status of a woman improves with the birth of a son. I had to hear criticism from my sister-in-law for having miscarried and then (being able to have only one child) giving birth to a daughter”, said one mother from Chandigarh, Punjab. “I had to have three abortions to have a son”, said another from Chandigarh, Punjab).

Interestingly, the general questions on reproduction show that in the first generation the differences in reproductive choices made by women in Slovenia and India are stark. The only similarity is that religion played an important role in shaping their reproductive choices, as compared to the second generation. It was important for them that the family size remained small. Gaps between the generations and countries emerge with the age at marriage and the ability to be in a relationship of one’s choosing and to control one’s sexuality.

For Jan (23 years), his “knowledge on the subject was mostly given by the education system, there was some discussion about it among peers...maybe the Internet as well”; on contraceptives, he says that “I use condoms from..."
time to time, but mostly my girlfriend is ‘on the pill’; so do others of his generation; it is interesting that all students in our sample except for four had or are still having a serious relationship lasting more than 1 year. No one is married. They all use contraception, mostly pill and condoms (“I like condoms for two reasons”, one student said. “First, because of sexually transmitted diseases and, second, because I want him and not me to be responsible for it”).

All except three students in our sample plan to have families when they complete their education and obtain a relatively stable job. One student explicitly says she has no wish at all to have children, while another, a lesbian, predicts difficulties in case she ever wants to have them. They both speak of tacit more than explicit pressures because they ‘don’t fit the rule’.

For Shanti (28 years), who married at 26 years and is a postgraduate student, sex education came mostly after marriage and through the media, the Internet and her friends; she does not use contraceptives; has not been in a relationship before marriage; and would ideally like a child of each sex in her family. Most young women in the third generation (aged between 19–38 years) who are married did so at an average of 22 years, are mostly using contraceptives and received their sex education from parents, the media, friends, school and the Internet. Only one of the 26 girls/young women, who is unmarried, living in Delhi and used contraceptives while in a relationship, says “Even then I was always worried I would get pregnant”. All of the women did not start a family right after marriage, like the previous generations, but after a gap of 1 to 2 years because they wanted to be financially independent/stable and finish their education.

The above background information sets the stage for understanding the socio-cultural realities that mark the reproductive choices, agency and lives of women and men in both countries. One finds that although religion regulates women and men’s reproductive choices and sexuality in the first two generations, the impact diminishes in the third generation. Yet, the social pressures exerted through families and society at large remain significant. In the third generation, these pressures also seem to have ‘gone under’ or become ‘invisible’, but assert themselves through subtle messages transmitted within families and the media and in the work and reproductive choices that women make.

Reproductive choices and ‘planning’ families

In both cases, reproductive choices in the first generation were dictated by the facts that there was, as Jan’s grandmother says, “pressure for women to be mothers”, and that illegitimate children were frowned upon. Jan’s grandmother and mother, both urban high middle class, did not mention
it, but many others did: “In ex-Yugoslavia, during socialism one didn’t hesitate to start a family. You could get a job quite easily and decent housing was available” (Jasna, G1). In Rohtak, Shanti’s grandmother-in-law cited the fact of high infant mortality for large families along with the need for many sons and fewer daughters (“I have seen the infanticide of girls, especially in some families with more than three daughters” said a grandmother from Rohtak). Two women from Rothak mentioned having several miscarriages before ‘achieving’ the desired number of sons in their family sex composition. Most women gave birth at home (“Although women were aware of the risks to their health and the pros and cons of large families, they could do little else”, as a grandmother said).

For Jan’s mother and Shanti’s mother-in-law (G2), reproduction was an important decision taken by the husband and wife together and the availability and use of a large array of contraceptives made the decision easier to implement. Shanti’s mother-in-law says, “the parent’s ability to be able to give the child the ‘right upbringing’, good education, good life, was an important factor in determining how many children a couple would decide upon”. They decided to have two children and because the mother-in-law was educated, ‘strong willed’ and her husband was unemployed she ‘was able’ to bear upon her husband to limit the family size. The need for a son remained pronounced in this generation, along with the necessity to marry young and have children young (“Often the elder sister was married along with one or two of the younger sisters” said one mother from Rohtak). But unlike Shanti’s mother-in-law, most women did not have control over their reproductive choices while living with their in-laws. It was their husbands (on whom the women were dependent for most decisions) and mothers-in-law who decided when and how many children they would have. It was only in the nuclear family situation, and if the woman was well educated, married and ‘bringing money home’ that she had greater control over her fertility. Only a couple of women out of the 25 interviewed were working, and about three women had been working before marriage and then had to stop working after marriage due to a lack of support from the husband or his family.

