

DIANA L. GUSTAFSON

## The Relative Merits of Three Methodological Approaches to Studying Women's Reproductive Health

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*What methodological approaches might motherhood scholars use to better understand women's experiences of their reproductive health across generations and over time? Traditional quantitative and qualitative longitudinal methodologies have strengths and limitations as illustrated using examples drawn from the maternal and familial literature. Data collected across generational cohorts using traditional longitudinal methods illuminates the complexities of family histories but comes with attendant problems of participant attrition, dips in team interest and commitment, and the shifting appetite for knowledge. The intergenerational life story approach offers an alternative that is less time consuming and less resource intensive. Narrative threads collected during the Life Story Project illustrate the relative merits of this alternative method of inquiry into the ways that women learn about and share reproductive health information within families and across generations.*

### Introduction

How do we, as motherhood scholars, understand women's experiences of their reproductive health across generations and over time? What approaches can we use to study what goes on between mothers, daughters, and granddaughters as they construct themselves as women, and as reproducers of family, community, and cultural values and tradition?

The continued interest of Canadian academics in maternal histories and the relations between mothers and daughters is reflected in two special journal issues: the first published in *Canadian Woman Studies/les cahiers de la femme* in 1998 and the second, a decade later in 2008, published in the *Journal of the Association for Research on Mothering*. Rather less attention has been paid to the

relations between mothers and their adult daughters (Miller-Day; Boyd) and even less to the relationships between grandmothers and granddaughters (McKay and Caverly). While we do have a core of literature exploring these familial relationships, we lack, with few exceptions (Roberto, Allen and Blieszner), a rich understanding of how these relationships are actually constructed within particular families and across generations. For instance, it is one thing to talk about particular mothers and how they see their relationships with their daughters, or with particular daughters and how they understand their mothers. It is quite another to hear how a particular mother and daughter see each other (Gustafson and Elliott). When we extend that to the third generation, we have the makings of a richer understanding of the complexities of familial histories and how women learn and share information with each other about, for instance, menstruation, having sex, getting pregnant, and birthing babies.

An international team of feminist researchers led by Marilyn Porter took up this challenge and the result was the Life Story Project<sup>1</sup> (Porter and Gustafson). The Project used an intergenerational life story approach to unearth how ideas and practices relating to all aspects of procreativity and social reproduction<sup>2</sup>—from menarche and first sexual encounter to conception, pregnancy, birthing and breastfeeding, to raising children and grandchildren, to menopause—were interpreted and performed by grandmothers, mothers, and daughters within families and across generations. From these data emerged the concept of *reproductive lives*—an idea that captures biological and social reproduction and the complexities in which maternal histories evolve in a particular familial and social landscape.<sup>3</sup>

The intergenerational life story approach is distinctly different from traditional quantitative and qualitative longitudinal methodologies for exploring family relationships and reproductive health over time. This paper explores the relative merits of these three methodologies. The first part of the paper is organized around the features of these broad paradigms outlining the ontology (the nature and relations of being), epistemology (the nature of knowledge), theoretical framing of understandings, and methodology (the rules and procedures for conducting research). Examples drawn from the maternal and familial literature illustrate the strengths and limitations of the traditional approaches while data from the Life Story Project demonstrate how this intergenerational approach retains some of the strengths while countering some of limitations of traditional longitudinal studies.

## Quantitative Longitudinal Studies

### *Features and examples*

The traditional quantitative longitudinal study is a well-respected approach

to studying social phenomena and analyzing trends and patterns over time (see Table 1). Generally speaking, the purpose of a longitudinal quantitative study, like other positivist approaches, is to test a hypothesis and identify relationships among pre-defined variables. Pre-constructed questionnaires with discrete rating scales produce reliable results if objectivity is built into the design and a neutral, value-free stance is maintained throughout. One way to build in objectivity is through random sampling to ensure that findings are representative and can be generalized to the larger population. The size of the sample can vary from relatively small (100s) to large scale (1000s). Data can be collected retrospectively at one point in time about a series of events that happened in the past, or prospectively at more than one point over the forward passage of time for years or decades. Theoretical framing is predictive and based on the testing of an established hypothesis. Ordinal and cardinal data are analyzed statistically to deduce patterns and directions of relationships between variables and draw verifiable conclusions. Where causal relationships are demonstrated, problem-specific conceptual models may be generated.

