Awareness and Utilization of Social, Health/Mental Health Services among Bedouin-Arab Women, Differentiated by Type of Residence and Type of Marriage

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"Bedouin Family in North Sinai during Harvest time"
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Introduction

Some claim that humanity developed from nomadism due to the fact that people used to move from one place to another in search for food and water. The term nomadism denotes not only a complete economic and social life, but also a human culture in all its material and spiritual elements. It is not necessarily a stage of development, rather a social state that may come before or after a resettling, due to climate-related reasons, social factors, wars ect. Besides a totally nomadic lifestyle, there is also a semi-nomadic lifestyle in which the shepherds move seasonably with their flocks; they leave their women, children and old people behind and return to them periodically. The latter is characteristic of the Bedouin-Arab's lifestyle (Mohyi Al-Din, 1989)

Bedouin-Arab is a general name for all nomadic tribes in the Middle East and North Africa. For both Bedouins and anthropologists, the term refers to lifestyle and value system, as well as social status, origin and organization (Marks, 1974). The Bedouin-Arabs, though Muslims, are distinct from other Arab populations in the world, because they inhabit deserts. However, this should not infer a unified, racial, ethnic, or national group with a homogenous style of life. Bedouin-Arab populations reside in Egypt, Israel, Jordan, Saudi Arabia, Syria and other countries (Barakat, 1993).

The Bedouin-Arab culture has specific characteristics; one of these is tribal cohesion- *asabiyya* - which is based on both blood and symbiotic ties that highlight the significance of *nasab* (kinship ties) as described by Ibn-Khaldun (Dhaouadi, 1990). Another is chivalry- *furussiyya*; for social and ecological reasons, already from early childhood the Bedouin-Arab society attaches great importance to this value in which the emphasis is on courage, gallantry, power, fierceness and confrontation. The Bedouin-Arabs are also well known for their legendary practice of hospitality -*karam*. An additional characteristic is that of simplicity, as the Bedouin-Arab lifestyle is considered

synonymous with naturalness, austerity and the dignified control over desire in public situations (Barakat, 1993).

The worldwide Bedouin-Arab population is estimated at about 4-5 million most of which is located in Saudi-Arabia and Egypt. Due to the Bedouin-Arab's nomadic lifestyle, it is difficult to establish accurate data and statistics, however, it is estimated that the Bedouin population constitutes about one fourth of the population in Saudi-Arabia, and approximately 100,000 Bedouin-Arab reside in the western desert of Egypt. In total, Bedouin-Arabs make up about 10% of the Middle East's population (Al-Fuaal, 1983).

Characteristics of the Bedouin-Arab society

This society has been described as 'high context' (Al-Krenawi, 2000); it is characterized by a slow pace of societal change and a great sense of social stability in which the collective is emphasized over the individual. Its social structure is patriarchal, which means that a hierarchical order is maintained on the basis of dominance of the male over the female and the older over the younger. The father, a dominant and charismatic figure, is the head of the family; all family members are subordinate to him and respectful towards him. He possesses the legitimate authority to make decisions in every domain of their lives.

The individual's interests, therefore, are subsumed under those of the group and the individual maintains allegiance to the group while the general good of the collective supersedes personal desires. Issues are constructed in the context of the group, not the individual, and thus group members are drawn together in common pursuit of group activities. Likewise, major life decisions such as marriage, where to live or the range of acceptable occupations, are all determined with strong reference to, or often by, the collective. Family members have commitments to each other even if there is a dispute or disagreement among them, which underlines the Arab proverb:

"blood never becomes water," however, if the family has a dispute with an outsider, nothing must take priority over collective bonding in support of the family. This means that each individual lives in an interdependent relationship within the family, viewing him/herself as an extension of a collective core identity.

Bedouin- Arab in the Negev

Following the establishment of the state of Israel, in 1948, most of the Bedouins residing in this area left while the others were exiled to Jordan and Sinai; only 13,000 out of 65,000- 95,000 remained in the country. Because relations between the new State and the Bedouin were not clear at that time, it was decided to allocate an area for them extending from Dimona and Arad, to Kibbutz Shoval and Kibbutz Mishmar HaNegev. These limitations posed restrictions on the areas in which they could move, which, in turn, affected the main source of their economy. Consequently, many began building houses and settling down.

Now days, there are seven villages recognized by the Israeli authorities: Rahat, Hura, Kseifa, Laqia, Arara BaNegev, Segev Shalom and Tel Sheva, with a population of 82,700, according to the Central Bureau of Statistics (CBS).

In addition, there are also villages that are not officially recognized by the Israeli authorities. According to the Regional Council of the Unrecognized Bedouin Villages (RCUV), an organization that has not yet been awarded recognition by the Ministry of the Interior as a Regional Council, there are 46 unrecognized villages in which 40% of the Negev's Bedouin population resides.

The basic demographic data on the Bedouins in the Negev is controversial. Due to the fact that the CBS does not publish data on the unrecognized villages, additional sources of information were used: The Ministry of the Interior claims there are 55,305 residents living in the

unrecognized villages, while the RCUV maintains there are some 76,364 residents in these villages.

This being the case, combining these sources reveals incompatible data in regard to the number of Bedouins in the sub-district of Beer Sheva in the year 2002: according to the CBS and the Ministry of the Interior there were 138,000 Bedouin residents, and according to the CBS and the Regional Council for Unrecognized Bedouin Villages, there were 159,000 residents (Statistical Year Book of the Negev Bedouin, 2004).

There are a number of evident differences between the recognized and unrecognized villages. In the recognized villages, almost all of the dwellings are permanent stone buildings, while in the unrecognized villages most of the dwellings are shacks or huts. Approximately 24% of the unrecognized villages' residents are dependent on non-established water sources, and many of the residents use generators to produce electricity (Al-Krenawi, 2001). However, conditions in the recognized villages are difficult as well due to the fact that the amount of land allocated to them does not allow for organized expansion, and they do not provide a variety of services and infrastructures. In addition, there are a limited number of private enterprises, which are usually small and undeveloped. As a result, almost the entire potential labor force is compelled to seek employment outside the villages, where it encounters systematic discrimination.

The rate of unemployment in the Bedouin sector is estimated at more than 55% of the adult labor force: 30% of the men and 80% of the women are unemployed. The rate of self-employed is low (approximately 8% of workers) and most of the Bedouin who are employed (57%) work in the city of Beer-Sheva (Abu-Saad & Lithwick, 2001).

The passage from a semi-nomadic life to permanent settlements and the rapid conception of influences of modernization and globalization pose many challenges and problems that never existed in the past and the society often has trouble dealing with these new issues. The transition to permanent

settlements has affected a loss of traditional employment sources, which, in turn, has led to a lack of training and other necessary skills required to deal with modern sources of employment. Due to these processes of change, the status of women in Bedouin society has also been damaged. In the past, the women fulfilled important roles both in the household and the family's agriculture; because of the changes in traditional sources of employment, the women have lost their power and significance as contributors to the family's economy.

The recent developments in the Arab world have moved many Bedouins to settle in agricultural and industrial regions, as well as in places where oil was found; however, Bedouin settlement has still remained a controversial issue. Those who are in favor of settlement focus on civilization and development, while the rest stress the importance of preserving their social and moral values (Barakat, 1993).

In Israel, the settling of Bedouin is much more complicated than in the rest of the Middle Eastern countries, as there are greater cultural differences between the Israeli society and the Bedouin society. The Bedouins residing in the Negev nowadays live in the midst of a Western culture, while services are provided and organized mainly by the Israeli authorities. Consequently, the relationship between the Bedouins and the Israeli government is often characterized with mistrust and dispute, resulting in clashes between modern urban culture and the Bedouin's rural traditional culture.

The Educational System in the Bedouin-Arab Society in the Negev

The number of educated men and women in the Bedouin society in the Negev is significantly low, mainly due to the fact that, traditionally, education has never been in a high priority for them; leading a nomadic life, Bedouins had to develop skills more appropriate for their lifestyle and survival in the desert (Meir &Barnea, 1986). The education of girls and

women in particular was viewed as socially insignificant, as women are mainly expected to fulfill the roles of mother and wife.

Many social and cultural factors have delayed the development of an appropriate educational system in the Bedouin communities in the Negev. Among the most significant factors, as Abu-Saad (1991, 1995) has pointed out, is the clash between modern concepts and the traditional way of life; Bedouins view the educational system as a threat to their traditions, and an attempt to sabotage their tribal ideology through modern concepts. Schools are acceptable only as long as they do not affect the social order and social values. Ben-David (1994) has, therefore, claimed that the intervention of tribal factors imposes many difficulties on both teachers and the pedagogical practice. Abu-Asba (1998) has further claimed that the Arabic educational system seeks to prompt a dramatic social progress, but fails to do so due to the ongoing conflict between tradition and modernity; on the one hand, the Bedouin-Arab society expects schools to impart cultural values, while on the other hand, these values are not accordant with the requirements of the Israeli labor market's standards.

These traditional attitudes have begun to change. Due to the process the Bedouin society is undergoing these days, the importance of formal education, especially for girls, is gradually becoming more recognized and accepted (Pessate-Schubert, 2003).

In addition, there are also numerous external factors; in a survey of the Bedouin educational system in the Negev conducted by Abu-Rabia et al. (1996), it was found that schools in the Bedouin sector are below the acceptable standards of schools in Israel, and the situation was found to be markedly worse in the unrecognized villages. The schools in these villages consist of shacks or huts, without electricity or established water sources. Many of them lack the most basic supplies as well as books, laboratories, libraries and so on (Abu-Saad, 1991). Most of the unrecognized villages, however, lack educational institutions altogether, and the distance from the local school prevents many students from attending school on a regular basis.

Another major problem is the lack of teachers and educational labor force in the Bedouin society.

Women in Bedouin -Arab Society

A Bedouin man is the dominant figure in Bedouin society, and the women in his family are expected to obey him unquestionably. Since 'women's honor' (*Ard*) is deeply rooted in the Bedouin culture and has enormous significance in Arab societies in general, traditions of secluding women and defending them have developed. A man's honor depends, to a great extent, on the modest behavior and chastity of the women in his family. Bedouins call women *harim*, and the women's part of the house, or the tent, *mahram*. All these words are derivatives of the Arabic word *haram*, namely, forbidden. Therefore, in order to protect the family's honor, traditions limit the women's social relations to the family frame. Historically, the Bedouin woman goes through three different stages in her life: From the age of 10 up until she is married, a Bedouin girl is not allowed to have social relations outside her father's house. Once she is married, the woman's social relations are extended to her husband's family. When she grows old, i.e., when she cannot give birth and is no longer considered to be "dangerous" she gradually becomes more respected, and can receive guests when her husband and sons are away (Al-Krenawi & Mass, 1994; Al-Krenawi, 1996). Women are taught these principles throughout their childhood and they are supposed to adhere to them as they grow up. Given this fact, women remain under the authority of a guardian throughout their lives (Al-Krenawi et al., 1994).

The restrictions and limitations imposed on Bedouin women, render them particularly vulnerable to different forms of psychological distress (Al-Krenawi et al., 1994; Al-Krenawi, 1996) and, like many Arab women, they are vulnerable to mental illness (Al-Issa, 1995). As various studies have pointed out, in traditional societies these emotional problems are usually expressed through psychosomatic symptoms (El-Islam & Abu-Dagga, 1992).

Ann-Pamela (1987) investigated psychopathology among Bedouin women in Tunisia and found that they report syndromes of somatic illnesses, anxiety, depression, and psychosis more frequently than the less traditional and conservative urban women.

Further findings indicate mental distress experienced by women from polygamous families. Chaleby (1985, 1987) noted that there is an over-presentation of women from polygamous families in mental health clinics. Similarly, Al-Krenawi (2001) found, in a research conducted on Bedouin women in the Negev that women in polygamous marriages suffer more from certain psychological symptoms, low self-esteem and loneliness in particular, than their counterparts in monogamous marriages.

Due to changes in recent years and the influences of modernity and Western lifestyle, the status of some Bedouin women in the Negev is gradually changing. Today, many more women are exposed to education and allowed to leave their villages for this purpose. For the most part, outward signs of women's advancement appear more in the recognized villages in terms of Western clothing, continuation in education and the woman's ability to create ways of working "within the cultural context". Some examples are: utilizing the female network to gain permission to study and live in a student dorm in the city of Beer Sheva, gaining support to marry a man of their own choice rather than one chosen by the family and although scarce, using the support network to marry someone from outside of the family/tribal structure.

