ABSTRACT

In Arab society, the subject of motherhood – especially early motherhood– has received scant research attention. Moreover, the very concept of early motherhood barely exists in Arabic and is notably absent in the professional literature on parenting and mothering. Hence, there is almost no information about common mothering styles among young mothers or the nature of the relationship between young mothers and their children. The present study addresses motherhood in Arab society in general and early motherhood among Arab mothers in particular. We examine early motherhood among Arab women undergraduate students in Israel, coping methods used, and clinical implications. The research aims to identify the norms that may be helpful or burdensome to the young women’s experience and to examine the changes that occur in their lives as they become mothers. We also seek to scrutinize the existence of family support and social solidarity, parsing the nature of that support and what it offers to these new mothers. The findings show that these Arab women students have been ill prepared and unaware of what awaited them during pregnancy and childbirth, and its aftermath. They had difficulty in accepting the fact of their pregnancy, a reluctance which exerted a negative influence on their mental and emotional state, and they were unprepared for giving birth. They felt rebellious to the point of non-acceptance of their newborn child and rejection of their own sense of maternity, bonding poorly with their infant and lacking a sense of responsibility for his or her care.

Early motherhood, considered a common phenomenon among Arab women, is nevertheless, rarely mentioned in Arab society. The very concept of early motherhood is all but nonexistent in Arabic and nearly absent from the literature of parenting and mothering. Such professional literature as does exist on early mothering, in Arab society in particular and in the world in general, portrays a mother under 19 years of age with a high school education and a low to upper middle socioeconomic status, whose primary motivation for assuming the role of young mother is attributed to social, economic and cultural factors (Minja, Shyam, & Vinod, 2005; Shawky, 2000; Williamson, 2013). Early motherhood has not been the subject of research in Arab society and this study seeks to help fill the void.

The study examines the characteristics, implications, and coping methods among very young married Arab mothers studying at a teachers college in Israel. We address the factors that hinder or otherwise influence the shape and character of the early motherhood experience; we look at the changes that occurred in the lives of these young women once they married and had a child. We also examine the level of family support and social solidarity and the kinds of tools they offer to these new mothers. This pioneering study is the first of its kind involving young Israeli Arab women students from the standpoint of their experience as young mothers. The study will also make an important contribution to existing theory concerning motherhood in general, and early motherhood in particular, and it will enhance the understanding of the link between early motherhood and its implications for the lives of young Arab women. This pioneering work in an area yet to be studied from these standpoints will allow for a broader understanding and further conceptualization and help to build a new body of knowledge about the phenomenon of early mothering in Israel among young Arab women in general and Arab women undergraduates in particular.

From the literature dealing with intra-personal and social sources, involving the various aspects of the meaning of motherhood (Arendel, 2000; Chodorow, 1989; Segal, 2001), it emerges that a woman’s gender identity is generally interwoven with motherhood. Motherhood and femininity have become desirable identities, and the role of motherhood continues to be perceived as central to a woman’s life (Baron, 2004). Arab society in Israel views marriage not just as a means to human continuity and stronger family ties, but also as reinforcing the dynamics of gender designed to assure the supremacy of the men of the family, who occupy the upper rungs of the family hierarchy, while preserving women’s traditional place as a mother, whose role is to bring children into the world and support, educate, and raise them (Barakat, 1984; Haj-yahia, 1995; Sharabi, 1988). Scholars who have studied the status of Arab women in recent years contend that it has undergone no revolutionary changes or transformations (Haj-yahia, 2006), and that changes taking place have been largely “quantitative”, mainly in education and workforce participation, rather than “qualitative”, addressing a woman’s status within the family and in her relationship to her spouse (Haj-yahia, 1995). There are trends toward preserving the Arab woman’s main role as mother. This, despite the integration of Arab women into institutions of higher education and the workforce outside their villages (al-Haj, 1995). Arab women still suffer from structural discrimination, nourished by social, legislative, and political norms (Shalhoub-Kevorkian, 2001). This oppressive attitude, as found by Sasson-Levy and Rappaport (2002), strives for a total control of the woman's body treating it as an asset belonging entirely to the society, in a more sweeping way than the manner in which a man’s body is treated, because these attitudes are shaped in the context of a discourse, laws, norms and institutions controlled by men.

The literature began addressing the subject of early motherhood in the late 1960s and focused on the phenomenon’s characteristics and scope in Western society (Furstenberg, Brooks-Gunn, & Morgan, 1987; Furstenberg, Levine, & Brooks-Gunn, 1990).

