



Redefinition of gender roles and fertility problems

Novo definisanje rodnih uloga i problemi plodnosti

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Key words:

infertility; fertilization in vitro; marriage; male; female; interpersonal relations.

Ključne reči:

neploidnost; oplodjenje in vitro; brak; žene; muškarci; međuljudski odnosi.

Introduction

Modern day life along with the boom of cyber space communications has redefined a lot of fundamental concepts directly concerning character and partner relations. The quickness of expansion in information technology is constantly changing people's everyday lives. The unimaginable rate at which "time acceleration" ¹ is going and the spread of communication space have started to threaten the classical parameters that connect people. Nowadays, almost all aspects of identity, being, closeness, family, intimacy and society are perceived and looked at from a new angle. The "fragmented" self in modern day living conditions does not necessarily indicate a psychiatric diagnosis, like personality disorder, but rather reflects a functional adaptation to altered living conditions brought about by the technological revolution. Amid the variety of choices and alternatives which are constantly offered to people in all spheres of life, ambivalence, confusion and indecisiveness have become "normal" not "pathological" categories. The new adaptive aim of a postmodern individual is "what to choose" among the vast number of equally acceptable alternatives, which are exponentially multiplying. Multitasking is taking its toll in the sense of frenetic communication as well as the lack thereof, a constant feeling of incompleteness and the chronic lack of "inner" space which could be used for integration of the experienced.

We could say that society is more and more fragmented in reality and organised in virtual space. There is the impression that people expect more from technology than from

each other ². People are "alone together", often alienated from their environment, although they have a false sense of connection in virtual space, e.g. Facebook, Twitter. In the last 30 years, the average number of close people we can confide in has decreased from more than two to less than one person. In the digital era, personal integrity no longer has to be the ideal of a healthy personality and "multiphrenia", and the fragmented self ³ no longer have to be pathological phenomena, but rather functional adaptations of the fragmented world ⁴. In these circumstances, many people often report feeling as if their time is being torn, frustrated and needing harmony. In addition, the liberalisation of life styles which have become accepted and are connected to politics of human rights, despite its advantages, create problems of multiple choices which in turn enable identity issues. In fact, aside from all the advances humankind is making with new technologies, at the same time there are problems emerging with the willingness of people to keep up with rapid changes and to adapt to them.

In this sense, the redefined social reality has particularly influenced partner relations, which have gone through some fundamental and "tectonic" changes only in the last few decades. Apart from the changing existential situation of each individual, a great shift in the definition of expected gender roles is also a factor of change in partner relations. According to definition "gender is social shaping of biological sex, defined by the accepted and acting roles assigned to men and women in society, in public and private life" (The European Council). Gender is a socially constructed definition, not only of women and men but also of the relations between

women and men⁵. Unlike before, sex refers to biological characteristics and is defined primarily by the visible genitals and reproductive functions of a person, is established at birth and is socially assigned according to biological characters mentioned. Gender roles refer to “the characteristics of masculinity and femininity which enlighten the process of socialisation and psychological development”⁶. So, the term “gender” denotes the social construction of manhood and womanhood “of a specific society, in a specific time period, so assigned and therefore subjected to change”⁷. Gender roles are a multidimensional concept and refer to a wide spectre of features from attitudes and behaviours to personality traits. They are concerned with rules adopted through family upbringing, education, *via* media and general cultural content of a society. Gender identities arise through internalisation of social norms and are often closely connected with gender stereotypes, which contain specific principles of typical female and male features. Gender roles are therefore in relation to “traits that are assigned to men and women on the basis of presumed differences – characteristics and attributes, abilities and skills, respectively”⁸.

