

Pathways to Parenthood in a Low Fertility Context: A  
Grounded Theory Study of Childbearing Trajectories  
Among Couples in The Republic of Serbia



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## Abstract

Since the fall of socialism in the 1990s, the Republic of Serbia has experienced the heightening of some complex demographic issues: an ageing population; “brain drains” of labour; and declining fertility rates, to name but a few. Declining fertility rates have been especially politicised in the last two decades, with the country’s government administrations and political periphery seeking to resolve the so-called “low fertility problem” via (family and social) policymaking. Some of the political discourses surrounding the policymaking discuss the onset of a “white plague”, claiming that the Serbian population is at risk of serious decline if fertility issues are not resolved promptly. To some extent these concerns are not wholly displaced: Serbia has been identified in the low fertility and demography literature as a “lowest-low fertility country” since 2000, with an average fertility rate of 1.4 births per woman — well below the recommended “replacement level” of 2.1 births per woman. Demographic data covering the period 2000–2019 from UNICEF’s (United Nations Children’s Funds) Multiple Indicator Cluster Survey and the Serbian Office of Statistics also show an increasing number of Serbian adults experiencing general difficulties in their transitions into independent adulthood, as well as some adults delaying the entry into parenthood altogether. Throughout the 2010s and now into the 2020s, an array of representatives from different branches of government and political parties, on multiple occasions and in various public forums, have remarked on the broader socio-economic effects of these later parenthood and low fertility trends. The issues have been highly politicised.

The thesis begins with this demographic and socio-economic background, within the context of pro-natalist policy making. It then moves to the core empirical study of the thesis: understanding contemporary microlevel behaviours and attitudes among Serbian adults of childbearing age. The methodology relies on a reflexive and constructivist grounded theory approach. For theory-building, the study uses the theoretical and sociological lens and language

of the “traditional” low fertility literature and the Life Course Perspective. These are used to deconstruct and examine the pathways to parenthood among 23 Belgrade-dwelling married couples, aged 25–45, and with children. The data were gathered via semi-structured joint and individual interviews with the couples. The thesis asks of the data three overarching research questions: (1) How does a Serbian married couple reason, navigate, and negotiate their pathways towards parenthood on an interpersonal level? (2) What do their pathways look like? (3) And how are these pathways influenced by cultural, political, and social factors?

Using the interview material gathered, the analysis traces the various “milestones” in the participants’ pathways. The data are studied and presented using two qualitative text analysis methods: interpretative phenomenological analysis and (thematic) discourse analysis across the empirical chapters. The analyses show that, although the sequencing of important milestone moments may vary across individual life courses, there appear to be some key milestones that matter in the pathways to parenthood and may deserve more attention in Serbian social policymaking. Adults are enabled by conditions that allow two adults to form a couple and establish financial and housing independence and empower them to make choices that lead towards their preferred childbearing decisions.

The findings show that, for couples who embarked on a pathway towards parenthood, there were interpersonal and structural conditions that helped form “positive” and empowering experiences. In particular, the findings show the following to hold true. Firstly, high-level agreement in the couple’s dyadic decision-making, as well as the freedom to form decisions independently of a family of origin. Secondly, the couple’s ability to rely on different forms of “capital” when negotiating their pathways within healthcare and children’s education structures. Thirdly, good working relationships and mutual support between the couple’s family of origin and family of procreation. And, fourthly, the perception and experience of a life balance within the household, especially for female participants.

Finally, gender consistently came through as a key theme in the analysis and findings, reinforcing the idea that parenting is still guided by various social and cultural expectations, roles, and responsibilities around motherhood and fatherhood. Our findings identify women as “double agents”, often needing to operate at the intersection of — sometimes competing — roles and responsibilities. In these arrangements, women are expecting (or expected) to fulfil a multitude of responsibilities and to undertake these in various spheres of their lives. This type of balancing can be grating on the life balance, with medium- and long-term implications for families. Our findings look to highlight the importance of further expanding Serbia’s social policies to truly capture the gender asymmetry we, and others, have identified as existing in the spheres of parenting, work, and home. While some of the pro-natalist policies have been effective in their aims, across the board conditions for mothers are lacking in support. We conclude that Serbian fertility rates will remain at lowest-low and low levels if women continue to experience unequal burdens in their many life spheres. Remedying the gender asymmetry, we argue, will support healthy motherhood, and contribute towards improved life conditions for Serbian women and, consequently, their families.

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# Chapter 1: Introduction to Thesis

## 1.1 Introduction

Global demographic trends of the last century have shown major transformations in the structure, size, and stratification of populations (United Nations, 2021; International Monetary Fund, 2006). Notably, the last fifty years have been characterised by a large-scale decline in birth rates across many middle-income and upper-income countries. This has presented issues for some of the affected countries, particularly when demographic forecasts show how changing population structures can impact on the economy, the welfare state, and the cultural and normative values within a society (United Nations, 2021). Regarding the recent transformations in birth rates and fertility trends, maintaining replacement level fertility is considered an important part of supporting a country's population and its myriad social, economic, and demographic needs. The United Nations and World Health Organisation (2022a) indicate a replacement birth rate of 2.1 children per woman as a healthy and sustainable figure for developed countries (United Nations, 2006: 101; World Health Organisation, 2022a). Reaching and sustaining replacement level fertility rates ensures that enough babies are born to support and "replace" the older cohorts within a society, especially as population ageing becomes an increasingly pertinent issue in national policy making (United Nations, 2005: 100). Although low fertility rates have emerged across countries and on a global scale, patterns of below-replacement-level birth rates have been especially prominent across the Central and South-eastern European region, spanning a range of economically, politically, and culturally diverse countries. However, one commonality among these below-replacement-level Central and Southern European countries appears to be a distinct transitional period from the 1990s onwards. This transition can be described, generally, as a shift from centralised market communism to free market capitalist democracies. For many of the countries undergoing the

transition, this period was especially disruptive and in some regions was also marked by conflict and violence. The Republic of Serbia presents one such case.

The Republic of Serbia and its capital city, Belgrade, were once at the political centre of the Socialist Federal Republic of Yugoslavia.<sup>1</sup> However, after several decades of peaceful coexistence, tensions between the Yugoslav territories arose in the 1990s. The decade was marked by political instability, hyperinflation, high unemployment and, in pockets of the republic, civil war. In turn, these volatile conditions had left the country's socioeconomic and political future seemingly bleak and forbidding (Bell-Fialkoff, 1993). It is within this socio-political history and demographic situation that we will situate Serbia's present-day fertility problematic and consider how it may impact on modern-day family structures.

In this thesis, we will use the "low fertility problem" as a starting point and prompt for looking at the family and population policymaking that took place in the mid-to-late 2000s (and beyond). When considering the socio-demographic issues discussed above, it appears that changing fertility rates have caused micro-level normative and cultural shifts too. Some of the transformations caused by these shifts have certainly impacted on the roles and responsibilities of the country's welfare state and family policy. Indeed, changes have been observed in the size and structure of families, the roles and responsibilities of members within a family, and the desirability and feasibility of starting a family, especially in early adulthood. The pathways from adolescence into adulthood have certainly been transformed, with concurrent changes in policymaking, too. We will focus on studying these transformations on a microlevel. For this, we will employ the frameworks drawn from two broader literatures: (1) the life course perspective; and (2) demography's low fertility frameworks. Finally, to complement our theoretical study, we will also look to two empirical sources: UNICEF's (United Nations

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<sup>1</sup> Belgrade was the capital city of the Socialist Federal Republic of Yugoslavia (SFRY). The SFRY was made up of the territories of Serbia, Croatia, Macedonia, Montenegro, Slovenia, and Bosnia and Herzegovina. The geography and geopolitical history of the republic and its territories will be presented in Chapter 2.

Children’s Fund) Multiple Indicator Cluster Surveys on Serbia for the period 2000–2019 and the Serbian social policies of the 2000s and 2010s, specifically, the Pro-Natalist Strategy of 2008 and its later amendments.<sup>2</sup>

### 1.1.1 Working Terms: Defining Low Fertility

The working definitions of fertility are as follows. Demographic definitions of fertility typically work between the definitions of **total period fertility** and **cohort fertility**.

Total period fertility captures ‘the average number of children a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality. *It is expressed as children per woman*’ (World Health Organisation, 2022b, paragraph 3, emphasis added). The measurement reflects the number of children that *would be born* to a woman. When we speak of regenerating fertility rates at 2.1 births per woman, we are using the measurement of total fertility. The statistic captures all women of childbearing age — which in a demographic context is understood to be all women aged 18–45 — rather than a cohort or generation of women. The usefulness of this measure is to consider ‘the demographic situation over a given year, without being able to draw any certain conclusions from them as to the future of the population’ (Institut National de la Statistique et des Études Économiques, 2020: paragraph 2).

Cohort fertility is understood to be a more stable measure than period rates, as the measures ‘are affected only by changes in the total number of children women have and not by the timing of births within women’s lives’.<sup>3</sup> Comparatively, a ‘cohort is a well-defined group of

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<sup>2</sup> In Chapter 2, we will introduce and discuss the Pro-Natalist Strategy. In short, the Strategy was an ambitious attempt to legislate on low fertility and keep up with changing family size and structure. The policy sought to set up welfare state provisions to accommodate transitions into parenthood, as well as making childbearing and childrearing (psychologically and financially) accessible and appealing

<sup>3</sup> Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/compendium/nationalpopulationprojections/2016basedprojections/fertilityassumptions#principal-assumptions> [accessed 17/12/2022]

people who have had a common experience of exposure [and] who are observed through time. For example, the birth cohort of 1960 refers to people born in that year'.<sup>4</sup> The thesis will work with the definition of cohort fertility and take time to consider what is defined as a cohort in this study. In later chapters, we will arrive at the idea that certain historic and political events, alongside ideas and attitudes embedded in a collective consciousness, bring a cohort together. We work from the understanding that shared collective, cultural, historic, and political experiences among a cohort may contribute towards behaviours that can impact on cohort fertility rates.

When looking to the definitions of the two measures of fertility and their conceptual differences, we can consider to what extent Serbia's lowest-low fertility rates are caused by childlessness versus low parity. Whereas childlessness is associated with delayed childbearing or the conscious decision to remain childless, low parity is usually observed within a cohort. However, the thesis does not study childless couples (or individuals). The theoretical frameworks presented later will comment on any differences between the individual and couples' postponement of childbearing versus their desired family size. Further, the analysis does not study women and men who are postponing childbearing at parity-zero – although there are portions where parents discuss reasons why they had postponed. Instead, all participants in this thesis are parents to at least one child. This decision was made to best answer the research questions in section 1.2 below: childless parents cannot comment on the experience of childrearing until (unless) they have experienced this milestone first-hand.<sup>5</sup>

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<sup>4</sup> Available at: <https://www.nrscotland.gov.uk/files/statistics/vital-events/ve-births-fertility-rates.pdf> [accessed 17/12/2022]

<sup>5</sup> However, it is worth remarking that not all childlessness is a matter of choice, as described here. There are indeed cases of both primary and secondary infertility — that is, an individual's biological inability to conceive and give birth. Recent statistics show that infertility may range from 6–9 per cent, potentially rising as high as 15 per cent (World Health Organisation, 2022b). Although the issues of infertility are beyond the scope of the thesis, it is worth remarking on infertility as a cause of childlessness and acknowledging that the Serbian Government's PNS policies *do* address infertility and providing fertility treatment to couples.

## 1.2 Thesis Research Questions

The thesis will study the low fertility phenomenon, as defined in the fertility terms above, in the context of Serbia, and specifically Belgrade.<sup>6</sup> As mentioned in the section above, we will rely on and work from the definition of cohort fertility. The study will consider the micro-level fertility behaviour of adults of childbearing age and explore their values and attitudes towards childbearing and childrearing pathways in their (young) adulthood. The focus will be on the post-Pro-Natalist Strategy period, although some pre-Strategy experiences and data will be introduced too, largely for the purpose of comparative qualitative analysis. Using the lens of the Life Course Perspective and several selected theoretical models from the Low Fertility Literature, the study will consider how individuals form their individual pathways and what important milestones punctuate these (such as moving home, becoming a couple, and having a child) (Hutchinson, 2001).<sup>7</sup> The thesis will look to these milestones for study, analysis, and theory-building. The thesis will be guided by three research questions:

- (1) How does a Serbian married couple reason, navigate, and negotiate their pathways towards parenthood on an interpersonal level?
- (2) What do their pathways look like?
- (3) And how are these pathways influenced by cultural, political, and social factors?

## 1.3 Conceptual Framework

The theoretical approach of the thesis relies on several sources of literature. For the Life Course Perspective, we will draw largely from the seminal works of Glen Elder (1978) and Elizabeth

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<sup>6</sup> The decision to focus on Belgrade is based on the availability of UNICEF's detailed data on the capital city. The city remains an outlier compared to the rest of the country. It shows higher wealth, lower fertility, and higher attendance at Early Childhood Education and Care. The implications of these demographic features will be discussed in Chapter 9.

<sup>7</sup> To avoid repetition, this literature will be introduced and discussed in depth in Chapter 3.

Hutchinson (2001; 2019) as well as other important pioneers in the field.<sup>8</sup> The Life Course Perspective focuses on understanding how individuals move and navigate through their life courses. It looks to understand which relations, events, institutions, et cetera, impact on the choices individuals make and how their pathways are formed considering this. It is, indeed, a micro-level approach that begins with the individual and the individual's trajectory and is therefore considered an appropriate framework for the study's person- and couple-centred research questions. Throughout the thesis, we will encounter and revisit the life course literature and its concepts. The perspective adopts a holistic view of an individual's life and allows researchers to track different pathways towards an event or milestone. In this sense, the perspective can allow researchers to test for causality, but is also useful in the parameters of constructivist grounded theory and qualitative analysis. Other theoretical frameworks will be used to complement the Life Course Perspective. The frameworks will draw terminology and theoretical frameworks from the rich demography literature on fertility and fertility behaviour. These works will be introduced in depth in the literature review presented in Chapter 3 and will be based primarily on works on Risk Assessment Theory, Anomie in Post-Socialist Contexts, and Individualisation. We will also consider the contributions of sociological theory, such as the power and purpose of individual capital in navigating adulthood and modern life.

In Chapter 3, we look to situate the study in a low fertility context and provide a meso-level and macro-level context for a general understanding of fertility behaviour. This approach will go beyond the individual and their (personal and joint) narratives to help locate the participants within a general demographic and socio-political context. In relevant portions, the thesis will consider the "couple" as a dyad and rely on the definitions provided by Miller et al.

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<sup>8</sup> In particular, the Life Course Perspective and the framework used in this thesis are informed by the works of Elder (1994). We will use the term perspective, as opposed to Life Course Approach, to capture that this is just one lens through which we will be looking at micro-level behaviours among the participants.

(2010: 194). In this instance, ‘the two individuals behave as one because of shared (family) planning’. Thus, it is intended that the married couple be framed, conceptually and ontologically, as a single unit for analysis. However, where relevant, we also study the individuals within the dyad too. We will see in later chapters that women’s narratives tended to dominate the interview data and, in these instances, focus will be placed on their presentations when analysing interview narratives. This is a strength of using a reflexive method: the ability to be guided by data findings and adapt reflexively in-field.

The methodology relies on the use of sensitizing concepts, a technique found in constructivist grounded theory approaches to qualitative analysis. Its purpose is to provide constructs that can be drawn, through a circular approach, from both the existing literature and the newly acquired qualitative data. The purpose here is for the literature and data to “interact” throughout the study. Sensitizing concepts also bring the benefit of providing theoretical direction by introducing ideas, concepts, and perspectives (Bowen, 2005). The study’s sensitizing concepts will be introduced in depth in Chapter 4. However, as these concepts guide the theoretical framework of the thesis from the very outset, it is relevant to introduce the major sensitizing concepts here too. The concepts used throughout the thesis are drawn largely from the “traditional” fertility literature. Throughout the thesis we will rely on the relevance and theoretical importance of the following sensitizing concepts:

- (i) Gender
- (ii) The couple
- (iii) The individual and individualism
- (iv) Desire
- (v) Risk
- (vi) Negotiation and decision-making
- (vii) Fertility intentions and fertility preference.

## 1.4 Methodology

The methodology and research design of the thesis rely on a constructivist grounded theory approach, using circular and reflexive methods to interrogate the data for theory building. This means that, rather than testing a hypothesis, the work will seek to find theories “grounded” directly in the data and look to understand how participants construct their reality and relationships in the context of childbearing, childrearing, and parenting. Through joint and individual interviews with married couples with children (with parity ranging from one child to five children), the analysis traces the various milestones in a participant’s trajectory and considers their significance in their individual pathways to parenthood. The data are studied and presented across four empirical chapters using two qualitative text analysis methods: interpretative phenomenological analysis and (thematic) discourse analysis. Although these methods are excellent for the micro-level study of language and meaning making, the thesis presents a small sample size from Belgrade and is not intended to be a generalisation of the broader experiences among Serbian or Belgrade-dwelling parents, nor speak to the population at large. Instead, the analysis and theoretical frameworks presented in this thesis are intended to speak to the behaviour of the study’s sample.

Later, we will conclude that when considering participants’ narratives about their milestones, there is a diversity in the sequencing of their pathways and milestones. In other words, the order in which milestone events, like marriage and home leaving, take place can vary across the couples. Nonetheless, there appear to be some key moments that preclude childbearing. For instance, a young adult moving from their family-of-origin home is understood in the life course literature as an important milestone in their trajectory towards (intended) parenthood. However, such milestones remain largely overlooked in Serbian social policymaking. The thesis will comment on the importance of highlighting these milestones in childbearing trajectories and consider their significance in a person moving forward along a

desired pathway. The thesis will seek to show that these milestones can lead to conditions that enable (young) adults to form a couple, establish financial and living arrangements, and make choices that allow them to steer towards their desired childbearing and fertility preferences. Here, momentum can help too: the more milestones the individual passes, the more likely they are to continue moving forward towards their intended goals. In the instance of this thesis, this is understood to be childbearing and entering parenthood. These factors will be covered in depth across the empirical chapters.

## 1.5 Structure of Thesis as a Monograph

This thesis is presented and structured as a monograph. This means that the structure will follow a dissertation-style study presented in empirical chapters that are upheld by a theoretical thread throughout. The remaining sections of the thesis are organized as follows.

Chapter 2 provides a short contextual and historical backdrop of social policy in Serbia (as a 20<sup>th</sup> century Yugoslav member state and up to the present day). The chapter intends to guide the reader through a framing of the country's socio-political culture. In later sections, it will be argued that the “construction” of meaning is understood in this study to be created through dialogue and discourse. The framing of dialogue and discourse is, within the study's epistemological and ontological parameters, considered to have the potential to impact on the pathways of individuals on a microlevel. While this is not examined directly, it is considered an important part of the policy backdrop that will come to the fore in Chapter 8.

Chapter 3 reviews the literature and situates the study at the intersection of the “traditional” low fertility problematic. The sections on the study's overarching theoretical framework will first describe the Life Course Perspective and rework and adapt it as a lens for this study. Further, as the project is situated in a low fertility context, the “classic” fertility literature — such as rational choice theory; post-materialist values; and risk aversion theory —

is a major and relevant source. Here, these theories will be presented and interrogated, with their relevance to the study considered from the circular constructivist grounded theory perspective. Although some of these theories are less constructivist than the aims of the thesis, they form an integral part of the theoretical starting point. For this, the existing fertility literature is a rich and well-informed resource for considering the study's overarching research questions.

Chapter 4 provides an outline and consideration of the methodology and research design employed in various stages of the study. Constructivist grounded theory is introduced, along with its epistemological and ontological principles. As the constructivist grounded theory approach is reflexive, the chapter also describes changes and adaptations in research design during fieldwork and considers the role of researcher reflexivity in data collection and analysis. The data analysis methods of interpretative phenomenological and (thematic) discourse analysis is outlined and interrogated. The final sections of the chapter outline participant recruitment and sequencing, as well as the style and structure of the qualitative individual and joint semi-structured interviews. The chapter closes with an outline of the ethical considerations in the study's research design and methodology.

Chapters 5, 6, 7, and 8 present empirical data from interviews, and follow a structure that is guided by the milestone framework derived from the Life Course Perspective literature. Chapter 5 begins with what this thesis considers, theoretically, the starting point of the pathway — the coming together of individuals romantically and as a couple and, later, forming a dyad as parents — and explores the decision-making processes that help to form their fertility intentions. The second empirical chapter moves into the decisions made during a pregnancy by an expectant mother, her partner, her medical team and, on the periphery, her family of procreation, family of origin, and trusted contacts. It also looks at their perinatal experiences in a public healthcare context. The third empirical chapter considers the living arrangements of

the couple and how changes and arrangements in housing impact on intergenerational relationships between a family of origin and a family of procreation. It also explores to what extent these familial relationships can impact on parenting experiences. Finally, the fourth empirical chapter moves to the more meso-level and macro-level dimensions of milestones and choices in the life course to look at contemporary social policy measures and how they are conceptually and ideationally processed and understood by the participants. Compared to the first three empirical chapters, the final empirical chapter concerns itself more with linking existing data on childcare and early childhood education and care with the interview data, over theory-building.

Chapter 5: *Childbearing Trajectories in the Life Course Pathway: Dyadic Decision-Making in Fertility Behaviour*, opens the empirical contributions of the thesis. The chapter introduces an overview of the study's participants in broad strokes, before focusing on the detailed narratives offered by the participants. The chapter delineates the selected couple pathways into parenthood, breaking down and analysing the choices involved in their steps up to the childbearing milestone. It theorises the differences between "planned" and "unplanned" fertility behaviour by studying the narratives of the couples from interviews. Here, the findings show that high couple agreement is not necessarily decided by direct planning or arrangement but is rather a function of the general dynamic and organisation within the dyad.

Chapter 6: *Applying Bourdieu's Theory of Capital to Healthcare Trajectories: How Expectant Mothers Navigate Institutional Structures in Belgrade's Prenatal and Perinatal Settings*, considers the experiences of pregnant and birthing women in Belgrade's prenatal and perinatal care. Academic literature, non-governmental surveys, and anecdotal evidence of the last two decades have been extremely critical of the standards of care provided to birthing women in Serbia's healthcare streams. For a country seeking to increase fertility rates, providing good healthcare should be understood as an important component in ensuring good

mother and child health. Using existing prenatal and perinatal healthcare literature for theory-building, the chapter explores the relationship between health literacy and different forms of social, cultural, and economic capital used in an expectant mother's healthcare stream. Here, findings show that participants who described and related to high levels of capital had better access to and experiences of prenatal and perinatal healthcare. This is compared to participants who described having low levels of capital in their healthcare streams. In particular, the expectant mother's experience and interpretation of her healthcare stream mattered in shaping her impressions.

Chapter 7: The Case for Bidirectional Interdependence: Intergenerational Living Arrangements and Financial Support Among Serbian Families of Origin and of Procreation, explores living arrangements among the participants, with a focus on recent literature on the so-called "delayed home leaving" phenomenon. It considers patterns of and reasons for home staying and home leaving among (young) adults, particularly the interaction between family of origin and family of procreation. Building on the theory of Tomanović and Ignjatovic's article (2006) — "the syndrome of prolonged youth" and "infantilisation" among young adults — the chapter proposes the concept of "bidirectional interdependence" between family of origin and family of procreation, arguing that the participants describe an intergenerational interplay during some stages of their life course. This is considered to hold especially for the participants who had described an unstable socio-economic context. The presence of bidirectional social exchange is argued to strengthen parenting abilities and fertility outlook for the couples. As in Chapter 6, the presence of different forms of capital, and in this case social capital, seems to benefit the couples' general well-being and positive experiences of parenthood.

The final empirical contribution is Chapter 8: Seeking Life Balance Between Parents? Considering Gendered Arrangements of Caregiving and Breadwinning Within Serbian Households. This chapter adopts a more meso-level and macro-level approach to incorporate

an analysis of empirical data sets on parents in Serbia in the period 2000–2019. This is done with a regard for the socio-economic transformations that have taken place in this period. Using this as a contextual backdrop, the Chapter considers the study’s couples who have children under the age of 6–7 and attend early childhood education and care provision. The chapter uses a gendered lens to consider how such attendance can impact on the roles and responsibilities of mothers and fathers within households. The findings show that general attendance at early childhood education has increased over the last two decades, with notable increases observable in the 2010s. This dovetails with the qualitative interview data demonstrating that parents are more prepared to rely on formal public (and private) education and care institutions to help manage childcare arrangements. However, there appears to be an asymmetry in the roles and responsibilities between men and women at home, regardless of which breadwinning model they, theoretically, fit into. Nonetheless, the finding of increased attendance at early childhood education is promising for the goals of the Pro-Natalist Strategy. Policy amendments and the “layering” of policy (Daly, 2020) in the last decade show a focus on supporting parents through subsidised childcare and education programmes. The chapter concludes that in childcare, what contemporary social policy is and what parents require from it appear to be coinciding. Nonetheless, the sample’s mothers continue to function as primary parents, potentially performing a disservice to their life balance, with some women existing as “double agents” who adapt their gender roles across their different life spheres.

Finally, Chapter 9: Findings and Conclusion, considers what the four empirical chapters — alongside the theoretical contributions of the literature review — have contributed to the research area. The Chapter reflects on their saliency in a broader research context and considers how the Pro-Natalist Strategy and its relevant policies have impacted on couples within the study. We outline a conclusion of the thesis, summarising the study’s findings and limitations, and offer prompts for interesting avenues for future research.

The thesis also contains Appendices with supplementary material; these are intended to accompany the material across corresponding chapters.

## Chapter 2: Background, History, and Demographic Context of Serbia and Yugoslavia

### 2.1 Introduction

This short chapter, conceived as background and introductory in nature, has two overarching aims. The first is to present a straightforward timeline of Serbia's regional and country-specific history from the early decades of the 20<sup>th</sup> century up to the present day. The intention here is to present some elements of Serbia's cultural background for a reader who may not be familiar with the country's politics and history. The second aim is to apply the country's history and background in an analysis of modern-day politics and policymaking since Serbia's independence in 2006. This will be accompanied by an outline of the country's relevant institutional transformations and policy developments. We will consider the chapter's second aim as an opportunity to further explore the context and details of the Pro-Natalist Strategy of 2008 (Government of Serbia, 2008). The Pro-Natalist Strategy (2008) and its policies will be discussed and analysed further in Chapter 8 and Chapter 9, but some context will be provided here first. The goal throughout is to aid our understanding of contemporary Serbia, as well as its present-day policymaking and policy-making culture. We will, in broad strokes, follow three successive iterations of Yugoslavia and trace its history and structure. From there, we will look to the Republic of Serbia from 2006 onwards, when Serbia and Montenegro parted ways towards independent nationhood. It is hoped that the background and analysis presented in this chapter will offer historical context and depth to situate the thesis. However, this chapter is not intended to be detailed or exhaustive; instead, we look to offer a succinct, general understanding and overview of the transitions, transformations, and iterations that have shaped and coloured the region, as well as potentially influencing the experiences of its peoples.

The chapter is structured as follows. First, we begin with a regional and country-specific history relevant to contemporary Serbia, as of the year 2022. Here, we will introduce a "brief"

history of Serbia and Yugoslavia. This portion will consider some of the major historical events of the 20<sup>th</sup> century, such as the region's wars and conflicts. The analysis will draw from existing academic and historical literature to argue that these events influenced the direction of the country's geo-political future. Following this analysis, we will take a moment to outline the onset and events of the Yugoslav Wars (1991–2000) with a consideration of some of the long-term impacts that may have arisen following these events. Finally, we outline Serbia's family-facing social policies and present our understanding of their broader relevance to the study. The chapter will close with a consideration of the Pro-Natalist Strategy's (2008) policies and their role in the empirical chapters of the thesis.

## 2.2 A Brief History of Yugoslavia and Serbia (1918–2006)

The Balkan region has experienced many centuries of conflict, migration, and the displacement of peoples across countries and territories. Consequently, the region's populations are largely mixed — both ethnically and culturally (see Table 2.1, p. 33). However, an appropriate starting point for the aims of this thesis would not take us earlier than the start of the 20<sup>th</sup> century. We begin here with what we will term the “First Iteration of Yugoslavia”. The Kingdom of Serbs, Croats and Slovenes was formed in 1918, and later renamed the Kingdom of Yugoslavia. This first iteration of Yugoslavia would be tested by the two World Wars, the second of which led to the Kingdom's eventual collapse. The Second World War (1939–1945) is more relevant to our interests, however, as it can be argued that the period's political and diplomatic conditions allowed for the introduction of the Second Iteration of Yugoslavia. Although the then-Yugoslav Government had surrendered to Nazi occupation from March 25<sup>th</sup> 1941 to August 23<sup>rd</sup> 1944, it nonetheless remained politically located among the Allied Powers. This meant that Yugoslavia emerged from the war triumphant. These positive conditions would help uphold the political and social intentions of the next iteration of Yugoslavia, chiefly the intention to

introduce a central market socialist system. Thanks to the support provided by western Allied Power states, Yugoslavia received financial and political support for its intended iteration. And so, in 1946 a federation of six republics (see Figure 2.1, p. 32) was formed with a socialist government at its head. The six-republic federation was to be formally known as the Federal People's Republic of Yugoslavia. However, constitutional changes in 1963 formally changed the federation's name to the Socialist Federal Republic of Yugoslavia (SFRY, from here on in) — perhaps its better-known name. The SFRY iteration would remain in place until 1992. This period, from 1946–1992, will be referred to as “Socialist Yugoslavia” or SFRY in this thesis.

Conflict would again appear to decide and define the Balkan region. In 1991, civil war broke out across the Yugoslav republics. Although many reasons have been offered as to why the conflicts began, academics tend to highlight underlying political and cultural tensions between countries like Croatia and Serbia (Žižmond, 1992). However, it is not the intention of this chapter or the thesis to comment on the reasons for conflict but, rather, seek to delineate historical events as they happened. The fallout from the Yugoslav Republics meant that these conflicts had shifted the status and opportunities present in its six-member federation, particularly as its ex-member-states became independent and self-reliant (*ibid*). However, independence did not provide a clean slate: the countries had inherited some institutional apparatus and culture from the SFRY years, whilst also needing to rework their economies and institutions. This became clearer as the states moved away from planned market socialism and towards a free market democratic system.

In the period 1990 to 1992, four members of the Socialist Federal Republic left the federation: Slovenia, Croatia, Macedonia, and Bosnia and Herzegovina. This was followed by the third and final iteration of Yugoslavia, comprised of Serbia and Montenegro. This lasted until 2006, when the two countries decided to part ways on peaceful terms. Since the 2000s, most tensions have been internal to Serbia and its populations. In particular, and most

prominently, there have been issues of territory and autonomy between Serbia and Kosovo.<sup>9</sup> To this day, Serbia's Government Administration formally denies Kosovo's independence. The European Union has insisted that Serbia's membership of the European Union will be delayed and tentative until Kosovo's independence is recognised by the Serbian Government. The future of the issue remains uncertain and, in political settings, broadly gridlocked. This has left Serbia largely on the European political "semi-periphery" (Blagojević-Hughson and Bobić, 2014) while neighbouring countries like Croatia and Slovenia joined the European Union in 2013 and 2004, respectively. We will find this analysis to be relevant to our understandings of Serbian policymaking approaches and ideals in later chapters, particularly when looking to normative transformation in family structures and relevant social policies in Chapter 8.

These remarks on changing territories are worth mentioning, considering Serbia's demographic issues: Kosovo's move away from Serbia has meant a reduction of 1.8 million citizens, as well as the loss of a province with a steady, replacement-level fertility rate of 2.09 children (2015).<sup>10</sup> This 2015 statistic follows global trends of fertility decline, but this has been very recent: in 1984, Kosovo's fertility rate (births per woman) was 4.82, a number unseen across most European territories (Rašević, 2015). For comparison, in the same year, the neighbouring countries of Bulgaria, Romania, and Northern Macedonia had fertility rates in the region of 1.82–2.44 births per woman. Kosovo's high fertility rate may be explained by socio-demographic factors, such as culture or religion, and in this case, Islam, with Kosovo having a majority Kosovar-Albanian Muslim population (Stonawski et al., 2012).<sup>11</sup>

In Figure 2.1 (p. 32) the Former Yugoslav Territories are shown in 1991 and 2006. In 1991, the territories included were Slovenia, Croatia, Bosnia-Herzegovina, Serbia (containing

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<sup>9</sup> Kosovo was previously an autonomous Serbian province before it began its formal campaign for independence in 2008.

<sup>10</sup> Available at: <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=XK> [accessed 17/12/2022]

<sup>11</sup> Whether Serbia includes data from Kosovo depends on the source; however, most statistical offices exclude Kosovo data.

the autonomous provinces of Vojvodina to the north and Kosovo to the south), Montenegro, and Macedonia (known today as North Macedonia). In 1991, the population of Yugoslavia was 25.52 million. In 2021, modern-day Serbia has a population of 7.1 million (Statistical Office of the Republic of Serbia, 2020). For a capital city like Belgrade, moving from being the social and political centre of a population three times its current size to today's situation has meant shifting attitudes and changing roles in its relation to socio-economic and political issues.

Figure 2.1: (Former) Yugoslav Federation in 1991 and 2006



Source: BBC (<http://news.bbc.co.uk/1/hi/world/europe/4997380.stm>)

[accessed 17/12/2022]

Table 2.1: Second Iteration of Yugoslavia, Ethnic Structure, 1955–1985

<b>Ethnic Group</b>	<b>1955</b>	<b>1965</b>	<b>1975</b>	<b>1985</b>
Serbs	7,065,923 (41.7 per cent)	7,806,152 (42.7 per cent)	8,143,246 (39.7 per cent)	8,136,578 (36.3 per cent)
Croats	3,975,550 (23.5 per cent)	4,293,809 (23.1 per cent)	4,526,782 (22.1 per cent)	4,428,135 (19.7 per cent)
Slovenes	1,487,100 (8.8 per cent)	1,589,211 (8.6 per cent)	1,678,032 (8.2 per cent)	1,753,605 (7.8 per cent)
Ethnic Muslims	998,698 (5.9 per cent)	1,678,032 (8.2 per cent)	1,729,932 (8.4 per cent)	2,000,034 (8.9 per cent)
Albanians	754,245 (4.5 per cent)	914,733	1,309,523 (6.4 per cent)	1,731,253 (7.7 per cent)
Macedonians	893,427 (5.3 per cent)	1,045,513 (5/3 per cent)	1,194,784 (5.8 per cent)	1,341,420 (6.0 per cent)
Montenegrins	466,093 (2.7 per cent)	513,832 (2.8 per cent)	508,843 (2.5 per cent)	577,298 (2.6 per cent)
Hungarians	502,175 (3.0 per cent)	504,369 (2.7 per cent)	477,374 (2.3 per cent)	426,865 (1.9 per cent)

**Source:** (Savezni Zavod, 1955, 1965, 1975, 1985)

### 2.3 Belgrade: Context and Demography

Belgrade is the capital city of the Republic of Serbia, as well as the most populous city in the country. Through all three iterations of Yugoslavia, Belgrade was also the capital city of the Kingdom and Federation. In turn, the city has a long history as a cosmopolitan hub of people and culture. However, despite the diverse history and population across Yugoslavia’s iterations, at present Belgrade remains largely homogenous, with 89.9 per cent of the city-dwelling

population identifying as Serbian. As of 2022, Belgrade continues to function as the largest and most populous city in the ex-Yugoslav region. Table 2.2 (p. 34) shows the demographic make-up of Serbia and Belgrade for comparative and contextualising purposes. It can also be compared with some other relevant demographic data that we will mention in the coming sections and will prove relevant to understanding the fertility problematic. As will be seen in UNICEF's Multiple Indicator Cluster Survey, as an urban area, Belgrade *does* present differences in relation to Serbia's rural areas, as well as other urban areas, particularly regarding its higher levels of education among adults. In Serbia, 22.7 per cent of the population live in Belgrade (compared to Vojvodina at 27.7 per cent; Šumadija and Western Serbian at 27.2 per cent, and Southern and Eastern Serbia at 22.4 per cent) (UNICEF Multiple Indicator Cluster Survey, 2019: iii). The Belgrade data, therefore, refer to a quarter of the country's population.

Table 2.2: Statistics and Demographic Overview, Serbia and Belgrade, 2020

Statistics and Demographic Overview Serbia and Belgrade		
	Belgrade	Serbia
Population	1.374m (2020 est.)	7.7012 (2020 est.)
Male to female ration of the total population	N/A	96.01
Total fertility rate	1.4 (2020 est.)	1.46 children born to a woman (2020 est.)
Mother's mean age at birth	27 years (2019 est.)	28.4 years (2017 est.)
Modern contraceptive prevalence	26.1% (2019 est.)	21.4% (2019 est.)
Any contraceptive method prevalence (including withdrawal method)	54.8% (2019 est.)	62.3% (2019 est.)
Ethnic makeup	Serbs 89.9%, Romani 1.2%, Montenegrins 1.3%, Yugoslavs 1.4%, 4% undeclared and unknown (2011 est.)	Serbs 83.3%, Hungarian 3.5%, Romani 2.1%, Bosniak 2%, other 5.7%, undeclared or unknown 3.4% (2011 est)

Sources: OECD, 2022; Index Mundi, 2021.

## 2.4 Moving Forward with Policy: Discussions of The White Plague

In 2007, a prominent and respected figure of the Serbian national-conservative political party, *Demokratska Stranka Srbije*, Sanda Rašković-Ivić (Politics, 2019) was asked what the Republic of Serbia was experiencing as its three most pressing political issues. Her response was: ‘Kosovo, the White Plague, and unemployment’.<sup>12</sup> Sanda Rašković-Ivić was not the first public figure or politician to have announced, or described, that a “white plague” had descended upon the country (Jansen and Helms, 2009: 223). In fact, this type of rhetoric finds its conceptual and socio-political roots in the early 1990s and was to colour coming decades of policymaking discourse, especially in Serbian (and ex-Yugoslav) popular media and news (Shiffman et al., 2002: 632). In an article written for the Gender Studies Department website at the London School of Economics, academic Adriana Zaharijević (2018) explains that the origin of the term “white plague” is unknown, but mentions a possible link to the term “black plague” signalling that there may have been a belief that the Serbian people were experiencing a type of death or decline.<sup>13, 14</sup> Despite its seemingly unknown origins, the concept of a white plague captured the public imagination with the idea that various socio-political and demographic issues had intertwined to contribute towards a “death” of the Serbian people. Beyond framings of death and decline, within some political spheres the white plague was framed as a reversible phenomenon that could be ameliorated through policy measures targeting low fertility.<sup>15</sup> These spheres tended to be socially conservative.

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<sup>12</sup> Quoted in Jansen and Helms (2009: 222).

<sup>13</sup> Sourced from: <https://blogs.lse.ac.uk/gender/2018/10/08/dzenderizam-nesting-in-serbia/> [accessed 17/12/2022]

<sup>14</sup> The term’s unknown origins and etymology may have contributed towards its varied usage in Serbian politics, often employed by different political actors as a vehicle for their various needs.

<sup>15</sup> In 2021, there remain active groups, both in-person and online, “against” the white plague. A basic Facebook search produces multiple groups such as one entitled, “Parents Against the White Plague”.

In a similar tone, emerging narratives argued that the Serbs were ‘under attack’ from both internal and external forces (Jansen and Helms, 2009: 235). On the one hand, since the early 1990s, this perception of “internal forces” could be the result of the internal conflicts from within and across the Yugoslav republics.<sup>16</sup> On the other hand, in the late 1990s, “external forces” had been perceived as causing harm to the Serbian peoples and their territories. The North Atlantic Treaty Organisation (NATO) was regarded in Serbian news and mainstream media as initiating an aggressive campaign against the country and its population’s livelihood (Staničić, 2021). Most notably, in the year 1999, from March 24<sup>th</sup> to June 10<sup>th</sup>, NATO launched a series of tactical military attacks across the Serbian territories as Operation Allied Forces (and Operation Noble Anvil within the United States of America’s Government Administration) (Bonnen, 2003).<sup>17</sup> The operations led to combatant and civilian deaths within Serbia, as well as causing damage to key infrastructure: important transport points, such as bridges between the major cities of Belgrade and Novi Sad, and communication services, such as national broadcasters of television and radio services. With these various (and sometimes violent) events, the conditions were ripe for — what will later in the thesis be argued as — *anomic* and distrustful perceptions among layers of the public and some of its socially conservative and centre-right political elements.<sup>18</sup> It also created an economic “bust” as trade was interrupted during this period. Over the course of the subsequent chapters, it will be argued that a development

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<sup>16</sup> The main ethnic conflicts occurred on the territories of Bosnia, Kosovo, and Croatia. Serbian diasporas existed across these territories, complicating the issues further. These conflicts ended up involving and drawing in various ethnic groups. The heterogeneous Yugoslav regions experienced violence and conflict. Important historical moments in this timeline are commonly recognised as Opsada Sarajeva (1991), Siege and Bombing of Dubrovnik (1991-1992), Srebrenica (1995), and Oluja (1995).

<sup>17</sup> The name Noble Anvil is mentioned as the Serbian Administration had misunderstood or misheard its name and transcribed it as “Noble Angel” with a later Serbian renaming of “Merciful Angel”. The malapropism and irony in the misunderstanding may be what contributed towards some of the cynicism within the mainstream media. Some news outlets had taken this to mean that the United States’ Administration had taken it upon themselves to act as “saviours” for some groups. A search engine search of “Merciful Angel Serbian News” shows contemporary news pieces still commenting on the US intervention.

<sup>18</sup> This is relevant when we consider that the Serbian social conservative party played a major role in the creation of pro-natalist policy. See Chapter 3, Literature Review, section on Anomie and Risk.

towards anomic and inward-looking approaches to addressing social issues had emerged.<sup>19</sup> These discourses surrounding relevant policymaking continued throughout the decades of the 2000s and well into the 2010s.<sup>20</sup>

In 2015, Sanda Rašković-Ivić (Danas Politika, 2021) remarked on international and outside “meddling” in Serbian national interests. This is, perhaps, a nod to the Serbian Government’s historical, as well as contemporary, interactions with international institutions like NATO and the European Union. In the excerpt below, we find Rašković-Ivić arguing that these “external forces” and actors are disrupting independent Serbian policymaking:

Our [the Serbian government and its citizens’] interest is to build democratic institutions in the Republic of Serbia. Their [external actors’] interest is that Serbian institutions are merely of service to international organisations. Our [the Serbian government and its citizens’] interest is in choosing institutions in our system that will best lead our country. Their [external actors’] interest is to find a system that will best carry out the decisions of global powers.<sup>21</sup>

Then, in 2019, Rašković-Ivić described her interpretation of the country’s contemporary socio-cultural situation, particularly in a demographic context. Again, she describes Serbia’s situation as one defined by loss and decline due to the white plague:

Hopelessness and depression are dominating our society and the everyday lives of ordinary people. The young and educated are leaving this country, and every year we lose 30,000 smart [and] educated people of childbearing age. The white plague has ravaged Serbia. We are engulfed in a wave of murders and suicides. The crime rate is on the rise and is particularly worrying, and peer, juvenile violence is rampant. The media has been contaminated with vulgarity and tastelessness, and they [the media] humiliate the public’s morality. Sometimes it seems that the current government [at the time, the speaker is a member of the opposition party] in Serbia does everything to make their citizens into participants of a national reality show, in which there is no cessation of the fall of our dignity: personal and national.<sup>22</sup>

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<sup>19</sup> In Chapters 6 and 7, we will see that the participants tend towards relying on personal contacts and resources. These participants tend to favour this approach over institutional or policy support.

<sup>20</sup> However, and conversely, it will be argued across the empirical chapters that anomic conditions are less prevalent on a microlevel, especially among families of origin and families of procreation. We will see this in greater depth in Chapter 7.

<sup>21</sup> Quoted and translated from: <https://www.danas.rs/politika/raskovic-ivic-omoguciti-fer-izbore-jer-to-u-interesu-srbije-inace-narodna-stranka-nece-ucesvovati/> [accessed 17/12/2022]

<sup>22</sup> Transcribed and translated from news interview: [https://www.youtube.com/watch?v=5Pe\\_IfCBD7s](https://www.youtube.com/watch?v=5Pe_IfCBD7s) accessed 17/12/2022]

We will see in later chapters that some of the study's participants share Rašković-Ivić's sentiments about Serbia's contemporary situation. This suggests the pervasiveness of political discourse, and how it may continue to colour narratives on a microlevel among, what she describes as, "ordinary people". The relevance of ordinary people and how we interpret and understand their pathways will come to the fore when we introduce the Life Course literature in Chapter 3.

The demographic issues, identified broadly in this section as the complications caused by the white plague (or, more formally and generally, low fertility trends) would be the subject of legislation by the mid-2000s by a post-Yugoslav, newly democratic Serbian republic. The legislating would manifest itself in 2008 as a lengthy and ambitious policy document entitled The Pro-Natalist Strategy.

## 2.5 The Pro-Natalist Strategy (2008)

In 2008, the Pro-Natalist Strategy was introduced in writing as a government announcement. Presenting a statement from the centre-left Labour and Social Policy Minister, Rasim Ljajić, the government gazette describes the (low) fertility situation in Serbia with the language of 'warn[ing]', 'problems', and 'troubles', carrying over some of the catastrophising language of the 1990s and early 2000s. But, unlike the presentation of the fertility problematic by Sanda Rašković-Ivić, here the issue is framed broadly as persisting for over half a century, rather than as the result of demographic complications during the post-socialist collapse and interwar years (which we consider to be 1990–2000). It is unclear whether this was the then Government's intentional subversion of the white plague discourses. Nonetheless, it certainly presents a distancing from earlier framings of the low fertility issue — particularly from the country's socially conservative, centre-right parties. However, for now, let us return to the introduction

of the Pro-Natalist Strategy. Below we can observe the narrative presented within the official statement on the then-centre-left Serbian Government's online gazette that explained:

The Serbian Minister of Labour and Social Policy, Rasim Ljajić, warned today that the birth rate in Serbia is 30 per cent below the level necessary for the renewal of the population, which [is] affect[ing] the economic structure of the population and ... the workforce .... He said that this problem has been troubling Serbia since 1956 and that low fertility causes depopulation and excessive ageing of the population. It is therefore no wonder that Serbia has one of the oldest populations in the world (Serbian Government, 2008, paragraph 4).<sup>23</sup>

Later, public remarks across the political spectrum on the Pro-Natalist Strategy would muddle a longitudinal and historical framing of the Government's position. On the one hand, the Government looked to argue that low fertility was an ongoing population issue, and one inextricably linked to an ageing population. This would be understood as a global demographic issue, rather than idiosyncratically "Serbian" or "Balkan" or "post-socialist". On the other hand, political challengers countered that there was a lack of focus on the *cause* and *origins* of the low fertility problem. For instance, following the announcement of the strategy in 2008, the politician Bojana Božanić, of the socially conservative Serbian Democratic Party, observed a lack of a coherent population policy and welfare state mechanisms to address low fertility (and perhaps the excerpt below presents a veiled criticism of the Pro-Natalist Strategy, its policy instruments, and its intentions). Following the Government's announcement, Božanić offered the following response to the Pro-Natalist Strategy, leaning towards the catastrophizing language of the 1990s discourses presented earlier in this chapter. Here, we see mentions of 'survival', 'fighting' and the 'white plague' (rather than the more objective demographic term "low fertility"):

The cause of today's white plague was a fight during the crisis years of the 1990s. We cannot improve our birth rates with one law, with one instant decision. We completely must change the population policy in the state of Serbia if we are to survive, because [at present] we do not have enough [specialist] laws to do so.<sup>24</sup>

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<sup>23</sup> Quoted from: <http://www.srbija.gov.rs/vesti/vest.php?id=38248> [accessed 12/01/2018]

<sup>24</sup> Quoted from: <http://dss.rs/kako-vlada-misli-da-stimulise-natalitet/> [accessed 12/01/2018]

We can observe tensions between outward-looking socially liberal values and inward-looking socially conservative values. Whereas the socially liberal parties and politicians sought to reconnect with more open and forward-looking values, the socially conservative counterparts are focused on national, Serbian values, not to be mixed with the normative intentions and goals of the periphery. This will guide our understanding of social policy on low fertility as well as micro-level attitudes towards the issue.

## 2.6 Welfare State Instruments: Yugoslavia Population from 1964–2004 and the Policy Pro-Natalist Strategy (2008)

We will now move to summarise some of the key policies that helped to inform the research design of the thesis.<sup>25</sup> Again, as before, this will be considered as providing background in terms of its purpose. This section will begin with a background of Yugoslav and Serbian social and family policy making. Policies, frameworks, and constitutional amendments both in and related to social and family policy have been introduced throughout 20<sup>th</sup> and 21<sup>st</sup> century Serbia (and Yugoslavia). The most committed waves of social and family policies began in the late 1960s and then the 1970s, concurrent with the European and North American “contraceptive revolution” movements (Cook, 2004). These reforms brought to light the importance of providing access to affordable or free family planning and sexual health services to women (and, indirectly, their families and partners). Additionally, the amendments and reforms that followed highlighted the importance of access to a range of political and social rights that complement women’s bodily autonomy.

We will now discuss the timeline of policies as presented in Figure 2.2 (p. 37).

Outwardly, as part of the values of the communist Central and Eastern European Soviet bloc,

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<sup>25</sup> The following sections and the thesis, overall, will work from the 2008 version of the Pro-Natalist Strategy. This is due to all qualitative interviews with participants being conducted prior to the 2018 policy amendments to the Pro-Natalist Strategy. However, we are aware of the importance of these amendments and will, where relevant, discuss the amendments and their potential impact on families (and the study’s participants too).

the Yugoslav (socialist) social policies of the 1960s and 1970s were designed to promote women's rights and access to healthcare (and conterminously touched on the fair and equal treatment of women in the workplace and their rights, broadly, within the labour market). However, it could be argued that many of these policies were placeholders, with little immediate political or cultural impact on the attitudes towards and treatment of women. For instance, Article 191 of the Federal Constitutional Amendments (1974) declares it a constitutional right for a woman to choose whether to have children (in other words, the right to decide whether to continue or terminate a pregnancy). Nonetheless, medical and legal barriers to family planning and abortion persisted. This amendment could be described as reactive; Roberts (1978) argues that the Article 191 amendment acted as a boilerplate response to what the Government had observed as a problematic rise in illegal, dangerous abortions in the 1950s and 1960s, rather than an amendment representing a committed political attempt at expanding women's rights in the spheres of (sexual) health, family, and home. Article 191 could be seen, perhaps, as an attempt at tackling illegal abortions rather than as an expansion of women's rights in childbearing. Further, perhaps the sheer volume of amendments introduced in 1974 speaks to a reactive, rather than ideological, or normative, approach to policymaking. The SFRY constitution is, historically, one of the world's longest, with ten statements of basic principles and 406 articles, spanning areas as diverse and far-reaching as a proposed sequence of events and delegation following the head of state's death to, as described above, women's reproductive rights (Roberts, 1978).