Longitudinal quantitative studies have been used to observe trends and patterns in various aspects of family relationships including, for example, how marriage and divorce affect parenting behaviours and child development (Werner 88). Surveys can be used to measure respondents' attitudes and behaviours over time. The Canadian National Longitudinal Survey of Children and Youth is a good example and was the source of data used by Letourneau, Fedick, and Willms to examine the relationship between family violence and parenting behaviour. Similarly, the Longitudinal Study of Australian Children generated data that allowed Williams, Berthelsen, and Walker to explore the relationship between maternal mental health, parenting style, and children's self-regulation. Sometimes, researchers supplement their quantitative findings with one-time interviews with a subset of the sample population. For instance, Deborah Carr supplemented her longitudinal findings by conducting in-depth interviews with a subset of 100 mothers in mid-life to develop a deeper appreciation why some women compare themselves more or less favorably to their daughters in terms of their home and family work lives (133).

### *Strengths and limitations*

The strengths of quantitative longitudinal studies are widely known (Bowling 217-218). Table 1 provides an overview of strengths and limitations. This approach allows the researcher to track changes in family constellations, for example, and test hypotheses about the relationship between sets of pre-defined variables such as gender, race/ethnicity, SES, age, marital status, and number of children. Such studies also allow for cross-group comparisons between, for instance, teen mothers living in poverty and middle-class teen

mothers. Evidence generated from large data sets can be used to support social policy decisions.

There are a number of recognized limitations: while causal links and correlations can be identified and described, the relationships between variables are decontextualized from the settings in which they operate, and along with that, any deep understanding of why these relationships exist, how they function and are experienced (Bowling 222). Moreover, a lack of context sensitivity can lead to inappropriate generalization of findings to unique or distinct populations. Quantitative longitudinal studies are also very time-consuming, especially if data are collected repeatedly over many years (Bowling 219). Repeated data collection and analysis, and the work of administering and merging large databases impact the cost of the study. These financial considerations can limit researchers' decision-making about the size of a population sample, and thus the statistical power of the results.

Comparing survey results gathered from the same sample population over time allows us to track changes in attitudes and behaviours. However, the more familiar participants become over time with the survey questions, the more likely they are to repeat past responses or, equally problematic, alter their responses because they become sensitized or biased to the topic over time (Bowling 220). Waning interest and commitment on the part of participants can also lead to attrition that, in turn, can limit the completeness of the data. These factors affect the representativeness of the sample and the validity of the findings. Nor is the research team immune to waning interest and commitment as novel research ideas and related funding opportunities capture and divert their attention. It is also reasonable to speculate that because the appetite of researchers and knowledge consumers for content changes rapidly, the relative value of findings may be difficult to predict from the outset of a longitudinal study.

## Qualitative Longitudinal Studies

### *Features and examples*

Qualitative longitudinal studies have a rich ethnographic tradition but were not until the turn of the twenty-first century promoted or critically examined in the literature as a way to understand individuals' lived experiences (Neale, Henwood and Holland). As with other types of qualitative research, longitudinal studies adhere to either realist (assuming a social constructivist or interpretive stance) or idealist (critically focused on institutionalized power) traditions (Creswell 21). (Refer to Table 1.) The goal is to uncover meanings by exploring the subjective experience of change or stability in a specific context over time (Calman, Brunton and Molassiotis 1). Qualitative longitudinal studies can stand

alone, as with planned prospective studies, or they can be mixed method, and either embedded within ethnographic or case studies (Coltart and Henwood 36), or combined with quantitative longitudinal studies (Wenger and Burholt 570). Theoretical framing is inductive and is consistent with the ontological and epistemological principles assumed by the researchers. Grounded theory is one example of theoretical framing in the realist tradition (Glaser) while critical feminist theory or post-structuralism are examples of theoretical framing in the idealist tradition (Foucault). An explicit theoretical stance allows researchers to move beyond a description of trends and correlations between variables, to a systematic interpretation of how time and stability/change are context-specific (Calman, Brunton and Molassiotis). Researchers attend to process, voice, and reflexivity in all aspects of data collection and analysis. Instead of objectivity, researchers strive for personal engagement, and empathetic neutrality or mindfulness. Typically, data are collected using semi-structured interviews with study participants with questions designed to capture transitions over time (Calman, Brunton and Molassiotis 6). These data may be supplemented with other forms of data such as photographs (Thomson, Hadfield and Kehily) or diaries (Bornat and Bytheway).