Only in recent years has attention been paid to the phenomenon of early motherhood in societies defined as traditional (e.g., Minja, Shyam, & Vinod, 2005; Williamson, 2013). Despite the fact that the circumstances surrounding early motherhood in the West, where it is generally called teenage motherhood and typically occurs out of wedlock (e.g., Kramer & Lancaster, 2009; Miller-Johnson, 1999), are very different from early motherhood in traditional societies, where it typically occurs within marriage, the literature views early motherhood as a phenomenon with broad negative impact on both very young mothers and on their infants. The literature offers almost no research addressing early motherhood in the Arab world. Meantime, the statistical data show that half of all women under 18 in Arab countries are married and have given birth by their 18th birthday. The statistics vary widely, however, from one country to another: married mothers under 18 comprise only about 2% of under-18 young women in Algeria, for example, compared with 75% in the Sudan and Nigeria (U.N.F.P.A., 2013). There is no statistics regarding young married Arab mothers in Israel.

Under the international Declaration of the Rights of the Child, anyone not yet 18 years of age is considered a child. Hence, women who marry and become pregnant while under the age of 18 are still defined in international law as children themselves; they are vulnerable to high levels of poverty and economic and social dependence, and physical and emotional risk; and they are generally denied the right to continue their education and to enjoy a fair and decent quality of life (U.N.I.C.E.F., 2008). Many studies have shown that early motherhood endangers the young mother’s physical and emotional health (Alam, 2000; Minja, Shyam, & Vinod, 2005). Studies examining the health implications of early motherhood show that giving birth at a young age endangers the mother’s physical health; very young mothers suffer from high levels of anemia, and they are more susceptible to pregnancy-related toxemia, infections, and intrauterine bleeding than mothers who give birth when older (Blume et al., 2013; Neal et al., 2012). The impact is not limited to the physical health of very young mothers, but includes their emotional health, too. Research (Horowitz, Klerman, Kuo, & Jekel, 1991; Lee & Gramotniv, 2006; U.N.F.P.A., 2012) shows that maternal burdens and responsibilities, along with the expectations of others that these young mothers behave responsibly, harms their emotional health. They are susceptible to higher levels of depression and emotional stress. They often experience serious emotional distress because their youth and lack of life experience makes it harder for them to cope emotionally with both marriage and parenthood. Other studies, examining the connection between cognitive development, school achievement and early motherhood, have found that the children born to very young mothers experienced greater developmental problems, both emotionally and cognitively. They also evidenced very low performance in school frameworks (Levine, Pollack, & Comfort, 2001). Additional studies that examined the connection between early motherhood and behavior problems in children found that behavior problems and adjustment issues are more common among children of younger mothers (Levine, Comfort, & Pollack, 2007). Similarly, children born to very young mothers typically face poverty and hardship, inadequate parenting and a lack of cognitive and environmental stimulation (Sawhill, 2004).

#### RESEARCH METHOD

##### Research Aim

The present study seeks to fill an existing void in the literature dealing with motherhood in Arab society in general and early motherhood among Arab mothers in particular. To do so, it examines characteristics of the experience of early motherhood and their implications for the lives of young Arab women studying at a teachers’ college in Israel. The study looks at the modes of coping employed by these students and highlights the factors that have aided them in coping with the experience of early motherhood despite the difficulties and obstacles they have encountered. It examines the changes that took place in the lives of these young women students as young mothers and looks at the role played by the family and the society, and the tools they offer to these young teachers-in-training in Arab society.

We have chosen to utilize open, in-depth interviews to explore these young women’s experience of motherhood, analyzing it through qualitative inquiry. The open in-depth interview allowed us to understand and construct the meaning of the experience described by the students. The goal in choosing this tool is to encourage the interviewees to disclose their story at length and talk about what it means to them, while recreating and constructing the experience being analyzed. This tool makes a significant contribution in helping the interviewee to forge an internal integration of the “self,” as she achieves a clearer understanding of what she has experienced and felt, and what it has meant to her. Thus, in fact, presenting one’s own story helps in creating order and allows one to look at one’s life with greater self-awareness in shaping one’s identity and strengthening one’s self-image and self-esteem (Seidman, 1991).

The central question in the interview addressed the experience of early motherhood: The birth of a first child is an emotional and complicated experience; tell me about that. What was it like for you then, and how has it influenced you since?

##### Participants

The research population included 40 young women studying toward a BA at two teachers’colleges in Israel who first gave birth when they were between 17 and 19 years of age. During the study, data was collected on the number of additional children, socioeconomic background, husband’s occupation, years of schooling, age at marriage, and age of becoming a mother.

The research population was assembled by convenience sampling: Our choice to focus on these two colleges was due to their relatively high percentage of young Arab women students who have become mothers at an early age while pursuing their studies toward a BA in teaching. The participants ranged in age from 18 to 30.