Moving forward, we see *The Elimination of Child Labour, Protection of Children and Young Persons* introduced in 1996. The policy adopted a child-centred approach, emphasising the importance of the government's involvement in supporting and helping parents provide their children with access to good educational facilities. Although this represented an important reform in family policy and supporting parents, the measures appear to be coloured by the

“white plague movement” of the 1990s, presenting, once again, a reactive and short-term-thinking approach to policymaking. Discourses around the white plague focused on the importance of children in the Serbian population and policies sought to protect their rights. While we cannot test for causality, we can observe overlaps in the content of discourse and the sequencing of policy. The Elimination Act offered privileges to parents but only at higher parity. For example, the measures afforded privileges, such as the reimbursement of preschool expenses, only to parents at higher parity, i.e. for a couple’s third and fourth child. Forthcoming populist policies would continue to be coloured by a “pro-natalist” and pro-high-parity ideology. The Pro-Natalist Strategy (Republic of Serbia’s Ministry of Family Welfare and Demography, 2008) was specifically introduced as a policy attempting to deal with the country’s low fertility rates. Looking at the language and style of the policy, the document opens with the following passages:

Childbearing [is] a positive natural component [that] directly affects [the] revitalization of population volume and its age structure. It performs two important demographic functions, if it is of such a rate as to satisfy the minimum population replacement level. Therefore, any birth rate not fulfilling these two functions is considered insufficient, which sooner or later leads to depopulation and excessive ageing. The issue of insufficient childbearing is critical ... as it is [a] deeply conditioned and henceforth lasting phenomenon representing [a] basic natural dynamic factor of demographic change when rates of mortality are low.

In addition to [the] direct impact on demographic development, insufficient childbearing is more important because of its indirect effects. Mortality increases and diminishes [the] effects of already low natality in the [context] of an ageing population. Childbearing when low, lastingly [a]ffects age structure leaving space for depopulation and ageing even after the replacement rate has returned to a needed level. The importance of its influence is even greater as the decrease during depopulation cannot be compensated even when reproduction reaches the level needed for minimum replacement but only if it remains above the level needed for minimum replacement for a considerable time (2008: 1).

Setting up the low fertility problem on a macroscale, the PNS begins by highlighting the importance of revitalising fertility rates through its policy measures and in response to what governments had identified as existing demographic issues. Post-2008 amendments, especially in the 2010s, have been broader and more inclusive to different parity families. Originally, the strategy offered financial assistance based on parity, but new amendments to the PNS,

especially in 2018, shed some of these parity-specific approaches. It can be argued that this was an important movement in policymaking and approaches to raising fertility: supporting *existing* families with children may encourage fertility rates and higher parity too.

Later amendments to the Pro-Natalist Strategy were certainly more inclusive, offering more financial assistance to all parents, regardless of number of children. However, an accent on supporting higher parity parents remains (e.g., from 2009 onwards, one-off payments of parents' cash benefit (family benefit) on the birth of the second, third, and fourth child, with the disbursement of benefits for the third and fourth child twice the amount for the second child). Similarly, where the 1996 policy was exclusively focused on maternity leave, the PNS introduces paternity leave. Looking to Figure 2.2 (p. 37) the timeline of family and social policy development demonstrates what Daly and Ferragina (2018: 267) describe as 'layering' whereby 'change does not occur in abrupt or exogenous ways' but rather with 'incremental policy change produc[ing] transformative results'. We see that over time, policies are revisited and expanded, but usually over longer "policy cycles". In the Pro-Natalist Strategy, changes were certainly incremental, with the Government operating on what could be described as an ad hoc basis, amending the PNS as new issues emerged or were deemed necessary to address. However, the core of the policy remains and its pro-natalist approach continues to move it forward.

Considering the real and measurable impact of the policies on modern Serbian families,<sup>26</sup> as introduced and outlined in the PNS (Republic of Serbia's Ministry of Family Welfare and Demography, 2008: 21), the document itself states:

Indeed, any process aim[ed] at chang[ing] the old system and establish[ing] a new system of values and attitudes ... should be persistent and systematic. It cannot be expected that real results will follow soon. However, if we can create the positive population climate and initiate [the] development of a new reproductive awareness and culture [that highlights the importance] *of the personal role[s] and responsibility[ies] in [problem-solving the population problems of*

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<sup>26</sup> This analysis is related to the families included in this study but also considers modern Serbian families more broadly, as it impacted on them at the time of interview and shortly thereafter. Here that would be the period 2017–2019.

*this country*] then, [we will begin to see] results of a long-term and sustainable nature. [The] development of reproductive awareness that respects social needs in this sphere is, on the other hand, necessary because the biggest and perhaps most complex problems that population policy must address belong to a sphere of individual awareness [emphasis added].

Here, we certainly see a focus on the importance of introducing new policies and value systems, but also the ‘personal roles and responsibilities’ of the individuals, as Serbian citizens.<sup>27</sup> These could be considered — in both “plan of attack” and attempts at values shifts — a departure and development from the population policies of SFRY (as outlined in Figure 2.2 p. 37). So how do these policies differ from the previous and historic social policies on family and family planning? Firstly, the PNS represents a singular, coherent strategy that captures, what the Serbian Government understands as *all the relevant areas* affecting childbearing, childrearing, and parenting. The PNS shows a concerted effort by the Serbian Government to capture the low fertility problem in a single but expansive policy document and “attack” the issue from several angles. For instance, angles such as: women in employment, encouraging gender equality at work and home, increasing child benefits, providing access to cheaper school resources, improving access to fertility treatment, improving knowledge of reproductive health and contraceptive use, increasing national networks of Early Childhood Education and Care, reducing costs of healthcare, et cetera. This holistic and overarching approach to understanding and addressing low fertility rates certainly captures more areas than previous legislative attempts and in previous iterations — especially when we consider the inclusion of modern contraceptive methods and fertility treatment. These are a progressive departure from traditional and socially conservative understandings of “how families come together” and “how children are made”. It signals that the Serbian Government are prepared to fuse developments in science, healthcare, personal values, and family to improve low fertility.

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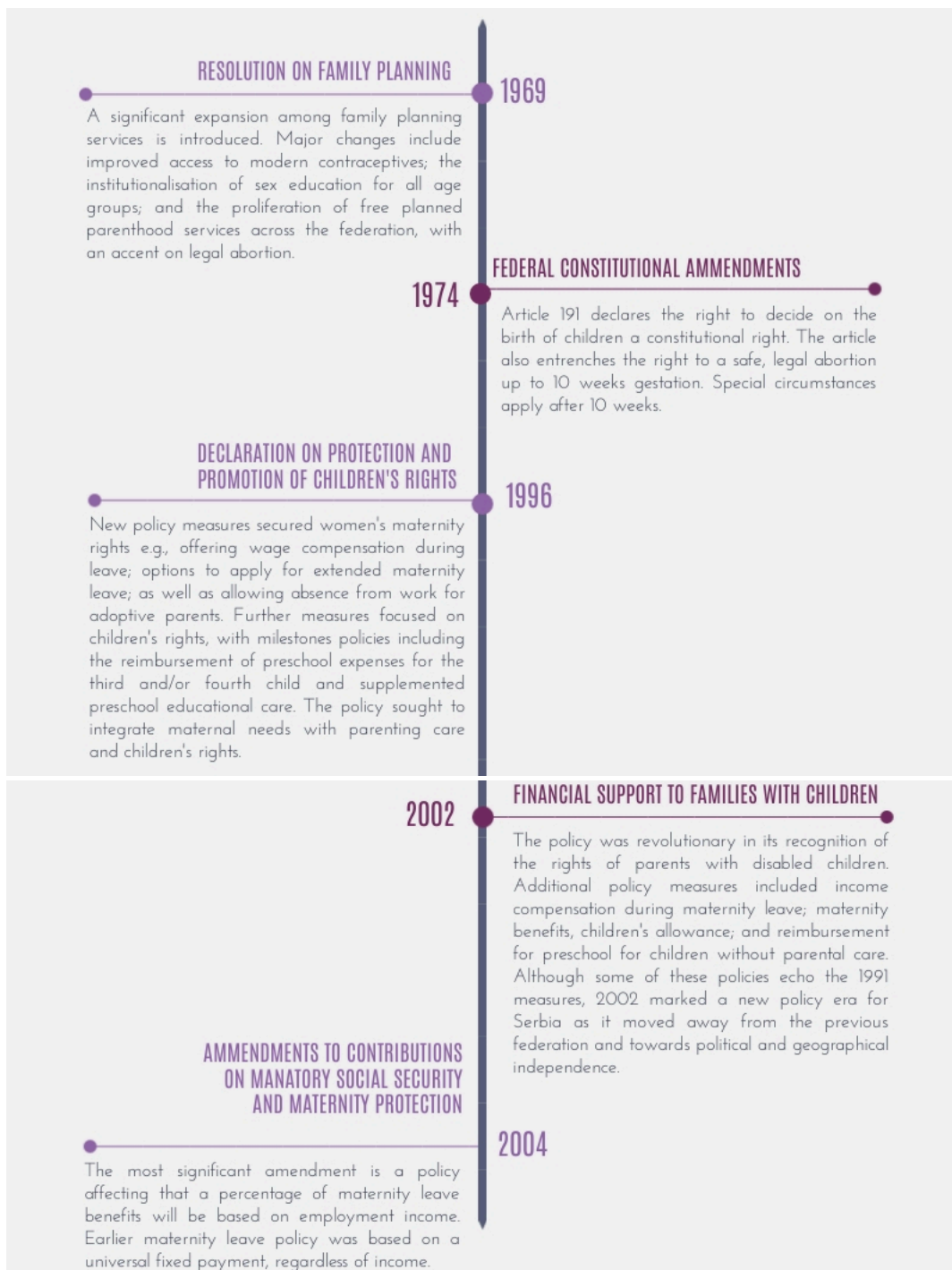
<sup>27</sup> This point will be strengthened by the observations of Beck and Beck-Gernsheim (2000) who argue that much of the low fertility problematic is left to the individual to manage. We will discuss this in Chapter 3.

Regarding changes in policy, we note the following major differences between the socialist-era family policies and the policies of the Pro-natalist Strategy. Firstly, Serbia's modern-day policy leans towards supporting higher parity families or encouraging higher parity, versus the socialist era policies that were more concerned with supporting the family as a unit and valued social institution. Secondly, there has also been a shift towards outsourcing private services and the government subsidising such private sector access. This is a movement away from the welfare-state era of the Yugoslav Socialist Government. Thirdly, women and their experiences, personal and domestic burdens, and the value of their life balance have been written directly into the PNS policies. This acknowledgement of women as individuals certainly signals a movement away from the traditional understanding of women as mothers — how they were commonly conceptualised in both socialist-era society and family policy. Finally, the government has, like many European countries, shifted its policy focus away from supporting the family as a unit and towards conceptualising parents as two individuals with needs and desires. Using our interview data and UNICEF data sets, we will see in later chapters that some policies have been more effective and better utilised than others. In the interview portions, we will see some participants describe portions of the PNS policies impacting on their lives in different ways. Notably, we will observe that attendance at Early Childhood Education and Care (ECEC) has increased significantly, perhaps demonstrating how parents needed the proliferation of ECEC networks and government-subsidised support. It also appears to show that social policy and family policy can lead, as argued in the PNS (Republic of Serbia's Ministry of Family Welfare and Demography, 2008) excerpt above, to value shifts in parenting. We will consider these in detail in Chapter 9.

## 2.7 Conclusion

This chapter presented an overview of the history of Yugoslavia and Serbia's family policies, through three major iterations. The sections presented intend to provide a historical and political context for studying Serbia, especially considering the country's post-socialist history. The sections on policymaking considered some relevant literature on layering welfare state policies to understand the increase in the Serbian Government's arsenal of family policy instruments. We also looked to how particular policies within the PNS will apply across the thesis. We will return to the social policy literature in Chapter 8 when looking at the study participants' use of early childhood education and care as a form of caregiving.

Figure 2.2: Timeline of Key Family and Social Policy Measures in Period (1969–2004)



(Adapted from: Roberts, 1978)

## Chapter 3: Literature Review

### 3.1 Introduction

In Chapter 2, we looked at the empirical realities and demographic situation of Serbia and Yugoslavia. There, we considered the role of history and politics in informing the contemporary state of play in policymaking. Now, we will move towards the fertility problematic, and the theoretical areas of interest encompassed by it. This chapter will introduce the relevant academic literature and theoretical frameworks related to fertility and childbearing, demographic projections about fertility behaviour, decision-making in pathways and trajectories, and sociological frameworks on family and family planning. We will assess the pertinence of these frameworks, with the analysis intended to guide the theoretical thread of the thesis. We will begin with an introduction of the Life Course Perspective and cover relevant literature in the field, using this as a reserve from which to draw key sensitizing concepts. Then, we will delve into the broader fertility behaviour literature. Here, we will consider what can be termed the “classical” fertility texts that have a rich history of being studied throughout the late twentieth and early twenty-first century. Finally, the chapter will consider the theory of capital, as introduced by Pierre Bourdieu. The theory of capital will be used as an essential element in theory-building throughout our later empirical chapters.

### 3.2 A Theoretical Lens for Understanding Transitions into Adulthood: The Life Course Perspective

The Life Course Perspective has gained traction in the literature on the sociology of family. With theoretical roots in sociology, psychology, and demography, the perspective presents a transferable approach that can be applied to different fields dealing with individuals who are experiencing transitions in their life course. The perspective has been used across published

studies, particularly in social psychology and healthcare research. Life course has its origins in Elder's research (Elder, 1978) and looks at the 'ways that families and individuals are linked to situations in the economic institutions' (Hutchinson, 2019: 358). Early Life Course Perspective developed from 'two different streams of research: Jr.'s for Glen Elder (1978) analysis of three pioneering large-scale longitudinal studies, and inquiry by social historians of how families change and changing historical conditions. Researchers in both traditions were interested in the social, cultural, and economic contexts of human behaviour' (Hutchinson, 2019: 352). Here, the focus was placed on understanding the point of view of ordinary people and documenting their everyday lives. Elizabeth Hutchinson (2001) has done much to develop and refine the approach over the last two decades. Her approach (shown in Figure 3.1, p. 54) works well for an examination of narratives, choices and behaviour, and the role of meaning-making in a life course (Hutchinson, 2019: 361). As the Life Course Perspective adopts a holistic view of an individual's life, it allows researchers to track the different and many pathways towards a life event. The approach asks 'how biological, behavioural, and social factors throughout life, and across generations, act independently, cumulatively, and interactively' to influence outcomes (Mishra, Cooper, and Kuhn, 2010: 92). A Life Course Perspective highlights the:

transitions or changes in roles and statuses ... starting school, entering puberty, leaving school, getting a first job, leaving home, retiring, and so on. Each transition changes family statuses and roles and generally is accompanied by family members' exits and entrances' (Hutchinson, 2001: 14).

In this sense, the approach can allow researchers to test for causality, but is also useful in constructivist, qualitative analysis. This will prove useful to us in Chapter 7 when we look to understand how family members, like parents and grandparents, can assist in the participants' pathways to parenthood.

### 3.2.1 Key Terms in the Life Course Perspective: Drawing Out Sensitizing Concepts

“Transitions”, “barriers”, “trajectories”, and “pathways” are the key terms and main vocabulary of the Life Course Perspective. These terms illustrate and consider individuals’ lives as punctuated by a series of important cradle-to-grave transitions and changes (Hutchinson, 2001). When looking to understand the decisions an individual makes, Hutchinson (2019: 10) explains that we ‘might begin with an event history or the sequence of significant events, experiences, and transitions in a person’s life from birth to death’. Indeed, this lens adopts a longitudinal and intergenerational view of family, seeing life courses ‘unfold over time and across multiple generations’ (*ibid*: 8). Below are definitions of the key terms in the approach:

- (i) **Cohorts** matter in the analysis of the life course when grouping together individuals, usually by age and year of birth. Hutchinson (2001: 353) defines a cohort as ‘a group of persons who were born during the same period and who experience particular social changes within a given culture in the same sequence and at approximately the same age’. This dovetails with our working definition of **cohort fertility**.
- (ii) **Transitions** are movements in the life course. These are usually significant and ‘can produce both stress and opportunity’ (*ibid*). Transitions are usually related to family life and the ‘entrances and exits’ of family members (*ibid*). For instance, marriage, childbirth, death of a relative.
- (iii) **Trajectories** consider the direction towards a given milestone. The perspective considers that ‘each life course transition is embedded in a trajectory that gives form to the life course’ (*ibid*: 354). And ‘because individuals and families live in multiple spheres, their lives are made up of multiple intertwined trajectories, family life

trajectories, health trajectories and work trajectories’ (Hutchinson, 2019: 15). These strands are woven together to form a life course and individual and joint narratives.

- (iv) **Life event** is defined as ‘a significant occurrence that may produce serious and long-lasting effects for an individual or a collective’ (Hutchinson, 2019: 354). In this thesis, the term “milestone” moment will be preferred, largely to move away from the negative connotations that the term “life event” has acquired in the literature.
- (v) **Turning point[s]** are major and lasting changes experienced by the individual. Most turning points tend to be about health and family. Hutchinson (2019: 353) explains that ‘at the individual level, the turning point may involve a transformation in how the person views the self in relation to the world and/or a transformation in how the person responds to risk and opportunity’. We will see more on risk and opportunity when we discuss the classical fertility literature and consider how individuals calculate risk and opportunity when making important decisions at life junctures.

### 3.2.2 Looking to Major Themes in the Life Course Perspective

In the 2010s, Hutchinson put forward several updates to further detail and track the theoretical nuances of the perspective.<sup>28</sup> Returning to the seminal work of Elder, Hutchinson contributes the concepts of dominant and interrelated themes in the Life Course Perspective. These she introduces as follows:

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<sup>28</sup> In a 2019 article, Hutchinson updated the key tenets and concepts of the Life Course Perspective. She comments that in the 15 years since her seminal work on the approach, it has been applied in several fields and with success. Primarily, the work has remained focused on understanding the pathways of families but has expanded into adolescent and young adult transitions (Hutchinson, 2019: 352). These expansions of the Life Course Perspective signal its durability and usefulness in sociology and social work. She also considered contributions from psychology and social work to the research area and used these to strengthen the existing ideas of the approach.

1. Interplay of Human Lives and Historical Time
2. Timing of Lives
3. Linked or Interdependent Lives
4. Human Agency in Making Choices
5. Diversity in Life Course Trajectories
6. Developmental Risk and Protection

Numbers five and six have been contributed as new themes in the field. For our purposes, themes (4) and (5) will not be explored in detail as they tend to serve research in social work, rather than sociology. We will focus, instead, on defining (1), (2), (3) and (6) as they apply to the aims of this study. These themes will inform our understanding of the Life Course Perspective and the theoretical aims of later chapters. This is a common approach in life course studies: Hutchinson explains that life course researchers tend to focus on one or two of these six themes when conducting research. As our project is extensive, we will expand to three or four themes. We will now consider which of these themes is most relevant to the aims of the thesis.

### **1) Interplay of Human Lives and Historical Time**

This theme considers how an entire cohort can be affected by outside historical events. Hutchinson explains that ‘public policy often lags such social changes’ (Hutchinson, 2019: 356). We will see historical events arise as new themes in Chapter 7, especially with older participants discussing their experiences of young adulthood in the interwar years (1990–2000). The idea of cohorts will also inform our understanding of low fertility and how we choose to capture and study a “generation” within the Serbian post-socialist context.

## **2) Timing of Lives**

Societies rely on age ‘as an important variable, and many social institutions are organized, in part, around age’ (Hutchinson, 2019: 356). Biological age, psychological age, and social age are discussed, but we find that social age is the most relevant to our interests. In the Life Course Perspective, scholars ‘are interested in the age at which specific life events occur, which they refer to as timing of lives’ (*ibid*). In fertility and childbearing, age is considered an important biological and cultural factor, and may influence how participants perceive their fertility intentions and plans to pursue childbearing and childrearing. The timing of lives will emerge as a theme across the empirical chapters. We will refer to this as the “sequencing” of milestones.

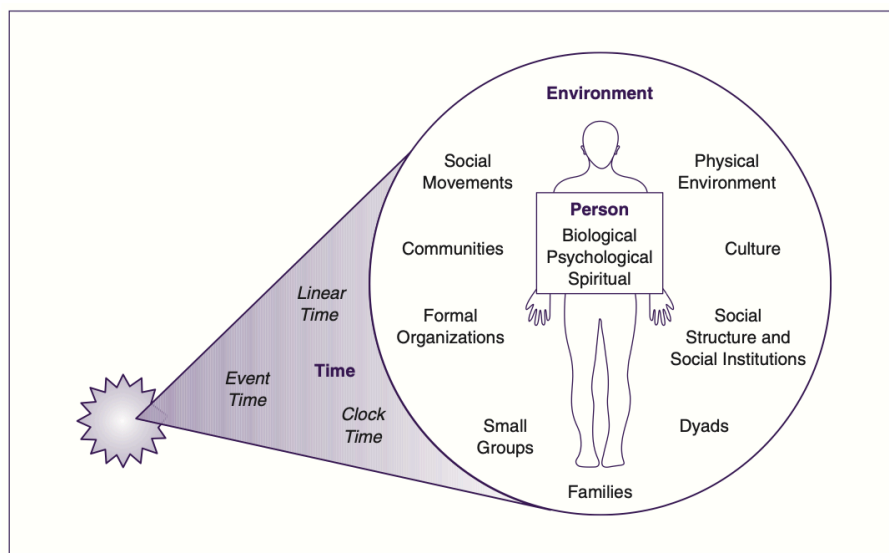
## **3) Linked or Interdependent Lives**

This theme considers family as ‘a primary source of both support and control’ (Hutchinson, 2019: 357). When considering links and interdependence, we will study ‘how relationships both support and control an individual’s behaviour’ (*ibid*). Hutchinson explains that ‘[s]ocial support is an obvious element of interdependent lives, but relationships also control behaviour through expectations, rewards, and punishments’ (*ibid*). We will see across the empirical chapters that there exists a pattern of mutual support between older adults and their children (known to us as the participants). These relationships are formed by life events and transitions across the life course. Here, an overlap with the theme of Interplay of Human Lives and Historical Time can emerge when families go through historical disruption such as wars, major economic downturn, or by the migration of younger generation family members (Clark, Glick, and Bures, 2009). In Chapter 6 and Chapter 7, we will see the concepts of mutual support and linked or interdependent lives forms a significant portion of the analysis and theory building.

#### 4) Developmental Risk and Protection

This theme considers the links between different developmental stages in the life course, such as childhood, adolescence, adulthood, and old age (Hutchinson, 2019). Hutchinson (2019: 360) explains that ‘sociologists propose that social institutions and societal structures develop mechanisms that ensure increasing advantage for those who are well-resourced in early life and increasing disadvantage for those who struggle’. This theme will come through most prominently in Chapters 5 and 8, when we consider participants’ formative years in informing their attitudes towards family and childbearing and childrearing.

Figure 3.1: The Relationship of Person, Environment and Time



▲ **Exhibit 1.1** The Relationship of Person, Environment, and Time

(Source: Hutchinson, 2001: 12)

### 3.3 The Fertility Behaviour Literature

We will now move away from looking at the Life Course Perspective, and towards the “traditional” fertility literature. Whereas the previous sections were offering theoretical guidelines for the study, the following will focus specifically on the fertility problematic and its application to a post-socialist context.

What is considered the “ideal” family size has changed over the last century, with

individuals bearing, and expressing a desire to bear, far fewer children than previous generations. “Ideal” family size is expressed through *fertility preference*, with influences considered to stem from three broad spheres: personal, demographic, and societal (Ajzen and Klobas, 2013). Regarding the influence of partners, we contend that the dyad and couple will be seen as sometimes functioning as one in their fertility behaviour. Miller et al. (2010: 195) argue that both the individual’s desires and their perception of their partner’s desires are ‘reliable and potentially interesting elements’ in understanding fertility intention.<sup>29</sup> They assert that within a couple, ‘the two individuals behave as one because of shared (family) planning’ (*ibid.*: 194). Fertility preference is, therefore, understood as the couple’s reasoned decision to position one fertility choice over another (Iacovou and Tavares, 2011). These preferences are formed through the couple’s interaction with each other, and arise out of motivational traits and desires, perceived desires of the partner, and fertility intentions (Miller et al., 2010: 195). Fertility intentions ‘are related to individuals’ circumstances and perceptions’ about the costs and benefits of bearing (more) children (Kuhnt and Trappe, 2013: 2). Here, there appears to be a link between intention and behaviour that is expressed through “reasoned action”, particularly as a dyadic unit (Balbo, Billari and Mills, 2011; Kuhnt and Trappe, 2013: 3, 4).

### 3.4 The “Classical” Fertility Literature

The following sections will introduce six approaches to explaining fertility behaviour. These are selected from a broad review of the fertility literature, as shown in the work of Frejka et al., (2016). Four of these frameworks are drawn from the classical fertility literature and adopt a more functionalist understanding of choice and decision-making. However, as the study is seeking to identify sensitizing concepts, we will overlook their functionalist purposes as we look for key concepts to guide our study. We identify the factors that may impact on the decision-

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<sup>29</sup> Thus, the couple will be framed as a single unit of analysis in the understanding of “the couple” here.

making processes in fertility preference. After we introduce these theories, we will consider which sensitizing concepts could apply to the research project. Then, in Chapter 4, we will deepen the discussion on the concepts and their definitions.

### 3.4.1 Rational Choice Theory: Microeconomic Approaches to Fertility Behaviour

In Rational Choice Theory, individuals are thought to be utility maximisers: their choices are guided by their calculations of perceived costs and benefits, whereby the individual's preference and end goal are to increase utility. Regarding the decision-making process in childbearing, Rational Choice Literature sees fertility decline as the result of individuals calculating the opportunity costs of childbearing as too high, and instead, the pursuit of other milestones — often the economic, professional, or personal — are perceived to offer higher returns than childbearing. These perceptions, however, may be cultural and sociological: understandings of what qualifies as an “opportunity” or a “benefit” may depend on the contemporary zeitgeist or normative and personal values.

Birth order matters in calculating the opportunity costs of childbearing: an adult at parity-one (one child) will regard the utility in childbearing differently to an adult at parity-zero (no children).<sup>30</sup> Experience also adds to the individual's ability to make and expand their calculation. Then, additional layers of costs and benefits emerge as parity increases — parity-one and parity-two may be understood to offer different gains. In other words, the individual may perceive that as parity increases, the perceived net benefits fall (McDonald, 2000). Furthermore, a parity-one individual may have a different understanding of “utility.” At parity-one, normative factors (such as the individual's values and preferences) are understood to be

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<sup>30</sup> We comment on this in Chapter 1 when considering the different types of fertility measurements and how they can be applied. Ultimately, the project will argue that it is difficult to measure the intentions of a childless individual (parity-zero) versus an individual with one or more children (parity-one or above). This is largely due to the framework of reference that is formed from lived experiences and the timing of lives. For this reason, the thesis is interested in understanding, comparing, and contrasting the experiences of parents at different parities and considering to what extent different parity level can impact on childbearing decisions and negotiations.

most influential in the decision-making process (Popper, 2012: 215).

However, beyond parity-one, the decision-making process is understood to be guided by structural factors, such as the functioning and efficiency of the welfare state. In a social policy context, the individual may consider the value of subsidized childcare services, generous parental leave, universal child benefits, free education/healthcare services, et cetera. In this sense, the interplay between the individuals who come together as a couple and the role of the welfare state matter in the judgement of costs and benefits. Again, experience offers an understanding of what resources may aid parenting. Popper (2012: 215) argues that the ‘decision on whether to have further children is to a large extent rationally-based and is more dependent on weighing up the incentives available from the state’. Under this approach, for adults to begin childbearing and existing parents to increase their family size, welfare state resources could help incentivize childbearing (or higher parity childbearing).

Considering Serbia’s post-1991 political and economic conditions, the Rational Choice approach appears pertinent: high unemployment rates, low national wages, and a difficult housing situation have led to the absence of structural support and “safety nets” for citizens. Such conditions may be especially pressing for (would-be) parents, who must anticipate (monetary and psychological) costs in childbearing. Focusing on Serbia’s social policy measures, in the PNS (2008), Frejka et al. (2016) argue that poor policy implementation and a lack of appropriate government funding has meant the absence of welfare state incentives to lessen the “risks” associated with higher parity. So, if the decision to have a second child is rooted in an assessment of utilizing state incentives, then the high proportion of Serbian parents remaining at parity-one may be explained by the absence of strong structural support. Parents who have experienced a lack of support from the welfare state would be discouraged if structural conditions mattered in their decision-making process.

Although enlightening, Rational Choice Theory falls short in explaining the complex

sociological determinants in the couple's "cost-benefit analysis" (and joint negotiation) of fertility preferences. The main theoretical deficiencies of Rational Choice Theory are fourfold.

Firstly, it presents an ontological approach that (mis)understands human beings as rational and unemotional calculators rather than multifaceted (and often conflicted) emotional individuals. If we return to the Life Course Perspective, here, the individual is understood to be guided by internal factors such as beliefs and feelings. In particular, the application of Rational Choice Theory to an area as "emotive" as childbearing could be a grave error — some couples are prepared to make enormous sacrifices in the name of childbearing; the ontological relationship between parent and unborn child and the feelings underlying this are not easy to measure.

Secondly, Rational Choice Theory assumes that decisions are made in *ceteris paribus* conditions outside cultural, societal, or personal influences. Again, the Life Course Perspective would disagree with this: demographic and societal factors also influence the pathways taken and the decisions made at different junctures. This need not be the case for all would-be parents, but it is certainly worth considering that decision-making goes beyond the personal beliefs of the individual and the individual's partner.

Thirdly, the theory assumes that individuals can accurately predict the (monetary and other) costs of childbearing. This argument holds especially if we are to consider Serbia's socio-economic conditions as unpredictable (unless the calculation assumes that things will probably be difficult and challenging).

Finally, the theory implies that individuals can anticipate their response(s) to unforeseen events. In fact, childbearing is not always planned, and upon learning of an unplanned pregnancy, the couple may be prepared to sacrifice a high degree of utility (Castles, 2010). We will develop this concept fully in Chapter 5.

Although Rational Choice Theory offers a framework for understanding the decision-

making calculations that may prevent couples from moving towards higher parity, the theory relies heavily on offering economic, macro-level, and structural explanations and, therefore, largely disregards the influence of micro-level psychological and sociological factors in realizing fertility preferences. However, the fundamental understanding of “risk” is ontologically interesting, and its contribution will be considered in the study’s selection of sensitizing concepts. “Risk” as a sociological concept is developed further in the sections below.

### 3.4.2 Risk Aversion Theory

Risk Aversion Theory presents a similar understanding of the reasons for fertility decline as the Rational Choice Theory. Firstly, it holds that individuals calculate the potential risks (and costs) associated with childbearing. Then, if such risks seem likely, individuals are inclined to avert or avoid decisions that increase risks (and costs). However, the state’s introduction and maintenance of generous (social) policy measures may encourage individuals to take risks (such as having more children). McDonald (2000) argues that welfare state support could alleviate parents’ anxiety and reduce the risks associated with childbearing. Theoretically, this moves beyond Rational Choice Theory when it defines the absence of such government policy “safety nets” as the *individualization of risk*. In other words, the financial and logistical responsibilities commonly associated with childbearing have, in the low fertility period, shifted away from the state and towards the individual. Consequently, the uncertainty of being unable to access and/or afford expensive private, or limited public, resources lead to the assessment that (higher parity) childbearing carries potentially unwanted and unmanageable risks. This may hold true in a post-socialist Serbia where many of the childbearing risks need to be absorbed by the state, and recent generations of parents would find themselves having to privately fund much of a child’s upbringing, especially when faced with substandard or inadequate resources to do so.

The spread of the “individualization of risk” has been widely covered in the anomie literature. Originally introduced by sociologist Emile Durkheim (Durkheim 1897, cited in Marks 1974), the anomic condition is said to arise when there is a dysfunction in the institutions that ordinarily regulate social interaction. In the case of Serbia as a Yugoslav state, sudden and unexpected social changes may have led to the collapse of institutional socialism. In turn, conditions became risky: prosperity diminished, the economy became unstable, and living standards declined. In Yugoslavia, later, we see that the ethnic conflict that characterized the post-socialist 1990s created further tension and adversity (Zhao and Cao, 2010: 1210). On a macro-social level, such a weakening of a society’s systematic integration ‘is usually caused by the erosion of micro-social interaction patterns’ (Genov, 1998: 197).<sup>31</sup> Since the course and results of the transformations in the region are difficult to control and predict, the Central and Eastern European (CEE) societies still face a high intensity of risk, and can, therefore, be defined as risk societies (*ibid*: 197, 198). The following section considers the micro-level fertility behaviour within a post-socialist risk society.

### 3.4.3 Anomie and Risk

Central and Eastern Europe’s transition from centralized, self-managed communism or socialism to free-market democratic capitalism has been characterized as largely chaotic, disorderly, and “anomic” (Rodin, 2011; Zhao and Cao, 2010; Kohler et al., 2009; Sobotka, 2011). Anomie leads to ‘a deinstitutionalization of standards and values [that] involve[s] a sense of “normlessness” through which cultural interpretive models lose their function’ (Rodin, 2011: 224). In turn, anomie creates cultural and political disequilibrium that complicates citizens’ relationships — with institutions, other people, and themselves — encouraging manifold feelings of “distrust”. In CEE, Rodin argues, two types of distrust exist: *institutional* distrust and

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<sup>31</sup> Identifying these micro-social interaction patterns within the couples (and their support networks) is one of this study’s overarching aims.

*interpersonal* distrust (*ibid*: 227).

In the case of the former, worsening distributive justice and socio-economic instability caused by post-communist and post-socialist transition inspired feelings of institutional distrust (*ibid*). While post-1945 socialism had been introduced as a system of the politically triumphant — and promised a future of equality and stability — post-1990 capitalism was, on the other hand, received as the *only* alternative to failed Yugoslav socialism, and, in turn, a “necessary evil”. Institutional and economic transformations were met with widespread normative resistance, and a transition to capitalism was seen as the ultimate imposition of western hegemony and, thus, the dilution of (Serbian) socialist identity (Benson, 2004; Buden, 2007; Lane, 2004; Petritsch and Solioz, 2008). Such a loss of (national) and personal identity, Zimmer (2002: 174) argues, disorients the individual and, in turn, they may struggle to locate true goals and desires. This, Rodin (2011) explains, leads to interpersonal distrust.

In the case of the CEE risk societies, post-transitional societal conditions have created fierce competition for limited resources and opportunities, encouraging suspicion or tension among citizens (Rodin, 2011: 227).<sup>32</sup> On a social and familial level, this has meant that young adults have become reluctant to partner, marry, or bear children, as finding someone with whom to pursue such familial desires proves difficult in a distrusting society (*ibid*: 228). Consequently, having children is seen, quite simply, as *too risky*. And yet, conversely, this may also lead to a high degree of institutional distrust, and a return to personal networks of support.

Anomic conditions are then associated with reduced risk-taking: the more anomic living conditions are, the more difficult it is for individuals to pursue important, but regular, life “risks”: coupling, childbearing, and parenting (Rodin, 2011: 227). Considering the relationship

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<sup>32</sup> The fall of communism and socialism across Central and Eastern Europe left a vacuum for property and resources, one that was taken up by the wealthy few, leading to the pauperisation of the majority. The swing from stability for all to stability for the few has certainly led to anti-western and anti-neoliberal sentiments. Here, neoliberalism is understood to be a western venture, one that has hurt post-communist and post-socialist societies. These attitudes add to anomic hostility towards the new democratic and free market systems in place.

between risk-taking and childbearing, Rodin asserts that although anomic conditions may, overall, discourage young adults from reproducing, the ‘effect of anomie appears to be weaker on first births, but considerable for births of higher order’ (2011: 227). It appears that anomic conditions are related to low parity and smaller family trends, where bearing two or more children is seen as an unnecessary (socio-economic and/or reproductive) risk, especially among women who ‘seem to be more affected by anomie than men’ (*ibid*: 227). The potential relationship between anomie and the gendered interpretations of engaging in higher birth order suggests that there would be value in exploring the personal experiences, levels of trust, and risk assessments of a group greatly affected by post-communist and post-socialist anomic conditions: low parity women (Rodin, 2011: 227; Pollack Petchesky, 1995: 153).

#### 3.4.4 Post-Materialist Values

The Post-Materialist Values (PMV) literature argues that transitional societies are moving away from materialist values (the need for basic “material” securities such as food, shelter, and basic income) and towards post-materialist values (the need to expand one’s self-esteem, intellect, and consciousness) (Pavlovic, 2015). The PMV approach is linked to the Second Demographic Transition literature<sup>33</sup> (SDT) and signals a shift from the individual’s traditional associations with religion and state, and towards the self-determination and self-realization of personal values and goals. In the PMV view, delayed childbearing is understood as part of a general socio-economic and cultural movement in reproductive and familial values as individuals choose to build fulfilling lives away from traditional familial institutions (McDonald, 2000).<sup>34</sup>

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<sup>33</sup> The Second Demographic Transition ‘entails on the one side a macro-level view of societal development that stresses the importance of ideational changes in bringing about certain demographic behaviours such as single living, pre- and post-marital cohabitation, delayed fertility, high prevalence of non-marital fertility and high rates of union disruption ... on the micro level the diffusion of the SDT concept has focused attention on the importance of subjective evaluations (especially, of values) in shaping differential family and fertility behaviors within societies’ (European Academy of Pediatrics, 2016, paragraph 6).

<sup>34</sup> With reference to policymaking, McDonald explains that most post-industrial states have moved towards a policy approach that favours the individual’s personal responsibility, shifting it from state to citizen.

Beyond this, the PMV approach suggests that whilst children were originally understood to satisfy “material needs” — for instance, by assisting in households and/or entering the workforce to support household income — in post-industrial societies (where such basic economic and physical needs are often satisfied by parents) bearing children is understood as an expression of emotional fulfillment, self-actualization and/or the consummation of a (romantic) partnership. In sociology, these value transformations are understood to be part of a general paradigm shift, whereby postmodernism has broadly changed people’s values and attitudes towards childbearing (especially among women).

The PMV contributions are interesting when applied to the Serbian context, with the literature tending to argue that a need for family-of-origin support in satisfying material needs has emerged, arguing for the importance of intrafamilial support (Tomanović and Ignjatović, 2009: 272). Nonetheless, childbearing may not factor into this exchange of “materials” and the interchange may be between young adults and their older (socialist generation) parents.

Inglehart et al.’s (2008) study of post-materialist values<sup>35</sup> across sixty-four countries reveals some interesting findings (Figure 3.2, p. 65) CEE’s countries (and the ex-Yugoslav territories) tend to rank somewhere in the middle of the PMV scale, at around PMV 1.9 (Serbia came in at PMV 1.52). Countries that ranked highly on the PMV scale tend to qualify as well-developed, post-industrial western states with high Gross National Product (GNP) and replacement level (or close to replacement level) total fertility rates (TFR): New Zealand (TFR = 2.05), the United States of America (TFR = 1.88), the United Kingdom (TFR = 1.9), Sweden (TFR = 1.91), Australia (TFR = 1.93), Denmark (TFR = 1.73).<sup>36</sup> This would suggest that a low

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<sup>35</sup> Inglehart et al. measure the relationship between Gross National Product/Capita and Materialist Values (where 1 = 100 per cent Materialist) and Post-Materialist Values (where 3 = 100 per cent post-Materialist). The ex-Yugoslav countries included by Inglehart et al. (Croatia, Serbia, Slovenia) are highlighted on Figure 3.2 (p. 65).

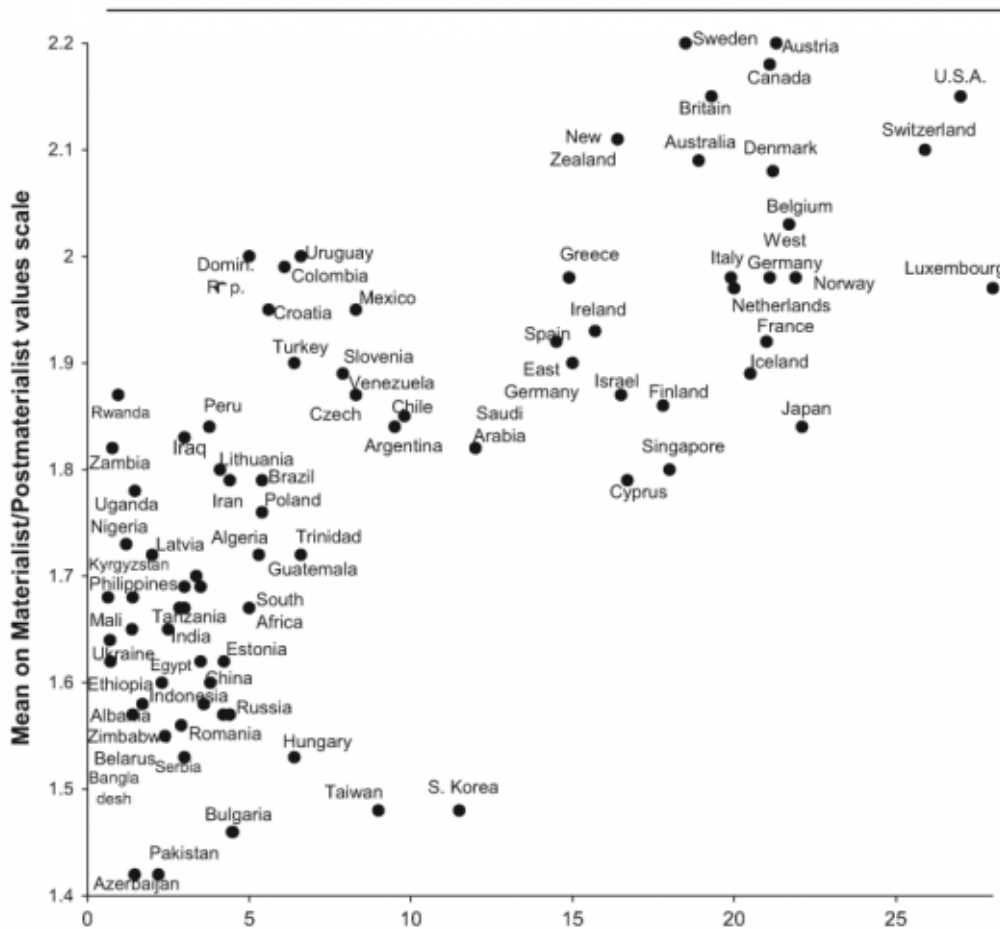
<sup>36</sup> There are, of course, exceptions. These high PMV countries also have low fertility rates: Austria (TFR = 1.44), Canada (1.6), and Switzerland (1.52). However, replacement level fertility is not always necessary to stabilize a country’s population.

to medium score on the PMV scale is associated with fertility decline in *transitional* countries that are moving away from materialist values and towards post-materialist values. Thus, the full realization of post-materialist values may be a precondition for stabilizing birth rates.<sup>37</sup> It appears that as Central and Eastern European transitional societies have experienced a series of complicated political, economic, and social problems, the full realization of PMV has been delayed. This is understandable: although Serbian parents may generally have their “material” needs satisfied, “risk societies” (prone to economic and political instability) may lead to uncertainty in whether those material needs will *continue* to be satisfied in the future. In turn, bearing more children can, again, be seen as risky. In the following section, Beck and Beck-Gernsheim (2000) theorise on individuals’ value transitions and self-realizations when considering post-communist and post-socialist CEE transition.

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<sup>37</sup> PMV conditions appear to support total fertility rates around replacement level, but not much higher.

Figure 3.2: Materialist and Post-Materialist Values by Gross National Product/Capita For 2008



*Serbia is on the far-left lower quadrant, at 1.52.*

Adapted from: Inglehart et al. (2008: 282)

### 3.4.5 The Theory of Individualization

The theory of individualization moves into the sociology of fertility behaviour and opens the way for social psychological terminology to comment on the factors influencing the choices individuals make in their life courses. Beck and Beck-Gernsheim (2000) describe fertility postponement as symptomatic of normative confusion and indecision in post-communist transitional societies. Utilizing the model of individualization, they explain delayed childbearing trends as the product of (young) adults — and particularly women<sup>38</sup> — being

<sup>38</sup> “Modern women” are among the first generations with access to many economic, familial, and cultural freedoms that had previously only been awarded to men. As such, women are currently confronted with more “labyrinthine”

confronted with “labyrinthine” life choices. In such conditions it becomes increasingly difficult to navigate competing economic and familial desires: contemporary institutional structures and changing normative values have fostered a social climate where one is ‘condemned to individualization ... to create, to stage manage, not only one’s own biography but the bonds and networks surrounding it and do this amid changing preferences and at successive stages of life, while constantly adapting to the conditions of the labour market, the education system, the welfare state and so on’ (*ibid*: 4). Thus, in creating and styling one’s biography, the individual is responsible for balancing a myriad of competing decisions and opportunities.

Looking back across several decades of Socialist Yugoslavia, this was not necessarily the case: generous welfare state policies, high employment rates, and state-secured economic opportunities — accompanied by the strong ideational and normative values of the socialist state — meant that most people followed a (perhaps, largely predetermined) life path with limited risks. However, following post-socialist independence, many of the risks that had previously been absorbed by the state were suddenly left to the individual’s command (Milner, 1999). And with a new capitalist system in place — one that pushed for the virtues of social and economic competition and post-materialist values — new risks emerged. Thus, Beck and Beck-Gernsheim explain that the post-communist 1990s shifted biographic responsibility from the state to the citizen, with the individual pushed to navigate ‘a complexity of social interconnections’ (2000: 4) that may eventually lead to (undesirable) compromises at the intersection of socio-economic and familial preferences. In other words, this may explain why low parity couples may *indicate* positive fertility intentions but fail to realize their high parity preferences.<sup>39</sup>

Regarding the impact of individualization on women, Beck and Beck-Gernsheim (2000)

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life choices. It is also worth noting that a rise in extramarital births may indicate that women, in an individualized society, are forging new paths that are outside traditional models of family planning and behaviour.

<sup>39</sup> One such intersection that may compromise higher parity preferences is the absence of welfare state support.

discuss the presence of competitive, and often mutually exclusive, life choices. Here, gender, as a social construct and social experience, exists as an important deciding factor in the construction of fertility preference. To offer an empirical example of the decisions made at the life balance intersection, we can observe the relationship between a woman's level of education and her birth rate: as women attain higher levels of education, they become more inclined to have fewer children or delay childbearing altogether (see: Skirbekk, 2008; Sobotka, 2011). Individualization would suggest that with myriad personal and professional opportunities to pursue, women might be pushed to delay childbearing. There are several reasons why this may occur.

Firstly, balancing higher education and employment costs and responsibilities alongside personal and familial costs and responsibilities can be economically (and psychologically) challenging.

Secondly, the expanding freedoms and opportunities available to many women may lead to an increase in the desire to pursue a professional and academic career, instead of following "traditional" childbearing aspirations.

Thirdly, with increased freedoms and opportunities, and in the absence of stringent societal expectations in childbearing, some women may express a disinterest in childbearing altogether.

Finally, despite a marked increase in women's rights and freedoms, the division of domestic labour among married couples continues to be as disproportionately orientated towards women as it was half a century ago (Miettinen et al., 2011; European Commission, 2002; McDonald, 2000). In turn, the pressures of domestic and professional/academic duties may leave little time for childbearing and childcare responsibilities. It seems that at present, women have more rights and, consequently, *more responsibilities* than before.

This redistribution of rights and responsibilities between the genders (especially in a

domestic and familial context) has led to a renegotiation of goals and desires, which has, arguably, been complicated for women (Asher, 2012: 4). Whilst the bureaucratic and legal frameworks pushing for gender equality in the workplace have proliferated — especially in post-2018 Serbian policymaking — the cultural and normative transformations needed to push parenting and domestic equality in *households* appear to be trailing. This gap in domestic gender equity, McDonald (2000: 470) argues, has led to decreased fertility rates in many advanced countries, as women find engaging in both work commitments and higher parity increasingly difficult (*ibid*: 470). We will, later, see this issue arise in Chapter 8. It appears that women may have greater equality in economic and political spheres, but in parenthood and motherhood, a woman's equality lessens if she is also responsible for a disproportionate share of domestic and childcare responsibilities (*ibid*; Žarkov, 2007). This suggests that structural transformations may introduce policy frameworks for gender equality but might not immediately succeed in transforming cultural attitudes towards the gendered distribution of childbearing and domestic duties.

However, much like the Post-Materialist Values argument, these sociological developments in gender equity, Sobotka (2011) explains, are part of the first waves of demographic transition: the initial movement towards egalitarian attitudes may be met with individual resistance at first (and expressed primarily through lower birth order and fertility postponement, especially in more conservative post-industrial societies, such as Serbia). The Postponement Transition View (PTV) argues that demographic transition brings with it a *normative value transformation* that will initially be (culturally) disruptive, and thus, the delayed onset of (higher parity) childbearing can be understood as the product of destabilized and destabilizing shifts in parenting and domestic roles. Hobson and Olah (2006) suggest that fertility decline occurs when women experience changes in their personal values and consciousness: the path to improved self-concept and self-fulfillment (perhaps characterized as

pursuing education or career-building) is considered less risky, and more of an (personal) investment, than childbearing. This applies particularly in conditions of risk and insecurity. However, as a society moves towards egalitarian familial attitudes in parenting style and family structure, total fertility rates could increase.<sup>40</sup>

### 3.4.6 Preference Theory

This section and the following section consider how couples negotiate their economic, domestic, and childcare responsibilities to help form their fertility preferences. Preference theory moves away from the study of fertility decline on a cross-country, macro-economic level, and towards identifying the personal values that inform micro-level decision-making. Transformations in such ideals are often the product of women and/or couples deciding to pursue life goals beyond family life, a change that Castles (2010: 218) posits as the product of emerging social values and normative transitions. Defending preference theory, Hakim (2003: 351) argues that macro-level fertility research has largely disregarded ‘the social process[es] and motivations of the men and women behind the statistical measures’, and, in turn, advocates for researching their biographies and to access ‘the hidden, unmeasured factor[s] that determine [wo]men’s [reproductive] behaviour’ (*ibid*: 366).<sup>41</sup>

Biographies are influenced by the individual’s social, economic, and institutional context, and can be characterized as: adaptive, work-centered, or home-centred (where adaptive is

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<sup>40</sup> This is shown in the work of Miettinen et al. (2011) who explored gender equality and parenting responsibilities considering changing family structures in Finland. Their findings showed a “U-shaped association” between parents’ gender roles and fertility rates. Both high and low levels of gender equality are associated with higher birth rates, with the bottom of the “U” — medium levels of gender equality — showing *lower birth order* (*ibid*: 469). It appears that as parents move away from “traditional” gender roles, women are responsible for negotiating more responsibilities than before, ‘intensifying the stress of women’s double burden of combining wage and domestic work’ (*ibid*: 470). However, the authors predict ‘that fertility will increase as gender equity within [the] family advances’ (*ibid*). This means that a fairer distribution of household and childcare tasks can have a positive impact on fertility behaviour.

<sup>41</sup> Hakim’s argument echoes the theoretical position of *individualization*, suggesting that narratives are better determinants and indicators of fertility choices than an individual’s demographic or economic characteristics.

understood to be a reflexive approach to both work-centred and home-centred) (*ibid*). However, for women to access this expansion in biography making and life balance, certain conditions must be present - in short: access to modern contraception and the subsequent equal opportunities “revolution” (Hakim, 2003). Hakim argues that women’s improved access to contraceptive methods has shifted reproductive control (delaying and timing births) over to women, meaning greater reflexivity in the decision to move between work and home. However, this could also be understood to capture increased (health) burdens on women too.

Compared to the situation in most post-industrial states, as shown in Chapter 2, however, modern contraceptive use in Serbia remains low, and there is little evidence that the so-called “contraceptive revolution” (which moved through most of Europe in the 1960s and 1970s) has firmly taken place.<sup>42</sup> Therefore, we will focus, instead, on understanding parenting in an “equal opportunities” context, outside of the contraceptive revolution literature.

### 3.5 Theory of Capital

Finally, we will touch on the theory of capital, which will come to inform much of our understanding of the resources and networks that are essential and important in forming pathways to parenthood. It will also help us to understand the dynamics and relationships involved in different milestones, such as home leaving and childbearing. In the traditional literature, there are understood to be three types of capital: cultural capital, social capital, and economic capital. We will define each in turn.

