International Journal of Social Psychiatry

http://isp.sagepub.com

A Comparison of Family Functioning, Life and Marital Satisfaction, and Mental Health of Women in Polygamous and Monogamous Marriages

Alean Al-Krenawi and John R. Graham

Int J Soc Psychiatry 2006; 52; 5
DOI: 10.1177/00207640060061245

The online version of this article can be found at:
http://isp.sagepub.com/cgi/content/abstract/52/1/5

Published by:
SAGE
http://www.sagepublications.com

I|J|S|P

A COMPARISON OF FAMILY FUNCTIONING, LIFE AND MARITAL SATISFACTION, AND MENTAL HEALTH OF WOMEN IN POLYGAMOUS AND MONOGAMOUS MARRIAGES

ALEAN AL-KRENAWI & JOHN R. GRAHAM

ABSTRACT

Background: A considerable body of research concludes that the polygamous family structure has an impact on children's and wives' psychological, social and family functioning.

Aims: The present study is among the first to consider within the same ethnoracial community such essential factors as family functioning, life satisfaction, marital satisfaction and mental health functioning among women who are in polygamous marriages and women who are in monogamous marriages.

Method: A sample of 352 Bedouin-Arab women participated in this study: 235 (67%) were in a monogamous marriage and 117 (33%) were in a polygamous marriage.

Results: Findings reveal differences between women in polygamous and monogamous marriages. Women in polygamous marriages showed significantly higher psychological distress, and higher levels of somatisation, phobia and other psychological problems. They also had significantly more problems in family functioning, marital relationships and life satisfaction.

Conclusion: The article calls on public policy and social service personnel to increase public awareness of the significance of polygamous family structures for women's wellbeing.

INTRODUCTION

A considerable body of research concludes that a polygamous family structure has an impact on children's and wives' psychological and social functioning (Al-Krenawi & Graham, 1999; Al-Krenawi *et al*., 1997; Elbedour *et al*., 2002). But little research examines the experiences of women who are in monogamous marriages versus those in polygamous marriages. To this end, this study is among the first to consider within the same ethnoracial community such essential factors as family functioning, life satisfaction, marital satisfaction and mental health in women who are in polygamous marriages and women who are in monogamous marriages.

International Journal of Social Psychiatry. Copyright © 2006 Sage Publications (London, Thousand Oaks and New Delhi) www.sagepublications.com Vol 52(1): 5–17. DOI: 10.1177/00207640060061245

POLYGAMY AND THE BEDOUIN-ARAB OF THE NEGEV IN CONTEXT

Anthropologists define polygamy as a marital relationship involving multiple wives (Low, 1988, p. 189). This paper considers one such phenomenon, polygyny (hereafter polygamy), where one husband is married to two or more wives. In cultures covering more than 850 societies across the globe, including Africa, Asia, the Middle East, North America and Oceania, such expanded family structures are known to occur (Hartung, 1982; Valsiner, 1989). In some practicing societies, rates of polygamy may include up to 50% of all marriages (Caldwell & Caldwell, 1993). In the Arab world, Chaleby found 8% to 13% of all Kuwaiti marriages to be polygamous; in neighboring countries, rates were higher (Chaleby, 1985).

In polygamous marriages, the life satisfaction of wives is often influenced by wife-order. Depending on the community, the older or younger wives may attest to greater happiness. Marital satisfaction is also influenced by the husband's supportiveness, maternal employment and the age of the husband (Elbedour *et al.,* 2002). Those senior wives who have poor life satisfaction often see themselves as having failed to meet the standards of a successful wife set by their husband and the community (Al-Krenawi, 2001; Al-Krenawi & Graham, 1999). Many such women report somatic symptoms such as body aches, headaches, insomnia, fatigue, breathlessness and nervousness (Al-Krenawi & Graham, 1999) and those who are perceived as old by their husbands often have low self-esteem (Al-Krenawi, 2001). Other influencing factors include the different number of unions in a family, the cultural view of polygamy, wife-order and whether polygamy is imposed on or initiated by the senior wife (Hassouneh-Phillips, 2001a, 2001b, 2001c).

Women living in areas of higher prevalence of polygamy often experience limited economic resources, stemming in part from the husband's commensurately stretched resources (Al-Krenawi & Graham, 1999) and in part from low education attainment and the rare opportunity to work outside of the home and be paid (Agadjanian & Ezeh, 2000). Such women may perceive an unequal treatment among wives, and typically dislike this inequity. However, the expression of these feelings may not occur because of women's subordination or the inequality of resources (Agadjanian & Ezeh, 2000; Hassouneh-Phillips, 2001c). In areas where polygamy is less frequent, husbands and wives are more likely to engage in family planning and discussions surrounding the number of children and wives within the family (Agadjanian & Ezeh, 2000). In some communities, women in polygamous relationships report being abused by their husbands or other wives (Hassouneh-Phillips, 2001c), and for some populations the incidences of psychiatric disorders, low self-esteem and loneliness are higher for women in polygamous relationships (Al-Krenawi, 2001). Research has found increased rates of mortality among children of polygamous unions (Strassmann, 1997), especially if the mother is the first wife, the environment at home is stressful, parental investment is low, and resources are diluted; however, results regarding polygamy and associated issues of fertility are mixed (Elbedour *et al*., 2000; Welch & Glick, 1981).