Method

The Sample

According to official data, 60% of the Bedouin-Arabs in the Negev live in seven recognized villages: Rahat, Hura, Kseifa, Laqia, Arara BaNegev, Segev Shalom and Tel Sheva and 40% live in 46 unrecognized villages. Taking this data into consideration, we took a sample in three stages. First, from the list of the seven recognized villages, we chose 226 women according to the percentage of residents in each town and village. From the list of 46 unrecognized villages, we took a clustered sampling of 150 women, from nine unrecognized villages. In the second stage, we worked in parallel with the recognized and unrecognized villages. In each of the recognized villages, from all of the neighborhoods and according to data supplied by the Bedouin Center, we sampled four neighborhoods using a clustered sampling. In those four neighborhoods, we asked our interviewers to collect details of the family head's type of residence. In the final stage, we randomly sampled a number of families according to the percentage of towns and villages from the total amount of recognized villages.

In the unrecognized villages, we asked our interviewers to collect all the names of the family heads. From the list we randomly chose family heads, according to the percentage of villages from the total amount of unrecognized villages.

The sample included 376 women, 237 of which were in monogamous marriages and 139 in polygamous marriages. The mean age of sons and daughters is *(M=5.46, SD = 3.46)*. The mean age of the women is *(M=36.15, SD =11.87)*.

Table 1.1 Demographic characteristics (qualitative variables) of women: Frequency distribution.

		n	%
Type of Marriage	Monogamous	237	63%
	Polygamous	139	37%
Type of Residence	Recognized	226	60%
	Unrecognized	150	40%

Table 1.2 Demographic characteristics (continuous variables) of women and their husbands, according to type of marriage: Means, SDs and t-test results.

		Type of marriage			
Wife		Monogamous marriage	Polygamous marriage	Total	t
Age	M	33.99	39.83	36.15	4.74***
	SD	11.70	11.26	11.87	
Age of marriage	M	19.47	19.09	19.33	1.00
	SD	3.38	3.80	3.54	
Education (years)	M	6.40	3.41	5.29	5.38***
	SD	5.58	4.38	5.36	
Income	M	3,677.78	2,100.00	3,556.41	2.61**
	SD	1,024.03	655.74	1,081.62	
Number of children	M	4.88	6.46	5.46	4.25***
	SD	3.26	3.58	3.46	
Number of sons	M	2.70	3.36	2.94	2.68**
	SD	2.03	2.32	2.16	
Number of daughters	M	2.19	3.10	2.52	4.28***
	SD	1.80	2.17	1.99	
Husband					
Age	M	36.93	46.99	40.53	7.65***
	SD	12.10	11.32	12.76	
Age of marriage	M	22.96	26.67	24.33	4.64***
	SD	5.14	10.23	7.64	
Education (years)	M	10.91	8.22	10.13	6.21***
	SD	2.92	3.45	3.32	
Income	M	4,330.40	4,704.55	4,408.05	1.18
	SD	1,539.92	1,924.04	1,627.57	

Table 1.2 indicates significant differences regarding some of the women's demographic characteristics. On the average, women in polygamous marriages are older than women in monogamous marriages *(t=4.74, p < .001)*, less educated *(t=5.38, p < .001)*, and earn a lower salary *(t=2.61, p < .01)*. The mean number of children, both males and females is higher in polygamous marriages *(t=4.25, p < .001; t=2.68, p < .01; t=4.28, p < .001, respectively)*.

Husbands in polygamous marriages were found to be significantly older *(t=7.65, p < .001)*, and married at an older age *(t=4.64, p < .001)* than husbands in monogamous marriages. In addition, the men in monogamous marriages were found to be more educated than the men in polygamous marriages *(t=6.21, p < .001)*

Table 1.3 Demographic characteristics (continuous variables) of women and their husbands, according to type of residence: Means, SDs and t-test results.

		Type of residence			
Wife		Recognized	Unrecognized	Total	t
Age	M	35.21	37.57	36.15	1.90
	SD	10.95	13.03	11.87	
Age of marriage	M	19.61	18.91	19.33	1.89
	SD	3.69	3.27	3.54	
Education (years)	M	6.58	3.33	5.29	5.97***
	SD	5.43	4.62	5.36	
Income	M	3,608.82	3,200.00	3,556.41	0.79
	SD	1,079.38	1,148.91	1,081.62	
Number of children	M	4.82	6.47	5.46	4.50***
	SD	3.16	3.69	3.46	
Number of sons	M	2.61	3.48	2.94	3.77***
	SD	1.94	2.38	2.16	
Number of daughters	M	2.22	2.99	2.52	3.62***
	SD	1.76	2.23	1.99	
Husband					
Age	M	39.28	42.45	40.53	2.29*
	SD	12.02	13.65	12.76	
Age of marriage	M	24.15	24.60	24.33	0.55
	SD	7.60	7.72	7.64	
Education (years)	M	10.39	9.70	10.13	1.70
	SD	3.26	3.38	3.32	
Income	M	4,557.72	4,028.89	4,408.05	1.86
	SD	1,630.31	1,575.18	1,627.57	

Table 1.3 shows that women who live in recognized villages are more educated and have fewer children (both male and female) than women who live in unrecognized villages (*t=5.97, p < .001; t = 4.50, p < .001; t = 3.77, p < .001; t = 3.62, p < .001, respectively).* The only difference found between husbands from recognized villages and husbands from unrecognized villages is their age (*t = 2.29, p < .05)*

Data Collection

The questionnaires administered to the group of women interviewed contained closed questions and standard research instruments. The interviews were conducted by female Bedouin students from the Negev, studying at Ben-Gurion University, who were specially trained for this task.

The data collection was done in two stages. First, the female students met the women, told them about our interviews and informed them of the research objectives. The women gave their consent and their husbands' consent to participate in the study. In the second stage, each woman was personally interviewed by a female student who read the questions aloud and wrote the participant's answers on the questionnaire.

Difficulties Encountered in Collecting the Data

1. We encountered difficulties in recruiting female students to conduct interviews, especially in the unrecognized villages.
2. Some of the women refused to collaborate, some conditioning their participation on their husbands' consent. Most of the husbands could not be located on the weekdays.
3. Many of the women refused to answer specific questions related to economic status, health and social factors and marital satisfaction.
4. There were difficulties in locating the women, especially in the unrecognized villages.

5. In a few of the unrecognized villages we had to recruit local interviewers after the women refused to collaborate with our appointed interviewers who were not local.
6. Due to the comprehensive and complicated nature of the issues included in the questionnaire, and the women's limited free time, completion of some of the questionnaires required more than one meeting.

Research Instruments

A detailed questionnaire was constructed for the current research. The questionnaire consists of 12 sections, dealing with the following issues:

1) **Demographic data of the woman and her family** (age, marital status, number of sons and daughters, their ages etc.).
2) **Education regarding the woman and her husband**: Years of education, last grade completed, reasons for not acquiring a high school or academic education, etc.
3) **Employment and occupation** - information on the woman's and her husband's employment, place of work, extent of employment, occupation.
4) **Marriage**- Details on the marital status of the woman and her husband, such as age of marriage, type of marriage and parents' type of marriage (polygamous or monogamous), number of wives, etc.
5) **Economic status –**This section included objective and subjective information, such as: Perception of economic status, satisfaction with economic status and income.

   Regarding food security, we used the standard for food security that was developed in the United States and used by many research and governmental agencies. The standard has two versions: the long version, which includes 18 items, and the short version, which includes 6 items (Holben, 2002). We used the short version, with some modification, since former research indicates satisfactory data using this version (Blumberg, Bialososky, Hamilton & Briefel, 1999). Moreover, in using

the long version some problems arise when introducing the subjects; the process of completing the standard is very long and the questions are too invasive. The internal reliability of this standard was verified among students at Ben-Gurion University. (Chronbach's Alpha = 0.77 and Guttman split half = 0.97).

6) **Accommodation** – This part includes information such as ownership of a dwelling, type of dwelling, family members living in the dwelling, etc.

7) **Health/ Mental health services** – A list of 14 health services was introduced to the interviewee. The woman was asked to list yes / no regarding her awareness of each service, utilization of the service, and problems that arose with each service such as language barrier, cost, etc. A questionnaire regarding mental health services was introduced to the interviewee to elicit her awareness and utilization of these services.

8) **Social services** - A list of 20 social services was introduced to the interviewee. The woman was asked to answer yes / no regarding her awareness of each service, utilization of the service, and problems that arose with each service such as language barrier, cost, etc.

9) **Family functioning-**We used the McMaster Family Assessment Device (FAD), developed by Epstein and colleagues (Epstein, Baldwin & Bishop, 1983; Miller, Epstein, Bishop & Keither, 1985). It includes 60 items on seven dimensions of family functioning: problem solving, communication, roles in the family, emotional involvement, behavior control, emotional responses and general functioning. All sub-scales range from 1-4, with higher scores indicating more problems in a family's function. The scores discriminating between "clinical" and "normal" families are available for American populations but there are none for Israeli families. The scale has a satisfactory level of reliability (Chronbach's Alpha = 0.72-0.92), good test-retest reliability (r = 0.66) and a high level of validity, as indicated by comparing the scale's scores to other measures of the same issues (Epstein et al., 1983; Miller et al.,1985).

The scales were used in studies of Israeli Jewish adolescents (Slonim-Nevo & Shraga, 1997) and their level of internal reliability in this population was intermediate (Chronbach's Alpha = 0.36-0.82).

At this stage, we only analyzed the 12 items that assess the family's general function. A recent study (Ridenour, Daley & Reich, 1999) found that these 12 items provide a satisfactory picture of the family's general function, and there is no need to use all 60 questions. Among women, the reliability of the sub-scale was high (Chronbach's Alpha = 0.88, N = 367).

10) **Marital relationship-** We used the ENRICH questionnaire, compiled from original details that were selected following a comprehensive overview of the literature on marital problems and interpersonal conflicts (Fournier & Olson, 1986, cited in Lavee et al., 1987). The questionnaire, which measures satisfaction with marriage and quality of adjustment to it, is divided into eight sections, each containing ten items. Several studies (Fournier, Olson & Druckman, 1983, cited in Lavee, 1987) found that its level of reliability is rather high (Chronbach's Alpha = 0.88-0.89). Other studies indicated a high degree of discriminating validity and concurrent validity.

    The questionnaire was translated into Hebrew and adapted by Dr. Lavee from Haifa University. It contains 95 statements used for clinical discrimination. Research that used the instrument in Arab society in Israel, (Lev-Wiesel & Al-Krenawi, 1999) found a satisfactory level of internal reliability (Chronbach's Alpha = 0.89, N = 291). In this survey we used the shortened version of the ENRICH questionnaire, composed by Lavee, that includes only ten items. The level of internal reliability of the shortened version among the women in the current survey is very high (Chronbach's Alpha = 0.96, N = 346).

11) **Psychological functioning-** We used the Brief Symptom Inventory (BSI) (Derogatis & Spencer, 1982; Canetti, Shalev & Kaplan-De-Nour, 1994) that consists of 53 self-report items. It has nine dimensions of

mental functioning: somatization, obsession-compulsion, interpersonal sensitivity, anxiety, hostility, paranoid ideation, panic (phobic anxiety), psychosis and depression. The level of internal reliability of the nine sub-scales is adequate (Chronbach's Alpha = 0.71-0.81) and the test-retest reliability level is satisfactory (r = 0.60-0.90). The measure also has a moderate level of validity, which was measured by comparison to the MMPI test. Norms and scores among the youth population in Israel and the United States are available for comparison. The internal reliability of the current measure in general and its sub-scales were measured in a Jewish research population (Slonim-Nevo & Shraga, 2000) with reasonable results (Chronbach's Alphas ranged from 0.62 to 0.90).

The questionnaire also results in an acceptable level of validity when checked by MMPI. All factors' levels of reliability scaled from Alpha 0.76 to Alpha = 0.98.

12) **Life (SWLS) -** We used the Diener et al. (Diener, Emmons, Larsen & Griffin,1985) scale which consists of five items examining life satisfaction. This scale has a high level of internal reliability (Chronbach's Alpha = 0.87) and feasible level of stability examined by test-retest reliability (r = 0.82). Diener et al. (1985) tested the scale's validity by comparison to existing scales and the results were acceptable. The level of internal reliability in the current research was satisfactory (Chronbach's Alpha = 0.80, N = 375).