For Bourdieu (1986: 241), cultural capital encapsulates the ‘accumulated labour’ an individual builds up throughout their life course, especially as an adolescent and young adult.

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<sup>42</sup> Serbian (hormonal) contraceptive use is low: 30 per cent of married women rely on the withdrawal method. Contraceptive use is higher among women married or in a union, at 61 per cent (compared to the UK where estimates for contraceptive use are at 80 per cent among *all* women aged 16–49) (UNICEF Multiple Indicator Cluster Survey, 2014; United Nations, 2019).

Primarily, this ‘labour’ is understood to be gained through means of formal education, such as school or university, but the definition also captures independent, autodidactic efforts (although less so, as the institutionalisation of knowledge, Bourdieu argues, provides the individual with the essential, recognised form of cultural capital).

Social capital is the build-up and maintenance of social obligations (“connections”). Social capital captures the relationships an individual has with the people around them, in both a professional and a personal capacity. Commonly, these connections can be very influential in the life course trajectory. Participants who have access to “useful” and “relevant” connections and resources may experience more positive milestone experiences. Further, they may also be more able to gain access to people or services that can support them in their parenting pathway. This type of capital, Bourdieu (*ibid*: 249) explains, is ‘enacted and so maintained and reinforced, in exchanges’. In turn, social capital — through factors such as shared identity, understanding, norms, values, trust, and cooperation — may be ‘convertible, in certain conditions, into economic capital [or] be institutionalised’ (*ibid*: 243). Possessing this form of capital allows ‘membership’ of a group that have access to ‘collective-owned capital, a “credential” which entitles them to credit’ (*ibid*: 249).

Finally, economic capital is, simply, money or assets that can be used in the place of money, such as a business or property. These can also be acquired through government payments and financial support.

### 3.6 Findings and Conclusion

This chapter sought to introduce the major literature on the Life Course and the factors and behaviour relevant to the decision-making processes involved in forming fertility preferences. Many of these frameworks present in the traditional fertility literature consider the various inputs that influence decision-making behaviour. We began by considering Rational Choice

Theory, drawn from traditional understandings of humans and economic behaviour, that argues fertility preferences are formed via a risk assessment. Here, people are understood to calculate the pros and cons of childbearing when forming preferences. Although the concept of ‘risk’ is interesting, the positivistic origins of the theory are largely incompatible with the constructivist goals of seeking out meaning making among couples. For this reason, the theory is selectively drawn on but not in its entirety.

Then, we moved on to look at Risk Aversion Theory. The approach is like Risk Assessment but differs in its belief that risks are usually unavoidable. Instead, (would-be) parents consider potential risks, and seek to make decisions to avert them. This approach is better suited to the theoretical framework guiding the thesis. The Life Course Perspective considers the decisions and actions taken at different life junctures and averting and weighing risks is a part of it. Again, as with Risk Assessment, the definition of risk will be used to form an understanding of “risk” as a sensitizing concept.

Remaining on the risk frontier, the anomie literature considers risks as part of ever-changing social conditions. Although the concept of anomie has a long history in sociology, recent interpretations have been applied to the post-communist and post-socialist context. This has centred on the impact of post-communist and post-socialist shifts on delayed entry into adulthood. Anomie resonates with the goals of the study, presenting a theoretical concept that is compatible with the historical understandings of Serbia’s history and the Life Course Perspective’s long view of pathways. Anomie is extracted from this literature and applied as a sensitizing concept under the theoretical umbrella of ‘decision-making’. It is understood that environmental factors impact on decision-making, and that a collective consciousness informs an individual’s value systems. However, as we will describe in the coming chapter, the concept of anomie proved less relevant to the study, and a conceptual shift was made towards decision-making.

Next, continuing our consideration of social transformations in post-communist and post-socialist states, we looked to Post-Materialist Values theory. Here, we considered how changing economic conditions impact on attitudes towards childbearing and the reasons why individuals may choose to have children. We will see in later chapters that Serbian values appear to meet at the intersection of materialist and post-materialist values, which can complicate parents' priorities. The theory will contribute towards the sensitizing concept of negotiation and decision-making, with recognition of the importance of external values and economic capital, as presented by the theory of capital.

Individualisation will inform several sensitizing concepts, especially those tied to identity and individual value systems. The contributions of this literature are especially pertinent in their commentary on post-communist and post-socialist transitions and transformations in family structure, size, and definition.

Preference Theory continues with decision-making and the weighing of priorities, but on a micro-level. Again, the literature here informs the sensitizing concepts of decision-making and negotiation. Hakim's (2003) contributions on women's diversifying preferences will also inform some of the gendered elements of the thesis, as well as the sensitizing concept of gender.

Finally, the concepts of capital will form a major part of the framework of the thesis, as we look to understand how different social, economic, and structural resources offer support. We will see this theory emerge across the empirical chapters, forming an essential theoretical building-block in the study.

## Chapter 4: Methodology and Research Design

### 4.1 Introduction

This chapter outlines the research design and methodology of the thesis. It introduces the theoretical orientation that guided the study and describes the methods used to collect and

analyse the evidence, as well as providing a consideration of the strengths and weaknesses of these methodological approaches. The Constructivist Grounded Theory approach is designed to be reflexive and circular, with a view to adapting the research when and where necessary. This will be the chapter's departure point. The first section outlines the epistemological and ontological approaches adopted in the research project and describes how these theories guided evidence collection and analysis. Then, an outline of the methodology and research questions follows, along with a description of the interview and recruitment methods. The final section considers research ethics, both in-field and out-of-field.

## 4.2 Conceptual Framework: Constructivist Grounded Theory

Constructivist Grounded Theory distinguishes the research design and methodology from the “linear” logico-deductive approaches commonly used in (qualitative) research. Instead, the framework focuses on employing researcher reflexivity and methodological induction, and a circular, concurrent approach to data collection and analysis. The study ‘begins with inductive data, invokes iterative strategies of going back and forth between data and analysis, and uses comparative methods [to] keep [one] interacting and involved with [one’s] data and emerging analysis’ (Charmaz, 2014: 1). The approach and its “circular” steps are visually presented in Figure 4.1 (p. 102). The key differences between traditional Grounded Theory and Constructivist Grounded Theory are rooted in an epistemological understanding of the researcher’s role; traditional grounded theory generally adopts a more positivistic approach to data collection and analysis. Constructivist Grounded Theory, on the other hand, rejects the view that objective truths can be attained through (qualitative) research methods, and instead presses for the importance of recognizing “the researcher” as an “interpreter” in the research process, rather than a neutral observer (Charmaz, 2014).

Constructivist Grounded Theory's epistemological approach, constructivism, is suitable for and compatible with the study's theoretical framework: understanding how individuals "construct" their realities, and, consequently, how these constructions and perceptions inform family dynamics and fertility choices. Constructivism holds that individuals order their knowledge of the experiential world through their subjective interpretations of, and relations with, other people and objects (Flick, 2010: 70; Glaser, 1992: 30). Observable phenomena are, therefore, part of constructed perceptions and experiences, rather than embedded in an objective, observable empirical realm "outside" the self (Flick, 2010: 70).

#### 4.3 Ontological Approach: Symbolic Interactionism

The study engages with the analysis of individuals (and the individual as part of a couple and a dyad). The research questions show an interest in how individuals' interpretations of, and interactions with, their external realities, ideas, objects, and other people (in particular, their partner and other family members) helped form and shape their fertility choices and pathways. This ontological approach will inform the approach to data analysis (primarily the text analysis methods of interpretative phenomenological analysis and thematic discourse analysis). Symbolic Interactionism's aim is to understand the interactions *between people*. This will be used to guide interpretations of meaning-making within the empirical chapters' analyses. This ontological position can be summarized in three key premises:

1. '[H]uman beings act toward things on the basis of the meanings that the things have for them';
2. '[T]he meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows';
3. '[T]hese meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things [s]he encounters' (Blumer, 1969: 2).

For Blumer (1969: 2), both the individual and their interactions with the people around them are vital components in the construction of subjective interpretations. These interpretations help inform ideas and beliefs, and, in turn, shape experiences. Sometimes, the individual's subjective interpretations can override objective empirical facts. In turn, understandings of social categories, such as gender or parenthood, may be the product of feeling, bias, and pseudo-truths. Yet, despite the potency of subjective interpretation — and its occasional tendency to overlook objective truths — the individual is *not* 'doomed ... [to a] bundle of [subjective] attitudes' (Flick, 2010: 57). Instead, subjective meaning-making is a constant interpretive and reiterative process, with the individual as a 'changing actor, always in the process of becoming but never fully formed' (*ibid.*).

Responding to Symbolic Interactionism's key premises, and with a consideration of Flick's (2010) contributions to Blumer's work, the research is guided by the following ontological considerations:

1. Understanding what social subjects 'take for real and how?' and 'what are the conditions of such a holding-for-real?' (Flick, 2010: 76)
2. Seeking the 'reconstruction of [the] subjective viewpoints' (Flick, 2010: 58) that inform subjective meaning-making.

#### 4.4 Research Methodology

The following sections detail the research design and steps taken before, during, and after fieldwork. The approach relies on methodological triangulation to strengthen the conceptual and technical nature of the research design. We introduce the Constructivist Grounded Theory approach used for case selection and building research questions, before describing the approach used to identify a sample. Then, we provide a description of the study's recruitment process, and introduce the semi-structured interviews and the techniques guiding the interview style and subsequent data analysis. Finally, we discuss the project's research ethics and how they informed design and analysis.

#### 4.4.1 The Case for Narrowing Focus in The Context of Fertility Research

This project sought to identify a focused methodological approach for understanding a complex phenomenon within its political, institutional, and cultural context.<sup>43</sup> By selecting a narrower geographical focus, we aimed to engage with ‘the natural language of participants in the research process’ (Simmons, 2014: 458). For Simmons (2009: 23) this point is both epistemological and political: it ‘signals a potential shift in the power base of who controls knowledge and recognizes the importance of co-constructing perceived reality through the relationships and joint understandings we create in the field’. Additionally, as we sought textual authenticity in the couples’ (re)construction of narratives, engaging with their “natural” language and local context was considered essential. This approach allowed access to the richer context of the “phenomenon” of interest and a better comparison across time, a balance between depth and breadth, micro- and macro-level contexts, and focused description and abstraction (Seawright and Gerring, 2008). Nonetheless, such an approach carries its limitations, and researcher awareness of methodological weaknesses can help address potential gaps in data collection and analysis. Yin (2014: 16, 17) highlights that focus on a single or small-n case(s) can potentially compromise the possibility of generalizability and comparability across cases. However, the decision to focus on a city within a single country and smaller sample size felt appropriate for a DPhil-length and in-depth qualitative project to gather detailed and rich narratives.

Figure 4.1 (p. 102) offers a presentation of the steps and reflexive methods adopted in the study and is intended to offer the reader a visual aid as to the sequencing and methodological steps described and taken throughout the research.

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<sup>43</sup> The following works and references were used to inform the grounded theory and case study approach described in this chapter: Yin (2014: 16); Burawoy (1998); Punch (1998); Simmons (2009: 21).

## 4.5 Research Questions

This thesis views the low fertility phenomenon and fertility behaviour, primarily, through the lens of the life course perspective, with the view that individuals' lives form pathways punctuated by important, transitional milestones (such as moving home, becoming a couple, having a child) (Hutchinson, 2001). We also review the contributions of the “fertility literature” to help inform our sensitizing concepts. In line with the contributions of these theoretical perspectives, the study's overarching research questions are framed as follows:

- (i) How does a Serbian married couple reason about, navigate, and negotiate their pathways towards parenthood on an interpersonal level?
- (ii) What do their pathways look like?
- (iii) And how are these pathways influenced by cultural, political, and social factors?

Then, moving forward from these research questions, the within-chapter research questions are as follows.

The first empirical chapter begins with the couples' joint decision to start or continue a pregnancy, and asks: (1) what do couples' childbearing trajectories look like? And (2) does a pregnancy “type” impact on the way couples style their biographies?

The second empirical chapter considers women's pregnancy and childbirth experiences in Serbia — and, specifically, Belgrade's — public and private healthcare context. It asks the following questions: (1) how do expectant mothers, as healthcare agents, navigate Belgrade's maternity structures? And (2) what resources do expectant mothers, as healthcare agents, rely on when navigating their pregnancy-to-birth trajectory?

The third empirical chapter considers living arrangements for families and the interpersonal, intergenerational relationships, and resources that can support them on their housing arrangement journey with a family of procreation. Here, the chapter asks: (1) what

type(s) of relationships do the participants have with their family of origin? And (2) how do their relationships impact on their transitions and trajectories into parenthood?

The final empirical chapter examines the country's social and family policy instruments and their potential role in defining the gendered roles and responsibilities within families and households. It also looks to understand normative values in gender and parenting roles. It asks the following questions: (1) how do participants describe their "gendered" work-life balances as parents who rely on early childhood education programmes? And (2) how do the participants describe their experiences of using the Pro-Natalist Strategy's subsidized programmes to encourage attendance at early childhood education and care?

#### 4.6 Sensitizing Concepts Drawn from Theoretical Frameworks

In line with the Constructivist Grounded Theory approach, the sensitizing concepts aim to capture the core interests of the research. These are drawn from the reviewed literature in Chapter 3, as well as reflecting on the study's overarching research design. Some of the sensitizing concepts are upheld through the circular methods of constructivist grounded theory, whereby concepts emerge in the study's data and, in turn, support the inductive approach to research design. The ways in which the sensitizing concepts informed the interview questions and guides are shown in Table 4.1 (p. 82). The study's initial sensitizing concepts, and so-called "points of departure", are as follows:

**Gender:** in demographic literature, gender refers to the 'economic, social, political and cultural attributes, constraints, and opportunities associated with being a woman or a man ... [and the] expression of particular characteristics and roles that are associated with reference to their sex' (Gildemeister, 2004: 123).

**The Couple and Dyad:** Miller et al. (2010: 194) assert that within a couple, ‘the two individuals behave as one because of shared (family) planning’. Thus, it was intended that the couple be framed, both conceptually and ontologically, as a single unit for analysis.

**Desire:** often defined as a wish to fulfil a goal. Desire is rooted in the individual’s emotional and/or psychological needs assessment and may function outside a rational assessment costs and benefits framework (Rodin, 2011). Miller et al. (2010: 195) argue that both the individual’s desires and their perception of their partner’s desires are ‘reliable and potentially interesting elements’ in understanding fertility intention.

**Risk:** the perceived or real existential threat(s) felt by the individual, with perceived costs considered likely to override perceived benefits in the pursuit of a desire or goal (Rodin, 2011). In the context of this study, this could be understood as the perception of a “risk” when moving from, say, parity-one to parity-two.

**Negotiation and Decision-Making:** The joint evaluation of costs and benefits (usually tempered by compromises made within the couple) (Miller et al., 2010). Negotiation arises from the married couple’s understanding and deconstruction of perceived risk, as well as their consideration of desires and preferences.

**Fertility Intention:** intentions ‘are related to individuals’ circumstances and perceptions’ about the costs and benefits of bearing (more) children (Kuhnt and Trappe, 2013). Here, there appears to be a link between the couple’s intention and behaviour. This is expressed through what has been identified in the relevant literature as “reasoned action” (Balbo, Billari and Mills,

2011; Kuhnt and Trappe, 2013: 3, 4). Intentions may not always translate directly into behaviour, but they certainly inform behaviour in individual trajectories.

**Fertility Preference:** understood as the couple's reasoned decision to position one fertility choice over another (Iacovou and Tavares, 2011). Preference arises out of several factors. Primarily these are assumed to be motivational traits and desires; perceived desires of a partner; and individual and joint fertility intentions (Miller et al., 2010: 195). In this study, fertility preferences were understood and organized as positive (the couple would like to have more children), negative (the couple would not like to have more children), and uncertain (the couple are unsure whether they would like to have more children).<sup>44</sup>

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<sup>44</sup> These categories proved less important in data analysis and were more useful for identifying couples in sampling and designing interview guides.

Table 4.1: Main Interview Questions and Corresponding Sensitizing Concepts

Main Interview Questions and Corresponding Sensitizing Concepts	
Example of Interview Question	Corresponding Sensitizing Concept
How did you come to the decision to have a child together?	Negotiation; the couple
Do you and your partner share childcare responsibilities?	Gender; the couple; negotiation
Did you have aspirations to become a parent earlier in life?	Fertility preferences; desire
Do you believe there is a concept of "motherhood" and "fatherhood" in Serbia?	Gender
Do you feel the Serbian Government provides your family with the type of child support and assistance you need to parent in your preferred style?	Risk; negotiation; decision-making

#### 4.7 Discourse Analysis and Interpreting Phenomena

Discourse Analysis is constructivist in its approach, rejecting the idea ‘that there is an external reality awaiting a definitive portrayal by the researcher’ (Bryman, 2013: 531). Potter (1997: 146) explains that discourse analysis ‘emphasises the way versions of the world, of society, events, and inner psychological works are produced in discourse’. Language, within this framework of interpretation, produces a social world. There are four prominent themes in studying a text via discourse analysis. These are understood to be (Gill, 2014):

1. Discourse is a topic: discourse is a focus of enquiry itself and not just a means of gaining access to aspects of social reality that lie behind it.

2. Language is constructive: discourse is a way of constituting a particular view of social reality. In rendering that view, choices are made regarding the most appropriate way of presenting it, and these will reflect the disposition of the person responsible for devising it.
3. Discourse is a form of action: this could be a call to action, potentially inspiring and/or empowering to certain groups.
4. Discourse is rhetorically organised: ideas, concepts, and evidence are organised in a way that is perceptible or understandable to the listener. Generally, this type of discourse seeks to be persuasive or compelling.

The questions we look to ask when using discourse analysis as a method are, firstly, what is this discourse doing? Secondly, how is this discourse constructed to make things happen? These types of methodological understandings informed the constructivist (re)working of the research questions and data analysis. However, this type of analysis is usually applied in understanding the power dynamics within discourse and trying to understand how power and status are constructed through language. For this study, the analysis will focus more on understanding relationships to concepts and how discourse creates and sustains constructed realities for the participants. Power dynamics may be relevant here too but will be shown to be less pronounced in the analysis.

#### 4.8 Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis is relevant across the thesis but comes to the fore in the methodology applied in Chapter 6. Here, we focused on presenting, studying, and analysing the lived experiences of some of the study's female participants and, on the periphery, the contributions and influence of their partners, families, and healthcare teams. We analysed the key themes that arose from their discourses and discussions on pregnancy and childbirth. Below, we outline the background of the Interpretative Phenomenological method, its origin

and theory, its recommended application in qualitative research settings, and how it was applied and used in our study.

#### 4.8.1 Background of Theory

Interpretative Phenomenological Analysis (IPA) was first conceptualised as an approach to understanding the lived experiences of participants in a research setting. It exists as both a philosophical approach to understanding the empirical world and a qualitative research method. The approach was originally theorised by Edmund Husserl (2012) and is cited as ‘directly inform[ing] descriptive phenomenological methodologies, which seek to describe the essence of experience’ (Gill, 2014: 74). Phenomenology is concerned with ‘the study of phenomena, where a phenomenon is anything that appears to someone in their consciousness’ (*ibid*: 73). In a 2017 paper, qualitative researcher Alase presents the history of IPA, beginning with the work of van Manen (1990) who introduced ‘hermeneutical phenomenology’ on the ‘lived experiences of research participants (phenomenology) and the interpretation (text) of the life they have lived and experienced (hermeneutics)’ (p. 10) Alase (2017: 11) describes IPA:

As a qualitative research approach, [that] allows for multiple individuals (participants) who experience similar events to tell their stories without any distortions and/or prosecutions. Creswell (2007, p. 76) stated that “a phenomenological study describes the common meaning for several individuals of their lived experiences of a concept or phenomenon.” He also stated that “Phenomenologists focus on describing what all participants *have in common as they experience a phenomenon*” (emphasis added).

IPA saw an expansion in the late twentieth century within qualitative research movements. In particular, the method has been applied in health and illness contexts. This comes from the understanding that pain is a subjective experience, but that there is potential for shared experiences of pain. Thus, seeking out these commonalities is of interest to the method. IPA allows for a patient-centred narrative on illness, with the intention of bringing these narratives together to theorise on shared experiences. Further, IPA seeks out the ‘insider perspective’ but also recognises that there are joint or shared experiences (Smith and Osborn, 2003: 67). We

will see much of this approach applied in Chapter 6, when we study the lived experiences of birthing women in a public healthcare context. Here, IPA is used for identifying themes across different narratives and helping group experiences together thematically. In this sense, IPA fits with the other text analysis methods used across the chapters that also seek out themes. Smith and Osborn (2003) recommend the following approach. We have adapted from the following:

1. Interview transcripts are read and reread to get a sense of the participants' accounts.
2. Returning to the texts to identify emergent themes.
3. Attention placed on themes to identify interrelationships – and then condensing the data into a summary.
4. Shared themes are 'organised to make consistent and meaningful statements which contributed to an account of the meaning and essence of participants' experience grounded in their own words' (*ibid*: 68).
5. The analysis is then 'organised about the themes which emerged from the transcripts, rather than constructs predicted in advance. Consonant with the phenomenological approach these themes are then considered in relation to extant literature in the Discussion section' (*ibid*: 68).

The method is especially useful in developing a 'bonding relationship' (Alase, 2017: 9) between the researcher and participants. This helps build authenticity in the textual analysis. We will consider how this was approached in the data collection and analysis. Our focus will be on identifying manifest and latent meanings in text through a post-structuralist approach and participant-researcher collaboration in section 4.10.1.

#### 4.9 Sampling: Identifying Couples as Participants

Sampling began with a quantitative analysis of existing Serbian demographic data. Here, I sought to identify which (cross-)sections of the Serbian population are most likely to be associated with low or high parity.<sup>45</sup> The decision to use statistical analysis to identify a relevant population grouping was a pragmatic one. As there was an absence of conclusive findings on

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<sup>45</sup> This section will move from the first-person plural, "we" to the first-person singular, "I." This is done intentionally to retain an awareness of researcher positionality in the study. In constructivist grounded theory, an iterative relationship between research, study, participant, and data is considered essential. The first-person singular is used here to demonstrate an awareness of the researcher's role in preparing the research project.

which demographic characteristics are associated with Serbia's low parity, I relied on an existing data set to independently understand the interactions between demographic and personal characteristics and fertility behaviour. In this sense, the study used a mixed-methods approach, but only in its preliminary work and preparation. The fieldwork and the analysis that followed were purely qualitative. However, the purpose of the quantitative analyses was to assist the qualitative fieldwork and data analysis to follow.

In a first step, I requested access to UNICEF's Multiple Indicator Cluster Surveys (MICS) Serbia datasets from the years 2019, 2014, 2010, 2005 and 2000 (the 2019 set was accessed later in the project and was used to assist data analysis rather than sampling). I selected these datasets for the following reasons:

1. At the time of sampling (2017), the most recent dataset (2014) offered a representative sample of Serbia's contemporary population and birth rates.
2. The data cover a variety of Serbian women and their socio-demographic and personal characteristics.
3. The MICS have been collected for over two decades, allowing for a consideration of demographic trends over time, and, since the establishment of an independent Republic of Serbia in 2006.

I began with a preliminary analysis of existing data on Serbian demographic trends among women of childbearing age (the youngest women in the sample were 18 years old and I capped the subgroup at 50 years old, as this is considered an advanced maternal age). Using the data analysis package SPSS 22.0, I ran logistic regression models on each data set (2014, 2010, 2005) spanning over 4,000 Serbian women per set, per year. I considered the relationship between parity and the following demographic characteristics: age, region, employment status, education, marital status, number of miscarriages and/or abortions, contraceptive use, and wealth index. In the 2014 data set, regression analyses of the independent variable *total number of children born to a woman* and a chosen dependent variable (a demographic characteristic) revealed that *married women, aged 25–40*, and residing in *urban areas*, are most likely to be associated with *low parity*. I then recoded parts of the data into new categories, splitting female

participants up by parity to test for differences between number of births and demographic characteristics. The new categories were parity-one, parity-two, parity-three, and so on. I cross-tabulated the newly coded parity groups with a range of variables: age of participants; marital status; number of abortions (if any); knowledge of contraceptive use; urban or rural residing; age at first home leaving; and attitudes (such as towards domestic abuse). Then, I used the same approach across the two other datasets, 2010 and 2005, to check whether the new data set showed any developments or changes. Here, results showed, again, that parity was related to marital status; age; and area of residence.

However, these sampling codes were used to guide the initial phases of recruitment rather than inform strict recruitment criteria. The data analysis had provided empirical direction, but only a limited understanding of the interaction between women's demographic characteristics and low parity. Men, couples, and specific groups of women were not represented in the UNICEF MICS.

#### 4.10 Recruiting Participants

For this study, I relied on the following methods of recruitment: (1) posters and flyers placed in parent-and-child groups, healthcare clinics, school facilities, et cetera;<sup>46</sup> (2) word-of-mouth recruitment by gatekeepers; and, eventually, (3) snowballing via participants. Gatekeepers were essential to the early stages of the study and provided access to recruitment pools, as well as their relevant experience in working with, and status to engage, potential participants. I identified gatekeepers through professional and personal connections as well as searching for relevant individuals on the internet and contacting them via email. Overall, gatekeepers were very interested in helping and were very engaged in the study. I worked with ten gatekeepers situated in relevant research areas, pre-school, healthcare, and parent-child charities, but only

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<sup>46</sup> Examples of these flyers are included in Appendix A.

six of the ten gatekeepers were successful in helping recruit participants. Nonetheless, all gatekeepers were helpful in offering advice in the field. The identified gatekeepers and how they were contacted are presented in Appendix B.<sup>47</sup>

Snowballing was typically employed to access higher parity couples; participants with three or four children tended to mention at the end of interviews that they had friends or acquaintances who also had three or more children and would most likely be interested in taking part in the study. Participants recruited by gatekeepers tended to provide far richer and more candid interviews than participants who were recruited via snowballing. Furthermore, gatekeepers provided more male participants than was achieved through snowballing methods. Recruitment began in June 2017. Interviews started in September 2017 and were completed by January 2018. I ran three pilot interviews in June 2017 with colleagues — who were parents to at least one child — to test that the interview guides flowed well and were understandable to the participant(s). The feedback from these interviews was used to improve later work. Originally, the study aimed to identify and recruit c. 20 married women and their partners, with the intention of conducting 2–3 interviews with each couple (a joint interview, an individual interview with the female partner, and an individual interview with the male partner). However, post interview follow-up proved difficult, with some men expressing little interest in attending individual or joint interviews. Given this, as a constructivist grounded theory study, it was adapted to suit circumstances. In turn, I chose to primarily interview the women individually, and later interview their male partners when this was possible. The study completed a total of thirty-eight interviews: twenty individual interviews with women, eight individual interviews with men, and ten joint interviews with couples.

Potential participants were contacted via phone or email and invited to interview at a location of their choosing (I rented a private office in Belgrade central, but most participants

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<sup>47</sup> Twelve gatekeepers in total were secured.

decided to be interviewed at home, usually due to their existing childcare obligations or arrangements).

All interviews were recorded, transcribed, and translated with the participants' written consent. Any family members present during the interviews were also asked to complete consent forms. Where other family members were present during interviewing — such as parents or grandparents — this is mentioned in the data analysis.

The couples discussed in this study share several demographic characteristics: they are married, Belgrade citizens, with at least one child together, hold a minimum of a high school diploma, and female partners were born between 1970 and 1995. Additionally, all couples had at least one member of the dyad in full-time employment, and many participants in the sample had been university-educated (although, as we shall see later in the empirical chapters, many women described suspending university studies upon learning of their pregnancy or expressing an intention to have a child). However, individuals who shared some or all demographic characteristics and/or joint cultural experiences did not necessarily follow similar trajectories.

#### 4.10.1 Criteria for Recruitment

Criteria for recruitment were based on two areas of existing information: demographic data from UNICEF's MICS analysis and existing academic literature on low fertility in the post-communist and post-socialist CEE region. In particular, the MICS provided extensive and representative data on Serbian families and couples across the country. The use of statistical methods helped to narrow down the focus of the variables that could interrelate on a qualitative level, as well as helping to determine the relevant population for answering the proposed research questions. Justifications for each criterion are discussed below. In Appendix B, Figure B.1 (p. 280) presents the following:

1. **Fecund couples (with at least one child):** The research was interested in individuals who are fertile and are (biologically) able to have more children. This would facilitate the research to explore their reasons or barriers for remaining at their current parity level.
2. **Women aged 25–45:** The average age of women at the birth of their first child has increased since the fall of the socialist state, as well as overall globally. In 2018–19, the mean age of childbearing for Serbian women was 28.1. In 2020, women in Serbian were on average 29.38 years at age of first birth. These two figures are the highest since the United Nations began gathering data on the country in 1950. First-time mothers under 25 make up a very small minority, but women who gave birth before the age of 25 but were aged 25 or over at the time of interviewing were included in this study.
3. **Residing in Belgrade (urban area):** Urban areas tend to have far lower fertility rates than rural areas. The country's largest and most diverse city with a population of 1.16 million citizens, Belgrade, was selected for the study. The 2021 population figure is now at 1.374 million citizens, demonstrating a marked increase in the city's popularity as a place to live.
4. **Married Couples:** Marriage is understood to represent a long-term commitment to a single partner. Within a long-term commitment, participants are more likely to form joint and shared goals and desires. These can be expressed as fertility preferences.
5. **No preference for employment or education:** The UNICEF MICS shows that women with a high school diploma as their highest educational qualification are more likely to have children than women with higher education degrees (UNICEF, 2014). Nonetheless, the study was keen to understand individual, demographic, and societal factors, regardless of education level. In overlooking the specific implications of employment and education on fertility preference formation, the study explores socio-psychological behaviours that may go beyond a woman's demographic characteristics.

#### 4.11 Interviews

Traditional approaches to Grounded Theory advise against writing a literature review prior to data collection (Glaser, 1992; Glaser and Strauss, 1967; Strauss and Corbin, 1990). However, I felt that engaging with existing theoretical and empirical findings could help identify a framework of sensitizing concepts for fieldwork purposes: 'ways of seeing, organizing, and understanding experience' which can be used as 'points of departure from which to study the data' (Charmaz, 2003: 259; see also: Charmaz, 2014; Flick, 2010: 51; Hickey, 1997; Ramalho et al., 2015; Strauss and Corbin, 1990: 49–52). The sensitizing concepts were used as a springboard for designing interview guides, and eventually narrowing the study's theoretical focus. All sensitizing concepts are linked to existing fertility and demography literature. Nonetheless, as the project developed, relevant literature was added to the study.

#### 4.11.1 Structured Layering Technique in Interviews

The interview design was inspired by the work of Groeben and Scheele (2019) who recommend the study of “subjective theories” during intensive interviews. Their approach rests on the belief that ‘interviewees have a complex stock of knowledge about the topic under study’ (Flick, 2010: 156) and is conveyed through implicit and explicit assumptions. Extracting the participants’ implicit assumptions is achieved through a “structured layering technique” and depends on a dynamic interaction between interviewer and interviewee to form a framework of subjective knowledge. This required remaining in contact with participants after interviews and relaying to them my interpretations of the interview data, as well as seeking clarification on points that emerged during interviews and analysis. Around 80 per cent of participants were happy to engage in the structured layering technique and approach. Those who did not were usually limited by other obligations, such as full-time work and/or childcare responsibilities. However, as these couples made up a very small percentage of the interview data, I did not feel that analysis was affected.

Post-structuralist approaches to textual analysis are drawn from ethnographic studies that seek to “collaborate” with the participants to build away from the research-centric interpretation of data. This approach was selected based on “protecting” the data from miscommunications or mistranslations. To maintain authenticity, especially as much of the research was due to be translated, working with the participants to understand their interpretation was important. The layering approach focuses on identifying latent themes — those embedded in the text — and manifest themes — those contained literally in the text. One approach to seeking out latent themes is to highlight transcripts, organise portions of the text thematically, and then return to the participant for a discussion. The approach was used for rigour in translation and identifying themes; as the interviews were in Serbian and transcribed

in Serbian, the later analysis was conducted in English. Therefore, it was important for the translated transcriptions to maintain authenticity, even in translation. A second strength of this approach arose in interview sequencing. Where possible, the interviews were sequenced as follows:

**First interview:** A joint interview with both members of the dyad (e.g. male and female participants).

**Second interview:** An individual interview with one member from the dyad (e.g. male participant).

**Third interview:** An individual interview with one member from the dyad (e.g. female participant).

It was intended for all participants to attend two interviews each – i.e. one joint interview (alongside their partner) and one individual interview (without their partner), to apply the structured layering technique approach. This approach meant that some of the topics that arose in the joint interviews would be further interrogated and discussed in one-on-one interview(s) to allow for clarity of meaning. And, as mentioned, this was a useful approach when working with participants in a dyadic interview context: overlooked or underdiscussed themes allow participants the opportunity to revisit what mattered to them in the original interview. We will discuss in later sections the ethical and practical implications of sequencing interviews, alongside a consideration of how useful and feasible this approach was in-field. However, this section calls for a brief remark that the technique did not prove especially useful to this study. Epistemologically, we decided not to detach the discourse from the speaker and felt that the two mattered greatly in our understanding of what was said and why it was said.

#### 4.11.2 Interviews: Theory and Method

Joint interviewing is commonly used in inquiries studying the behavior and attitudes of married or cohabiting couples (McKee and O'Brien, 1983; Mason, 1989). The decision to conduct joint interviews on fertility preference stems from feminist critiques of the sociological paradigms present in reproductive health research: concentrating solely on women in childbearing and

fertility research supports the views that, firstly, childbearing is a “woman’s concern”, and, secondly, that women form their fertility preferences in isolation without their partner (Cook, 2004; Solinger, 2013; Worrell and Etaugh, 1994). When designing my study, I considered this to be an approach to what could be seen as a couple’s joint construction of fertility preference: although ‘women bear children and most modern contraceptives are female methods, childbearing has an impact on men too [economically, socially, and emotionally] ... Therefore, [the] communication and agreement of couples that influence the utilization of family planning and reproduction need to be thoroughly studied’ (Ayenkulu et al., 2013: 2). Thus, I argue that, conceptually, both the male and female fertility expectations/preferences play an important role in the couple’s realized fertility (Miller et al., 2010: 194; Kuhnt and Trappe, 2011).

Dyadic interviews enable a researcher to explore a particular theme in depth, whilst allowing the participants to develop their views during the study when discussing a topic as members of a group. Group interviews are relatively naturalistic and so avoid the charge of artificiality that may be felt in one-on-one interviews. This tended to be the case when conducting joint interviews or interviews at home with other family members present. Communication within the dyad is particularly important to research which seeks to understand how couples discuss important topics and communicate with one another. The less structured style of a semi-structured joint interview represents more of a conversation than a formal research setting. This ensures that, to some degree, artificiality is avoided, and that the research adopts a ‘naturalistic’ approach. However, although this approach seems effective in theory, in the following section, I discuss difficulties I experienced with organizing joint interviews. These difficulties would affect the data collection method. Fortunately, the reflexivity afforded by constructivist grounded theory, allowed me to adapt in-field.

Participants were shown transcripts of their interviews and asked if the researcher needed to omit or redact any information that would be considered personal, identifiable, or

potentially presenting personal or professional issues. Regarding omitting or redacting information, one participant asked that transcribed references to her job title and previous company of employment were removed and/or redacted from the text and not included in the data analysis. The redacted copy was accepted and approved by both researcher and participant. In line with this approach, it is considered that all data presented in this thesis, from both individual and joint interviews, does not present information that the participants identified as sensitive or uncomfortable.

#### 4.11.3 Interviews: Sequencing and Adapting In-Field

As mentioned, I had planned to rely on joint interviews for most of my data collection. When I entered the field, I made several observations and had experiences that made me revisit my data collection method. The following excerpt from my field notes describes my experiences and impressions from one of my first joint couple interviews:

“Overall, I found it difficult to get full responses when asking questions. One partner tended to dominate the conversation and it would be difficult to engage both participants fairly. After the interview, the male partner .... tells me ... that he finds it difficult to speak candidly in front of his wife. He explains that there are a lot of things he would tell me if she wasn’t present. We agree to an individual interview later in the week.” — Reference to couple redacted for purposes of anonymity.

Reflecting on such notes encouraged me to adapt my interview sequencing. It also prepared me for greater flexibility when organizing interviews with participants. Originally, I had sequenced interviews to be joint and then followed by individual, to avoid a potential contamination of data. However, the assumed contamination of data did not prove to be an issue in-field. As I adapted, I organized more individual interviews with each member of the couple where joint interviews proved to be complicated or difficult to organize. Nonetheless, I would describe most of my individual interviews as “naturalistic”, especially those that took place in the participant’s home or were organized by a trusted gatekeeper.

#### 4.11.4 Joint and Individual Interviews: A Consideration

We will now consider the two types of interviews used in our fieldwork: joint interviews and individual interviews. Joint interviews, like many group interview formats, are regarded as time- and cost-efficient (Flick, 2010: 206). This was considered a strength when designing research that focused on studying parents of (young) children who may find themselves time-poor and unable to commit an excess of time to attending an interview, especially in a new research environment. In turn, a joint interview at the participant's home was regarded as the best way to create a "natural" research environment that would be familiar to the couple and not remove them from their daily life arrangements. It was also understood to lessen the time and resources needed for them to engage in the research.

Further, it was hoped that joint interviews would also "ease" male participants into the style and format of the interview style and sequencing, as male subjects are known to be difficult to engage in qualitative research, especially on parenting or healthcare topics (Law, 2019).<sup>48</sup> However, although these considerations were fair in theory, in-field we found that the interviews, their structure, and style varied across the couples and participants. Fortunately, constructivist grounded theory is well-equipped to accommodate such changes in-field. Consequently, whilst we had originally looked to sequence interviews as a joint interview with the couple followed by individual interviews with one or both members of the couple, we remained flexible in-field and followed the tempo of each couple and participant, as necessary.

However, when joint interviews were organized, we found them to be effective in delivering the depth of data we were seeking, as well as gaining the trust of male (and female) participants. We observed that this sequencing allowed male participants to feel more comfortable discussing intimate issues in a later individual interview. In these individual interviews with male participants, the participants built on comments they or their partner had

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<sup>48</sup> Available at: <https://core.ac.uk/download/pdf/228182468.pdf> [accessed: 19/12/2022]

made in the joint interviews and used these to develop their points and positions — this approach was further strengthened using the post-structuralist structured layering techniques and working with the participants to expand on themes from the transcripts (see section 4.10.1). An instance of this “developing trust” was seen with the participant, Dario, who asked for an individual interview during a break from the joint interview with the couple — this is mentioned and analysed in Chapter 5. It was felt that the participant had “eased into” the research and saw that the subject-matter was something he felt comfortable discussing one-on-one.

We considered whether having a partner present can impact on how participants behave in joint interviews and the strengths and weaknesses of adopting this approach in our research design. We will begin by considering the strengths. Firstly, we felt that joint interviewing would come close to capturing an authentic snapshot of family life and family dynamics. For this reason, as mentioned, we organized for joint interviews to take place in the family home (Flick, 2010: 206). Flick (*ibid*) describes this method as allowing for ‘collective storytelling’ and a ‘joint reconstruction of reality’ (*ibid*: 207). We felt that this would be especially helpful when discussing milestones, such as childbirth, health, or healthcare issues. Further, it was interesting and useful to observe the support and communication within the dyad. During joint interviews, one partner would begin a new story or subject that would act as a “prompt” to encourage the other participant to engage and discuss further. As Flick explains, ‘verbal data gathered are more complex than in an individual interview’ (*ibid*). The dynamic between the couple is presented in most of these instances, and we can see “agreement” and “high agreement” within the couples. These examples of shared discourse and shared experiences helped to deepen the qualitative interview data gathered. However, we did not rely on joint interviews to observe couple behaviour — instead, the focus here was on the discourse and narratives that participants shared with both the researcher and one another. This is in line with the

epistemological and ontological design that argues for meaning-making through verbal interactions and communication.

There are, of course, limitations to and ethical considerations with using the joint interviewing method. We sought to minimise these for both theoretical and ethical reasons. Firstly, we regarded the possibility of data contamination and sensitive data when sequencing our interviews. For this reason, all joint interviews were followed up with an individual interview. This was an ethical decision: when obtaining sensitive information, ‘individual interviews promote the confidential disclosure of individual narratives without the immediate influence or coercion from other family members’ (Reczek, 2014: 5). Here, confidential issues could be discussed more openly, and participants had the opportunity to discuss subjects they may have been reluctant to mention in a joint interview context.

Finally, we considered whether a joint dynamic would take away from the true experiences and opinions of the participants (Flick, 2010: 207), potentially leading to performativity. Although, hypothetically, such a scenario is possible, again, the individual interview sequencing allowed for participants to revisit joint interviews and reassess their positions (as well as their partner’s). Such behaviours were not observed in interviews and researcher field notes.

#### 4.11.5 Interviews: Researcher’s Role

I guided the interviews through a series of open-ended discussion points. I ensured that my role was limited to directing the conversation topics and remaining neutral during discussions. Nonetheless, I aimed to ‘uncover new and unanticipated issues’ by stimulating interactive discussions, which was especially usefully in joint interviews where the couple would take on the conversation topic and speak to each other as well as to me (Hennink, 2014: 92).

I considered any potential biases I may have held and addressed this by considering my positionality as a researcher and ensuring that the interview questions avoided the construction of the “other” through a careful use of pronouns (“we”, “you”, “us”, “they”). Much of this anxiety was reduced while running my pilot interviews. This was especially important when researching as a “foreigner” in fieldwork.

Although my Serbian is fluent, participants seemed interested in finding out about how I came to study at the University of Oxford, my heritage, and why I was interested in Serbia and its fertility issues. I found that mentioning my Serbian heritage put participants “at ease”, and many would respond with something along the lines of: “you’re one of us [Serbs], you’re just living and studying abroad”. Nonetheless, I always aimed to pose questions in a sensitive manner to ensure that participants felt comfortable discussing the topics. When sensitive subjects like miscarriage, abortion, illness, or family death were discussed, these were *always* volunteered by the participant(s) themselves.

#### 4.12 Data Analysis: Coding and Theory-Building

For analysis, I used NVivo 11 to store, organize, and code data and fieldnotes. The programme allows the user to write and store transcripts, assigns codes, store analysis in the form of notes and memos, arrange documents, pictures, PDFs and data into nodes and families, and perform sophisticated searches. The following sections discuss how I performed analysis in-field and out-of-field using NVivo. Appendix B shows an example of Matrix of Themes and Coding Schemes used to guide the thematic coding and analysis.

##### 4.12.1 Data Analysis: Analysing Findings

During fieldwork, I wrote extensive field notes after each interview. Field notes were a collection of hunches, demographic information about the participants, reflections on the interview, and

an assessment of how “well” it went and what I felt could have been better. After interviews were complete, I listened to the audio recording of the interview several times and began transcription. I transcribed directly into Serbian and decided to translate transcriptions into English once I had formally begun data analysis. This allowed me to preserve textual authenticity when recording data via transcripts, as well as allowing for improved Serbian-to-English translation later in analysis. Following this, I would enter my field notes into NVivo as memos and include any observations that came to me during listening and transcribing. I would link the memo directly to the interview transcript. This linking approach was later used to assist in coding and theory-building. After fieldwork, I began by “precoding” interview transcripts in Serbian on a hard copy. This is understood as circling, highlighting, bolding, underlining, or colouring “rich” data or significant portions. I would then return to my field notes and enter any additional thoughts or considerations that emerged during precoding.

#### 4.12.2 Data Analysis: Coding Principles

When coding, there are several key principles that academics argue ensure the analysis is rigorous and scientific (Yin, 2014). My primary interest was to ensure that my analysis was grounded in the interview data (and field notes). As mentioned earlier, sensitizing concepts were used to identify topics and themes for the interview but proved less useful in analysis. Although I relied on both inductive and deductive methods, I found many of my themes emerged directly from the data. Some codes were clearly manifest, whilst others were latent and required more careful consideration and a closer reading. To demonstrate, in the following passage, a participant describes independence as she speaks about money and finances in response to a question about independent living and late home leaving in Serbia (highlighted portions represent NVivo coding):

I don't know anyone [in Serbia] who is independent at the age of 25 and has their own income and home. It's another thing when you have two incomes. But on your

own it's **hard to be independent** — Participant Nadja, Coded as “Financial Independence”.

Similarly, and responding to the same question, but without explicit mentions of “independence”:

I **haven't taken any money** from [my parents] since my daughter's birth. There was the money we got when [my daughter] was born, from the Government and from family and friends. I've used that money. **I haven't asked for anything from anyone since** — Participant Anja, Coded as “Financial Independence”.

#### 4.13 Ethical Considerations

Following advice from my first supervisor, Dr Stuart Gietel-Basten, the research was put forward for CUREC 2 approval from the Social Sciences and Humanities Inter-Divisional Research Ethics Committee at the University of Oxford. Following feedback from the committee and several revisions, the research was shifted from a CUREC 2 to a CUREC 1. This meant that the committee deemed it “less sensitive” in its research aims than was originally assumed. The research was approved by the committee for fieldwork in August 2017. All relevant documents are included in Appendix B.

Research ethics informed a great part of the study and its design, and these issues were considered throughout the design and execution of my research. Existing literature defines research ethics as: ‘a set of moral principles that researchers abide by to protect study participants from harm by researchers or the research process. Codes of research ethics are comprised of informed consent, self-determination, minimization of harm, anonymity, and confidentiality’ (Hennink, 2014: 46). These are defined below.

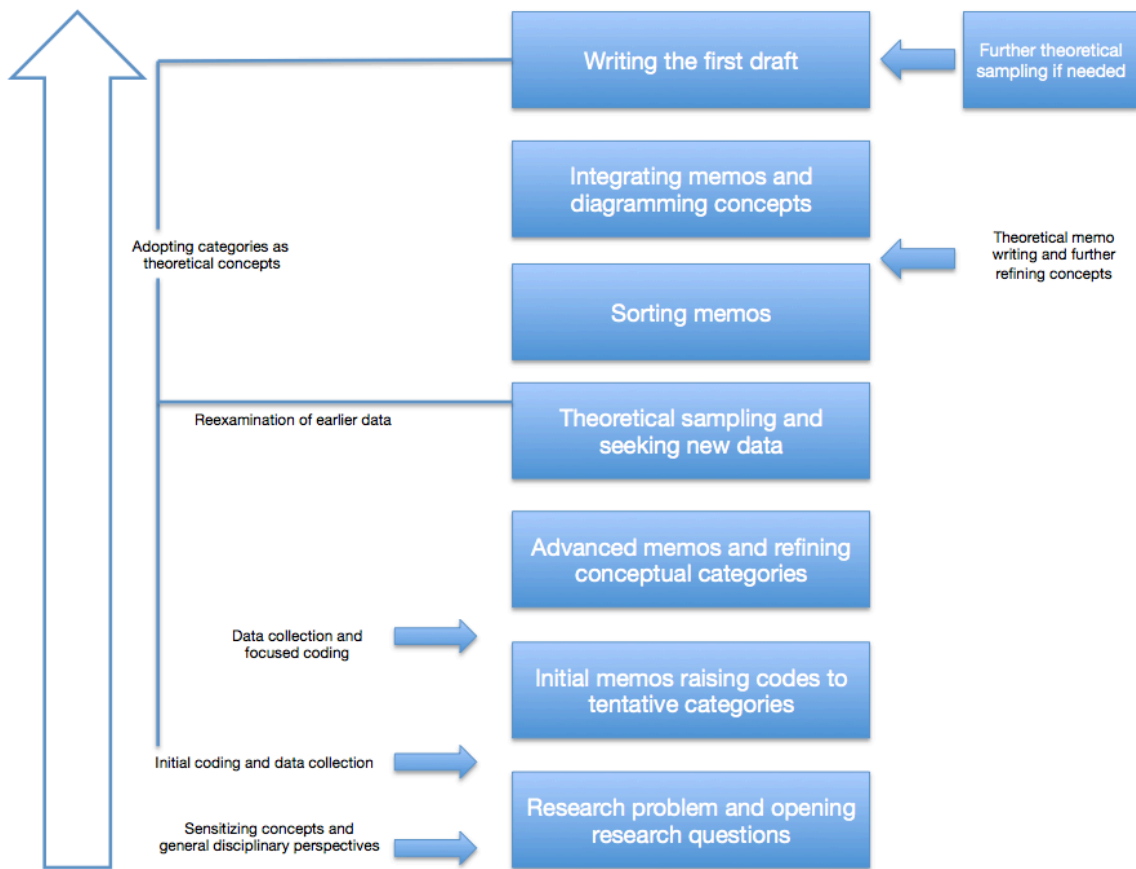
##### 4.13.1 Code of Research Ethics and Their Application

*Informed Consent:* I began each interview session by informing participants that the discussion would be voice recorded and later transcribed. All participants present provided written consent. I explained to all participants that the recordings were necessary for transcription and data analysis purposes. All participants agreed to be recorded.

*Minimization of Harm:* I aimed to minimize psychological harm (such as embarrassment) by recruiting participants through gatekeepers and snowballing, which, in and of itself, carries a higher degree of trust than “cold calling” on participants. However, minimization of harm in ethical considerations also applies to the researcher. To this end, I attended several fieldwork-related workshops at the University of Oxford, and in particular, *Safety in Fieldwork* in Hilary 2017. Furthermore, when interviewing at a participant’s home or work, I would be driven by a colleague or gatekeeper who would wait in a near-by location, such as a coffee shop, and collect me after the interview was complete.

*Anonymity and Confidentiality:* I protected the participants’ confidentiality by ensuring that only I, as researcher, had access to the recorded and written data. Identities of participants were protected by using randomly assigned names for each speaker. This was explained to participants to ensure that they could speak openly during the sessions without being (in)directly identified. An excel sheet containing demographic data on participants was coded with randomized codes (that made sense to me, such as participant initials, type of interview, and date of interview, e.g. ASJ2006). The corresponding names and details of who these codes applied to were kept in a separate and protected word document. All fieldnotes were kept in a password-protected programme, One Journal.

Figure 4.1: A Framework For “Doing” Constructivist Grounded Theory



Adapted from: Charmaz (2014)

## Chapter 5: Childbearing Trajectories in the Life Course Pathway: Dyadic Decision-Making and Fertility Behaviour at Parity-One

### 5.1 Introduction

Modern methods in and approaches to family planning and pregnancy are defined by a high degree of choice and flexibility for users (World Health Organization, 2014; Kavanaugh et al., 2013: 284). With the proliferation of natural and medical contraceptive methods, access to family planning services, and free or state-subsidized abortions, individuals and couples can seek to time their childbearing and birth order, as well as having the possibility of delaying their fertility altogether. These decisions can be guided by the pursuit of other goals and opportunities or reflect an individual's personal values (Huinink and Kohli, 2014: 1304). Access to these choices and services means that individuals are well-placed to make individual biographical choices, such as choosing to enter education or employment, and follow timed or paced pathways with milestone moments occurring at specific points in their life (*ibid*). The possibility of “timing” in a trajectory is especially empowering to women who can defer and/or time fertility choices using modern contraceptive methods. However, pathways are not necessarily paved by straightforward choices and negotiations; conflicts between different pursuits — such as familial and professional goals — can happen unexpectedly, leaving individuals to renegotiate their pathway or re-style their biography (Beck and Beck-Gernsheim, 2000).