Some research points to advantages associated with polygamy. They include sharing household workload, site companionship and socialising with other women, greater autonomy because of help with childcare and other responsibilities, and the intention to increase fertility rates within the family (Anderson, 2000). Childless wives are more likely to be in polygamous marriages than are other wives (Gage-Brandon, 1992; Sichona, 1993). When the relationships between wives improve, other familial relationships tend to improve (Al-Krenawi, 1998).

Research shows that two-wife unions (cowives) may be more stable than families of three or more wives (Gage-Brandon, 1992).

The present study is based on a sampling of Bedouin-Arab women in the Negev, Israel. All are Muslim. Islam allows a man to marry up to four wives, providing he possesses the material means to support the wives, and treats each wife equally (Abu-Baker, 1992). The Bedouin-Arab is a general term for all Arabic-speaking tribes in the Arab Middle East. The Bedouin have been in the region since before Islam or Christianity became established religions. Traditionally nomadic, the Bedouin are a diverse collective, but tend to share such attributes as authoritarianism, collectivism and patriarchy (Barakat, 1993). Today, of the Negev's 130,000 Bedouin, 50% live in villages that are officially recognised by the state of Israel and 50% live in villages that are not. The latter are under continual threat of destruction by state structures, and lack basic infrastructures and services.

Subjected over the course of a couple of decades to a radical transition to living in recognised and unrecognised villages, the Bedouin's traditional way of life has been transformed, and their social structures reflect their minority status in Israel. Theirs is a clash between mainstream Israeli and traditional Bedouin-Arab cultures. Formerly, women contributed significantly to the family's way of life within a pastoral economy; now, there is no comparable role within the imposed transition to a modern economic structure. Those Bedouin men who are employed tend to have left the traditional economy of domesticity to work in mainstream Israeli society. But both women and, to a lesser extent, men have been left behind in this massive social transformation. Unemployment rates among the Negev's Bedouin are as high as 55%, and secondary school drop-out rates reach 40%. Family structures continue to promote high birth rates (Marx, 2000; *Statistical Yearbook of the Negev Bedouin*, 2004).

METHODOLOGY

In order to provide representative sampling for each village, the researchers randomly selected families from lists of residents in each of the seven recognised towns and villages. From this, they chose 222 women according to the percentage of residents in each town and village. From comparable lists of residents in 45 unrecognised villages, they undertook a clustered sampling of 154 women from nine unrecognised villages. From the list they randomly chose families from every village while taking into consideration the size of the village, compared with the total amount of the unrecognised villages.

The final sample included 352, of whom 235 (67%) were in a monogamous marriage and 117 (33%) were in a polygamous marriage. Only one woman per family unit was interviewed. The average age of the monogamous women was about 35 ($M = 34.9$, $SD = 11.69$) compared with about 39 ($M = 39.46$, $SD = 11.29$) for polygamous women ($p < 0.001$). The mean age of the total sample was about 36 ($M = 35.88$, $SD = 11.82$) (see Table 1).

Because of cultural norms, only women conducted the research. Ten Bedouin-Arab students from Ben-Gurion University of the Negev were trained to collect data according to culturally competent methods. In order to facilitate the research, the data collectors tended to be from, or near to, the village in which data were collected. Questionnaires were structured; data collectors were present during the interview, completed the questionnaire forms with the respondent and, for those with limited reading or writing skills, the researchers read to the

respondent and filled in the questionnaire according to the given responses. It should be noted that the students were paid for their work.

Five research instruments were used:

(1) Sociodemographic variables

The variables were as follows: the wife's age, her age at the time of marriage, the wife's education, husband's age when married, husband's education, husband's age, number of children, wife's economic status, type of family (polygamous or monogamous marriage), polygamy in her family (her father), blood relationships between the woman and her husband (endogamous marriage)

(2) Family function

We used the McMaster Family Assessment Device (FAD) that was developed by Epstein and colleagues (Epstein *et al*., 1983; Miller *et al*., 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 subscales range from 1 to 4, with higher scores indicating more problems in a family's functioning. Section points discriminating between 'clinical' and 'normal' families in American populations are available, although there are none for Israeli families. The scale has satisfactory reliability (Cronbach's alpha = 0.72–0.92), good test-retest reliability ($r = 0.66$) and high validity, as indicated by comparing the scale's scores with other measures of the same matters (Epstein *et al*., 1983; Miller *et al*., 1985). The scale was used in studies of Israeli Jewish adolescents (Slonim-Nevo & Shraga, 1997) and its internal reliability in this population was intermediate (Cronbach alpha = 0.36–0.82).