It should be noted that all of the research instruments were translated into Arabic by a professional translator, fluent in both Arabic and English, and then they were independently translated back into English to ensure the accuracy of translation.

Independent Variables

The two major independent variables in the survey are *type of marriag*e - polygamous or monogamous and *type of residence*- recognized villages or unrecognized villages. In addition, numerous background variables and socio-demographic characteristics were measured, such as: Wife's current age, her age at the time of marriage, husband's current age, his age at the time of marriage, wife's education, husband's education, number of male children, number of female children, wife's employment status, husband's employment status, the family's economic status and its awareness of health and social services.

Dependent Variables

The dependent variables are:

1) Marital relationship
2) Family functioning
3) Food security
4) Psychological functioning
5) Life satisfaction

Some of the dependent variables were analyzed additionally as independent variables (predictors in regression analysis).

Statistical Analysis

All statistical analyses were conducted with the SPSS program (version 11.5) for Windows. First, the levels of the questionnaires' reliability were examined, and then comparisons between groups were conducted using 1-way ANOVA. Multiple regression analyses were then conducted in order to predict: 1) psychological functioning, 2) marital relationship, 3) family functioning, and 4) life satisfaction.

Additional independent sample t-tests were conducted in order to compare two groups on a continuous variable/s.

Additional analyses, regarding qualitative variables, according to family type or residence were tested with Chi square tests.

Results

1. Education

Table 1.1 Education Achievement of wives according to type of marriage

	Type of marriage				**Total**	
	Monogamous marriage		Polygamous marriage			
	n	%	n	%	n	%
Have you attended any kind of school?						
yes	149	64%	62	45%	**211**	**57%**
no	85	36%	77	55%	**162**	**43%**
Total	**234**	**100%**	**139**	**100%**	**373**	**100%**
Did you learn a profession (vocational education)						
no	198	87%	126	91%	**324**	**88%**
yes	30	13%	13	9%	**43**	**12%**
Total	**228**	**100%**	**139**	**100%**	**367**	**100%**
Did you attend higher educational institutions?						
yes	34	19%	3	3%	**37**	**13%**
no	141	81%	102	97%	**243**	**87%**
Total	**175**	**100%**	**105**	**100%**	**280**	**100%**

Significantly, a higher percentage of women from monogamous marriages (64%) attended any kind of school in comparison to those from polygamous marriages (only 45%) *($\chi^2=12.91$, $p < .001$).* In addition, it was found that a higher percentage of women from monogamous marriages attended higher educational institutions (19%) in comparison to those from polygamous families (3%) *($\chi^2=15.71$, $p < .001$).*

The mean years of education reported by women from monogamous marriages was 6.40 years (SD=5.75 years), and for women from polygamous marriages 3.41 years (SD=4.38 years). The difference between the means was statistically significant *($t_{(369)} = 5.38$, $p < .001$).*

Table 1.2 Reasons for quitting school (before 12th grade) or not attending higher education according to type of marriage

	Type of marriage				**Total**	
	Monogamous marriage		Polygamous marriage			
	n	%	n	%	n	%
Reason for quitting school before 12th grade						
I didn't like the school because of teacher's mistreatment, pupils, etc.	8	5%	3	2%	**11**	**4%**
It was difficult attending school because of the distance	9	5%	12	9%	**21**	**7%**
Family pressure to quit studying	70	42%	54	42%	**124**	**42%**
I got married	16	10%	14	11%	**30**	**10%**
No school existed back then	22	13%	15	12%	**37**	**13%**
I was not good at school	5	3%	3	2%	**8**	**3%**
It was not acceptable for girls to attend school	31	19%	20	16%	**51**	**17%**
Bad economic status	5	3%	4	3%	**9**	**3%**
Other			4	3%	**4**	**1%**
Total	**166**	**100%**	**129**	**100%**	**295**	**100%**
Why didn't you continue to higher education institutions						
My grades were not sufficient for acceptance	20	12%	10	8%	30	10%
Family did not want me to continue	62	37%	50	42%	112	39%
Not acceptable in our society for the females to study	45	27%	28	23%	73	25%
Bad economic status	9	5%	6	5%	15	5%
I got married	31	18%	25	21%	56	19%
I had no one to guide me on how to attend such institutions	2	1%	1	1%	3	1%
Total	**169**	**100%**	**120**	**100%**	**289**	**100%**

Table 1.3 Highest degree earned by women according to type of marriage

	Type of marriage				**Total**	
	Monogamous marriage		Polygamous marriage			
	n	%	n	%	n	%
Why didn't you continue to higher education institutions?						
None	128	63%	97	84%	225	71%
High school without Bagrut (similar to A level exams in Britain)	18	9%	8	7%	26	8%
Vocational profession / partial Bagrut	16	7%	7	6%	23	8%
Completed the Bagrut Exam	14	7%	2	2%	16	5%
University degree (B.A)	7	3%	1	1%	8	3%
College degree (B.E.D)	21	10%			21	7%
Total	**204**	**100%**	**115**	**100%**	**319**	**100%**

Table 1.4 Education achievement of husbands according to type of marriage

	Type of marriage				**Total**	
	Monogamous marriage		Polygamous marriage			
	n	%	n	%	n	%
Has your spouse attended any school						
yes	199	85%	91	66%	290	78%
no	35	15%	47	34%	82	22%
Total	**234**	**100%**	**138**	**100%**	**372**	**100%**
What is the highest degree your husband earned						
None	130	56%	115	83%	245	66%
High school without Bagrut (similar to A level exams in Britain)	40	17%	9	7%	49	13%
Vocational profession / partial Bagrut	13	5%	3	2%	16	4%
Completed the Bagrut Exams	11	5%	3	2%	14	4%
University degree (B.A)	16	7%	5	4%	21	6%
College degree (B.E.D)	19	8%	3	2%	22	6%
Engineering type degree (2 years)	5	2%			5	1%
Total	**234**	**100%**	**138**	**100%**	**372**	**100%**

A higher percentage of husbands that studied in school was found among men from monogamous marriages (85%) in comparison to men from polygamous marriages (66%) (χ^2=18.43, p < .001).

A significant difference was found in the highest degree earned by men from monogamous marriages vs. their counterparts from polygamous marriages. Table 1.4 indicates that a higher percentage of men from polygamous marriages did not earn any education, although 66% of them reported in a previous question that they had studied in school. In addition, 17% of the men from monogamous marriages reported having a high school education without Bagrut. In general, table 1.4 indicates that about 17% of the men from monogamous marriages acquired some type of higher education (B.A, B.E.D., Engineering), compared with only 6% of the men from polygamous marriages.

Table 1.5 Education achievements of wives according to type of residence

	Type of Residence				**Total**	
	Recognized		Unrecognized			
	n	%	n	%	n	%
Have you attended any kind of school?						
yes	150	67%	61	41%	211	57%
no	74	33%	88	59%	162	43%
Total	**224**	**100%**	**149**	**100%**	**373**	**100%**
Did you learn a profession						
no	186	84%	138	95%	324	88%
yes	36	16%	7	5%	43	12%
Total	**222**	**100%**	**145**	**100%**	**367**	**100%**
Have you attended higher educational institutions?						
yes	31	17%	6	6%	37	13%
no	148	83%	95	94%	243	87%
Total	**179**	**100%**	**101**	**100%**	**280**	**100%**

A higher percentage of women among those living in recognized villages attended any kind of school (67%) than among those who live in unrecognized villages (41%). The difference was found statistically significant *($\chi^2=24.67$, $p< .001$)*.

Most of the women in the study did not learn a profession: 95% of women living in unrecognized villages and 84% of women living in the recognized villages *($\chi^2=11.00$, $p < .001$)*.

A significant difference was found in the percentage of women who had acquired any kind of higher education among those in recognized villages (17%) vs. those in unrecognized villages (6%) *($\chi^2=7.29$, $p < .01$)*.

The mean number of education years in both types of residence was 6.58 (SD=5.43), 3.33.17 (SD=4.62), respectively *($t_{(369)} = 6.17$, $p < .001$)*.

Table 1.6 Reasons for quitting school (before 12th grade) or not attending institutes of higher education according to type of residence

	Type of Residence				**Total**	
	Recognized		Unrecognized			
	n	%	n	%	n	%
Reason for quitting school before 12th grad						
I didn't like the school because of teacher's mistreatment	9	5%	2	2%	11	4%
It was difficult attending school because of the distance	11	7%	10	8%	21	7%
Family pressure to quite studying	80	47%	44	35%	124	42%
I got married	16	9%	14	11%	30	10%
No school existed back then	14	8%	23	18%	37	13%
I was not good at school	6	4%	2	2%	8	3%
It wasn't acceptable for girls to attend school	24	14%	27	21%	51	17%
Bad economic status	6	4%	3	2%	9	3%
Other	3	2%	1	1%	4	1%
Total	**169**	**100%**	**126**	**100%**	**295**	**100%**
Why didn't you continue to higher education institutions?						
My grades were not sufficient for acceptance	23	14%	7	6%	30	10%
The family did not want me to continue Not acceptable in our society for the females to study	71	42%	41	34%	112	39%
Bad economic status	27	16%	46	39%	73	25%
I got married	9	5%	6	5%	15	5%
I had no one to guide me on how to attend such institutions	39	23%	17	14%	56	19%
Total	1	1%	2	2%	3	1%
	170	**100%**	**119**	**100%**	**289**	**100%**

Table 1.6 shows that the main reasons for quitting school before 12th grade among women from unrecognized villages are family objection (35%), absence of school (18%), and the attitude toward teaching girls (not acceptable to teach girls—21%). The main reasons for quitting school before 12th grade among women from recognized villages are family objection (47%) and attitude toward teaching girls (14%).

The main reasons for not attending institutes of higher education among women from recognized villages are family objection (42%), marriage (23%), society's attitude ("Not acceptable"—16%) and insufficient grades (14%). Women from unrecognized villages mentioned mainly family objection (34%), society's attitude (25%) and marriage (14%).

Table 1.7 Husband's education achievements according to type of residence

	Type of Residence				**Total**	
	Recognized		Unrecognized			
	n	%	n	%	n	%
What is the highest degree your husband earned?						
None	140	63%	105	70%	245	66%
High school without Bagrut (similar to A level exams in Britain)	28	13%	21	14%	49	13%
Vocational profession (ex. Hairdresser)	9	4%	2	1%	11	3%
Completed high school with partial Bagrut	4	2%	1	1%	5	1%
Completed the Bagrut Exams	12	5%	2	1%	14	4%
University degree (B.A)	13	6%	8	5%	21	6%
College degree (B.E.D)	13	6%	9	6%	22	6%
Engineering type degree (2 years)	4	2%	1	1%	5	1%
Total	**223**	**100%**	**149**	**100%**	**372**	**100%**

The highest degree earned by husbands, as indicated in the table, is mainly high school without Bagrut.

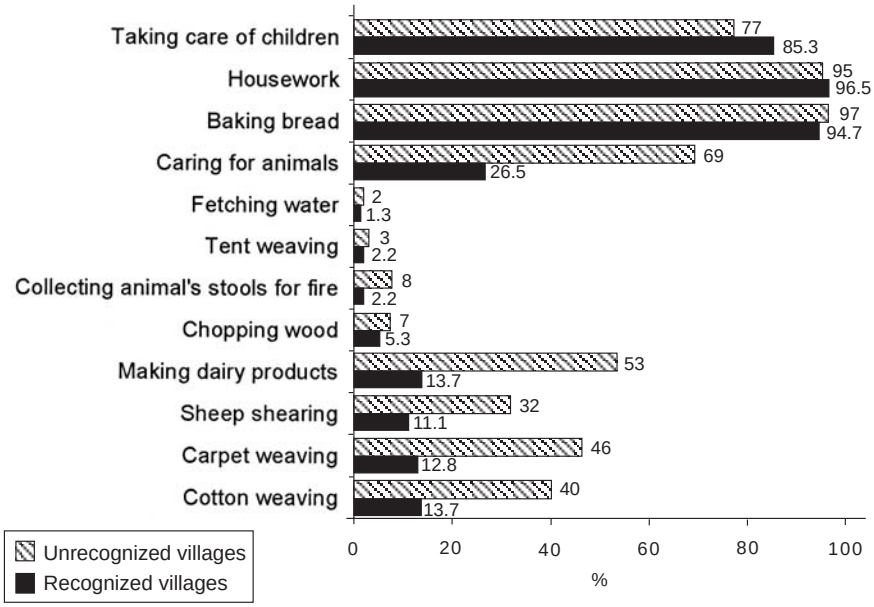
2. Employment

In general, most of the Bedouin women who live in both types of residence described themselves as housekeepers (84% in recognized villages, 95% in unrecognized villages). Only 35 (9%) women reported that they have an occupation, such as teacher (6%), factory worker, nurse, assistant in a kindergarten, secretary or student. All of these occupations were reported by 1%-2% of the women.

