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Young women's experience of adolescent marriage and motherhood in Jordan

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ABSTRACT

Adolescent pregnancy and early motherhood are associated with poor social and physical outcomes. This study explored the experiences of marriage and motherhood among Jordanian young women. A descriptive qualitative design was employed. Participants ($n = 15$, age 15–37 years) who had experienced adolescent marriage and motherhood and who lived in eastern Amman, the capital of Jordan, were selected via snowball sampling. Data were collected by tape-recorded face-to-face interviews and analysed thematically. Five themes were identified: lost opportunities for personal development, learning to be submissive and indecisive, uncertainty toward cultural norms, ambivalent feelings toward a maternal role and empowering oneself to face life demands. The findings indicate that the experience of marriage and motherhood among Jordanian adolescents was mostly negative; they felt that they had been deprived of their rights, respect and the experience of being a young person. Additionally, they felt that the transition into motherhood was very difficult, and that they were prematurely forced into adult social roles and responsibilities, which caused them to experience numerous challenges. Adolescent mothers are a vulnerable group that should be better targeted by prevention and intervention measures.

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early marriage; married adolescents; adolescent mothers; early motherhood; experiences; Jordan

Background

Adolescence is a crucial transition stage from childhood to adulthood. At this time, boys and girls witness remarkable changes in their physical, cognitive and psychosocial condition. It is also a time of identity formation, building critical capacities and making important choices (Reber, Allen and Reber 2009; Sigelman and Rider 2011). Pregnancy at this stage however adds to the complexity of adolescence for young women. This is especially concerning as they may become mothers without adequate preparation to deal with early motherhood (Panday et al. 2009; UNFPA 2013) and

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have also to manage new roles and responsibilities while developmental tasks have not yet been accomplished (Pungbangkadee et al. 2008; Laghi et al. 2013).

Adolescent pregnancy constitutes a public health concern as it carries physical and psychosocial consequences for both adolescent girls and their offspring (Black, Fleming and Rome 2012; WHO 2014). Compared to adults, pregnancy and childbirth during adolescence are challenging: young women are more likely to have inadequate prenatal care, poor health status and a greater risk for maternal death and loss of their babies. Also, adolescent mothers may face social problems linked with low school attendance, unemployment and increased dependence on men (Al-Ramahi and Saleh 2006; Panday et al. 2009; Kingston et al. 2012). Research in South Africa and the USA has shown that the children of adolescent mothers may suffer from insecure maternal attachment and some are born prematurely and with developmental and intellectual delays (Hoffman 2006; Panday et al. 2009; Flaherty and Sadler 2011). They are more prone to dropping out of school, which jeopardises their academic performance (Panday et al. 2009). Furthermore, a study in the USA has shown that daughters of adolescent mothers are more likely to become adolescent mothers themselves and sons to be imprisoned (Hoffman 2006).

Given the above-mentioned drawbacks, the prevention of early pregnancy has been argued for in several reports issued by organisations including the World Health Organization (EMRO Eastern Mediterranean Region, Mahaini 2008). Nevertheless, adolescent pregnancy is still accepted, and even encouraged, in some conservative communities when it results from adolescent marriage.

Study context

Jordan is an Arabic, conservative low-middle income country in the Middle East. More than one half (54%) of the Jordanian population is below the age of 25 years and 23% are between 10 and 19 years old, half of which are girls (JDOS 2015). The legal minimum age of marriage is 18 years old for both boys and girls. Nevertheless, the law allows marriage to take place for girls at a much younger age in conditions approved by the Chief Justice, such as poverty (UNICEF 2014). Recent reports indicated that the proportion of married girls aged 15–18 years has increased from 13.2% in 2013 to 18.1% in 2015. Moreover, 18.9% of divorcees were girls who got married below 18 years (JHPC 2017).

The high rate of early marriage in Jordan is linked to tradition and economic factors. Most women have a male guardian, normally a father or husband, who has the power to make critical decisions on her behalf and on different issues, such as marriage and studying. Some parents resort to early marriage as a social norm to protect family honour and as a means to alleviate poverty or the burdens of a large family with many dependent daughters (UNICEF 2014). Traditionally, parents arrange marriages for their children and the newly wed girl leaves her parents' home to live in an extended family with a mother and father-in-law, along with the husband's sisters and brothers. It is a norm for Jordanians to live with their extended family. The family structure is patriarchal, with a male head of household and the major decision maker. Since Jordanian society is conservative, the general expectation for the newly married

adolescent is to fulfil traditional roles and responsibilities for adult women. Early pregnancy is one of the expectations that need to be met to prove fertility and cultivate a secure marital relationship (Shoup 2007).