In both countries, “social norms and family values had a big impact as there was pressure on women to have children”, as Jan writes, reporting on his grandmother. A big change occurred in another area, namely, for Jan’s mother the notion of illegitimacy had almost completely lost its significance. Even more accentuated is the vanishing importance of marriage: still very important in the first generation, vaguely so in the second and of almost no importance at all in the third. In the 1970s, 90 percent of children in Slovenia were born to married couples. Since then, births to unmarried parents have become more and more common with almost 60 percent of all births now occurring out of wedlock (Dolenc, 2016).
Regarding factors influencing family formation for Shanti and Jan’s generation, Jan says, “There are some restrictions one takes into account such as the economic situation, like not having a job and money and therefore stability, like ethnicity of the partner, different education levels”. In both cases, the element of ‘planning’ children becomes important, albeit differently. Jan says, reflecting the turn from previous generations’ social norm to have a family to the new norm of planning a ‘perfect family’: “Nowadays there is a lot of talk around parenting, different techniques of parenting, how to ‘create’ a perfect child who is independent, smart, socially adapted. The choice to have a child is a big one as it changes your life, it’s perhaps harder to start a family than in the past, and because you feel you have to be perfect or very well educated to be able to give the most you can to your child”. Shanti says, “If a couple’s first child is a boy, they would have no other children and there are ‘many shops/remedies’ available providing quick medication or ‘recipes’ for giving birth to a male child. But ever since the government has started schemes for girl child education, couples are ‘planning for a girl’, as ‘someone else’ bears the cost of her education. With a high migration rate amongst boys, old age support is provided by girls, which till 12 years back was seen as being the responsibility of the son. Thus bearing a girl has become ‘acceptable’”.

Sexuality, ‘womanhood’ and decision-making about reproduction

For Shanti, the questions on sexuality were awkward, having different sexual preferences “was out of question” even though notions of “romance”, “love”, “remaining single”, “a couple choosing not to have children” have become normalised in society. For most young women of this generation, especially in Rohtak and Chandigarh, discussions on sexuality are limited to their peer group and sexual relations before marriage are unheard of. In Delhi, nearly all the young women in the sample live away from their parents’ homes and experience more sexual freedom. They are autonomous and independent in their choices. Jan sees no pressure to be in a sexual relationship beyond high school, but “I think there’s still some ‘kudos’ for men to have had a lot sexual encounters, which seems wrong to me.” Speaking about “hidden strategies”, as far as reproduction is concerned we noticed two kinds of strategies in the Slovenian sample, a more general one in the second generation (“You always manipulate a little, you must only watch out not to cross the line”, or “Slow and soft persuasion is always the best. He doesn’t even notice it but does what you want”) and more focused on reproduction (“I lied about contraception, didn’t want any more children”, said a woman from the first generation while one student from the third – reversely – said she is “presently lying about contraception because wants a child while he doesn’t”).
Gender roles remain quite similar across countries in the first generation. As Jan’s grandmother put it, “Society expected and defined a woman mostly by her motherhood capabilities. She should also be shy, pretty, without strong opinions, delicate, submissive and most importantly able to bear children (except in Rohtak the emphasis is on bearing sons), good at running a house, be a good mother and good at raising a child”. In Rohtak, Shanti’s grandmother-in-law mentions that women were completely confined to the house (“We could not speak in front of anyone and were like ‘the shoe on the foot of the man’ and she was confined to the four walls of the house” said one grandmother); and manhood was defined by men as handling ‘all other affairs entailed in running the house’, not being allowed to publicly display affection to their wives or children. In the second generation in Rohtak, “women were defined by their motherhood, such that not being able to bear a son or a child gave the husband licence to marry again. A childless woman was viewed suspiciously by her family”.

Shanti’s mother-in-law was educated but could not work because no family support was provided, her story resonated with two other stories of women who had to leave their jobs after marriage (in Chandigarh). Yet there were two women who had migrated (from East India to Delhi) who were working before and after marriage with the full support of their families. For most women of this generation, as well as for Jan’s mother, “A woman’s identity is strongly linked to motherhood, women who are not mothers are considered semi-women, and women who are career driven are considered ‘manly’ women. Giving birth to a son, as my mother explains it, doesn’t give much of a higher status. Women were to be emancipated, had to have a career, be a wife as well as have children and take care of the household chores”. What Jan’s mother is speaking about is the known notion of a “socialist super women” which dominated the collective imagery in the 1970s and 1980s (Rener and Ule, 1998; Kralj and Rener, 2015).

Shanti says that in a patriarchal society like Rohtak motherhood largely defines the identity of a woman; son preference generally persists and gives a woman her status in society even though she personally does not conform to this view. A woman needs to be educated and should be economically independent, as only that gives her some space for decision-making within the family (pre or post marriage), and she should keep abreast with the times as that adds to her value at home and when she becomes a mother. Yet society does very little for working women with children living in a nuclear family situation who have no extended family support. Being the main caretaker of children, she either has to quit her job or work in a job that gives her the flexibility to take care of her children. Most men do very little to share household responsibilities with their wives, it is mostly the daughters, once they grow up, who share the work. In relation to contemporary men’s
identity in Slovenia, Jan says, “He’s still defined by his job, his ability to provide money for his family or at least be independent financially. Other than that, metrosexuals, lumber sexuals, hipsters and others are not men in my opinion. Fatherhood in my opinion does not define a man, which is kind of sad”.