In the last decades, however, prescriptive stereotypes that determine desired and appropriate behaviour for each gender, have suffered great changes as to which roles and responsibilities men and women should take. At the beginning of the 1970s, in correlation with the feminist social criticism, which was radical compared to the understanding of gender and sex of that time, a concept of androgyny emerges. Bem⁹ introduces androgyny and defines it as a combination of masculinity and femininity. She considers these people to be the healthiest since none of the sets of traits dominate and so the person is easily adaptable to all situations. Since the position of women in social structures has started to rapidly change, so have the gender roles in the process of transition. Men and women start to take on similar roles in society; women postpone marriage and parenthood and spend more time on education and professional roles. Andocentrism ceases to dominate and so it is no longer believed that masculinity and acts by men are superior to femininity and acts by women. The impression that masculinity in women is more acceptable than femininity in men continues to diminish. The sexual revolution of the 1960s as well as the removal of homosexuality from the register of psychiatric disorders, represent signs of growing consciousness of the inevitability to tolerate individual differences in modern democratic societies, which has been an absolute imperative in the up-to-date times.

The redefinition of gender roles in Serbia

Serbian society could be perceived as a society between traditional and modern. Social, political and economic analyses indicate that in the last two decades, the modernisation of families has been put on hold to give way to “struggle for survival”. As a result, social crisis has led to repatriarchalisation and retraditionalisation of gender roles¹⁰ while the high migration rate from country to city areas has enabled the typically rural models to continue to exist in cities, thus

changing the previous urban culture. Since Serbia is “a society in transition”, the young generations are faced with the possibility of creating new gender identities which are, on one hand, heading towards reducing gender differences some of which have to do with attitudes, education and professional possibilities but on the other hand, increasing gender differences and the appearance of antagonism. The people interviewed perceive gender roles differently depending on whether they come from rural or urban backgrounds. The impression is that women who behave in a traditional manner are actually submissive, which leads to a lower level of well-being in a subjective sense. This means that masculinity dominates and is more desired which then stresses that masculine features such as activism, tendency towards leadership, are appreciated more in society, gain more social acknowledgement and contribute to higher self-esteem and better mental health).

As far as Serbian families are concerned, the most recent researches have shown that in most cases the traditional norm still dominates in which most housework is done by women, regardless of their professional engagements^{11, 12}. Parent roles are also traditional and so the mothers are expected to be committed, permissive in upbringing, have a protective attitude towards children, while the primary role of the fathers is to be the financiers and the breadwinners. It is interesting that both men and women perceive themselves as greater victims, both sexes consider that “they are worse off”. It is considered that women with higher education are more satisfied with their life and there is a realistic increase in the position of women¹³. Family solidarity has been further strengthened by the transition period, despite gender imbalance in role perception. Also, there is an evident persistence in the traditional emotional attitude towards offspring in our society as well as in other Christian Orthodox societies. Characteristic of this attitude is the idealisation and the status of the parent (“mother” as a status symbol) on one hand and the status of the child on the other (the feeling of being “precious”, putting the child on a “pedestal”), which is unlike the more pragmatic and rational approach that is characteristic of some other “Western” cultures. This in turn reflects on the parenting method and the preferred attachment rate which favour dependability and the presence of witness that often has the characteristics of a symbiotic relationship as well as significant ambivalence towards the possibility of separation. The difficult financial situation often serves as a good excuse and rationalises both sides’ unwillingness to separate.

Considering that Serbian society is not only a transition society, but also a post-war society, along with all the negative effects following the war in the region. Examples of this are the “turbo folk” culture, growing of the incidence violence rate of all kinds and especially of domestic violence, the downfall of moral values and ethic principles etc. The young generations that were born or grew up in the war or post-war period, aside from transitional pressure, went through or are still going through the changed social expectations of what it means to be a man or a woman. The social models that were in effect only two decades ago can no longer be applied. The

new models are a combination of contemptuous rural-war identities mixed with global ideas about the identities of “some” Europeans which are considered “lucky” to be living in more prosperous surroundings and circumstances. Due to the inability to reach ideals of a comfortable or rich lifestyle young people fantasize about and which the media constantly describe as a life belonging to someone else, they start feeling emotional lethargy where it is “all the same” to them or they “let life take its course”. In situations which they see as hopeless and pointless, they resort to temporary and easy “solutions”.

