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Aasli Abdi Nur

Date

**The Influence of Changing Social Norms on Qatari Women's Perceptions of
Gender and Empowerment During their Pregnancy**

By

Aasli Abdi Nur
Master of Public Health

Hubert Department of Global Health

Kathryn M. Yount, PhD
Committee Chair

Laurie James-Hawkins, PhD
Committee Member

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By

Aasli Abdi Nur

Bachelor of Arts
Washington University in St. Louis
2013

Thesis Committee Chair: Kathryn M. Yount, PhD

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2017

Abstract

The Influence of Changing Social Norms on Qatari Women's Perceptions of Gender and Empowerment During their Pregnancy **By Aasli Abdi Nur**

Background: In Qatar, socially conservative views promoting women's participation in the domestic sphere are reinforced through familial expectations of childbearing and motherhood. However, the neo-patriarchal family structure is becoming increasingly incongruous with globalization, shifting social norms, and state-building goals that require Qatari women's participation in the public sphere to sustain economic growth.

Aim: The aim of this analysis was to contextualize the content and meaning of constructs like women's empowerment, particularly the enabling resources at women's disposal that influence Qatari women's perception of their mental health and well-being during pregnancy.

Methods: This study used grounded theory to analyze 25 semi-structured qualitative interviews with pregnant Qatari women at the Women's Hospital of Hamad Medical Corporation in Doha.

Results: Women's perception of pregnancy as a facilitator of empowerment differed widely. This variation was attributed to differing levels of social and economic dependency experienced during pregnancy. However, shifting social norms coupled with women's access to enabling human and economic resources led to participants' identification of education a key facilitator of empowerment for women and a pathway to economic independence in Qatari society.

Discussion: While societal norms continue to place a high value on the family, stressors attributed to kin relationships influence women's mental health during pregnancy in Qatar. Contextualizing measures of empowerment in this setting may help characterize the associations between women's agency and maternal and child health outcomes in the Arab Middle East.

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To my friends, thank you for lending an ear when I needed to edit out loud, forgiving me when I disappeared to write from time to time, and reminding me to look after my own health and well-being in pursuit of this public health degree.

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1. Introduction

Pregnancy and motherhood represent salient life course transitions for women throughout the world. In Gulf Cooperation Council (GCC) countries – Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, the United Arab Emirates – they are considered a source of both prestige and identity (Hessini, 2007; Kulwicki, 2003). Socially conservative views continue to dominate in the region, where expectations of motherhood reinforce women’s participation in the domestic sphere. However, the desire to preserve a patriarchal social structure based on hierarchical social expectations for women and men increasingly conflicts with the forces of globalization and women’s participation in economic growth and development (Alvi, 2005; Hasso, 2010; James-Hawkins, Qutteina, & Yount, 2016; Kandiyoti, 2001; Moghadam, 2003a, 2003b, 2005). In Qatar, the pursuit of higher education has led to a shift in normative attitudes regarding women’s participation in the labor market (Baki, 2004; James-Hawkins et al., 2016; Mills, 2003). The co-existence of aspirations for higher education and employment among women who retain customary attitudes about family expose the internal conflicts at play (James-Hawkins et al., 2016). This research looks at how competing desires to engage in the public and private spheres influence women’s transition to and experience of motherhood, as well their hopes for the future.

Using Kabeer’s multidimensional conceptualization of women’s empowerment (Kabeer, 1999), this analysis explored the ways in which enabling human, economic, and social resources enhance women’s ability to vocalize views that may contradict the norm and make strategic life choices during pregnancy. Determining the degree to which women exercise agency requires an understanding of the preconditions that enable, or constrain Qatari women during this period. Historically, asymmetrical power relations in public and private life have perpetuated women’s reliance of male kin for economic support and social protection (Kabeer, 2011; Kandiyoti, 1988). The *patriarchal bargain* theorizes that women leverage their reproductive capability in exchange

for financial support from men (James-Hawkins et al., 2016; Kandiyoti, 1988, 2005; Moghadam, 2003a; Yount, 2005). In Qatar, calls for women to be mothers and to work have contributed to normative conflicts for young women (James-Hawkins et al., 2016). For those transitioning to and experiencing motherhood, the reconciliation of customary attitudes about gender and gender relations with improved access to enabling resources presents new challenges for the integration of not only women, but also mothers, in the country's process of social and economic change.

This analysis used interviews with 25 pregnant Qatari women to explore the extent to which these shifting social norms influence women's attitudes about pregnancy, motherhood, and their plans for the future. In accordance with classical patriarchy, women considered motherhood as an affirmation of their place in society as well as the fulfillment of their social and moral obligation to socialize their children, as future generations of Qatari nationals. However, participants' attitudes about pregnancy in relation to women's empowerment varied widely. This paper argues that, while Qatari women continue to place a high value on marriage, family formation, and kin relationships, stressors attributed to social and economic dependence substantially influenced their mental health during pregnancy. Participants commonly referenced fears of divorce, pregnancy complications, and changes to their physical appearance as weakening factors that fostered a sense of disempowerment. These findings suggest that, in response to these concerns, women identified education as a key facilitator of empowerment for Qatari women and a pathway to economic independence. Thus, participants reframed education as a kind of certainty in uncertain times. As social norms continue to change rapidly in Qatar, women's increased participation in education must be matched by employment opportunities that support their participation in the labor market and afford them improved economic security.

1.1 Research Gap

Maternal mental health in pregnancy is an important correlate of maternal and child health outcomes (Beydoun & Saftlas, 2008; World Health Organization, 2008). Literature on mental health in the Arab Middle East suggests higher levels of stress, anxiety, and depression among women as compared to men in the region (Yount & Smith, 2012). However, prenatal stress and other psychosocial correlates are understudied among pregnant Qatari women, as well as other women in Arab Middle Eastern populations.

1.2 Research Aim

The aim of this research is to contextualize the content and meaning of constructs like women's empowerment, particularly the enabling resources at women's disposal that influence Qatari women's perception of their mental health and well-being during pregnancy. The following research questions were developed to explore these constructs:

1. How do Qatari women view pregnancy and motherhood in relation to their empowerment?
2. How do customary attitudes about gender and motherhood interact with changing social norms for pregnant women in Qatar?

1.3 Significance Statement

Qatar seeks to develop a comprehensive women's health program as part of the National Health Strategy for 2011-2016. This targeted approach to address women's unique health care challenges includes enhanced prenatal care and treatment for postpartum depression. Women's empowerment as a determinant of maternal perinatal health is understudied. Closing this gap in research is important in Qatar, where women's empowerment, in the context of family cohesion, and women's mental health in the postpartum period are explicit components of Qatar's national priorities for national growth and population health moving forward.

2. Literature Review

2.1 Economic Development in Qatar

Qatar experienced unprecedented economic growth over the last fifteen years. As the world's largest exporter of liquefied petroleum gas, the development of the hydrocarbon industry led to a dramatic transformation in the social and economic landscape of the country (Badry & Willoughby, 2015). Representing 55% of government's economy, oil and gas sustain investments in a variety of sectors (Organization of the Petroleum Exporting Countries, 2016). Revenue generated from these exports continues to fund the construction and maintenance of infrastructure, thereby substantially improving the standard of living. With approximately 99% of the total population now living in urban areas, increased access to health care and other social services have dramatically improved health outcomes and overall quality of life for Qataris (World Health Organization, 2015).

Investing in Women's Health

Important improvements in maternal and child health reflect changes in socioeconomic living conditions, as well as the Qatari government's commitment to improve women's health outcomes across the life course (Rahman, Salameh, Bener, & El Ansari, 2010). The vast majority of Qatari women today receive antenatal care during pregnancy, with approximately 96% of pregnant women attending at least one antenatal visit, and 92% attending at least four visits (World Health Organization, 2015). Furthermore, improvements in antenatal, postnatal, and delivery care coincided with a consistent reduction in maternal mortality between 1990 and 2015 (Ministry of Development Planning and Statistics, 2015; Rahman et al., 2010; World Health Organization, 2015). Despite the recent plateau in mortality rates, survival outcomes in Qatar remain comparable to high-income countries, due largely to the investments made in maternal and child health infrastructure (Rahman et al., 2010).