Focusing specifically on family planning, pregnancies may be unplanned and unexpected, in turn reshaping the individual and couple's pathway dramatically: ‘becoming accidentally pregnant presents people with the oppressing responsibility of having to decide whether to enter into parenthood or not’ (Luker, 1999: 248). The following all form an important part in deconstructing the make-up of fertility behaviours: understanding how people make the decision to enter parenthood; the differences between planned and unplanned

pregnancies; what these terms mean to a couple; and how people negotiate their childbearing decisions to work with other parts of their biography. Although personal, social, and family-of-origin values may matter to the individual's decision-making process, the choice to become a parent is usually made within the childbearing dyad, i.e., the (biological) couple. The nature of a pregnancy, such as whether it is planned or unplanned, can affect how a couple works through this decision-making process and whether they decide to continue the pregnancy and become parents.

However, the terms planned and unplanned (as well as intentional, unintentional, wanted, and unwanted) are used loosely by individuals, couples, and healthcare professionals, often without definitional consensus (Stern et al., 2015). The process of defining pregnancy types is nuanced and complex, and most informal definitions are person-centred, subjective, and value laden. Some demography and fertility literature has argued for the importance of qualitative frameworks that help explain (pregnancy) intentions and could determine and assess the social and family policy needs among would-be parents (Fischer et al., 1999). Beyond this, academics have also identified a need for creating country-specific pregnancy type frameworks instead of transplanting frameworks across countries when seemingly subtle but, in fact, large sociological, moral, and political understandings of pregnancy and conception exist (Stern et al., 2015). In much the same way, the low fertility “problem” is often understood as a global problem, but the way in which it manifests across and within countries can be different. Studying pregnancy intentions has important social policy implications, e.g. health outcomes for mother and child, financial planning for family needs, determining local childcare and healthcare needs, et cetera (Cartwright, 1988; Barrett and Wellings, 2002).

The chapter begins by returning to Beck and Beck-Gernsheim's (2000) theory of individualization and describing how (young) adults in post-communist and post-socialist transitional countries are understood to navigate their pathways towards important milestones.

We will then situate the planned and unplanned pregnancy terminology within the life course literature and expand on its uses in the field. We begin the empirical analysis with a holistic overview of the demographic characteristics and pregnancy types (planned or unplanned) of all the men and women in the study, considering what possible “patterns” may exist among the participants as a whole and alongside their respective pregnancy types. Then, we move on to a discourse analysis of the detailed biographical and narrative pathways of six couples — three couples who self-identified their pregnancies as “unplanned” and three couples who self-identified their pregnancies as “planned”. The participants represented in this chapter were chosen because they offered the most in-depth narratives on planned and unplanned pregnancies, as well as self-defining whether they consider their pregnancy to be planned or unplanned, and why. The chapter seeks to answer the following research questions: (1) what do couples’ childbearing trajectories look like? And (2) does a pregnancy’s “type” impact on the way couples style their biographies?

## 5.2 Individualization and the Individual: Styling Biographies in Post-Communist and Post-Socialist Transitional States

Beck and Beck-Gernsheim (2000) describe the choice to delay childbearing and engage in later-life childbearing as the result of normative indecision among young adults in post-communist transitional societies. Utilizing the model of “individualization”, they describe the presence of competing life choices: under such conditions it becomes increasingly difficult to navigate economic, social, and familial desires; the individual is ‘condemned to individualization ... to create, to stage manage, not only one’s own biography but the bonds and networks surrounding it and do this amid changing preferences and at successive stages of life, whilst constantly adapting to the conditions of the labour market, education system, the welfare state and so on’ (*ibid*: 4). In creating and styling one’s biography, the individual is responsible for balancing and

navigating a myriad of competing decisions and opportunities. This development has been marked by individuals moving through ‘a complexity of social interconnections’ (*ibid*: 4) that may eventually lead to (undesirable or unanticipated) compromises at the intersection of socio-economic and familial preferences. In other words, couples may indicate positive fertility preferences or a desire for high parity but fail to realize their preferences as they meet other opportunities, goals, or responsibilities.

Among those who have begun their fertility journeys, Beck and Beck-Gernsheim describe the presence of competitive, and sometimes mutually exclusive, choices in the life course. The theory of individualization would suggest that with multiple or conflicting opportunities, women may choose to delay childbearing in the pursuit of other personal and professional interests, or vice versa. Balancing demanding higher education costs and career aspirations alongside personal and familial costs and responsibilities can be economically and psychologically challenging. In turn, understanding the ways in which individuals shape their biographies and negotiate education, career, and family planning may offer insight into the intersections that individuals face. Identifying, understanding, and mapping these intersections and the decision-making that takes place at different junctures is inherent to expansions of the theory of individualization and styling biographies. It is also the main aim of the life course perspective, offering a helpful theoretical overlap.

### 5.3 Understanding Fertility Planning in the Life Course Context

In a study seeking to classify definitions of pregnancies, Barrett and Wellings (2002) interviewed British women of childbearing age and asked them to define and categorize pregnancy types. Their findings show that women used the following criteria to define a ‘planned pregnancy’: intending to become pregnant, stopping contraceptive use, but most importantly ‘partner agreement and reaching the right time in terms of lifestyle life stage’ (*ibid*: 545). The final two

conditions reinforce that the idea that the most important factors in fertility decision-making: (1) lie within the dyad (the couple); and (2) are guided by individual interpretations of their life course's tempo and pacing.

In Barrett and Wellings' study, the participants' definitions of unplanned pregnancies were more contested. Associations such as 'unwanted' and 'unintended' were seen by some participants as emotionally loaded, moralistic understandings of pregnancy, conflicting with the more neutral 'unplanned' (*ibid*: 548). Nonetheless, the authors summarize 'unplanned' pregnancy as the 'lack of intention rather than any positive action taken' with a focus on unplanned pregnancies as 'accidents' or 'mistakes' (*ibid*: 549). However, some participants recognised that even accidental and unplanned pregnancies may contain a *subconscious* element of childbearing wishes or desires. For instance, poor contraceptive use may not necessarily imply an *intention* to get pregnant, but the individual is aware of the risks involved in imperfect contraceptive use and may, in turn, be prepared to take such risks recognizing that, perhaps, a "surprise pregnancy" would be something they are prepared to consider even if they are not actively planning or preparing for the possibility (*ibid*: 550). However, Fischer et al. (1999: 118) contend that 'support from the [pregnant women's] significant other and the women's underlying values about parenthood seem to be of particular importance' in the decision to continue a pregnancy or not (*ibid*: 122).

The terms "planned" and "unplanned" as well as the concept of "planning" sit within the epistemological parameters of life course theory: individuals often have goals, ideas, and plans that they work towards, consciously or subconsciously.<sup>49</sup> If a course changes suddenly, individuals may rely on their personal and collective ideational frameworks to help guide them towards a new pathway or a redirection in an existing pathway. It has been claimed that those

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<sup>49</sup> I use the term "subconsciously" as opposed to "unconsciously" in support of Barretts and Wellings' (2002) suggestions that accidents can be, in fact, rooted in desires, despite not being consciously recognised by the individual.

who seek personal fulfilment and contentment are usually committed to ‘creating and sustaining subjective well-being [which] implies achieving or maintaining satisfying biographical states and everyday life practices (e.g., having children)’ (Huinink and Kohli, 2014: 1296).

However, as shown by Beck and Beck-Gernsheim, life courses are complex and different domains are interrelated and overlap: ‘engaging in one domain affects the welfare production in other domains in various ways’ (Huinink and Kohli, 2014: 1296). Firstly, ‘activities [within] different domains of life can compete with each other for resources. This is particularly the case for time [as a limited resource]’ (*ibid*: 1296). Secondly, ‘there is an interdependency between outcomes of activities in different life domains. Outcomes in one life domain can provide resources needed to pursue goals in other domains (e.g., money)’ (*ibid*). To understand the trajectories that individuals take, Huinink and Kohli (2014: 1296) explain that looking to what is ‘guiding people (or creating incentives for them) to reach educational, occupational, or family related goals on time’ helps reveal their motivations and what they prioritize. This theoretical position will be explored in the following sections.

#### 5.4 Considering Pregnancy Types: Definitional Reasoning

The decision to build the chapter around the terms “planned” and “unplanned” pregnancies (instead of, for instance, terms such as “unintentional” and “intentional”) carries several reasonings that informed the research questions and theoretical underpinning of the chapter. Firstly, the chapter seeks to understand whether planning impacts on trajectories in childbearing biographies. Secondly, the terms “planned” and “unplanned” are broader in their definitions and considered more objective than subjective, value-laden, or emotional (Barrett and Wellings, 2002). The following sections detail the biographies, narratives, and trajectories towards childbearing of participants within their dyads, as told through a mixture of individual

and joint interviews. As the chapter looks to understand “movements” into childbearing and the decision-making process, the participants studied in this chapter had offered detailed narratives in response to questions about how they came to the decision to have a child with their partner.

### 5.5 Unplanned Pregnancies: Identifying and Considering Possible Patterns and Participants’ Demographic Characteristics

There appear to be “patterned” demographic characteristics among the women within the unplanned pregnancy group.<sup>50</sup> Table 5.1 (p. 135) shows the demographic characteristics of the nine women who identified their pregnancies as “unplanned”. The first observable pattern appears to be that unplanned pregnancies happened when the women were either under 25 or over 35 (early adult fertility and later life fertility, respectively, two groups which are usually considered outside the “average” range of birthing years, although these cohorts have been shifting throughout the years) (Barrett and Wellings, 2002). The second observable pattern among the unplanned pregnancy group appears to be low parity: eight women are at parity-one, and one participant, Petra, is at parity-five. The unplanned parity-one group appears to be one of “extreme ends of the spectrum”, that is, in this case, at low parity or high parity. The low parity could be explained by the consequences of unplanned behaviour; an unplanned birth could mean individuals, and especially women who may later be primary carers or homemakers, need to delay work, education, or personal plans. Reshuffling these priorities may mean later delaying fertility intentionally to “catch up” with goals and interests.

This then brings us to the two observable demographic characteristics: a woman’s highest level of education and her work status. Of the nine women in the unplanned pregnancy

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<sup>50</sup> It is considered standard in the fertility and childbearing literature to focus on the demographic characteristics of women in a childbearing unit. Furthermore, the literature used to build the theoretical framework for this chapter (see: Barrett and Wellings, 2002) focuses on women in pregnancy planning studies.

group, only one has an educational qualification higher than a high school diploma, and six out of the nine women in the unplanned group were unemployed at time of interview (although, technically, one participant, Minja, had just graduated with a degree in Medicine). Of these six women, five described being unemployed to focus on providing primary care to their children (this includes the participant Minja, who described delaying entering full- or part-time work to provide childcare). It is worth noting, however, that all the men in the unplanned pregnancy group are employed, regardless of their female partner's employment status.

Regarding age at first birth in the unplanned group, Anya and Irena are examples of early-life parity, but with a twenty-year childbearing age gap between them: Irena gave birth in the 1990s during the decline of socialist Yugoslavia, whilst Anya gave birth in the post-socialist, "transitional" late 2010s.<sup>51</sup> Then, Nevena presents an example of an unplanned pregnancy and later-life parity, allowing for a consideration of the ways in which age can affect trajectories towards pregnancy and childbearing. We will later see that Nevena had previously considered herself as "too old" to have children and "amended" her biography to accommodate a childless lifestyle. It is these types of decisions that create interesting splits in pathways and trajectories between the planned pregnancy group and unplanned pregnancy group.

The following sections introduce and analyse the narratives of three couples from the unplanned pregnancy group. As mentioned in the introduction, their data are selected as their interviews presented the most detailed and fullest narratives for analysis on the "unplanned" dimension of their pathway to parenthood. These participants also presented the fullest joint interviews or individual interviews that built up a vivid picture of their relationship.

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<sup>51</sup> Chapter 6 explores prenatal and perinatal experiences in Belgrade's public and private healthcare settings in depth, as well as considering contrasts between birthing years.

### 5.5.1 Pathways to Childbearing: Anya (F) and Dario (M)

Anya (b. 1994) and Dario (b. 1983) had been dating for a few months prior to learning of their unplanned pregnancy and only child together. Shortly into the second trimester, Anya suspended her first-year university studies and moved from her family-of-origin home to Dario's one-bedroom rented apartment (where he had previously lived alone). Anya and Dario married several months after the birth of their daughter, Sara (b. 2017). During interviews, the couple described feeling emotionally attached to each other early on in their relationship but mutually agreed — at the time, and retrospectively during a joint interview — that they were simply “dating” rather than focused on forming a serious relationship with long-term goals and aspirations. In this sense, the couple had planned very little, and had not envisioned or discussed formally joining life courses. However, they explained that the pregnancy and birth had brought them closer together and solidified their bond and decision to pave a joint pathway together. The experiences had also encouraged Anya to suspend what had previously been an important part of her personal biography: reading law at university and passing a bar exam. Nonetheless, Anya and Dario decided to continue their unplanned pregnancy. During a joint interview, the couple were asked how they came to the decision to have a child together:

**Dario:** The decision came naturally.

**Anya:** That's true.

**Dario:** Yes, it was natural. We followed a feeling.

Although unplanned, the couple do not identify their pregnancy as accidental, but rather because of ‘natural’ coming-together in their relationship. Throughout the individual and joint interviews with the couple, there was a high degree of *emotional agreement* — that is, both partners offered strongly corroborative narratives of their milestone relationship experiences and the ways in which these experiences made them feel. The partners spoke of shared and mutual ‘energy’ and ‘emotions’ and rooted these experiences primarily in the ‘natural and spontaneous’

elements that they felt emerge from their relationship. However, these corroborative narratives do not necessarily reflect value-equality - i.e. that both partners have a fair say in what is “right or wrong” in the relationship. As shown in the excerpt above and demonstrated later in interviews, Dario often responded to the interview question first, asserting a degree of dominance, followed by Anya agreeing with or supporting him. Dario’s seeming dominance and guiding value system were also felt in an individual interview with Anya. During a conversation on fertility preferences, Anya makes an offhand remark about abortion, leading her to intimate that her husband’s opinions on important moralistic issues guide her decision-making. She also makes a point of the gendered element in having a ‘man’ as a carer:

**Anya:** I certainly wouldn’t have aborted, you know?

**Interviewer:** Why is that?

**Anya:** My husband.

**Interviewer:** How did your husband impact on your decision to keep the child?

**Anya:** It impacted on my decision a lot. When you don’t have a man or [male] partner to support you in your decision [to have a child or not] it’s difficult to push through.

Anya then recounts having had an abortion in a previous committed relationship. She explains that in the instance of her second pregnancy, with Dario, she was, again, unsure about keeping the baby, and uncertain about having a child at the age of twenty-two, especially as her friends and family were deeply resistant to the idea. She describes how her father had refused to speak to her for several months during the pregnancy, and that her mother had ‘reacted terribly’ and was ‘cold and horrified and disappointed’. However, she explains that it was Dario’s influence, values, and support that helped her make the final decision, and the decision-making was, she believes, decidedly dyadic. Essentially, Anya says, her husband explained that if she were to abort, he would have ended the relationship (Dario expresses strong anti-abortion values). Although the couple come to make decisions together, Dario appears to be more dominant in impressing his values in the dyadic context. The opinions of friends and (extended) family are not considered to be as important to Anya. Instead, the couple’s joint value system mattered

most, regardless of its origin or influence. For Anya, cohesion and agreement within the relationship are paramount, even if it leads to compromises that challenge her (previous) value system. In the joint interview, when asked to describe what the couple considers “a family” to be, Anya’s response focuses, firstly, on the couple as a ‘battle of two,’ before adding ‘a battle of three’ as an afterthought:

**Anya:** [Family is] a real communion, a togetherness. We are together. Together we talk, respect each other, love each other, value each other. A battle [against the world] in two... Or three. But for the bigger problems, a battle in two.

Dario continues, mirroring some of the terms used by Anya, but pronounces the value of family (over the couple) and, unusually, describes it as a ‘cult’ — echoing the idea of a group bound together by an ideological oneness or commitment to a joint value system, usually headed by a charismatic and compelling individual. The concept is strong, and his double mention of the term appears to affirm his belief in it:

**Dario:** It’s a cult. Family is a cult... above everything. That communion, family — when it functions the way it should — is unbeatable. It’s the first step towards a happy life, a fulfilled life, success in career and personal goals.

However, Anya’s focus on the couple makes sense considering their daughter’s infancy: having a young child together; an infant unable to “contribute” towards family life and its battles, compared to an older, autonomous child. In this sense, Anya appears more conscious of the joint involvement needed in good parenting and caring for a young child. As primary carer, Anya spends most of her time with Sara and experiences a distinction between the time she spends alone with her daughter as a parent, and the time spent with Dario as a partner. He, on the other hand, as described by both himself and his wife, is concerned with ‘tending to his business’ and doing well career-wise. The following excerpt is taken from what the couple

presented as a playful and light-hearted moment during a joint interview, but nonetheless reveals Anya's insistence on the ontological importance of "we" over "I" in the dyad and its functioning:

**Dario:** Here's my day. I got up at 8am and worked... All day. I came home at 3pm. Then I went and took Sara to the doctor.

**Anya:** *He* went and took Sara to the doctor?! *We* went and took her to the doctor! *We!*

**Dario:** I'm just telling everyone what I do.

**Anya:** You're not doing that alone! We do that together!

Throughout the interviews, Dario made joking remarks that characterized Anya's role as a homemaker and parent as being far easier and, he claims, 'less important' (because, he explains, she does not 'bring money home'). The traditional and enduring nature of the male breadwinner model is felt within the couple and during interviews. Although Dario's comments could be regarded as flippant, they should be considered in their context: Serbian wages are, on average, extremely low, and work opportunities and high incomes are a rarity (Statistical Office of The Republic of Serbia, 2017). This may account for his attitude towards unemployment among parents. In an individual interview he intimates, 'I want [my wife] to go back to University and I want her to get a job. I don't want her to be some stay-at-home mother who has no ambitions. She's a smart individual and has a lot of potential. She deserves the best'.

The couple, perhaps, present an example of how Serbian women *compromise* their biographical decisions when they are prepared to subvert their pathways upon learning of an unplanned pregnancy. Marriage and having a partner are in some circles understood as a greater commodity to a woman than a degree or a career/employment. In Anya's words, 'I can always finish my degree later. Dario was a once-in-a-lifetime man'. Anya's decision to continue an unplanned pregnancy that interrupted her university studies suggests that traditional family values, such as women remaining at home with the children while men

pursue careers, emerges as a theme across women's biographies. The next couple, Irena and Dragan, present an example of a woman subverting professional pathways, but in an entirely different socio-cultural moment.

### 5.5.2 Pathways to Childbearing: Irena (F) and Dragan (M)

Irena (b. 1976) and Dragan (b. 1968) began dating when Irena was in her late teenage years. They had been together for four years upon learning of their unplanned pregnancy. Asked how she and her partner came to the decision to have a child together, Irena responds: 'My pregnancy happened through love. We were young and silly and dating and, of course, it was an unplanned pregnancy. I didn't have a vision of becoming a mother. I was young, I was 19... And then I found out I was pregnant'. She describes that her family were thrilled by the news, which disappointed her — she had hoped to continue building up her career and start up a business (she had been working in what she described as 'one of Belgrade's best beauty salons' when she unexpectedly became pregnant). Irena explained that initially she thought she was 'too young' to have a child but had felt pressured by her family, partner's family, and partner to continue the pregnancy. As a result, the couple had one child together, Filip (b. 1994). Irena says that her son is 'the greatest thing that ever happened' to her but she is, retrospectively, aware of all the sacrifices she made 'in the name of motherhood'.

Reflecting on the experience of the unplanned pregnancy, she describes how she and Dragan had an argument after she had explained to him that she was considering an abortion: 'Of course, the argument wasn't pleasant because he concluded that I didn't love him because I didn't want to have the baby. It's not that I didn't want *it*, just that *it* had come at the wrong time. And simply, I had other plans and had wished to achieve other life goals. So, I had hoped that, when that baby *did* come it would have a normal and stable life."<sup>52</sup> Timing here is

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<sup>52</sup> It is interesting to note that Irena refers to an unplanned pregnancy as "it" whilst a planned pregnancy is a "baby." There is a detachment in the former and a personalisation in the latter. This is, perhaps, to be expected;

important and shows the absence of one of Barrett and Wellings' (2002) important criteria in a planned pregnancy: 'reaching the right time in terms of lifestyle life stage' (p. 545). However, Irena reflects that at the time of the pregnancy, the 1990s, she believed it was 'normal for women to have children or marry to build up their lives' as well as cultivate social and financial capital and security. Interestingly, this echoes Anya's experience of making biographical sacrifices in education and career when family and a husband are seen as more valuable commodities.

Regardless of the traditional family values Irena grew up with, the decision to start a family so early in her life course and during the Yugoslav interwar years, and its economic consequences, meant that she has often been the family's breadwinner when Dragan experienced long periods of unemployment. Irena explains that she has had to re-negotiate the values she and her husband carried from the socialist era into a contemporary economic period. Irena describes contemporary Serbia as a time when Serbian women must work as much, if not more, than men to 'make ends meet'. In Serbia's economy, she explains, 'whoever can make money goes to work. It doesn't matter if you're a man or a woman'. Again, this is reminiscent of Dario's attitude towards Anya's employment: whoever can work ought to. Although there is a culture of valuing family, childbearing, and marriage, in Serbia's current economy, unemployment as a stay-at-home parent is an economic luxury. Perhaps both couples are representative of their belief in sustaining family rather than traditionalist gender values, with their decisions being made to support the family unit.

Reflecting on the decision-making that took place between her and her husband, Irena, describes their dyadic negotiations as 'immature'. This framing is explicable by the fact that both members of the couple were considerably inexperienced, young adults at the time of the unplanned pregnancy. Perhaps because of this, the influence of older people (i.e. Irena's family

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this type of discourse can be understood as a coping mechanism when discussing a traumatic experience. Detachment, especially via language, can act as a salve.

and family-in-law) impacted on the couple's decision-making process as they were considered, she describes, 'unable to reach good decisions independently' and as a dyad. Irena recounts that 'the happiness of the broader family was considered, and [personal] sacrifices were made'. Therefore, "partner agreement" as noted by Barrett and Wellings was, in this instance, less important than a broader familial agreement. Again, as noted above, this suggests a support in their dynamics in a "family" versus the (gendered) dynamics within a "couple". Further, this may also be a nod to the importance of considering *cultural* differences in planned and unplanned pregnancy type frameworks, and the different factors that may influence a dyad in a Serbian cultural context.

Notably, the couple Irena and Dragan are among the older participants in this study who commonly describe individualization as discouraged in their generation and cohort, especially the individualization of women. This might be expected: communism strongly pushed for the value of the community and family over the individual and individual preferences. Reflecting on her narrative, Irena explains that a lot of time has passed since her pregnancy and birth, and that the passage of time has offered her some perspective: decision-making before the Yugoslav wars was a different negotiation process for couples, and the economic and social strain had 'pushed and pulled on couples and families until they were at their wits' end'.

Towards the end of the interview, Irena explains that she had always wished that she and her husband had had a second child but believes that the difficulties of the interwar and post-war years probably discouraged them from ever broaching the subject again, stating: 'it was a painful and scary time'. Irena appears dissatisfied that she compromised her positive fertility intentions: early life parity meant, she explains, 'having to catch up on the things I had missed out on while my friends were studying and working, and I was at home with a child for over half a decade'.

### 5.5.3 Pathways to Childbearing: Nevena (F) and Damir (M)

Nevena (b. 1970) was thirty-seven years old when she met her husband, Damir (b. 1968). She became pregnant a year into their relationship. She describes the pregnancy as ‘unexpected rather than unplanned’ but ultimately classifies and defines the pregnancy as unplanned. Asked to expand on the difference in definition, she explains that the couple had been dating and the topic of having a child together had not come up as a serious possibility in conversation (neither as an ideal nor in terms of planning) and provides two explicit reasons for using this explanation. Firstly, she believes that as a couple they had assumed that their age would lead to fertility issues. Nevena explains: ‘I seriously thought I was out of the game — that I couldn’t get pregnant!’ Secondly, her partner had a twenty one year old son from a previous marriage, and the couple had already discussed and agreed that Nevena could be a step-parent if the relationship ‘became serious’ (and explained that she was ‘happy to do so’). This, she considered, was a ‘compromise’ in lieu of having a biological child together. Discussing childbearing with Damir would be her definition of “planning” — something the couple did not do; only step-parenting was discussed.

Upon learning of their unplanned pregnancy, Nevena explains that the couple decided to continue the pregnancy because of ‘how fantastical it was [getting pregnant at that age]. Had he and I conceived when I was twenty nine years old rather than nearing thirty-nine, I’m not sure I would’ve been as enthusiastic about it’. Asked how she found having a child at that point in their life pathway, Nevena explains that ‘it was difficult’. She describes the types of pressure she experienced styling her biography at various stages in her life, not just regarding potential and later-life childbearing. She states that, ‘there’s pressure in [Serbian] society: as the years go by there’s pressure to finish university, to start working, to get into one relationship, another relationship, a serious relationship’. When her trajectory had not followed this ‘conventional’ path, Nevena recounts that she had instead finished university and entered employment

without meeting a ‘serious partner’. Nevena felt that she was considered by people around her as ‘unusual’ for following this route. However, the pressure to enter a serious relationship and have a child had started early: ‘I remember that people would ask me how old I am, I would say: I’m thirty. And they would reply: You’ll never get married then!’ She explains that ageist discrimination had ‘earmarked me as a no-no candidate. I was thrown in the used and discarded pile. It felt like I had missed my opportunity [to find a partner and have children]’.

Interestingly, Damir is largely absent from Nevena’s narrative. This could be explained by Nevena having spent much of her life, as she describes, ‘alone’ and because of that continuing to perceive herself as, firstly, an individual rather than an integral or moving part within a familial union or household. In describing her experiences of motherhood and parenting, Nevena recounts challenging and questioning herself during the pregnancy as well as after, wondering if ‘family life [is] even for me? Do I qualify as parent material? Do I have the chops for it? I’m not sure! Sometimes it seems like I really doubt myself. I look at some women and I think: She’s a mother! And she’s very good at doing the family life thing! Family seems like the most important thing to them. But with me it doesn’t feel that way’. It appears that for Nevena, later-life childbearing presents concerns about societal impressions, as well as an instance of a mother second-guessing her ability to adapt and transform to a new milestone moment. Where Anya and Irena experienced early-life parity and had been focused primarily on their personal and close-family impressions, Nevena feels more engaged with broader, societal narratives. Entering motherhood later in life, she describes, has been confusing for her identity and trajectory, and she theorizes that the lack of representation of ‘older mothers’ may be behind her insecurity.<sup>53</sup> She explains that the shift to partnership and a family union has meant that her biography, and therefore, personal identity, have been ‘shaken upside down’.

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<sup>53</sup> However, looking to contemporary fertility trends and fertility behaviour, later-life parity is certainly becoming increasingly common. It is, perhaps, not the case that there are not any “older mothers”, but that these women of later childbearing age women are not as represented or discussed as much in popular culture or media. This may contribute towards social taboos.

Asked how she found the shift to becoming a parent, she describes that it was ‘problematic. I literally fell into [my husband’s] family. My husband lived with his son and his parents in their house. [Now] we live together in a union, basically, with his family. At first, I found that arrangement exceptionally strange. I used to live by myself. And I had lived by myself all my adult life — I had a different tempo, time for myself, for my friends. Then suddenly, all my time was devoted to different things. It was dramatically different’. From Nevena’s narrative, the decision to become a parent is rooted more in pursuing an unexpected opportunity than a life-long goal or intention that she had actively held.

However, there is something in Nevena’s narrative that mirrors Barrett and Wellings’ (2002) view that unplanned pregnancies can sometimes be an expression of subconscious and unexplored desires — it is not that Nevena was disinterested in becoming a parent, but that, as she says, ‘[Serbian] society’ had made her feel as though she was unsuited to it. Nonetheless, it is important to note that Nevena and Damir are biological parents to a child with disabilities, which has meant increased pressure on resources such as their time and finances. These specific conditions may explain some of the stressors Nevena describes as her experiences in parenting, rather than being a reflection on purely age-specific fertility and parenting concerns.

## 5.6 Planned Pregnancies: Identifying and Considering Possible Patterns and Participants’ Demographic Characteristics

Table 5.2 (pp. 136–7) contains the demographic and personal characteristics of the fourteen couples in the self-identified “planned pregnancy” group. Compared to the unplanned pregnancy group, the demographic characteristics of the men and women within the planned group are more diverse. Firstly, the numbers of children the couples have within this group are more varied than in the unplanned pregnancy group: seven participants were at parity-one; four participants at parity-two; and three participants at parity three. It is also worth remarking

that as parity-levels here are more varied, they may reflect varied fertility preferences too, suggesting that couples may be better able to fulfil their desired parity after planning and/or timing their first birth. In interviews, women in this group would remark that they intended to have more children after completing a degree or their first child entering elementary school. This signalled their planning and making long-term arrangements to accommodate higher parity. Furthermore, there are more women in the planned group with university educations than in the unplanned group, suggesting the presence of sequencing, timing, and styling biographies to follow up different goals and desires. Again, as in the unplanned group, there are high levels of employment and education among the male participants, suggesting that men's biographies and trajectories are largely unaffected by pregnancy type, and the impact of planning (or the absence of planning) is carried largely by women.

The following sections detail the biographies, narratives, and trajectories towards childbearing among three couples: Daniela and Saša; Ivona and Stefan; and Milica and Vuk who self-identified as having planned pregnancies. Out of the fourteen couples in total, these participants' narratives are chosen with the same reasoning as with the first group. Firstly, their interviews presented, comparatively, the fullest narratives for discourse analysis among the sample. And, as before, these participants also contributed towards individual or joint interviews that allowed a thorough overview of their relationship as a dyad. The three couples below presented narratives that formed a vivid understanding of dyadic decision-making in childbearing as a planned event.

#### 5.6.1 Pathways to Childbearing: Daniela (F) and Saša (M)

Daniela (b. 1980) and Saša (b. 1979) began dating in 2006, aged twenty-six and twenty-seven, respectively. The couple have been married for seven years and had lived together for two years prior to their marriage (specifically, for the duration of their engagement). Daniela studied at

university and later worked in the private sector for six years, up until her marriage. She justifies quitting her job after marriage because she ‘worked for a measly €300 a month [and] it was more worthwhile to stay at home’. The couple live in a patrilocal housing arrangement, in an apartment belonging to Saša’s family, with his mother living several building floors beneath them and occasionally providing domestic and childcare support as needed. Upon his father’s death in 2014, Saša inherited the entirety of the family business, and the couple consider themselves comfortable and financially stable. However, running a business requires Saša to travel for work, leaving Daniela alone at home with two young children for long stretches.

Asked how she and her partner came to the decision to have their first child together, Daniela focused initially on identifying their emotional motivations, and views their childbearing experiences as expressions of their feelings for one another: ‘early on in our relationship we were already talking about having children because we both wanted to be fulfilled as parents ... When two people love each other, they should have children and a family, regardless of whether they are married’. Because the couple were so in love, she explains, the first child ‘just happened, we didn’t think about it’. Of course, couples do think and reason about the prospect of childbearing and becoming parents, and her phrasing should not be taken literally — instead, it could be understood as her expression of the natural tempo and timing in their relationship pathway, as well as the opportunity to express the emotional security felt in their relationship. Daniela describes herself as an individual who had always been in long-term relationships, and that that type of lifestyle appeals to her: ‘I love when things last. I love security, emotional security, and someone always beside me. I love things to be secure and stable and emotional in every way’.

When the couple had decided to start ‘trying for a baby’ they originally experienced some issues conceiving and, with advice from ‘supportive and friendly’ medical professionals, decided to ‘take a break’ from conception. Although this could objectively be seen as a *disruption* in their

pathway tempo, Daniela speaks of their break as a joint decision made by the couple for what she identifies as ‘the greater good’. Fortunately, she explains, the couple conceived shortly after this break, and Daniela gave birth to their daughter, Katarina, at the age of 31. Two years later, the couple experienced a miscarriage, eleven weeks into the pregnancy. Again, Daniela did not see this as a disruption in the couple’s childbearing pathway: ‘we didn’t know the gender [of the fetus]; it was a short pregnancy. When we went to see the doctor, she explained that there was no heartbeat. I handled it all very well... we already had a child together. So, in short, we ended that pregnancy. Who knows? It must’ve happened for a reason’. Throughout the interview, Daniela relies on the use of “we” and “our” when talking about decision-making in pregnancies and childbirth, indicating that she perceives their choices as joint even if *she* had physically experienced the pregnancy, miscarriage, and any related medical procedures. However, when talking about ‘handling’ emotionally laborious situations, Daniela appears to begin with herself and leave Saša out of the narrative.

The couple had their second child several years later, when Daniela was thirty six years old. Asked how they formed their decision to have a second child, she explains: ‘I don’t really know! [Laughs] It was quite distressing to think about returning to nappies! Especially as I was already well into my mid-thirties. However, I felt sorry for my daughter. She wanted a brother or a sister ... So [Saša and I] sat down and said “okay, let’s make another [baby]. It’ll be hard, we’ll have problems, there will be all sorts of things to deal with, but for the sake of our daughter... it’s fine”. So that’s why we did it; we made a second child for our first child!’

In the case of their second child, the decision also appears to be rooted in emotion. But Daniela and her husband *are* rational: they were aware of the financial and emotional strain a second child might bring (as well as Daniela describing here and earlier in the interview that she believes a woman having children in her mid-thirties could be exhausting). Nonetheless, the couple disregard these possible strains (and financial costs of parity-two) and believe that

having a second child is worthwhile to make their daughter 'happy'. For the couple, emotional reasoning for childbearing trumps any potential economic or domestic arrangement difficulties.

Looking at their decision-making for parity-two, it could be assumed that Daniela may be the household's primary decision-*instigator*: it was her interpretation of their daughter's needs and wishes that *encouraged* the couple to discuss having a second child. This led to a degree of "planning" a pregnancy. Regarding domestic situations, Saša is consistently described by Daniela as passive, if not child-like. Describing her marriage, she says: 'instead of having a husband and two children, I have three children. My husband is an overgrown child'. Later in the interview she comments that she and her husband have 'gone through the motions but on the whole he's a wonderful father and has always been there for his family'. Nonetheless, Daniela seems strained in her position as a parent, and sometimes overwhelmed by the duties and responsibilities that fall to her: 'I always must tell [my husband] things, remind him, wake him up in the morning to take the kids to nursery. Mothers are very organized; I can't accidentally doze off, not come to something, forget something. And that can be exhausting'. Yet, Daniela returns to characterizing Saša as a good father, and accepting the gendered roles as a natural part of the "nuclear family" trajectory: 'I can't complain' she says, 'as a parent I wouldn't change him for the world. My children have the best father in the world. But I tell you, I do have trouble with him as a man'.

Saša is described more commonly as a good father than a good husband and when discussing his strengths as a person, Daniela is concerned with him being 'the best father'. These gendered narratives continue when she explains that 'children are attached to their mothers. Women are the pillar of every home. We hold all the strings. I am a cook and a cleaner and a mother. The one who hushes fears and wipes tears. Without me there wouldn't be a life for them, I can guarantee it'. Visually stimulating, her self-descriptions are of the archetypal housewife, and her attitude towards being a parent and wife form part of this trope too.

Beyond this, her descriptions fit with the couple's demographic characteristics: looking at the housing and career decisions made by the couple, Saša has continued living in the property acquired by his parents and supporting their business. This indicates a strong personal and professional attachment to what his family have built, but perhaps suggests an unwillingness to realize himself as an individual separate from the family. Viewed another way, Saša literally moved from living with his parents in one apartment, to living with his wife in an apartment several floors up in the same building. The descriptions Daniela offers of her relationship with her husband are more indicative of parent-child than partner-to-partner (if we are thinking of the modern egalitarian ideal of couple dynamics). In this sense, Saša may be characterized as a "mama's boy" and Daniela certainly sketches him in this way. However, as with this couple only one partner agreed to be interviewed, this analysis is drawn from what is, objectively, a one-sided narrative.

#### 5.6.2 Pathways to Childbearing: Ivona (F) and Stefan (M)

Ivona (b. 1991) and Stefan (b. 1992) had been together for around a year when they initiated conversations about having a child together. At a joint interview, the couple explain that two sets of their mutual friends (who were then also in their mid-twenties) had had children. Seeing, first-hand and together, how their friends handled pregnancy and parenting made them realize that they both valued and desired that lifestyle. Beyond this, the couple felt that having a child was feasible and possible, and with 'good organization' Stefan explains, '[they] would be completely fine'. In this sense, neither partner was more invested in childbearing, and both felt the same way in the company of their mutual friends. This indicates a high level of emotional corroboration within the couple but reworked and deconstructed through rational decision-making. It also represents a more gender-equal relationship, with roles and responsibilities shared out, especially when comparing the younger "planned pregnancy" couples to others.

Shortly after making the decision to try and conceive, Ivona stopped using contraception to get pregnant, signalling a long-term commitment to planning a pregnancy. Both partners had previously lived in their family-of-origin home but, after the birth of their child, Nicholas (b. 2015), the couple moved into a patrilocal housing arrangement: an apartment owned by Stefan's parents and next-door to his family-of-origin home.

Asked how the couple came to the decision to have a child together, Ivona situates her response exclusively within the couple and childbearing dyad: 'nobody influenced our decision. The two of us decided together'. The couple expressed a high degree of equality within their relationship, with Stefan explaining that he 'always values what Ivona has to say, everything we decide, we decide together. There's nothing we can't talk out'. Although the couple felt close and equal early on in their relationship, they agree that having a child together has intensified their bond and values, and during a joint interview described that:

**Ivona:** ... we've gotten a lot closer. Closer in a very serious way.

**Stefan:** Our baby has changed our relationship for the better.

In line with their values, the couple describe operating in a pragmatic and organized way: as Stefan earns a steady income, the couple represent their decisions as *joint*. As agreed early on in their pregnancy planning, Ivona would stay at home with their son and receive childcare and household responsibility support from Stefan's parents (who, due to living next-door, are as he describes as 'always available to help'). Asked how they negotiate decisions in childcare, the couple explain that when they are both at home, duties tend to fall to Stefan to offer some relief to Ivona. She explains: 'most of the day I spend home alone with the baby. But when [Stefan] comes back from work, I have his help, from his cooking and cleaning to nappy changing and helping the baby go to sleep'. The couple, although supported by friends and family, appear to operate in a value system that is constructed within their dyad, with what Ivona describes as 'only indirect influences from others. We are happy to take advice, but ultimately, we decide

what to do'. In this sense, Ivona and Stefan are characteristic of younger couples in the sample who grew up largely unaffected by the Yugoslav wars during their developmental years, and instead experienced Serbia as a more open society that offered greater opportunities to both women and men.

Furthermore, like the couple Milica and Vuk (discussed below), the partners in this couple are of similar ages to each other. In the three couples with unplanned pregnancies presented in the sections above, coincidentally, there are larger age gaps within the couples (ranging from 8–10 years, and all older partners are men). This generational gap may account for some of the stumbling blocks the three couples with “unplanned” pregnancies encountered in their decision-making. In the case of Ivona and Stefan, egalitarian values and fairness appear to prevail, and their childbearing planning was strongly upheld by the general value-cohesion that was present from the outset.

### 5.6.3 Pathways to Childbearing: Milica (F) and Vuk (M)

Milica (b. 1992) and Vuk (b. 1989) became a couple as teenagers and decided to marry seven years into their relationship. The couple had been cohabiting for several years prior to their marriage and described ‘enjoying the shared life and shared experiences’. The couple described how they originally felt marrying would simply be an expression of their commitment to their existing joint life and relationship but did not feel that having a family and children would be necessary to solidify their bond. After marrying, the couple moved out of a rented apartment and into a patrilocal housing arrangement, specifically a small property belonging to Vuk’s family. The couple describe how their long-term trajectory “planning” changed during their honeymoon:

**Milica:** We married in June 2016. We went on our honeymoon to Thailand [with the attitude of not wanting children]. After ten days away, we changed our minds. It wasn’t because the

honeymoon was *so romantic!* [Laughs] Rather, we had found that being *in Thailand* showed us a different mentality and a different way of approaching life...

**Vuk:** I think all of that influenced our decision...

**Milica:** That motivated us.

The couple began trying for a baby immediately after this realization, and during their honeymoon. Shortly after, Milica became pregnant with their first child, Kayla (b. 2017). Milica suspended her university studies upon learning of her pregnancy, even though prior to deciding to become pregnant she had planned to finish her studies. During a joint interview she explains that 'I was happy to suspend university studies because my desires and priorities changed. My enthusiasm for having a child together outdid my desire to finish my degree. Suddenly it didn't feel so important'.

The couple were asked to describe in detail how they made the decision to have a child together and their understanding of their pathways to parenthood. Much like Ivona and Stefan, Vuk and Milica found that exposure to parents who, Milica says, 'made having children look easy' encouraged them to consider childbearing. While in Thailand, the couple encountered young families with babies and toddlers who were high-functioning and appeared happy:

**Vuk:** In Thailand we came to an agreement.

**Milica:** Yes, we talked about it and came to an agreement.

**Vuk:** The idea was to try for a baby while we were away and see how it goes.

**Milica:** In Thailand we sat down and talked. We debated and discussed it. We talked about everything that could change in those two years we had planned to travel. Could the kid travel with us? Would there be some places we couldn't travel with a baby? And then we also thought about finances. We decided that in those first two years of the baby's life we wouldn't have some huge financial jump in expenses from what we have right now. It won't be anything drastic. We have the full support of our parents, as well as their best wishes. We're supported by our pensioner parents. So, in the end that's what we decided!

**Vuk:** We sat down and agreed on everything.

For Vuk and Milica, their exposure to a different culture challenged their (joint and individual) value systems and inspired them to reconsider their shared ideals and plans. The couple

explains that they had originally planned to spend the first few years of their marriage travelling but realized that they could travel with a child too. In this sense, the couple *jointly* moved their pathway towards an entirely different biographical approach and changed the course of their trajectory. In this respect, Milica explains, the experience of travelling ‘really broadened our horizons’.

Early in the interview, the couple demonstrated a strong sense of unity, and shared values and ideas. They describe themselves as spending a lot of time together, socializing with mutual friends, and identified themselves as considerate and thoughtful in their discussions with each other. Perhaps this can be explained by the couple spending a significant portion of their formative years as adolescents and young adults together. When compared to participants who form couples later, like Yelena and Damir, there appears to be higher partner and value agreement. The excerpt above shows that their thinking and negotiating processes are done together: their joint thinking, rational decision-making, and weighing of costs and benefits.

## 5.7 Discussion and Conclusion: Pregnancies and Reworking the Biography

This chapter considered couples’ trajectories towards childbearing and the extent to which “planning” a pregnancy impacts on fertility decision-making and the pathway that follows. Existing literature on life course theory and individual biographies argues that individuals are confronted with myriad options in styling their biography, and these may sometimes be mutually exclusive. Pursuing a career and a family can present difficulties for the typical young adult. For Beck and Beck-Gernsheim (2000), this is especially challenging in the case of post-communist transitional societies. The point at which individuals choose to have a child in their pathway and trajectory is relevant to understanding the low fertility problem. The chapter sought to show that generally individuals are aware of their long-term goals and plans, but that due to the mutual exclusivity in pursuing various paths, Serbia’s difficult economic situation

means that combining money, support, and resources in these pursuits proves difficult. However, many of the compromises made within the childbearing dyad are *gendered*, with Serbian women tending to experience more difficulties at life course intersections than men.

The couple sets in the self-identified “unplanned pregnancy” group appear to share more personal and demographic characteristics than those in the “planned pregnancy” group, who are considerably more diverse, in both parity and age at first birth (see Table 5.2, pp. 136–7). As shown in Table 5.1 (p. 135) unplanned pregnancies were more common among women whose age at first childbearing deviated from national and local averages; in Serbia, a mean age of 27.9–28 years (Index Mundi, 2016). In the unplanned group, five (out of nine) women were under 25 years old at age of first birth, regardless of which birth cohort the women belonged to. Huinink and Kohli (2014) theorize that fertility behaviour that deviates from national means or social standards can be understood as an intentional subversion of traditional values and expectations. Alongside the findings of this chapter, it is possible that these women felt “outside” a system and found identity and comfort in the prospect of childbearing.

Regarding an analysis of the narratives, there were distinctions between couples who talked of being guided by ‘feeling’ and those who spoke of ‘thinking’ their way through their parity preferences. Overall, the unplanned pregnancy group provided emotional explanations when discussing family planning over the rational decision-making seen in the planned pregnancy group (although emotion was present among some narratives here, too). The ‘unplanned pregnancy couples’ tended to describe building their biographies around the feelings they had for their partner, family, or unborn child and explained that they were prepared to make compromises considering this. Participants who mentioned feelings as a motivating factor in childbearing — namely Irena, Anya, Dario, Daniela — describe childbearing and the decision to have a child with their partner as an expression of mutual feelings, the love they have for their romantic partner or familial unit, and the “natural-ness”

of childbearing in a loving relationship. This appears to transcend pregnancy type but “feeling” was more intuitive in the decision-making process among the unplanned pregnancy group. Their responses to the question, ‘tell me how you came to the decision to have a child together?’ were met with the verbatim response (*spontano*) — perhaps best translated as “naturally”. There was a distinctive optimism among parents in this group, a belief in “we-will-take-it-as-it-comes-for-love-always-conquers”. However, pregnancies that were unplanned were still considered “natural” (both biologically and as an expression of the emotional progress in their relationship). Perhaps this explains why the unplanned pregnancy group (and particularly its men) exhibited the highest anti-abortion sentiments across the sample.

For the couples whose interviews were analyzed in detail in this chapter, in the planned pregnancies grouping participants tended to focus on engaging with ‘thinking’ and ‘reasoning,’ forming their decisions to have a child together by *describing* that they ran through what could be described as risk assessments. Here, the participants could be described as weighing their decisions jointly and considering factors such as their individual and joint value systems; short- and long-term goals; their personal and financial situation; and potentially what friends and family might think about their having a child. These descriptions of pregnancy considerations matter: what participants decided to reveal or describe in interviews does present, at the very least, a public persona or narrative in their childbearing experience. How individuals *frame* their experiences can impact on how they choose to live and express themselves, and vice versa. Across the full sample, couples in the planned pregnancy group had commonly used their relationship as a starting point in their risk assessments, describing the influence of joint value systems (especially towards family and long-term goals). “Joint” here means that the couple work together to build up a value system that serves them as a couple, rather than one partner (or other family member) dominating the value system. In this group, even in situations where one member within the couple may have originally been hesitant towards the idea of having a

child, such as with Daniela and Saša after a miscarriage, their narratives still describe a considered negotiation in the dyad. Interestingly, many of these couples had described already realizing themselves as a “unit” (either romantic or familial), and usually before coming to the formal decision to have a child together. Participants also described sharing a joint understanding of their desire to have children together. For some participants in the planned pregnancy group, exposure to circumstances, such as being around young children and their parents or seeing how other couples choose to parent, encouraged them to view childbearing more positively in their risk assessments.

Early age parity is, perhaps, common in unplanned pregnancies: among European countries, the last couple of decades have seen a cultural and demographic shift towards later-age pregnancy, with fewer women intending or choosing to have children earlier in life (Institute of Medicine US, 1995). Yet, the evidence analyzed in this study suggests that the decision to continue an unplanned pregnancy, especially in instances of early life parity, requires a particular type of (dyadic) negotiation. In turn, an understanding of the type of compromises individuals, and usually women, make in this context is important. These understandings could indicate the type of support networks that are needed: from macro-level mechanisms like social policy to micro-level support like intergenerational childcare. Parity-one was most common across the unplanned group (except for one couple at parity-five, the study’s largest family of procreation). There are several reasons why this may be the case, but primarily, we can identify as significant the facts that four of the women interviewed were still in their mid-20s and had had their first child within the last year or two of being interviewed and when asked about future fertility intentions had described it as ‘too soon’ to have a second child. However, all four indicated positive fertility preferences, and described being prepared to have another child in five years or less. When discussing potentially having a second child, these participants seemed more rational and considered in their reasoning.

Further, there is generally a higher incidence of divorce and break-up among early-life parity mothers (Parker and Wang, 2013). In this study, three female participants from the unplanned pregnancy group got in touch to share that they had broken up with their partners and have in turn probably interrupted their fertility, a decision that could lead to low parity in the long term. Although this chapter does not consider the incidence of relationship breakdown and future fertility, it signals an interesting area for future study.

Finally, it could be conjectured that the women in the unplanned pregnancy group may *remain* at parity-one because they have had to make early life compromises and were (or will be) unable to have children later because of familial-career-education intersections. As described by Huinink and Kohli (2014), time and resource compromises may lead individuals, and especially women, to make mutually exclusive decisions. If a woman has a child early on in life, like the participant Irena, the decision to remain at parity-one is because of a later decision to enter full-time employment. The time constraints of full-time employment or career-building limit the opportunity to engage in higher parity later. Serbian young adults tend to be educated to a high level as university is generally accessible and affordable. Therefore, it is not unusual to see a high incidence of university education among early-life parity women. However, an interesting question is whether the women continued their careers and studies after having delayed them in the pursuit of childbearing. In the case of the women in this study's unplanned group, seven female participants had delayed their university studies. Nonetheless, delaying is not stopping, and the women may, in future, continue and finish their studies. The female participants who had interrupted their career had already been in full-time work and taken advantage of Serbia's generous maternity leave before returning to their jobs. Yet, across both the planned and unplanned pregnancy groups, women commonly made more biographical compromises for the sake of the familial domains than men. No men in the study delayed their careers or education in the pursuit of childbearing, regardless of whether it was planned or

unplanned. This suggests that planning pregnancy has gendered consequences, and women appear to bear the brunt of biographical compromises at life course intersections.