What kind of effect does this have on partner relations? Fear of taking responsibility of any kind or degree was observed in partner relations. This can be referred to both sexes (same sex partner relations were not observed in this study) but is manifested differently in men and women. In men, there was a noticeable tendency not to accept the role of an adult especially when it came to starting a family while professionally, there was a noticeably tendency for immediate success and promotion while at the same time maintaining the status of someone who the primary family should continue to support in both a financial and organisational way. For example, even though they decide to start a family and have offsprings, they expect their parents to look after the children. The attention these men dedicate to their children depends on whether it will serve their narcissistic need for affirmation in their referential group with a typical example being that of a young father that spends time with his son or daughter by taking them to cafes where he can show them off to his acquaintances. This phenomenon can be termed as pseudo-independence, meaning to invest in a lifestyle which is only an imitation of adult life, with no actual responsibility taking. This style is nurtured by immaturity of character and so we have a generation of “late bloomers”, individuals who do not emotionally “mature” before their 40, which is the time that they feel the need to start a family. Their motives are egocentric and more due to the fact that they want to make up for the lack of support, or symbiotic relationship, that they are getting from their primary family due to natural processes due to death, illness and such. These “forever young” men can be seen in groups similar to themselves as they spend their hours and days in cafes boasting about, if not their cars or scooters then gadgets, or their opinions on current affairs. They can take on different roles, whether that of political or sports experts, or of successful businessmen. Meanwhile, their girlfriends or wives, that is if they are in a committed relationship which a lot of them are not, and they do not see this as a problem, spend time in their subgroups, planning a shopping spree, a trip or going out to places where they will be seen and trying to define the type of woman they themselves would like to be among the various, mostly tabloid, types on offer. On the other hand, there are young people who lack positive role models in their surroundings and they move to other environments where they hope to achieve (and often do) high, strictly professional goals they set for themselves, at the cost of losing contact with their primary social environment from which they came from. In those new environments, they adapt to completely diffe-

rent gender roles and can never fit back in with the previous. There are of course, many more models of behaviour and experiences when it comes to young generations and here we have focused only on the ones which have a certain influence on redefining partner relations and relationships in our modern society and which have effect on family fertility.

The question is: How do young people create their intimate relations based on these models? What was observed in direct regards to our topic, was that the period in which both sexes start to show interest in starting a family and having offsprings is prolonged and often there is imbalance in this interest (only one side is interested while the other is passive). Also, it is difficult to perceive one’s own incompetence for the “desired” role. All of this is evident in the way couples approach potential sterility treatment, which is not rare.

In the stated analysis *pro practis*, we see that in rural environments and with people of lower socioeconomic statuses or of lower education, conservative gender roles are present along with typical characteristics of traditional expectations. That is, takes place in the early reproductive period of life and family expansion is expected right after marriage has taken place, thus defining the primary role of a woman. This finding can be expected. In our analysis of the changing gender roles, of special interest was the second group of urban, educated couples, because that is where the change in traditional gender roles took place. As we can observe from the stated examples, the period of interest in family fertilisation is applied¹⁴.

Expansion has been significantly moved back with the difference being over 10 years which constantly being pushed back even more. Aside from medical and psychological reasons for this shift, there are numerous socioeconomic and political reasons we will not go into, as they exceed the theme of our analysis. As far as medical reasons are concerned, what cannot be overlooked is the fact that a fascinating advance in medical interventions has led to “all being possible”, which means that the boundary of realistic reproductive potential has shifted to a significantly later life age. Nikitović^{15, 16} and Nikitović and Lukić¹⁷ observed development tendency in Serbia as well as in other European countries. In the group of 27 countries of the European Union (EU-27), the average age of mothers at the birth of a child increased from 29.25 to 29.83 years in the period between 2003–2010. In Serbia, the increase in that same period was somewhat quicker, from 27.12 to 28.4 years but the average age of the mother at the birth of a child was still under the European Union average. The result of postponing giving birth, in regards to specific fertility age rates, presents a decrease in fertility rates in younger age groups, notably between 20 to 24 year olds, as well as an increase in the middle age groups, 30 to 39 year olds.