Although the experiences of motherhood – including pregnancy, giving birth and nurturing children – are universal and part of human existence, they are subjective and unique as they are embedded in a woman's culture and context (Akujobi 2011).

In Jordan, relevant research has mostly focused on the adverse outcomes of adolescent pregnancy and ways to control it. Limited studies are however available on adolescent girls' experience of motherhood. Furthermore, relevant studies have been mostly conducted in less conservative countries, mostly western, where adolescent pregnancy may occur outside of marriage (Panday et al. 2009; Black, Fleming and Rome 2012; UNFPA 2013; WHO 2014).

In Jordan, adolescent pregnancy is different as it is planned, wanted through marriage and surrounded with family blessings, which make it a distinctive. The purpose of this study therefore was to understand the lived experience of marriage and motherhood among Jordanian young women with a first-born child. This insight will give health care providers the opportunity to identify needs of Jordanian adolescent mothers and to develop the support necessary to enhance their maternal role and health outcomes.

Methods

The study employed a descriptive qualitative approach using semi-structured interviews.

Sampling and sample

After being granted permission from a hospital located at eastern Amman to use of the hospital's birth registers to identify possible participants, the relevant files were collected and the potential participants were contacted. Recruitment proved difficult because participating in research was not a priority for many women or due to husbands' refusal. This resulted in fewer women being recruited than had been expected. As a result, snowball sampling (Polit and Beck 2008) was also utilised, with some participants being recruited through referral by the participants initially approached at the hospital. The study inclusion criteria were (1) Jordanian women who had given birth before 19 years of age, who were (2) willing to participate and share their experiences, and who (3) could express themselves clearly in Arabic. Possible participants were contacted by telephone initially, and individual meetings were arranged to discuss the purpose of the study and whether they would like to take part. The number of participants was determined based on the recurrence of themes in the data that strongly indicated saturation.

Fifteen Jordanian mothers from 15 to 37 years of age resident in east Amman agreed to participate in this study. All participants were Muslim, housewives of low socioeconomic status. On average, study participants first became pregnant at the age of 16, ranging from 14 to 19 years of age. Intergenerational early marriage was a common characteristic and to some extent justified their early marriage. The majority of

participants had completed elementary school and had no job skills. After marriage, 13 of the participants initially lived in an extended family setting; the remaining two participants had lived in a nuclear family setting since marriage. Relevant demographic information is contained in Table 1.

Setting

Old Amman where the study took place is located in the eastern part of the Jordanian capital of Amman. It is characterised by a densely packed neighbourhood with concrete facades, narrow roads and a simple lifestyle. It is densely populated and the residential area of poor conservative Jordanian families. Refugees and migrants from different Arab countries such as Palestine, Syria, Iraq and Egypt also live in this area. Most of the residents are labourers working on daily wages. Unemployment and low levels of education are common. Moreover, East Amman occupied the first rank among capital districts in registered cases of early marriage (JHPC 2017).

Data collection

Data were collected by means of tape-recorded, face-to-face interviews. All took place in private rooms at participants' homes, so that the participants could feel comfortable sharing detailed information about their personal experiences without being concerned about family pressure or judgement from others. Consistent with a qualitative approach, the leading question for each interview was an open one, as follows: 'Could you please tell me about your experience in early marriage and motherhood'? Probe questions were used thereafter to obtain additional details about their experiences. The interviews were conducted by the first two authors (MK and HZ) between Spring and August 2016 and each interview lasted 35 and 60 minutes. Recorded data were transcribed verbatim afterwards.

Table 1. Characteristics of Jordanian women who experienced pregnancy at the age of 19 years or younger ($N = 15$).

Participant ID	Age at conception in years	Participant education level	Husband education level	Number of pregnancies	Number of children	Contraceptive use
1. Reem	18	11th	12th	5	5	None
2. Samah	15	5th	8th	8	7	None
3. Sondos	15.5	8th	9th	3	3	None
4. Fatima	18	12th	University	3	2	None
5. Hala	16	7th	6th	17	11	None
6. Asma	15	8th	7th	3	2	None
7. Bushra	16	8th	8th	2	2	Pills
8 Fardous	17	9th	10th	5	5	None
9. Zeinb	17	10th	9th	2	2	None
10. Abeer	14.5	9th	9th	5	4	Pills
11. Elham	14	7th	9th	2	1	None
12. Sajeda	19	12th	5th	3	3	None
13. Doha	16	9th	3rd	1	1	None
14. Amal	15	9th	7th	2	2	None
15. Malak	16.5	10th	9th	8	6	None

According to Lincoln and Guba (1985), there are four types of trustworthiness in qualitative studies: credibility, transferability, dependability and conformability. In this study, credibility was maintained by conducting peer debriefing and data were compared with research findings and interpretations by a peer expert in qualitative data analysis in the field of nursing. Credibility was further established by bracketing throughout research process; with researchers setting aside their own judgements and preconceptions about adolescent motherhood to completely avoid personal bias. Dependability was established by having a third researcher check the themes and match the text from the participants to these themes.