##### Encoding and Analyzing the Data

Our goal in analyzing the data was to look broadly and in depth at the reality we are studying – the experience of early motherhood, while identifying the most significant and central components of that experience for the participants. The process of analysis produced the central themes, enabled us to thoroughly familiarize ourselves with the material, its organization, and its value relative to our research questions, and helped us in a critical search for alternative explanations, as per the principles of the qualitative approach (Strauss, 1987).

For this study, we have chosen to use inductive analysis (Patton, 1987), in which the patterns, themes, and categories of analysis emerge from the interviews themselves. Coding and analyzing the data was done as a process of content analysis. The data collection and analysis was done by the researcher, who also located the interviewees.

#### RESEARCH FINDINGS

The findings of the study may be allocated to one of four content clusters.

The first content cluster addresses the young Arab women students’ experience of pregnancy and childbirth.

The second content cluster addresses the students’ subjective understanding of the experience of motherhood and its implications for the emotional wellbeing and general health of these students.

The third content cluster addresses the students’ ways of coping after becoming mothers, and the influence that this new maternal role has on the whole spectrum of how they live their lives.

The fourth content cluster addresses the presence or absence of personal and social support systems in the lives of the young Arab women students.

##### The Illusion Shatters

Despite the fact that the study does not deal with the early marriage experience, yet we the findings of this study show that married life and motherhood are intertwined and demand great responsibility and the ability to make major adjustments involving oneself, other people in one’s immediate circles, and the wider society. These young women are expected to be very mature and knowledgeable and to be able to take charge of the myriad tasks their new station in life presents to them, including managing a household and raising children. Most of the students reported major difficulties in the transition from single life to married life. The findings show that the young women’s lack of maturity at marriage and lack of preparation for dealing with the new tasks thrust upon them created stresses and crises, with feelings of frustration and low self-esteem.

One of the young women expressed this feeling of crisis as follows:

The transition was extremely hard, a crisis that was hard to cope with. I felt myself crashing, as if my world was collapsing. At home with my parents, I didn’t do anything; now suddenly I have to run a household, cook, function with my husband’s family, social obligations… With my parents, I didn’t do anything, I would drink a cup of tea in the morning before going to school and leave it on the table, come home to find the food ready, my room straightened up, even my shower was clean and tidy. Suddenly it all fell to me, it was hard, I was upset and crying most of the time. I couldn’t stand anyone, including myself.

Creating a new relationship of intimacy with a husband stood out as among the most difficult experiences, a serious challenge for these young students. Many reported major difficulty in this regard: building the intimate relationship, adjustment problems, insecurity and fear were all part of their first few years of marriage. The gap between conservative social expectations and the conservative education the young women had received, and the expectation that she would fulfill her role as a woman and know how to conduct an intimate relationship with her husband posed a tremendous obstacle in the young women’s acclimation to life as a couple. In Arab society there is a whole array of important values concerning the control of a woman’s body: honor, family honor, an unsullied reputation, shame, and modesty. This array is used to organize social behavior and serves as a tool operating directly on the woman’s body, mind, feelings and behavior (Azaizeh, Abu Bakr, Izikovitz, & Ghanem, 2009). The traditional education these women receive does not equip them to unravel the shame and the emotional blocks; the internalized voices telling them that this or that is prohibited are still echoing inwardly, undermining their ability to adjust to life as part of a couple and damaging the process of building an intimate connection within that framework. This issue was conspicuous for a great many of the interviewees.

As one student related:

My connection with my husband was very problematical at first. It took me a long time to open up and feel comfortable with him. I was embarrassed to change my clothes in front of him, and every time he approached me, I shrank inwardly. … They are always telling you something is forbidden, forbidden, forbidden. While we were engaged, my father did not allow us to go out together without a chaperone, and how much can you open up to your fiancé from his formal weekly visit? Then they expect you to be a woman and open up to your partner.

Other students stressed the implications of immediately becoming pregnant for their relationship as a couple. The students related that becoming pregnant so quickly prevented them from acclimatizing thoroughly and in a positive way with their husband. They frequently showed signs of fatigue and some even rejected their husband. Some preferred to live with their parents during the first months of pregnancy, until the accompanying side effects disappeared. This situation had an impact on the relationship and on the women’s ability to build an intimate connection with their husband. As one student described it:

When I was starting to get used to him (the husband) a little, I got pregnant. I was continually nauseated, with headaches, weakness; I couldn’t stand his odor or his touch, and then the birth… What life as a couple? … Do they (the family and the society) let you enjoy anything? I had only just been married and they already wanted me to have children, and they’re telling you to have more (children). How could you create a good connection as a couple under these circumstances?

Another transition the students mentioned as one that had an impact on their life as a couple was the birth and the day-to-day coping with the whole matter of childrearing, along with housework and their studies. Many of the students reported a lot of difficulty as a couple following the birth. One explained:

It had an influence on my life as part of a couple. I leave every day at seven in the morning and come back in the evening and start cooking and cleaning. At the end of the day I would get into bed drained and tired. This influenced my experience of life as a couple very much. With all the pressure, I wasn’t in a good mood, I had no energy to talk meaningfully with him, and certainly not for anything physical… There was a period where I felt it was all coming apart, that I was about to get a divorce.