2.2 Improving Access to Education

In the early 1950s, oil production and exportation also funded the expansion of education in Qatar. Before this time, family finances heavily influenced women's access to education and other enabling resources, and as a result, women's training was restricted largely to Islamic education. A private tutor typically conducted studies in the home until girls reached a marriageable age (Bahry & Marr, 2005). In 1955, the government took steps to improve women's access to education by opening the first public primary school for girls (Bahry & Marr, 2005). Government schools provided students with free access to education, which began to shift social norms associated with women's education and their status in society. By 2001, the government made primary education compulsory for all children in Qatar (Bahry & Marr, 2005; James-Hawkins et al., 2016; Ministry of Education, 2016). These policy changes helped close the gender gap in literacy, as women advanced beyond the primary level to enrollment in secondary and tertiary education.

To reduce dependence on oil and gas, the Qatari government continued to make substantial investments in education and social infrastructure (Donn & Al Manthri, 2010; Rahman et al., 2010). While the intention was to transform the labor market, these changes reshaped women's role within society by affording them equal access to education (Donn & Al Manthri, 2010). State-building goals required women's participation in economic development to meet the demands of the global marketplace (Donn & Al Manthri, 2010; James-Hawkins et al., 2016). With that in mind, political leadership encouraged women's pursuit of education through promotional campaigns, media-outlet messaging, and financial provisions incentivizing academic achievement in higher education (James-Hawkins et al., 2016). Increasingly drawn to the public sphere through education and desired labor market participation, these changing social

norms created new challenges for women balancing personal goals with the expectation to uphold customary values that promoted women's primary roles as mothers in society.

2.3 Conflicting Social Norms in Qatar

Changing social norms in Qatar influenced women's status in society in paradoxical ways, as new, conflicting policies emerged. On one hand, globalization's reconfiguration of the labor market created a demand for women's participation in the public sphere, which enhanced their ability to access enabling human and economic resources. On the other hand, changing norms, which evolved in part due to policies favoring globalization, represented a potential threat to the customary attitudes that dominated in Qatar and throughout the region. These views prioritized motherhood over employment to preserve the neo-patriarchal structure that the government promoted (James-Hawkins et al., 2016). The increasing interconnectedness that benefited Qatar economically presented a challenge to the more static cultural institutions guided by Islamic principles that dictated the existing gender system (Moghadam, 2003b). Accordingly, the patriarchal system of government in Qatar stressed the importance of preserving the family unit so as not to disrupt the customary kinship system. As a result, women received conflicting messages in the state's efforts to modernize Qatar while addressing the profound social changes taking place throughout the region.

Women in the Neo-Patriarchal State

Whereas classical patriarchy has tended to describe family systems in agrarian economies, "neo-patriarchy" offers a contemporary conception of the patriarchal bargain (James-Hawkins et al., 2016; Moghadam, 2003b). The neo-patriarchal state links religion to power and authority, placing the family unit at the country's foundation (Moghadam, 2003b). Thus, one's social identity is constructed around the family. Similarly described as the religious-tribal perspective (Al Gharaibeh, 2015), this view aligns with patriarchal norms that limit women's

contributions to customary duties in the private sphere. In this context, the public and private sphere can be dichotomized into the societal realm of government systems and institutions and the domestic realm of family and home life, respectively.

As ‘mothers of the nation state’ (Kandiyoti, 1991), women play a critical role in private sphere, preserving “culture” and transmitting customs to future generations. (James-Hawkins et al., 2016; Moghadam, 2003b). By framing childrearing as a moral obligation, women’s domestic duties are linked to the preservation of nation-building ideologies, while men engage in the economic realities of the state through employment and participation in public life (Hunt, 2013; Joseph, 2010; Papanek, 1994). The gendered hierarchies that are reproduced in this system obstructs women’s access to the public sphere by institutionalizing their roles within the private sphere (Joseph, 2010; Ruddick, 1997).

2.4 Kin Relationships and Social Mobility

Customary attitudes about motherhood in the Arab Middle East situate childbearing as the primary means of social mobility (Missal, 2013; Moghadam, 2003b). This trajectory encourages conformity because it promises women eventual authority and respect in marital household (Kandiyoti, 1988, 2005; Missal, 2013). However, asymmetrical gendered power relations in the public and private sphere limit older married women’s authority to subordinated women in the kin group (Kandiyoti, 1988). Thus, women engage in the neo-patriarchal bargain in the hopes of securing economic support and social security from male kin (James-Hawkins et al., 2016; Kandiyoti, 1988).

Educational and economic opportunities through state welfare and other social programs offer the new generation of Qatari women a potential pathway to economic independence. Still, young women also must navigate the customary systems that afford women social support and

security through kin relationships. Qualitative research with college-aged women in Qatar showed that, despite their access to higher education, young women generally adhered to the customary social expectations of marriage and motherhood. Some participants in the study openly subscribed to the neo-patriarchal bargain despite its incompatibility with their personal goals (James-Hawkins et al., 2016). The authors found that increased opportunities for women ultimately led to increased pressures with regard to the management of competing work and family responsibilities, indicating a need for further study on the influence of enabling resources on women's psychological health and well-being in the Qatari context.

Transforming the Social Landscape

Scholars have argued that, throughout the Middle East and North Africa (MENA), economic growth and social changes have weakened patriarchal kinship systems and the social expectations of women in them (Moghadam, 2003b). Shifting population demographics, delayed marriage, and declines in fertility have weakened these structures, particularly with regard to gender relations, which relied heavily on certain religious and social norms of “gender complementarity” (Moghadam, 2003b). In recent years, the Arab Middle East has seen an increase in the average age at first marriage, alongside a decrease in overall family size (Rashad, Osman, & Roudi-Fahimi, 2005). These changing patterns in family formation have important implications for women, as high fertility, low literacy, low labor force participation are associated with the low status of women (Moghadam, 2003b).

Qatar has seen dramatic changes in rates of fertility and literacy over the past few decades. Between 1960 and 2014, the total fertility rate fell from 7.0 to 2.0 births per woman (World Bank, 2015), and today the gender literacy gap has nearly closed with almost all men (97.8 %) and women (97.5%) aged 15 years or older classified as literate (UNESCO Institute of

Statistics, 2016). Despite these improved outcomes, women's labor force participation remains low in Qatar (Donn & Al Manthri, 2010), presenting a challenge with respect to women's economic security outside of marriage. In the presence of conflicting state-sponsored policies, the new generation of Qatari women must reconcile their adherence to customary social expectations for motherhood with the desire for employment and participation in a rapidly expanding public sphere (James-Hawkins et al., 2016).

2.5 Women's Participation in the Labor Market

Economic growth fostered new global partnerships, which transformed the public and private sectors in Qatar. However, this process of globalization also presented challenges with regard to the marginalization of Qatari women in the labor market (King & McGrath, 2002). The economic boom experienced in Qatar during the early 2000s increased the demand for migrant labor, because the size of the skilled Qatari population did not keep pace with the expanding economy. The influx of migrant workers contributed substantially to the nearly 80% increase in population size over the last 25 years (World Health Organization, 2015). This influx increased the population of nearly half a million in 1990 to 2.4 million in 2015 (World Bank, 2015). Qatari nationals, once the majority, now represent approximately 14% of the population (De Bel-Air, 2014; World Bank, 2015).

Reconfiguration of the labor force can be seen throughout the MENA region, with foreign laborers now representing 72% of the total labor force in GCC countries and 95% of the labor market in Qatar, Bahrain, and the United Arab Emirates (Al-Najjar, 2002; Donn & Al Manthri, 2010). Today, the private sector is the major employer of foreign labor, as private companies typically employ expatriates over nationals. Despite the imbalance in employment opportunities in the public and private sector, Qatari women benefitted from the presence of

domestic workers, who reduced the time women dedicated to household labor, ostensibly facilitating their entry into the labor market (Al-Najjar, 2002).

In response to the increased privatization of industries and commercial enterprises offering opportunities for highly skilled work, GCC countries implemented nationalization policies, which sought to reshape their workforce by increasing the share of employed nationals (Donn & Al Manthri, 2010). Despite these efforts, women's participation in the labor market in GCC countries is among the lowest in the world (Donn & Al Manthri, 2010).