Ethical considerations

The study was approved by the ethics committee of Al-Ahliyya Amman University. Participants older than 18 years gave written informed consent. Minor participants (<18 years old) gave assent and written informed consent was obtained from their guardians (husbands) prior to participation. The fact that participation was voluntary, anonymous and confidential was emphasised. To safeguard participation, only the researcher and participant were present in each interview. Participants were also informed that the disclosed information would not be shared outside the study. To ensure data confidentiality, a code was assigned to each participant and personal details were withheld from other involved parties (examiners and interpreters). It was also emphasised that the information would be kept for five years in a safe place (locked cabinet) accessible only to research team.

Data analysis

Colaizzi's method provided the analytical frame for this study (Sanders 2003; Speziale and Carpenter 2007). Analysis proceeded through a series of steps. Step one involved reading and re-reading each interview text to gain an-depth sense of the 'whole' of participants' related experiences. Then phrases or statements that directly pertained to the phenomena under investigation were put together in a significant statement. Peer debriefing was included in this step-wise process, the first researcher checked her significant statements against those selected by the second in order to reach consensus. The third step involved a rigorous and reflective process of reviewing significant statements to identify participant meanings that coded into categories and clustered into themes. This step was checked by an expert researcher who assessed whether the meanings were plausible and consistent. The net result of this work enabled the identification of emerging themes that provided an exhaustive description of the investigated topic. Finally, the findings were returned to participants for validation in order to ensure that the essence of the interviews had been captured correctly.

Findings

Data describing mothers' experiences of early marriage and motherhood were clustered according to the following five themes: lost opportunities for personal development, learning to be submissive and indecisive, uncertainty toward cultural norms, ambivalent

feelings towards a maternal role and empowering oneself to face life's demands. Pseudonyms were used to protect the identities of the participants.

Lost opportunities for personal development

Most participants expressed anger and regret at being married so early, as it had interfered with their plans for continued education. Consequently, they felt a lack of personal success and accomplishment.

> If I did not marry and have children at early age, I would [have] continue[d] my study at school. I dropped my school at 11th grade that was unfair, and I wish I would experience university education [and] life. Marriage affected my inspiration to study. (Reem – Interview 1)

The association between reduced educational opportunities and feelings of powerlessness and vulnerability were expressed by Abeer as follows:

> My parents feel guilty for letting me get married at early age of 15 years old; they deprived me from education as I must continue studying to get a certificate as a weapon for life, in case of crisis. (Interview 10)

Loss was also discussed in terms of childhood; adolescent mothers could no longer play like other children. Instead, they were transported directly into adulthood upon marriage. One participant, Elham, who became pregnant at age 14 said,

> I do like to go to recreation facilities to play but now it is not allowed even to go out of the house; they said to me 'you are married and a mother, you are an adult now, shame on you to play, go to your husband's house'. (Interview 11)

Another participant, Asma, explained,

> I don't encourage early marriage, because it is hardship and children bring responsibility while the person is still young. It makes you feel older and responsible for things, which is greater than what you can handle. (Interview 6)

However, some participants did expressed positive and accepting attitudes towards early marriage and childbirth, as Zeinb explained,

> I don't like school, early marriage optimise[d] my dreams and aspirations in life and it was a nice and exciting experience. (Interview 9)

Other participants said

> If time came back I would marry young, because marriage is a fact of life and having a family makes you feel comfortable. My husband knew I was young, he guided me and made me understand life, and know right from wrong, and how to deal with different issues. (Sondos – Interview 3)

> It is nice to marry early. When you are 20 years old you have children – that's is a nice feeling. You have a family and is a responsible person. (Amal – Interview 14)

Learning to be submissive and indecisive

Most participants lived within extended families; their roles were confined to the stereotype of the woman as the wife and mother, including cooking, cleaning and

bearing children. The decision-making process lay in the hands of their husbands or mothers-in-law, as if they had no control over their lives. Participants described how they were socialised from childhood into submissiveness and indecisiveness, first in their parent's home and then in their husbands'. They were raised in a social environment in which adolescent girls were neither expected nor allowed to move on their own outside the home, learned to be patient, and were expected to trust the decisions of elders, including decisions regarding their own health and fertility.