There are relatively few qualitative longitudinal studies that explore intergenerational relationships within families compared with the number of quantitative longitudinal studies. Using the terms “intergenerational” and “qualitative longitudinal,” a cursory search of Sociological Abstracts and Women Studies International e-databases generated only four English language peer-reviewed journal articles published between 1992 and 2013. These four studies differ in several key ways from their quantitative comparators: For instance, Harden, Backett-Milburn and MacLean used a multiple perspectives approach to collect data from fourteen two-generation families over an unspecified time frame. In a second study, data were collected over 12-18 months from aging parents in 12 families and select members of the second generation using diaries, photographs and interviews (Bornat and Bytheway 292). In a third study, fourteen couples and a sample of their sons were interviewed thirty years after initial data collection to better understand agency and the transmission of family values about non-traditional work-family arrangements (Bjørnholt 280). In the fourth study, Thomson et al. conducted in-depth interviews and took photographs of 62 women in the late stages of pregnancy preparing for motherhood (187). Data were also collected from a series of subsets of this original group over three years and included a day-in-the-life observation of six mothers and their babies, interviews with the babies’ grandmothers, and follow-up interviews with mothers. These studies indicate the range of intergenerational family issues that capture the attention of qualitative researchers.

### *Strengths and limitations*

How do we explain the comparatively small number of longitudinal qualitative studies exploring intergenerational family relationships? Three of the four papers cited in the last section devote little attention to discussing the relative merits of conducting such studies. However, Thomson et al. develop a convincing argument that researcher subjectivity constitutes an important source of data about factors impacting family dynamics (197). Their study also illustrates the range of methods for collecting rich data over time. Finally, they mention that a stable researcher team enriches the quality of data collected and analyzed over time (198). Indirectly, this points to the potential challenges posed by attrition or changes in the team. One might also speculate that researchers interested in maternal and family histories of reproductive health chose not to engage in longitudinal studies for many of the same reasons that challenge quantitative researchers: studies are time consuming and resource intensive; there can be problems with participant and researcher attrition. Moreover, the typical challenges of engaging in systematic, responsible and principled qualitative research can be amplified when carried out over many years: negotiating relationships as researchers and participants co-construct participant life stories and identities, of necessity, alters their relationships with each other (Neale, Henwood and Holland). Refer to Table 1 for an overview of the strengths and limitations.

## **The Intergenerational Life Story Approach**

### *Features of the Life Story Project*

How can the unique contributions that qualitative researchers bring to knowledge production be merged with the advantages of longitudinal studies to inform understandings of women's reproductive health? The intergenerational life story approach bypasses some of the problems of full-scale longitudinal studies by collecting individual narratives across several generations in the same family over a compressed time frame with participants' generational positioning to stand in for the passage of time. This methodology allowed team members to explore how cultural, social and religious contexts inform women's interpretation of their reproductive health and how change (and stability) of ideas and practices unfold over time within families.

The team assumed that the family (however women define and live it) is the immediate context in which women live their lives (a particularized social environment) but also as the ideological institution through which medicalizing, religious, and state discourses are mediated (Gustafson and Porter 19-20). Daniel Bertaux and Catherine Delcroix informed our thinking about the family as "small mirrors of general culture" (71). They argue that the family produces

itself as a unit and contributes to the production of the individuals within it over time and across generations. Similarly, how women learn to construct their gendered identities and reproduce (or not) maternal (and grandmaternal) practices occurs (at least in part) in the family (29).

The life story approach as we used it is a narrative study of how maternal histories evolve in a particular familial and social landscape over time. The narrator/participant and a narrator/researcher interpret and co-construct a meaningful individual and family story (Polkinghorne 11). Events and actions are accorded meaning through the telling with explicit attention to temporality (Polkinghorne 11). These essential elements made it a good fit with the Life Story Project and the epistemological and theoretical assumptions held by the team. That is to say, the team assumed that reproductive events are located in time, in relation to other past, present and future moments, and situated in the social and cultural context of the family.

