

## **Polygamy and Mental Health: an International Perspective**

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### **Polygamy**

The term polygamy is a Greek word meaning “the practice of multiple marriages” and is used in related ways in social anthropology, socio-biology, and sociology. Polygamy can be defined as a type of marriage practice or union that involves a number of people sharing a common spouse [1]. There are four main forms of polygamy: polygyny is the marriage of one man to many women, polyandry refers to the marriage of one woman to two or more husbands, polygynndry is a situation in which two or more women are at the same time married to two or more men, and polygynandry is used to refer to group marriage [1,2]. The other type of polygamy is an informal polygamy which describes relationships characterized by the simultaneous existence of a legal marriage of one man to a woman and an affair with a second woman that has become a stable feature of the family structure [3].

### **An international perspective**

Polygamous communities exist in Algeria, Benin, Chad, Congo, Ghana, Togo, Tanzania, Thailand [4], Saudi Arabia, United Arab Emirates (UAE), Egypt, Kuwait, Jordan and the United States [5]. Polygamy is practiced in a number of different societies of different religions around the world. In Muslim society, polygamy is widely seen as Islam allows a man up to four wives. However, due to contemporary economic and social conditions, polygamy is not common in all Muslim societies. Polygamy is prevalent and accepted in the Bedouin-Arab society in Israel. This could be because of the sociocultural beliefs of the Bedouin society, that larger families with more sons are associated with greater power and prestige [1]. In the United States, Mormons practice polygamy, as Joseph Smith, the founder of the Mormon faith, said he received a revelation from God that told him to take more wives. In the Hindu faith, polygamy is prohibited however there are some Hindus in the Himalayas who continue to practice polygamy [6].

### **Mental health**

There are many psychological implications of polygamy seen amongst men, women, and children. The practice has implications for entire familial structures, including current as well as future families and communities.

### **Women**

Studies based in the Middle East show the association between psychosocial problems and polygamy among women from polygamous families [7,8]. Polygamy is often characterized by competition and jealousy among co-wives as is commonly observed within plural marriage communities [9-12]. Co-wives likely have very limited private time with the lone husband they share, and thus might vie for his attention and favour. In addition, women’s self-worth is linked to the number of children they bear and, therefore, having time with their husband is also critical to their status within the family and community [13-15]. Claimed that the first wife in a polygamous marriage is affected psychologically and these women are also more likely to visit mental health practitioners. Previous research in Egypt, Kuwait, the Palestinian Authority, Saudi Arabia, and Turkey confirms the considerable psychological and health risks that are prevalent amongst senior wives in polygamous marriages [9,16,8].

A recent study, conducted by myself together with Graham and Al Gharaibeh, examined the psychological, family function, marital satisfaction, life satisfaction and the degree of agreement with the practice of polygamy among senior wives in polygamous marriage with

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a control group from monogamous marriage in Jordan. Between senior wives in a polygamous marriage, and wives in a monogamous marriage, there were significant differences discovered in family functioning, marital satisfaction, and to a lesser but still significant extent, self-esteem and life satisfaction; in these instances, as the data show, women in polygamous marriages tend to fare worse than their counterparts in monogamous marriages. The findings revealed that women from polygamous families experienced more somatisation, interpersonal sensitivity, depression, anxiety, hostility, paranoid ideation, and psychoticism.

### Children

Polygamy has a psychosocial effect on the children of polygamous marriages. A Jordanian study found that polygamy influenced the rate of school drop-out among children, increased alcohol addiction, juvenile delinquency and led to low self-esteem [17,18]. Found that polygamy and divorce were associated with almost 95 percent of cases of juvenile delinquency. [19] Showed that children from monogamous families adjusted to school better than children from polygamous families, and those children from different wives rarely developed positive sibling relationships, with sibling rivalries and jealousy reported instead.

Regarding mental health, an exploratory study of more than 3,000 children in the United Arab Emirates highlighted the polygamous family structure as a predictor of children's mental health problems [20]. An additional study conducted by Al-Krenawi, Graham, and Slonim-Nevo [21] examined the mental health consequences of polygamy in a sample of 101 Arab Muslim adolescents. The respondents from polygamous families had lower self-esteem scores; statistically significant higher scores in Brief Symptoms Inventory dimensions, higher scores in all other BSI dimensions, and higher levels of self-reported family dysfunction. The respondents from polygamous families also reported lower levels of socioeconomic status, academic achievement, and parental academic attainment. It appeared that polygamy did not affect mental health directly but, rather, indirectly through its association with lower education and socioeconomic status. The data also indicated that perceived family functioning was the best predictor of mental health.

### Conclusion

A number of points bear emphasis. First is the need for practitioners and policymakers to appreciate the significance of polygamy to family structures and the nature of somatic and other forms of complaints as potential indicators of a problematic polygamous relationship. Second is the stress that polygamy places upon senior wives, and therefore the prospects for negative role modeling to children and other community members is possible. Policymakers in education, health, and social services need to be aware of the psychosocial and related needs of women and children in polygamous relationships. The findings may also motivate those community leaders who sanction or encourage the practice to investigate polygamy further. As the results point out, family functioning may be lower and marital distress higher in a polygamous family, which may in turn exacerbate negative role modeling and impede children's growth and achievements. Thus polygamous families need to be understood longitudinally within the context of multi generations.

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