All participants mentioned that they were not allowed to seek help by themselves at a hospital or health centre because their husbands' or husbands' parents made the decisions about their health care. One of the participants, Amal, said

> I was not allowed to go outside the house alone even for the antenatal visits; only if accompanied by my mother-in-law or my sisters-in-law. (Interview 14)

Some participants' explained that they could not negotiate with their husbands on matters such as their own health care needs or methods of family planning.

> After I delivered my first baby, I told my husband that I wanted to use pills but he refused. He said he likes children. (Bushra – Interview 7)

Participants also mentioned that their mothering rights were not respected, especially by mothers-in-law who assumed that they were unable to care for their babies. One participant, Fardous, said

> I am young and ignorant mother in the eyes of my mother-in-law. I am only allowed to breastfeed him, from early morning the mother-in-law comes to my room and takes the baby. She said to me, 'this baby is for us. I will take care of him'. (Interview 8)

When malpractice occurred, they could not object.

> Sometimes they have malpractices like using salt when bathing the baby which I could not object no. Being young provides the opportunity [for you] to be controlled by the in-laws, and this is *haram*. (Abeer – Interview 10)

Most participants said that they did not have control over their daily expenses which were controlled by their fathers-in-law. One participant, Hala, said

> If I wanted to buy diapers for my child or milk, I need ask my father-in-law who gives me some of the expenses. (Interview 5)

Some participants were abused by their in-laws. Sajeda stated

> I got tired easily during my pregnancy, to take rest or to sleep is out of their dictionary I should work until I finished my duties. (Interview 12)

Participants also indicated that they had experienced verbal and physical violence when they objected or did not obey the decisions of their husbands or in-laws. One participant had experienced both verbal and physical violence, saying

> The in-laws tell lies many times about me. Because I am the youngest I can't reply, but one time I lost my patience, and faced them. But when my husband found out he became angry, he started to hit and insulted me, and threw me out of the house. (Doha – Interview 13)

She continued,

> I stayed [for] 7 months at my father's house. I was threatened to be divorced but some good people interfered and resolved the dispute, then I returned back to my husband's house.

Another participant, Samah, summarised her submissive and indecisive experiences thus:

> Early marriage has consequences, take away your rights, your personality is nothing, you are controlled by in-laws. When you are aware time is over and you can't change anything, you want respect, but it is not achievable. (Interview 2)

Uncertainty toward cultural norms

Adolescent mothers' uncertainty arises from insecurity about the ability to predict future events or what motherhood would entail (Handley 2006). The sources of uncertainty experienced by the participants related to the pregnancy itself and to childbirth, including when the birth would occur, the experience of labour and the final outcome, and the rules and culture of places of birth. In addition, they were uncertain how to care for their baby.

> My first pregnancy was not planned [so] suddenly I found myself pregnant. I was not aware what pregnancy was or its symptoms, my mother-in-law every month asked me about my period. When it was missed, she bought a pregnancy test from the pharmacy and informed me that I was pregnant. (Elham – Interview 11)

Uncertainty regarding normal delivery and fear of labour were described by many participants. Fardous explained,

> I went with my mother-in-law for regular antenatal visit, the doctor examined my abdomen and said the baby's pulse was very weak and I should go into hospital for delivery. Labour was very painful and difficult. Because I didn't have any information about the delivery process I was uncooperative with the health team and refused to open my legs and the doctor shouted at me many times. (Interview 8)

Another informant, Samah, said,

> At [the time of] delivery, I didn't know [anything] about childbirth, what was labour pain, how to give birth, but after [a lot of] agony I delivered by Caesarean section. (Interview 2)

Despite having positive attitudes about breastfeeding, many mothers did not initiate breastfeeding immediately after birth; some delayed because of the perception that there was not enough milk.

> I gave my baby both breast and bottle feeding because the quantity of my breast milk was not enough. (Malak – Interview 15)

All mothers in the study encountered difficulty caring for their new-borns, requiring help from others such as their mothers or mothers-in-law, who often took over in the personal hygiene of the baby by diapering, bathing, and attending to nutrition. This support was appreciated by many young mothers because they admitted they were not prepared to care for their children. One participant explained that,

> When you are young you don't have a personality that is suitable for childcare, I only gave breastfeeding while bathing, taking care of the umbilical stump was done by my mother-in-law. (Abeer – Interview 10)

Another said that

> I was afraid to give bath to the baby for fear of slipping from my hands, I wished I had information about childbirth and childcare before as preparation. Today women watch childbirth on You-Tube and are [better] prepared. (Fatima – Interview 4)