##### Pregnancy as Surprising

Pregnancy and childbirth for these young women was characterized, according to the findings of our study, as a very difficult and complicated experience. The students said it had been hard to feel connected with the pregnancy. The surprise they felt at being pregnant can testify to their lack of awareness about their body and lack of preparedness for the experience of pregnancy and childbirth. Most of the students reported feelings of confusion, great difficulty, even a sense of shock in certain cases when they learned that they were pregnant. They expressed bitterness, trouble in accepting the fact, a lack of understanding and of readiness for pregnancy. They spoke of this profound lack of understanding of the significance of pregnancy and childbirth, and were deeply angry at their society and their parents. They were angry at the shroud of silence that surrounded the subject of sexuality, and at the fact that they had received no sex education at home, nor at school either. The young women thought that their lack of awareness about all this was the reason they got pregnant so fast, alongside the social pressure brought to bear on them by their immediate circles – their parents and their husband’s family.

One student related:

I didn’t expect to get pregnant. My plan was not to get pregnant at least for the first year of my marriage. I was very surprised to discover I was pregnant after the first month. I wasn’t able to take it in. On the one hand, I did feel relieved to know that I’m capable of becoming pregnant, but the bodily changes that began happening, and especially my moods, were hard on me. I didn’t think I could handle it. I felt unable to go on with this trek.

Another student explained:

It was a very difficult experience. In my third month of marriage, I discovered that I was pregnant. I was crushed. Especially because I was so young, I wasn’t yet 18. I was barely coping with my new life as a woman in a new marriage… I felt that I couldn’t bear the responsibility, that I wouldn’t be able to handle it, raising children, pregnancy and childbirth, everything seemed strange and frightening… I had days when I would hit myself in the stomach and pray day and night for a miscarriage. I was so angry at my parents. I was angry that they had forced me to marry, that they had put pressure on me about everything, at every stage… Even now I don’t feel as if I’ve really forgiven them.

It was not only the knowledge of and fear of the responsibility that led these young women to feel so confused and distraught; it was also their lack of any in-depth awareness of their own body and the real importance of sexual relations. Most of these young women reported that even their mother had not taken the trouble to explain to them about sex. They understood that sex is liable to lead to pregnancy, but their understanding was very superficial, and there was a gap between this knowledge and the implications of having sexual relations. Moreover, they had not had any coaching about contraception and they were expected not to use any. Sexuality was central to the dynamics of married life, but the subject was never mentioned. As another student said:

No one talked with me or explained anything to me. My relationship with my mother was very formal; she had never taken the trouble to talk with me about these subjects. By the way, I didn’t discuss this with my husband either. It took me two years to dare to open this subject with him. I was raised to believe that talking with him about this was forbidden.

Yet another student explained:

No, no, I didn’t have any in-depth understanding, no counseling and no instruction. I had read a little in books, and looked for information on the internet, but it was all theoretical and dry. I was embarrassed to ask my married friends. It was off limits (‘eeb’ in Arabic), embarrassing to talk about, so I carried on in complete ignorance. Here and there, I spoke of it with my husband, but I was always embarrassed and felt very awkward talking about it with him.

In a traditional Muslim family, there is almost no discussion of sex. It is not customary for parents to discuss it with their children. Talking about sexual matters, mainly among the less educated and more traditional strata, is considered embarrassing and someone who raises the subject is considered tactless and without honor (Almog, Hornstein, & Awawdah, 2009). Not only did these young students not receive any information or education about pregnancy and childbirth; there was a social expectation and social pressure for them to become pregnant immediately. The pressure was exerted primarily by the families of the husband and wife.

From the first month they ask you if you have gotten your period. You feel that you’re under a magnifying glass and must get pregnant to satisfy everyone. You don’t want it for yourself, and you totally don’t understand what they want from you. Always the same broken record: Come on, when are you getting pregnant?

Another student expressed frustration:

I haven’t even been married for three months and these interfering questions have already started: “Is there a bun in the oven yet?” As if I’ve been married for five years and haven’t been able to get pregnant. It’s a lot of pressure, as if by not getting pregnant immediately, something must be wrong with me. It’s hard to deal with and very frustrating.

##### Giving Birth While Emotionally in Hiding

Another theme to emerge from the findings of this study is about the experience of giving birth and coping afterwards. It is described by most of the young students as an extremely difficult experience; some term it traumatic. The women’s youth and unpreparedness, including emotionally, made the birth experience exceedingly difficult and turned it into something very traumatic.