The Canadian team interviewed 52 women (grandmothers, mothers, daughters) in 24 families. Obviously, this was not a statistically representative sample but the team made sincere efforts to recruit a diverse group of participants (for instance, lesbian mothers, aboriginal mothers, and immigrant mothers). The team attempted to interview all the women in the same family within a short period of time, completing all interviews within 18 months. Usually the participant was interviewed alone but in some cases, other members of the family were present at the interview. At the outset of each interview, the narrator/researcher described the team's interest in procreative events (i.e., the key narrative elements) and then asked individual women to tell us the story of their lives. This helped us develop a chronology of their lives dotted with turning points or epiphanies that characterized their reproductive lives. We came to refer to these as "relational moments," those time-related bodily events that had emotional and social significance (Porter and Gustafson 9).

Our participants ranged in age from the oldest, at age ninety-four at the time of the interview (born in 1911) to the youngest, at age eighteen (born in 1987). This provided a rich historical perspective where Generation A was the grandmother or oldest cohort; Generation B was the mother or the middle cohort, and Generation C was granddaughter in each family and the youngest cohort. The team assigned (or the participants chose) a pseudonym so that each family could be distinguished by a letter. The S family whose story I use here consists of Sarah (grandmother), Susan (mother), and Samantha (daughter). The S family narrative is a typical, yet powerful, example of how individual women experience a shared set of life circumstances that become part of the family narrative. The following excerpts illustrate the value of the intergenerational life story approach to constructing family histories and highlight the



processes by which reproductive knowledge is transmitted, given authority, or resisted over time.

### *Introducing the S family*

Sarah (Generation A) came from a long line of Newfoundland settlers including her grandmother who was a lay midwife. Born in 1935 on the west coast of the island, Sarah was one of only three children—considered a small family for the time compared to the more common families of eight or ten or more. In 1957, at aged 22, she married Samuel who came from a small (now de-populated) island off the coast. Sarah was brought up and remains Salvation Army; Samuel was raised Anglican but converted to Salvation Army when they married. In 1957, Sarah and Samuel became parents to Susan, the first of their three daughters, about six months after they married.

Susan (Generation B) and her sisters grew up on the west coast of the island. Soon after graduating high school, Susan married Stan, who came from a nearby community. One of the pivotal moments in this family history was when Stan converted to Seventh Day Adventism. Susan converted as well and became an active adherent. In 1983, Stan moved the family to Alberta so that he could pursue a degree in theology. While there, Susan pursued a diploma in a nursing specialty. During the years they lived in Alberta, Stan developed serious health problems. Prompted partly by the need to have better access to health care services, the family moved back to Newfoundland, just a few months before the team interviewed Susan.

Samantha (Generation C) is Susan's eldest child. She was born in 1977. At the time of the interview, she was living in St. John's where she worked for a sexual health organization. She was not married but was in a long-term relationship.

The family story of learning about menstruation and having sex is instructive. Sarah, the grandmother, never used contraceptives, and the long spaces between her children appear to be due either to abstinence or simple luck. Like so many others, she was told nothing about her first period or about sex, saying "See, you didn't talk about things like that then, right." She went on to say, "I used to think that when you have your period, it comes through your stomach [navel]." Like many others, she learned about menstruation from her girlfriends. "I didn't even tell my mom; she found my panamas. [Laughter] I didn't even tell her, you know? I just went right on down to my friend's house and told her something happened and she told me what it was."

Sarah's account of menarche tells us about the relationship between mother and daughter—not only what mothers will tell daughters but also what daughters will tell mothers, especially in matters regarded as sensitive or taboo. Living with a lack of information and general discomfort around sexual issues continued with Susan, Sarah's daughter.



*Susan: How did I find out? I honestly don't know. I knew what it was when it came. But I honestly don't know how. It wasn't from my mother, that I do know.... I guess it was just friends. Who did I tell? I went and told [an older female relative]. I was more comfortable telling her than I was my own mother. I felt embarrassed and I don't know why. But that age, I was only twelve, that's who I told and she told mom.*

Susan was determined to give her own daughters better preparation. Despite her education as a nurse, she struggled to provide explicit information about menstruation, sex, and conception/contraception. She recounted how she told her daughters “a story about a little seed.”