Eighty nine percent of the women reported that they are housewives (84% in recognized villages, 96% in unrecognized villages). The difference between both types of residence, regarding the rate of working women, was statistically significant *($\chi^2=12.99$, $p < .01$)*.

Furthermore, 81% out of these 35 working women hold permanent jobs, while others are employed on a daily basis. Seventy one percent of the recognized villages' working women (n=22) and 100% (n=5) of the working women in unrecognized villages reported having a job in the village where they live. Only one woman (living in a recognized village) reported that she works in a family business. The women were asked what kind of traditional work they practice in everyday life. Their answers are presented in the following figure.

Figure 2.1 Employment type of the wife according to type of residence



The main jobs usually practiced by Bedouin women are taking care of children, housework and baking bread. Women from unrecognized villages are occupied with additional jobs such as taking care of animals, making dairy products, sheep shearing and carpet and cotton weaving. Women from recognized villages practice these jobs on a lesser basis.

Fifty percent of the women from recognized villages and 40% of the women from unrecognized villages expressed a will to work outside of their homes *(χ^2=3.35, p = NS)*.

Forty three percent out of the women who do not work, expressed a wish to work outside of their homes. As for the reasons for having a part time job, 32% of the women mentioned that there is no full time option at their jobs and 28% of the women pointed out that the need to spend time with their children prevents them from working full time.

The mean salary of Bedouin women is NIS 556 (SD=1,081, range NIS 1,200-5,000).

Table 2.2 Employment status of the husband according to type of residence

	Type of Residence				**Total**	
	Recognized		Unrecognized			
	n	%	n	%	n	%
Is the husband currently employed?						
Currently unemployed	54	26%	49	36%	103	30%
Disabled/pensioner	17	8%	22	16%	39	11%
Employed	138	66%	67	49%	205	59%
Total	**209**	**100%**	**138**	**100%**	**347**	**100%**
Does the husband work in his profession?						
Works in his profession	111	81%	52	79%	163	80%
Works, but not in his profession	26	19%	14	21%	40	20%
Total	**137**	**100%**	**66**	**100%**	**203**	**100%**
Type of job						
Permanent	103	73%	63	95%	166	80%
Seasonal/daily work	39	27%	3	5%	42	20%
Total	**142**	**100%**	**66**	**100%**	**208**	**100%**
Place of work						
In the village	41	30%	15	23%	56	27%
Outside of the village	97	70%	51	77%	148	73%
Total	**138**	**100%**	**66**	**100%**	**204**	**100%**
Does the husband work in a family business?						
Yes	18	13%	12	18%	30	15%
No	123	87%	53	82%	176	85%
Total	**141**	**100%**	**65**	**100%**	**206**	**100%**

Table 2.2 presents the employment situation of the husbands in both study groups. As it shows, 59% are currently working and the rest, 41%, are not working as a result of unemployment, being retired (30%) or disabled (11%).

There is a higher rate of employment among the husbands from recognized villages (66%) as compared to the husbands from unrecognized villages (49%) *(χ^2=11.42, p < .01)*.

Among those who do work, 80% work in their profession; the rates are similar for both groups *(χ^2=0.14, p = NS)*.

In addition, it is more common among the husbands from unrecognized villages to have permanent jobs (95%) than among those from recognized villages (73% have permanent jobs) *(χ^2=19.97, p < .001)*.

Other details point out that only 15% of the husbands work in the family business (18% in unrecognized villages, 13% in recognized villages) *(χ^2=1.16, p = NS)*.

Table 2.3 Salary and working hours of husbands according to type of residence

		Type of residence		
		Recognized	Unrecognized	F df=1,129
Salary	M	4,598.76	4,091.18	2.21 (NS)
	SD	1,696.44	1,753.67	
Hours per week	M	42.19	34.47	7.95 **
	SD	14.65	10.60	

** p < .01

The average monthly salary of the whole sample is NIS 4,408 (SD=1,627, range NIS 1,000-12,000), compared to NIS 6,800 (the average Israeli salary). No difference was found for husbands in both types of residence.

Table 2.3 shows that the husbands from recognized villages work more hours than the husbands from unrecognized villages (Mean of 42 hours vs. mean of 34.5 hours, respectively).

Figure 2.4 Occupation of husbands according to type of residence

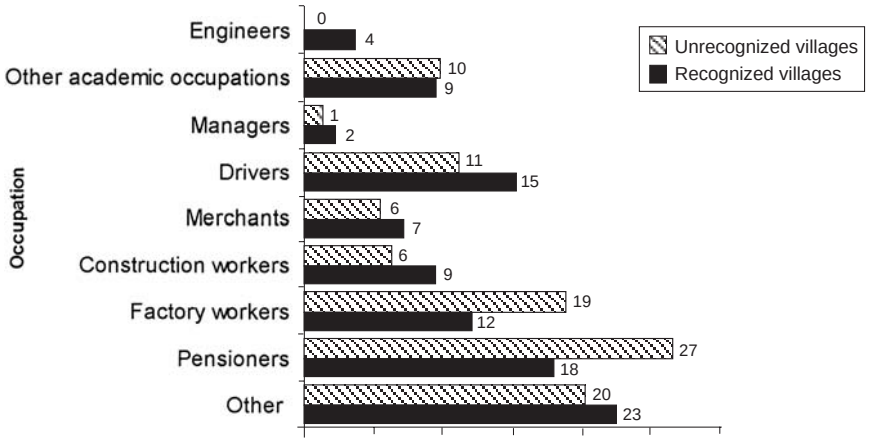


Figure 2.4 shows that many husbands have jobs as factory workers or drivers and many others are pensioners. As the figure also shows, the percentage of pensioners and factory workers is higher among men from unrecognized villages in comparison to men from recognized villages.

3. Economy

Figure 3.1 Economical status measures according to type of residence

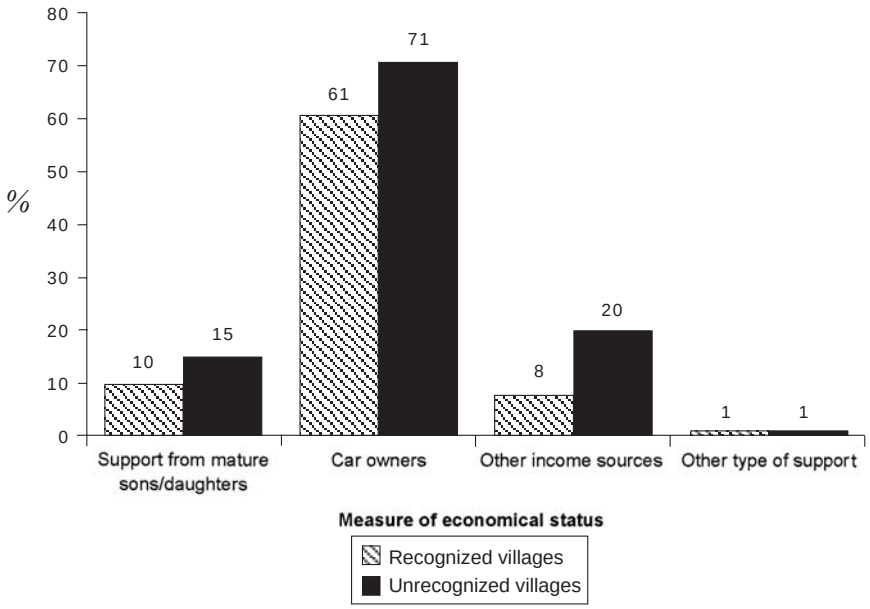


Figure 3.1 demonstrates that a significant difference is found in the rate of car owners *($\chi^2=4.54$, $p < .05$)* and a higher percentage of families from unrecognized villages in comparison to recognized villages, have other sources of income *($\chi^2=10.69$, $p < .001$).*

In addition, the percentage of families receiving assistance from mature children or any other support is low regarding both types of residence.

Table 3.2 Perception and satisfaction with economical status according to type of residence

	Type of Residence				**Total**	
	Recognized		Unrecognized			
	n	%	n	%	n	%
Economical status						
Excellent/very good	84	38%	45	31%	129	36%
Good/almost good	105	48%	72	50%	177	49%
Bad/very bad	30	14%	26	18%	56	15%
Total	**219**	**100%**	**143**	**100%**	**362**	**100%**
Satisfaction with economical status						
Very satisfied/satisfied	135	60%	75	51%	210	56%
In between	45	20%	42	29%	87	23%
Unsatisfied/very unsatisfied	45	20%	30	20%	75	20%
Total	**225**	**100%**	**147**	**100%**	**372**	**100%**
How often can your family afford children's basic needs?						
Always/most of the time	122	55%	77	51%	199	54%
Sometimes	62	28%	57	38%	119	32%
Once in a while/seldom	36	16%	16	11%	52	14%
Total	**220**	**100%**	**150**	**100%**	**370**	**100%**

Half of the interviewees perceive their economical status as good or almost good (49%), and are satisfied / very satisfied (56%). No difference was found regarding perception of economical status between both types of residence.

($\chi^2 = 2.38$, $p = NS$; $\chi^2 = 4.07$, $p = NS$, recognized villages and unrecognized villages respectively).

About half of the families can afford children's basic needs all or most of the time; the difference between the two types of residence was found insignificant *($\chi^2 = 5.01$, p = NS).*

Table 3.3 Family income according to type of residence

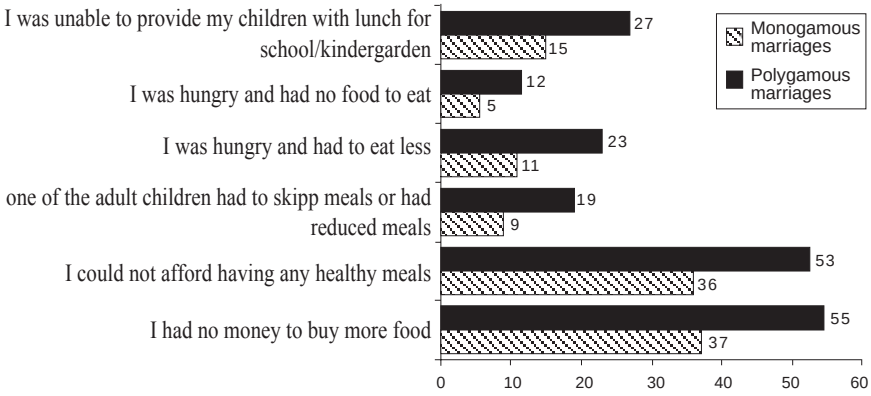
		Type of Residence			t
		Recognized	Unrecognized	**Total**	
Husband's income (NIS)	M	4,658.48	3,154.25	4,110.89	1.65
	SD	8,165.70	1,919.18	6,644.92	NS
	N	145	83	228	
Wife's income (NIS)	M	2,438.74	1,082.94	1,819.99	5.87***
	SD	1,435.09	1,365.25	1,554.40	
	N	81	68	149	

Table 3.3 indicates that women who live in recognized villages earn, on the average, twice as much as women from unrecognized villages *($t = 5.87$, $p < .001$).*

No significant difference was found regarding men's average income.

Food Security

Figure 3.4 Food security as reported for the last year, according to type of marriag



As figure 3.4 shows, women from polygamous marriages reported more problems regarding food security than women from monogamous marriages. Women from Polygamous marriages reported almost double that (27%) of women from monogamous marriages (15%) regarding the inability to provide lunch for their children *($\chi^2=7.93$, $p < .01$)*. Women from polygamous marriages are also found to suffer from hunger more than women from monogamous marriages (12% vs. 5%, respectively) *($\chi^2=4.47$, $p < .05$)*, and have less food (23% vs. 11%, respectively) ($\chi^2=9.53$, $p < .01$). A higher percentage of women from polygamous marriages reported that their children have reduced or skipped meals due to the fact that they could not afford to buy food (19% vs. 9%, respectively; *$\chi^2=8.68$, $p < .01$)*.