Table 5.1: Couples' Self-Identified Unplanned Pregnancy and Their Demographic Characteristics

Participant	Year of Birth	Types of First Pregnancy	Age at First Birth With Partner	Total # of Children With Partner	Highest Level of Education	Work Status at Time of Interview
Anya	1994	Unplanned Pregnancy	22	1	Highschool Diploma	Unemployed
Dario	1983		28		University Degree	Self-Employed
Irena	1976	Unplanned Pregnancy	19	1	Highschool Diploma	Employed
Dragan	1972		29		Highschool Diploma	Unemployed
Sandra	1981	Unplanned Pregnancy	35	1	University Degree	Employed
Milos	1978		39		Highschool Diploma	Part-time Employment
Minja	1991	Unplanned Pregnancy	24	1	University Degree	Unemployed/Student
Nikola	1991		25		University Degree	Self-Employed
Yelena	1972	Unplanned Pregnancy	39	1	University Degree	Employed
Damir	1961		45		University Degree	Employed
Nadja	1995	Unplanned Pregnancy	22	1	Highschool Diploma	Unemployed
Gile	1993		24		Highschool Diploma	Employed
Jovana	1977	Unplanned Pregnancy	35	1	Highschool Diploma	Unemployed
Milan	1975		37		Highschool Diploma	Employed
Milica	1991	Unplanned Pregnancy	23	1	University Degree (Postponed)	Unemployed
Vuk	1991		23		University Degree	Employed
Petra	1975	Unplanned Pregnancy	22	5	Highschool Diploma	Unemployed
Igor	1977		24		University Degree	Employed

Table 5.2: Couples' Self-Identified Unplanned Pregnancy and Their Demographic Characteristics

Participant	Year of Birth	Types of First Pregnancy	Age at First Birth With Partner	Total # of Children With Partner	Highest Level of Education	Work Status at Time of Interview
Zorica	1979	Planned Pregnancy	30	1	University Degree	Unemployed
Emil	1983		26		Highschool Diploma	Employed
Vesna	1987	Planned Pregnancy	30	1	University Degree	Employed
David	1987		29		University Degree	Employed
Gina	1975	Planned Pregnancy	30	3	University Degree	Employed
Sreten	1970		35		University Degree	Employed
Yeca	1980	Planned Pregnancy	30	2	University Degree	Employed
Dalibor	N/A		N/A		University Degree	Employed
Olja	1985	Planned Pregnancy	35	1	University Degree	Unemployed
Nenad	1980		40		Highschool Diploma	Employed
Ivona	1992	Planned Pregnancy	24	1	University Degree	Unemployed
Stefan	1991		24		University Degree	Self-Employed
Sladjana	1981	Planned Pregnancy	35	2	University Degree	Unemployed
Milos	N/A		N/A		Highschool Diploma	Employed
Tamara	1980	Planned Pregnancy	36	1	University Degree	Employed
Petar	1979		37		University Degree	Employed
Daniela	1980	Planned Pregnancy	31	2	University Degree	Unemployed
Saša	1978		33		Highschool Diploma	Employed

Table 5.2: Couples' Self-Identified Unplanned Pregnancy and Their Demographic Characteristics

(Continued)

Participant	Year of Birth	Types of First Pregnancy	Age at First Birth With Partner	Total # of Children With Partner	Highest Level of Education	Work Status at Time of Interview
Milica	1992	Planned Pregnancy	25	1	University Degree (Postponed)	Unemployed
Vuk	1989		28		University Degree	Employed
Tatjana	1980	Planned Pregnancy	30	2	High School Diploma	Unemployed
Rastko	1979		31		University Degree	Employed
Svetlana	1975	Planned Pregnancy	31	3	University Degree	Employed
Akim	1970		35		University Degree	Employed
Nevena	1975	Planned Pregnancy	30	3	University Degree	Employed
Gojko	1975		30		University Degree	Employed
Dragana	1987	Planned Pregnancy	29	1	University Degree	Employed
Mirko	1990		27		University Degree	Employed

## Chapter 6: Applying Bourdieu's Theory of Capital to Healthcare Trajectories: How Expectant Mothers Navigate Institutional Structures in Belgrade's Prenatal and Perinatal Settings

### 6.1 Introduction

Upon learning of a new pregnancy, expectant mothers enter a healthcare stream. This marks an expectant mother's movement into the existing and available healthcare facilities and services, with the option of utilising services provided by public or private institutions. In the context of Serbia's public healthcare system, all maternity care, including prenatal, perinatal, and postnatal care, is provided free of charge (Ministry of Health Serbia, 2008). Although the universality of Serbian public maternal care would suggest that expectant mothers are able to experience better healthcare trajectories — not least because of the financial relief offered by “free at-point-of-service care” — this is not necessarily the case. Academic research and studies from governmental and non-governmental bodies over the last decade have shown that expectant mothers and their immediate family describe myriad issues and obstacles in their entry *into* and navigation *of* the country's (public) maternity healthcare stream (Arsenjević, Pavlova and Groot, 2014; Centar za Mame, 2015). These findings prompt qualitative questions about the state of the country's natal care, as well as how these conditions impact on expectant mothers' experiences of pregnancy and birth. Considering this, the chapter asks: firstly, how do the participants, as expectant mothers, and healthcare agents, *navigate* Belgrade's maternity structures? Secondly, what *resources* do the participants, as expectant mothers, and healthcare agents, rely on when navigating their pregnancy-to-birth trajectory?

As discussed across earlier chapters, the life course perspective offers an approach for examining familial experiences across various points in an individual's life, including at healthcare junctures. In this regard, the perspective asks ‘how biological, behavioural, and social factors throughout life, and across generations, act independently, cumulatively, and

interactively to *influence health and health outcomes*' (Mishra, Cooper, and Kuhn, 2010: 92, emphasis added). A positive pregnancy and birthing experience can impact on health outcomes for mother and child, as well as defining the experience of an individual's entry into parenthood. For example, negative birthing experiences have been linked to postnatal depression, which can affect a mother's overall well-being or ability to parent, particularly in her intended style (Bell and Andersson, 2016). Although prenatal, perinatal, and postnatal experiences are certainly affected by good maternal health and well-being, positive or negative experiences generally relate to the woman's *interpretation* of her pregnancy, such as it being perceived as enjoyable, pleasant, or straightforward (Karlström et al., 2015; Lundgren and Wahlberg, 1999). A pregnancy free from (serious) physical and psychological complications may also lead to an easier birthing experience, drastically decreasing the chances of infant and maternal mortality (World Health Organisation, 2019). Although for some expectant mothers (physical and psychological) issues in pregnancy may be unavoidable, nonetheless, health outcomes can be greatly improved with regular medical contact with practitioners (*ibid*).

This chapter focuses on the female participants within the sample, and its overarching analysis considers all their data (demographic data and interview data). However, the analysis presents the most relevant and poignant interview data to highlight the chapter's theorisations and key points. This means that the sample covers participants who had (1) given birth within the last decade (from time of interviewing in 2017/18); (2) received their prenatal care in public facilities, private facilities, or a mixture of both; and (3) given birth in a public healthcare context. All participants introduced and studied are discussing their *first* pregnancy-to-birth experience; during these segments of the interviews, participants were asked to focus on their experiences of parity-one births, regardless of whether they were at parity-one or higher at the time of interview. Using the interpretative phenomenological analysis method for discourse analysis, the chapter looks to the participants' narratives and considers how they navigated

Belgrade's public and private healthcare institutions in their pregnancy-to-birth trajectories, as well as what resources they found meaningful in their journey. Adopting the life course perspective, the analysis will consider the social factors — such as interfamilial interactions, intergenerational relationships, and social networks — involved in navigating a pregnancy-to-birth healthcare trajectory. The chapter seeks to show that different forms of capital, as theorised by Pierre Bourdieu (1986), matter in shaping the ways in which expectant mothers navigate Serbia's public (and sometimes private) natal care institutions. These forms of capital are also meaningful in shaping expectant mothers' perceptions of their pregnancy-to-birth experiences.

## 6.2 Maternity Care in Serbia and Recent Studies on the Quality of Care

Regarding the structure of maternity care, public inpatient care is provided through a network of public institutions, including university hospitals, clinics and institutes of gynaecology and obstetrics, maternity departments in general hospitals, and specialised small unit maternity departments within primary healthcare institutions (Government of Serbia, Ministry of Health, 2008; Matejić et al., 2014: 2). At present, there are seventy-six public institutions with obstetrics departments across the country, and spatial access to these facilities has been described by academics as 'adequate' (Arsenjiević et al., 2014: 15). As of 2020, in the capital city of Belgrade — with its population of 1.374 million (European Commission, 2017) — there are five public maternity departments and three private maternity institutes (Arsenjiević et al., 2014: 15). All services provided by public maternity care are, by law, free of charge, including neonatal and postnatal care.<sup>54</sup> As in public health care, in public prenatal and postnatal care

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<sup>54</sup> Prior to 2018, all birthing women were required to give birth in a public healthcare facility. This meant that the public healthcare system had a monopoly on the birthing experience. Most women continue to opt for public births. The recent devolution of birthing rights has seen an increasing number of women report private births. Especially in the last two decades, private healthcare facilities have proliferated, and have been described by researchers and point-of-contact users as noticeably more efficient, modern, and well-stocked than existing public facilities.

pregnant women are ‘exempt from paying for healthcare as part of a social protection policy inherited from the former Yugoslavia’s socialist system and reintroduced in the reconstruction of healthcare institutions in 2000’ (Arsenijević, Pavlova and Groot, 2014: 1). Furthermore, the policies of the Pro-Natalist Strategy (2008) have increased the number of free prenatal and perinatal care services provided to expectant mothers (e.g. free-of-charge epidural during birth).

Yet, despite the perceived benefits of universal access, the quality of public maternity care has been called into question, particularly at the childbirth-labour juncture. Although Serbia’s medical professionals are described as well-informed and capable, the public healthcare environment has been recounted by birthing women as unpleasant and stressful to be in (Arsenijević et al., 2014; Matejić et al., 2014; Government of Serbia, Ministry of Health Serbia, 2008). This presents issues for public health outcomes, as maternal satisfaction forms an important element in addressing the low fertility problem. Positive and/or negative birthing experiences affect the entry into parenthood, which can, in turn, affect both mother and child health outcomes (Mishra, Cooper and Kuhn, 2010: 92). Informal reports of maternal satisfaction across Serbia’s public maternity wards in the last decade have consistently presented low satisfaction rates, with women describing dirty facilities; understaffed wards; staff with an unprofessional bedside manner; and feeling disconnected from and uninformed during the birthing process (Matejić et al., 2014). Previously, these accounts have emerged largely across online forums.

However, in the last decade, academic, institutional, and government studies have explored the attitudes and experiences of the country’s birthing women. In the late 2000s, following pressure from mother-and-child groups, the Serbian Government followed through with a survey to gauge the general “mood” among birthing women in public healthcare

facilities. The Government of Serbia Ministry of Health's 2008 survey (p. 3) among birthing women<sup>55</sup> (N = 34,431) produced the following findings:

nearly half of all mothers were dissatisfied with hygiene and the sanitary facilities and the quality of served meals. The highest average satisfaction score (4.43 out of 5) referred to the overall participation of midwives during delivery. A high proportion of mothers were satisfied with the treatment and procedures during the preparation for childbirth (81 per cent) and after delivery (82.2 per cent). The satisfaction with communication and interpersonal aspects of care was very high, ranging from 74.6 per cent of satisfied mothers with the kindness and understandings of paediatric nurses [and up to] nearly 82 per cent satisfaction towards obstetricians.

Matejić et al. (2014: 4), reflecting on The Ministry of Health's findings and demographic data, conclude that '[maternal] satisfaction was associated with level of education, parity, and the type of institute [the women gave birth in]. Specifically, a lower level of education, multi-parity, and hospitalisation in general hospitals [as opposed to specialist hospitals] yielded increased maternal satisfaction'. In particular, the findings suggest that women with higher levels of education are more likely to be dissatisfied with their healthcare experience. However, neither Matejić et al. nor the government report offer an explanation as to *why* this may be the case. This presents a gap in the understanding of how different factors, like level of education or parity, shape the qualitative experience of the pregnancy-to-birth trajectory (and presents an opportunity for this chapter to explore further).

Following on from the Government's 2008 survey on public maternity facilities, women's and women-centred institutions began to challenge the accuracy of the Ministry of Health's findings. In February 2015, the Belgrade-based, not-for-profit organisation, *Centar za Mame* (Centre for Mothers), alongside supporting organisations and activists, introduced the "Freedom for Birth" initiative, intended to highlight the importance of women's rights in prenatal and postnatal care, as well as the value of good communication between expectant mothers and their healthcare providers. The Centre for Mothers institute conducted an online

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<sup>55</sup> The mean age of the 34,431 women surveyed was 27.7 years, with a range of 15–52 years.

survey in February 2015 in which 2,583 women across Serbia took part. The largest number of respondents (over 80 per cent) were aged 25 to 42, and 63 per cent of them had given a birth in the period 2013 to 2015. Over two out of five were from Belgrade (41 per cent), and nearly half of the overall respondents (40 per cent) were university educated. The Centre for Mothers study revealed lower maternal satisfaction rates among surveyed women than the government's 2008 study. In particular, among the women who had described themselves as dissatisfied, issues of control, autonomy, and agency appeared to be the most prevalent: only 37 per cent of women had had the option to decide on the method of birth (i.e. natural or caesarean); 73 per cent of women described feeling unable to control events during labour; nearly two-fifths of the women (45 per cent) described feeling unsafe or lonely; and 65 per cent of the women surveyed described not being included in the decision-making process during their labour, with 63 per cent of participants overall believing that their opinions or preferences were not taken into account or respected by medical staff. Such conduct by medical professionals went as far as bypassing the courtesies of a simple bedside manner: a large majority of the women surveyed (75 per cent of the sample) claimed that the medical staff assigned to them in the process of childbirth had not introduced themselves by name or profession (Centar za Mame, 2015; Matejić et al., 2014: 2, 3).

Their study, however, is on a far smaller scale of *self-selected participants* (despite the organisation's attempts to pool and survey large numbers of birthing women across Serbia). Beyond this, the participants are urban-dwelling, more educated, and wealthier than the participants in the Serbian Government's 2008 study. However, the demographic make-up of the findings of Centre for Mothers study seems to support the Government's 2008 summary that educated women tend to describe more negative birth experiences. Again, like the Government's 2008 study, the Centre for Mothers research does not theorise why this appears to be the case.

### 6.3 Positive and Negative Experiences: Agency in Pregnancy-to-Birth Trajectories

The pregnancy healthcare trajectory is marked by a series of milestone moments that make up the overall pregnancy experience, such as the first trimester screen or an ultra-scan. The overall impression of a pregnancy and birth can affect the entry into parenthood, with both short- and long-term consequences for the mother's physical and psychological well-being (Karlström et al., 2015; Lundgren and Wahlberg, 1999). Maternity literature has emphasised the importance of *positive* pregnancy and birthing experiences, and identified the various factors associated with expectant mothers following healthcare trajectories towards positive health outcomes. Largely, positive experiences in pregnancy and childbirth (or pregnancy-to-birth) arise from the expectant mother's feeling of *agency* in the healthcare context (Karlström et al., 2015). Agency, in healthcare literature, is defined as *patient choice and control*. In a maternity setting, this means that the expectant mother feels able to make informed choices regarding her healthcare trajectory and is empowered by both access to relevant information and the advice provided by her practitioner. It is, in the words of Ahearn (2001: 112), 'the socio-culturally mediated capacity to act'. This suggests a degree of autonomy, although one that is informed and guided by professional healthcare.

Beyond this, a positive pregnancy-to-birth experience is shaped by the relationship the expectant mother has with her healthcare team and practitioner, as well as the feelings of security and support fostered in this healthcare context (Hunter, Franken and Balmer, 2015). Good practice by healthcare providers should ensure the patient's sense of agency throughout the healthcare journey (*ibid*). This requires a collaborative effort, whereby the patient feels well-informed (i.e., health literate) about the roles and responsibilities of both patient and practitioner (Berry, 2016). In neonatal care, good and regular contact with a healthcare provider greatly increases positive experiences among expectant mothers as well as improved healthcare outcomes (Bell and Andersson, 2016). As most women carry out their pregnancies and births

via professional healthcare providers in formal medical contexts, an essential part of a positive experience is, therefore, the woman's *sense of agency* as mediated by her relationship with healthcare professionals as well as her experience of autonomy in a healthcare context (Cook and Loomis, 2012; Namey and Lyerly, 2010).

#### 6.4 Capital and Its Role in Expectant Mothers' Sense of Healthcare Agency

The theoretical framework for this chapter is drawn from Bourdieu's (1986) work on "capital" and merges the concept with existing modern health theories of literacy and agency. The merging of Bourdieu's theory of capital with healthcare research has, in previous studies, produced an opportunity to test for the relationship between the individual's resources (or, in this terminology, *capital*) and their health outcomes (Pinxten and Lievens, 2014). Although the relationship between economic capital and improved health outcomes has been well-researched, the role of capitals in universal healthcare has, to date, not been studied in a post-communist and/or post-socialist context. Furthermore, the possible presence of a socialist legacy within public institutions as well as, arguably, within the "collective consciousness", may impact on how individuals utilise their capital in healthcare contexts. The framework is designed to consider which resources an expectant mother utilises when navigating healthcare trajectories, particularly in a public healthcare context that, whilst being free of charge at point of delivery, may present potential obstacles and limitations. Where obstacles and limitations are present, an expectant mother may need to rely on resources other than money ("money" defined in this framework as "economic capital") to improve her pregnancy-to-birth trajectory. The following sections provide an explanation and expansion of this framework.<sup>56</sup> We recognise

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<sup>56</sup> The understandings of capital are adapted to a framework of the resources that may be used by expectant mothers and specifically in their pregnancy-to-birth trajectory, rather than within health and healthcare more generally.

an interplay between different types of capital, but especially cultural and social capital, where it appears that the presence of one capital can uphold or encourage another type.

#### 6.4.1 Cultural Capital: Health Literacy as Systemic Knowledge and Patient-Centred Knowledge

For Bourdieu (1986: 241), cultural capital encapsulates the ‘accumulated labour’ an individual acquires throughout the life course, especially as an adolescent and young adult. In the health and healthcare context, acquiring knowledge and information is an important component in forming *health literacy* as an offshoot of cultural capital. For cultural capital, individuals in the pregnancy-to-birth trajectory may possess two types of health literacy, which I classify as (1) “systemic knowledge” and (2) “patient-centred knowledge”.

Systemic knowledge is an awareness and understanding of healthcare institutions (public and/or private), how they operate, and who fulfils what functions within them. This form of systemic knowledge may be demonstrated, for instance, as an expectant mother possessing the knowledge of which maternity ward may provide better, more efficient services or which respected obstetricians work there. However, unlike in Bourdieu’s understanding of cultural capital, this form of cultural capital need not be rooted in formalised, institutionalised capital, such as knowledge or information acquired via a higher education degree. An expectant mother may attain health-related knowledge informally, e.g. via online mother-child forums or through information provided by friends and family. But, regardless of the origin of an expectant mother’s systemic knowledge, by virtue of her increased awareness, the information may lead her to experience better health outcomes and/or a more positive healthcare trajectory.

Patient-centred knowledge concerns an individual’s awareness of the health of the individual in the healthcare stream. This form of so-called “embodied cultural capital”

(Bourdieu, 1986: 243) focuses on health-related knowledge, skills, and beliefs (or health lifestyles), for example, the knowledge of medical terms or communication skills. This form of knowledge is usually acquired through formal routes, such as via a healthcare provider or a formal education in healthcare or medicine. For instance, an expectant mother with a good working relationship and solid communication with her doctor may possess greater patient-centred knowledge than one without such a relationship. In the health and healthcare context, acquiring knowledge and information is an important component in forming *health literacy* as an offshoot of cultural capital. Health literacy — the ability to make informed health (and healthcare) decisions — can contribute towards the expectant mother’s experience of *agency* in the healthcare context and healthcare trajectory.

#### 6.4.2 Social Capital: Networks of Reference and Networks of Support

For Bourdieu (1986), social capital is the build-up and maintenance ‘of social obligations (“connections”)’. In the pregnancy-to-birth trajectory, social capital captures the *relationships* an expectant mother has with the people around her, in both a professional and personal capacity. Commonly, “connections” can be very influential in the healthcare trajectory. Participants who have access to “useful” and “relevant” connections and resources may experience more positive pregnancy-to-birth trajectories than those who do not. This type of capital, Bourdieu (p. 243) explains, is enacted and so maintained and reinforced, in exchanges. In turn, social capital — through factors such as shared identity, understanding, norms, values, trust, and cooperation — may be ‘convertible, in certain conditions, into economic capital [or] be institutionalised’. The framework will assume that social capital may be especially high among expectant mothers working in health or health-related fields, or with partners and family members in these fields. Possessing this form of capital allows ‘membership’ of a group that have access to ‘collective-

owned capital, a “credential” which entitles them to credit’. This form of capital is expressed as *networks of reference* (*ibid*: 243).<sup>57</sup>

In the Serbian healthcare context, individuals have been described as depending on exchanges and recommendations from friends, family, and acquaintances to fulfil their (long-term) healthcare goals and shape their trajectories. In a conference paper abstract, Bobić (2018) calls this type of social support ‘kin-related solidarity’, which is usually a ‘last resort against [a] risky society with restricted mechanisms [for] overcoming shortages in everyday living (housing, employment, education, health, social protection, individualisation, etc.)’ (paragraph 6).<sup>58</sup> In the absence of institutional security, individuals become increasingly dependent on their friends, family and other close contacts to provide support and resources (*ibid*; Rodin, 2011). These social institutions, such as a relative or family member, create collectives. Collectives, Bourdieu (1986: 249) describes as the contingent relationships within the ‘neighbourhood, the workplace, or even kinship’ and produce ‘necessary and elective ... durable obligations subjectively felt (feelings of gratitude, respect, friendship, etc.) or institutionally guaranteed (rights)’.<sup>59</sup> This form of capital is expressed as *networks of support*.

### 6.4.3 Economic Capital: Formal Payments and Informal Payments

Economic capital is, simply, money or assets that can be used in the place of money, such as a business or property (Bourdieu, 1986: 252). For materialists it is argued that the amount of material resources the individual has is positively related to health outcomes. Largely, economic capital has been shown to reduce stress in healthcare streams, whereby formal payments cover co-payments in a healthcare context (Pinxten and Lievens, 2014). However, in Serbian maternity care, these are especially infrequent in a public healthcare context as most treatments

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<sup>57</sup> Available at: <https://www.atlasofplaces.com/essays/the-forms-of-capital/> [accessed on 17/12/2022]

<sup>58</sup> Available at: <https://eaps.confex.com/eaps/2018/meetingapp.cgi/Paper/1317> [accessed on 17/12/2022]

<sup>59</sup> Available at: <https://www.atlasofplaces.com/essays/the-forms-of-capital/> [accessed on 17/12/2022]

are free of charge. There are some supplementary payments which are recognised with a receipt for payment, such as paying for family and friends to attend the labour (Arsenijević, Pavlova and Groot, 2014).

Official definitions of “informal payments” are nebulous, but generally constitute out-of-pocket payments. Despite the presence of healthcare universality, the system has been described by academics and external non-governmental bodies as characterised by various systemic problems (Arsenijević, Pavlova and Groot, 2015; *ibid*, 2014). Arsenijevic, Pavlova and Groot (2014) argue that ‘the existence of informal payments in a highly centralized and hierarchical system of maternity care in Serbia makes the position of pregnant women very vulnerable, and, in turn, [such] vulnerability may lead to less positive pregnancy-to-birth experiences and reduce feelings of healthcare agency’. Although pregnant women are ‘exempt from official co-payments, many women report informal patient payments and quasi-formal patient payments (official charges set by the facility but not regulated by the government). Quasi-formal payments are charged by hospitals for services that should be provided for free (e.g. epidural analgesia)’ (*ibid*: 194).

## 6.5 Findings and Analysis

### 6.5.1 Cultural Capital: Expectant Mothers’ Experiences of Health Literacy

Instances of robust health literacy were especially prevalent among women with formal, institutionalised knowledge. Among the nine participants who discussed their childbearing experiences, five women had formal degrees in health and/or health-related fields. This form of cultural capital upheld systemic literacy, drawn, largely, from the women’s first-hand, professional experiences. This can be identified as the women utilising their *networks of reference*. For instance, Yelena, a thirty-two-year-old dentist working in Belgrade’s largest Accident and Emergency department, recalls how her professional experiences of the public healthcare

system influenced how she behaved throughout the pregnancy-to-birth trajectory. She argues that Belgrade's hospitals are usually understaffed, meaning that accessing and receiving a reasonable degree of medical attention can be difficult. In the following excerpt, she explains that her patient-centred and systemic literacy encouraged her to make 'special requests' during her labour:

I chose to receive an administration of an epidural [during labour] because I knew that meant the anaesthesiologist would be required to stay close by [during the labour]. It also meant I would have direct access to [a medical professional] throughout my stay.

The presence of the anaesthesiologist, Yelena describes, had created a sense of security. Yelena's health literacy led her to believe that needing additional medical supervision was a reliable way to gain access to limited staff and resources. However, to receive preferential treatment, she explains that expectant mothers must be 'aggressive' in a healthcare context as well as confident in their knowledge and requests. This, she explains, is especially important during medical events like labour, when expectant mothers may be under stress:

[Expectant mothers] rely on their doctors and midwives for information ... But both staff and patients are stressed in a fast-paced environment where [healthcare] resources are very, very squeezed. Staff simply don't have the time and [resources] for a pleasant bedside manner or providing detailed information to their patients. I know from [my] job that it's hard to be helpful to patients when everything around me is strained.

The participant Tamara, a thirty-year-old dental technician in a private clinic, argues a similar point to Yelena - i.e. that good health literacy can alleviate (situational) anxieties (or, as argued by Yelena, lower expectations — although this is not an ideal psychological arrangement). Tamara explains that expectant mothers experience anxiety during their pregnancy, and especially labour, because they may feel uninformed on what to *truly* expect:

"Feeling" uninformed is what shapes the [pregnancy and birth] experience. An [expectant mother] may, in fact, *be* well informed but lacks belief in her knowledge and abilities. To me, it seems like how smart you *feel* is what [forms the experience and impression of pregnancy-related medical events].

At the same time, as in the case of Yelena, health literacy may create conditions where expectant mothers feel *entitled* to ask for additional help and support. A healthcare system that

tends to privilege participants who behave in an “entitled” way may perform a disservice to birthing women who do *not* feel comfortable or able to seek (additional) help and support. Nonetheless, this suggests the importance of *empowering* women and expectant mothers to feel confident in making requests and asking for help and support during pregnancy and labour. The concept of empowering expectant mothers is expressed in the theory of healthcare agency: having open and informative discussions with relevant medical practitioners contributes to the experience of security and trust in the pregnancy-to-birth trajectory.

For instance, Mina, a thirty-five-year-old general practitioner in one of the capital city’s public hospitals, presents an interesting example of the importance of security and trust in the healthcare relationship between expectant mother and practitioner. In her case, health literacy is supported by the relationships a woman has with her practitioners. This aligns with Bourdieu’s view that one form of capital may interplay with another. In this case, an expectant mother’s social capital (as defined in this chapter’s theoretical model) supports cultural capital. For the participant, Mina, feeling empowered by experiences of security and trust in the patient-practitioner relationship matters, more than feeling health literate. Asked if she sought out additional information or resources beyond that provided by her birth team, Mina recounts that she believed learning *too much* could increase an expectant mother’s anxiety, particularly when hearing about potential complications in labour or harm to an unborn child:

I didn’t do any [independent reading]. I decided very early on that I didn’t want to read anything. It isn’t worth worrying about what is said on the internet and even some of the stuff presented in [academic] journals. You simply must *trust* your doctor and the information they give you [emphasis added].

In turn, obtaining above-average health literacy may not necessarily offer *all* expectant mothers the relief that some healthcare literature has previously assumed oils the wheels of a smooth healthcare trajectory. This may be, in part, because pregnancy and birth are a very *specific type of medical phenomenon*, where the expectant mother may be cognizant of the health and welfare of *two lives* — herself and the unborn child — which leads, perhaps, to the formation of a particular

type of understanding of health and welfare. In instances of *not* seeking additional knowledge, expectant mothers may be “choosy” with the information they require, and not all expectant mothers will find (health) literacy comforting or helpful in their pregnancy trajectory. Instead, *trust* serves as “glue” in the relationship between the participant and her doctor and/or healthcare team. Trust builds confidence in an expectant mother but, especially, confidence in her individual agency in the healthcare context.

When an expectant mother trusts that her information is full and impartial, she may perceive her healthcare trajectory as more positive than does a woman who does not trust that she is informed. Two participants, Anya and Sladjana, identified feeling uninformed in their pregnancy-to-birth trajectories, and described, in their words, “frightening” and “uncomfortable” births, respectively. Anya, a twenty-five-year-old law student, describes having unrealistic expectations of the birthing experience. She recounts a general ‘disconnect’ in communication with her practitioner throughout pregnancy, and theorises that feeling uninformed by her healthcare team during the pregnancy may have contributed towards the complications she experienced in giving birth:

I only saw childbirth in Hollywood movies. That was my reference point. I thought it would be a beautiful and profound moment in my life. It wasn't. It was bloody and messy and painful. I wish I had known that, though. My expectations were too high and the complications I experienced [during an unplanned c-section] made me very, very nervous.

This absence of what Anya identifies as “realistic knowledge” is what she believes accounts for her negative pregnancy and birthing experience. However, she identifies the absence of knowledge as the result of poor communication and cooperation between herself and her doctor. This, again, reflects the importance of trust in the interpersonal relationship between expectant mother and practitioner. Sladjana, a thirty-eight-year-old homemaker, recounts her pregnancy and birthing experience in a similar tone:

My practitioner was [working in public health]. I often felt like he wasn't especially interested in being helpful beyond what was in his basic job description. When I

needed something extra or needed to know something I relied more on my local pharmacist [whom I know very well] when I needed help.

Complications in pregnancy and birth are not unusual, and good communication and trust between expectant mother and her formal medical support networks matter to improving health outcomes. This relationship-building is related to trust but also to levels of health literacy; in these circumstances, an expectant mother may meet potential complications during pregnancy and birth in an informed manner. One participant, Vesna, a thirty-year-old dentist working in private practice, describes how she dealt with her sudden and oncoming painful contractions at 2am, what she described as a very ‘inconvenient time’. She recounts checking herself calmly into the maternity ward after her contractions had begun, text messaging her doctor around 3am on the phone number he had supplied to her for emergencies, and ensuring that she signed all documents to clearly include her professional title “doctor”:

When I got to the hospital and was filling out forms about myself, I wrote in a big felt tip pen, in block capitals "DENTIST" for occupation and “doctor” [Dr.] for title. When the doctor came, he said to me: “you’re our colleague, Vesna! We’re going to organise a very nice epidural for you!”

Her position as a dentist is what Vesna describes as securing her a better birthing experience. This type of institutionalised cultural capital (i.e. her professional position as a dentist) allowed her the “clout” to seek out the type of care she felt she deserved, particularly having contact with a healthcare environment throughout her working week. Vesna describes consistently referring to her midwife and doctor as “colleague” throughout her appointments and when giving birth.<sup>60</sup> Participants who described not receiving access to an epidural explained that this was largely due to their lack of “contacts” who could organise its administration. One

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<sup>60</sup> The term, best translated from Serbian into English as “colleague” or “comrade”, is a residual from socialist Yugoslavia when individuals who worked in the same or similar professions would refer to one another in this way to create a sense of community. It also bypassed the awkwardness of not knowing a colleague’s name and allowed individuals to work better together despite these potential social barriers. Everyone could be a colleague. In turn, people were united by their profession and the work they did “to serve their country.” Interestingly, these residuals seem to be present in corruption and bribery contexts too, suggesting that public institutions that are still closely aligned with socialist ex-Yugoslav society, in both structure and culture, are more likely to function in problematic ways.

participant, Nadja, a twenty-five-year-old psychology student, had received access to an obstetrician via a kin contact, but did not manage to gain access to an epidural during her birth. However, she reasons that childbirth is an unpredictable medical event and that she had a largely positive experience even without the epidural:

No matter how prepared and informed you might feel, you don't know how it's going to turn out in a public hospital. You know it's going to hurt but there's no promise you're going to get an epidural to make it easier. But that's the nature of childbirth, it can get messy.

It is also worth considering the universality of the childbearing experience and reflecting that what Nadja is describing may be the case across countries, not just in Serbia. Certainly, there is an “urban mythology” of inadequate care in Serbian public healthcare facilities that can make expectant mothers feel uncomfortable, anxious, and untrusting in the healthcare trajectory. Experiences of poor healthcare treatment prior to pregnancy, or in a previous pregnancy, can lead to additional layers of distrust.

For one participant, Svetlana, a thirty-eight-year-old pharmacy executive, a relative made a kin contact recommendation but the participant chose not to take it up. Svetlana argues that she felt her social status, as a graduated pharmacist (although now working in marketing), offered her enough agency to accommodate a positive birthing experience and access to health literacy:

My pregnancy went well. At the time I was working in healthcare and knew a lot of people in that line of work; they were my friends. I was seeing a public doctor but was also recommended a private doctor. That was superfluous though, my public hospital doctor was nice enough.

Finally, an expectant mother's attitudes towards planning and preparation in childbirth can motivate her to improve her health literacy, and self-learning methods can provide a positive experience too. For one participant, Gina, independently preparing herself for childbirth and parenthood was, she describes part of her pregnancy trajectory. Whilst Gina's doctor had directed her where to go and what to do, she describes following through on her own

autodidactic methods. In particular, she describes a lack of interest in literacy or knowledge gained via other expectant mothers' first-hand experiences:

If I want something and am ready, I am less interested in hearing about other people's first-hand experiences; I want to learn about it independently. Study it, get informed and enter a situation ready and prepared. Because even if pregnancy and labour may be physically painful, my mindset and determination and education will work to make it a good memory and improved experience. Regarding my first pregnancy I was very engaged, especially with prenatal classes. I responsibly and committedly did everything I was supposed to do [such as] educational classes, healthy eating, lifestyle changes, preparing for the baby's arrival. And of course, breathing exercise at the birth. It was important for me to feel empowered and like I knew what I was doing.

For Gina self-earned knowledge and a positive mindset made her feel *empowered* and contributed towards a positive birthing experience. Whilst attending prenatal classes with other expectant mothers, Gina observed a spectrum of behaviours amongst the women present. Answering an interview question about how she prepared for childbirth and then entering parenthood, she discusses what she believes matters in contributing to the experience of health literacy. Fundamentally, she argues, status means little if the individual is not independently engaging with and preparing for the experience of becoming a mother:

My impression of other mothers was that it is less about who you are and what your job is, it's about how open-minded and motivated you are. The women who were coming to the prenatal class had already decided they want to oversee things for themselves.

### 6.5.2 Social Capital: "Is It What You Know or Whom You Know?"

When considering Anya's and Sladjana's relationships with practitioners, their situations may be influenced by the absence of social capital: both participants described being unable to secure what they deemed a "trustworthy contact" during their healthcare trajectories. These circumstances, both women explain, led to distrust and misunderstanding when interacting with practitioners. However, their negative experiences may also be rooted in the absence of cultural capital in the form of systemic literacy: the ability to navigate a healthcare system in an informed, confident way. In the absence of systemic knowledge, networks of support may

instead be useful to an expectant mother. Here, individuals rely on favours, recommendations, and health literacy from friends, family, and acquaintances. There was a consensus among participants that access via networks of support offers a sense of security to the expectant mother. Participants who had “kin contacts” via networks of support generally perceived themselves as being treated far better than women who did *not* have kin contacts. Vesna, a thirty-two-year-old dentist working in private practice, explains how her mother helped her gain access to a well-known Belgrade obstetrician whom she had wanted to guide her pregnancy and birth:

[During my pregnancy and birth] I had my own doctor whom I was connected to through my mother; his clinic is next-door to where she works. He and my mother drink coffee together. They know each other well; he was very happy to help her out.

Vesna recounts a positive pregnancy and birthing experience, explaining that access to and good communication with her “own doctor” was pivotal. This aligns with the findings of existing research: women who have good and regular contact with their practitioner are more likely to describe positive healthcare trajectories (Cook and Loomis, 2012). However, a good working relationship may extend beyond traditional doctor-patient formalities: throughout the interview, Vesna referred to her doctor by his first name, and recounts telephoning him regularly throughout her healthcare trajectory to keep him “updated on the pregnancy”. Her narrative is indicative of the privileges afforded to pregnant women and those giving birth who can access good healthcare services and treatment due to spatial or interpersonal contact (and, in the case of several participants, having a parent who works near a medical professional). For Vesna, this spatial access via a kin contact led to the opportunity to have a positive — although somewhat unconventional — relationship with a practitioner.

The participants Vesna, Tamara, Nadja, and Anya had all secured access to a practitioner via a kin contact. (While Anya’s mother secured her access to a doctor, the participant describes disconnect and poor communication with her doctor.) One participant, Tamara, describes depending on her parents to gain access to a preferred doctor. However,

the way she describes attaining a kin contact appears to signal a form of *entitlement*, like that seen in Yelena's case: the expectation that being a particular type of person in a societal context should have the reward of better treatment in a healthcare environment. Tamara explains that she believes it is "natural" for a person to depend on their family when seeking to expand their social capital. Asked about the importance of networks of support in an institutional healthcare context, Tamara says:

People trust the people they already know. There is a sense of security when you are well-acquainted, or even just acquainted, with the person who is carrying out the [pregnancy and birth]. I know my doctor very well; it's my mother's childhood friend. Why wouldn't I contact someone I know, someone my family knows, and ask them to help?

On the other hand, Minja and Yelena relied on professional contacts (i.e. networks of reference). Networks of reference tend to be upheld, largely, by the dual presence of social capital and cultural capital. Minja, a twenty-seven-year-old graduate medical student, explains the two-fold "respect" she acquired via both networks of support and networks of reference during her healthcare trajectory: one contact was secured through a recommendation from her father, the other secured via her professional experiences of working in and studying medicine. Here, she describes how she believes a patient's healthcare treatment is affected by who they are and how they gained access to a service:

I carried out my entire pregnancy privately with my professor who had taught me at university but also previously treated me privately for endometriosis before my pregnancy. Then, the doctor present at my birth was a family friend. That doctor was someone who had grown up next-door to my father. They went to school together as children. I don't think it's unusual to rely on these types of contacts in Serbia, it's a part of our culture to support each other.

Describing the experience in further detail, as well as intimating her amicable relationship with her practitioner:

I really commend my doctor, that lovely woman, for getting out of bed in the middle of the night to be there during my birth. But let's not lie to each other! She did it because of who I am and who my family is. Usually [when you go into labour in the middle of the night] you get whatever doctor is there and you have no idea how they're going to treat you. Especially if they think you're a nobody.

Tamara, Minja, and Yelena are closely aligned with medical professionals, or are medical professionals themselves. This affords them a social status that means they have access to relevant contacts, as well their status providing the ability to secure the respect needed to be treated preferentially. These types of connections, or *networks of reference*, see expectant mothers rely on their professional contacts and experience to secure better healthcare treatment. An instance of utilising privileges and status was described by Vesna when using her title “Doctor” to register at a public hospital. Like Minja, Vesna identifies her overall healthcare treatment as preferential on the basis of receiving an epidural immediately despite an epidural being, by law, free of charge and available to all women who request it (and are considered by their medical professionals as healthy enough to receive it).<sup>61</sup> Nonetheless, the *construction* and *perception* of the experience are what lead Vesna to believe her treatment preferential: her social status and title being acknowledged by her doctor form part of what she believes makes a positive experience in a healthcare trajectory.

Yet, some women recounted “feeling tricked” into believing they had secured better treatment because they had relied on kin contacts. These participants believed that when they gained access to a contact they are (informally) assured a good continuity of care. However, continuity of care is no promise of quality in care. There were participants, like Anya, who had worked with the same doctor throughout the pregnancy but did not describe a positive pregnancy-to-birth trajectory. In these instances, low levels of health literacy were associated with negative experiences, despite having “secured” a contact within the healthcare context. This presents another instance of an interaction between levels of social capital and cultural capital. Although the women had access to good social capital, the absence of similar levels of cultural capital had impacted on their experiences. However, it is worth noting that social and

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<sup>61</sup> However, although an epidural is free of charge to all birthing women, the presence of an anaesthesiologist is essential, and a woman is unable to receive treatment if an anaesthesiologist is unavailable. This is the case across countries, not just in Serbia.

cultural capital matter on an experiential level: how the expectant mother constructs her capital can matter as much as how “much” she technically has.

With Anya, we see how, in fact, simply having “access” to a doctor did not lead to a positive birth experience. Anya had planned a natural birth (that is, without an epidural) but was met with complications that, her doctors claimed, required a c-section. She describes that this disappointed her as she thought that being able to “secure a contact” through her mother meant that she would receive “better treatment”. But the term “better treatment” does not necessarily mean better *medical* treatment. Usually this will mean a better bedside manner treatment, where medical professionals are politer or more engaged with their patients. Anya captures this in her definition of being “treated well”:

The doctor [her mother acquainted her with] was very polite and addressed me by my first name. However, the nurses [whom I had not met before] treated me like livestock. Having secured a contact had complicated things: I could *not* formally complain about the negative parts of my treatment. Complaining could mean that my family loses contact to our [connection] for later healthcare needs.

Anya was frustrated that the social capital route via kin contacts had, she believes, led to a more complicated birth as well as repression of her “voice”. Having a kin contact meant an inability to ask for, or even demand, better treatment. This suggests that having a contact may create the *impression* of better treatment, but not necessarily lead to it. By comparison, Sladjana and Gina did not rely on any contacts and, instead, relied solely on the practitioner assigned to them in their public healthcare stream. Whilst for Gina, this approach worked well, for Sladjana, the experience was negative, and she expresses dissatisfaction with the functioning of the public healthcare system:

In Serbia, sometimes the cleaner at a maternity ward can do you a bigger favour if she's your cousin than a doctor will through formal, legal channels.

Sladjana touches on an interesting point: the difference between connections (kin contacts or networks or support) who can *help* and those who are willing to help. She identifies kinship, such as a cousin who is a cleaner, offering ability, whilst a medical professional may be being

unwilling to help because they are unconnected to the patient or gain little from providing better service. In her view, a doctor *can* help a patient but is uninterested in exercising it.

Considering this, she continues:

I didn't have any connections or anyone to help me. So, I ended up the way I did: having an awful pregnancy and an awful birthing experience.

Gina, a thirty-eight-year-old university professor, recounts being unable to access her preferred healthcare stream due to the absence of social capital:

Access [to people] is important. Of course, I wanted to have a private birth, but I didn't know anyone [who could help me access that].

Instead, Gina decided to “compromise” and try and organise a loose contact in a public healthcare context. Interestingly, she chose a birthing context where she would be surrounded by vouched-for or trusted medical professionals but without knowing any of them personally. Nonetheless, as we saw earlier in the section on *Cultural Capital*, Gina identifies herself as independent and autodidactic; less concerned with gaining access to contacts than feeling self-sufficient. Mina would disagree with what Sladjana and Gina describe as potentially poorer treatment in the absence of a contact:

The funniest thing is, it's not like you wouldn't get the treatment you want anyway without a contact. But having a contact gives you a false sense of security. I can tell you, as a doctor, that we don't give a different type of treatment to a patient who hasn't secured a contact!

### 6.5.3 Economic Capital: Utilising Formal and Informal Channels to Better Healthcare Streams

Crossovers between public and private treatments during the pregnancy trajectory were common across the subsample, but generally participants did not highlight private pregnancy treatment as particularly better than public treatment. Where private healthcare institutions were mentioned, the services at these institutions were described as exceptionally professional, whilst public providers produced mixed impressions. Although private care is known to provide well-stocked facilities with state-of-the-art equipment, women did not generally comment on

the condition of facilities in public and private care. Instead, in the context of expectant mothers' healthcare streams, negative experiences in public care may be the product of a poorly organised and weakly resourced system, and inadequate relationships with practitioners tend to exacerbate these weaknesses.

The administration of epidurals was discussed most as a form of informal public payment made by participants. As mentioned above, by law, all birthing women are entitled to an epidural during labour, free of charge. However, there are several limitations to its administration, the primary issue being the availability of an anaesthesiologist to administer it. Nadja describes difficulties in accessing an epidural in a public hospital:

The problem with the [public] hospital I gave birth at, despite its excellent standards, is that there is only one anaesthesiologist to give epidurals. It's a question of whether you'll get access to it, despite its being free. However, some women pay the anaesthesiologist in advance [and informally] to secure treatment. You pay the money and agree with them, "on this and this day, I will call you and let you know if I have gone into labour".

Yelena describes her experience of receiving an epidural and the way in which this is organised in a public healthcare context. She explains the privileges afforded to women seeking to gain access to an anaesthesiologist via out-of-pocket informal payments:

My pregnancy was divine. I had an epidural. In most of Belgrade's maternity wards an epidural cost around €100 [when paid for informally]. In my neighbourhood you don't pay, although it's up to you how much you want to tip the anaesthesiologist. In the end, if you tip, it turns out about the same [as paying]. But if you have special wishes, you need to pay for it. If you have a connection and your own doctor, you'll know how much you need to tip them for the service they provide.

There appears to be a degree of cognitive dissonance among some of the interviewed participants: being prepared to pay for better treatment but *not* formally, even though they could receive far better treatment in a private healthcare facility that may even cost slightly more, if not the same, as in the "informal payment route". These types of informal payments are common in the Serbian public healthcare context. As argued by Arsenijevic et al. (2014), these informal approaches and expressions of economic capital are rooted in an overall distrust

in institutions and informal payments are understood as an attempt to “buy compassion” in an environment where there tends to be an overall absence of it.

However, there are also legal, formal routes to paying for better treatment. Minja paid formally for better treatment in a public healthcare context. At *National Front*, Belgrade’s largest maternity ward, women can give birth in a free public healthcare setting but pay for “better” treatment if they have the economic means to do so. For instance, women can stay in a ward with other birthing women or pay for a private apartment stay at 8,000RSD (€70) per night. The apartments contain the birthing woman and at most another expectant mother. Minja and her partner explained that they did not budget as a couple for the paid stay, and instead borrowed the money for the apartment from both sets of parents. Although the couple relied on their parents for kin contacts in healthcare, their financial support was also important in helping Minja secure her preferred medical trajectory. She describes the privileges offered in this context:

I gave birth in the apartments at [the major public hospital in Belgrade]. My impression is that no other public ward in Serbia looks that way. It’s at a global level: the staff are extremely professional, and it’s been renovated and organised to look like a private clinic. I have nothing but the highest praises for the team there.

Minja explains that she feels she had paid for better treatment in a public healthcare context and felt rewarded for it. When “buying compassion” these participants discussed accessing sought-out doctors or paid-for facilities as an attempt to *purchase* security.

## 6.6 Discussion and Conclusion

This chapter considered the perinatal experiences of Belgrade women from the study’s sample. Using Bourdieu’s theory of capital, we considered the impact of social capital, cultural capital, and economic capital on the participant’s healthcare stream and their experiences of it too. Their narratives show that good health literacy can be supported by access to capital, greatly improving women’s perceptions of their healthcare experience. Pregnancy and childbirth are

greatly affected by maternal health and ensuring that expectant mothers feel empowered and healthy. Women's (and their family's) financial standing is important too, although generally, the participants did not show a preference for private healthcare over public; instead, participants who had good relationships with their practitioners and healthcare team felt supported and well.

Returning to the theory of capital, we can present the following findings. Capital, in a healthcare context, can be expressed in three forms: cultural capital, social capital, and economic capital. These forms may overlap, interact, or be present independent of one another. So, to what extent does capital *enable* and *empower* expectant mothers in their healthcare streams? The three forms of capital — cultural capital, social capital, economic capital — each offer different advantages in the expectant mother's pregnancy-to-birth trajectory.

Regarding cultural capital, the finding of a relationship between good health literacy and a positive birthing experience is contrary to earlier research on the experiences of childbirth in Serbia's public healthcare institutions (Matejic et al., 2014). The Serbian Government's 2008 national study found that women with a higher education degree, as well as women who identified as feeling "knowledgeable" (i.e. health literate), were more likely to recount negative birthing experiences. Similarly, Stanković's (2017) study of expectant mothers' experiences in Serbia's public maternity wards found that a lack of agency and a lack of control were common among birthing women, with few describing an empowering, positive childbirth. In the current sample, participants who felt that they were highly knowledgeable (due to their profession or proximity to friends and partners who were employed in healthcare; if they had done extensive research on the subject; or if they felt well-informed by their practitioners) were more likely to have a positive experience of control and agency during their prenatal care. Participants described sourcing their knowledge and information in various ways. The first was via their respective jobs and professions. Secondly, proximity to friends and partners employed in

healthcare offered extensive kin-related solidarity during a woman's pregnancy-to-birth trajectory). Similarly, proximity to friends and family with prenatal and neonatal health literacy helped. The final channel was independently researching information on pregnancy and birth. However, independent research was the least common pathway to acquiring health literacy, with women seeming more trusting of the information *and experiences* of other people in both professional and personal capacities. Most commonly, the first-hand accounts and advice of other birthing women were considered as valuable to participants as formal information and advice provided by healthcare practitioners. This signals the potential of the presence of institutional distrust, as well as a distrust of formalised knowledge.

And yet, acquiring *any* knowledge depends on the expectant mother's willingness to be informed, and not all participants described being open to learning about the pregnancy and birth experience in extensive detail. Yet, overall, the presence of health literacy in an expectant mother may increase agency, meaning that birthing women may feel confident in their knowledge and abilities and, therefore, more comfortable when asking for additional help and support during labour. The women in this chapter's sample presented evidence that being health literate, especially having systemic literacy and understanding ("realistically") how public healthcare facilities operate, facilitated a positive pregnancy-to-birth trajectory.

Regarding social capital, beyond relationships with contacts (i.e. networks of reference), the type of relationship the participant built with her healthcare team was important in shaping perceptions of pregnancy-to-birth. Therefore, and particularly in perinatal care, a woman's experience of a healthcare facility is dependent on the *relationships* developed within that context. The concepts of trust and security emerged in discussion of both cultural and social capital. However, in a social capital context, trust and security are dependent on *other* people and the relationships the participants maintained with them, whether personal or professional.

Finally, regarding economic capital, the ability to pay for preferred treatment tends to reduce stress and anxiety among expectant mothers and birthing women. However, those who had paid for public healthcare had far higher expectations than participants who did not. It was also common for participants to recount examples of friends and family providing financial support that ultimately improved their own economic capital. Using economic capital to “buy compassion” was utilised, but to a lesser extent than the privileges afforded by the expectant mother’s social capital and cultural capital.

## Chapter 7: “Bidirectional Interdependence”: Intergenerational Living Arrangements and Financial Support Among Serbian Families of Origin and of Procreation

### 7.1 Introduction

In this Chapter, we will move from studying the micro-level dynamics of family planning and childbearing and towards a meso-level consideration of the couples’ housing situations. Here, we will analyse the role of home, housing, and living arrangements in the participants’ pathways towards parenthood. Serbia’s experiences with hyperinflation and multiple economic crises have contributed to the country’s current issues in the housing market. The fall of SFRY in 1992 triggered the onset of a period of serious economic, political, and institutional instability. Property that has previously belonged to the central Government was now in free-fall; where the state had previously been able to promise housing to selected groups and demographics, most citizens were left in uncertain economic conditions and housing arrangements. The consequences of these uncertainties have reverberated across several generations, creating barriers to Serbian citizens’ transition into adulthood — especially when compared to generations whose adolescence-to-adulthood transitions occurred during the relatively stable and redistributive period of SFRY’s socialism and its strong welfare state social policies (Jansen and Helms, 2009; Rodin, 2011: 226).

“Transitions”, “barriers”, “trajectories”, and “pathways” are the vocabulary of the Life Course Perspective, which considers individuals’ lives as punctuated by a series of important cradle-to-grave transitions and changes (Hutchinson, 2001). Home leaving and organizing independent living arrangements are understood as important transitions in the individual’s life course, helping to pave their pathway towards other desired milestones, such as marriage and childbearing (Heinz and Krüger, 2001: 34). However, we will come to see that the sequencing of such milestones is less important in the grander scheme of making transitions. Instead, we

will focus on understanding how milestones are reached and under what circumstances. Since the late 1990s, Serbia's national demographic statistics have shown increases in the age of first home leaving among young adults, with some remaining in the family-of-origin home indefinitely, even *after* marriage and childbearing (Statistical Office of the Republic of Serbia, 2017; European Commission, 2017). Such cases have become increasingly common and may be explained by young adults having to negotiate transitions to adulthood alongside high unemployment rates, low monthly incomes, and housing market issues (Tomanović and Stanojević, 2015; Statistical Office of the Republic of Serbia, 2017; European Commission, 2017; European Commission, 2021).