Regarding family planning methods, nearly all participants either did not have sufficient information or were advised not to use them by their mother-in-law, as it might cause infertility. One participant, Fardous, said

> I did not hear about family planning methods [until] after I [had] delivered the third baby. (Interview 8)

Another said

> Currently I don't use any kind of contraceptives because my mother-in-law said it is not good to use contraceptives after the first baby because they may cause infertility. (Elham – Interview 11)

Ambivalent feelings towards a maternal role

Conventionally, motherhood is associated with happiness about having a child and becoming a mother. However, motherhood may also entail conflict, problems, negativity and feelings of ambivalence (Parker 1997). In this study, maternal ambivalence arose from mixed feelings about the desire to have children combined with awareness of increased responsibility and doubts about their ability to be a good mother.

Although pregnancies among the participants were often unintended, some had positive feelings about motherhood and their role as mothers; however, many experienced ambivalence. Reem, explained that

> I was happy getting pregnant because it made me a mother, but at the same time I believe being unmarried is better. Inside me I was upset with pregnancy and unsatisfied as I was 17 years old and very young, I liked pregnancy and did not like it at the same time. I was ashamed about being pregnant to the extent that I hated my husband for that. (Interview 1)

She continued,

> I hated my pregnancy, I used to wear wide clothes to cover my big abdomen.

Another participant tried to end her pregnancy because she could not imagine herself as a mother:

> All the family members were very happy when I got pregnant, but for me I felt shocked, and started to jump up and down stairs to get rid of my pregnancy. I did not eat well during pregnancy since I didn't want [the baby]. (Fardous – Interview 8)

She continued,

> But when I delivered the baby and saw him all my feelings changed. I loved him so much I didn't want anybody else to touch him.

Although most participants were able to deal with the physical difficulties associated with pregnancy, many experienced high levels of distress. One participant said

> Thanks God my pregnancy was fine, and I was looking forward to see my baby but at the same time felt stressed because of kept thinking I am still [too] young to be a mother, and I don't know how to take care of my baby. (Zeinb – Interview 9)

Another participant said

> When I got pregnant, I felt scared because I used to see my sisters giving birth at home and they used to shout and scream during delivery. (Hala - Interview 5)

Children are welcomed in Arab societies; therefore, being a mother strengthens the bond with her husband, providing her with social recognition and decreased family conflicts. In relation to this, one participant said

> I loved being pregnant. I had feeling of being worthy of something and I just felt … important. And I was looking forward to having the baby … I couldn't wait for this little thing to look after and love. (Elham – Interview 11)

Another said

> The in-laws were troublemakers: they interfered with my life. At a certain point I decided to return back to my family home. But when they [the in-laws] knew I was pregnant, all these conflicts were resolved. (Doha – Interview 13)

Most women were not prepared for childbirth. They described experiencing shock, severe labour pain, and no knowledge on how to give birth; however, a few found it to be an easy and pleasant experience.

> I was pessimistic from delivery and asked what I did to myself and cried my eyes out. I had no idea about the birth process except [from] what I [had] watched in movies. How the baby came out I did not know, I did not imagine the severity of the pain. I shouted when the baby was delivered. It was supposed to be a happy moment, but it was not. (Fatima – Interview 4)

Another participant explained

> I was afraid from giving birth, it took me ten hours, but I forgot the pain when [eventually] I gave birth. (Amal – Interview 14)

In many cases, the participants reported avoiding the demands of their new role as mothers. One participant, Fardous, refused to breastfeed her new-born:

> Despite family members' advice about the importance of breastfeeding, I refused to breastfeed my baby for the first 3 days because I was shy and afraid of my baby, but later on I learned to enter a private room alone to breastfeed. (Interview 8)

All the participants relied on their mothers or mothers-in-law to assume primary responsibility for the care of their infants. One participant said

> Without the help of my mother I don't think I would have coped. For the first 6 months my mother take over the total care of my baby. (Malak – Interview 15)

Some adolescent mothers showed a low tolerance for infant crying, a lack of patience, a lack of understanding of normal growth and development and a preference for physical punishment. Fardous explained

> My first child was very difficult I didn't know how to deal with him, I was frustrated and exhausted. (Interview 8)

Another said

> I am always anxious and don't have the patience to interact with my child that I used to beat him. (Abeer – Interview 10)

Self-centredness is to a degree characteristic of the adolescent period and can prevent mothers from placing their infant's needs over her own or recognising cues from the baby. One participant stated that

> I breastfeed my daughter now. [I used to spend a] long time on [the] social media and forgot about her until she cried. My mother-in-law informed me that she was hungry, and I should breastfeed my daughter immediately when she wakes up and before starts crying. Breast-feeding is very important for her development (Elham – Interview 11)

Another said

> I was ignorant; when my first baby cried. I used to cry with her! (Samah – Interview 2)

Nevertheless, the majority of participants had a strong desire to be 'good' mothers. Despite the frequently difficult circumstances in which they lived, many wanted bright futures for their children.