Over 50% of the women from polygamous marriages reported that they could not provide healthy meals for their family (53%) and have no money to buy more food (55%). The differences between polygamous vs. monogamous marriages are significant *($\chi^2=9.97$, $p < .01$; $\chi^2=10.97$, $p < .001$, respectively).*

Figure 3.5 Food security as reported for the last year, according to type of residence

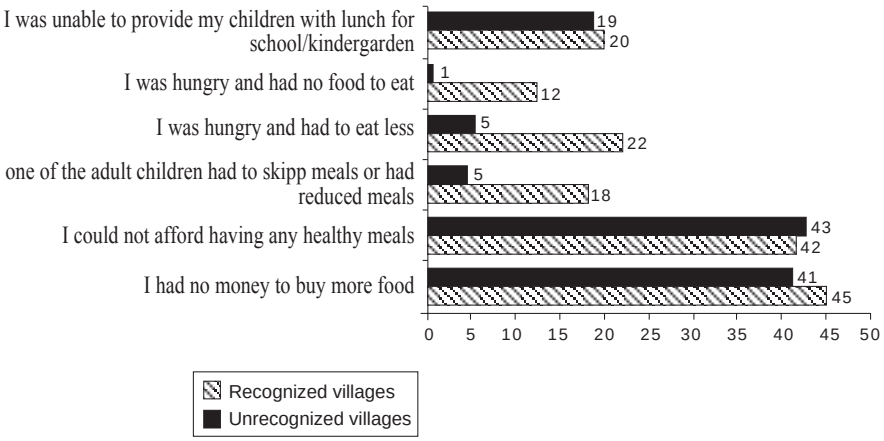


Figure 3.5 and Chi square statistical comparisons indicate significant differences between the types of residence on measures of hunger *($\chi^2=17.41$, $p < .001$)*; eating less *($\chi^2=18.98$, $p < .001$);* and on adult children who have skipped meals or have reduced meals *($\chi^2=14.82$, $p < .001$).* On the other hand, women from recognized villages reveal a higher percentage of food supply problems.

4. Residence

Table 4.1 Accommodation conditions according to type of marriage and type of accommodation

	Monogamous marriage		Polygamous marriage		Recognized villages		Unrecognized villages		Total	
	n	%	n	%	n	%	n	%	n	%
Type of Accommodation										
Separate house	190	80%	111	80%	163	72%	138	92%	301	80%
Apartment in husband's/ his parents house	32	14%	20	14%	45	20%	7	5%	52	14%
Room in the husband's/his parents/his brother's house	15	6%	8	6%	18	8%	5	3%	23	6%
Total	**237**	**100%**	**139**	**100%**	**226**	**100%**	**150**	**100%**	**376**	**100%**
Type of house										
Stone	62	26%	28	20%	73	32%	17	11%	90	24%
Cement	153	65%	83	61%	143	63%	93	63%	236	63%
Zinc/tent	22	9%	26	19%	10	4%	38	26%	48	13%
Total	**237**	**100%**	**137**	**100%**	**226**	**100%**	**148**	**100%**	**374**	**100%**
The owner of the house										
My husband or me	182	79%	118	86%	165	75%	135	92%	300	82%
The family of my husband	41	18%	5	4%	39	18%	7	5%	46	13%
Rental	4	2%	4	3%	8	4%			8	2%
Other	3	1%	10	7%	8	4%	5	3%	13	4%
Total	**230**	**100%**	**137**	**100%**	**220**	**100%**	**147**	**100%**	**367**	**100%**
Source of water										
Water tank	7	3%	8	6%	2	1%	13	9%	15	4%
Donated by a fund/association	11	5%	6	4%	2	1%	15	10%	17	5%
Water network	217	92%	117	85%	218	98%	116	77%	334	90%
Other			6	4%			6	4%	6	2%
Total	**235**	**100%**	**137**	**100%**	**222**	**100%**	**150**	**100%**	**372**	**100%**

Source of electricity										
None	2	1%	3	2%	3	1%	2	1%	5	1%
Our own generator	37	16%	21	15%	5	2%	53	36%	58	15%
Community generator	58	25%	45	32%	10	4%	93	62%	103	27%
Conveying electricity through wires from neighbors/relatives	7	3%	7	5%	14	6%			14	4%
Electric company	132	56%	63	45%	194	86%	1	1%	195	52%
Total	**236**	**100%**	**139**	**100%**	**226**	**100%**	**149**	**100%**	**375**	**100%**
Sewage system										
None	30	13%	25	18%	8	4%	47	31%	55	15%
A hole in the ground	96	41%	58	42%	54	24%	100	67%	154	41%
Sewage network for the whole city/village	111	47%	54	39%	162	72%	3	2%	165	44%
Total	**237**	**100%**	**137**	**100%**	**224**	**100%**	**150**	**100%**	**374**	**100%**

As table 4.1 shows, the common type of accommodation for 80% of the families is a separate house. The type of accommodation is also correlated with the type of residence: 92% of the families from unrecognized villages live in a separate house, and 72% of the families from recognized villages. Twenty percent of the families living in recognized villages live in an apartment in the husband's or the husband's parents house *($\chi^2=50.25$, $p < .001$)*. The type of accommodation did not correlate with the marriage type.

The common house, as the table shows, is build of cement or stone, but a higher percentage of polygamous families live in zinc houses than monogamous families *($\chi^2=9.05$, $p < .05$)*. In addition, it has been found that more families from recognized villages live in stone houses (32%) and less in zinc houses (4%) than families from unrecognized villages. The difference between the two types of residence was found to be significant *($\chi^2=50.25$, $p < .001$)*.

Although over 80% of the whole sample of families are the owners of their houses, more interviewees from polygamous families (86%) and families from unrecognized villages (92%) own their houses compared to monogamous families (79%) and families from recognized villages (75%) *($\chi^2=23.54$, p*

< .001; χ^2=20.23, p < .001).

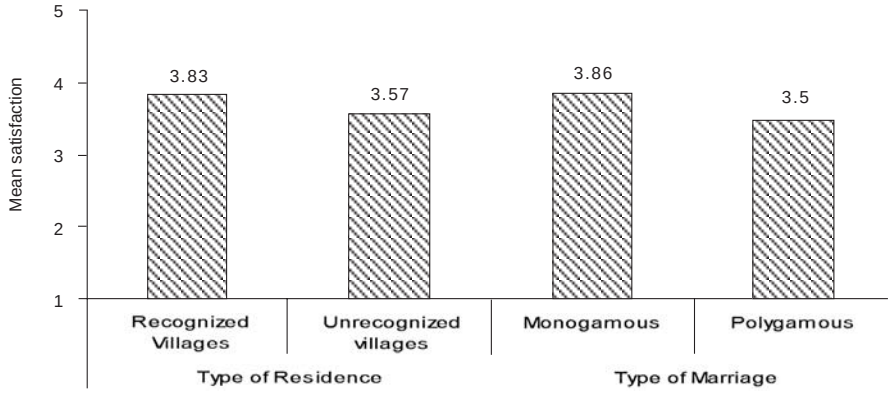
Over 80% of the families receive their water from the water network (90%), but still a higher percentage of monogamous families receive their water from the water network, compared to polygamous marriage *(χ^2=12.53, p < .01)*, and more families from recognized villages receive their water from the water network (98%) than families from unrecognized villages (77%) *(χ^2=42.83, p < .001).*

Electricity is supplied from the electric company to only 52% of the families. Other families receive electricity mainly from a community generator (27%) or their own generator (15%). The percentage of families connected to the electricity company network is higher in recognized villages (86%) than in unrecognized villages (1%), which receive the electricity mainly from a community generator (62%) *(χ^2=309.05, p < . 001).*

About 40% of the families have a sewage system consisting of a hole in the ground (41%) or a sewage network (44%); about 15% do not have a sewage system at all.

No difference was found between the type of marriage and the source of electricity of the family *(χ^2=5.98, p = NS)* or the existence of a sewage system *(χ^2=2.99, p = NS)*, but a significant difference was found between the two types of residences regarding the sewage system *(χ^2=187.04, p <.001):* a high percentage of families living in unrecognized villages reported that they do not have a sewage system (31%) in comparison to 4% in recognized villages, and 67% in unrecognized villages reported having only a hole in the ground vs. 24% in recognized villages. A major part of the families from recognized villages (72%) were found to be connected to the sewage network of the whole city/village.

Figure 4.2 Degree of satisfaction with housing



A significant difference was found regarding the degree of satisfaction according to type of residence and type of marriage. Women from recognized villages were found to be more satisfied with their housing *(M=3.83, SD=1.06)* than women from unrecognized villages *(M=3.57, SD=0.97; t=2.46, $p < .02$)*, and women from monogamous marriages were found to be more satisfied than women from polygamous marriages *(M=3.86, SD=1.03; M=3.50, SD=1.00,* respectively) *($t = 3.24$, $p < .001$)*.

5. Health/Mental Health Services

Table 5.1 Perception of health services according to type of residence: Means, SDs and ANOVA results

		Type of Residence			
		Recognized N=191	Unrecognized N=119	Total	F df = 1,308
Awareness of health services (out of 14)	M	11.10	10.10	10.72	9.12**
	SD	2.57	3.25	2.88	
Usage of health services (out of 14)	M	5.41	4.62	5.11	10.44***
	SD	2.11	2.09	2.13	
Time it takes for the health services to be provided	M	2.32	2.44	2.37	2.58
	SD	.66	.65	.66	
Frequency of using health services in the past six months	M	1.90	2.11	1.98	7.04**
	SD	.64	.74	.69	
Frequency of children using health services in the past six months	M	2.09	2.21	2.14	2.01
	SD	.73	.76	.74	
Distance of health services	M	3.37	3.60	3.46	9.29**
	SD	.72	.52	.66	
Services needed that could not be provided (out of 14)	M	.97	1.71	1.25	11.17***
	SD	1.78	2.05	1.92	
Degree of satisfaction with health services	M	3.78	3.75	3.77	.10
	SD	.68	.70	.69	

*** p < .01; *** p < .001*

The results of table 5.1 indicate that the average level of awareness of health services among women from unrecognized villages is 9.89 (out of 14), while the level of awareness of women from recognized villages averages is 11.12 out of 14 *(F=9.12, p < .001)*.

The results also indicate that women from recognized villages use health services more frequently than women from unrecognized villages *(F=7.04, p<.01).* Moreover, women from unrecognized villages reported that the health services are distant and not provided when needed more than women from recognized villages *(F=9.29, p < .01; F=11.17, p < .001).*

Table 5.2 Perception of health services according to type of marriage: Means, SDs and ANOVA results

		Type of Marriage			
		Monogamous marriage	Polygamous marriage	Total	F df = 1,308
Awareness of health services (out of 14)	M	10.86	10.45	10.72	1.44
	SD	2.79	3.04	2.88	
Usage of health services (out of 14)	M	5.34	4.69	5.11	6.71**
	SD	2.12	2.10	2.13	
Time it takes for the health services to be provided	M	2.27	2.54	2.37	11.90***
	SD	.57	.77	.66	
Frequency of using health services in the past six months	M	1.92	2.08	1.98	4.04*
	SD	.68	.69	.69	
Frequency of children using health services in the past six months	M	2.16	2.09	2.14	.52
	SD	.74	.75	.74	
Distance of health services	M	3.41	3.54	3.46	3.04
	SD	.65	.66	.66	
Services needed that could not be provided (out of 14)	M	1.05	1.62	1.25	6.33*
	SD	1.71	2.22	1.92	
Degree of satisfaction with health services	M	3.82	3.68	3.77	3.02
	SD	.66	.73	.69	

** p < .05; ** p < .01; *** p < .001*

Table 5.2 indicates, that women from monogamous marriages use more health services *(F=6.71, p < .01)*, and consider that it takes less time for these services to be provided *(F=11.90, p < .001)* than women from polygamous marriages. Women from polygamous marriages use health services more frequently than women from monogamous marriages *(F=4.04, p < .05)*, and report of more services needed that they could not receive *(F=6.33, p < .05)*.

Three types of problems with health services were chosen for representation: Inability to afford a service (too expensive), lack of a companion, and language barrier.