Considering this, the chapter asks the following questions. Firstly, what type of relationships do the participants have with their family of origin? Secondly, how did existing intergenerational relationships impact on the participants' transitions and trajectories into parenthood? The chapter begins by introducing some of Serbia's contemporary economic and structural barriers to home leaving. We will outline how many of the country's young adults appear to be struggling to leave their family-of-origin home and consider why they may struggle to gain access to the housing market. Then, we will move on from looking at structural barriers to home leaving and consider the socio-psychological factors that may impact on young adults' attitudes towards home leaving. We will also consider their values and value systems. This will be introduced in relation to Tomanović and Ignjatović's (2006) theory, The Syndrome of Prolonged Youth. Their theoretical framework is used as the basis for building the chapter's main argument: the participants and their families, as presented in this chapter, can generally be described as generationally interdependent. However, we will see later in the chapter that the intergenerational support they describe tends to be mutual and what will be defined as "bidirectional" between family members. Finally, we will present the chapter's findings and thematic discourse analysis and consider the key themes drawn from the interview data:

attachment (split into three branches: emotional attachment; conceptual attachment; physical attachment) and security.

## 7.2 Identifying Economic and Structural Barriers to Home Leaving

According to the life course perspective, individuals experience various “transitions or changes in roles and statuses ... starting school, entering puberty, leaving school, getting a first job, leaving home, retiring, and so on. Each transition changes family statuses and roles and generally is accompanied by family members’ exits and entrances” (Hutchinson, 2001: 14). When looking at the pathways towards exiting the parental home, the conditions of the housing market can affect young adults’ opportunities to leave their family-of-origin home. Principally, rented accommodation must be sufficiently affordable as for many young adults renting ‘is most typically the first rung in the autonomous housing career’ (Mandić, 2008: 620; see also Mandić and Cirman, 2012). As young adults tend to earn a lower income than other (older) adult cohorts, an expensive rental market can leave them vulnerable to poverty and housing cost burdens (Statistical Office of the Republic of Serbia, 2017). In fact, Serbian young adults (16–29-year-olds) are the most “squeezed” cohort across the working population: 32.1 per cent of 16–25-year-olds and 26 per cent of 25–29-year-olds in the rental market are overburdened (European Commission, 2017). However, average monthly incomes across *all* age groups are problematically low: looking to government data, the average Serbian monthly income amounted to just 21,761 RSD (€180) per family member, while in urban areas individuals made c. €20 more, at 23,884 RSD (€200) (Statistical Office of the Republic of Serbia, 2017). Meanwhile, in the same year, the average one-bedroom rental property cost 27,000 RSD (€225) per calendar month in central Belgrade and 17,500 RSD (€145) per calendar month in Belgrade’s city-limits. Low disposable incomes present many problems for the average adult, who typically spends around €30–€50 more than they earn per calendar month (Statistical

Office of the Republic of Serbia, 2017). Although a €50 monthly overspend may sound meagre, in the Serbian context, such an overspend can be problematic. For the average working adult, the sum could account for up to a quarter of their monthly income.

It might therefore be considered unsurprising that many young adults remain in parental homes: low incomes, housing cost burdens, and the high risk of poverty make independent housing arrangements seem a distant prospect. Instead, when considering the risks involved in changing living arrangements, some will choose to remain in (overcrowded) multi-family households. In this less-risky arrangement, housing and living costs can be spread out and covered by pooling several family members' resources and monthly incomes. Consequently, 67.9 per cent of young adults (the 16–29 age bracket) live in overcrowded accommodation (Statistical Office of the Republic of Serbia, 2017) — in the absence of official data, we adopt the *a posteriori* assumption that these overcrowded housing arrangements are most likely with immediate family members (or less commonly, flat/housemates).

Such difficult housing market conditions can complicate young adults' transitions into adulthood. For many European and western millennial couples, “living together” is seen as a prerequisite to marriage and childbearing. In recent decades cohabitation has become an increasingly popular lifestyle choice among individuals seeking to formalize and deepen their relationship (Wu and Pollard, 2000). By comparison, in European countries with strong rental markets, independent and self-sufficient cohabitation is a more accessible and feasible housing arrangement, as young people tend to be ‘supported by a range of welfare provisions in social policy, educational systems, family policy, [and] housing ... [that] institutionally lessen the risks of leaving home even when home-leavers become jobless or low paid’ (Mandić, 2008: 621). However, in Serbia — as in many Central and Eastern European countries with government revenue shortages — few welfare state provisions and measures exist. Or more precisely, few functioning welfare state provisions exist; whilst the policies appear to be in place, there is an

absence of data that confirms that young families are using these provisions. We can, however, observe a body of data and research showing that (young) adults often turn to their families for financial support or to seek access to different types of capital. And yet, young adults relying on their family of origin can carry demographic knock-on effects: marriage and parenthood may be embarked on later than was the case under socialism, and ‘most [adults] become parents while still residing with one or the other set of their own parents rather than following their own housing transition’ (Mandić, 2008: 620). In such circumstances, couples live in patrilocal/matrilocal and patrilinear/matrilinear housing arrangements,<sup>62</sup> sometimes where families build extensions or convert existing properties to accommodate both family of origin and family of procreation.<sup>63</sup>

Despite Serbia’s young adults relying on imaginative housing solutions and resorting to multi-family households, the absence of welfare state support continues to create serious problems for them. McDonald (2000: 6) argues that welfare state support in the form of ‘financial compensation ... and services’ significantly reduces the anxiety and risks associated with transitions into adulthood. According to Tomanović and Ignjatović (2006: 272), after socialist breakdown, ‘the socialist housing policy system collapsed: there was almost no construction and distribution, whilst public sector housing was privatized by the previous tenants. Moreover, since there is no developed housing policy (e.g. only very unfavourable commercial mortgages are available), this has resulted in an extreme housing shortage and people relying mostly on family resources’. This has been especially trying for Serbia’s socialist generations who grew up on the ‘standard “socialist” trajectory of finishing education,

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<sup>62</sup> We will refer to patrilocal and matrilocal housing as “local housing” and patrilinear and matrilinear housing as “linear housing”.

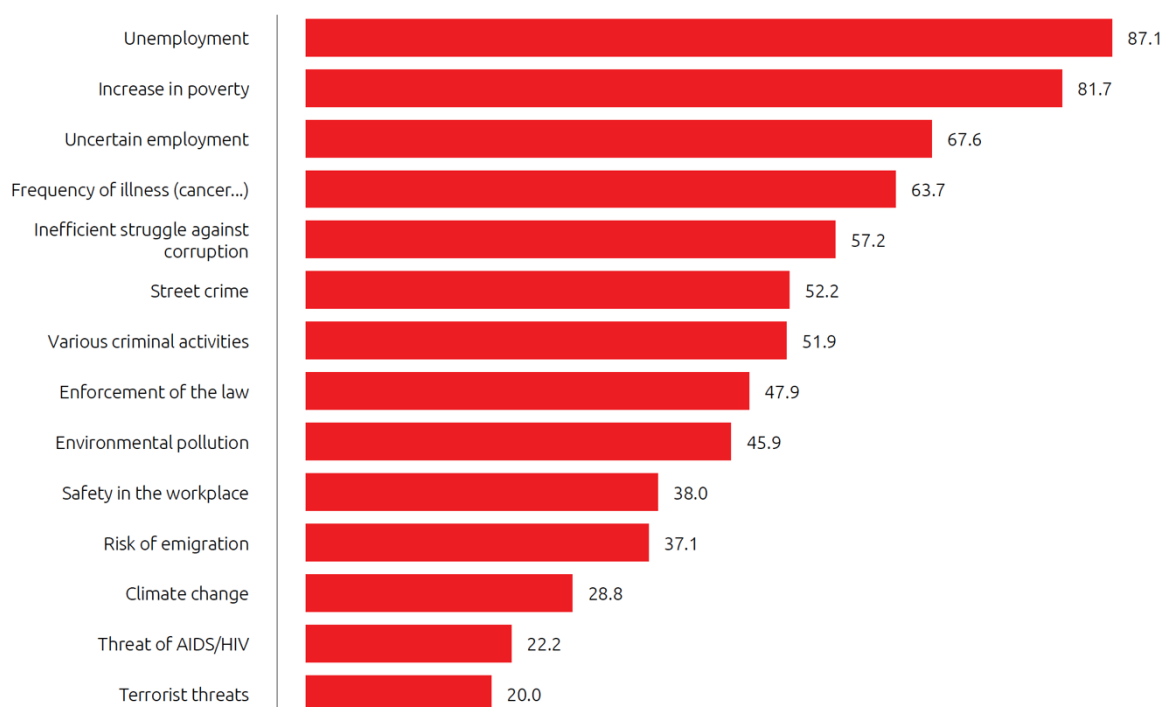
<sup>63</sup> Patrilocal and matrilocal housing is defined as a married couple living with or close to the husband or wife’s parents. Patrilinear and matrilinear housing is defined as a married couple living in housing that belongs to one of the couple’s family members, from either father or mother.

employment, marriage, leaving parents' household, childbirth' (Tomanović and Ignjatović, 2006: 271), to then raise children in a post-socialist Serbia.. The SFRY's Government's social and welfare policies were characterized as family-friendly: universal minimum wages, free childcare services, generous child support payments, legalized and state-subsidized abortion, and affordable government subsidized accommodation for families. These policies fostered a culture in which childbearing was a desirable and accessible life transition, 'morally encouraged and supported by the state', rather than an individual risk with serious economic and social costs (Rodin, 2011: 226). In other words, the values and policies of the SFRY welfare state were family-friendly, endorsing the decisions of young adults to leave the family-of-origin home provided they were (1) working within state-approved employment; and (2) had a family.

Returning to contemporary Serbia, the literature of Risk Assessment Theory would define Serbia's absence of reliable welfare state safety nets as the "individualization of risk", i.e. the financial and logistical risks commonly associated with "adult-ing" have shifted away from the (socialist) state and towards the private individual — and often with their families and extended families affected too. "Adult-ing" anxieties are apparent in Serbia: Figure 7.1 (p. 172) shows that young adults perceive structural and material insecurities as their top three existential risks: "unemployment", an "increase in poverty", and "uncertain unemployment" (Tomanović & Stanojević, 2015). Interestingly, other data findings also show that young adults' perception of unemployment and poverty risks as causal factors transcend their family household's material status and (inherited and/or gained) cultural capital (Tomanović and Stanojević, 2015). In fact, economic and material anxieties appear to be virtually universal across the young adult group, regardless of economic and social status (*ibid*). Consequently, the uncertainty of being unable to access and/or afford expensive private, or limited public, housing leads to the assessment that independent adulthood means (unwanted) and unmanageable existential risks.

Figure 7.1: The Perception of The Significance of Problems (Risks) in Serbian Society (The Option

“Extremely Alarming” in per cent)



(Source: Tomanović and Stanojević, 2015)

### 7.3 Identifying Social and Psychological Barriers to Home Leaving: Lost in Transition?

Serbian academics Tomanović and Ignjatović (2006) argue that beyond the observable economic and structural barriers to home leaving, social and psychological factors also discourage young adults from leaving the family-of-origin home. By social and psychological factors, the literature identifies learnt values and behaviour that stem directly from the family of origin (or general cultural attitudes towards family and home). In this instance, post-socialist and post-war intergenerational relationships have been marked by *paternalism* — i.e. parents making self-serving decisions on behalf of their children — that has replaced the traditional patriarchal model. These conditions of ‘prevailing paternalistic strategies of parents [have led to] overprotection and infantilization — the implicit denial of a young person’s growing autonomy by [parents] taking over his/her obligations’ (Tomanović and Ignjatović, 2006: 273).

Such obligations are extensive but are primarily marked by freeing children from everyday responsibilities such as housework to more monumental transitions and help: providing financial support, creating pathways towards housing, and identifying and organizing employment and education opportunities. In turn, ‘children and young people, by internalizing the infantilization strategy, limit their interest for the agency towards autonomy’ (Tomanović and Ignjatović, 2006: 273). Consequently, young adults delay the process of taking responsibility for their lives and making meaningful, independent transitions into adulthood. The result is ‘the postponement of education, employment, leaving the parents’ household, marriage and childbirth’ — behavioural patterns they refer to as ‘the syndrome of prolonged youth’ (Tomanović and Ignjatović, 2006: 273). Thus, cultural ideas of autonomy — worked out primarily in the family home — shape attitudes towards home leaving; young adults who receive ‘less parental approval to move out ... [will lead to a] reduced motivation to move out’ (Lou, Lalonde and Giguère, 2012: 665).

However, the socio-psychological arguments on delayed adulthood overlook the macro-level drivers that may be encouraging infantilization or protectionist attitudes. Tomanović and Ignjatović (2006) assume that homestayors are bound to their homes because of an inability to negotiate (financial and/or housing) independence, based on agreeing to parents’ value systems or their lack of interest in making autonomous decisions. In turn, the academics assume that transitional decisions are delayed — sometimes indefinitely — because of family-of-origin parenting styles. In the analysis and findings below, we seek to show that their position presents a misjudgment on two levels. Firstly, as shown in the previous section, structural barriers to home leaving are a widespread and serious issue. Weak institutional and economic support for young adults has meant that remaining at home is, for many young adults, the only housing option, regardless of how independent or dependent they may feel. If the individual’s personal and/or familial resources (as well as welfare state support) are weak or absent, then young adults

are limited by their personal, family and state resources. Regardless of the young adult's intentions, economic barriers exist. Returning to Figure 7.1 (p. 172), we see that the existential fears of unemployment, poverty, and uncertain unemployment appear to worry 87.1 per cent, 81.7 per cent, and 67.6 per cent of young adults, respectively. These are understood to be serious existential threats.

Secondly, Tomanović and Ignjatović's (2006) concept of 'infantilization' implies that young adults are overpowered by their parents or lack the awareness to form independent pathways to move from the family-of-origin home. This perhaps simplifies or catastrophizes the nature of contemporary parent-child relationships. Rather, we will argue that the relationships between parents and their (adult) children can be understood as *bidirectional*. In a bidirectional relationship, there exists a mutual exchange of time and resources. This symbiotic exchange can emerge in response to difficult economic, social, and structural situations. As we saw in Chapter 6, the pooling of capital can be useful among family and friends when navigating institutional structures or policy measures that fail to fully support citizens. Here, we can also return to the definitions provided by the life course perspective: people's relationships can be interdependent, especially with family.

Although some of these familial relationships are defined by control (as argued by Tomanović and Ignjatović's (2006) theory of infantilization), some relationships are also characterized by support (as we will argue in the analysis on intergenerational bidirectional below). In the context of familial relationships, in difficult economic and social conditions, families will most likely work together for mutual support. Hutchinson (2001: 22) explains that these 'patterns of mutual support between older adults and their adult children are formed by life events and transitions ... i.e. historical disruptions like wars or major economic downturns'. In the case of Serbia, the collapse of the socialist state created a period of serious instability and many individuals retreated to or remained in multi-family households to help bear the brunt of

economic and political downturn. Consequently, these young adult groups ‘feel more closely linked to their families ... than the government and welfare state institutions ... a situation that carries both positive and negative consequences’ (Hutchinson, 2001: 26). Where the Syndrome of Prolonged Youth may be an observation of the negative consequences, bidirectional interdependence may be seen as an observation of positive outcomes in difficult economic and social issues. The case for the latter is presented in the sections below.

#### 7.4 Findings

We have seen theoretical frameworks above that consider the existence of an unidirectional, upward-flowing reliance between children and their parents. In these arrangements, (young) adults are assumed to depend heavily on their parents and family of origin for resources and support. The findings below build on the theory of infantilization but seek to show that familial dependence is bidirectional for two reasons: firstly, for economic efficiency and the pooling of different types of capital in a family context and, secondly, as part of familial emotional attachments. In other words, the family network and its branches have expanded and strengthened during and following the SFRY’s welfare state decline. As argued by the life course perspective literature, young adults demonstrate the patterns and habits of working closely with their families of origin to share time, resources, and energy. These practices appear to be rooted in efficiency, rather than anomic, individualized attitudes among Serbia’s young adults (Rodin, 2011). In the examples shown below, multifamily households are seen by these participants as a sensible, pragmatic, and practical solution to an expensive and largely inaccessible housing market. In turn, where participants remain in a family of origin or multifamily household, they may also experience increased emotional attachment on an intergenerational level. Below, we will see examples of this, with participants enjoying grandparents spending more time with children and wishing for their families to regularly spend

time together as a union. Finally, we will look to show that bidirectional support may not always be concurrent, with some participants describing a desire to “return the favour” to their family of origin later in life.

The following sections argue that claims of infantilisation and prolonged youth overlook the arguments put forward by the position presented by the life course theory: interdependence is defined by both control *and* support (that is, mutually supportive elements of parent-child relationships in the delayed adulthood phenomenon, which are explored in this chapter explicitly as delayed home leaving). We seek to show that home staying and late home leaving do not necessarily result from parents’ intentionally patronising or infantilising their young adults. Nor do young adults act as dependent or parasitic. Instead, in a country where the conditions of the labour market, education system, housing market, and welfare state are precarious, young adults are likely to remain careful, cautious, and *in the parental home*. Moreover, this is not always a burden to their parents, who may also benefit from the pooling of multiple incomes or additional support for (elderly) relatives. Beyond this, and as explored below, attachments — such as emotional attachments to family — may even override rational or aspirational intentions to live independently with a family of procreation. This, it will be argued, is less about dependency, and more about sustaining emotional attachments.

The concepts drawn and developed from the semi-structured interviews helped build the theory of bidirectional interdependence. During interviews, examples of the types of questions asked related to housing, family arrangements, and home leaving were: “do you consider yourself to have a support network?”; “do family and friends help out with childcare and domestic tasks?”; “when did you move out of the parental home?”; “do you employ or rely on any private services in your daily tasks? (i.e. cleaning services, childcare, et cetera)”. The aim of these questions was to understand several spheres. Firstly, the daily working dynamics within households. Second, whether there is a reliance on private paid-for services in domestic and

childcare responsibilities. And finally, the type of support (if any) sought from social capital/family and friend networks.<sup>64</sup>

#### 7.4.1 Defining Familial Relationships with Attachment

The concept of “attachment” (in Serbian, ‘*vezanost*’) was drawn verbatim from the interview transcripts.<sup>65</sup> Attachment will be understood in three ways: as emotional attachment, conceptual attachment, and physical attachment. These concepts were studied and developed with a regard for the relationship between home leaving and home staying and the participants’ understandings and discussions of family (both family of origin and family of procreation). The findings show that participants who remained in patrilocal/matrilocal (local) and/or patrilineal/matrilineal (linear) housing had described or identified with at least one of the three types of attachment as a guiding value when forming decisions around their housing arrangements. On the other hand, the absence of attachments appeared to be related to participants who expressed a desire to live *away* from family-of-origin linear and family-of-origin local housing arrangements or were already doing so (these participants are mostly covered in the “subtheme: conceptual attachment” section below). For participants who did not live in local or linear housing, attachments were marked by a commitment to family of procreation over family of origin.

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<sup>64</sup> The methodology for analysis used in this chapter is geared towards thematic theory-building and is somewhat different to the other three empirical chapters in this thesis. This, again, returns to the circular and iterative methods of constructivist grounded theory that adapt as the literature and research findings guide the study. The interview data and discussions with participants on housing were certainly more emotional and thematic than discussions of childbirth and healthcare arrangements. This was, however, surprising, as it was anticipated that conversations about housing and mortgages would be more cut and dried. And yet, participants across the sample engaging in discussions of housing as an “emotional” topic guided the structure and style of this chapter.

<sup>65</sup> As the coding in this chapter focused on themes, for example ‘attachment’ was selected and then relevant portions discussing the theme were put through a discourse analysis. In the case of attachment, the theme was discussed in several contexts which were grouped and coded as: emotional attachment (i.e. to a person: such as a partner or a parent); conceptual attachment (i.e. to an ideal, value or concept: such as “motherhood,” “parenthood” or “honour”); and physical attachment (i.e. to a place: such as a home town, neighbourhood, or house).

Here, emotional attachment is defined as the types of relationships participants had with their family of origin and their family of procreation, and the interactions formed across and between the two. Participants described emotional attachments to both their family of origin and family of procreation. Among the older cohorts within the sample (b. 1965–1984), emotional attachments to family-of-origin members (including their in-laws) were more common than among younger participants (b. 1985-1995). The “older” cohorts appeared to be more acutely aware of the difficult socio-economic transitions of the 1990s and commonly referenced ‘the wars [of the 1990s]’ and ‘socialism’ when expounding their understandings and definitions of emotional attachment. In one such discussion, during a joint interview with the couple Miloš (b. 1982) and Sladjana (b. 1981), the husband, Miloš, describes how emotional attachments — something he defines “as closeness, intimacy, and joint problem-solving” — are what improve the individual’s general quality of life, both inside and outside the home. It is worth noting that Miloš begins his narrative with a reference to the Yugoslav wars:

Since the wars, the [Serbian] value system has changed. But one thing is clear: family is still of primary value in life. It’s a place of self-realization: if your family life is happy then you will be better able to deal with hardships at work or anywhere else outside the house. With a good, happy family everything will be fine, and you can fight anything. If you and your family are close and work together to fix problems, then everything ‘out there’ will be okay too.

His wife, Sladjana, follows up immediately by agreeing: ‘if you have support at home, it will make you a better and happier person’. Miloš explains that, for this reason people may be ‘tempted’ to remain with their family of origin or choose to live in multifamily households. He believes that ‘working together’ — that is, collaborating towards shared goals and distributing tasks and responsibilities towards those goals — includes extended family too, and references how ‘emotionally attached’ he was to his father-in-law (Sladjana’s father). These links between family of origin and family of procreation are reminiscent of the Yugoslav (SFRY) attitudes towards both family and community, a sense of “togetherness”, “brotherhood” and “unity”,

terms that were used throughout Yugoslav socialist discourse and the zeitgeist of the socialist generations.

In the case of Miloš and Sladjana, their multi-family, intergenerational housing arrangement created an environment that they felt was mutually supportive, and, beneath that, rooted in emotional attachments. Sladjana explains that for her, emotional attachment is simply that ‘we all loved each other very much, blood [relation] or no blood [relation]!’. The later loss of Sladjana’s father in 2017, and therefore his live-in father-in-law, Miloš describes as a great blow to him despite their being related only through marriage. In the case of this couple, it appears that downward flowing intergenerational support had encouraged feelings of mutual respect, and as his father-in-law’s health declined, Miloš was prepared to offer him help and support in exchange for everything that was previously done for the family of procreation. Towards the end of his father-in-law’s life, support had shifted from his father-in-law helping the (grand)children, to the family helping him.

In instances of such strong emotional attachments, especially those rooted in bidirectional and mutual support, the lines between family of origin and family of procreation blur. The couple describes how following the birth of their first child, the ‘blurring’ began. Indeed, the intergenerational relationships developed because of the childbearing milestone and created a sense of closeness and unity.

Gina (b. 1975) also lives in a mutually dependent housing arrangement with her husband (b. 1973), their three children, and her in-laws. Asked about her networks of support, she explains:

My husband’s parents live with us ... We all live together. Although we are in a financial situation where we could afford to live independently — as I received an apartment with my recent promotion — we didn’t move because we didn’t want to overwhelm and stress our overall familial situation. Apart from having to move the kids to different schools it would also mean I would lose a significant amount of my free time post-work. If my in-laws weren’t there to look after the children, I would be obliged to organize a totally different work-life balance. So, when it came to it, my husband and I considered the happiness of our children, of their grandparents and our marriage, and we realized that their support means a lot to us all.

Gina offers a conception of “togetherness” that transcends fulfilling material and financial needs but is instead rooted in: (1) the emotional attachments her children have to their grandparents; (2) providing a good lifestyle for ‘all [the family]’ but also (3) the practicalities of having grandparents in the family home who can provide additional help with domestic tasks and childcare. For her, moving away from their multifamily household is perceived as ‘stress[ful]’ and ‘overwhelm[ing]’ despite having access to a second property and being in a financial position to be able to afford a mortgage. In her conceptualization of protecting her family and marriage, Gina is aware of *all* family members, but begins with the children, arguing that disruptions to their living arrangement could be distressing to them. Her thinking indicates an awareness of her children’s emotional attachment to the grandparents.

Similarly, other participants described the support provided by grandparents. Yelena (b. 1987) explains that her mother ‘is the most important person in [my] life,’ and that the support and care her mother provides for her son is a huge part of ‘his [the son’s] happiness’. Likewise, the participant Vesna (b. 1987) references how important her mother is in providing support, but also talks about her in-laws: ‘all the grandparents love to see [my son] and they are all a big part of raising him. We raise him together!’.

However, the relationships participants have with their in-laws in multi-family households can also be tense. Nevena (b. 1972) also describes finding the transition from living alone (before her marriage) to living in a multifamily household with her husband, their child,<sup>66</sup> his child from a previous marriage, and her in-laws to be challenging. This may be in part because Nevena began her pathway into parenthood later than other participants and recounts

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<sup>66</sup> It is relevant to mention that this participant’s child has a disability (specifically problems with her hearing and speech) which have meant a lot more time has been dedicated to doctor’s appointments, speech therapy classes, et cetera. In this respect, the participant explains, the larger their support network, the better her daughter’s quality of life, even if in the face of a challenging disability. She describes being prepared to make greater compromises because she is aware that her child’s disability matters more than material and spatial needs.

beginning her transition in her mid-thirties. But she considers the importance and value of intergenerational support and how her in-laws care for their granddaughter (her daughter) as well as the support she and her husband provide for them:

Still to this day, if something happens, my in-laws are more than happy to help look after [my daughter]. [My daughter] didn't go to nursery, [instead] my in-laws looked after her. We lived in our own flat separately, next door, but they would come every morning before we went to work to look after our child. However, the older my in-laws get, the more we now look after them. They can't help the way they used to ... so instead we help them.

The parallels between Nevena and Yelena's housing arrangements continue. Yelena is also in a financial situation that would allow her family of procreation to live separately in a single-family household. But, like Nevena, she considers the importance of intergenerational support and how her in-laws care for their granddaughter (her daughter) as well as the support she and her husband provide to them:

I think it would be totally impractical that [my in-laws] stayed alone in [this] apartment and for us to rent or live in central Belgrade. If they get ill, or something happens to them, it's better that they're close to us. They're cooperative. They have their attitudes because, of course, they were born in 1933 and 1941, and they're from a different world. But it's possible to live with them, and it's important to care for them too.

As discussed earlier, overcrowding in multifamily households is an enduring issue in Serbia's housing market. Some participants described feeling emotionally crowded too, but descriptions of physical crowding were more vivid. Yelena explains that the only problem she identifies in her multifamily housing arrangement is spatial: 'I often feel like I would benefit from more physical space. Space for us: my husband, the children. If I had just one more room! A room just for me!'. By 'me', Yelena clarifies that she means her family of procreation, rather than purely for herself as an individual. Although the housing arrangement is not ideal, she explains, her values of intergenerational support mean that it is a compromise she is willing to make 'for the greater good'. She consistently considers the well-being of her in-laws, as well as that of her family of procreation. This is a common theme across the study's multi-family households, particularly where grandparents provide support and childcare. The evidence suggests that it

presents a dynamic relationship that shifts and changes as people move through their life course and pathways. Further, adaptations and compromises take place in multi-family households as new milestones are reached (such as the birth of a second child or the passing of a grandparent).

Moving forward, we see that conceptual attachment is expressed as an expansion of emotional attachment. Although the term “attachment” is used throughout the analysis below, in this context, its definition is closer to a moral, idealistic alignment to ideas of value systems. The use of “attachment” indicates the participant’s disinterest in reforming or adapting their value system, and such alignments are usually deep-rooted (and often backed up in childhood and family of origin experiences). To this extent, Tomanović and Ignjatović’s arguments hold true: socio-psychological experiences in the family of origin do appear to influence transitions into adulthood. Nonetheless, although attachments to concepts such as “pride”, “honour”, and “worth” may be traced back to emotions and experiences in the family, they can also be founded in socio-cultural or historical values. Therefore, such concepts may also belong to a “collective consciousness” (i.e. society of the family of origin), rather than be experienced purely by the individual.

From a gendered perspective, alignment to virtues like “honour” tended to be raised more by men than women. Speaking on how he came to live in his current housing arrangement, Rastko (b. 1979) says:

I wasn’t proud that I had to indirectly get help from my family, and it took some time to convince my mother that it was best if my wife and children moved away and lived in our own home. We sold my mother’s large house and bought two flats: one for [my family of origin] and one [for my family of procreation]. When I saw how happy everyone was with what I had done I *did* feel proud, and it *was* an honour.

However, among women, during coding, it was found that conceptual attachments clustered more around ideas of “family”, “motherhood”, and “home”. A participant among the younger cohort in the study, Anya (b. 1994), describes inter-familial conceptual attachments in the family of origin, and how her difficult childhood, parents’ divorce, and her personal relationship with

her parents have left her with a fragmented and unsure understanding of what “family” is. In turn, she describes herself as a person who always felt keen to experience ‘attachment’ in her family of procreation. However, she describes an awareness of ‘a handicap’, when discussing her husband and his family of origin:

It may seem like a silly example but let’s say my husband and I separate or divorce. He has a brother and sister to rely on, and they can stay together and support one another. If I went through the same thing, as an only child, I would go through it on my own. I wouldn’t have a family who would be there for me in the same way. Now, my husband and my daughter are all I have.

Participants who described a stronger emotional attachment to their family of procreation than their family of origin tended to be more invested in the importance of conceptual attachment (for instance, conceptual attachment defined as the importance of preserving the independent identities they had constructed for themselves or their independent value systems). Further, these participants were also less inclined to agree with the benefits of family of origin local and linear housing. These participants were generally younger<sup>67</sup> and living in rented accommodation. For them there was, currently, a greater sense of duty towards their family of procreation than their family-of-origin. Such attitudes are indicated by participants like Minja (b. 1991) who explains: ‘I chose my husband, and I chose to have a child. This is where my family is now. I thank my parents for all they have done, but [when I got pregnant] it was time to take a new step forward’. However, it was not their coming together as a couple that triggered Minja to leave her family-of-origin home. Rather, becoming pregnant and choosing to continue the pregnancy was her prompt. From this, we can perhaps consider the importance of policy in supporting (young) adults who enter a pregnancy. As we saw in Chapter 6, it appears that there is still high dependence on the resources and capital of friends and family when supporting the pregnancy trajectory.

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<sup>67</sup> It is also possible that by virtue of their age, the participants in this age bracket still have young parents who are not yet in need of support.

Minja, and other participants who held similar attitudes to hers, presents an interesting subsample among the study's participants: young, ambitious adults from middle-class families who are university-educated and have had their first child and/or legal union before the age of 25. Among this subsample, Anya presents similar values to those of Minja when discussing differences between her family of origin and family of procreation. Asked if she received support from her parents or other extended family after the birth of her first child, Anya explains:

When someone [from my family] is around and in my house, it's harder to run my usual routine. However much my mother may think she's helping me, I feel like she's hindering me. For example, I am a person who has a system and a way of organizing things and when someone else comes along they have lots of ideas about what is right and wrong and what is considered good or bad. Well, you know what? It doesn't work like that. I've had [my daughter] for long enough now to know how to deal with her. I don't think anyone else is qualified to tell me how to be a mother, even my own mother! My mother came over yesterday and helped in that she played [with my daughter] and brought along a cooked meal so I didn't have to make lunch. But the whole thing ended in a cascade of criticism about what is the right way to look after a baby.

Anya explains that she is 'territorial' and dislikes what she described as 'the Serbian mother-knows-best' attitude, arguing that in her home she knows best. This approach and the apparent hostility or discomfort towards receiving support from a family-of-origin member were manifested among women who had delayed their careers or education because of childbearing. In Anya's case, her pregnancy was unplanned and had interrupted her studies. However, her statement contains some irony: by arguing that she knows best, Anya is mirroring her mother's paternalistic attitudes. This may support some of the points made by Tomanović and Ignjatović about paternalism being passed down from parents. However, Anya would describe her attitude as an expression of her 'independence' rather than infantilization. Rather, she is avoiding being infantilized by her family of origin, explaining:

Perhaps if I had just moved out to live with Dario, I wouldn't mind my parents butting in so much. But if I am a parent then I need to be left to my own devices rather than treated like a child. I am not a child any more; I *have* a child.

Anya's narrative, dismissive of excessive family-of-origin support, is again reminiscent of Minja claiming that a pregnancy is a different and more important milestone than moving out of the

parental home or moving in with a partner. Similarly, Nadja (b. 1994), also of the younger cohort, is critical of familial attachments in Serbia, and describes their implications for home leaving:

If you look at this country, most people live with their parents to a very abnormal age. I don't think it's "normal" to live like that. So, when these people become independent, they remain hugely attached to their parents, and a lot of them are still coddled.

Asked how these attachments are manifested, she explains:

There are different types of spoilt [adults]. There are some who call up their mothers to cook lunch or dinner for them [even though they have their own family of procreation]. Then there are those who use their parents as a free childcare service. Either way, if you spend too long living with your parents, and your mother has been doing your laundry for the last thirty years, it's likely that she'll keep doing it [even after you move out or away].

However, it is worth noting that, although Nadja expresses these attitudes towards familial attachments, she, her husband, and young child are living in her father's second home, with her family of origin covering the cost of rent (which is, in some ways, like Anya receiving support from her mother in the form of childcare and housework, although, it is worth noting, she vehemently expresses a deep dislike for it). When Nadja is asked how she feels about her parents providing financial and childcare support, she states:

I don't want to call it housewife syndrome but perhaps that's what it is. Some Serbian women have it. I feel like I suffer from it sometimes. Why? I had to interrupt studying psychology at university to become a full-time mother. I originally had totally different plans for what I wanted my life to look like, even though I always dreamt about becoming a young mother. But because I'm what you'd call a "housewife" I don't like anyone coming in and stepping on my toes and telling me what to do. You wouldn't do it to me at university, so you sure as hell aren't going to do it here either!

Interestingly, Nadja's point may have resonance: several female participants in the sample had their careers and/or studies 'interrupted' by an unplanned pregnancy and had to rework their pathway and identity from what they had originally planned. The desire to be independent in their roles as mothers may be an extension of the same type of independence and drive that had led them to pursue ambitious paths in their career and studies. Although the younger and higher-educated subsample appear to be dependent on their family of origin and more interested in focusing on their family of procreation, participants still indicated that they were

prepared to support their parents in the future. In fact, one participant, Mina (b. 1991), explicitly states that she believed becoming financially and materially independent was *the only way* she could support her parents as they move towards old age. This, too, represents a form of bidirectional interdependence, even if the participant originally moves away from the family of origin to gain independence. The evidence from the interviews suggests that the cultural expectation to provide bidirectional support may perhaps be ingrained in modern Serbian value systems.

#### 7.4.2 Seeking Security in Living Arrangements

The following sections consider how the participants may have different interpretations of what a “home” is, how a home is “shared” with whom, and whether leaving home is a cultural phenomenon or not. In Serbian, the word “union” (*zajednica*) when used in the context of family is a literal reference to living in a multi-family household. Whilst in English a “union” is commonly used in the familial context to refer to *two people* (commonly the heteronormative “husband and wife”), in Serbian, cultural experiences of home-sharing and home staying are so historically common that the extended family form the “union”. In this sense, understandings of what a “home” is tended to be divided into two broader categories:

1. *Modern approaches*: those who feel that a family of procreation should be physically detached from a family of origin (but may still depend on some local and linear housing support); and
2. *Traditionalist approaches*: those who feel that the family benefits from living in a union, and the physical attachments between family of origin and family of procreation form part of providing a safe and comfortable environment for all.

The physical attachments, as described by “traditionalist participants”, appear to be rooted in their socio-economic or socio-psychological fears. In the case of difficult socio-economic conditions, particularly the Yugoslav wars and consequent economic decline, remaining in the

family of origin home in precarious conditions is considered by some participants (and especially the older cohorts) to be the best and, often, only option for familial stability.

In deconstructing understandings of security, many participants described their family of origin's (or partner's family of origin's) housing and financial situation as an important guiding factor in how they interpret their individual and family of procreation's security. The concept of security is understood here to mean the material, familial, and emotional. As much as the sociology literature has offered sophisticated and high-level socio-psychological explanations for late home leaving, for the respondents in this study, the reasons for remaining in local or linear housing arrangement are often rooted in economic and structural barriers that cause the experience of insecurity. Expanding on Serbia's economic situation and disorganized housing market, Sandra (b. 1980) theorizes that:

People are simply afraid of experiencing a low standard of living [if they leave the parental home]. Life in this country can be miserable ... Material security, a high quality of life and a good standard of living are essentially non-existent. Realistically, things are very bad.

However, individuals whose parents offered material or economic security appeared more confident in their home leaving trajectories. Tamara (b. 1984), when asked about her housing situation, and whether she feels "secure", answers:

[My husband and I] have housing security; we both stand to inherit properties. Our incomes are totally fine, perhaps even above average. It would be silly if we stressed ourselves on whether to have a child based on money and housing.

Tamara interprets material security (in this instance, "housing security") to be rooted in the material and housing inheritance she and her husband are, in her words, 'entitled to'. She goes on to discuss her current housing and financial situation, describing that she 'can never lose [her] job' because she is employed by her father's business — 'the only thing that can happen', she explains, 'is for the family business to go down, meaning we all go down'. There is a sense of familial unity here, and security is, for Tamara, inherited and intergenerational. In the spheres of employment and housing, her parents (as well as her partner's) play an essential role

in providing and maintaining security, and she interprets their assets (both housing and business) as joint, even though they legally and financially belong to her parents. While Tamara is out of the room, her husband proceeds to talk about his wife's employment situation.

My wife works privately for her father. The way that works is on a family-first basis. When she found out she was pregnant, she knew she could come back, and her job would be waiting for her. However, for some of my friends, women who don't work for their families, that isn't the case.

However, Tamara, her husband explains, 'works hard and is heavily invested in supporting her father's business to make it the best it can be'. Again, although the family of origin provides material or employment stability, their children are prepared to reciprocate and work towards familial unity and collective stability. Unlike in stable economies, in Serbia, parents' and/or familial homes are often understood as the first rung on the housing ladder, and for those fortunate enough, working privately for their parents is the first rung on the career ladder. The participant Rastko (b. 1979) identifies as belonging to a different demographic or generational group because he grew up during the interwar years, and believes it was 'emotionally and financially difficult to move from the family-of-origin home'. In other words, he explains: 'I couldn't leave, even if I wanted to'.

We see a difference again between men from older cohorts and women from older cohorts. Like Rastko, Nedeljko (b. 1979) criticizes inheritance and privileged attitudes among generations younger than him, claiming that 'people are just waiting for some family member to die so they can inherit something. That's how things are [in Serbia]'. However, even before inheritance, the material and financial security provided by the family of origin is present. Miloš and Sladjana describe how before their housing security (inheriting Sladjana's father's property) they had financial security too. Miloš explains:

My parents and my wife's parents are the kind of people who, no matter how much money we need [that month], will always offer and always help. Even though they're pensioners.

Describing his personal situation whereby he lived in his wife's patrilineal housing, he claims that 'at one point, we didn't pay any of the electricity or water bills. [My father-in-law] paid for everything'. Again, though, the situation was not downward flowing and unidirectional. Rather, there were very clear agreements: bills would be covered by Miloš' father-in-law while Miloš and his wife would purchase food and cook daily. This serves as an example of bidirectional support: a mutually supportive environment that ensures resources are grouped together in a single household, regardless of being multigenerational. The intention is to provide the best use of money, resources, and time. Through mutual agreement and good organization, the support in these housing arrangements is considered functional.

Among younger parents and younger cohorts in the sample, there appears to be an imbalance in familial support: their family of origin tends to commit more financial and temporal assistance to ensure security, even if the young couple rejects or dislikes it. On some occasions, as with Anya, Mina, or Minja, the young couples may not "return the favour" at present (but indicated a willingness to provide security to their family of origin when they are better able to). However, among older couples, where their families of origin had entered retirement or were ageing, there tended to be a focus on supporting them, usually by moving them into their *own* homes to care for them. This, however, means lost economic productivity as adults (and usually women) sacrifice working to provide full-time care for older family members. This highlights Serbia's widespread intergenerational economic issues and the country's inability to legislate such issues via social policy, in this case, in the form of state-subsidized affordable elder care.

Irena (b. 1976) represents a member of the sample's older cohort who has made economic compromises in the name of supporting an elderly family member. She describes experiencing a moral responsibility towards her mother-in-law, who had, upon discovering a cancerous tumour, moved into Irena's and her husband's rented property. Although the

experience was stressful, Irena focuses on the obligation she felt as a daughter-in-law, as well as what she describes as the ‘duty of care owed to our elders’. When asked how she feels about caring for her mother-in-law, Irena says: ‘I’ve known [my mother-in-law] since I was a teenager. She is family to me. And I owe her so much’. Again, much like Miloš, this bidirectional exchange is rooted in a positive experience of mutual support and respect.<sup>68</sup> Security, then, is a matter of bidirectional support at different stages, points, and milestones in the individual and family’s life. And it is also a matter of adaptation in the face of life’s expected and unexpected turns.

## 7.5 Discussion of Findings and Conclusion

This chapter explored the delayed home leaving phenomenon among participants. It considered both structural and socio-psychological patterns of and reasons for home staying among (young) adults. Among the structural reasons, low income (especially for younger cohorts) and an expensive and inaccessible housing market situation appear to be associated with delays into adulthood (as indicated by late home leaving). Within the literature of socio-psychological explanations, the works introduced above have argued for “paternalism”, “infantilization” and “the syndrome of prolonged youth”. Using these models as starting points, the chapter introduced the concepts of attachment (emotional attachment, conceptual attachment, and physical attachment) and *security* to develop the theory of bidirectional interdependence. With this form of interdependence, we see that families rely on an exchange of capital and resources to support various types of family arrangements. Although the participants represented across the couples present a range of different familial and housing experiences, several generalizations about the participants can certainly be drawn from the data presented.

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<sup>68</sup> The couple Emil (b. 1979) and Zorica (b. 1973) live with Emil’s father who is unwell. Zorica, like Irena, also describes a moral duty of care towards the elderly, something that ‘people simply must do’.

Firstly, emotional attachments to family members, and on an intergenerational basis, appear to encourage individuals to remain in local or linear housing arrangements as they consider the importance of a family being together and providing mutual support as more important than having independent housing. This could override any benefits that arise from living independently in a family-of-procreation household. These participants are guided by emotions rather than material or financial motivations. They consider their housing arrangements as part of a natural familial union rather than simply a matter of convenience — although there appear to be arrangements of convenience too.

Secondly, conceptual attachments, such as deep-rooted value systems, can encourage delayed home leaving. This finding is close to the work of Tomanović and Ignjatović who argue that delayed adulthood is a symptom of a paternalistic parenting style that favours a certain value approach to family and family living. In this group, home staying or home leaving is a matter of how the individual and couple conceptualize family, what it is, and the values associated with it.

Thirdly, physical attachments or experiences of (in)security were expressed among individuals who felt that depending on family for employment, financial support, or housing is an important way of building fortitude and strength in an unstable economy and society. Here, a small sub-sample showed a lack of interest in bidirectional support but nonetheless expressed a desire to “return the favour” to their parents later in life as they were grateful for the support they had received.

While we need to be careful not to generalize, the evidence is suggestive of an absence of functioning social policy that supports the transition out of the parental home. In the Serbian context, we see that (young) adults often turn to their families for financial support and that this has demographic knock-on effects: marriage and parenthood are embarked on later than was the case under socialism, and ‘most become parents while still residing with one or the other

set of their own parents rather than following their own housing transition' (Mandić, 2008: 620). In such circumstances, couples live in patrilocal/matrilocal and patrilinear/matrilinear housing arrangements, sometimes where families build extensions or convert existing properties to accommodate both family of origin and family of procreation.

Some participants described support from their family of origin. Support was amenable to understanding in terms of different types of capital, as well as emotional support in interpersonal relationships. Several participants lived in patrilocal or patrilinear settings, meaning regular and high contact with their family of origin. Couples who described high support, whether emotional or material, were better able to realize milestone moments in their trajectories. For instance, couples who were able to arrange living in patrilocal housing described higher levels of security and a greater desire to bear children. One approach, as described by the participants Rastko and Tatjana, sees a family sell a larger property to purchase two smaller properties for family of origin and family of procreation.

Other benefits included access to childcare and domestic support. Those functioning within these types of family units also describe some housing "claustrophobia" and a desire to be independent. Further, the relationships participants have with their in-laws within multi-family households can also be tense. Gina (b. 1972) found the transition from living alone to living in a multifamily household with her husband, their child, his child from a previous marriage, and her in-laws to be challenging. But she appreciates the importance and value of intergenerational support and how her in-laws care for their granddaughter (her daughter) as well as the support she and her husband provide for them.

As mentioned earlier in the chapter, Risk Assessment Theory would define Serbia's current absence of government policy safety nets as the "individualization of risk", i.e. the financial and logistical risks commonly associated with "adult-ing" have shifted away from the

(socialist) state and towards the private individual (and often their families and extended families too).

Finally, returning to Tomanović and Ignjatović's (2006) work on infantilization and prolonged youth, it appears from the findings presented in this chapter that the bidirectional interdependence between (young) adults and their families is defined by both control *and* support (that is, mutually supportive elements of parent-child relationships in the delayed adulthood phenomenon, which are explored in this chapter explicitly as delayed home leaving). It appears to hold that home staying and late home leaving may not be the product of families intentionally infantilizing their young adults. Neither are young adults intentionally dependent and parasitic. Instead, the relationships built here serve an important preservative purpose in a society that many of the participants have, across the study, described as unstable and insecure. In sum, the findings presented in this chapter represent a micro-sociological contribution to Serbia's delayed adulthood phenomenon and signal the need for studying home leaving behaviour further.

## Chapter 8: Seeking “Life Balance” Between Parents? Considering Gendered Arrangements of Caregiving and Breadwinning Within Serbian Households

### 8.1 Introduction

Chapter 7 examined how couples’ living and housing arrangements can be organised to alleviate some of the costs, pressures, and responsibilities that arise in their parenting pathways. For some, these arrangements meant living in a multi-family household, usually with one set of parents from a participant’s family of origin. The type of living and housing arrangement a couple chooses can represent them “taking control” of the organisation and structure of their lives. This can be taken up to accommodate their needs as parents, as a couple, and as individuals. However, these choices are usually located within the sphere of utilising the personal resources and personal relationships that are directly known and available to them. We saw that some participants described relying on their family of origin’s support and generosity to supplement their income and resources with their family of procreation. So, while Chapter 7 focused exclusively on studying the micro-level and interpersonal arrangements of home, living, and the sharing or pooling of resources, this Chapter will move towards a more macro breakdown of Serbia’s contemporary social policies, welfare state instruments, and how they factor into the structure and arrangements of households, specifically for alleviating caregiving pressures for parents.

Here, we will look to understand how Serbia’s recent social policies have been designed to offer relief to parents and would-be parents. The aim of the chapter is to understand the micro-level impact of these policies on a portion of the study’s participants (that is, specifically, participants with children in early childhood education and care programmes. They are considered best able to speak to the current conditions in Serbia’s Early Childhood Education programmes). Again, as in previous chapters, the sample size is small, and the findings do not

look to make generalisations about Belgrade or Serbia as a whole. Rather, we aim to study the discourses around caregiving and breadwinning and present some theoretical insights on the topic. The chapter's conceptual framework adopts a critical gender lens to explore the roles and responsibilities of the participants as mothers and fathers. We will see that gender and gender in parenting will prove to be a deciding factor in how roles and responsibilities are organised within the participants' households.

As shown in Chapter 2, the type of policy support offered to Serbian parents is commonly given as cash benefits or time supplements, and these have proven popular among parents. Now, we will focus specifically on understanding the Pro-Natalist Strategy's impact on the participants' experiences in caregiving and childcare as they try to maintain a work-life or life balance. Regarding the decision to focus specifically on the use of caregiving policies, as twelve of the study's twenty-two couples had young children (under the age of 7) enrolled in early childhood education and care programmes, this decision was made in response to the data collection. The findings will help us understand to what extent attendance at early childhood education and care serves as a form of assisted caregiving for the participants, if at all. Later, we focus our analysis to consider whether assisting caregiving especially offers relief to mothers. We will consider how these provisions may influence the participants' experiences of work-life balance, especially the timesharing that may (or may not) occur between men and women.

When considering this, the chapter is guided by two overarching research questions that look to understand how the participants have interacted with caregiving policies and provisions. We will also consider the impact on the distribution of caregiving between mothers and fathers. The first research question asks: how do participants describe their "gendered" work-life balance (as parents who rely on early childhood education and care programmes)? The second research question asks: how do participants describe their experiences of using the Pro-Natalist

Strategy's subsidised programmes to encourage attendance at early childhood education and care?

The chapter is structured as follows. First, we discuss and analyse the early childhood education policies and care introduced since 2008, specifically those embedded within the Pro-Natalist Strategy (and additionally, a discourse analysis considers the “language” of the policy document, with the intention of informing the critical gender and comparative analysis of the policy aims and the participant narratives). This is followed by an outline of UNICEF's Multiple Indicator Cluster Survey (MICS) data for the period 2000–2019, which contains data on attendance at early childhood education and care, as well as the gendered distribution of roles and responsibilities between Serbian mothers and fathers.<sup>69</sup> The analysis in the MICS section will contribute towards informing the chapter's analysis. We then move into a discussion on the gendered prism of childcare and how parents choose for their children to attend early education programmes. The models of breadwinning and caregiving are introduced to provide a theoretical backdrop on the structure of households, and the ways in which different household structures impact on “gendered” work-life balance. The concepts and terms from the breadwinning literature will guide the critical gender analysis. The core of the chapter focuses on an analysis of interview data from the twelve couples with children attending early childhood education and care programmes.

## 8.2 Gendered Life Balance and Early Childhood Education and Care Policies, The Pro-Natalist Strategy and Beyond

The Serbian Government of Vojislav Koštunica (2004–2007) introduced the Pro-Natalist Strategy (PNS) (Government of Serbia, 2008) a cross-party concerted effort to address the nation's so-called “fertility problems” i.e, below replacement, lowest low fertility rates. At the

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<sup>69</sup> Additionally, the UNICEF MICS contains data on the city of Belgrade.

time the policy was first introduced, figures were, in demographic terminology, at lowest-low: 1.38 births per woman in 2007 (World Bank, 2016). A key pillar of the PNS argues that gender inequalities between men and women play a role in contributing to low fertility behaviour and low fertility trends. The policy document states that ‘support[ing] parents to achieve the desired number of children’ can be achieved when they arrive at a ‘work/life balance’ (Government of Serbia, 2008: 17). The document’s subsequent section states that individuals seeking to achieve their desired number of children can and *will* be supported by the Government. These sections adopt the position that gendered disparities in a household and a parenting context can contribute to low fertility behaviour, arguing that providing parents with ‘relief’ can help increase fertility rates in couples (2008: 17). It is worth remarking that across the document, the wording, and explanations (in the Government’s official English translation) are consistently gender-neutral, referring to ‘parents’ as opposed to, for instance, “mothers”.<sup>70</sup> The use of this language, as a type and style of discourse, continues across later natalist policies and amendments to the PNS. However, demographic data and corresponding literature paint a different picture in households. Indeed, household arrangements and the responsibilities of the individuals within them remain gendered, and most markedly, parenting and household responsibilities fall largely, if not almost entirely, to women.<sup>71</sup> Returning to the language of the Pro-Natalist Strategy, we see that the document introduces the concept of ‘gender equality’, arguing for the importance of reimagining and reworking the roles and responsibilities of both women *and* men, and with a nod to the possible implications:

Gender equality is focused on a positive development goal: towards the exercise of women’s universal rights to pursue a career outside of the household. Unfortunately, it has not been targeted at the development of a new model and a new role for men in the family. Women’s roles have been only partially changed; they have assumed new roles [away] from those assumed centuries before as a housewife and mother.

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<sup>70</sup> This is an interesting contrast between the pronatalism of policy-making in The Republic of Serbia, for instance, and the maternalistic policies of neighbouring post-communist governments like Hungary (see: Kispeter, 2009) and Poland (see: Wejnert, Parrott and Djumabaeva, 2008) in the last two decades.