> I had five children; sometimes I regret that, but at the same time I say they are beautiful, I'm loaded with [the] everyday tasks of cleaning the house and helping my children with their studies so as to become doctors and engineers, because certificates are very important to life. Anyway it is a big headache. (Reem – Interview 1)

Empowering oneself to face life demands

Because the women in this study came from environments where pursuing a career or continuing higher education were unacceptable, they were deprived of their effective contribution to the future well-being of their family and society. However, a few participants had taken control over their lives by making positive choices and setting goals. By doing so, they benefitted from their skills, income and own time as well as from their ability to change and improve their families' economic status and well-being.

One participant, Fatima was working as a clerk in a private hospital at the same time as she continued her higher education, said

> With early marriage I had responsibility too soon and [was] still young for pregnancy. It is good to have children while young, I can do many things, I study at the university now, but I don't enjoy that, the unmarried enjoy [it] more. I only go to lectures, doing things late is not a good thing, also I work, so the financial situation for our family is better now. (Interview 4)

Another participant, Sajeda, explained

> I chose to marry my husband because I loved him, but after marriage I discovered that he was not the man I dreamt off; he was a selfish, careless and irresponsible person. My children and I have suffered a lot from poverty and deprivation. I compensated for this life by depending on myself; at the beginning, I worked at home. I used my skills in craft,

sewing traditional cloth to improve the income of my family, but now I am working as chair to a charity association for orphans. (Interview 12)

Discussion

This study has examined experiences of adolescent marriage and motherhood among Jordanian women. Findings highlight the unique challenges many young women faced after marriage and when residing with their husbands' families. With early marriage, most participants reported a sense of loss. The most powerful experience was a loss of education, which undermined their self-confidence and decision-making power, and denied women the opportunity to become economically independent. Additionally, participants reported a loss of childhood and youth, personal freedom for mobility and peer social networks. These findings are consistent with broader literature detailing the social impact of early marriage on adolescent girls (Mahaini 2008). However, among participants with poor school performance and lower educational prospects, early marriage did serve as a path to economic stability and adult status; therefore, they reported smaller losses (Arendell 2000; Turner 2004).

Living in an extended family exerted had both positive and negative influence on adolescent mothers' lives. Financial and practical support from family members regarding care of the child and the looking after of child-care responsibilities, was a positive experience. Family support is crucial for the success of the young mother, particularly assistance from her own mother, as this emotional and practical support can promote the well-being of both the adolescent and her infant, On the other hand, because the mothers in the present study were biopsychosocially immature, poorly educated and socialised into submissiveness, they had little decision-making power over their future, their reproductive health and the care of their babies; these factors contributed to negative experiences at an early stage. For these reasons, married adolescent girls are among the most vulnerable group of adolescents and, thus, deserve special attention in policies and programmes.

Becoming a mother is a huge transition in a woman's life that is associated with physical and emotional change. Women need to recognise and incorporate these changes into their self-concepts and relationships (Wilson et al. 2000). Adult mothers usually accomplish this adaptation without major problems, but younger mothers can face difficulties with the emotional changes, resulting in greater problems in adapting to motherhood. In this study, uncertainty and ambivalence were the main emotional stressors experienced by the participants.

Lack of self-efficacy and lack of preparation and understanding of the motherhood experience were the main factors contributing to feelings of uncertainty and ambivalence among the participants. These in turn are positively correlated with maternal depression and parenting stress, which can adversely be affecting maternal adjustment (Handley 2006; Holub et al. 2007).

Cultural taboos surrounding public discussion of sexuality also contributed to limiting young women access to sexual and reproductive services and information. Mothers are expected to address daughters' sexual concerns; however, mothers are ill equipped to provide this information (DeJong and El-Khoury 2006).

Although women who married early often faced difficulties, motherhood proved to be a positive experience for some participants. In Jordan, a woman's identity is complete when she becomes a mother and motherhood is understood as central to both womanhood and femininity (Daibes et al. 2017). In addition, a child can give a woman a solid emotional anchor and ally in her husband's family's home and provides her with social recognition, especially when the new-born is a boy. Parents also enjoy seeing their grandchildren. However, participants in this study felt that motherhood during adolescence was a challenging experience. Their ability to meet the demands of maternal role was hindered by their immaturity and lack of knowledge.