At this stage we only analysed the 12 items that assess the family's general functioning. A recent study (Ridenour *et al*., 1999) found that these 12 items give a satisfactory picture of the family's general functioning, and there is no need to use all 60 questions. Among women the reliability of the subscale was high (Cronbach's alpha = 0.88, $N = 367$).

(3) Marital satisfaction

We used the ENRICH questionnaire, whose original details 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 parts, each containing 10 items. Several studies (Fournier *et al*., 1983, cited in Lavee *et al*., 1987) found that it has a rather high reliability (Cronbach'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 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 (Cronbach's alpha = 0.89, $N = 291$). In this survey, we used the shortened version of the ENRICH questionnaire composed by Lavee that includes 10 items, each rated on a Likert scale ranging from 1 (less) to 5 (greater satisfaction). The internal reliability of the shortened version among the women in the current study is very high (Cronbach's alpha = 0.96, $N = 346$).

(4) Life satisfaction (SWLS)

We used the Diener *et al*. (1985) scale, which consists of five items examining life satisfaction. It uses a Likert scale ranging from 1 (low) to 7 (higher satisfaction); the scale has high internal reliability (Cronbach's alpha = 0.87) and good stability examined by test-retest reliability ($r = 0.82$). Diener *et al*. (1985) tested the validity of the scale by comparing it with existing scales finding good validity. The internal reliability in the current research was satisfactory (Cronbach's alpha = 0.80, $N = 375$).

(5) The Brief Symptom Inventory (BSI)

The Brief Symptom Inventory (BSI) is a shortened version of the Hopkins Symptom Checklist (H-SCL-90) and is used as a screening instrument to measure psychiatric symptomatology (Derogatis & Melisaratos, 1983; Derogatis & Spencer, 1982). It includes 53 items that elicit perceptions of symptoms during the last month. The nine dimensions of the BSI are: somatisation, interpersonal sensitivity, obsession-compulsion, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism. In addition, the scale provides a General Severity Index (GSI), a Positive Symptom Index (PSDI) and a Positive Symptoms Total (PST).

The BSI has been used in several studies to assess the mental health of Soviet, American and Israeli adolescents (Canetti *et al*., 1994; Slonim-Nevo & Shraga, 1997). All scales range from 0 to 4, with higher scores indicating more problems with mental health. For the purposes of this study, the BSI was translated into Arabic using back-translation. The internal consistency of the nine subscales is adequate (Cronbach's alpha = 0.71–0.81) and an adequate level of reliability was found to exist through test-retest analysis ($r = 0.60$–0.90). The internal reliability of the current measure in general and of its subscales was measured in a Jewish research population (Slonim-Nevo & Shraga, 2000) with reasonable results (Cronbach's alphas ranged from 0.62 to 0.90).

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.

FINDINGS

Table 1 presents the demographic characteristics of the two study groups. Regarding the whole sample, most of the women have children (90%), the average number of children is $M = 5.47$, 33% of the families are polygamous, half of the women's fathers are polygamous (51%), most of the marriages are endogamous marriages from within the extended family or the tribe.

The results present differences between the two study groups. The results are irrespective of the women's order in polygamous families. The husbands and wives in monogamous marriages tend to be younger than the husbands and wives in polygamous marriages. For the women $M = 34.09$ and $M = 39.46$ respectively ($p < 0.001$) and for the husbands $M = 36.97$ and $M = 46.19$ respectively ($p < 0.001$). The average number of children in monogamous families is $M = 4.92$, $SD = 3.25$, whereas for polygamous families the average number of children is $M = 6.56$, $SD = 3.55$. The women in polygamous marriages reported

Table 1
Sociodemographic characteristic of the sample (women in polygamous and monogamous families) (means, standard deviation and chi-square test)