*There was a little seed, it was very small.... And it would break and that caused her period but if it didn't break, it would be like flowers that would start to grow like a baby growing in their belly.... And I remember telling them about their periods and they would come and what it was. I used to try and explain it as best I could that it was like a little seed in their body each month.*

Samantha's (Generation C) version of how she learned about sex differs somewhat from her mother's account.

*The only sex education I got from my parents and it was my mom. I can remember my parents talking one day, and he [her father] was like “Susan, the girls are getting to that age and you should be talking to them about this.” So I think it was hard for her. A couple of days later, she sat me down and she was really nervous. And she told me about how I was going to start my period and that I could have babies, and about fallopian tubes and seeds and babies and I never actually knew what sex was and I knew I soon would be of the age that I could have a baby but I didn't know how. And the way I finally found out, I was at my grandmother's one day and I found a book that had belonged to one of my aunts and I was flicking through it and I saw a picture of a man and woman having sex and I still remember staring at the picture going, “Ohhhhhhhh! That's what they do.” And it all came together. But any information I got like that was from a book or from a friend.*

This intergenerational narrative suggests that despite what mothers regard as their best efforts, daughters often seem not to hear or recall the information they received about menstruation or sex.

In terms of sexual practice, it is clear from the chronology that Sarah (Gen-

eration A) had sex with her future husband before she married. We learned from other women that it was a widespread practice for couples to have sex, knowing that if the woman got pregnant they would get married. This contradiction between the formal (often faith-based) rule that sex outside marriage was forbidden and the actual practice of premarital sex illustrates the ways in which “the repressive hypothesis” (Foucault 1978) is constantly re-negotiated and incorporated into much more complex and ever-changing discourses on sexuality. Susan (Generation B) refers to herself as having been a “tame teenager” and did not admit to having sexual relations before marriage. Samantha’s (Generation C) sexual history is very different from either her mother’s or her grandmother’s. She began a series of rather unsatisfactory sexual relationships when she was 14.

*Samantha: I went from, I think, within two years of not knowing anything about sex, not even knowing what the mechanics of sex were, like how do you do it, to sleeping with a boy and I don’t know how I got there that fast.*

*Marilyn: What about contraception?*

*Samantha: My mom put me on the pill when I was 14.*

*Marilyn: Which is against the Seventh Day Adventist teaching?*

*Samantha: No. By this time we were not in church anymore, but I kinda put her in a hard spot. Well, I was put in a hard spot. My boyfriend told me that if I didn’t go on the pill, he was gonna break up with me. And I had a very low self-esteem at the time, and I had gone through a period in school where I was very unpopular and I kinda looked funny. I went through a gawky stage and I was teased and picked on. And then one summer I blossomed—and all of a sudden I was popular and this guy really liked me and I really latched onto it and I didn’t want to lose him, you know, how the story goes. So he told me that if I didn’t go on the pill, he was going to break up with me. And I couldn’t think of, at the time, anything worse. So I told my mom that if she didn’t put me on the pill and I got pregnant it was her fault.*

Looking back, Samantha sees herself as deliberately choosing boys who would treat her badly, and regrets the time it took her to understand herself and her needs better.

What does this three-generational sequence tell us about the progress in women’s control over their reproductive decisions, and especially about

whether to have sex, when and with whom? Sarah (Generation A) had very little access to sexual information or contraceptives, and if she had, the church she belonged to would not have approved. She had a choice of young men, and made her own selection of a young man from a different religious background and a different community. She followed her husband to his community and raised her family there. Having only three pregnancies, it appears that Sarah may have exercised control over some aspects of her reproductive life, although, like others in her generation, she did not always have the knowledge or the autonomy to make different choices in other aspects of her life (Gustafson and Porter).

Susan (Generation B) was much more constrained by her strict religious upbringing, lack of information, and a shortage of suitable mates. She exercised some agency by marrying young and moving to another community. While her narrative revealed that she remained faithful to her husband, both sexually and in how she talked about him, it was not an easy or happy marriage. Like her mother, she had three children. Medical care was better and more readily available to her than it had been to her mother. Susan had access to contraception and a hysterectomy when she needed it. Yet sex for her has always been fraught with problems and embarrassment.