'Over-educated and Under-employed'

Walby argues that patriarchy can be dichotomized into two main forms, public and private, which correspond to the spheres occupied by men and women in society (Moghadam, 2004; Walby, 1990). Private patriarchy excludes women from social life that extends beyond the domestic sphere to facilitate the appropriation of their services by patriarchs within the household. This differs from public patriarchy, which does not obstruct women's access to the public sphere, but instead subordinates their role within it. (Moghadam, 2004; Walby, 1990). For Qatari women, access to education as a means of entering the public sphere comes with a set of limitations that continue to subordinate them in society. The inability to expand employment opportunities to match women's academic fields of interest obstruct women's path to economic independence through jobs in both the public and private sector. Such impediments to women's participation in the public sphere align with the policies of the neo-patriarchal state, which hinder women's ability to achieve economic independence and uphold hierarchical social expectations for women within the traditional kin system.

The growing presence of women in the educational system has not been matched with opportunities for women's employment, due in large part to the parallel realities that exist for men and women in the job market (Donn & Al Manthri, 2010; Ottsen & Berntsen, 2014). As a

part of the neo-patriarchal state, gender segregation at the secondary and tertiary level remains a prominent feature of the Qatari education system. Such segregation accommodates customary views that discourage interaction between men and women, while ostensibly granting women and men equal access to educational opportunities. Unfortunately, the availability of jobs that offer gender-segregated environments are limited to the public sector, while most job opportunities can be found in the expanding private sector (Donn & Al Manthri, 2010). According to a report by the Qatar Planning Council, 66.5% of Qatari women expressed disinterest in working in a mixed private sector compared to 20.2% of Qatari men (Gonzalez, 2008; Qatar Planning Council, 2002). These preferences are reflected in the disproportional rates of structural unemployment for men (15%) and women (28%) in Qatar, suggesting a discrepancy between the availability of jobs that match the skills of those seeking work (Donn & Al Manthri, 2010).

Despite high levels of education in a variety of fields, women in GCC countries typically take positions in the education and health sectors because those sectors more often offer socially acceptable, gender-segregated working environments (Donn & Al Manthri, 2010). This narrowing of employment opportunities also contributes to disproportional rates of employment by gender in Qatar, as women struggle to secure jobs that align with their skills while also providing gender-segregated working conditions in accordance with social expectations

2.6 Accessing Enabling Resources during Pregnancy

Research is needed on the incentives and restrictions that women face with regard to their empowerment in the Gulf states (Moghadam, 2003b; Spierings, Smits, & Verloo, 2010). Previous studies on facilitators of and barriers to women's empowerment in the region have focused predominately on macro-level analyses of factors such as culture, education, and

economic growth (Pampel & Tanaka, 1986; Spierings et al., 2010; Tansel, 2002), however, the interactions between micro- and macro-level determinants has been neglected (Spierings et al., 2010). Despite governmental efforts to develop policies that prioritize women's empowerment and involvement in the public sphere, women remain underrepresented in the labor market. This reality perpetuates women's economic reliance on men, despite higher percentages of women than men studying at the tertiary level (James-Hawkins et al., 2016). For women transitioning to motherhood, increased access to enabling resources has created intergenerational differences, forcing younger generations of women to navigate rapidly changing norms in pursuit of financial security and social support that extends beyond traditional kin systems.

Economic and structural transformation have been well documented throughout the Arabian Gulf, however, the influence of these changes on shifting social norms on women's access to enable resources continues to have a profound impact on women's health and well-being. Contextualizing measures of empowerment in this setting may help characterize the associations between women's agency and maternal and child health outcomes in the Arab Middle East. As women transition to motherhood, their reliance on enabling resources extends beyond their needs to include the support of their children. Stressors associated with the added expectation of responsibility to their children has the potential to cause distress during the prenatal period. With that in mind, the aim of this study is contextualize the content and meaning of constructs like women's empowerment, with a particular focus on the enabling resources at women's disposal that influence Qatari women's perception of their mental health and well-being during pregnancy.

3. Manuscript

3.1 Introduction

Pregnancy and motherhood represent salient life course transitions for women throughout the world. In Gulf Cooperation Council (GCC) countries – Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, the United Arab Emirates – they are considered a source of both prestige and identity (Hessini, 2007; Kulwicki, 2003). Socially conservative views continue to dominate in the region, where expectations of motherhood reinforce women's participation in the domestic sphere. However, the desire to preserve a patriarchal social structure based on hierarchical social expectations for women and men increasingly conflicts with the forces of globalization and women's participation in economic growth and development (Alvi, 2005; Hasso, 2010; James-Hawkins et al., 2016; Kandiyoti, 2001; Moghadam, 2003a, 2003b, 2005). In Qatar, the pursuit of higher education has led to a shift in normative attitudes regarding women's participation in the labor market (Baki, 2004; James-Hawkins et al., 2016; Mills, 2003). The co-existence of aspirations for higher education and employment among women who retain customary attitudes about family expose the internal conflicts at play (James-Hawkins et al., 2016). This research looks at how competing desires to engage in the public and private spheres influence women's transition to and experience of motherhood, as well their hopes for the future.

Using Kabeer's multidimensional conceptualization of women's empowerment (Kabeer, 1999), this analysis explored the ways in which enabling human, economic, and social resources enhance women's ability to vocalize views that may contradict the norm and make strategic life choices during pregnancy. Determining the degree to which women exercise agency requires an understanding of the preconditions that enable, or constrain Qatari women during this period. Historically, asymmetrical power relations in public and private life have perpetuated women's reliance of male kin for economic support and social protection (Kabeer, 2011; Kandiyoti, 1988).

The *patriarchal bargain* theorizes that women leverage their reproductive capability in exchange for financial support from men (James-Hawkins et al., 2016; Kandiyoti, 1988, 2005; Moghadam, 2003a; Yount, 2005). In Qatar, calls for women to be mothers and to work have contributed to normative conflicts for young women (James-Hawkins et al., 2016). For those transitioning to and experiencing motherhood, the reconciliation of customary attitudes about gender and gender relations with improved access to enabling resources presents new challenges for the integration of not only women, but also mothers, in the country's process of social and economic change.

This analysis used interviews with 25 pregnant Qatari women to explore the extent to which these shifting social norms influence women's attitudes about pregnancy, motherhood, and their plans for the future. In accordance with classical patriarchy, women considered motherhood as an affirmation of their place in society as well as the fulfillment of their social and moral obligation to socialize their children, as future generations of Qatari nationals. However, participants' attitudes about pregnancy in relation to women's empowerment varied widely. This paper argues that, while Qatari women continue to place a high value on marriage, family formation, and kin relationships, stressors attributed to social and economic dependence substantially influenced their mental health during pregnancy. Participants commonly referenced fears of divorce, pregnancy complications, and changes to their physical appearance as weakening factors that fostered a sense of disempowerment. These findings suggest that, in response to these concerns, women identified education as a key facilitator of empowerment for Qatari women and a pathway to economic independence. Thus, participants reframed education as a kind of certainty in uncertain times. As social norms continue to change rapidly in Qatar, women's increased participation in education must be matched by employment opportunities that support their participation in the labor market and afford them improved economic security.

Background

Qatar experienced unprecedented economic growth over the last fifteen years. As the world's largest exporter of liquefied petroleum gas, the development of the hydrocarbon industry led to a dramatic transformation in the social and economic landscape of the country (Badry & Willoughby, 2015). Revenue generated from these exports continues to fund the construction and maintenance of infrastructure thereby substantially improving the standard of living. With approximately 99% of the total population now living in urban areas, increased access to health care and other social services have dramatically improved health outcomes and overall quality of life for Qataris (World Health Organization, 2015).

Significant advancements in maternal and child health reflect changes in socioeconomic living conditions as well as the Qatari government's commitment to improving women's health outcomes across the life course (Rahman et al., 2010). The vast majority of Qatari women today receive antenatal care during pregnancy with approximately 96% of pregnant women attending at least one visit and 92% attending at least four visits (World Health Organization, 2015). Furthermore, improvements in antenatal, postnatal and delivery care have led to a consistent reduction in maternal mortality between 1990 and 2015 with rates comparable to high-income countries, due in large part to the investments made in maternal and child health infrastructure (Ministry of Development Planning and Statistics, 2015; Rahman et al., 2010; World Health Organization, 2015).