One of the young women describes her experience of giving birth as follows:

When I got to the hospital, in labor, I went into the labor room and heard the other women screaming. Think about it, a girl of 18… I was frightened, I shut down, I didn’t want to give birth, I didn’t know what to do with myself. The pains only got worse, and I felt that I wanted to die… I asked God to take me. Nothing went well for me anymore at that point in my life.

Most of the students described the actual birth as difficult and lengthy, but the greatest difficult was clearly after the birth itself, i.e., the stage when they went home with this new creature and could not understand how to apprehend this new reality in their life. Many students described symptoms suggestive of post-natal depression. A lot of them reported an inability to feel like themselves again, emotionally; they felt sad and alone, and had trouble connecting with the physical changes their body had undergone: gaining weight, pain, and heightened sensitivity both physical and emotional.

Another student tells of great difficulty and of the thoughts that nagged at her:

I would cry all the time, and my thoughts were very harsh. I felt that I was a bad mother, who didn’t want her daughter, and often during nursing I thought about suicide. Everything was so hard, nothing made me happy, I hated myself, my body, I was like an emotional time bomb… and the hardest part was the way I felt about my daughter, I really did not want her… I didn’t want to live any more.

The inability to connect with one’s newborn was a significant component that arose in most of the interviews. This difficulty was evident along a broad spectrum of feelings – confusion, emotional instability, the sense that one’s feelings toward the newborn are not authentic; all the way to emotional rejection of the infant, anger, emotional disconnect, inability or unwillingness to nurse, lack of motivation to play with and physically touch the infant… and suicidal thoughts. Below are some selections in this vein from the interviews.

One student relates:

When they put the baby girl on me, I felt nothing; it was like playing with a doll. They called me to nurse her and I didn’t want to; I didn’t want to touch her, I didn’t bond with her… It took me months to connect with the baby in any way at all.

And another:

When they put the baby on my chest, I felt nothing toward her, I didn’t feel love, or affection, nothing, no feeling. It took me a long time to connect with her, months, maybe even a year. I even felt that I was faking the feelings in front of people. Inside myself I was uneasy and, mainly, afraid. When the baby cried, I got angry at her. I had no way to encompass her and no way to accept her. Often when she cried I would put something over my ears. It was very hard for me.

Although the great majority of the students reported that their families were supportive after the birth, the help and support was mainly comprised of physical assistance. There was almost no attention to the emotional or mental dimension in terms of the student’s needs. In this context, Cox (1998) contends, regarding depression and other post-natal emotional problems, that the “depressions” are not always a product of the bodily changes the women undergo after giving birth, but are a social problem, a product of the lack of emotional and physical support for women following childbirth. Assistance in this context in Arab society does not exist on the emotional dimension; no one embraces the new mother or helps her accept the changes happening to her and the pace of her recovery. The profound changes the mother is experiencing, the requirement that she devote ample resources in terms of time, strength, energy, and sacrifice, neglecting her own gratification and her own needs to attend to her maternal functioning – all of this falls mainly on the shoulders of the new mother herself. Thus, these young students find themselves in a very difficult new reality. Meantime, the great majority of them report that the physical assistance they did receive indeed saved them, providing an anchor for their attempts to cope and their child-rearing efforts.

##### Guilt Feelings

The young mothers noted that after their first experience of childbirth, they felt guilty due to the painful gap between the difficult first experience, with the feelings they had about it (including emotional disconnect, confusion, frustration, anger and reluctance), and the social expectation that demanded of them a beneficent maternal attitude aligned with the needs of their children. The students reported a heavy, painful feeling of being torn between their own emotional world and the expectations of them, between their desire to fulfill their maternal role well and their inability to do so, between the maternal fantasy and the reality. This was expressed by one student as follows:

It was very hard for me, my feelings of guilt ate me alive from within… my inability to connect with my baby girl troubled me greatly.

And:

Even today I still feel guilty about how I felt then; I say to myself, what had she done to deserve a mother like me? How can a mother not bond with her child?

The phenomenon of guilt feelings is also conspicuous in the research by Khatib-Mansara (2009) on the dilemmas among Palestinian mothers in the occupied territories. The research points to guilt feelings and other problems among Palestinian mothers due to the social demands made on them to get an education and to work outside the home, and the emotional price they pay. There is a gap between ideal mothering and real mothering.

##### Differences between First and Subsequent Births

Another phenomenon to emerge quite conspicuously was the difference between the experience with giving birth for the first time, and subsequent births. The students reported that their situation and their emotional state were different with the second and subsequent births, and they expressed a sense of maturity, confidence and competence.

One student explained:

My second birth was something else, it was a wonderful feeling, dear Lord, how dear they (the children) are. They brought the baby to me crying, I kissed him and wanted to nurse him right away.