<sup>71</sup> See: UNICEF MICS 2019 (p. xxvx), the section on Parental Engagement and Support with Childhood Learning.

The document then goes on to argue that these gendered models of men and women's roles and responsibilities within the household have been 'resistant to change and difficult to eliminate' (p. 9). It goes on to explain why this appears to be the case, touching on the role of intergenerational and interpersonal relationships in maintaining an apparently gendered status quo:

A long adherence to traditionally defined gender roles [is] supported by generations of parents [who have] forced [their] children [during] the process of socialisation to adhere to the same models of labour distribution [and] the division of male and female roles within the family (2008: 9).

The document identifies two major issues with this gendered division:

[Firstly, this arrangement] does not enable or support women to adapt more easily to economic and social roles [if they wish to] pursue aspirations. [Secondly, it does not enable] men to prepare themselves better for the role of parent. Therefore, it is necessary that men be involved in parenthood equally with women (2008: 9).

These excerpts see the strategy exploring why the status quo of Serbian women as mothers and housewives has been maintained. The answer they offer is concise: the existence of gender roles. However, mentioning that intergenerational relationships and previous styles of parenting had socialised gender roles, the document is not specific in identifying which behaviours uphold this status quo or how they can be addressed on a micro-level:

In our [Serbian] society, the mother is [the] so-called "primary parent". This means that she is expected to assume and fulfil the largest part of the obligations related to childcare and childrearing, which is what she does. This historically and culturally determined pattern could exist to [differing] degrees of success [when] women were not employed, and when family life was embedded in [a] wider family with care for a child shared amongst members of several generations. However, nowadays, this [type of childrearing approach] significantly adds to a rise in the psychological costs of motherhood. Simultaneously, this [type of childrearing approach] does not fulfil a child's developmental needs. Therefore, it is necessary that men be involved in parenting on an equal footing (2008: 10).

This reference could be seen as an open and public criticism of multi-family household and intergenerational caregiving. It could also be understood as a movement away from socialist-style models of the economy and caregiving, and towards building new approaches to family

functioning. However, again, successive amendments to the Pro-Natalist Strategy have not been especially forthcoming in assisting parents to organise independent living arrangements. Nor have they offered much in the way of reducing parenting burdens for mothers to ensure “equal footing”. We will see later in our discourse analysis that transformations in household structure and the gendered distribution of labour are present among the participants’ experiences. However, it appears that the sharing of childcare responsibilities in an intergenerational context is losing its hold, especially among couples who can afford for their children to attend early childhood education and care. Additionally, another layer of transformation emerges. For instance, in Chapter 5 we saw that some women in the “unplanned pregnancy” group clustered around the value of raising their children independently as a couple and within the parameters of their independent homes. These types of attitudes emerge here too, with these participants more likely to describe appealing to welfare state support.

Nonetheless, the PNS excerpts above do not yet offer institutional or social solutions for transforming family structures. Indeed, if an attempt to move towards ‘gender equality’ and away from female-caregiving is needed, then more micro-level programmes may offer a solution. We will discuss this in depth below. Interestingly, attendance at early childhood education may be an outlier, as we will see it proving a popular step towards reaching for gender equality in parenting. This area may be helping to transform gendered caregiving among couples, but in a slow and incremental way.

### 8.3 Considering Four Types of Caregiving Models

On an international level, family policy literature has tied in discussions of gender and work-life balance to the theoretical models of “breadwinning” and “caregiving”. The models are informed by who in a household is employed, the type of employment they are in (e.g. full-time,

part-time), their gender, and, in some cases, any additional roles and responsibilities they may have within the home. Figure 8.1 (p. 202) captures a four-quadrant matrix of caregiving and breadwinning models as presented by Lauri, Pöder, and Ciccia (2020). Their model will prove useful when we consider the stated intentions of the Pro-Natalist Strategy (specifically, to create ‘gender equality’ between parents); the policies that have been introduced since 2008 and what type of caregiving model they apply to; and the reality of their parenting situation (as shown in the empirical data of the MICS and qualitative interview data gathered from the participants).

Looking at the Figure 8.1 (p. 202), in the bottom left quadrant, the authors explain that the male breadwinner model ‘reinforces traditional gender roles because of the low financial distribution of periods of leave, few incentives for fathers to use leave and costly and/or scarce childcare services’ (p. 649). In the top left quadrant, the caregiver parity similarly ‘promotes traditional gender roles, but the state provides long periods of well-paid maternity leave and child allowances to compensate mothers (but not fathers) for care work, thus reinforcing ideas about the mother as the primary caregiver’ (*ibid*). The two remaining categories, the universal breadwinner and universal caregiver, in the top and bottom right quadrants, will prove less relevant to the social and political context of this chapter but nonetheless deserve mentioning. In the universal breadwinner, ‘the state takes over childcare responsibility by providing affordable and widely available ECEC services. This model promotes high levels of maternal employment, but parental leaves are limited and time off from work not generally rewarded’ (*ibid*). This does not appear to apply to the Serbian context due to the country’s long and generous maternity leaves.

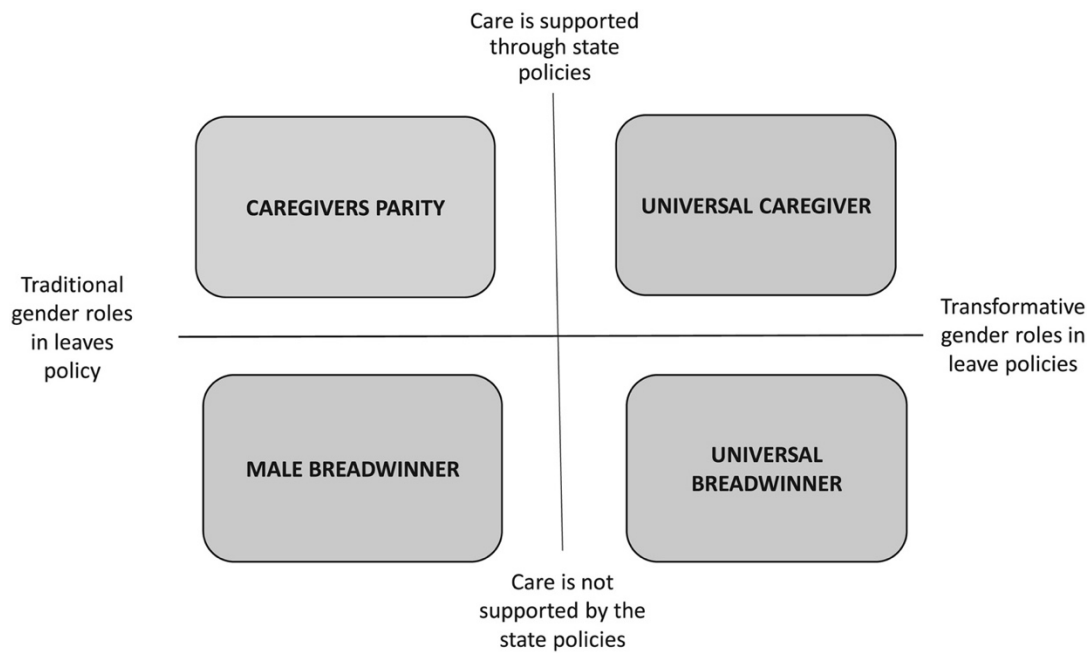
Finally, the Universal Caregiver ‘aims to transform gender roles inside and outside the labour market, while also explicitly recognising caregiving rights and the societal value of care work’ (*ibid*: 649). Again, the universality of caregiving does not appear to hold in the Serbian context, especially when we look at official statistics on how mothers and fathers spend time

caregiving. These categories and their definitions will inform the narrative analysis presented later.

Returning to our discussion on the Pro-Natalist Strategy (Government of Serbia, 2008: 9, 10) in the previous section, we will consider which of these first two models may apply to the Serbian context. The male breadwinner model is certainly referenced in the PNS as a cultural family model. It is, however, criticised by the policy narrative, arguing that asymmetric gendered labour market engagement or asymmetric gendered caregiving contributes towards higher psychological costs for parents (*ibid*: 10). In turn, the policy document signals the importance of moving *away* from male breadwinning. In fact, the Caregiver Parity model appears to apply better to the case at hand, primarily due to the welfare state traditionally offering long and well-paid maternity leave to mothers. But, as described by Lauri et al., this type of model can be considered problematic, particularly in the view of the PNS, as long leave for mothers can reinforce gendered roles. Women remaining at home for caregiving purposes may remain at home and choose not to return to work.

Although the PNS recognises the importance of encouraging both parents to share the roles and responsibilities in parenting and caregiving, the continuation of long and fully compensated maternity leave (and no such matched equivalent for men) appears to reinforce the gendered parenting binary. However, later, we will see that there appear to be elements of the Universal Breadwinner model beginning to emerge because of changes to ECEC and the strategy's insistence on expanding gender equality for parents.

Figure 8.1: Childcare Policies and Models of Division of Labour



Source: (Lauri, Pöder, and Ciccia, 2020: 649)

#### 8.4 Changing Childcare Arrangements and Use of Early Childhood Education and Care (ECEC) Programmes

Changes in childcare arrangements and access to provisions can impact on and transform household, breadwinning, and caregiving structures. To illustrate how this could be manifested in a Serbian context, we can imagine an instance of this. If a mother chooses to take up her full maternity leave, then she would be entitled to 365 days' pay at 100 per cent wage replacement.<sup>72</sup> However, if she then decides to shift towards full-time caring responsibilities and leave her job — and if her male partner remains in full-time employment — then the structure of the household has shifted. This can mean a reshuffling of roles and responsibilities within the household, with gendered consequences. On the other hand, if, in the Serbian policy context, a mother chooses to return to work after completing her maternity leave, then she may choose to rely on care services or attendance at early childhood education and care programmes to

<sup>72</sup> See: <https://www.globalization-partners.com/globalpedia/serbia-employer-of-record/#Maternity-Paternity-Leave-in-Serbia> [accessed 17/12/2022]

provide care. In fact, the latter structure appears increasingly preferred among parents. This may be due to women in employment wishing to return to work after completing their maternity leave. Data show an increase in the percentage of parents relying on the use of ECEC programmes for children from 0–36 months (UNICEF, 2000; 2005; 2010; 2014; 2019). Concurrently, since 2008, the Serbian government has subsidised paid-for early childhood education programmes (Government of Serbia, 2008). Such access to affordable or government-subsidised childcare services can impact on women’s labour market engagement as well as freeing up time in their schedule for other responsibilities or interests. Ultimately, state involvement can relieve mothers of both financial and time-specific commitments.

Recent research into child development has shown attendance at early childhood education programmes may bring benefits for children and parents (Ansari et al., 2019).<sup>73</sup> Attendance is understood to have two main functions: firstly, promoting children’s early development; and secondly, allowing parents to organise their time to suit their needs and responsibilities while children are cared for. An UNICEF (2012: 4) report on early years childcare in Serbia claims that ‘the second function tends to determine access to preschool’.<sup>74</sup> Speaking of balance in parenting trajectories, Daly (2020: 145) states that contemporary European social policy is guided by a different approach to life courses than in previous decades. She observes a movement away from looking to accommodate the needs of (young) adults and towards a focus on ‘children’s development’ in ‘early education and care’ (*ibid*).<sup>75</sup> However, for those with children, this policy focus may, indeed, have an indirect impact on parents and their needs.

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<sup>73</sup> Ansari et al (2019: 1496) show some short-term benefits to children from lower-income families attending early childhood education and care programmes. These benefits were shown to be ‘demonstrating stronger academic and less optimal social behaviour than their peers with no earlier educational experience’.

<sup>74</sup>See: [https://www.unicef.org/serbia/sites/unicef.org.serbia/files/2018-08/Booklet\\_Investing\\_in\\_Early\\_Childhood\\_Education\\_in\\_Serbia.pdf](https://www.unicef.org/serbia/sites/unicef.org.serbia/files/2018-08/Booklet_Investing_in_Early_Childhood_Education_in_Serbia.pdf) [accessed 17/12/2022].

<sup>75</sup> However, Daly argues that a focus on early life policy is not explicitly designed to improve gender relations and gendered structures for parents (2020: 145).

Where caregiving and breadwinning arrangements are interlinked, parents can be relieved of some childcare responsibilities. UNICEF (2012: 11) argue that ‘it is clear from the data that parents are using kindergarten primarily as a childcare service’ rather than to encourage childhood development. This suggests that parents need childcare relief in their work-life balance. Regarding work-life balance, Daly (2020: 146) considers what is encapsulated within its broad contemporary definition:

[D]emographic decline, the quality of life, the role of both employment and family as contributing to social integration and gender equality in an era when women’s lives are becoming more like those of men. The term has a strong micro-level set of references. Individual women’s (and increasingly men’s) relative poverty of agency in regard to both employment and family is viewed as a problem — the rhetoric is of choice and positive choice around work and family life whereby both are rendered possible for women and to a lesser extent men.

Research has established that an increasing number of men and women are following similar life course trajectories when choosing whether to attend higher education and full-time employment, with both men and women usually spending a similar number of hours in work and education. Parker and Wang (2013:1) state that ‘taking paid and unpaid work time together, working-age American men and women differ very little in their total work time’.<sup>76</sup> Yet research over the last decade has consistently shown that whereas women are catching up in education and employment throughout their trajectories, men are not catching up with women in the domestic and childcare sphere. Again, Parker and Wang (2013: 1) comment that ‘despite the fact that mothers still do more housework and childcare than fathers, fathers’ overall work time (including unpaid work at home) is actually two hours more than that of mothers. Fathers also enjoy more leisure time than mothers; the gap is close to three hours per week’.<sup>77</sup> In other words, it appears that men and women are committed to a similar number of

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<sup>76</sup> See: <https://www.pewresearch.org/social-trends/2013/03/14/chapter-6-time-in-work-and-leisure-patterns-by-gender-and-family-structure/> [accessed 17/12/2022]. However, we must be careful here not to generalise American data to a Serbian context. The working culture in the United States of America is historically different from that of Serbia.

<sup>77</sup> See: <https://www.pewresearch.org/social-trends/2013/03/14/chapter-6-time-in-work-and-leisure-patterns-by-gender-and-family-structure/> [accessed 17/12/2022]

work hours, but at the milestone of parenthood, women continue to carry the additional and disproportionate burden of being a primary carer for children and domestic tasks. However, these findings suggest that the gap may be closing as fathers spend more time on unpaid work at home.

Certainly, working patterns and behaviours among men and women have changed significantly over the past several decades. In the context of the post-socialist Serbian economy and labour market, changing job market opportunities (and unstable employment) have transformed the traditional arrangement of men-as-primary-earners and women-as-primary-carers (Minguez, 2013: 271). Regarding breadwinning models, liberal feminism contends that the male breadwinner model is upheld by two cultural and societal pillars: firstly, an inflexible working culture that prevents women from committing to full-time work and full-time parenthood simultaneously; and secondly, men's general disengagement with attempts to create equal divisions of labour, in both the labour market and unpaid work in households. Here, social and family policies could play a vital role in contributing towards household transformations, especially via policy reforms that lead to cultural transformations in household and childcare gender roles.<sup>78</sup>

## 8.5 UNICEF's Multiple Indicator Cluster Survey data, 2000–2019

The following sections consider the overarching trends and developments in two areas of interest to the chapter. These are included within UNICEF's reports "Early Childhood Education" and "Mothers' and Fathers' Support for Childhood Learning". The first will be considered regarding parents' (gendered) caregiving responsibilities, and the second will be

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<sup>78</sup> A major pillar in Serbia's welfare state transformations has been access to affordable, free, or government-subsidised childcare services. The wording of Serbian social policies would appear to reflect the government's ideological assumptions that mothers are primary parents; what is described as "parental allowance" is in fact an allowance for mothers. Although seemingly gender neutral, the onus continues to lie with female family members, carrying over domestic and childcare responsibilities into their life balances.

considered regarding gendered engagements in parenting. These two areas are considered intrinsic to the theories of gendered caregiving models, providing insight into the dynamics and arrangements that shape family structures within their divisions of labour, household responsibilities, and childcare. Their contributions to the theory-building of the thesis are explored within their respective sections. Below, focus is placed on the period 2000–2019, in line with what is considered Serbia’s post-war period (2000 onwards), as this is when major cultural and political transformations began.

#### 8.5.1 Attendance at Early Childhood Education and Care, 2000–2019

Attendance at early childhood education and care (ECEC) relates to families relying on public government-subsidised or private programmes to provide educational courses to younger children and to relieve parents of some childcare duties. The Serbian government’s policies of ECEC programmes from 2008 onwards have focused on encouraging ECEC attendance to attain two long-term policy goals: increasing fertility rates and increasing economic productivity among parents, especially for women (UNICEF, 2012: 4). From a gendered perspective, these policies also seek to relieve mothers of some childbearing duties and help them achieve a better work-life balance.

Observing ECEC attendance over the last two decades presents evidence of an increase among children aged 36–59 months. Table 8.1 (p. 209) below shows MICS data on Attendance at Early Childhood Education for the period 2000–2019. The data show a gradual but marked increase in attendance at ECEC. This suggests that the PNS policies may have impacted on both attitudes towards children attending early childhood education and providing financial accessibility to preschool. However, the latest MICS (2019) data on Serbia show that attendance is highest among children from the wealthiest families, at 80 per cent attendance. Of all demographic characteristics (urban or rural; gender of child; age of child; region of

Serbia) wealth determines the highest engagement in childhood education and care programmes. This suggests that economic capital may matter in a couple's ability to engage in ECEC programmes. Indeed, enrolling children in public and private education may be one sphere where cultural capital and social capital may be less useful, and financial access decides attendance.<sup>79</sup>

In 2000, the percentage of children aged 36–59 months who attended an early childhood education and care programme stood at 31 per cent.<sup>80</sup> A low national attendance rate may be explained by women's use of their legal right to lengthy maternity leaves that has allowed them to provide at-home childcare during maternity terms.

By 2010, in Belgrade, the statistic was at 59 per cent, showing higher attendance at early childhood education among children of urban residents in the capital city. Higher attendance was also more prominent among wealthy households, indicating a potential relationship between income and education, suggesting, perhaps the presence of financial barriers to attending pre-primary education. This may be due to wealthy households possessing more opportunities for gender deviation or allowing women the luxury of passing on responsibilities to others. This could include paying for home-caring tasks, such as hiring a professional cleaner.

UNICEF's MICS (2010) was the first attempt at understanding the reasons for kindergarten non-attendance among children aged 36–59 months. The responses were grouped by parents' attitudes, problems of access, and other reasons. The main reason for non-attendance (59 per cent of respondents) was the belief that adequate pre-primary education can be provided by someone at home. This suggests normative attitudes that support the Caregiver Parity model. In 37 per cent of cases, issues of access were reported as a barrier to attendance.

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<sup>79</sup> Considering where Serbia is compared to Europe, pre-primary education enrolment rates remain lower than the EU-28 average, which stands at 95 per cent (European Commission, 2017).

<sup>80</sup> With attendance four times higher attendance in urban, compared to rural, areas.

Here, therefore, attitudes were a greater deciding factor compared to other issues such as access. For 21.4 per cent of cases, financial problems impacted decision-making.

In 2014, ‘82 per cent of children living in the richest households attend such programmes, while the figure drops to 9 per cent in the poorest households’ (UNICEF, 2014: 145). Further, mothers’ education is related to a disparity in attendance: ‘attendance of children whose mothers have higher education is 76 per cent and drops to 15 per cent for children of mothers with primary education’ (p. 145). This could perhaps be attributed to values and attitudes: mothers with higher levels of education may believe in the value of educating their children in pre-education programmes. Reasons for non-attendance were dominated by the participants’ attitudes: UNICEF’s MICS 2014 describes that ‘the main reason for non-attendance to early childhood education and care programmes is that there is someone who can take care of the child at home (66 per cent) and this is the most dominant response within the category of parental attitudes across different background characteristics’ (p. 145). In Belgrade ‘costly services present an obstacle’ at 34 per cent (p. 145).

In 2019, gendered differences in engaging with childhood learning were present. Looking at data gathered in Belgrade, 46.9 per cent of children had engaged with their fathers in four or more activities, *compared to 91.6 per cent engagement with mothers*. Women continue to be primarily involved in early childhood activities in parenting (UNICEF, 2019: 249, emphasis added). Findings on parents’ support for daily activities for children aged 1–4 years *beyond learning* were even more marked: in Belgrade, 22.5 per cent of fathers had prepared food for their child, 27 per cent had cleaned, *compared with 97.1 per cent of mothers preparing food*, and *94.7 per cent cleaning*. However, Belgrade fathers’ engagement is distinctly higher than across other regions of Serbia. These findings are considered in the analysis below as the sample is of Belgrade-residing participants.

Table 8.1: Attendance at ECEC, Children Aged 36–59 Months in the Period 2000–2019

	<b>Belgrade</b>	<b>Serbia</b>
2000	N/A	31%
2005	56.9%	33.4%
2010	59.4%	44%
2014	72.2%	50.2%
2019	78%	60.6%

(Source: UNICEF, 2000; UNICEF, 2005; UNICEF, 2010; UNICEF, 2014; UNICEF, 2019.)

## 8.6 Gender Deviance: Men and Women in the Serbian Household

In section 8.5.1 we touched on gender deviance in the context of gendered household and childrearing roles and responsibilities. Here, we considered whether developing social policies have invited or encouraged new attitudes, values, and behaviours, especially among women. With these developing behaviours, we may see modern families relying on Serbia’s recent social provisions, such as government-subsidised attendance at ECEC. Increasing accessibility to and affordability of ECEC may allow parents — especially mothers, who have traditionally functioned as the “natural” primary parent — to balance their time and resources, allowing for the opportunity to fulfil other responsibilities or pursue new interests. Of course, the idea that women are the “primary parent” is not a natural category but, rather, a social one, arguably, historically valued and protected by Serbian culture and its status quo. In this respect, women challenging or transforming gendered parenting concepts may be regarded as progressive or transformative. However, the transformations of gender roles within the family may, instead, have a macro-level origin that has reverberated down to the micro-level. So, in this instance,

we would suggest that the fall of socialist Yugoslavia left not only an economic vacuum but, perhaps, a cultural one. In this space, individuals and families have adapted to changing roles and responsibilities, alongside the need for seeking out social and economic stability in a risk society. Now, with women no longer functioning *mainly* as primary parent, in risky economic and social conditions, the breadwinner models can shift, whereby more, if not all, members of a family need to contribute to joint economic and housing security. Instance of this were captured in housing in Chapter 7.

The gender deviance literature is well developed, and a review will be useful in guiding our analysis and findings. To understand gender deviance, we should perhaps start with a breakdown of how gender is expressed. The concept of “doing gender” comes from the work of West and Zimmerman (1987) who understand gender to be a social routine that individuals learn, socialise, and perform. These routines are subject to what they describe as ‘allocation’ (1987: 143): ‘who is to do what, get what, plan or execute action, direct or be directed’ (*ibid*). We may also consider, then, what routines may be captured in the gendered categories such as “motherhood” and “fatherhood”. These social and familial categories also intersect with other identity elements such as employment, education, age, etc. These (demographic) characteristics can influence how a person perceives themselves. through a gendered lens. Looking specifically to mothers, the intersections can transform her understanding and negotiation of motherhood and womanhood, thus shifting the balance of roles and responsibilities within a household. West and Zimmerman (1987: 139) capture these intersections as:

Individuals have many social identities that may be donned or shed, muted, or made more salient, depending on the situation. One may be a friend, spouse, professional, citizen, and many other things to many different people-or, to the same person at different times. But we are always women or men — unless we shift into another sex category. What this means is that our identificatory displays will provide an ever-available resource for doing gender under an infinitely diverse set of circumstances.

Further, we have previously touched on the use of economic capital as a means of providing support in childcare and home-keeping responsibilities. Here, we may consider the role of money (i.e. a type of economic capital) in the structure and make-up of an individual's life. Hallerod, Diaz and Stocks (2007) understand money as a lens through which we can understand how individuals "do couple" — indeed, how the nature of the relationship and its functioning are defined and decided by who earns and how much. We will see later in the analysis instances of professional women within the sample out-earning or out-performing their partners. Perhaps, then, we can ask whether these women represent instances of women as "double agents". In other words, are these women maintaining and upholding two seemingly-mutually exclusive gender roles simultaneously? Further, do these women "shed" their identities in different contexts, to adapt to their environment accordingly? If this is the case, then the women presented in this chapter "role play" throughout their lives and as they seek balance.

## 8.7 Findings from Interviews

In the following sections, we report interview data from parents describing their experiences of work-life balance, as well as how they interacted with relevant work-life balance policy measures. In the final section, participants describe the structure and running of their households, as well as the gendered dimension in the sharing of roles and responsibilities at home. The analysis contained in the following sections will be guided by our analysis of the Multiple Indicator Cluster Survey data and we consider to what extent those findings apply to the sample in this chapter.

### 8.7.1 Experiences of Mothers and Fathers in Children's Attendance at Early Childhood Education and Care

We respond first to how participants describe their work-life balance. Overall, we will see that some of the participants present paradoxical and conflicting normative values on the roles and responsibilities of men and women. Indeed, some participants function in what could be understood as gender asymmetric households. However, neither male nor female participants flagged this as a domestic or personal issue. Among women who may, objectively, be regarded as “overburdened”, negative interpretations did not arise in their narratives. We can deduce that the *normative values* of the male breadwinner model remain prevalent among Serbian families. In this arrangement, men are expected to work and spend some time with children, and women are expected to be primary caregivers. This appears to be the case even if the woman is in full- or part-time employment. Our findings show an acceptance of these roles, even for female participants who belong to one-and-a-half or dual breadwinner households (Cory and Stirling, 2015: 11).

Among the female participants, women were in both full-time and part-time employment. Some of the women in one-and-a-half breadwinner households did not identify with their career or consider themselves on “career-building” pathways (although we argue that a part-time employment status should not undermine their economic contributions or their social status within the labour market or domestic setting). These women tended to be currently unemployed (participant Olja) or studying at university (participant Anya). Nonetheless, women in the sample who were in full-time employment self-identified as a ‘careerist’ (participant Minja), a ‘self-starter’ (participant Sandra) or ‘ambitious’ (participant Tamara). The female participants in this chapter held jobs in fields such as medicine and healthcare, academia, and the civil service. Their attitude towards their career seemed to be independent of the number of hours they worked or their monthly income. Instead, women described their

employment and career pathways as “empowering” to their self-concept. The participant Tamara, a mother of one, discusses negotiating different elements of her identity:

I love my home and my family, and especially my partner. I do think there is a lot of self-respect gleaned from having a career and having a separate sphere where I can develop my skills and push myself. Being a housewife was never a dream for me, although having children was.

In this narrative, the spheres of family, work, and home overlap to form Tamara’s personal identity and self-concept. She describes being able to merge these spheres and demonstrates an adaptability in her pathway. As discussed in Chapter 3, identity is an interpretive and reiterative process, with the individual as a ‘changing actor, always in the process of becoming but never fully formed’ (Flick, 2010: 57).

For some participants having had a career *before* childbearing was as important to their self-concept as was continuing their careers after childbearing. Olja, a mother of one, had previously worked in the tourism industry prior to the birth of her first child, and now chose to be a full-time home-maker. From her perspective:

I feel empowered knowing I had a career before [I had a baby and got married]. I know I was good at my work, and I can always return to it if I want to. I like the duality of having an identity as both a mother and someone who was successful [in their work]. Personally, I see no conflict between being a mother and working, I’m a woman-dragon!<sup>81</sup>

This duality (work-home-life) of women’s identity was a common theme across interviews, especially among older participants (women aged 35 years old and above, at time of interview). Although some women admitted feeling overworked or overwhelmed by their schedules, their narratives remained positive and forward-looking, often commending themselves on good organisational skills and strength of character. Gina, a mother of three, and university professor, offers a description of how she balances work, time with her children, and time with her partner:

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<sup>81</sup> The concept of “woman-dragon” is a colloquial Serbian term, with its first usage dating back to the 1970s. It is perhaps best translated and defined as a woman who succeeds in having children, being employed, and maintaining her appearance (particularly, remaining attractive to her husband). Although there is no formal dictionary definition, its concept and relevance continue to be perpetuated in popular culture, mainly in pop music lyrics and popular culture references. It is used positively.

I have a strict schedule that everyone in the household follows. It's the best way to maintain order. My husband follows it through too. With three children, [my husband and I] and my parents as part of the household, there's a lot of potential for chaos. I spend time with the children after work and we do homework together. I know what kind of learners my children are. My daughter is visual. One of my sons is a kinetic learner. My daughter then goes to violin class and my mother sometimes drives her when she can. I take my sons to football. It's this kind of order I like to maintain.

On several occasions during interviews, Gina described herself as organised and competent. For her, structure and respecting assigned roles and responsibilities reduces perceived or anticipated 'chaos'. Taking time to balance and organise her schedule means making short-term compromises in her free time but, she explains, allows her more personal time in the long term. However, such planning in parenting means less adaptability in gender roles. With planning comes assigning roles and responsibilities, which can mean resorting to gender-specific roles in parenting and childcare. For instance, Gina describes engaging in afterschool activities and homework with her children first-hand and does not describe her husband's involvement in these tasks.<sup>82</sup> This speaks to the MICS literature on the mother-father imbalance of engagement with support for childhood learning. Gina presents an example of a female participant who described far higher engagement with her children's learning and afterschool activities than that of her male partner. Although balance comes in different forms, and is experienced and sought out differently by individuals, a defining characteristic may be the ability to merge separate (and not necessarily compatible) spheres of the life experience. Female participants placed great weight on the importance of this.

As discussed earlier, preschool attendance can be relied upon as a form of childcare. Attendance at early childhood education and care was considered 'normal' among most participants aged over 35, and amongst all participants aged under 35. This may speak to the influence of the Pro-Natalist Policies of ECEC in Serbia since the 1990s and 2000s, with these younger participants being part of cohorts that may have attended ECEC themselves.

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<sup>82</sup> As we were unable to interview her husband, we can only trust the narrative offered to us by Gina.

Influences and experiences from their individual pathways can certainly shape participants' attitudes towards parenting later in life.

Participants like Sandra, a mother of one, and Mina, also a mother of one, organised government-subsidised childcare arrangements before returning to work. Both women appeared informed on the details of the policy and described detailed preparation. Their male partners were not mentioned in the preparation and planning of their children attending ECEC, although it would be reasonable to assume that childcare arrangements were formed as joint decisions in the dyad. Sandra and Mina described this as an effort to prepare for adjustments in their routines and schedule whilst balancing their careers and parenting obligations.

In preparation for the interviews, it was anticipated that most participants would rely on intergenerational and family-of-origin support in providing childcare. However, this did not prove to be as prevalent as anticipated. An area where intergenerational support networks featured was the organising of a family member, like a grandparent, to collect the participant's child from preschool. Here, the gender of the grandparent did not matter as much, although participants tended to mention grandmothers' involvement more. This was especially common among couples living in intergenerational, bidirectional, supported housing arrangements (e.g. Mina and partner, Ivona and Stefan, Sandra and Milo, Yelena and Damir). However, across the sample, regardless of employment status, mothers, and particularly those under 35 years of age, preferred for their children to attend at ECEC because of the social interactions and learning opportunities provided. This was presented as important to their child's development over offering a childcare solution. Yelena describes:

I do not want my children to learn everything so early on from old people! My parents and my in-laws are lovely, but they shouldn't be the first point of contact in my child's education and social development.

Sandra offers a similar point of view:

Children should be around other children. It's not normal for babies and children to grow up around old people. I don't mind spending the money [on nursery] and nor does my husband. It's important that [my son] is properly socialised and educated.

From a gender perspective, male participants tended to discuss the normative issues in childcare and attendance at early childcare programmes, rather than focusing on the specific social policies in place and the financial relief offered. On the other hand, all female participants with children currently in early childhood education and care programmes were aware of the present social policies as well as the costs incurred. In fact, some participants described the costs of childcare and attendance at early childhood education and care as a well-understood cost of childbearing. This is interesting when we consider the MICS findings from the period 2000–2019, where the survey's participants perceived cost as a barrier to childcare. However, statistics do not speak to whether the MICS participants were fully aware of the *actual* costs of ECEC or the difficulty in organising a placement for their child.

At present, the Pro-Natalist Strategy provides parents with government subsidised nurseries at a reduced price or 50 per cent returns to parents who enrolled their children in private nurseries. Interestingly, although the policies relieve parents of some financial burdens, a shortage of places, especially in public nurseries, remains a policy issue, especially in Belgrade. In instances where a shortage of places presented problems for the couple, both male and female participants described relying on their social capital — that is, personal contacts — to organise childcare arrangements. Some participants, like Vesna and Nikola, relied on a personal contact to organise a nursery place for their children. In such instances, the couple negotiated a reduced fee due thanks to their personal contacts and, in turn, did not claim back the 50 per cent allowance offered by the Government. This suggests that although the policies are in place, individuals may choose independent pathways and methods to organise childcare and reduce costs. It appears that different types of capital can supplement financial options or government policies. In this instance, social capital is relied upon when government policies fall

short, meaning that parents are unable to fully realise their needs through policy alone. However, participants' accounts demonstrated that this form of planning, be it through social policy or social capital, was generally prompted and organised by mothers.

Physical responsibilities in caregiving, such as collecting young children from preschool or nursery, would occasionally fall to fathers. Fathers would take part in the childcare arrangements when alternating who would collect the child from nursery — as seen in the case of the couple Anya and Dario. This is generally indicative of the responsibilities assumed by the models of mother-as-caregiver and aligns with the MICS findings. Yet, female participants in this chapter were *satisfied* with leading these responsibilities, with many claiming that they *prefer* to act as the primary parent in these types of decision-making processes. Anya explains:

I thought about what value system my husband and I share. And I knew that he trusts me to make the right choice [when choosing childcare options]. We didn't need to talk about it because it was my responsibility in our relationship.

Asked if she feels this is gendered, Anya responds:

It might be. Or maybe it's just my intuition. Either way, I feel like when it comes to this, I know better! [Laughs]

This understanding of mothers as the “primary parent” occurs across the interviews. Few women expressed notably negative opinions or issues with the roles and responsibilities assumed by their male partners. Negative comments usually focused on what female participants described as men's “incompetence” and inability to complete household tasks efficiently. Where this was the case, grandparents provided some relief in the running of households. During a joint interview, a participant, Gojko (and participant Nevena's husband), is asked whether he was concerned about issues in returning to work after the birth of their child. He responds by reflecting on his wife's experiences:

I remember my wife was very worried about what would happen with her work. I know what you'll ask: did I feel compelled to share the news at work? Was it happy news or sad news? Did I worry I would lose my job [laughs]. You know the answer... it's a big, fat resounding no. Men are protected from the risks of parenthood.

Asked how he thinks men are protected; he answers:

Maybe we just have a value system that protects men because it upholds men as breadwinners and the head of the family. Women are respected, sure, but I think the difference is that men are revered. It's strange though; women are working a lot and many of my friends have wives who work full or part time. In Serbian society we are still conservative, still traditional.

It appears that for this participant, Gojko, the roles and responsibilities of women are more in flux, whilst men's responsibilities as fathers remain largely unchanged.

### 8.7.2 Gender and Life Balance in Caregiving Among Mothers

As discussed previously, women in the sample tended to operate as primary caregivers in relation to childhood attendance at ECEC. The female participants were generally more involved in organising ECEC attendance. They also appeared to be better informed. Vesna, a mother of one, offers a telling example of how women tended to show more trust in welfare state policy than their male counterparts. However, she explains that knowledge of and engagement with policies helped to maintain a sense of economic security. The issue, she describes, is rooted in the *type* of policy and caregiving relief offered to mothers:

We have one of the best maternity leave systems in the world. Now, whether your exact position [or title at work] is waiting for you when you come back... that's a different matter. But there will be a job waiting for you, maybe a couple of pay grades down. Maternity leave is promised, but job security isn't promised.

In this respect, participants identify a mismatch in economic and family policy. What Vesna describes as a 'job waiting for you' can also be characterised as a latent disregard for mothers' career progression. Indeed, the assumption is that women are unable to perform as competently as their male counterparts upon entering parenthood (or motherhood).<sup>83</sup> In fact, it could be argued that Serbian maternity policy continues to favour mothers remaining at home. This

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<sup>83</sup> Labour laws are beyond the scope of this chapter but the literature on Serbian economic conditions for women is developing and interesting. See: [https://kvinatillkvinna.org/wp-content/uploads/2019/05/EU\\_Final\\_GenderLabourSerbia\\_eng.pdf](https://kvinatillkvinna.org/wp-content/uploads/2019/05/EU_Final_GenderLabourSerbia_eng.pdf) [accessed on 17/12/2022]

gendering of parenting roles is enabled by the policy's flexible and extensive periods, whilst offering no equivalent to fathers. Working hours are not as flexible as leave offered to pregnant women and mothers. Sandra discusses maternity leave, showing good knowledge of the country's maternity policies:

By law, three months is the official length of maternity leave. It starts four weeks before your due date, and then lasts up to two months after the birth. But you can then, unofficially, without having to go anywhere to confirm anything, get an extra nine months on top of that. You can connect sick leave and holiday leave. So, a lot of women do that.

Women seeking life balance may find themselves resorting to paid leave over negotiating more flexible working hours. It may be precisely these policies that support women-as-primary-caregiver limitations. In the narratives of women, it appears that institutional structures uphold gender roles in parenting. Now, we will see how fathers interpret caregiving.

### 8.7.3 Gender and Life Balance in Caregiving Among Fathers

Male participants tended to discuss the influence of cultural and normative values on the gendering of parenting. On the other hand, female participants touched more on institutional structures as a roadblock to gender equality in parenting. However, both male and female participants described high levels of trust in PNS policies that appeal to the parameters of the Caregiver Parity model. Among men, women-as-caregiver topics were embedded latently in discussions of the couple's "negotiation" and "arrangement of domestic and childcare responsibilities". Discussing caregiving and childcare policies, some male participants explicitly dismissed the importance of learning about social provisions, with participant, Rastko, a father of two, stating: [

I don't know [about the new welfare state and family policies]. That area has never really interested me. I know very little about the topic.

Asked if he would be interested in learning more, Rastko responded 'no', explaining that he feels his responsibility lies in 'staying afloat' in a difficult economy. Interestingly, he argues that

the gendering of responsibilities is sensible in precarious economies: the division of domestic and economic labour allows for what he describes as:

Security on all fronts; I make sure we stay afloat with a wage and pension, and Tatjana looks out for the security and stability of our home. Maybe a different set-up would work just as well but it's too risky to try right now.

His wife, Tatjana, holds a high school diploma and during a joint interview described not seeking out employment or further education, instead 'comfortably' identifying as a 'stay-at-home-mother and enjoying it deeply'. In this arrangement — which could be described as high-agreement — there appear to be smoother negotiations of the participants' responsibilities. This appears to be afforded by their high agreement on clearly defined (gender) roles within the couple. Rastko shows high levels of awareness when discussing economic policies, describing the taxation and pension system in detail during an individual interview. He commits much of his narrative to describing how Serbian policies coloured his decisions in housing and economic security. Perhaps, in this instance, it is not that Rastko is disinterested in family and welfare state policy, as much as it is largely irrelevant to his assigned (gendered) responsibilities within his household.

At one point in the interview, while describing a difficult period in organising his career and education during the 1990s, Rastko begins to cry. He apologises and continues to describe how difficult 'seeking security in an unstable environment has been'. This emotional reaction to a retelling of his personal narrative captures how visceral the experience of seeking identity and becoming a couple can be in Serbian society. This may, in addition, capture his personal history with seeking security as a male breadwinner and how it continues to affect him in his present-day arrangements.

Male participants tended to express more explicit distrust towards descriptions of dual breadwinner models than female participants. One participant, Nedeljko, a father of three, travels frequently for work, often across countries like the United Kingdom, Denmark, Norway, and Sweden. He discusses these countries comparatively during the interviews, recognising

them as dual breadwinner models states and describes their welfare systems as ‘problematic’. He compares these countries to Serbia, and then goes on to identify men in dual breadwinner model families as ‘victims’:

A female friend who lives in Norway tells me that it’s all gone terribly. Women make a baby and leave the baby with the man. These men become victims, despite pushing for a shared life and shared responsibilities.

Asked why these men are considered ‘victims,’ Nedeljko describes their ‘lack of knowledge in parenting [as] problematic’. Although his narrative relies heavily on anecdotal accounts to form an impression of “Scandinavian breadwinner models”, it still reflects elements of his gendered understandings of roles and responsibilities within a household. Asked what he thinks the difference between a country like Serbia and a Scandinavian state is, he says:

Money. That’s my first impression. Money can buy you childcare, a nanny, a bigger house with more space for the children to run around... all these privileges that you can rely on to let men and women have more time for themselves. But if we boil it down to what’s really going on, I think they have a different value system. People in the Balkans are colourful and there’s such a melting pot of different people. I see the Norwegians as far more homogenous and more likely to agree with each other than the ex-Yugoslavs. Maybe that’s what going on.

For Nedeljko, it may be that a lack of disposable income within households contributes towards sustaining gendered roles. He did not have a comment on current social policy, explaining that he ‘finds it overly politicised and generally confusing’. Like Rastko and Nedeljko, Igor, a father of five, also describes his disengagement with policy and childcare:

I don’t [negotiate childcare responsibilities with my wife] because I’m never at home to do it. I’m working all the time [as a photojournalist] out in the field.

Igor’s situation is specific as his wife has always been a homemaker and their gendered roles are described by the participant as very clear and defined. The participant also mentions being deeply religious (Orthodox Christian). He continues his narrative on the differences in motherhood and fatherhood:

I think there is a cultural instinct, or idea, that women have a motherhood instinct, and it is best for them to be alone with a new-born or baby. That they are more intuitive. We talked before about Scandinavian states, and I have heard more about men and women sharing their roles at parents. But in people my age [over forty] parenting responsibilities are still very “natural” or traditional or whatever you want to call it.

Igor and Rastko both appeared very decided in their positions, as well as dismissive of what they see as the proliferation of more egalitarian models in household structures. However, this is not to say that they directly rejected “fairer” gendered models on a normative level, but that they showed little interest in policies moving in that direction. This could be described as rejecting “instructive” social policies, instead believing that culture and the social zeitgeist should decide the pace and direction of gender equality.

## 8.8 Summary of Findings

Whilst the UNICEF MICS provides an interesting statistical picture of Serbia’s domestic and familial arrangements, the survey provides no qualitative data on the why women are part of these domestic arrangements. This chapter sought to present interview narratives to understand how, on a micro-level, our participants may experience work-life balance. The structure and arrangement of households, as well as the roles and responsibilities of the family (and individuals) within them, have changed significantly over the past several decades. In Serbia, two historical moments can be observed as contributing towards cultural transformations, on both an institutional and a normative level. Firstly, the centralised economic planning of the Yugoslavia socialist state. Secondly, perhaps as a knock-on effect of the first, the severe economic decline during the Yugoslav wars. Both events rearranged the structure of Serbian households, with perhaps a slight shift towards women working in full-time jobs.

This chapter considered two areas of interest in the micro-level manifestations and implications of Serbia’s social and family policy. Firstly, it explored the attitudes that the study’s couples, as parents, have towards earner and breadwinning models, especially considering policymaking of the last twenty years. Secondly, it asked what cultural and normative attitudes the participants described in their individual household and childcare arrangements. The interview data suggests that, among the sample, there is a narrative of cultural and normative

changes coming on very slowly. UNICEF's MICS data from 2000 to 2019 demonstrate how incremental changes to gender roles have been: although changes are taking place, they are indeed slow. The qualitative interview data presented in this chapter aligns with these existing findings and offers a thematic narrative to the contemporary earner-model arrangements.

However, a distinct subgroup emerges in the analysis: professional women, some working more hours or earning a higher income than their partners are functioning as the primary parent within the home. Yet, these women are *not* resistant to the male breadwinner model or gendered disparities within their households. The chapter theorises that, in line with the findings of previous chapters, the presence of informal, intergenerational support may help ease the burden on these mothers as primary caregivers. Further, it is possible that deeply embedded normative understandings of gendered roles have meant that women are resistant to rejecting their role as primary parent and continue to understand a “woman’s job” as primary parent and mother. However, this finding is not conclusive; deeper qualitative research into gendered attitudes towards breadwinning, domestic task sharing, and childcare responsibilities would be beneficial to future research on family-building and fertility behaviour.

## Chapter 9: Findings and Conclusion

### 9.1 Introduction

This final chapter will now consider the major findings of the thesis, presented in order of the study's three overarching research questions. As a refresher, the three questions are presented in full at the end of section 9.1. This project began with a theoretical and conceptual interest in understanding the driver(s) of low fertility rates, specifically in a post-socialist context. Using a case selection method, we chose to concentrate our interests on the Republic of Serbia. The conceptual and methodological reasoning for this was presented in depth in Chapter 4.

Looking to the Balkan and Central Eastern European region, SFRY Serbia had an idiosyncratic positioning in its social and political relationships with both Western and Eastern states. In this sense, its decline in the 1990s represented the culmination of a decades-long shift from peace and prosperity which had resulted in serious and violent political issues in the 1990s. Serbia, and its capital Belgrade, saw its historical narrative shift from being the political, economic, and cultural centre of SFRY to experiencing hyperinflation, brain drains of labour, economic decline, issues in the housing market, teething troubles in transitions to democracy and capitalism, and, of interest to this thesis, low fertility rates. Globally and regionally, Serbia has exhibited some of the lowest fertility rates in the late twentieth and early twenty-first century. We saw in Chapter 3 that some academics have connected declining fertility rates to communist collapse in the 1990s. The onset of declining fertility rates has been explained as the product of cultural, social, and political shifts in the Balkan region. The thesis set out to understand these shifts and tackle the low fertility problematic and changing family structures on a micro-level. Throughout the empirical chapters, we have aimed to provide new contributions to theory-building in the low fertility literature on Serbia.

We positioned the study at the intersection of social policy, demography, and sociology. Drawing from this rich literature, we aimed to understand what factors contribute towards

lower parity in Serbian adults. As a constructivist grounded theory study, the process of gathering and analysing data was circular and iterative. Therefore, changes were made over the course of the project, and as our understandings of both the literature and our original data deepened, we adapted the study, turning it towards studying couples and understanding their individual trajectories and decision-making in the childbearing and childrearing pathway. This movement towards milestones as a key theoretical concept was influenced by the work of the Life Course perspective, as presented in Chapter 3.

Returning to the broader context of the study, it has been observed that while low fertility rates have emerged across many middle- and upper-income countries, the impact of changing fertility rates has varied on a country-to-country basis. In this respect, low fertility has been theorized to contribute towards various socio-demographic and cultural outcomes, depending on the country. For Serbia, fertility decline has had largely demographic implications, influencing government priorities in social policies and the welfare state to address population decline and changing stratification. For instance, as a general observation, as population stratification shifts, there can be implications for the roles and responsibilities of older and younger adults, for men and women, for a family's intergenerational relationships, the sustainability of the pensions system, the cost of state-subsidised health insurance, and labour force participation (Frejka et al., 2016). These changes can lead to medium- and long-term demographic challenges that may require overhauls in policy and its relevant institutions. Yet, in Chapter 2, we saw that much of Serbian discourse continues to be coloured by mentions of “death” and population decline. The “white plague” discourses exemplify this. Perhaps, the low-fertility issue, despite its complexities and multiple issues, continues to be treated in Serbian popular media and political discourse as a far simpler political issue than it ought to be.

The thesis examined the problematic of the low fertility phenomenon and micro-level fertility behaviour through the prism of the life course perspective. Life course studies have

been popularized in the last few decades, particularly in health-related sociology fields (WHO, 2022).<sup>84</sup> The perspective adopts the view that individuals punctuate their life pathways with milestones, such as moving home, entering the job market, becoming a couple, childbearing, and childrearing. The ability to shape a trajectory towards these milestone moments is, of course, dependent on the individual's decisions, desires, and preferences (as well as their ability and willingness to access institutional resources and support). Yet, there are external factors that can support movements towards new, desired milestones. Namely, as explored and presented in this thesis and across the empirical chapters, these external factors are primarily understood to be: the power, influence, and usefulness of interpersonal networks (family of origin, partners, and personal contacts) and institutional structures and opportunities (both public and private resources). Importantly, social policy and the welfare state can support and assist individuals in arriving at their desired milestones, easing these transitions by reducing the costs in time, money, and other necessary resources. The extent to which milestones are reached can better accommodate an individual's transition into adulthood, thus potentially shaping their pathways towards the desired milestone of parenthood.

Academic literature on Serbia's life course and fertility patterns has identified demographic "trends" amongst young adults, arguing that some are remaining in the family-of-origin home or within higher education for longer than previous cohorts and generations, with knock-on effects such as forming as a couple later in life, and lower realized fertility rates. In Serbia's current low fertility context, these later life transitions can be especially complicated, with potentially enduring medium- and long-term demographic consequences. Since the 2000s, the "low fertility problem" has certainly been politicized and legislated for, with the onset of policymaking in 2008 with the Pro-Natalist Strategy (PNS).

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<sup>84</sup> Available at: <https://www.who.int/our-work/life-course> [accessed 17/12/2022]

The contributions of the PNS to the welfare state have been various, but the focus, originally, was placed on providing financial relief to (would-be) parents to increase cohort fertility and encourage parents to feel (economically and financially) comfortable with pursuing higher parity. Participants within this study certainly described relying on these policies, as well as discussing their impact on family planning and fertility preferences. Further, the PNS has pushed policy focused on rewarding higher parity. Originally, the policy was spearheaded for child benefits beyond parity-two, and this was apparent in its rewards to higher-parity couples. However, since 2018, with the revised PNS,<sup>85</sup> the Government has expanded its policies to focus on families, regardless of whether they are high (above parity-two) or low (below parity-two) parity. This has generally been accepted as a positive development - one that provides supports to family of high and low parity. The approach makes sense too: high-parity couples must begin their childbearing and childrearing journey somewhere and supporting families from parity-one can help to increase desired fertility rates later down the line. This is especially important when working with cohort fertility definitions whereby policies and policy cycles impact on a generation and cohort.

Considering these various elements, the thesis sought to offer a qualitative dimension to the low fertility research field. To date, this research area has largely remained within the parameters of quantitative research and theoretical interpretations of existing demographic data. Here, we sought to add narrative to the existing empirical and quantitative landscape through our use of qualitative interviewing. Moving towards qualitative research, we sought to contribute new micro-level data on the experiences of parents. We studied data from 23 Belgrade-dwelling couples who were recruited for one to two hour-long semi-structured in-person joint and/or individual interviews. All participants were parents to at least one child, in a long-term committed relationship and married, and lived with their spouse and child(ren).

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<sup>85</sup> Available at: <http://mdpp.gov.rs/doc/strategije/Strategija-podsticanja-radjanja-2018.pdf> [accessed on 17/12/2022]

Participants included both Belgrade denizens and those from across the country, but all resided within Belgrade's city-limits at the time of interviewing. All interviews were voice recorded and conducted in Serbian, and recordings were transcribed in Serbian and translated into English. The translated transcripts were imported into NVivo and coded using thematic analysis through discourse analysis or interpretative phenomenological analysis, depending on the technique judged as appropriate for the data at hand.

With this background literature and demographic findings as starting points, the study was guided by three overarching research questions:

1. How does a Serbian married couple reason, navigate, and negotiate their pathways towards parenthood on an interpersonal level?
2. What do their pathways look like?
3. And how are these pathways influenced by cultural, political, and social factors?

We will now discuss each research question in turn, with questions 2 and 3 fused together to address their conceptual overlaps and provide a fuller response.