In an effort to reduce dependence on oil and gas, the Qatari government continued to make significant investments in education and social infrastructure (Donn & Al Manthri, 2010; Rahman et al., 2010). While the intention was to transform the labor market, these changes reshaped women's role within society by affording them equal access to education (Donn & Al

Manthri, 2010). Prior to this time, women's access to education and other enabling resources was heavily influenced by family finances and was restricted to Islamic education. State-building goals required women's participation in economic development to meet the demands of the global marketplace (Donn & Al Manthri, 2010; James-Hawkins et al., 2016). With that in mind, political leadership encouraged women's pursuit of education through promotional campaigns, media outlet messaging, and financial provisions incentivizing academic achievement in higher education (James-Hawkins et al., 2016). Increasingly drawn to the public sphere, these changing social norms created new challenges for women simultaneously looking to uphold the customary values that promoted women's primary roles as mothers in society.

Changing social norms in Qatar influenced women's status in society in paradoxical ways, as new, conflicting policies emerged. On one hand, globalization's reconfiguration of the labor market created a demand for women's participation in the public sphere, which enhanced their ability to access enabling human and economic resources. On the other hand, changing norms, which developed as a direct result of globalization policies, represented a potential threat to the customary gender attitudes that dominated in Qatar and throughout the region. Customary views prioritized motherhood over employment to preserve the neo-patriarchal structure established by the government (James-Hawkins et al., 2016). While globalization benefited the Qatari economy, it posed a challenge to the more static cultural institutions embedded within Islamic principles that also dictated the existing gender system (Moghadam, 2003b). Accordingly, the patriarchal system of government in Qatar stressed the importance of preserving the family unit to counter disruption of the traditional kinship system in response to modernization and the profound social changes taking place throughout the region.

Whereas classical patriarchy has predominantly been used to describe agrarian social systems, “neo-patriarchy” functions as a modern industrial conception of the patriarchal bargain (James-Hawkins et al., 2016; Moghadam, 2003b). The neo-patriarchal state inextricably links religion to power and authority, placing the family unit at the core of its foundation (Moghadam, 2003b). As a result, one’s identity within society is constructed around the family rather than the individual. Similarly described as the religious-tribal perspective (Al Gharaibeh, 2015), the neo-patriarchal view aligns with customary norms by limiting women to traditional roles within the domestic sphere. As ‘mothers of the nation state’ (Kandiyoti, 1991), women play a critical role in preserving culture and transmitting customs to future generations. (James-Hawkins et al., 2016; Moghadam, 2003b). Framing childrearing as a moral obligation solidifies women’s roles in the private sphere by linking them to the preservation of nation-building ideologies, while men alone engage actively in the economic realities of the state through employment in the public sphere (Hunt, 2013; Joseph, 2010; Papanek, 1994). Reproducing gendered hierarchies through this system obstructs women’s access to the public sphere by institutionalizing their roles in the private sphere (Joseph, 2010; Ruddick, 1997). In the region, customary attitudes towards motherhood reinforce childbearing as the primary means of social mobility. However, asymmetrical power relations between men and women in the public and private sphere limit women’s exercise of authority to subordinated women within the kin group (Kandiyoti, 1988). Thus, women engage in the neo-patriarchal bargain with male kin to receive economic support and social security (James-Hawkins et al., 2016; Kandiyoti, 1988).

Scholars have argued that, throughout the Middle East and North Africa (MENA), economic growth and social changes have weakened patriarchal kinship systems and the social expectations of women in them (Moghadam, 2003b). Shifting population demographics, delayed

marriage, and declines in fertility have weakened these structures, particularly with regard to gender relations, which relied heavily on certain religious and social norms of “gender complementarity” (Moghadam, 2003b). In recent years, the Arab Middle East has seen an increase in the average age at first marriage, alongside a decrease in overall family size (Rashad et al., 2005). These changing patterns in family formation have important implications for women, as high fertility, low literacy, low labor force participation are associated with the low status of women (Moghadam, 2003b).

In the Qatari context, educational opportunities offer the new generation of women a pathway to economic independence. Still, these women must also navigate the traditional systems that afford women social support and security through kin relationships. Qualitative research on college-aged women in Qatar found that, despite their access to enabling human resources, young women generally adhered to patriarchal gender roles with some subscribing to the neo-patriarchal bargain despite its incompatibility with their personal goals (James-Hawkins et al., 2016). The authors found that increased opportunities for women ultimately led to increased pressures with regard to the management of competing work and family responsibilities, indicating a need for further study on the influence of enabling resources on women’s psychological health and well-being in the Arab Middle East.

Economic growth fostered new global partnerships, which transformed both the public and private sector in Qatar. However, this process of globalization also presented challenges with regard to the marginalization of Qatari populations (King & McGrath, 2002). The economic boom experienced by Qatar during the early 2000s increased the demand for migrant labor, because of relatively small size of the skilled native population at the time. The influx of migrant workers contributed substantially to the nearly 80% increase in population size over the last 25

years alone (World Health Organization, 2015). This resulted in a population of approximately 2.4 million with Qatari nationals, once the majority, now only representing approximately 14% of the total population (De Bel-Air, 2014; World Bank, 2015).

Reconfiguration of the labor force can be seen throughout the region, with foreign laborers now representing 72% of the total labor force in GCC countries and 95% of the labor market in Qatar, Bahrain, and the United Arab Emirates (Al-Najjar, 2002; Donn & Al Manthri, 2010). Lower levels of employment among women in the region have been associated with the availability of jobs that offer gender-sensitive environments, which are limited to the public sector while the vast majority of job opportunities can be found in the expanding private sector (Donn & Al Manthri, 2010). According to a report by the Qatar Planning Council, 66.5% of Qatari women expressed disinterest in working in a mixed private sector compared to 20.2% of Qatari men (Gonzalez, 2008; Qatar Planning Council, 2002). These preferences are reflected in the disproportional rates of structural unemployment for men (15%) and women (28%) in Qatar, suggesting a discrepancy between the availability of jobs that match the skills of those seeking work. (Donn & Al Manthri, 2010).

Despite high levels of education in a variety of fields, women in GCC countries typically accept positions in the education and health sectors because those sectors offer socially acceptable gender-segregated working environments (Donn & Al Manthri, 2010). This narrowing of employment opportunities subordinates women by limiting the number jobs that align with their skills as well as provide gender-segregated working conditions. The inability to expand employment opportunities to match women's academic fields of interest hinder women's ability to establish their economic security through jobs in both the public and private sector. Such impediments to women's participation in the public sphere align to the policies of the neo-

patriarchal state, which limit women's opportunities for economic independence, thereby relegating women to gender roles within the traditional kin system.

There is a need for research on the incentives and restrictions that women face with regard to their economic empowerment in the Gulf states (Moghadam, 2003b; Spierings et al., 2010). Previous studies on facilitators and barriers in the region have focused predominately on macro-level analyses of factors such as culture, education, and economic development (Pampel & Tanaka, 1986; Spierings et al., 2010; Tansel, 2002), however, the interactions between micro- and macro-level determinants has been neglected (Spierings et al., 2010). Despite government efforts to develop policies that prioritize women's empowerment and involvement in the public sphere, the empirical realities indicate significant underrepresentation of women in the labor market. This perpetuates women's reliance on men, despite the proportion of women studying at the tertiary level exceeding men in Qatar today (James-Hawkins et al., 2016). For women transitioning to motherhood, increased access to enabling resources has created intergenerational differences, forcing this new generation of women to navigate rapidly changing norms in pursuit of financial security and social support that extends beyond traditional kin systems.

Economic and structural transformation have been well documented throughout the Arabian Gulf, however, the influence of these changes on shifting social norms continues to have a profound impact on women's health and well-being. Contextualizing measures of empowerment in this setting may help characterize the associations between women's agency and maternal and child health outcomes in the Arab Middle East. As women transition to motherhood, their reliance on enabling resources extends beyond their needs to include the support of their children. Stressors associated with the added expectations of responsibility to their children have the potential to cause distress during the prenatal period. With that in mind,

the aim of this study is contextualize the content and meaning of constructs like women's empowerment, with a particular focus on the enabling resources at women's disposal that influence Qatari women's perception of their mental health and well-being during pregnancy.