Samantha (Generation C) was well informed and, indeed, worked for an agency concerned with sexual health issues. She had considerably more sexual experience than either her mother or her grandmother, although, during her teenage years, this did not contribute to her happiness or her ability to mature healthfully. Her mother did not give her much help, except perhaps facilitating her access to the pill at age fourteen. Like others we interviewed, she relied mostly on friends. That she was, at the time of the interview, in a mature, long-term relationship was due less to her early sexual experience than to her determination to exercise greater control over her life.

It appeared that the family would break the cycle of ignorance and lack of control of reproduction with Samantha. However, Samantha, in her mid-twenties at the time of the interview, was extremely reluctant to think about having children herself. So, ironically, just when this young woman could guide a daughter of her own, her experiences have deterred her from becoming a mother, at least for the time being.

### *Strengths and limitations*

An intergenerational life story approach allowed us to use generational positioning as a stand-in for the passing of time to explore women's reproductive health; how ideas and practices change over time; how some stories echo across generations told within families—stories that gain power both by their telling and by the silences evident in what is omitted. These historical

data offer us valuable insights into how information and values are transmitted, given authority, acted upon, and resisted across generations. While still very time intensive, the team was still able to collect a vast amount of data about maternal and family histories of reproductive health in a relatively short period of time.

The Life Story Project (as an example of how the intergenerational approach can be conducted) was not without its methodological challenges. At the outset it was agreed that the main focus of the study was on reproductive health experiences. Given purposive chain sampling and our commitment to recruit a diverse set of families, the age and generation of individuals within the family did not coincide across our sample. For example, the youngest grandmothers were younger than the oldest mothers. This limited our ability to relate some cohort-specific findings to significant historical moments. In future, researchers may choose to recruit families where each generation within the family was from a birth cohort range of five to ten years (Bowling 221). For instance, one might recruit grandmothers born in the 1930s during the Great Depression, and their Baby Boomer daughters, and their Generation X granddaughters. This adjustment may allow researchers to tie changes within and between families to major political, social, and cultural shifts.

Increased geographic mobility (both seasonally and permanently) made organizing interviews with three generations of the same family difficult and expensive at times. These considerations prohibited the team from recruiting families whose members were more widely dispersed. Inexpensive communication technologies such as Skype (not readily available when these data were collected) may address some of these practical and financial constraints, and make conducting intergenerational life story studies more possible in future.

Some individual family members were interviewed more than once but this did not happen consistently. In future, more money, human resources and opportunity might be built into the project design to allow for a second round of interviews with all participants. The rationale for recommending a second or even a third round of interviews would be to allow for richer storytelling, to clarify meaning, and to fill gaps in story lines.

Finally, a critique that can be made against all retrospective studies might be particularly significant when the asking participants to reflect on events that took place years and even decades prior to the interview. Frances Smith Foster reminds us that, "Looking back is tricky business. It is seeing through time, people, events; it's remembering subtleties and attitudes. It's getting the facts straight, even though the facts may have little to do with 'telling the truth'" (Foster 27). The team took this caution seriously. How individual family members chose to remember and talk about was as important as what they remembered or chose to include in their conversations with us

as researchers. Researchers must be committed to an authentic telling and a critical, transparent and reflexive analysis and writing of about maternal and family histories.

## Conclusions

The intergenerational life story approach has the potential to better explore the complexities of family relationships and how knowledge about reproductive health is shared between and among mothers, daughters and granddaughters. This comparison of three methodological approaches raises two interesting questions. First, how specifically does the intergenerational life story approach enhance our understanding of reproduction, motherhood and contemporary motherhood issues more generally? The stories each woman told us about how she learned about menstruation and sexual practices convey meanings about the storyteller, her identity and her social context (Larsson and Sjöblom). Hearing from many families of women helped us to better understand that women did not construct their lives as a series of compartmentalized and medicalized procreative events to be managed but rather as a continuous experience that played out in the family and the wider social and historic context (Porter and Gustafson). Eliciting stories from different generations of women brings into sharp relief how social and religious discourses are mediated within particular family across generations—with some messages about sexual practices and reproductive choice changing over time and some remaining the same.