## 9.2 Findings of Empirical Chapters

Drawing on the analysis and findings of the literature review, discourses analyses, and four empirical chapters, we show that although the sequencing of milestone moments may vary, there are some *key* milestones that matter in the pathway to parenthood. Using the research questions to structure our conclusions, we will now proceed to first consider the reasoning, navigation, and negotiation of milestone moments in pathways towards parenthood. Then we will consider what the participants' pathways look like and what conclusions can be drawn from these findings.

### 9.2.1 RQ1: How does a Serbian married couple reason, navigate, and negotiate their pathways towards parenthood on an interpersonal level?

The first research question was interested in understanding the couple as a unit and “dyad” working on and shaping a joint pathway towards parenthood. We also considered the routes within parenthood from parity-one to higher parity, where applicable. The findings show that Serbian couples in this study reasoned, navigated, and negotiated their pathways, largely, on self-reliant terms. In other words, the participants were more likely to rely on personal networks and resources than on government support and policies. In Chapter 5, we observed the presence of what was described as “high-agreement” couples. These couples tended to reason jointly as a dyad and had greater success in their forward trajectories. This type of behaviour helped them better organize their different types of capital and fulfil their desired goals. This finding suggests that the participants tended to be independent and self-sufficient, seemingly coping well in a so-called risk society with anomic conditions. This finding aligns with the assumptions of the risk and anomie literature we saw in Chapter 3: citizens in the post-communist and post-socialist transitional societies are generally distrusting of the new democratic and free-market systems. In turn, they may depend on their personal networks and resources, rather than trusting external institutions or the free market.

Across the first three empirical chapters, some participants described a committed reliance on welfare state instruments or trust in the welfare state’s ability to deliver consistent care and support. These applied mainly to healthcare. With housing, participants were more likely to rely on their personal capital to help support their goals and work towards milestones. Again, this too makes sense: in the socialist era, housing had been supplied to almost all families — a rental and for-purchase housing market is still a new development in Serbian society. However, one area in which the participants described increasing levels of trust in government support was in the use of early childhood education and care provisions. In Chapter 8,

participants referenced government incentives as encouraging them to send their children to early childhood education and care programmes. These incentives appeared to contribute towards a shift in parents' attitudes towards relying on state-subsidised early childhood education and care programmes (ECEC). Further, parents were happy to trust people outside the immediate family unit (family of origin and family of procreation) to care for their children. Regarding trust for individuals in private and public institutions, we would regard this as a meaningful value development among families and parents. When discussing the policy specifics, the study's participants were well-informed about policies relevant to attendance at ECEC and described knowing that measures included offering 50 per cent of returned fees for private preschools or full coverage of costs for public and private preschool costing up to €400 per month, at the time of the interviews in 2017/18.

In Chapter 8, these findings were contextualized using existing data on attendance at early childhood education and care. UNICEF's MICS findings from 2000 to 2019 show a gradual increase in Belgrade children's attendance at such ECEC facilities. Our interview data also showed that parents were happy to rely on government subsidies for attendance at ECEC. We theorised that an increased reliance on ECEC programmes may be the result of parents seeking (gendered) life balance in their households. It appears that children's attendance to these programmes allows this development and expansion of parents' roles and responsibilities. By assigning some of the parenting "burden" to the state, the policies accommodate such "real-life" scenarios of relieving caregiving among parents. Here, trust of social policy among parents matters — we argue that there are benefits to parents relying on government resources and subsidies, rather than relying solely on personal networks and personal resources. Burden sharing can help parents reduce the costs of parenting, potentially leading to higher parity in the medium or long term. However, burden sharing can also improve quality of life and life

balance for existing parents and their families, regardless of their fertility aspirations. We argue that is essential for accommodating existing families at their current parity.

Female participants did not express a dislike of their family's breadwinning structures. Further, women were satisfied to provide asymmetric care, describing spending more time caregiving than their partners. Women appear to be working alongside their partners in dual breadwinner and one-and-a-half breadwinner households and seeking out childcare provisions comes with this. However, more formal routes are preferred, showing a shift away from what Simić and Simić (2019) describe as "granny daycare". Participants appear to be moving towards more modern childcare patterns and attendance at early childhood education and care, and away from traditional family-based caregiving. This has meant an additional expense for families paying for childcare and early childhood education and care, but participants were satisfied with the government's subsidies. Many of the participants described them as very generous and helpful. Female participants were keen to rely on early childhood education and care programmes as a form of renegotiating breadwinning arrangements at home and creating "balance" in caring parental duties. This arrangement usually allowed them to pursue personal milestones, especially in their education and career. Nonetheless, mothers presented as being the primary parent in all the participants studied in Chapter 8.

Finally, with the fall of both economic and cultural institutions in the 1990s, a vacuum emerged, one that allowed for new interpretations of social roles and responsibilities. We observed this with motherhood in a new generation of mothers. We considered whether Serbian women — as mothers and wives — may be operating as "double agents". Here, women are functioning as the primary parent in traditional household arrangements, whilst contributing to household income and the labour market. We argue that this is a negotiation that some women may make in a risk society: it is simply less risky to do both.

Findings from the first three empirical chapters show a general lack of engagement with the welfare state free-to-use or subsidised resources in the areas of prenatal care, healthcare, and housing. This was described as the result of a general “distrust” of the government and its institutions. Generally, post-1990s Serbia has been institutionally unstable and the participants appeared hesitant to engage in resources and use provisions. Instead, relying on the resources and contacts known to them felt safer. However, there were some exceptions: in Chapter 6, we saw that all women had indirectly engaged with free, public health maternity care at the time of childbirth.

Looking at housing policy, despite the Pro-Natalist Strategy explicitly offering financial relief to parents looking to buy a property — especially those at higher parity — few participants were in the financial position to afford a mortgage. Other participants were otherwise satisfied with their multifamily household or rental arrangements. This finding is important considering that the sample contained a disproportionate number of professionals with higher degrees and better-paid jobs than the average Serbian citizen. It invites the question of what the reality of navigating the housing market may be like for individuals who subsist on much lower or national-average incomes. This is an interesting avenue for future research but remains beyond the scope of this thesis. Within the scope of our study, if we consider why Serbian couples are not engaging with the Government’s housing policies, we suggest that a long socialist legacy of free housing for families has meant the post-socialist housing market and political landscape are still “finding their feet” in terms of their usefulness. Following our study, we hope that, moving forward, these policies will be refined to better suit the needs of families, as the data presented in Chapter 7 certainly show that families need improved arrangements. Whilst multi-family households within the sample appeared to function, we assume that it would be preferable for a family of procreation to live independently from their family of origin.

Instead of relying on available welfare state provisions (provided through the relevant social policies), some participants chose to navigate and negotiate pathways through informal types of capital, often using their social capital and cultural capital to organize desired arrangements. We see this occur in the spheres of healthcare and living arrangements. In Chapter 6, social and cultural capital were used by participants to negotiate and navigate complicated and burdened public healthcare and education systems. Participants, as expectant mothers, spoke of relying on informal contacts to secure access to important institutional facilities and professionals (such as doctors) in their pathway and healthcare streams. This presents a serious failing in Serbia's pre- and post-natal care, which promises free and universal maternity care to all mothers. Economic capital was used by some participants, but largely in the form of informal payments to secure access to healthcare services. The informal out-of-pocket payments that occurred were mainly for the administration of an epidural in childbirth. Nonetheless, what may be understood as institutional corruption was described as "normal" and "everyday" by the participants. Again, the reliance on informal routes and informal capital is unsurprising in a post-socialist risk society where many citizens are distrusting of their government and its policies.

Returning to the role of economic capital, a resonant finding across interviews was that many participants perceived Serbia's low fertility problem to be the result of money, i.e. economic capital. Here, some participants described a lack of money within families and households to be the main issue. Other participants considered low income and experiences of poverty to be an institutional issue, with the Serbian government lacking adequate funding to support family planning and childbearing. However, when it came to describing their own lives, participants showed themselves willing to forego many personal goals or preferences upon learning of a pregnancy they wished to continue with. Furthermore, they described wishing to continue pregnancies even if their financial situation was not considered ideal. Many of these

sacrifices are organized on a micro-level, where individuals rely on personal resources and personal contacts to accommodate having a child. In this sense, the individual organization of economic capital — be it through personal loans or asking for support from extended family — was seen as a starting point, with government subsidies seen as supplements rather than a reliable source of economic and financial stability. Movements further down the pathway meant negotiating social capital and cultural capital to seek out their desired lifestyle and life course. Ideally, and moving forward, would-be parents and parents would continue to increase their trust in the government and its ability to support family planning and increasing parity.

9.2.2 RQ2: What do these pathways look like? And, RQ3: How are these pathways influenced by cultural, political, and social factors?

Overall, participants' pathways were punctuated by similar milestones as they moved towards and into parenthood. These pathways are not always linear, or simple, but there are distinct movements and transitions that emerged across the sample. These milestone moments can be broadly captured as: partnering, entering employment or higher education, leaving home, pregnancy (and pregnancy planning), and organizing long-term housing arrangements. Although the order of these milestones varied in individuals' and couples' pathways, these milestones occur as a set-up or progress to parenthood. Participants who were able to negotiate employment, partnering, and independent housing with ease also described handling the transition into parenthood well. It appears that a life course of independently navigating Serbia's social and institutional structures can ease the decision to enter parenthood.

For many young adults, finding a suitable partner to form a couple with can be the first “stumbling block” to entering parenthood. Yet, few participants described serious obstacles and problems in their partnering. Where this was an issue, it occurred among women who had partnered and formed a couple later in life, for instance, in and beyond their mid-thirties. In

these instances, the women's narratives did not focus in a major way on their partnering, instead describing how their pathway had led to forming a union. These paths were described as long or "winding". Participants who had engaged in later-life parity did express some difficulties in choosing an "appropriate" partner to form a couple with and then parent with - but only prior to meeting their current partner. Nonetheless, they expressed satisfaction with their chosen partner and relationship. Regarding their previous romantic relationships, these women described how at some points in their pathway, they felt as though they had "missed the boat" or "swerved off the beaten track", leading them away from the opportunities of parenthood. This suggests that early partnering or "on-time" partnering (whichever the cultural norm decides) creates a baseline security in the pathway to parenthood. It also suggests a continuity of pathway, or the narrative and personal experience of continuity, with fewer obstacles.

As we saw in Chapter 5, couples who engaged in good and high agreement planning tended to describe fewer conflicts or tensions between life transitions, such as choosing university or career over childbearing. Individuals who felt that they had become a couple "on time" narrated that this arrangement had offered them a degree of personal and emotional security. These participants emphasised that because of the security afforded by their relationship stability, they were more prepared to make unexpected or sudden transitions, such as entering parenthood. Early partnering and high agreement in a couple appears to better accommodate the pathway to parenthood. The security offered by a stable and/or long-term relationship means that couples feel more comfortable to reason, negotiate and navigate their pathway into parenthood. This may come with couples developing joint principles and identifying more as a dyad. Couples with shorter relationships, like later parity couples, saw a female partner who described a higher degree of insecurity and initially feeling unsure of their ability to enter parenthood smoothly.

Chapter 5 considered whether planning, especially in childbearing and childrearing, can impact on the direction of a pathway to parenthood. The findings show that among the participants, planned and unplanned pregnancies did not differ hugely in terms of entering healthcare streams or maintaining financial stability. Overall, parents described coping with planned and unplanned pregnancies with whatever resources were available to them. Social capital and economic capital were most depended on in the pregnancy trajectory. However, planning meant that participants better organized their trajectories and prepared for changes in lifestyle and career. In gendered terms, compromises and changes in trajectory were made largely by women. Men did not discuss or describe making major lifestyle changes to accommodate a pregnancy. The male participants did, however, discuss accommodating their pathways later in the child's life.

Regarding childbearing and healthcare, developments in the public and private healthcare sector appear to impact on women's childbearing experiences. Serbia's public healthcare institutions and resources have improved significantly in the last two decades, and policies within the Pro-Natalist Strategy have secured access to government-subsidized and free at-point-of-service resources, such as the administration of an epidural during childbirth. Yet, data show that women continue to request an epidural informally through out-of-pocket payments. This suggests that, on the ground level, the system may not function as smoothly for patients.

Private healthcare facilities have proliferated, becoming distinctly ubiquitous across Belgrade. Many women described relying on private care during prenatal treatment, but all participants in the sample gave birth in a public healthcare context. Notably, it is within a private healthcare context that expectant mothers garnered their positive healthcare experiences. Chapter 6 shows that the women who relied on private prenatal care did so largely to reduce perceived stresses and complications in the public healthcare system. Here, a

resounding finding emerged: health literacy, that is knowledge of the structure and functioning of health facilities, improves experiences in trajectories and healthcare streams. However, health literacy appears to be largely informal. Rather than knowing explicit empirical facts about health and healthcare, knowledge of whom to contact and how to pursue contact is, instead, considered a form of literacy. Chapter 6 categorised this form of knowledge as social capital, allowing individuals to experience improved healthcare simply through their access to contacts or social capital. Cultural capital appeared to be important to women too, providing women with self-esteem and security in a healthcare context.

In addition, an intergenerational lens appeared to help with understanding the participants and their pathways. Many participants described close relationships with their family of origin and relied on the relief and support offered to them. In Chapter 7, we saw how the participants' housing situations speak to their interpersonal familial relationships and economic arrangements in their life. Multifamily households were common among the sample, with participants describing this arrangement as convenient for providing caretaking and financial support to both family of origin and family of procreation. The chapter described these arrangements as bidirectional, offering families the opportunities to rely on personal resources and social capital when they were unable to access economic capital or social policy.

Regarding the contributions of social policy in this area, some peripheral social and labour market policies could help young adults to partner. A young adult's emotional intelligence and emotional security can be rooted in housing market and labour market arrangements: such as access to renting (regarded as the first rung on the housing market ladder) or job security (especially regarding women's right to maternity leave). The presence of these structural factors can help young adults build a positive self-concept and encourage them to form a couple and then pursue other milestone goals. Nonetheless, as the study focused more on how the partnership functioned within parenthood rather than how partnerships are

formed, the contributions of macro-level and social policy factors affecting parenting are limited, and these observations are, again, presented as interesting avenues for future research.

Regarding education, overall, the study's sample was, perhaps, disproportionately highly educated and not representative of Serbian or, broadly, Belgrade-dwelling citizens' experience. Men in the sample tended to be highly educated, and more educated than their female counterparts. For example, Chapter 5 showed that although women had entered higher education, such as studying at university, some women were prepared to delay or forgo their studies upon learning of a pregnancy (planned or unplanned). No such "sacrifices" were made among male participants. This gendered "sacrificing" in the pathway to parenthood was common across different areas, but especially so in education and employment.

Overall, the findings show that within the context of both interpersonal relationships and Belgrade's state and institutional structures, participants' perceptions of "positive" — and potentially pro-natalist or fertility positive — parenting experiences are underscored by: (1) high-level agreement in dyadic decision-making; (2) the presence of and ability to use "capital" (especially "social capital") for negotiating Serbian healthcare and (pre-) educational infrastructures; (3) intra-familial agreement between family of origin and family of procreation and (4) the participants' perception of what they consider to be the appropriate organisation and negotiation in their work-life and household balance.

### 9.3 Pro-Natalist Policies of 2008 Onwards and How They Affect Families in Serbia

Finally, we will reflect on the Pro-Natalist Strategy of 2008 (Government of Serbia, 2008) and how the PNS' policies were discussed by the study's participants across the empirical chapters. The following sections summarise the findings from the qualitative interviews. The policies outlined and discussed were selected for the following reasons:

1. The participants had described using these social policies to support their families.
2. The participants had discussed the policies in some detail and appeared cognizant and knowledgeable of them.
3. The participants had formed opinions on the usefulness or efficacy of the policies, as they themselves had experienced them.
4. The participants fit the demographic category the policy (in)directly impacts on. For instance, we list policies on primary health care for pregnant women as these impact on the participants who gave birth in a public healthcare context in the last ten years.
5. Otherwise, the policies apply, in some direct or experiential capacity, to the participants' narratives.

**1. Policy: Raise the amount of parent's cash benefit (family benefit) (2009 and continuously)**

Cash benefits can lessen some of the financial strain that (would-be) parents perceive as the costs of childbearing and childrearing. Increasing cash benefits and family benefits is understood to offer some financial relief to parents. Within our sample, parents explained that the one-off cash benefit payment they received was helpful in the post-birth period. However, it was generally described as *not* ameliorating the longer-term costs and expenses of raising a child. Some first-time parents described using the one-off cash benefit to make a larger or more expensive purchase, such as buying a baby car seat or new washing machine. These are purchases they could not otherwise afford outright. In these instances, the benefits were seen as helpful contributions to beginning or continuing the childbearing and childrearing pathway.

Some participants explained that smaller but regular child benefits would be more meaningful to them as parents. A twenty-five-year-old female participant and mother-of-one explained that receiving a lump sum from the government means a parent may be more likely to spend it at once rather than spreading the money across several months. This, the participant

explains, contributes to a general existential stress in Serbia: a concern that nothing is, she describes, ‘promised or enduring’. This can contribute to a feeling of anxiety about a family’s future and its financial security. When raising children, the participant explained, experiencing long-term and continuous support from the government would be helpful to providing parents with the feeling of financial security. Financial security was flagged by many participants as an essential element in supporting Serbian families with children. For some, having more children and reaching higher parity was contingent on feeling financially secure in the long term.

**2. Policy: One-off payment of parent’s cash benefit (family benefit) on the birth of the second, third, and fourth child with the disbursement of benefit for the third and fourth child in the amount two times the amount for the second child (2009 and continuously)**

Only participants with two or more children were able to comment on their experiences of the policy’s usefulness. Fortunately, the study contained couples who qualified for this policy in the post-2009 period. The policy has since been amended as the Serbian Government responded to changes in both national and international pronatalist policy developments. In 2017, an amendment on cash benefits was introduced, with the intention of increasing benefits for higher parity. It also offered monthly payments over the one-off payments described in the policy above. A 2018 European Commission report describes the change in Serbian policy:

The first child will receive a one-off payment (€333) and the second child 24 monthly instalments of €85. For the third and fourth children, the allowances will be paid in 120 monthly instalments (i.e., during age 0-10 of the child): €102 per month for the third and €152 for the fourth child. Within the new scheme, the differences between the financial support for the first two children and the third and fourth are much larger, i.e., in total the first child will receive €847 (€333 in 2017), while the fourth child will receive €18,307 (€3,129 in 2017 [which were paid in 24 monthly instalments]). In 2016, only 15.6 per cent of new-born babies (live births) were third or more in the birth order, while 35.7 per cent were second born and 48.7 per cent were firstborns (p. 1, paragraph 3).<sup>86</sup>

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<sup>86</sup> Quoted from <https://ec.europa.eu/social/BlobServlet?docId=19978&langId=en> [accessed on 21/12/2022]

It is yet to be seen how this change will show up in the policy cycle. However, the long-term support for second, third, and fourth children addresses the general criticisms of one-off payments. Further, it demonstrates the Serbian Government's seeming commitment to providing long-term support to families and expanding on their existing policies. Ideally, this policy would eventually extend to firstborn children too, but as the Serbian Government is generally pronatalist in its policy approaches, it is understandable why the ideological focus is on higher parity.<sup>87</sup>

### **3. Policy: Wage compensation up to the full amount from the budget in line with the law, in cases of temporary prevention from/incapacity to work (2009 and continuously)**

Many working mothers within our sample described using this policy, with some female participants being fully reliant on it for stable income during their maternity leave. However, the policy is not far removed from the pre-existing welfare state mechanisms that protected women and their wages upon the birth of a child. In this sense, the policy is residual and carries over from the socialist legacy, rather than representing a new, innovative approach to supporting families. Nonetheless, of all the policies discussed by the female participants (and their male partners too), wage compensation was highly commended. Consequently, it is perhaps beneficial that the Serbian government chose to carry over the policy.

However, early PNS policies were not without their issues: some participants remarked that, prior to 2018, they found that returning to work after a significant leave period presented its own set of challenges. Specifically, they described a need for more protectionist labour market policies that would ensure women can return, without discrimination, to their previous roles at work. Additionally, some female participants remarked that, prior to 2018, their employers had

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<sup>87</sup> The reverse argument would present the view that financially supporting parity-one may make parenthood a more appealing juncture in the life path more generally.

discriminated against them upon sharing news of their pregnancy. In the latter scenario, women were told, informally, that they would lose their job if they went on maternity leave.

However, with the PNS' 2018 amendments (see: Republic of Serbia Ministry of Family Welfare and Demography, 2018a and Republic of Serbia Ministry of Family Welfare and Demography, 2018b) we see an improved outlook for women (and mothers) in employment, proposing penalties against employers who discriminate mothers before and after their maternity leave.<sup>88</sup> Although the participants were interviewed before this amendment it is worth noting this important policy development.

Nonetheless, for many women (and their partners), managing their personal and professional life is an essential element of maintaining work-life balance. This was a key feature of the findings in Chapter 8 and remains, in our opinion, an important area of social policy for the government to continue building on.

#### **4. Policy: Provision of favourable housing loans for couples up to 35 years of age, with decrease in the amount of loan debt with the increase in number of children (2011 and continuously)**

We saw in Chapter 7 that among both men and women in the sample, there exists a concerning amount of cultural and political suspicion towards the government and its housing policies. Among the participants were those who described themselves as distrusting of the government and banks in the context of housing support and mortgages. Most participants in our study relied on economic capital from their family of origin to provide housing support (either in the form of loans, providing access to assets, or making outright purchases). Within the sample, only two couples told of getting a mortgage from a bank to help purchase their property. However, these mortgages were arranged prior to 2011 (date of policy) and neither couple benefitted from the 2011 policy. Of the remaining twenty-one couples, none had mentioned

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<sup>88</sup> Available at: <http://mdpp.gov.rs/doc/strategije/Strategija-podsticanja-radjanja-2018.pdf> [accessed on 17/12/2022]

accessing government housing schemes or help-to-buy schemes in their pathways to childbearing and childrearing.

Additionally, the policy age cap is an unusual decision, potentially marking out an entire cohort of later-age parents, especially as we see more adults pursue adulthood later in life. The intention here may have been to capture parents who have younger children, with the assumption that those over 35 with children may have children of school age. Across the board, the Serbian Government has tended to privilege policies for parents that focus on benefits to babies, toddlers, and children of preschool age. At lower parity, little policy interest is shown for older children. This could have long-term consequences for parents moving from parity-one to parity-two – if parity-one parents receive less government support, they may be less inclined or unable to increase parity. Further, it does little to encourage childbearing among adults in their mid-to-late thirties. This would be unfortunate as later-age childbearing is becoming increasingly common among women – the mean age of childbearing in Serbia is 29.38 for women.<sup>89</sup> Our study's sample saw women bear children in their later thirties who, consequently, could not utilise this policy.

**5. Policy: To promote, among potential and current parents, legal solutions related to better balance [of] work life and parenting (2008 and continuously)**

The policy and its aims are vague and, arguably, have not been realised in a capacity that we could test for empirically. However, the policy does indicate a cultural and value shift towards burden-sharing between genders in a domestic and parenting context. Nonetheless, the UNICEF data in Chapter 8 shows that across the country, Serbian women function as primary carers. These roles include housework, such as cooking and cleaning, and time spent with their children, such as helping with homework or extracurricular activities. It is not clear what the

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<sup>89</sup> <https://knoema.com/atlas/Serbia/topics/Demographics/Fertility/Age-of-childbearing> [accessed on 17/12/2022]

Serbian Government has done since 2008 to effect change in improving work-life balance, particularly for mothers. Perhaps the policy (6) below might touch on potential improvements in work-life balance, but rather than shifting responsibilities between the genders, the balance appears to have tipped between the time and resources of individuals and their ability to navigate public and private health and education contexts. This was discussed in Chapters 6 and 8.

**6. Policy: To further develop pre-school facilities networks (2009 and continuously)**

There has been significant development in the rollout of pre-school facilities across the country. As these networks proliferate, more parents can rely on state-funded or state-supplemented resources to offer an alternative to family members caring for children or, more controversially, mothers making compromises to stay at home with their children. We argue that the Serbian Government's policy appears to have contributed towards transforming parenting cultures towards Early Childhood Education and Care (ECEC) attendance. We saw this come to the fore in Chapter 8. Additionally, the policy may have also changed the burden-sharing attitudes between the family and the state, with parents becoming more trusting of the Serbian Governments' social and family policies. Both UNICEF statistics and parents with children of ECEC age in this sample presented either favourable views of ECEC or had children attending ECEC. There was a distinction in values and attitudes between women who had children in the 2010s with children enrolled in ECEC and those who had children in the 2000s. In UNICEF data and our sample, women who gave birth in the 2000s tended to keep pre-school age children at home, rather than enrolling them at ECEC. Attendance among children born in the 2010s was much higher, suggesting that this policy has positively impacted on attendance rates at ECEC.

**7. Policy: To establish [an] economically supported network of easily accessible (cost-effective and conveniently located) service providers for parents to assist them to run a household and take care of their children (services for ironing, washing, preparation of semi-cooked meals, food for children, for taking children to school and back home, etc.) (2010 and continuously)**

Although no parents in the sample recalled this policy or using it in any capacity, we mention it ought to play a significant role in the PNS' commitment to reducing the gendered parenting burden. Its lack of efficacy suggests that either the policy was never properly enacted, or information about its purpose was not properly disseminated to parents. Alternatively, private service providers may still be too expensive for parents, even at a discounted rate. It would be beneficial to see a proliferation of these policies; as we described in Chapter 8, these types of policies could help parents form a healthier or better work-life balance, especially among those with the disposable income to afford private or government-subsidised services.

**8. Policy: To establish a network of resource centres for parents to provide information and advice when parents have doubts how to take care of their children and in connection to childrearing. (2009 and continuously)**

When interviewing women on their experiences in childbearing, a major example of useful resource centre was the service “Halo Beba” – a government-funded phonenumber and SMS information services for pregnant women and mothers. The services was described by several female participants, and favourably too. Some online services were described too, reflecting that, among new mothers, these services were well-known and used. There is certainly an increase in knowledge-sharing and knowledge-dissemination among mothers in the sample, with more women using the internet to access and share information (both formally and informally). Considering Halo Beba's proven popularity, it would be sensible to continue building these platforms. Further, these schemes would benefit from more gender-neutral marketing campaigns to encourage engagement from fathers too. This would fit with the government's broader aims to reduce parenting burdens among mothers.

9. **Policy: To establish links between health care facilities at different levels with view to efficient and territorially balanced provision of health control in the course of pregnancy, delivery, and confinement.**

Chapter 6 focused specifically on the prenatal and birthing experiences of female participants in a private and public healthcare context. Notably, the proliferation of private natal healthcare providers has provided women with more choice. The mixing of public and private healthcare services certainly increases women's autonomy and their right to make informed healthcare choices regarding their bodies and family. The use of public and private health emerges across the empirical chapters, and we saw families rely on their (economic, social, and cultural) capital to gain access to the various public and private support systems that exist in the Serbian market and public sphere.

#### 9.4 Moving Forward: Study Limitations and Future Avenues for Research

Future avenues for research emerge from the findings of the thesis. These can be summarized as follows. Firstly, there is a gap in existing research for understanding the micro-level experiences of parents and would-be parents across Serbia. Despite being identified in existing low fertility literature as a lowest-low birth rate country, Serbia has seen little work to explore why this is the case — particularly to gather qualitative and detailed data from relevant adults. Although largescale studies like UNICEF's Multiple Indicator Cluster Surveys have offered an overview of the transformations in household structures and demographic characteristics across the country, their surveys provide a breadth of quantitative data, but little narrative or analysis to explore *why* changes have taken place. Further, the surveys lack a breakdown of the factors that may be influencing changing demographic structures and demographic behaviours. This type of large-scale study with qualitative dimensions would be helpful to understanding the social support and welfare state mechanisms that have contributed towards increasing and, in future, stabilizing the country's fertility rates.

Acknowledging the limitations of the study presented in this thesis, in the research design and data collection, one omission tended to be the absence of male participants from the qualitative dimension of the study. This was manifested in two ways. Firstly, it proved difficult to recruit male participants for interview, despite their female partners agreeing to an interview, sometimes in individual interviews without them. Secondly, the research design had focused primarily on the experiences of mothers, and men (as fathers) were later added to the study as the grounded theory method identified that men were providing interesting contributions during practice interviews. Nonetheless, the men who took part in the study for the thesis were open to sharing and exploring various elements of their lifestyle and pathway and considered their impact on decision-making in a family planning context. However, across the couples, men appeared less interested in engaging with the study's narratives on various familial and domestic elements, focusing instead on their experiences and understanding of their education and employment. This signals an interesting and overlooked area of what goes on within the family and household: men and their contributions to childbearing (and childcare), as well as *why* men are disengaging from childbearing as part of their identity, especially regarding cultural shifts and transformations. Nonetheless, this meant that the study often had to rely on individual narratives over the narratives of the couple.

Finally, we must also acknowledge that the small sample size was drawn exclusively from the Belgrade area, and this presents a very small part of the picture of the current situation in the Republic of Serbia.

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## Appendix A: Ethical Approval Documents

All documents in Appendix A were approved by the University of Oxford's Ethics Committee, reference: SPI\_C2\_16\_004. These documents were used in-field, where appropriate and as described in the thesis. Some personal information about the study's researcher has been redacted.

Document: Help and Support Resources and Services Provided to Interviewees  
Following Individual or Joint Interview

Department of Social Policy  
Barnett House, 32 Wellington Square  
Oxford, OX1 2ER, United Kingdom



Timea Suli  
DPhil Candidate, University of Oxford  
Oxford telephone number: \_\_\_\_\_  
Oxford email: \_\_\_\_\_

**Title of Project:** The Construction and Negotiation of Fertility Preferences Among Low Parity Serbian Married Couples

Thank you for taking part in this research study. This document is intended for anyone who indicated in their debriefing that they may be feeling worried, in a low mood, or require additional help and support. If this applies to you, I would like to point out that there are several sources of advice, information and help that are free and readily available to you. If you would like additional information, or a confidential discussion with a senior member of the research team, please contact Dr Stuart Gietel-Basten on [email].

Help and Support Resources & Services

- 1. Your General Practitioner**
- 2. National Emergency Services**

Prijava Nasilja u Porodici

This service is provided directly by the national police force, and is designed to respond immediately to reports of domestic abuse.

**Emergency Hotline: 0800 100 600**

- 3. Support Groups and Information Points (in Alphabetical Order)**

Autonomni Ženski Centar (AŽC)

The AŽC specializes in providing support to women who are experiencing trauma, such as sexual violence, harassment, or domestic abuse. The center provides individuals with free access and support through consultations, a telephone helpline (open every working day from 10h-20h), legal aid, self-help groups, and email consultations for both psychological and legal issues. AŽC is a not-for-profit group with services across the country. Please see their website for more details.

**Website:** <http://www.womenngo.org.rs>

**Emergency Hotline: 011 266-2222**

### Bezbedna

Bezbedna is a smartphone application designed to offer SOS SMS services, support lines, maps to help locate nearest support centres, and information guides on what to do if you find yourself in a crisis. The app is currently only available on Android.

**Download:** <https://play.google.com/store/apps/details?id=aplikacija.bezbedna>

**Contact number:** 011 4099561

### Centar za Mame

Centar za Mame offers online and in-person resources for mothers and their families. The centre provides access to legal aid, information for mothers and families, and a warm, welcoming community for socialising and networking.

**Website:** <http://centarzamame.rs>

### Mreža Organizacija za Decu Srbije

Mreža organizacija za decu Srbije – MODS is part of a larger support network concerned with supporting children and adolescents and protecting their legal rights. The website provides information of relevant channels of support for your situation.

**Website:** <http://zadecu.org>

### Sigurna Kuća

Sigurna Kuća provides access to a range of government, not-for-profit, and educational resources on women's well-being in the home. It runs projects with UNICEF Serbia and UN Serbia to provide funding for local projects, lobbying for Government policy and agencies, and is well-affiliated with charities providing help and support for families in crisis.

**Website:** <http://sigurnakuca.net/pocetna.4.html>

### Viktimloško Društvo Srbije

VDS provides information and support to victims of domestic and sexual abuse, VDS research and education and VDS Truth and reconciliation program.

**Website:** <http://www.vds.org.rs/PomocZrtvama.htm>

**Contact number:** 011 228-8040 | 065 548-6421

Document: Written Consent Sheet Presented to Participants at Interview

Department of Social Policy  
Barnett House, 32 Wellington Square  
Oxford, OX1 2ER, United Kingdom



Timea Suli  
DPhil Candidate, University of Oxford  
Oxford telephone number: \_\_\_\_\_  
Oxford email: \_\_\_\_\_

**If you have problems reading or understanding any part of this form, the researcher will assist you.**

**PARTICIPANT CONSENT SHEET**

**CUREC Approval Reference:###**

**Title of Study:** The Construction and Negotiation of Fertility Preferences Among Low Parity Couples in Post-Communist Serbia

**Purpose of Study:** The study seeks to understand why countries like Serbia have a low fertility rate. It aims to gather information on:

- How married couples decide to have children
- How many children couples wish to have
- What influences these decisions

*Please initial each box*

- 1 I confirm that I have read and understood the information sheet version dated \_\_\_\_\_ for the above study. I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily.
- 2 I understand that my participation is voluntary and that my partner and I are free to withdraw at any time, without giving any reason, and without any adverse consequences or academic penalty.
- 3 I understand that designated individuals from the University of Oxford may look at research data collected during the study, where it is relevant to my taking part in this study. I give permission for these individuals to access my data.

- 4 I understand that this project has been reviewed by, and received ethics clearance through the University of Oxford Central University Research Ethics Committee.
- 5 I understand who will have access to the personal data I provide, how the data will be stored, and what will happen to the data at the end of the project.
- 6 I understand how this research will be written up and published.
- 7 I understand how to raise a concern or make a complaint.
- 8 I consent to being audio recorded during the interview.
- 11 I understand how audio recordings will be used in research outputs.
- 12 I agree to take part in the above study.

\_\_\_\_\_  
Name of Participant                      Date                      Signature

\_\_\_\_\_  
Name of person taking consent                      Date                      Signature

Document: Debriefing Outline for End of Interview

Department of Social Policy  
Barnett House, 32 Wellington Square  
Oxford, OX1 2ER, United Kingdom



Timea Suli  
DPhil Candidate, University of Oxford  
Oxford telephone number: \_\_\_\_\_  
Oxford email: \_\_\_\_\_

The Construction of Fertility Preferences among Urban Married Couples

Ethics Approval Reference: [Insert]

## Debriefing Outline

We're going to draw the individual interview to a close now, but before we finish up, I want to see if you have any questions you have about this interview and previous interviews, what we discussed, or any queries about the research that you would like answered. You can also tell me how you felt about the research and interview. Afterwards, I'll provide you with an information sheet containing details of various resources and services you may find useful in future. Following this debriefing, please feel free to contact me with any questions, and I hope we stay in touch. I am happy to disseminate findings and the thesis to you.

Document: Participant Information Sheet

Department of Social Policy  
Barnett House, 32 Wellington Square  
Oxford, OX1 2ER, United Kingdom



Timea Suli  
DPhil Candidate, University of Oxford  
Oxford telephone number: \_\_\_\_\_  
Oxford email: \_\_\_\_\_

## The Construction and Negotiation of Fertility Preferences Among Serbian Parents

### PARTICIPANT INFORMATION SHEET

Ethics Approval Reference: SPIC216004

**1. Background and aims of the study**

This study hopes to answer the following questions: how do Serbian parents decide to have children, and what factors influence their decision?

This study is funded by Timea Suli.

**2. Why have I been invited to take part?**

You have been invited because you are a parent aged 25–40, married, live in an urban area, and are a Serbian national. Parents who bore children **before** 1991 are not included in the study.

**3. Do I have to take part?**

No. You can ask questions about the study before deciding whether to participate. If you do agree to participate, you may withdraw yourself and your data from the study at any time, without giving a reason and without penalty, by advising the researchers of this decision.

**4. What will happen in the study?**

If you are happy to take part in the study, you will be asked to attend a joint interview **with your partner**, and a follow-up interview **individually**. This should take approximately one hour per session, for a total of 1–3 sessions.

The study will take place at a location of your choosing. If you express no preference, you will be invited to interview at a conference room provided by the researcher, Timea Suli.

There will not be follow-up visits.

The interviews will be **voice recorded** and transcribed in Serbian and English. Only fully anonymised transcriptions will be used in the research.

**5. Are there any potential risks in taking part?**

Please be aware that the study may ask questions about your experiences of marriage, parenthood, and/or childbearing. If you feel there are subject areas you would rather not discuss in the interviews, or would like to flag up any potential issues, please contact the study's researcher, Timea Suli, prior to your interview.

During the interview, you have a right to decline to answer any question that makes you feel uncomfortable or stop the interview altogether.

There are no specific preparatory requirements.

In order to mitigate any potential risks, the researchers will ensure that you understand your rights and responsibilities before, during, and after the study.

**6. Are there any benefits in taking part?**

There will be no direct benefit to you from taking part in this research, although your involvement may help improve the general understanding of parenting and childbearing needs in Serbia.

**7. Expenses and payments**

You will receive compensation for reasonable travel costs. Please consult the study's researcher, Timea Suli, if you think this condition will apply to you.

**8. What happens to the data provided?**

The **research data** and **your personal data** will be stored confidentially using a private and encrypted online "cloud" system. Your responses will be fully anonymised to ensure your privacy. Only the principal researcher, Timea Suli, will have full access to the research data.

We will ask all participants for their permission to use direct quotes.

All research data and records will be stored for a minimum retention period of 3 years after publication or public release of the work of the research.

**9. Will the research be published?**

The University of Oxford is committed to the dissemination of its research for the benefit of society and the economy and, in support of this commitment, has established an online archive of research materials. This archive includes digital copies of student theses successfully submitted as part of a University of Oxford postgraduate degree programme. Holding the archive online gives easy access for researchers to the full text of freely available theses, thereby increasing the likely impact and use of that research.

If you agree to participate in this study, the research will be written up as a thesis. On successful submission of the thesis, it will be deposited both in print and online in the University archives, to facilitate its use in future research. The thesis will be published open access.

**10. Who has reviewed this study?**

This study has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee (reference number: SPIC216004)

**11. Who do I contact if I have a concern about the study or I wish to complain?**

**a) For studies reviewed by a University research ethics committee only:**

If you have a concern about any aspect of this study, please speak to the relevant researcher, Timea Suli [+381644000491 or +447402553055] or their supervisor, Prof Stuart Gietel-Basten [+447546968140], who will do their best to answer your query. The researcher should acknowledge your concern within 10 working days and give you an indication of how they intend to deal with it. If you remain unhappy or wish to make a formal complaint, please contact the relevant chair of the Research Ethics Committee at the University of Oxford who will seek to resolve the matter in a reasonably expeditious manner:

Chair, **Social Sciences & Humanities Inter-Divisional Research Ethics Committee**; Email: [ethics@socsci.ox.ac.uk](mailto:ethics@socsci.ox.ac.uk); Address: Research Services, University of Oxford, Wellington Square, Oxford OX1 2JD

**12. Further Information and Contact Details**

If you would like to discuss the research with someone beforehand (or if you have questions afterwards), please contact:

Timea Suli  
Department of Social Policy  
Barnett House, University of Oxford

Document: Interview Schedule for Joint and/or Individual Interviews

## Interview Schedule

### A. Opening

1. (Establishing Rapport) My name is Timea Suli and I am a PhD (doctorate) candidate and social researcher from the University of Oxford. You've been invited to interview today as you are a married couple from \_\_\_\_\_ with \_\_\_\_ number of children. I am really grateful for your time, and I hope today will be an interesting and explorative experience for you both.
2. (Purpose) I would like to ask you to discuss your background, education, experiences in parenting and employment, and finally how you came to make your decisions, individually and jointly, as parents. The conversation will be semi-structured, and please feel free to speak openly.
3. (Motivation) I hope to use this information in my thesis, which will explore how Serbian married couples decide to have children, how many children, and what factors influence their decisions.
4. (Timeline) The interview should take no longer than an hour and, as stated in the documents, will be audio recorded. Are you both happy to begin?

### B. Opening Questions

Before starting check I know the couples: age, dates of birth, that they live in an urban area, how many children they have, whether they currently plan to have more children, the ages of their children, the parent's occupations, education/skills.

### C. Provisional Questions

#### **Normative Attitudes**

1. Could you tell me about any changes in family and parenting values that you feel have taken place in Serbia over the last few decades?
2. Is there an "ideal family" in Serbia? Could you describe it?
3. What does "family" mean to you? How has this changed since becoming parents? (Do they agree on your ideas of family? – Explore)
4. In what ways do you think the collapse of communism has changed the idea of "family" in Serbia?
5. What type of prospects do young people have here? What type of prospects did you feel you had growing up?
6. In what ways do you feel your children may have a different life to you?

#### **Childbearing Attitudes**

1. Do you plan to have more children? Why? Why not? Is this something you discuss/have discussed as a couple? What types of things do you discuss? (Pay attention to agreements/disagreements and follow through)
2. If you would like to have more children, what do you feel you need to support that intention? (Financial/emotional/policy/etc) (Pay attention to differences in response between "primary" caregiver and "secondary" caregiver. Follow this up)
3. Tell me about you decision to have you [first/second] child? Was your first birth

planned? Second birth? (Discuss any differences between the two or focus on the birth which stimulates more relevant conversation)

4. If you recall, what were you thinking at the time of first/second birth? (Ensure both parents respond)
5. Who, if anyone, influenced your actions? Tell me about how they influenced you (This is a good moment to hear what family members and friends may have thought, and how these opinions/thoughts influenced the couple's fertility decisions)
6. How did you, as a couple, deal with this?
7. How has your economic status impacted on your childbearing attitudes? (In context of Serbia and regarding existing data, keep in mind that the large urban middle classes have an especially low fertility rate)
8. Could you describe the events that led up to the birth of your first child? How did you prepare for it?
9. In the lead up to your first birth, which, if any, Government/public resources did you utilise?
10. Could you describe the events following the birth of your first child? Did you feel prepared/supported?
11. Could you tell me about your families and how they supported you following the birth of your first child?

### **Networks of Support**

1. Who played an important role in supporting you during the first year of your child's birth?
2. If relevant: at present?
3. How have you and your partner coordinated your schedules regarding childcare?
4. How do you distribute your household responsibilities?
5. For childcare, have you ever used a preschool? Babysitter? Family member?
6. Tell me about the role extended family plays in raising a child? If at all?

### **Government & Policy**

1. Have you relied on any government policy to support your children/you as parents?
2. Do you feel that social policy/welfare state mechanisms are accessible?
3. Do you feel that the current Government is pushing for families?

### **Employment**

1. How does your work life impact on your home and childcare responsibilities?
2. How do you and your partner coordinate your work/home schedules? How did you come to this decision?

### **Living in Serbia**

1. Have you ever considered moving abroad? Why?

### **Closing Remarks**

1. Do you have any opinions on why fertility rates have been low in Serbia?

Thank you both for taking part in this interview. I hope you enjoyed this conversation. Do you

have any questions or comments before I turn off the audio recording device?

### Provisional Questions for Individual Interviews

These will generally build on the topics discussed in the joint interviews. Additional questions include:

#### **Home Leaving Behaviour**

1. When did you move out of your family home? How old were you?
2. Why did you make the move?
3. Did you rent, purchase, or move into someone else's property?
4. How did you find the transition?

#### **General Well-Being (Women)**

1. What methods of birth control have you used over the years? Use at present?
2. How have you accessed these resources, if at all?
3. Have you ever used birth control to consciously prevent unplanned pregnancy?
4. Did you stop using birth control to plan a pregnancy?
5. How do you feel about access to birth control in Serbia?

#### **Gender Relations**

1. What does being a man/woman in Serbia mean to you?
2. What does being a mother/father in Serbia mean to you?
3. Tell me about social attitudes that you feel influence this?
4. What role does your gender play in your life as a partner and parent?
5. How have gender roles stayed the same/changed since the collapse of socialism?

#### **Debriefing**

Document: Sample Letter for Gatekeepers and Recruitment

Department of Social Policy  
Barnett House, 32 Wellington Square  
Oxford, OX1 2ER, United Kingdom



[School name and address]

[Date]

Dear [Name],

I am writing to enquire about recruiting study participants in your school/preschool in the next academic year. I am a doctoral research student at Oxford University, supervised by Dr. Stuart Gietal-Basten (Professor in Social Policy). In my research project, *The Construction and Negotiation of Fertility Preferences Among Low Parity Couples in Post-Communist Serbia*, I will explore how Serbian married couples decide to have children, how many children they wish to have, and what influences these decisions.

The research requires the recruitment of Serbian married couples living in urban areas, both aged between 25-45, with one or two children born after 1991. I would like to ask your help in recruiting parents that fit these criteria. Couples would be asked to attend 1-3 sessions, each an hour-long where they would discuss lifestyle choices, employment, and family life. By forwarding the attached recruitment poster, placing the poster in a visible place in your school/preschool, and/or discussing this project with parents, you will be a great help in supporting a project that will deepen our understanding of parents' and children's' needs in Serbia.

All participants, including students, teacher, and the (pre)school, would be made anonymous in all research reports. The data collected would be kept strictly confidential, available only to my supervisor and myself, and not used other than specified without the further consent of all involved being obtained. All audio recordings would be destroyed at the end of the research period, and kept in locked conditions until then. I have an enhanced DBS (formerly known as CRB) check from [date], but this could be renewed in the Autumn if you felt it appropriate. I have enclosed copies of the posters for parents with this letter.

If you feel you would like to support this study, or need more information about what is involved, please contact me. Thank you for your time and attention. I look forward to hearing from you.

Yours sincerely,  
TIMEA SULI

Document: Recruitment Poster

# **VOLUNTEERS NEEDED FOR STUDY ON SERBIAN FAMILIES**

## The Construction and Negotiation of Fertility Preferences Among Low Parity Couples in Post-Communist Serbia



Source: Getty Images

The study seeks to understand why countries like Serbia have a low fertility rate. It aims to gather information on:

- How married couples decide to have children
- How many children couples wish to have
- What influences these decisions

We are looking for parents; both aged 25 to 45 who have had children after 1991, to attend interviews with their partner. You would be invited to interview at a location of your choosing for 1-3 study session(s). Each session would take about an hour of your time. You would be asked to discuss your lifestyle choices, employment, and family life.

If you are interested and would like more information, please contact Timea Suli at the Department of Social Policy, University of Oxford, on \_\_\_\_ or \_\_\_\_\_. There is no obligation to take part. You will be compensated for reasonable travel expenses. Thank you!

## Appendix B: Research Design and its Corresponding Documents

The following contains documents relevant to the methodology and research design of the study. These correspond largely with the information provided in Chapter 4.

Figure B1: Matrix of Themes: NVivo Coding for Analysis Presented in Chapter 4

	Attachment	(In)dependence	Material Stability
Rastko	“People are very attached to their houses and overvalue them because of their emotional attachments.”	“Independence isn't really valued among young adults here.”	“People think it's a waste of money to make themselves independent and rent – [Serbia] is not a country where having a property is actually an investment.”
Miloš		“My parents and my wife's parents, are the kind of people that no matter how much money we need ... they were like: tell us, we'll always help”  “At one point, we didn't pay any of the electricity or water bills. [My father-in-law] paid for everything!”	“I think things are getting worse now [in Serbian society]. When I sit down and really think about it, I think having kids today is a huge risk.”
Ivona		“[Our parents] help as much as they can. In lots of ways. They help financially, and they look after the baby, prepare food, tidy the apartment... Generally, it's my mother and my husband's mother who help.”	“[The government] does nothing. Absolutely nothing. It's all talk and no action. There's no support, especially in the financial sense.” (36m)
Nadja	“Most people live with their parents to a very abnormal age ... Even when they do become independent, they're still hugely attached to their parents. They are coddled.”	“A lot of people telephone their mother [from their family of origin] to cook lunch [for their family of orientation].”	“It's about money. I can't see any other reason. There's no point for anything else to hold you back when you get to a certain age.”

Figure B2: Coding Scheme in NVivo

<i>Nodes</i>
<p><b>&gt; Values and Ideals</b></p> <ul style="list-style-type: none"> <li>&gt; Tradition and Conservatism</li> <li>&gt; Family Values               <ul style="list-style-type: none"> <li>&gt; Attitudes Towards Family of Origin</li> <li>&gt; Attitudes Towards Family of Procreation</li> <li>&gt; Attitudes Towards Children</li> </ul> </li> </ul> <p><b>&gt; Independence</b></p> <ul style="list-style-type: none"> <li>&gt; Financial Independence</li> <li>&gt; Emotional Independence</li> <li>&gt; Material Independence</li> </ul> <p><b>&gt; Intergenerational Bonds</b></p> <ul style="list-style-type: none"> <li>(Serbian) Parenting Styles</li> <li>Support</li> </ul> <p><b>&gt; Institutional Matters</b></p> <ul style="list-style-type: none"> <li>&gt; Corruption</li> <li>&gt; Public Funds</li> </ul> <p><b>&gt; Fertility Preferences</b></p> <ul style="list-style-type: none"> <li>&gt; Formation of Fertility Preferences</li> <li>&gt; Fertility Behavior</li> </ul> <p><b>&gt; Responsibilities</b></p> <ul style="list-style-type: none"> <li>&gt; Distribution of Domestic Tasks</li> <li>&gt; Distribution of Childcare Responsibilities</li> <li>&gt; Distribution of Emotional Responsibilities</li> </ul> <p><b>&gt; Transitions</b></p> <ul style="list-style-type: none"> <li>&gt; Aspirations and Goals</li> <li>&gt; Expectations</li> </ul> <p><b>&gt; Decision-Making</b></p> <ul style="list-style-type: none"> <li>&gt; Knowledge               <ul style="list-style-type: none"> <li>&gt; Of Social Policy</li> <li>&gt; Of Sexual Health</li> </ul> </li> <li>&gt; (Un)Certainty</li> </ul> <p><b>&gt; Childbirth</b></p> <ul style="list-style-type: none"> <li>&gt; Unpleasant Experiences</li> <li>&gt; Private vs. Public Services</li> </ul> <p><b>&gt; Housing</b></p> <ul style="list-style-type: none"> <li>&gt; Rural and Urban</li> <li>&gt; Costs and Expenses</li> <li>&gt; Overcrowding</li> </ul> <p><b>&gt; Family</b></p> <ul style="list-style-type: none"> <li>Sexism</li> <li>Togetherness               <ul style="list-style-type: none"> <li>&gt; Experiences</li> <li>Shared/Collective Experiences</li> </ul> </li> </ul>

## Gendered Experiences

### > **Low Fertility “Problem”**

- > Parity Preference

### > **Emotions**

- > Fear
- > Happiness
- > Regret

### > **Marriage**

- > Communication Within Marriage
- Attitudes Towards Marriage

### > **Employment**

- > Brain Drain
- > Returning to Work
  - > Maternity Leave

### > **Serbia**

- > Nationalism
- > Religion
- > Yugoslav Wars
  - > Memory
  - > Nostalgia

### > **Trust**

- > Trust in Government
- > Trust in Others
- > Anomie

Figure B3: Methods of Recruitment and Participants Identified

Method of Recruitment	Number of Couples Identified Via Method
Gatekeepers	12
> Owner of private preschool	2
> Social policy advisor	3
> Family charity employee	1
> Pediatrician (private sector)	2
> Gynecologist (public sector)	2
> Researcher specializing in prenatal care	2
Self-recruited (via flyers and recruitment adverts placed in strategic locations)	4
Snowballed	5
<i>Total couples</i>	23