3.2 Methods

This analysis used semi-structured interviews (SSIs) conducted with pregnant Qatari women who presented at the Women's Hospital of Hamad Medical Corporation (HMC) in Doha, Qatar. The SSIs represented the first stage of qualitative data collection in a mixed-methods study led by Emory University and the Social and Economic Survey Research Institute (SESRI) of Qatar University. Prior ethnographic research in the region has identified women's attitudes about the status and rights of women as contextually relevant indicators of their own agency (Hoodfar, 1997). This study used qualitative data collection to contextualize the content and meaning of constructs like women's empowerment, particularly the enabling resources at women's disposal, which inform perceptions of their mental health and well-being.

Study Site

HMC is the largest state-owned health care provider in Qatar, and the Women's Hospital is the only tertiary care maternity and neonatal center in the country. According to the government, there were 25,443 live births in Qatar in 2014 (Ministry of Development Planning and Statistics, 2015). Approximately 70% of births took place at HMC. Thus, the Women's Hospital offered a suitable location to sample pregnant women with normal diagnoses in Qatar.

Participant Recruitment

Using purposive sampling, research assistance recruited women through an iterative process in the waiting area of the Women's Hospital Outpatient Clinic of HMC. Interviewers visited the Women's Hospital four times per week recruiting participants in the waiting area directly. Physicians also contributed to recruitment by mentioning the study to women during

their appointments. All study participants were interviewed in a private room while waiting for their prenatal appointment at the Women's Hospital of HMC.

Based on the inclusion criteria, those eligible to participate were (a) Qatari nationals, (b) pregnant in their second and third trimester, and (c) willing to participate in the study. Non-national Qatari women were excluded in this study. This study also excluded women who experienced life-threatening conditions or complications during pregnancy to control for confounding factors that might lead to prenatal distress.

Research assistants conducted a total of 26 interviews, 25 of which were transcribed and used in this analysis. The interview excluded from analysis lasted only eight minutes and therefore was not transcribed by the research assistants at SERSI. Of the remaining 25 interviews, 20 were completed and digitally recorded. Two of the interviews were not recorded at the participant's request, and interviewers actively took notes during these interviews. The three remaining interviews were recorded but were only partially completed because the participants did not return after their scheduled clinic visit to finish the interview.

Although the participants shared the same nationality, research assistants sampled participants diverse in their current age, age at first marriage, age at first pregnancy, stage of pregnancy, education, and work experience. Table 1 provides key demographic information on the women that participated in this study.

Table 1. Selected demographic characteristics of pregnant Qatari women interviewed

Interview	Age	Length of current pregnancy	Parity	Age at marriage	Age at first pregnancy	Education
Participant 1	32	9 mo.	1	23	29	High school degree
Participant 2	38	2 mo.	10	14	15	Primary school
Participant 3	36	8 mo.	4	25	26	Bachelor's degree
Participant 4	29	6 mo.	2	22	23	Attended university
Participant 5	31	7 mo.	1	22	29	3 years of university
Participant 6	29	9 mo.	2	24	26	University degree
Participant 7	21	9 mo.	1	19	20	n/a
Participant 8	34	8 ^{1/2} mo.	0	n/a	n/a	3 years of university
Participant 9	32	9 mo.	2	28	28	n/a
Participant 10	40	7 mo.	4	n/a	29	Primary school
Participant 11	44	5 mo.	4	34	35	University degree
Participant 12	n/a	9 mo.	0	n/a	n/a	High school
Participant 13	31	7 mo.	2	26	28	Secondary school
Participant 14	26	5 mo.	0	23	26	Educated - level is unclear
Participant 15	34	8 mo.	6	18	19	Some university education
Participant 16	27	5 mo.	1	24	25	Bachelor's degree
Participant 17	38	5 mo.	3	31	32	High school degree
Participant 18	40	7 mo.	3	25	25	Educated - level is unclear
Participant 19	31	4 mo.	3	21	22	High school degree
Participant 20	n/a	6 mo.	1	n/a	n/a	Bachelor's degree
Participant 21	31	9 mo.	2	25	24	High school degree
Participant 22 ^a	n/a	n/a	n/a	n/a	n/a	n/a
Participant 23	33	9 mo.	7	19	20	High school degree
Participant 24	40/41	6 mo.	3	31/32	32/33	Bachelor's degree
Participant 25	38	5 ^{1/2} mo.	3	31	32	High school degree
Participant 26	24	8 ^{1/2} mo.	3	16	16	Secondary school

^a Interview ended before demographic data was collected

Data Collection Process Guide

In preparation for data collection, members of the research team with expertise in qualitative research developed a protocol for training interviewers. During the training session, the interviewers were trained in qualitative research techniques, research ethics, translation, and transcription. Following the training, two research assistants at SESRI conducted 10 pilot interviews using the initial SSI guide. Research assistants at SESRI transcribed and translated all pilot interviews verbatim into English. The research team conducted debriefing sessions during the piloting stage to identify issues raised in the interviews, to facilitate iterative data collection, and to ensure data quality. Based on the results of the pilot interviews and feedback from members of the research team, research assistants reordered and adjusted the questions to improve flow and ensure that the language captured relevant information.

Once revisions were complete, two additional pilot interviews were conducted to test the guide and to finalize the data collection protocol at the clinic. The final version of the guide had seven parts: (1) the introduction, (2) women's definitions and experiences of empowerment in pregnancy, (3) women's definitions and experiences of disempowerment in pregnancy, (4) freedom of movement in pregnancy, (5) economic decision-making, (6) women's experiences of "stress" in pregnancy, and (7) concluding questions (see Appendix A).

Interview Observations

Four female research assistants from SESRI, fluent in English and Arabic, collected qualitative data at the Women's Hospital from May 2016 to July 2016. Research assistants conducted all interviews in Arabic and digitally recorded them with the participants' consent. A designated note-taker was present during each interview, and was responsible for recording observations and taking detailed notes in the event that a participant did not consent to be recorded. Upon completion of each interview, a summary was written describing the participant

and their behavior during the session. Summaries included comments on style of dress, energy level, body language, any discomfort related to the discussion of a particular topic.

Analytic Strategy

Grounded theory was the primary approach used for data analysis (Glaser & Strauss, 1967). Following a systematic reading of the transcripts, patterns and concepts emerged, which led to the identification of crosscutting themes in the data. This approach helped to develop the two primary research questions of this study: (1) Do Qatari women view pregnancy and motherhood as facilitators or barriers to their empowerment? (2) How do customary attitudes towards gender and motherhood influence changing social norms for pregnant women in Qatar? Identification and discussion of themes with the members of the research team led to the development of a preliminary codebook. The coding format was then tested and revised through the establishment of an inter-coder agreement using MAXQDA software. The inter-coder agreement assessed the consistency and reliability of the established coding scheme before beginning data analysis. The finalized code book was used to code all transcripts, which led to the identification of major themes used in this analysis (see Appendix B).

Data Quality and Limitations

Recruiting women in the waiting room during their prenatal visit presented a challenge during data collection, which may have influenced data quality. To ensure privacy, research assistants conducted all interviews in private room. Relocating participants away from the waiting room led to concerns about women potentially missing their appointment. In some cases, the door was left open to ensure that women were able to hear their names called for their appointment, which may have influenced their level of comfort in discussing sensitive issues. Participants called to attend their prenatal appointment during their interviews sometimes left without returning afterwards, resulting in incomplete interviews.

3.3 Results

Changing Social Norms

Following a series of warm-up questions on participants' age at marriage, parity, and stage of pregnancy, interviewers asked participants to describe strong women and weak women. Throughout the interviews, participants distinguished between internal and external characteristics to describe women's strength. Internal strength was generally associated with personality traits and emotional well-being. Strong women were described as being in control of their affairs, suggesting that they managed to balance both work and familial duties. Participants felt these women handled difficult situations, ultimately making the best decision for themselves and their children. Participants with positive views towards strong women felt that such women were deserving of respect, however, there was still disagreement on whether or not society regarded characteristics associated with strong women with the same degree of positivity.

While strength was seen as a generally favorable among men, descriptions of aggressive women with hard features or a cold demeanor were used by participants who perceived strength to be more externally exhibited and inherently incompatible with femininity. Participants concerned about the preservation of femininity regarded strength as a challenge to the predetermined roles of men and women as husbands and wives. As one woman explained, "The wife cannot play both the woman's and the man's roles. This will ruin her feminine touch... And the husband should not feel he is dealing with a man when he is talking to his wife" (Participant 7). Other participants referenced similar hierarchical expectations of gender to described strength as a form of social dominance. In these instances, participants worried that the distortion of roles brought about by shifting social norms could lead to marital discordance. Table 2 illustrates the emerging themes analyzed in this study along with examples taken from the interview transcripts.