Table 5.3 Problems with health services according to type of residence: Means, SDs and ANOVA results

Problems with health services (out of 14)		Type of Residence		
		Recognized	Unrecognized	F df = 1,374
Too expensive	M	2.31	1.75	4.59*
	SD	2.53	2.50	
No one to accompany me	M	1.02	2.07	21.45***
	SD	1.80	2.62	
Language barrier	M	1.83	2.39	4.19*
	SD	2.53	2.76	

** p < .05; *** p < .001*

Table 5.3 shows that women from unrecognized villages have significantly more complaints than women from recognized villages regarding the price of the health services; language problems and lack of a companion.

Table 5.4 Problems with health services according to type of marriage: Means, SDds and ANOVA results.

Problems with health services:		Type of Marriage		
		Monogamous marriage	Polygamous marriage	F
Too expensive	M	2.16	1.97	0.47
	SD	2.69	2.22	
No one	M	1.23	1.80	5.85*
to accompany me	SD	2.12	2.36	
Language barrier	M	1.92	2.29	1.75
	SD	2.67	2.57	

** $p < .05$*

Table 5.4 indicates that women from polygamous marriages report significantly more problems regarding the lack of a companion, compared to women from monogamous marriages.

Emergency and vaccination services

Thirty six percent of the women reported that in their village there is an emergency room. Cross tabulation of the presence of an emergency room according to type of residence indicates that 58% of the women living in recognized villages reported that there is an emergency room, while in unrecognized villages only 3% reported on this service *($\chi^2=117.31$, $p < .001$)*.

The table also indicates that a major percent of the children (93%) are vaccinated, in both types of residence (94% in recognized villages, 90% in unrecognized village).

The results also indicate that the vaccination in recognized villages is received at the Mother and Child Care Center (80% of the families). In the unrecognized villages, however, only 41% of the families' children receive

this service at this Center, and 48% at the national clinic ("Kupat Holim"). Other children (11%) receive the vaccination in temporary clinics *($\chi^2=29.28$, $p < .001$)*.

No significant differences were found in relation to type of marriage regarding these health services.

Table 5.5 Prediction of utilization of health services by demographic variables: Standardized Beta coefficients, R2 and p-values.

	Health services		
	Awareness	Usage	Satisfaction
Education (years)	.15**	.05	.03
Marital status	.17***	.20***	.05
Recognized villages	.14**	.17***	.00
Economic status	.11*	-.09	.34***
Polygamous family	-.02	-.10	.02
Model summary	R^2=.13 $F_{(5,370)}$=10.84 p<.001	R^2=.095 $F_{(5,370)}$=7.75, p<.001	R^2=.13 $F_{(5,370)}$=11.13 p<.001

Awareness of health services is predicted by education, marital status, residence and economic status; educated women *(β=.15, $p < .01$)* who are married *(β=.17, $p < .01$)* live in recognized villages *(β=.14, $p < .01$)* and have a higher economical status, *(β=.11, $p < .01$)* are more aware of various health services.

The usage of health services is predicted significantly by marital status and residence. Married women *(β=.20, $p < .001$)* and women who live in recognized villages, use more health services than others.

Satisfaction with health services is explained by economic status; the higher the economic status, the more satisfied the woman is *(β=.34, $p < .001$)*.

Table 5.6 Perception of mental health services according to type of residence (% and χ^2)

Variable	Question	Value	Whole Sample N=376	Recognized Villages	Unrecognized Villages
Awareness***	Are you aware of the service's existence?	Yes	55%	66%	39%
		No	45%	34%	61%
Utilization	Have you used the service?	Yes	4%	5%	2%
		No	96%	95%	98%
Accessibility	Region	Inside the village			
		Next Bedouin village			
		Dimona/Beer-Sheva (Jewish cities)	67%	61%	91%
		West Bank	1%	1%	
		Other	2%		10%
	Distance	Very far/far	66%	59%	95%
		Moderate	28%	33%	5%
		Close/very close	7%	9%	
	Transportation	Walk	17%	20%	
		Car/bus/taxi	83%	79%	100%
		Animal (donkey/horse)	1%	1%	
Satisfaction		Very satisfied/ satisfied	Under 1%		
		Moderate			
		Not satisfied/not satisfied at all			

$*p<0.05, **p<0.01, ***p<0.001$

Regarding the mental health services, with respect to the whole sample, the level of awareness of the service is only 55% and 4% of the women reported using the services. With respect to awareness, we found that 66% of the women in the recognized villages are aware of the services in comparison to 39% of the women in the unrecognized villages ($p<0.001$). Regarding accessibility, 91% of the women in the unrecognized villages

reported the location of the service as "Dimona/Beer-Sheva" (Jewish cities) in comparison to 61% of the women from the recognized villages. None of the women from either type of residence reported the service being located inside the Bedouin-Arab villages. In addition, even those who use the services reported that they are not satisfied at all.

6. Social Services

Table 6.1 Awareness and usage of social services according to type of residence

		Type of Residence		
		Recognized N=226	Unrecognized N=150	F df = 1,374
Awareness of social services (out of 20)	M	10.91	7.43	25.91***
	SD	6.02	7.12	
Usage of social services (out of 20)	M	1.15	.53	18.41***
	SD	1.05	1.72	

****p < .001*

As table 6.1 shows, women from recognized villages reported a significantly higher level of awareness and a higher rate of usage of social services in comparison to women from unrecognized villages.

Table 6.2 Quality measures of social services according to type of residence.

		Type of Residence		
		Recognized N=123	Unrecognized N=41	F df = 1,162
Time it takes for the social services to be provided	M	2.85	3.39	5.71*
	SD	1.18	1.51	
Frequency of using social services in the past six months	M	1.99	1.81	1.49
	SD	.85	.70	
Frequency of children using social services in the past six months	M	2.01	1.93	0.31
	SD	.85	.75	
Distance of social services	M	3.49	3.71	3.23
	SD	.75	.44	
Services needed that could not be provided (out of 20)	M	.16	.00	3.39
	SD	.56	.00	
Degree of satisfaction with social services	M	3.36	3.65	3.66
	SD	.79	.93	

$*p < .05$

Table 6.2 indicates a significant difference, as perceived by the women, in the time duration it takes for social services to be provided. Significantly, women from unrecognized villages reported on a longer time than women from recognized villages.

Table 6.3 Prediction of utilization of social services by demographic variables: Standardized Beta coefficients, R2 and p-values.

	Social services		
	Awareness	Usage	Satisfaction
Education (years)	.24***	.06	-.08
Marital status	.09	.04	.08
Recognized villages	.18***	.21***	.00
Economic status	.10	-.19***	.24***
Polygamous family	.04	.00	-.01
Model summary	R^2=.15 $F_{(5,370)}$=13.00 p<.001	R^2=.08 $F_{(5,370)}$=11.42 p<.001	R^2=.07 $F_{(5,370)}$=5.77 p<.001

Awareness of social services is predicted significantly by the level of education and type of residence. Educated women who live in recognized villages are more aware of social services *(*β*=.24, p < .001;* β*=.18, p < .001, respectively)*.

Women from recognized villages use social services more than women from unrecognized villages *(*β*=.21, p < .001)* and the higher the economical status is, the less social services are used *(*β*=-.19, p < .001)*.

Satisfaction with social services is also predicted by economical status; when the economical status is higher, the satisfaction with social services is higher as well *(*β*=.24, p < .001)*.

7. Marital Relationship, Family Functioning, and Psychological Functioning

Table 7.1 Marital relationship, family functioning and psychological functioning according to type of residence: Means, SDs and One-way ANOVA results

		Type of Residence		
		Recognized	Unrecognized	F df = 1,364
Family functioning	M	2.86	2.65	11.44***
	SD	.60	.51	
Marital relationship	M	3.66	3.49	2.13
	SD	1.15	1.00	
Psychological functioning (GSI)	M	1.02	1.00	.04
	SD	.75	.79	
Life satisfaction	M	4.43	4.00	7.40**
	SD	1.52	1.36	

*** p < .01; *** p < .001*

Table 7.1 indicates that women living in unrecognized villages perceive their family functioning as better than that of women who live in recognized villages *(M=2.86, SD=0.60 vs. M=2.65, SD=.051, respectively).*

It was found, in addition, that women from recognized villages are satisfied with their lives more than women from unrecognized villages *(M=4.43, SD=1.5 vs. M=4.00, SD=1.36, respectively).*

Table 7.2 Marital relationship, family functioning and psychological functioning according to type of marriage: Means, SDs and One-way ANOVA results

		Type of Marriage		
		Monogamous marriage	Polygamous marriage	F df = 1,364
Family functioning	M	2.49	2.94	59.58***
	SD	.56	.52	
Marital relationship	M	2.99	3.94	76.68***
	SD	1.22	.84	
Psychological functioning (GSI)	M	.80	1.39	57.81***
	SD	.61	.87	
Life satisfaction	M	4.57	3.72	30.62***
	SD	1.38	1.47	

*** $p < .001$

In general, the results indicate that women from monogamous marriages perceive their lives as better than those of women from polygamous marriages, regarding all marital, familial and psychological aspects. Family functioning is perceived higher in monogamous marriages as compared to polygamous marriages *(M=2.94, SD=.52 vs. M=2.49, SD=.56, respectively)*, and women from monogamous marriages were found to be more satisfied with their lives as compared to women from polygamous marriages *(M=4.57, SD=1.38 vs. M=3.72, SD=1.47, respectively)*. In addition, as the table shows, women from polygamous marriages express more psychological symptoms than women from monogamous marriages *(M=1.39, SD=.87 vs. M=.80, SD=.61, respectively)*.

In order to examine the women's psychological functioning, 11 subscales of psychological functioning were computed. These subscales are presented in table 7.3

Table 7.3 Psychological functioning subscales according to type of residence and type of marriage

		Type of Residence			Type of Marriage		
		Recognized	Unrecog-nized	F	Monogamous marriage	Polygamous marriage	F
Somatization	M	1.02	1.12	.99	.76	1.45	51.61***
	SD	.93	.96		.76	1.08	
Obsession-Compulsion	M	1.03	1.11	.81	.80	1.40	52.27***
	SD	.80	.86		.69	.92	
Interpersonal sensitivity	M	1.13	.95	3.72	.81	1.37	38.31***
	SD	.88	.84		.70	1.02	
Depression	M	.87	.95	.74	.62	1.26	58.10***
	SD	.85	.82		.65	.97	
Anxiety	M	1.15	1.26	1.48	.93	1.50	41.81***
	SD	.86	.85		.74	.96	
Hostility	M	1.01	1.13	1.49	.78	1.40	48.36***
	SD	.87	.90		.73	1.00	
Panic (phobic anxiety)	M	.96	1.11	2.46	.79	1.29	32.56***
	SD	.89	.79		.71	1.00	
Paranoid ideation	M	1.20	1.24	.11	.93	1.56	40.61***
	SD	1.00	.92		.85	1.04	
Psychosis	M	.85	.96	1.54	.65	1.21	44.73***
	SD	.80	.84		.64	.96	
PST	M	29.01	31.54	2.58	26.60	35.51	34.98***
	SD	14.09	15.06		13.64	14.21	
PSDI	M	1.75	1.71	0.48	1.59	1.98	39.03***
	SD	.63	.55		.52	.64	
General severity index (GSI)	M	1.03	1.10	0.61	.84	1.42	56.80***
	SD	.75	.76		.60	.85	

Table 7.3 indicates that no significant difference was found between women from both types of residence, but significant differences were found with respect to all the subscales of psychological functioning between women

from monogamous marriages and polygamous marriages and the findings were significantly worse among women from polygamous marriages.

8. Prediction of Psychological Functioning and Life Satisfaction

In order to predict psychological distress (BSI) and life satisfaction (SWLS), multiple regressions were conducted. The predictors of the regression analyses were as follows:

1) Type of marriage (polygamous vs. monogamous)
2) Type of residence (recognized vs. unrecognized)
3) Total family income (husband, wife, adult children's support, national insurance benefits)
4) Subjective perception of economic status
5) Years of education
6) Age of wife and husband

Two additional regressions (forced steps) were conducted. In these regressions, marital relationship (ENRICH questionnaire) and family functioning were added as mediating variables. In this way, it was possible to examine the additional contribution of marital relationship and family functioning to the explanation of women's functioning (BSI and life satisfaction) beyond the contribution of demographic variables.

Two additional regressions examined the prediction of family functioning and marital relationship directly by the demographic variables (see above).