And another:

###### My later births were a very different experience for me. First of all, I was more mature, I knew what it was all about, and something in me was more relaxed and more prepared for the experience. I tell you, the one who suffers is the first child, poor thing, because we make all the mistakes on him.

##### Coping after the Birth

##### Damaged self-image

Damage to self-image and low self-esteem are evident in the statements by students, in terms of the way they think and feel about themselves, or in other words, the way they perceive themselves. Many of the young women told of changes that had taken place in their self-image; they liked their bodies less after having given birth, they neglected themselves and did not look as good to themselves in the mirror. Some said that during pregnancy and childbirth they felt “objectified.” Most of them repeatedly mentioned the word “machine” as a metaphor for the body. Most said they felt that they, and their body, had been used as a childbearing machine, a nursing machine, a machine to serve the needs of others. One of the students described these feelings as follows:

I couldn’t stand myself after the birth; everything in my body had changed: suddenly I was fatter, my hair fell out, I felt like a machine, I nursed all the time, I never rested, I didn’t sleep at night. Something in this role wasn’t good for me. I felt that I wasn’t yet ready for it.

The birth experience did not affect only self-image, but also the behavior of the young mothers. Thus, for example, many reported a shift in their pattern of moods after having given birth.

My moods changed from one minute to the next; I became very sensitive. Every little thing upset me. Everything became unbearable. Even my outward appearance changed. My body changed. I didn’t like my body or myself after the birth. I was like a robot and I wasn’t in control of my own body…

It is noteworthy that many of their ideas, feelings and behaviors concerning the experience of childbirth and motherhood were influenced by their self-image. Thus, there is both theoretical and practical importance in understanding the reciprocal relationship between self-image and these behaviors.

##### The development of the self between the “I” and the “we”: New mothers construct the self.

The experience of constructing the self among the Arab women students interviewed for this study is complicated. The students were coping with dilemmas that juxtapose the actualizing of their individual aspirations and the social expectations aimed at them.They described their capitulation to societal and family expectations as arising from their belonging to an affinity group, requiring them to meet the expectations of family and society. As one student explained:

We are a hypocritical society, God knows. All our lives it’s one big game. All the time it’s what will people say, what they will say… As if I have nothing to say to myself… Nobody is satisfied with this behavior and yet it goes on, I don’t understand why… I have moments when I want to explode; no one sees you or your needs; our lives in the first years were mainly run by my mother-in-law. There was no room for me or my feelings. Not what I buy and what I bring home, or when I need to come and go; and then the physical sacrifices for them (meaning, her husband’s family) left me no room to breathe. Most of the time, I would run away to my parents to be able to breathe.

Meantime, many of the young women expressed bitterness and frustration at their inability to develop themselves apart from these expectations, to actualize a self that embodied their genuine desires. The difficulty in constructing a separate, atomic self, apart from these expectations, created a profound sense of confusion and sometimes an inability to understand the boundary between the “I” and the “we” (meaning the family and society). Sometimes this precipitated a personal crisis. One of the students said:

You aren’t living for yourself; you are living for everyone else, all the time. They don’t ask you about anything. Not what’s appropriate for you, or what you want… I have to please everyone else all the time, and you don’t have a single moment for yourself when you can ask, What do I want?...Truly, even now at my age, I don’t know what I want. They marry you off and you don’t really want to, and then they expect you to get pregnant when you don’t really want to, and they make you into a mother, when you are not really ready. I feel that I’m going from one station to the next in life without stopping to breathe and without thinking about my own wishes…”

##### Support systems in the lives of the young mothers in the study.

###### Another theme that stood out involves the support systems that Arab society provides to a young couple and to a new mother. In the general structure of Arab society, the family provides for the economic, social and emotional needs of the individual. This support, however, is conditioned on obedience to the accepted and traditional norms of the traditional family collective and the preservation of intra-family harmony and integration (Dwairy, 1998). There is a transaction here that the family offers to the new couple: family support in exchange for surrendering to the family’s values and rules. And indeed, the question of social support was one of the most conspicuous issues among the students interviewed. The vast majority of them reported that they had received support from close family members, physical support such as, for example, during childbirth; physical support to the new mother in caring for the infant; help with housework, food preparation, and the rearing and education of the children; and sometimes financial support, too. All of these were conspicuously mentioned as part of the family support that the new mothers received.

One student described this process as follows:

###### I got support from my mother and younger sisters. My mother took care of my daughters all the time. My children slept at my mother’s house most of the time. She cooked for them, fed them, raised them, and helped them flourish. My husband helped me some, but he too was very busy earning a living. I told my mother: You wanted to marry me off young, you wanted me to have children early, so, here you are – this is the result… Shoulder the responsibility.