Table 2: Emerging Themes

Subtheme	Description	Example
Changing social norms: Women's increased participation in the public sphere	Women discussed Qatari women's involvement in roles outside of the private sphere	<i>"I am a mother who is pregnant. Yet, I go to work every day. I do not need anyone to drive me. I do not need a driver nor a husband. Being independent makes me feel strong." (Participant 9)</i>
Changing social norms: Acceptance of strong women in Qatari society	Women perceived a difference in the social acceptability of strong women in society based on their characterization of strength	<i>"...the situation has changed a lot; women now have a role to play in society... not just within her own family, but also in building society at large." (Participant 11)</i>
Accessing enabling resources: Support of women's education and employment	Women expressed positive attitudes towards women's increased educational attainment and employment in the public sphere	<i>"Education plays a big role in strengthening women. When a woman is educated she is more confident and stronger. She uses her education whenever she has a task. Education is linked to culture, to the quantity of information women have, all this is linked to education." (Participant 14)</i>
Accessing enabling resources: Decision-making autonomy regarding personal finances	Women felt it was their right to make decisions about how to spend their income and manage their finances.	<i>"If I spend my money on my home or my kids, it is because I want to spend this money; but [my husband] would never force me to do so." (Participant 4)</i>
Seeking social and economic security: Difficulty meeting societal expectations	Women mentioned concerns of how their actions would be viewed in society and possible negative consequences.	<i>"I stayed with him for 8 years... people started wondering why I did not stay longer [...] But you know how they are judgmental [...] They always blame the wife, more than the husband... but they know nothing about it!" (Participant 21)</i>
Seeking social and economic security: Strengthened kin relationships during pregnancy	Women referenced increased social support from their family or their spouse's family during the prenatal period	<i>"Pregnancy and a family bond... carrying his baby will reinforce our relationship... before, I couldn't become pregnant; I was married to someone older... but my pregnancy gave me confidence." (Participant 8)</i>
Seeking social and economic security: Increased stress and anxiety during pregnancy	Women felt fearful that risks associated with their pregnancies would have consequence for their social relationships	<i>"Well, God willing, pregnancy alone causes stress and exhaustion. So when anything happens to affect a woman's emotional state, you feel like that's it. Like I'm pregnant and I don't need more problems..." (Participant 15)</i>
Competing Commitments: Difficulty balancing work and household responsibilities	Women described the challenges of balancing the demands of course work and employment with familial obligations	<i>"It's something hard, to be able to bring together her home and her studies and her job and her kids." (Participant 26)</i>
Competing Commitments: Giving preference to familial responsibilities	Women prioritized duties to their family, particular their children, in accordance with societal expectations of women	<i>"The impact she will leave on her children will show, because as a woman, you are raising a generation." (Participant 5)</i>

Broadly speaking, participants recognized that women now played a larger role in Qatari society through an increased presence in the public sphere. In addition to their valued contributions as future mothers, the expansion of women's roles outside of the household was commonly referenced by women who felt a difference between their experiences as women today compared to Qatari women in previous generations.

Although society afforded women new educational and economic opportunities, participants were somewhat divided on the consequences of these shifting social norms. For some, changes to the social landscape created new problems with regard to women's safety and security. Therefore, customary attitudes towards femininity and womanhood became a protective attribute in the context of modesty, where the potential for increased interactions with men outside of the family posed a challenge to women's public participation. These views did not question the ability of strong women to manage the duties of public and domestic life as originally defined, but rather challenged the possibility of women engaging in expanded roles based on the social confines of society. As one participant explained,

“I love to highlight my achievements! But I am governed by my environment. I live in a society of women only! You cannot commingle; you cannot go to places where there are men; you cannot; you cannot; you cannot! There are limits... my personality will become restricted; I cannot express myself fully; because jobs for women; currently they are opening up a bit but they are still limited; what women can do is quite limited. Teaching; working in hospitals in specific departments; but not a lot of fields open for women. But a lot of fields open to women where there is commingling and opportunities to interact with men” (Participant 11).

Participants recognized that, despite women's increased participation in the public sphere, the lack of available, appropriate working environments limited their full engagement into roles outside of the home. Thus, a separation emerged between the perceived ideological and structural integration of Qatari women in the public sphere.

Accessing Enabling Resources

Regardless of their own education level, participants generally expressed positive attitudes towards women's increased access to education. In addition to the benefit of helping to secure employment, several women expressed the belief that education enhanced women's ability to communicate their thoughts and opinions more effectively, similarly to how they described strong women. Several participants explicitly made the link between descriptions of strong women and educated women, however, the relationship was evident when referring back to women's definitions of strength. This emphasis on the importance of communication was also associated with women's employment. As one participant described,

“During my first year of marriage, I didn't used to work; and then I started to work and it made a huge difference! Even in my relationship with my husband... even he started discussing work-related matters with me [...] Before, he didn't discuss these matters with me. I was staying home all day; and he thought I didn't understand what it meant to be working! What it meant to work with people! Or what is happening in the country [...] On the contrary, when I started working, we started discussing these matters and I was able... I felt that my existence matters... I felt that I was doing something meaningful with my life! A job is also a sense a woman gets that she exists and it is more about that than it is about the money.” (Participant 4).

For some participants, employment improved communication with members of their family by offering women with a broader perspective on the matters of both public and private life. These women found engagement with others outside of the home to be profoundly impactful to women seeking to expand their roles within society.

Women that earned an income as well as those that received a monthly allowance felt strongly that their money was theirs to spend as they saw fit, in accordance with Islamic principle. Women described varying degree of consultation regarding the management of their wealth and assets, with some asking for advice from their spouse, siblings, and parents, while others felt empowered to made financial decisions on their own without fear of consequence because of their shared understanding with their spouse regarding personal finances.

Seeking Social and Economic Security

Participants identified pregnancy as a reinforcing factor in their relationship with their spouse that solidified the formation of their own families. References to an increased confidence in their spousal relationship across interviews suggested that becoming pregnant strengthened and even legitimized their relationships with their partners. Pregnancy provided a sense of social security for participants, with little variation due to prior education or employment history. At the same time, participants identified pregnancy as a period of increased social dependency, during which they relied heavily on their partners and kin relationships for social support. Thus, the nature and quality of these relationships played a critical role in influencing women's mental health and well-being during the prenatal period. As one participant explained,

“I can handle my children because they are still young... but when I am pregnant, I have to be more understanding to my husband. Do you see what I mean? But given that I am physically weak because of the fluidity... I cannot give much. I do not give him enough affection and care” (Participant 17).

Women's increasing concerns over the quality of their relationships with their husband, particularly those participants with limited educational background, highlighted some of the consequences of women's social and economic reliance on men. Women expressed fears of divorce and loss of social support, which could affect their ability to sufficiently provide for their children by their standards. A few women also discussed cases of domestic violence with their current spouse during their interviews. Women often referenced the quality and nature of their relationship with their spouse when discussing their overall mental health and well-being. The unpredictable nature of social relations was referenced by participants who feared that women's reliance on their spouses socially and economically would leave them unprepared in the event of divorce. Despite the limitations of the labor market, participants appeared more confident of the economic independence and stability education and employment offered Qatari women.

Competing Commitments

Participants often referred to strong women as those who could balance their responsibilities at work and home. However, there was disagreement on whether or not the balance was feasible in Qatari society. Women described their roles as wives, mothers, and daughters with a clear understanding of their duties to the members of their family. However, their increased desire to pursue their education or seek employment required them to establish systems of social support that allowed for the redistribution of their time. Several women referenced the role domestic workers played in helping to alleviate pressure related to household duties such as cooking and cleaning. However, there was an understanding that society looked unfavorably upon women who left childrearing entirely in the hands of their maids. As one woman stated,

“Some [...] are successful at work, but leave their children with the maid all the time [...]

of course this is not acceptable... when I come back home from work I have to tutor my children. I have to stay with them and ensure they study. Otherwise, where are my children?