Table 8.1 Prediction of functioning by demographic variables: Standardized Beta coefficients, R^2 and p-values

	Family functioning	Marital relationship	Psychological functioning (GSI)	Life satisfaction
Recognized villages	.09*	.00	.06	.08
Economic status	.33***	.41***	-.36***	.40***
Wife's Age	.13	.02	.10	.15*
Husband's age	-.19**	-.15*	.00	-.16*
Polygamous family	-.19***	-.24***	.23***	-.10*
Education (years)	.16**	.09	-.02	.07
Marital status	.04		-.13**	.16***
Degree of satisfaction with social services	.13**	.14***	-.14**	.10*
Model summary	R^2=.37 $F_{(8,367)}$=27.31 p<.001	R^2=.45 $F_{(8,367)}$=37.83 p<.001	R^2=.38 $F_{(8,367)}$=27.84 p<.001	R^2=.35 $F_{(8,367)}$=24.90 p<.001

Family functioning

The regression results indicate that 37% of the variance of family functioning might be explained by six significant variables: Type of residence, perceived economic status, husband's age, type of marriage (polygamous vs. monogamous), education and degree of satisfaction with social services.

Women from recognized villages and monogamous marriages reported better family functioning than others *(*β*=.09, p < .05;* β*=-.19, p < .001, respectively)*.

Family functioning was reported to be better as the perception of economic status was higher, and as the woman's years of education years increased. *(*β*=.33, p < .001;* β*=.16, p < .001, respectively).*

Marital relationship

Better marital relationships are associated with better economic status *(*β=*.41, p< .001)* and a higher degree of satisfaction with social services *(*β=*.14, p< .001).*

A husband's old age and polygamous marriage are associated with worse marital relationships *(*β=*-.15, p< .05;* β=*-.24, p< .001, respectively)*.

In addition, women who were satisfied with social services, reported having better marital relationships as well *(*β=*.14, p< .001).*

The total variance accounted for marital relationship by these variables is R^2=.45.

Psychological functioning

Psychological functioning was found to be predicted significantly by economic status, type of marriage, marital status and satisfaction with social services (Total R^2=.38). The higher the economic situation was, fewer distress symptoms were present *(*β=*-.36, p< .001)*. Women from polygamous marriages were found to have more distress symptoms than women from monogamous marriages *(*β=*.23, p< .001)*. In addition, married women reported fewer distress symptoms than non-married women *(*β=*-.14, p< .001).*

Life satisfaction

A higher degree of life satisfaction is explained by economic status, the wife's and husband's age, type of marriage, marital status and education. A higher level of life satisfaction was reported when a higher economic status was reported and as the wife's age was older *(*β=*.40, p< .001;* β=*.15, p< .05, respectively).*

The wife reported to be less satisfied, the older her husband was *(*β=*-.16, p< .05).*

Women from polygamous marriages and non-married women were found to be less satisfied than women from monogamous marriages

*(*β=*-.10, p< .05;* β=*.16, p< .001, respectively)*. In addition, it was found that the more satisfied a woman is with social services, the more satisfied she is with her life as well *(*β=*.10, p< .05).*

Discussion

As the data indicate, women in polygamous marriages were found to be less educated than women in monogamous marriages; the findings were similar regarding men in polygamous marriages. These data are corroborated by previous studies which also show that wives and husbands in polygamous marriages have less education than those in monogamous marriages (Peterson, 1999; Agadjanian & Ezeh, 2000).

As in other Arab societies, Bedouin-Arab women are subject to cultural and patriarchal forces and are expected, first and foremost, to fulfill their traditional roles. This is particularly outstanding in polygamous families, in which men and women tend to marry at a younger age, and are committed to relatively larger families. Accordingly, men and women in polygamous families tend to have much fewer opportunities and limited economic sources enabling them to attend school and higher institutes of education.

Similarly, women living in recognized villages were found to be more educated than women from unrecognized villages. These data are not surprising, considering the fact that in most of the unrecognized villages no schools exist, and attending school on a regular basis, if at all, requires some kind of transportation; the absence of schools and the distance of travel to the closest school, therefore, pose further obstacles on women's education, especially in unrecognized villages, in addition to the existing view that investment in women's education is unnecessary.

The data indicate that the percentage of unemployment among the residents of the unrecognized villages is significantly higher than that of the recognized villages. The rate of unemployment is high not only among the women, but among men as well, which proves that unemployment might be classified as a problem of the entire community. This is not only a result of poor education achievements, as discussed above; unemployment is a severe problem in the Negev region in general, and in the Bedouin community in particular. Above all, the unrecognized villages suffer from underdevelopment

in all areas, including a lack of any employment opportunities.

The results regarding economic status reveal, surprisingly, that in both types of residence perception of and satisfaction with economic status is similar. Part of the rationale for these scores is associated with the traditional income sources of families from unrecognized villages; in unrecognized villages a family is less dependent upon the modern economy and can subsist mostly upon its labor within the traditional economy. Fewer economic stresses may be associated with unrecognized villages, despite their visible appearance as impoverished shanty villages. There are fewer taxes and utilities to be paid and fewer debts and expenses associated with the modern economy (Statistical Yearbook of the Negev Bedouin, 2004).

Major economic differences were found, however, between polygamous and monogamous marriages regarding food security; more women in polygamous marriages reported on a state of hunger and difficulties in providing healthy meals for the family. As would be expected, polygamous marriages often produce more children than monogamous marriages and, consequently, have increased financial pressure (Elbedour et al., 2002). Women living in areas of higher polygamy prevalence experience limited economic resources stemming primarily from low education attainment and rare opportunities to work outside of the home and receive payment. In areas containing less polygamous relationships, husbands and wives are more likely to engage in family planning and discussions regarding the number of children and wives that the family will contain (Agadjanian & Ezehm, 2000).

A recent study conducted by Kaufman and Slonim-Nevo (2004) regarding food security among populations in distress in the Negev region might further emphasize the findings of this report. Among their findings, the authors indicate that the number of households in the Bedouin community that apply for welfare services' support is two times higher than in the Jewish counterpart and that there is a higher percentage of households in the Bedouin community that suffer from food insecurity and hunger.

Finally, regarding types of residence, the results reveal foreseeable data on their being connected to a sewage infrastructure and an electricity network. As would be expected, in unrecognized villages, there are no existing connections for sewage systems and the electricity grid. Furthermore, given the fact that in unrecognized villages the authorities do not authorize the building of permanent structures, most of the families, as the data point out, live in houses made of cement or zinc, while many others live in tents.

The findings presented here have significant implications on the reciprocal relations between the different variables examined, and on the various actions that should be taken by policy and decision-makers; education might be a critical factor in fostering employment opportunities; the latter, in turn, is a significant factor in the promotion of economic status and food security. In addition, education is also a critical factor in regard to how the community responds to polygamy. This practice is highly sensitive. One of the first steps in improving a community's ability to address polygamy is to convey knowledge regarding the difficulties with which polygamy is associated.

A great part of this survey's data confirms previous data regarding the difficulties and underdevelopment in the unrecognized villages. There are significant needs with respect to education, employment and living conditions in these villages that should be addressed with the collaboration between policy-makers and powerful community members.

Health/Mental Health Services

One of the major questions raised in this survey is the relationship between culture and the use of health/mental health services. There are various explanations for the lack of use of professional services by minorities in need including: mistrust of the nature and quality of the help that the dominant culture's service providers offer (Hines & Franklin, 1982), the

tendency among minority peoples to respond to stress with physical symptoms, leading to the acquisition of medical attention rather than psychological help (Falicov, 1982) and greater acceptance among minorities of poor functional states and fear of psychological treatment or hospitalization (Sussman, Robins, & Earls, 1987).

Perhaps the most significant findings are the differences in mental health and health care utilization and women's level of awareness in unrecognized villages versus those in recognized villages. There are significant needs, with respect to marital relationships, psychological functioning, family functioning and life satisfaction of women in unrecognized villages. Yet, ironically, it is these same women who ultimately have reduced levels of awareness and lower rates of utilization of health and mental health services. Since it is the state that determines which villages are recognized and which are not, Israeli public policy fulfills an important role in determining who utilizes and is aware of services. Policy-makers would be well advised to consider the ramifications of the differential awareness and utilization of health and mental health services on the public health policy.

Furthermore, women from polygamous marriages, as the findings indicate, utilize health services less than women from monogamous marriages, although they are often in more dire need of these services. One possible explanation is that women in polygamous marriages are occupied with more children and a larger family frame than women in monogamous marriages and, therefore, are able to spend less time attending and waiting for these services to be provided. Women in polygamous marriages, as the findings support, have more problems related to the need of a companion; in fact, in many cases these women were unable to receive health care treatment as they had no one to accompany them. One explanation for this is that a man in a polygamous family must divide his time and attention among each of his wives and her special needs.

Generally speaking, previous evidence shows that Arab women tend to have high levels of health awareness. Al Ma'aitah, Haddad, & Umlauf

(1999) state that in regard to health promotion, a sample of Jordanian women show greater understanding and are more aware of areas of self-actualization, interpersonal support, and nutrition. Policy-makers could fruitfully capture this propensity among Bedouin-Arab women; the prospects for improved accessibility, availability, and awareness of health care services may, in fact, be high.

The usage of health services, as shown by regression analysis, is highly predicted by the type of residence: in most recognized villages there are primary health care centers (PHC) that could be utilized; but in unrecognized villages, a greater degree of travel is required. The latter phenomenon needs to be considered in any policy response involving PHC use, and its prospects for improved community care. Moreover, mental health services are not located within Bedouin communities and if they are to be accessed, greater travel commitments are required, thus increasing the limitations of their use.

Mental health services require particular attention. As the data indicate, a very small proportion of the entire sample used mental health services, out of which all expressed dissatisfaction. This underutilization is consistent with findings on utilization of mental health care services among women in the Arab world (Al-Krenawi, 2003). Women may also seek assistance from informal support structures in the community, as well as treatment from non-psychiatric biomedical practitioners, such as general practitioners, medical clinics or gynecologists, rather than mental health services (Al-Krenawi, Graham, & Kandah, 2000). Okasha & Lotailf (1979) assert that among unmarried women, the stigma of psychiatric treatment is perceived to potentially damage future marital prospects. For married women, the categorization of having a psychiatric illness could be exploited by the husband or his family, as leverage for remarriage (Al-Krenawi & Graham, 1999). Indeed, the experience of mental health treatment could be chaotic and upsetting for the entire immediate and extended family, which could exacerbate, rather than respond to, underlying problems (Al-Krenawi & Graham, 2000).

As the data appear to support, primary health care centers, in contrast, are far less controversial to the Bedouin-Arab and to women in particular. Women's use of PHCs shows considerable potential within the community, and is consistent with previous research that shows how women are more likely than men to make health care inquiries (Weisman, 1998), and in doing so regularly reveal concerns to their physicians (The Commonwealth Fund, 1993). The establishing of a connection between a female patient and her health practitioner is important groundwork for improving her long-term health care (Striepe & Coons, 2002). PHCs act as an intersection where physical, mental, and social difficulties meet up (Gross, Gross & Einsenstein-Naveh, 1982; Halbreich, 1994). It seems logical to extend mental health services within PHCs, particularly given the traditional nature of the Bedouin community and the commensurate cultural and mobility limitations that people, and women in particular, have in accessing these services. Indeed, previous literature suggests the considerable potential that lies in integrating mental health services within PHC delivery structures (Garralda, 2001); but, as recent comparative research points out, the stigma of mental health services is significant, and women's attitudes towards help-seeking can be negative (Al-Krenawi, Graham, Eltaiba & Dean, 2004).

Social Services

As the data indicate, unsurprisingly, women from recognized villages report a higher level of awareness and usage of services, and that it takes less time to reach these services. Social services do not formally exist in unrecognized villages; if people living in an unrecognized village want to access these services, they must travel to a recognized locality. Some unrecognized villages are located on the periphery of recognized villages; others are situated at a considerable distance from them.

Education also predicts awareness and utilization of social services, as is corroborated by previous research (Calsyn & Winter, 1999), and as

regression analysis of this survey supports as well. Furthermore, it is not surprising that those with a higher economic status may utilize services less; they may have at their disposal greater economic and emotional resources for dealing with their problems. Satisfaction is similarly correlated with higher economic status. This may reflect wealthier clients' expectations of using social services for personal and interpersonal problems, rather than economic problems.