With a complete lack of agency, education, economic independence and space in decision-making processes, women across the cities in Shanti’s grandmother-in-law’s generation seemed trapped in the ‘enterprise’ of reproduction, without a voice. It was only with time when they became mothers-in-law that they had a voice, but ironically it was to influence the reproductive choices of their daughters-in-law. For Shanti’s mother-in-law, despite her education and ‘strong will’ in deciding about her reproduction, it was her husband along with his father who were the prime decision-makers in the family. While age was of importance in decision-making, she says, “an earning, educated and married woman, as compared to a widow, had a bigger role in decision-making processes and control over her sexuality within the household”. Although the husband’s family bore the childbirth costs, a woman’s personal needs were met by her natal family. Shanti sees a vast change in her life; sexuality is an open topic of conversation amongst her peer group, even though the male (father, husband, brother) members of the family remain the chief decision-makers along with older women of the family. To be married, educated and economically independent, before and after marriage, increases a woman’s value and her role in the family along with control over her fertility and reproductive choices. This was clearly stated by most women across the second and third generations. The real change in autonomy and control over their reproductive choices is seen in the small number of girls (18–20 years) who have migrated to Delhi for education, the children of parents who did not follow the prescribed social norms of marriage, and those who are in families where there are only daughters (in Rohtak and Chandigarh). However, as Shanti observes, “An interesting paradox in my life has been the definition of freedoms before and after marriage. I was free to decide about my studies and career but there were restrictions on mobility, what kind of food I was eating, shopping, recreation, who I was associating with. And after marriage, in all the above I have freedom except in choosing what I want to study and what kind of a career I choose. And the job can only be teaching, so that I can take care of the family too”.

When speaking about the factors influencing reproductive decision-making, the great majority of women of all generations in the Slovenian sample emphasise education and employment, the latter being even more important as a source of material independence. (“If she is educated and employed she can even have a child on her own,” says Marija, G1).
Compared with the narratives about decision-making in the Slovenian sample, quite a clear pattern emerges, namely, in the first generation women say their husbands were the primary decision-makers but nevertheless women had their say as far as reproduction was concerned. In the second generation, women mostly say that important decisions were made together with their partners and stress how important it was for them to rely on safe and accessible contraception. In the third generation, students speak about being independent and free to decide on their reproduction and sexual choices, but obstacles of a new kind are present (“I am so angry”, one student says, “because the economy and politics decide instead of my partner and myself about when and if we have children or not”). In terms of reproduction, students in the Slovenian sample are strongly postponing the birth of their first child, they expect full help and support from their parents if they decide to have one and are thus prepared to be influenced by their families of origin in their reproductive choices.

Conclusion

Biographical narratives within or across generations effectively unpack and re-pack realities by placing in the very centre the subjective and reflexive element of social research, across time and space. Apart from the already known uses of collected life histories, by bringing the personal into social analysis, these hold great potential for understanding how survival strategies and coping mechanisms are transmitted and strategies formulated, probably more so in situations of conflict, which reinforces the creation of closed/conservative/monitored/gendered communities where more standardised ways of data collection are difficult or impossible. It still remains to be proven in practice but it appears that the genealogical biographic method where the Ego and her/his interviewees trust each other and are firmly embedded in the local environment may help provide a myriad of otherwise missing data and information.

The research brings to light the need for a language of sexuality or a space for a discussion on differing sexual preferences. After the biographic material had already been collected, discussions with the students in class followed. Many of them said that talking about issues like abortion, sexual preferences and sexuality in general was still quite difficult and embarrassing, another indicator of which was the lack of ‘proper words’. Most cross-generational discussions on issues of sexuality and reproduction are either absent, couched in jokes, abuse or childlike banter. Information is often exchanged between peers or women working ‘in the fields’ or obtained on one’s own after marriage (as is the case in India and was for the first generation in Slovenia), and the transmission of messages and experiences across
generations is limited. Sexuality and differing sexual preferences only become ‘normalised’ by adopting the language of equality and normality; in other words, through discursive practices where the words we use feel comfortable and safe, rather than silly, childish or vulgar.

The discourse around the notion of female agency in decision-making processes in some senses goes beyond the conventional idea of empowerment, as linked only to education or the earning capacity of women. It is caught up in the social conditioning of women and men (rules of marriage, social norms and messages etc.) through time, location/migration and larger economic/political realities. The normalisation and pressures of the ‘invisible’ messages, visible paradoxes and images and messages transmitted through print and electronic media (and/or textbooks in schools) reinforce rather than weaken patriarchal values in both countries where important sectors of the social state have been eroded.

Of the emerging trends, the most striking is ‘planning’ and ‘perfecting’ the nature of choosing a partner, the sex of the child (as in India) to parenting which gave grounds for the development of a whole ‘industry’ around these goals, from quacks (India), midwives, psychologists, educational institutions to the medical fraternity being involved. Within the limited family size of one or two children, the pressure on couples/parents (and the children as they grow) to have the right mix of sexes in the family, with the right partner, at the right time, of the right ‘type’ etc. leaves little space or ‘sympathy’ in society for those who either choose differently or opt not to choose at all.

BIBLIOGRAPHY