A well-known proverb states that, 'when you educate a woman you educate a nation'. An educated woman tends to marry later and have healthier and better-educated children. She is confident in herself and able to control her own actions, life and body. Furthermore, she can assume a more active role in social and economic decision-making throughout her life (Birech 2013). In this study, some women were able to take control over their lives and have taken steps toward being self-determined and choosing where they can contribute to their future and their family income. Empowering oneself is necessary for women to take charge of their lives with grace, strength and confidence.

Limitations

Our study had several limitations. First, while a qualitative approach can provide rich insight into the experience of motherhood among young women in eastern Amman, the results cannot be generalised to all Jordanians, many of whom live in very different circumstances. A second limitation pertains to the use of the studied population adolescent mothers themselves as first-hand information; recruitment proved difficult even with incentives. Therefore, we included women from older age groups who had married and gave birth during adolescence. This leads to a third limitation: the study investigated mothering experiences during the first pregnancy; therefore, the recall of events and interactional processes described by older participants may be biased by their more recent experiences.

Conclusions

Despite global concern about the high incidence of adolescent pregnancies, few countries, including Jordan, have translated this concern into programmes to address the needs of young women. This may be due to lack of awareness of their specific needs. Findings from the present study suggest that the experience of marriage and motherhood participants were mostly negative; they felt that they had been deprived of their rights, respect and their adolescent experiences. Additionally, they felt that the transition into motherhood was difficult and that they were prematurely forced into adult social roles and responsibilities and, therefore, experienced numerous challenges.

Early marriage is rooted in culture and tradition so stopping the practice requires long-term investment. Change needs to happen within individuals, families and communities and be supported by government and civil society institutions and laws.

Strengthening adherence to existing laws and regulations in Jordan may likely have a significant impact (UNICEF 2014). Enhancing girls' access to good quality secondary education and empowering them with information, skills and support networks can help reduce social and economic isolation and encourage young women to become knowledgeable and self-confident in order to control their lives (ICRW 2013).

Nurses and midwives can also play a valuable role in preventing early pregnancy by educating adolescent girls about sexuality in schools. Also enrolling adolescent girls in mothering programmes during and after pregnancy may help them better prepare for motherhood and more adequately cope with life situations. These programmes should address both physical and psychological changes, healthy lifestyles and the birth process. They should also educate young mothers in child growth and development, typical childhood diseases and methods of family planning. Encouraging often hesitant young woman to write down questions for nurses prior to a visit may give them the efficacy to ask the right questions. Information and education can lessen many of the uncertainties and ambivalence associated with mothering. Early intervention to decrease emotional stress will facilitate optimal maternal and child health outcomes.

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References

Akujobi, R. 2011. "Motherhood in African Literature and Culture." *Comparative Literature and Culture* 13(1):1–7.

Al-Ramahi, M., and S. Saleh. 2006. "Outcome of Adolescent Pregnancy at a University Hospital in Jordan." *Archives of Gynecology and Obstetrics* 273:207–210.

Arendell, T. 2000. "Conceiving and Investigating Motherhood: The Decade's Scholarship." *Journal of Marriage and the Family* 62(4):1192–1207.

Black, A.Y., N.A. Fleming, and E.S. Rome. 2012. "Pregnancy in Adolescents." *Adolescent Medicine: State of the Art Reviews* 23(1):123–138.

Birech, J. 2013. "Child Marriage: A Cultural Health Phenomenon." *International Journal of Humanities and Social Science* 3(17):97–103.

Daibes, M., R. Safadi, T. Athamneh, I. Anees, and R. Constantino. 2017. "Half a Woman, Half a Man; That is How They Make Me Feel': A Qualitative Study of Rural Jordanian Women's Experience of Infertility." *Culture, Health & Sexuality* 20(5):516–530.

DeJong, J., and D. El-Khoury. 2006. "Reproductive Health of Arab Young People." *British Medical Journal* 333:849–851.

Flaherty, S., and L. Sadler. 2011. "A Review of Attachment Theory in the Context of Adolescent Parenting." *Journal of Pediatric Health Care* 25(2):114–121.

Handley, M. C. 2006. "Emotional Responses to Pregnancy Based on Geographical Classification of Residence." *Online Journal of Rural Nursing and Health Care* 6(2):7–17.

Hoffman, S. 2006. *By the Numbers: The Public Cost of Teen Childbearing*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.