###### Another student said:

Both my mother-in-law and my mother helped me a lot. The truth is, I hardly ever cook; we mostly eat at my mother-in-law’s. She and my mother both help me with raising the children. Well, my mother-in-law and my mother were constantly telling me, just have children and we will help you raise them. When I told my mother that I did not want to have children because I wanted to study, she told me – Have them and I will raise them for you.

##### Loss of control over the children’s education.

Social support is part of the family social contract and often extracts an uncomfortable price from the new mother. When that happens, it exacerbates the feelings of guilt harbored by the young mothers and frequently leads to frustration and a sense of having lost direction in the children’s education. Because the children spend so much time with the extended family, that becomes the source of much of their education in lifestyle, ideas and opinions – in directions with which their mothers may not agree. This reality creates conflict and dissonance for the new mother, between the ideal and the real, between the educational theories and values to which she is exposed in her studies and the reality her children are living. Most of the students interviewed spoke of these issues.

One of them related:

###### I felt that I had no control over my daughters nor over their education. They would come home and say things I didn’t like and I knew that these ideas were coming from my mother-in-law’s home, but what could I do? I needed their help… It means living with a huge disparity between the kind of ideal education I am learning about at college, and the reality of my life.

###### Some of the students talked about the disconnection created between them and their children following their decision to resume studying and leave the childrearing to the grandmothers. The painful feeling of being disconnected from their children and the guilt they felt for their decision gnawed at them, and the complicated relationships that developed between the young mothers and their children came to constitute part of the price these students were paying for their decision to resume studying and actualize their dreams and aspirations.

My daughter decided to call my mother “mom.” That was really hard. She cut herself off from me. She slept at her grandmother’s (my mother’s), almost every night, especially during exam periods. She used to blurt at me things like “I don’t love you, I love my grandma mom.” Or, “You’re not my mother, she is” – pointing at her grandmother.

DISCUSSION To embark on the discussion of the results of this study, I suggest that we distinguish between the concept of motherhood, defined in the literature as the relationship between a mother and her children from a physiological, sociological, and emotional standpoint, and the concept of maternity, defined as a quality expressing a given emotional stance toward another and toward ourselves (Perroni, 2009).

The disparity between the sense of motherhood and of maternity is the focal point of the outcome of this research. In my view, maternity is a central subject in this discussion, both because of the mother-child relationship (expressing a mother’s emotional stance toward her children) and because of the interpersonal relationships in general, which encompass the same general concept, and even more so when talking about a traditional society like Arab society which has a great influence both directly and indirectly on the nature and quality of the relationship between a young mother and her infant. In Arab society, an idealized concept of maternity is expressed in fantasies of an ideal experience of motherhood. For the most part, the fantasy and the idealization of this concept are far from the reality. The position of Arab society, which glorifies the role of mother, contains within it a sophisticated, even universal stance that is characteristic not just of Arab society, but of human society generally. The feminist critique has exposed this dimension, describing it as a sophisticated and manipulative process by the patriarchal establishment, aimed at displacing women from social positions of power and relegating them to the household sphere, which has led to discrimination against and suppression of women (El Or, 2001). I do not wish to present feminist writing as being at war against the phenomenon of motherhood, but rather to lay bare the manipulative stance that society assumes in its use of motherhood. This manipulation in Arab society imposes a tight supervision on the young Arab women's experience of motherhood, as seen in the research findings, and has an impact, too, on the way the identity and the emotional and mental situation of the young Arab mother is shaped.

The alterations and vicissitudes that have taken place in Arab society in Israel, scholars believe, have led to changes in lifestyle for the population and contributed inter alia to making it less traditional (Abu Bakr, 2011). Meantime, the mechanisms of supervision in traditional society develop and always operate when change is afoot, so that despite the change processes that Arab society has been undergoing in Israel, it has created sophisticated means of supervision for itself that see to the preservation of gendered power relations. These supervision mechanisms have made sure to emplace clear boundaries in cases when a woman deviates from normative behavior (Azaizah, Abu Bakr, & Ghanem, 2009; Maitse, 2000).

The phenomenon of early marriage among young women college students is, in my estimation, one of the results of this sophisticated apparatus of supervision in Arab society in Israel. This is a worrisome phenomenon, related to and interwoven with the experience of early motherhood. Society demands these young students to marry young, become pregnant and begin their experience of motherhood while they are still girls who are not yet ready to take on the burdens and hardships of this experience, and who are certainly not mature enough nor are their identities well-formulated enough. Joseph (1993) addresses the role of social, cultural and political structures in the process of building and shaping a self and an individual identity in Arab society. Her opinion is that, in Arab society, there is no expectation of a self that is coordinated, separate and atomic. From this study, it emerges that this reality has a decisive impact on the emotional health of the young students and on their ability to formulate an authentic self-identity connected with their individual needs.