Similar to ethno-racial minorities in other countries (Sue, 1990), as well as Arab-Israeli peoples (Savaya, 1998), this survey provides evidence that the Bedouin-Arabs of the Negev are known to underutilize social services. A wide variety of cultural, psychological, social, and political contexts are associated with this underutilization. Women encounter multiple barriers when receiving social services. Within Israel, as in other societies, Bedouin-Arab women are not part of the male-dominated power structures. As members of a cultural and racial minority, they encounter additional barriers to receiving services and within their own culture, they are subject to the forces of patriarchy, which place even more constraints on their choice-making capacities. (Kissman, 1990; Koss-Chioino, 1992). Arab and Bedouin-Arab women in traditional societies are known to be more familiar with and utilize informal resources of social support such as family, kin, traditional healers and other local support systems (Al-Krenawi & Graham, 1999; Al-Krenawi, Graham & Kanda, 2000).

Arab-Israeli individuals and families can be reticent in seeking out professional help and, indeed, any intervention beyond the immediate family (Savaya, 1997). As previous research on the Bedouin-Arab indicates, there are several cultural concepts that influence the construction of social problems, as well as the disinclination to seek supportive aid, for example, accepting one’s fate, being strong in the face of adversity (men), being patient and not complaining to others (women) (Al-Krenawi & Graham, 2000). Recent research underscores the differences between Arab- and Jewish-Israeli access to, and utilization of, social support. Israeli-Arabs have a lesser tendency to

discuss emotional problems or use professional help; they are more likely to use familial help. Israeli Jews, on the other hand, are more likely to obtain social support from a spouse, friend, a professional, or a superior (Pines & Zaidman, 2003). Some Israeli scholars describe Israeli society as an ethnocracy, wherein "a regime … attempts to preserve ethnic control over a contested multi-ethnic territory" (Yiftachel, 1999: 364). The Bedouin-Arabs, like other Arab people in Israel, are a minority within the state of Israel. Any social policy associated with the state and, by implication, any social work intervention associated with the state, places the client, practitioner, and social service system within the wider geopolitical framework of the Middle East (Al-Krenawi & Graham, 1996). The Bedouin-Arab may justifiably perceive social services as yet another extension of Israeli hegemony as in all areas of Arab life. The history of their imposition has lacked consultation, collaboration, and cultural competence (Marx, 2000).

Modernization and a Western, external view of social services and social policies are the crucibles through which social services for the Bedouin-Arab have been established. Programs relating to income security, health, education, and social welfare are Israeli creations, that are implemented by the Israeli state and that involved Bedouin-Arabs very minimally in their conception or delivery. To this day, Bedouin-Arab villages that do have social services often find that they are delivered by a majority of Jewish Israelis. Those Bedouin-Arab and Arab practitioners who work with the Bedouin-Arab have been trained in Israeli schools of social work and have been trained with a strongly Western frame of reference; as one scholar points out, resulting processes and structures of delivery have been culturally incompetent towards the Bedouin-Arab (Al-Krenawi, 1998a). These systems have corresponded with the process of modernization and the establishment of the state of Israel; both have coincided with the Bedouin-Arab's loss of a historic way of life and their political, social, and economic exclusion from the mainstream. As a result, there are huge gaps between the Bedouin-Arabs and the social service systems with which they are in regular contact; there

are two different spheres, and they are quite far from constituting a coherent and cohesive unity (Al-Krenawi & Graham, 2001). It would not be surprising to perceive strong feelings of resistance, ambivalence, or skepticism towards social service systems; the Bedouin-Arab indeed may perceive these in direct opposition to an authentically and historically grounded Bedouin culture.

Marital Relationship, Family Functioning, and Psychological Functioning

A great amount of research establishes that polygamous families experience a higher rate of marital conflict, family violence, and family disruption than do monogamous families (Al-Krenawi, 1998b). Marital troubles, conflict, and distress have a direct effect on children's mental health (Elbedour et al., 2002), which, in turn, could exacerbate marital tensions, creating a downward cycle of conflict. Amongst children, these events may predict poor social competence, the lack of a sense of security (Davies et al., 1996), poor academic achievement (Emery & O'Leary, 1982), behavioral problems and aggression (Rutter, 1975; Cummings et al., 1984), hostile interactions (Katz & Gottman, 1993), and elevated heart rates (El-Sheikh, 1994). Marital conflict is also likely to disrupt effective parenting and parental involvement (Engfer, 1988) having lasting effects on parent-child relationships as well. A negative appraisal of the marital relationship and increased rates of negative behavior by husbands are related to negative sibling interaction, as well as negative mother-child interaction (Pederson et al., 1977; Krishnakumar & Buehler, 2000). Indeed, women in polygamous marriages may repress anger towards their spouse, their life circumstances, and commensurate stress and they may project this anger towards their children, adversely affecting parental relations and communication within the family. Here, in turn, we see that stressful experiences in polygamous families are more likely to be associated with childhood maladjustment (Elbedour et al.,

2002). It may also be possible that the children in these families become targeted scapegoats for the family's problems (Crosson-Tower, 1998), or that the older children take on parental roles in order to maintain stability and order in the household (Elbedour et al., 2002).

Turning to marital quality, research shows that polygamous marriages are more likely to be torn with spousal conflict, tension, and jealousy, than monogamous marriages (Ware, 1979; Achte & Schakit, 1980). The mothers and children in particular are predisposed to psychological problems (Al-Issa, 1990; Eapen et al., 1998). These women are often unhappy, and the addition of new wives can be very distressing and may be perceived as a very traumatic and abusive experience (Hassanoueh-Phillips, 2001). Relationships between co-wives, and the in-laws, may be strained; the children of subfamilies may also be in mutual conflict (Al-Krenawi et al., 1997). Jealousy, competition, and acrimony between co-wives and children in each of the subfamilies, are also common (Al-Krenawi & Graham, 1999, 2001). Literature suggests that marital distress is linked with suppressed immune function, cardiovascular arousal, psychosocial distress, and that it causes an increase of stress-related hormones (Kiecolt-Glaser et al., 1987; Brown & Smith, 1992; Gottman, 1994; Gottman & Notarius, 2000; Al-Krenawi et al., 2001). Due to the fact that many women in polygamous societies are unemployed, they are economically dependent on others and often feel pressured to marry into a polygamous family and remain in these relationships (Elbedour et al., 2002). A mother's distress can reduce her level of caring, supervision, and involvement, and can lead to withdrawal, depression, and hostility. These risk factors (marital conflict, marital distress, financial distress) are assumed to mediate and/or moderate the relationship between the polygamous marital structure and children's level of adjustment (Ibid).

Women in polygamous marriages, as the data of this survey show, scored significantly higher ratings in all of the psychological dimensions noted in the BSI: somatization, interpersonal sensitivity, depression, anxiety,

phobic anxiety, paranoid ideation, psychoticism, and GSI. These may be associated with stress common to women in polygamous marriages, be it related to economic issues, relations between children, father or in-laws, or other problems. As previous research indicates, somatization may be more prevalent in the non-Western world (Kirmayer 1984; Al-Issa 1995). Thus, higher somatization scores among respondents in the present study may be grounded ethno-racially, and can be associated with Arab peoples' relative abilities to express emotional distress (Al-Issa, 1995; Al-Krenawi & Graham, in press). It is common for Arab women to experience somatic complaints; as one scholar indicates in research on Saudi women, "negative feelings, unhappiness and conflict, both within herself and between her and members of her family are readily translated into somatic terms, since physical symptoms in that culture are safe, morally acceptable, and generally lead to some form of help-seeking" (Racy, 1980: 213). Likewise, both depression and anxiety have high rates of frequency within Arab societies (Al-Issa & Al-Issa, 1969; Racy, 1980).

In many instances, the body becomes the locus in which stress, anxiety, and other forms of distress are conveyed in socially acceptable ways, which may hasten the process of seeking help. The separation between psychological distress and physical problems is lesser than that among some other cultural contexts, such as Arab people; the body, spirit, and mind are seen more holistically (Fabrega, 1991; Al-Issa, 1995; Canda & Furman, 1999). Considerable prospects exist for carrying out psychosocial interventions in primary health care settings, which serve as a non-stigmatizing, legitimate form of medical treatment that does not breach Bedouin-Arab cultural norms.

Unsurprisingly, the high scores in family functioning, marital distress and BSI, also coincide with lower life satisfaction. Here, we need to stress the nature of marital life in Bedouin culture, in which maternal and wifely roles are the key to female identity. Polygamy, in both instances, may be seen as compromising to these roles, reducing a woman's social status, self-esteem, and coinciding with a myriad of social and psychological problems,

as discussed, all of which may exacerbate underlying and precipitating problems.

Additional findings show that in regard to family functioning, women from unrecognized villages were reported to have better family functioning than those from recognized villages (table 7.1). These findings might be partially explained by the fact that in unrecognized villages women experience less economic distress and family demands compared to their counterparts in recognized villages.

Conclusions and Implications for Policy and Practice

As the findings of this survey indicate, living in a recognized village increases the possibility of utilizing professional supportive services. Utilization of traditional social support, in contrast, occurs for a variety of reasons. On one level, there is the need to address the precipitating problem, whether, for example, it is somatic, psychosocial, psychiatric, biomedical, or a combination of these. Interpersonally, the giver and the receiver of social or health support may know one another and may understand the act of helping as part of the reciprocal nature of their relationship. On a further level, there may be common cultural ground between the dispensers and receivers of community social support. Since it is part of the state's formal apparatuses, professional social or health support, on the other hand, immediately places the client in the broader context of geopolitical and ethnic cleavages between a dominant Jewish population and a minor Muslim/Bedouin-Arab community in the Negev (Al-Krenawi & Graham, 1996). Even if the service is delivered, and/ or administered by members of the local community, the funding for the service still has state origins; and the training of people to work in the social or health services can be understood as part of the modernization process (Al-Krenawi & Graham, 2001, 2000).

For over a quarter of a century, policy-makers have attempted to respond

to criticisms of poor quality and culturally inappropriate social services for indigenous peoples (Timpson, 1995). The services themselves, in turn, have benefited from culturally responsive professional training (Mindell, de-Haymes, Francisco, 2003) and intervention that takes a community's history into consideration (DeBruyn, Chino, Serna, Fullerton-Gleason, 2001) and integrates both professional and natural helping mechanisms (Cross, 1986; Al-Krenawi & Graham, 2001, 2000, 1996). However, even if services are administered by indigenous communities, a persistence of unresponsive approaches to community needs may still be apparent (Cross, Earle & Simmons, 2000).

In addition, our research provides evidence of the importance of education in fostering indigenous women's awareness and use of social and health services. Further research could fruitfully examine how this objective coincides with the broader goal of empowering women, within a traditional context. Likewise, this study sheds light on the relationship between a community's lack of political autonomy or control of its land and resources, on the one hand, and lesser awareness and use of services, on the other. To a great extent, these dynamics among the Bedouin-Arab of the Negev reflect a process in which social and health services are part and parcel of a broader, top-down imposition of modernization. If social and health services are intended to empower a community, then their administration and delivery should be bottom-up in orientation, taking into account the socioeconomic and political processes that the particular community is undergoing.

In light of this survey's other findings, we suggest several practical applications:

1. A conference should be held for professionals from a broad range of services in order to discuss the problems of the unrecognized villages in particular and come up with methods for dealing with the difficulties and improving all of the social, health and mental health services, as well as increasing practitioners' cultural competence and institutional

competence according to the needs of the Bedouin-Arab people.

2. Polygamy, as the findings indicate, has a negative influence on the family as a whole and on the individuals in particular. In order to raise the Bedouin-Arab community's awareness of the ramifications of polygamy, it is necessary to hold a public conference that will deal with the different aspects of polygamy; cultural, religious, economic, political and psychological.
3. Regarding the education of women, in light of their limited access to education, especially those living in the unrecognized villages, new schools should be opened and new educational programs that are more suited to women's special needs should be developed.
4. Since only approximately 60% of the Bedouin population is employed, new workplaces for Bedouin, and Bedouin women in particular, should be created. Special attention should be given to restrictions on Bedouin women when planning the location and type of these new workplaces.

Future studies could more deeply examine the discrepancy between the services provided and the Bedouin population's needs, and identify those areas in which the adaptation of services to the Bedouin society's specific characteristics is essential.

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