Secondly, how does understanding family histories enhance how we think about reproduction and motherhood and how we study both? Mothering and motherwork can be understood as both procreativity and social reproduction. Each generation of women inhabits a distinct social and historical moment as they experience the various moments of their reproductive lives. Each generation must negotiate their experiences outside the family with those they have within the family—mediating messages about conception, contraception, birthing and parenting received from the Church, the state, the school system, and the medical establishment, to name four key institutional contexts. Each generation passes on, re-interprets, resists, or rejects those messages when communicating with others within the family whether it is through action or inaction, by spoken word or silence. In this way, a coherent but dynamic family narrative is formed; families and communities are reproduced; and beliefs, practices, and traditions are continued, modified, or resisted. Evidence produced using the intergenerational life story approach reveals changes and continuities in particularized social and familial contexts over time and can produce theory and concepts that contribute to our understanding of maternal histories and provoke richer discussion in academic and public venues.

**Table 1**  
**Comparison of features of three methodological approaches**

FEATURES	QUANTITATIVE LONGITUDINAL APPROACH	QUALITATIVE LONGITUDINAL APPROACH	INTERGENERA- TIONAL LIFE STORY APPROACH
ONTOLOGY	Positivist	Idealist/Realist	Realist
EPISTEMOLOGY	Outsider value neutral  Controlled Search for generalizable laws  Search for empirical regularities	Insider value bound  Context specific/ sensitive  Search for historical linkages	Insider value bound  Context specific/ sensitive  Search for historical linkages
THEORY	Problem-specific conceptual model  Explain trends, predict patterns	Theory building  Understand, interpret meanings	Theory building  Understand, interpret meanings
METHODOL- OGY	Retrospective/ Prospective  Deductive  Hypothesis testing  Large scale  Random sampling  Structured numerical data  Closed research instruments Pre-defined variables Standardized questions	Retrospective/ Prospective  Inductive  Meaning making  Small scale  Purposive sampling  Un/structured text-based data  Emergent design Open-ended instruments	Retrospective  Inductive  Meaning making  Small scale  Purposive sampling  Unstructured text-based data  Emergent design Open-ended instruments

THE RELATIVE MERITS OF THREE METHODOLOGICAL APPROACHES

<p>STRENGTHS</p>	<p>Generalizable, reliable</p> <p>Cross group comparison</p> <p>Causal relationships/correlations</p> <p>Description of patterns</p> <p>Prediction of trends</p>	<p>Contextualized, valid</p> <p>Descriptive/interpretative</p> <p>Theory producing</p> <p>Understanding stability and change</p>	<p>Context sensitive, useful</p> <p>Descriptive/interpretative</p> <p>Theory producing</p> <p>Understanding stability and change</p> <p>Time focused</p> <p>Resource efficient</p> <p>Reduced participant attrition</p> <p>Team commitment maintained</p>
<p>LIMITATIONS</p>	<p>Time consuming</p> <p>Resource intensive</p> <p>Participant attrition</p> <p>Team interest/commitment</p> <p>Shifting appetite for knowledge</p> <p>Decontextualized findings</p>	<p>Time consuming</p> <p>Resource intensive</p> <p>Participant attrition</p> <p>Team interest/commitment</p> <p>Shifting appetite for knowledge</p> <p>Not representative</p>	<p>Time intensive “looking back”</p> <p>Particularized/context-specific</p>

Endnotes

<sup>1</sup>The Life Story Project, short for *Women’s experience of reproductive health in the family: A comparative life story project* was a SSHRC-IDRC funded international comparative study. There were three teams: The project and country lead for the St. John’s, Canada project was Marilyn Porter with Phyllis Artiss, Natalie Beausoleil, and Diana L. Gustafson. The country lead of the Karachi, Pakistan team was Tahera Aftab with (the late) Zareen Ilyas and (the late) Shakila Rehman. The country lead of the Jakarta, Indonesia team was Anita Rahman



with Tita Marlita and Kristi Poerwandari. The contents of this paper are the sole responsibility of the author.

<sup>2</sup>Kate Bezanson and Meg Luxton define *social reproduction* as the processes involved in maintaining and reproducing people, specifically the labouring population, and their labour power on a daily and generational basis.... It involves the provision of food, clothing, shelter, basic safety and health care, along with the development and transmission of knowledge, social values and cultural practices and the construction of individual and collective identities (3).

<sup>3</sup>Porter and Gustafson (12-13) coined the term *reproductive lives* to reflect women's interpretation of their lives, not as a series of discrete, medicalized, biological procreative events, but rather as continuous, interrelated, locally constituted, and embodied moments that involved actively reproducing family, community, and cultural values and traditions.

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