The findings of the present study show that the inability of the young Arab women students to build an individual identity, connected with the self, led to feelings of emotional disconnect and emptiness among a large proportion of the interviewees. The students feel that society is using them in a manipulative manner, “objectifying” them to serve its existential needs.

This phenomenon is not unique to Arab society, and an extensive body of literature presents the dominance of “objectifying” social, scientific-medical and consumer narratives that relate to a woman’s body as one to be “disciplined” and “controlled.” In the present research, society’s need to control the woman’s body and fertility, and to relegate her to the household sphere (husband and children), has succeeded in assuring order, stability and continuity for the family system (Bordo, 1993; Brumberg, 1997; Saar, 2004), but at the same time has disrupted and sabotaged the emotional and mental fabric of the lives of these students.

Self-image is among the individual dimensions connected very closely with the formulation of a self-identity and it has crucial importance for normal development (Levy Michael, January 2006). The self-image of these young mothers in our study is influenced by the family and social expectations directed at them, more than by their individual achievements. The mutual dependence that the nuclear family has created between itself and the young mothers results in the behavior of the young women being directly influenced by the array of family and social expectations. The right to intervene in and to control the behavior of family members in Arab society is part of the society’s collective values and norms. For the family, outward appearances are a higher priority than is the actualization of the needs and aspirations of the individual member. Social awareness in Arab society has precedence over self-awareness, and navigating intelligently in a society of this kind depends on accepting the social norms and values (Dwairy, 1998).

The pressure exerted by the family and the society on the young mothers to rush into pregnancy, as expressed by most of the interviewees, raises the question as to how central a role in their becoming pregnant was played by social structuring, social attitudes and demands, and social prejudices. For many women, social attitudes and expectations serve as obstacles to building self-worth and actualizing their inner freedom so that, unconsciously, many women find that they have resigned themselves to, or sometimes have even identified with, the values of the patriarchal establishment that serves to limit their ability to choose (Perroni, 2009). The inability to build a self-image and self-worth, apart from the expectations of family and society, have succeeded in subverting the ability of these young mothers to accord first priority to their own wishes, feelings and thoughts as against the wishes and expectations of society, creating serious emotional dissonance for most of them. Society offers these young women an apparatus of support that proffers help, both physical and financial, with raising the children. This support apparatus tends to further confuse the young mother, exacerbating the dissonance for her: On the one hand, the support apparatus is tempting for a young woman in emotional, physical and social distress, and the support provided can ease her daily life and hence some of her burdens; meanwhile, however, it does not allow a space for independent thought and action, and so for most of the young mothers it does not provide an adequate solution to their emotional distress.

Taken together, that emotional dissonance and the lack of a feeling of bonding and connection with the infant portray the disparity between fantasy and reality.

The findings of this study testify to a complicated phenomenon with potentially long range implications, in the absence of legitimization for attesting to the severe gap between fantasy and reality in the experience of motherhood in Arab society. This gap is presented, for example, in the writing of psychoanalyst Donald Winnicott (1995), who introduced the concept of the “good enough mother.” There is an absence of social legitimization for raising the issue of the hardship, shame and guilt that accompany the experiences of the young mothers in this study, experiences so contradictory to the understanding of motherhood in Arab society, where for the most part motherhood enjoys an exalted status and is considered an inexhaustible wellspring of love, gentleness, compassion and sacrifice for the children. A longing for motherhood is considered only natural for any woman. Female fertility is viewed as a noble quality that contributes to the stability of family status (Saar, 2004). The students in this study point out the vast disparity between their experience of motherhood and their maternal feelings. The state of their motherhood is seen to be shaky, weak, difficult, depressed and unformulated. Their statements reveal the darker and harsher sides of motherhood, inter alia by demystifying some of the myths that burden it; this is not meant to diminish the value of the experience of motherhood in Arab society, but rather to transform this experience from an idealized one into something more human that encompasses the associated difficulties that influence the lives, identities, mothering, and mental and emotional health of the young mothers, as well as their future connection with their children. Perroni (2009) contends in this regard that motherhood is not only an individual event, but rather the expression of a universal fluctuation between health and ruin. In my view, good motherhood and maternity facilitate stability for the individual and the collective in all human societies, and enable healthy, sound emotional development, whether for members of a group or for the society overall. Studies have demonstrated that mature motherhood has a crucial influence on the emotional and sound development of the members of a society (Perroni, 2009); thus I see in the degree of maturity of young Arab women students a factor with crucial impact on the health of Arab society as a whole. Raising the age of marriage, relaxing the social supervision of Arab women’s wombs, and allowing them to exercise real choice about pregnancy and childbirth could facilitate sounder and more nurturing motherhood, insofar as possible – motherhood with positive ramifications for the emotional health of these young women, their children, and their entire society.

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