Where is their presence in my life and the family?" (Participant 16)

Despite the associations made between women's educational attainment and increased opportunities, the motivations behind the pursuit of further education or employment after childbearing varied. That said, participants emphasized their support of education for women given the long-term benefits educated mothers had on their children. Known as an instrumentalist view of women's empowerment, this investment in women's education serves other purposes outside of the benefit to women themselves (Oxaal & Baden, 1997; United Nations, 1995). The transference of the knowledge and skills gained through education to areas of life beyond employment was a consistent theme throughout the interviews. Several participants referred to the applicability of skills, such as planning and time-management, in their homes. For these women, family represented the culmination of their studies, such that the knowledge and skills gained were to be relayed onto their children. Women who worked or expressed a desire to return to work described the support systems they have in place to pursue their individual goals, however, participants generally agreed that the development of their children and future generations of children in Qatari society, would remain their priority.

3.4 Discussion

This study found that women recognized increased participation among Qatari women in the public sphere, and perceived a change in the social acceptability of strong women, which they generally described as women who were able to balance both work and familial duties. Women expressed positive attitudes towards women's increased educational attainment and employment as a pathway to women's economic independence, as their increased reliance on

social and economic support from family members contributed to their stress and anxiety during pregnancy. The challenges of balancing the demands of course work and employment with familial obligations also contributed to women's mental health and well-being. However, women generally agreed that in response to the competing commitments of work and home life, participants prioritized duties to their family, particular their children, in accordance with societal expectations of women.

In many ways, gender-segregated academic institutions have played a critical role in increasing women's access to education in the Gulf. The ability to engage in education within an environment that aligns with customary gender norms by limiting interactions among men and women has created a bridge for women seeking to enter the public sphere. The interviews conducted for this study reflect the normalization of women's place in education, with participants generally expressing positive attitudes about schooling for Qatari women, regardless of their own educational background. That being said, theory and research show that education is only one resource for expanding women's opportunities in society (Erdreich, 2016; Fronk, Huntington, & Chadwick, 1999; James-Hawkins et al., 2016). Investment in women's schooling without their integration into the labor market limits women's ability to operationalization the skills gained. Instead, these skills become entrenched in social expectations of women as wives and mothers operating primarily within the household. The findings of this study suggest that women are becoming increasingly aware of the gap in opportunities that exist today in Qatar. Women's increased representation outside of the domestic sphere continues to reshape social norms in Qatar. However, in the struggle to balance competing societal expectations, it remains unclear how the significant investments made in women's education stand to promote gender equality or benefit women and the state economically, as originally intended.

Interviewing pregnant women provided critical insight on how women's experience of motherhood might be influenced by the conflicting social norms that exist for women in Qatar today. Whereas previous generations may have restricted the contributions of women to their roles as mothers of society, these interviews suggest that women's increased access to education has expanded their view of the roles women now occupy. In their transition to motherhood, however, the ability to pursue goals in the public and private sphere has often led to unresolved conflicts for women in Qatar today (James-Hawkins et al., 2016).

Throughout the interviews, women reiterated the belief in prioritizing family first and society second, a reference to collective responsibility based on the historical tribal organization of the Qatari population. Reinforcement of women's primary roles as wives and mothers despite their higher levels of education has been described in previous research as a means of further subjugating of women (Fronk et al., 1999; James-Hawkins et al., 2016). Framing motherhood as "a renewed commitment to traditional values" (James-Hawkins et al., 2016, p. 11), further limits women's integration into the public sphere by asserting the importance of giving preference to familial responsibilities (Fronk et al., 1999). Similarly, several of the women in this study that had reached secondary or tertiary education mentioned that the skills gained from their studies gave them valuable skills that could be used towards their roles as mothers. Participants rarely identified personal goals without describing how their achievements would ultimately benefit their families. This application of the skills gained during their education and employment towards childrearing suggests a transference of women's goals from themselves to their children. In the Qatari context, where personal identity is closely tied to social and tribal identity, education as a means to improve in that role as a mother is not taken lightly by women. Given the strong focus on women's roles in developing future generation, the opportunity to promote

motherhood as a means of applying the information learned in school further upholds social expectation of women in accordance with the interest of the neo-patriarchal state.

Qatari women's contribution to the household remained a defining role in their lives, regardless of their level of education or employment history. Customary attitudes towards motherhood continued to hold women solely responsible for childrearing, reinforcing private patriarchy and allowing husbands to benefit from the disproportional burden of responsibility for their children. Furthermore, fear of divorce has further contributed to the asymmetrical power dynamic between men and women in Qatari society. Despite the uncertainty of the labor market for women, there was still a perceived value in the pursuit of education because it offered the possibility of increased agency for women. Whether or not education can offer women social mobility to that same degree that does family formation remains to be seen.

Implications

For Qatari women, access to education as a means of entering the public sphere has come with the complex structural realities of often gender-segregated space, which continue to subordinate their role within society. These interviews suggest that women who seek education as a means of achieving social security and mobility must consider how their personal goals might interact with social expectations. However, further research is needed to determine whether or not women subscribing to an instrumentalist view of women's empowerment truly feel satisfied passing down the skills gained from their education and employment to their children or future generations in lieu of their own continued pursuits of personal goals. The findings from this study suggest that for pregnant women engaging in the neo-patriarchal bargain, continued promotion of education as a means of upward social mobility reflects the perceived possibility that women can achieve their own goals in pursuit of social and economic

independence in Qatari society. Given the changes that women have already witnessed in their lifetime regarding women's participation in the public sphere, women's sustained optimism for their own children must now be matched by the expanded opportunities developed by the state that make women's goals within the public and private spheres equally attainable moving forward.

4. References

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5. Appendix A: SSI Guide

Pregnant women in their Second or Third Trimester in Hamad Medical Institution

Interview Identification Number:

Date:

Interviewer Name:

Interview location:

1. Outpatient Clinic
2. Inpatient Clinic
3. Feto-Maternal Unit

Start time:

 : (M/E)

(Hour) (Minute) (First circle)

End time:

 : (M/E)

(Hour) (Minute) (First circle)

Audio file number: _____

**Social and Economic Survey Research Institute – Qatar University
Emory University**

Consent to be a Research Subject

Qualitative Interviews

Title: WOMEN’S AGENCY IN PREGANANCY AND PRENATAL MENTAL HEALTH

Principal Investigators: Dr. Monique Hennink (Emory University), Dr. Hanan Abdul Rahim (Social and Economic Research Institute – SESRI, Qatar University), Dr. Kathryn Yount (Emory University), Dr. Suhaila Ghuloum (Hamad Hospital), and Dr. Salwa Abu Yaqoub (Hamad Hospital).

Sponsor’s Name: Qatar National Research Fund

Introduction/Purpose:

We are conducting a research study to learn about women’s mental health during pregnancy in Qatar. You have been invited to take part because you are a pregnant woman visiting Hamad Medical Corporation for a prenatal visit.

Why are we doing the research?

We are conducting a research study to learn about women’s mental health during pregnancy in Qatar. The study is to characterize women’s empowerment (resources and agency) in pregnancy and its relationship with the prenatal “distress” during pregnancy.

How long will the research take?

We think that you will be in the research for a one time interview, although we may contact you for further information. The interview may take up to two hours.

We expect the research to last for 26 months from the start date: 1 Nov. 2015.

How many people will take part?

This part of the study will be undertaken in 2 phases, with a total of 40 women. There will be a different type of interview in each phase. For each phase, we aim to recruit 20 women in their second or third trimesters who are waiting for their prenatal appointments at the Women’s Hospital of Hamad Medical Corporation.

Procedures:

I would like to invite you to take part in an interview, we will ask you to do the following:

If you agree, I would like to ask you some questions about family, work, education, the role of men and women in society, and your mental health. You will be interviewed privately. With your permission, I will audio record our conversation, because I will not be able to write everything down, and everything you say is important to me. The audio material will not be published in audio format or released for publicity of research findings. The recordings will be transcribed and we will be sharing the transcriptions with our collaborators. The recordings will be destroyed at the end of the study.

It is possible that I might need to follow up on this conversation, and in that case, I would visit you again and ask you to take part in another interview.

Risks:

This is an observational study and the risk of participation is considered minimal. We are going to be asking questions about mental health and your education, work and family. There may be questions that you feel uncomfortable answering. You may skip any questions that you are uncomfortable answering. You may choose not to have your answers audio recorded.

The study might have some confidentiality risks but the study team has taken steps to protect your information from a breach of confidentiality. These measures will be described later in this form. There may be risks or discomforts that are not yet known.