Holub, C.K., T.S. Kershaw, K.A. Ethier, J.B. Lewis, S. Milan, and R. Ickovics. 2007. "Prenatal and Parenting Stress on Adolescent Maternal Adjustment: Identifying a High-Risk Subgroup." *Maternal and Child Health Journal* 11(2):153–159.

International Center for Research on Women (ICRW). 2013. *Solutions to end child marriage*. Accessed 3 June 2017. https://www.icrw.org/wp-content/uploads/2016/10/19967_ICRW-Solutions001-pdf.pdf

JDOS Department of Statistics. 2015. "Statistical Yearbook 2015." [Arabic language] Jordan. Accessed 15 December 2016. http://dos.gov.jo/dos_home_a/main/yearbook_2015.pdf

JHPC Higher Population Council. 2017. "A study on child marriage in Jordan." Accessed 17 January 2018. http://www.sharjordan.org.jo/sites/default/files/A%20Study%20On%20Child%20Marriage%20in%20Jordan%202017.pdf

Kingston, D., M. Heaman, D. Fell, and B. Chalmers. 2012. "Comparison of Adolescent, Young Adult, and Adult Women's Maternity Experiences and Practices." *Paediatrics* 129(5):1228–1237.

Laghi, F., E. Baumgartner, G. Riccio, Y. Bohr, and B. Dhayanandhan. 2013. "The Role of Romantic Involvement and Social Support in Italian Adolescent Mothers' lives." *Journal of Child and Family Studies* 22(8):1074–1081.

Lincoln, Y. S., and E. G. Guba, 1985. *Naturalistic Inquiry*. Newbury Park, CA: SAGE.

Mahaini, R. 2008: "Improving Maternal Health to Achieve the Millennium Development Goals in the Eastern Mediterranean Region: A youth lens." *Eastern Mediterranean Health Journal* 14:S97–S106.

Panday, S., M. Makiwane, C. Ranchod, and T. Letsoalo. 2009. *Teenage Pregnancy in South Africa - with a Specific Focus on School-going Learners' Child, Youth, Family and Social Development*. Human Sciences Research Council, Pretoria: Department of Basic Education.

Parker, R. 1997. "The Production and Purposes of Maternal Ambivalence." In *Mothering and Ambivalence*, edited by Featherstone and Hollway, 17–36. London: Routledge.

Polit, D. F., and C. T. Beck. 2008. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. Philadelphia: Lippincott.

Pungbangkadee, R., S. Parisunyakul, K. Kantaruksa, K. Sripichyakarn, and. S. Kools. 2008. "Experiences of Early Motherhood Among Thai Adolescents: Perceiving Conflict Between Needs as A Mother and an Adolescent." *Thai Journal of Nursing Research* 12(1):70–82.

Reber, A., R. Allen, and E. Reber. 2009. *Penguin Dictionary of Psychology*. Harmondsworth: Penguin Books.

Sanders, C. 2003. "Application of Colaizzi's Method: Interpretation of an Auditable Decision Trail by a Novice Researcher." *Contemporary Nurse Journal* 14(3):292–302.

Speziale, H.J., and D.R. Carpenter. 2007. *Qualitative Research in Nursing: Advancing the Humanistic Imperative*. 4th ed. Philadelphia: Lippincott.

Shoup. A. 2007. *Culture and Customs of Jordan*. Westport: Greenwood Press.

Sigelman, C. K., and E. A. Rider, 2011. *Life-span Human Development*. Belmont, CA: Wads worth, Cengage Learning.

Turner, K.M. 2004. "Young Women's Views on Teenage Motherhood: A Possible Explanation for the Relationship between Socioeconomic Background and Teenage Pregnancy Outcome." *Journal of Youth Studies* 7(2):221–238.

United Nations Children's Fund (UNICEF). 2014. *A Study on Early Marriage in Jordan*. Accessed 20 August 2016. https://www.unicef.org/jordan/UNICEFJordan_EarlyMarriageStudy2014-E_COPY_.pdf

United Nations Fund for Population Activities (UNFPA). 2013. *The State of World Population 2013. Motherhood in Childhood*. Wadsworth: Cengage Learning. Accessed 20 August 2016. http://www.unfpa.org/swp

Wilson, M. E., M.A. White, B. Cobb, D. Greene, and D. Popovich. 2000. "Family Dynamics, Parental-Fetal Attachment and Infant Temperament." *Journal of Advanced Nursing* 31(1):204–210

World Health Organization (WHO). 2014. *Fact Sheet 2014: Adolescent Pregnancy*. Accessed 13 September 2016. http://www.who.int/mediacentre/factsheets/fs364/en/