What we define as being psychological reasons, in regards to the couples’ motivation for reproduction, is connected to their changed perception of themselves, partner relations, goals in life and towards global social issues. Furthermore, there is a strong impression that even in “later” years for reproduction, lots of women enrol in the programme without sincere motivation for offspring (“I wish to have a

child”), but because they are adapting to the social expectations or how they perceive these social expectations – typical sentences one might hear would be: “It’s on the agenda now”, “I’m in my late years”, “It’s time...”. When one scratches under the surface of this statement, there is often evidence of great anxiety about becoming parents. It is often the women who are “motivated but frightened”, while their partners who are often a few years older at this stage display less fear and greater, sincere desire. This is due to the lack of awareness that their life will change and also to traditional expectations in which the “mother is the most important” in the first few years of baby’s life, and so they do not expect any great changes in their life after the arrival of the baby, which was proven to be true in reality. The only aspect men may have their doubts about is financial, although they are rare to admit it.

In more detailed individual interviews with women, the women were quick to give numerous honest answers in regards to the observed fear of pregnancy, which was in co-occurrence with great desire for pregnancy. In a few cases, this desire was “desire for pregnancy” that did not extend to “desire for a child” and which the interviewers were not aware of which is consistent with “narcissistic” culture. The fear referred to many spheres of being, depending on the structure of character, starting from body deformation and physiological changes which “cannot be controlled” to the loss of previous habits like going out, consumption of alcohol, travelling, exercising etc.; fear connected to raising the baby and the anticipating lack of partner’s help; partner’s fixed pattern of behaviour is often reported which includes an adolescent lifestyle – exercising, playing video games, drinking at night with friends, hanging out at cafes – “the immature” type, or partners which are constantly working and are hardly ever present – “the businessman” type; fears connected to the loss or maintenance of their position at work compared to new employees, should they take time off in their career and cannot keep up with professional challenges; fears connected to the family’s existential future in light of the general economic crisis and perceiving their partner as incompetent, “immature”, unmotivated, dependent; ambivalence and fears connected to primary families’, both their own and partner’s, involvement in their life, connected to assistance over the baby’s upbringing; fears connected to the

“definite” confirmation of their relationship with their partner with often couples being neither registered, nor married and making the “final” decision to commit to the partner they feel ambivalence towards, etc. There were a vast number of cases where the relationship was not primarily based on emotions but instead on rational decisions as to who might be the “adequate partner” for fulfilling the needs the person, usually the woman, has set. It is interesting that when a man is given such choices, he usually “picks” between acquaintances and former or current sexual-emotional partners, which woman would be the adequate choice “to be the mother of his children” and which would interfere the least with his up to then lifestyle, the so-called “narcissistic” choice and he is aware of this choice. In contrast, women in these years pick subconsciously, if they do not already have a partner and they often do not but choose a partner when they want to become mothers, partner which they can easily control, “the immature”, dependent types, with a suggested reasoning being so that they could later complain about these traits.

Conclusion

It is characteristic for women to reject their traditional moulds and experiment with different models during their first stage of “acting out” their gender roles, i.e. during their 20s. On the other hand, in the second stage, i.e. 30s they “regress” into the traditional moulds and this occurs mainly with the reproductive function. Despite many changes and redefinitions of gender roles in the contemporary society, when faced with the proverbial biological clock, many women quickly regress into their traditional roles despite rejecting them beforehand. Doing so, they often forsake an authentic choice of partners in favor of birth being a guarantee. Along with this, the attitudes of gynaecologists have changed, as well from an earlier definition that a marriage is sterile after two years of the couple living together with regular intercourses to today’s attitude that it is after only one year of the couple living together with regular intercourses before proclaiming the marriage to be sterile. Earlier testings would last for up to a year or two, with all the testings being completed with three to four months today. Thus, the decision for active therapy and aided fertilisation comes earlier.

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Received on July 22, 2015.
Accepted on December 14, 2015.
Online First April, 2016.