Benefits:

Taking part in this study may not benefit you directly, but researchers and policy makers may learn new things that will help others.

Confidentiality:

We will make efforts to secure information about you. This includes using a code to identify you in our records instead of using your name. We will not identify you personally in any reports or publications about this research.

The answers you give will be kept confidential and will only be seen by researchers working on this study. We will not record your full name, and your file will only be identified by a number. All completed forms will be stored in secured computers in locked cabinets/ rooms. All digital audio recordings will be transferred from audio recorders to password-protected computers. The recordings will be transcribed and we will be sharing the transcriptions with our collaborators. The recordings will be destroyed at the end of the study.

We cannot guarantee complete secrecy, but we will limit access to information about you. Only people who have a need to review information will have access. These people might include:

- Members of the research team and other QU AND Emory representatives whose work are related to the research or to protecting your rights and safety
- Representatives of the Qatar Supreme Council of Health and QNRF and Medical Research Center- HMC who make sure the study is done properly and that your rights and safety are protected
- Your physician

Compensation:

There will be no compensation for your participation in this study.

Cost:

There will be no costs for you to take part in this study.

Contact Persons:

If you have any questions about this study, you can call 44033031 here in Qatar or email sesri@qu.edu.qa or visit the website at <http://www.qu.edu.qa/sesri>. If you have any questions about your rights as a research participant, you can also contact the Qatar University Institutional Review Board through the Office of the Academic Research at 44856356 or QU-IRB@qu.edu.qa or the Emory University Institutional Review Board at (001 404-712-0720) or (001 877-503-9797) or irb@emory.edu.

New Findings:

We may learn new things during the study that you may need to know. We also can learn about things that might make you want to stop taking part in the study. If so, we will tell you about any new information.

Voluntary Participation and Withdrawal:

Taking part is voluntary and you can choose not to be in this study and we will not hold it against you. If we come to a question you do not want to answer, let me know and we can go to the next question. You may refuse to have your answers audio-recorded. You also can stop the interview at any time. We hope you will take part because your answers are important. The investigator or sponsor may stop the study or take you out of the study at any time, even if you would like to continue.

Consent:

Do you have any questions for me about this study? [IF YES, REPEAT INFORMATION ABOVE]

Will you agree to take part in the study? (If YES, ask next question and complete the form. If NO, STOP here.)

May I begin the interview now or can we set a time for the interview? We will give you a copy (one for each father, mother, and daughter) of this consent form to keep.

Option 1: Will you agree to be interviewed and to have the interview audio recorded?

*Initials of person obtaining
Subject's name*

Date *Time*

consent to interview _____

*Witness
(if required)*

Date *Time*

Person Obtaining Consent

Date *Time*

Option 2: Will you agree to be interviewed but NOT to have your interview audio recorded?

*Initials of person obtaining
Subject's name*

Date *Time*

consent to interview _____

*Witness
(if required)*

Date *Time*

Person Obtaining Consent

Date *Time*

Semi-Structured Interview Guide

PART 1: Introduction

Thank you for agreeing to take part in this interview. I am a researcher with the Social and Economic Survey Research Institute at Qatar University. [If needed: This is my colleague _____, who will be helping me today.] Just to remind you, we are conducting this study to understand women's experiences of stress and feeling powerful or powerless during pregnancy. We are most interested to hear your personal experiences and stories from your own pregnancy so that we can learn from you. Let's start the interview.

PART 2: Introductory questions

1. How many weeks pregnant are you? (if don't know, how many months pregnant are you?)
2. Is this your first pregnancy? If no, how many children do you have?
3. How old were you when you had your first child?

PART 3. Women's Definitions and Experiences of Empowerment during Pregnancy

I would first like to hear your thoughts about what it means to be a powerful woman...

4. When you think of a powerful woman, what words or phrases come to your mind?
Probes: How can you tell a woman is powerful (act, speak, characteristics)? How is she viewed by the community?
5. During this pregnancy, tell me about any time you felt powerful.
Probes: What made you feel powerful? If the woman cannot provide stories about this pregnancy, ask about previous pregnancies (if applicable). [Allow the woman to tell her own story, and ask follow up probes for details/examples]
6. How would this experience have been different if you were not pregnant?
Probe: why would it be different?
7. In your opinion, how could pregnancy make a woman more powerful?
Probe: Why could she be more powerful during pregnancy?
In what ways could she be more powerful during pregnancy?
Who/what could make her more powerful during pregnancy?

PART 4. Women's Definitions and Experiences of Disempowerment

I would now like to hear your thoughts about what it means to be a powerless women...

8. When you think of a powerless woman, what words or phrases come to your mind?
Probes: What characteristics does she have? How is she viewed by the community?
9. During this pregnancy, tell me about any time when you felt powerless.

Probes: What made you feel powerless? If the woman cannot provide stories about this pregnancy, ask about previous pregnancies (if applicable).

[Allow the woman to tell her own story, and ask follow up probes for details/examples)

10. How would this experience have been different if you were not pregnant?

Probe: why would it be different?

11. In your opinion, how could pregnancy make a woman less powerful?

Probe: Why could she be less powerful during pregnancy?

In what ways could she be less powerful during pregnancy?

Who/what could make her less powerful during pregnancy?

PART 5. Freedom of Movement during Pregnancy

I would now like to discuss your movement outside the home.

12. On a typical day what are all the places that you go to outside of your home?

a) Whose permission do you usually need to go out? Probes: Are there places you are not allowed to go to? Examples.

b) How do you get to the places that you normally go to outside of your home?

Probes: Do you drive yourself /have a driver? How often do you yourself drive? Who goes with you?

c) How is your movement different when you are pregnant compared to when you're not pregnant?

Probes: places, permission, driving, companion. Why is it different?

PART 6. Economic Decision-making

13. Whose permission do you usually need to spend your own money? Why?

Probes: [If she has money]: From where did you get this money?

[If she doesn't need permission]; Who do you consult about spending your own money? Do the people you consult also consult you when spending their money? How?

14. Whose permission do you usually need to sell something you own? Probe :(such as stocks, jewelry) Why?

Probes: If she doesn't need permission, who do you consult? Do the people you consult also consult you when selling something of their own? How?

PART 7. Women's Experiences of "Stress" in Pregnancy

15. What words would you use to describe "stress"?

Probe: Give an example of each word you mentioned. How would you describe someone who is stressed?

16. What are the most common causes of stress for women during pregnancy?
Probe on causes not related to concern for baby
17. Are these causes of stress different when a woman is not pregnant?
 - a) During this pregnancy, tell me about any times you yourself felt “stress.”
Probes: What physical or emotional reactions did you have at that time? What caused your feeling of stress?
 - b) If you felt stress, were these feelings of stress different when you were not pregnant?
Describe how?
18. How did you cope with stress at these times?
19. What would you advise your daughter (or sister) to do if she felt stressed during her pregnancy?

PART 8. Concluding Questions

We are coming to the end of the interview. I just have a few last questions.

20. What is your age in years?
21. How old were you when you married your husband?
22. What is the highest level of schooling that you have successfully completed?
23. Is there anything else you would like to share about the topics we discussed today?

Thank you for your time!

6. Appendix B: Codebook

Table 3. Codebook

Parent Code	Sub-codes
Pregnancy ^a	Appearance/Beauty Complications Depression Mental Health/Well-being Personal Experience Physical Health Stress/Anxiety Strength Weakness
Motherhood/Parenting ^a	Children Future Generations Personal Experience
Family Planning ^a	Contraception Family Size/Composition Unintended Pregnancy
Definitions of Empowerment ^a	Strength/Strong Women Weakness/Weak Women
Agency ^a	Decision-making autonomy
Freedom of Movement ^b	During Pregnancy Outside of Pregnancy
Communication ^b	n/a
Enabling Resources – Human and Economic ^a	Employment/Income/Assets Education
Enabling Resources - Social ^a	Domestic Workers Extended Family Friends/Colleagues In-laws Parents Siblings Social Support Spouse/Marriage
Fear ^b	Divorce
Personal Ambitions/Motivations ^a	Career Education Employment/Finances/Assets Self-Improvement
Qatari Society ^a	Customary Attitudes Demographics Gender Modernization
Religion/Spirituality ^a	n/a
Exposure to Violence ^b	n/a

^a Deductive code

^b Inductive code