Variables	Value	Total sample $N = 352$	Monogamous $N = 235$	Polygamous $N = 117$
Age of the wife		$M = 35.88$ $SD = 11.82$	$M = 34.09$ $SD = 11.69$	$M = 39.46$*** $SD = 11.29$
No. of years of education		$M = 5.29$ $SD = 5.3$	$M = 6.38$ $SD = 5.58$	$M = 3.52$*** ($SD = 4.44$)
Economic status	Very good Somewhat good Not good/not good at all	36% 49% 15%	38% 48% 14%	33% 50% 17%
Number of children		$M = 5.47$ $SD = 3.43$	$M = 4.92$ $SD = 3.25$	$M = 6.56$*** $SD = 3.55$
Husband's age		$M = 39.96$ $SD = 12.51$	$M = 36.97$ $SD = 12.11$	$M = 46.19$*** $SD = 10.97$
Your age when you married		$M = 19.37$ $SD = 3.60$	$M = 19.47$ $SD = 3.39$	$M = 19.16$ $SD = 4.00$
Your husband's age when you married		$M = 24.29$ $SD = 7.64$	$M = 22.95$ $SD = 5.15$	$M = 26.99$*** $SD = 10.59$
How many wives does your husband have?				$M = 2.27$ $SD = 0.53$
Is your father married to more than one woman?	Yes No	51% 49%	43% 57%	68%*** 33%
How many wives does your father have?		$M = 2.47$ $SD = 0.84$	$M = 2.39$ $SD = 0.88$	$M = 2.58$ $SD = 0.75$
What kind of blood relations are between you and your husband?	None Father's side Mother's side Both parents Relation exists, but is distant	29% 35% 9% 9% 19%	26% 35% 11% 10% 17%	34% 33% 4% 6% 23%

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

that 68% of their fathers are polygamous in comparison to only 43% of the women in monogamous marriages ($p < 0.001$).

Table 2 revealed that women in polygamous marriages showed significantly more psychological distress than their counterparts in monogamous marriages. They reported higher levels of somatisation ($p < 0.001$), obsession-compulsion ($p < 0.001$), depression ($p < 0.001$), interpersonal sensitivity ($p < 0.001$), hostility ($p < 0.001$), phobia ($p < 0.001$), anxiety ($p < 0.001$), paranoid ideation ($p < 0.001$), psychoticism ($p < 0.001$), GSI-general symptom severity ($p < 0.001$), PST ($p < 0.001$) and PSDI ($p < 0.001$). In addition, women from polygamous families reported significantly more problems in family functioning ($p < 0.001$), more problems in the marital relationship ($p < 0.001$) and less satisfaction in life ($p < 0.001$).

In short, the findings show that in every dimension – psychological, life satisfaction, marital and familial – women from polygamous families report more difficulty than their counterparts from monogamous families.

Table 2
Family functioning, marital relationships, psychological and life satisfaction of women in polygamous and monogamous marriages (means, standard deviation and F values)

Name of scale	Total sample $N = 352$	Polygamous $N = 117$	Monogamous $N = 235$	*F* value
Family functioning FAD (1)	$M = 2.22$ $SD = 0.57$	$M = 2.43$ $SD = 0.51$	$M = 2.05$ $SD = 0.83$	$F = 41.14$***
Marital relationship (Enrich) (2)	$M = 2.41$ $SD = 1.01$	$M = 2.80$ $SD = 1.10$	$M = 2.06$ $SD = 0.51$	$F = 50.36$***
Mental health (BSI) (3)				
Somatisation	$M = 1.02$ $SD = 0.95$	$M = 1.36$ $SD = 1.06$	$M = 0.76$ $SD = 0.76$	$F = 37.01$***
Obsessive-compulsive	$M = 1.02$ $SD = 0.83$	$M = 1.34$ $SD = 0.89$	$M = 0.79$ $SD = 0.68$	$F = 41.88$***
Interpersonal sensitivity	$M = 1.02$ $SD = 0.87$	$M = 1.27$ $SD = 0.98$	$M = 0.81$ $SD = 0.69$	$F = 26.45$***
Depression	$M = 0.86$ $SD = 0.84$	$M = 1.14$ $SD = 0.90$	$M = 0.62$ $SD = 0.64$	$F = 39.48$***
Anxiety	$M = 1.14$ $SD = 0.87$	$M = 1.42$ $SD = 0.91$	$M = 0.92$ $SD = 0.73$	$F = 31.16$***
Hostility	$M = 1.01$ $SD = 0.89$	$M = 1.35$ $SD = 0.95$	$M = 0.77$ $SD = 0.72$	$F = 39.72$***
Phobia	$M = 0.97$ $SD = 0.86$	$M = 1.23$ $SD = 0.97$	$M = 0.79$ $SD = 0.71$	$F = 23.2$***
Paranoia	$M = 1.17$ $SD = 0.98$	$M = 1.47$ $SD = 1.01$	$M = 0.92$ $SD = 0.83$	$F = 29.35$***
Psychoticism	$M = 0.86$ $SD = 0.82$	$M = 1.14$ $SD = 0.93$	$M = 0.64$ $SD = 0.63$	$F = 34.3$***
GSI	$M = 1.02$ $SD = 0.77$	$M = 1.31$ $SD = 0.83$	$M = 0.79$ $SD = 0.60$	$F = 44.02$***
PST***	$M = 28.69$ $SD = 15.42$	$M = 33.90$ $SD = 15.06$	$M = 25.11$ $SD = 14.60$	
PSDI***	$M = 1.74$ $SD = 0.6$	$M = 1.92$ $SD = 0.60$	$M = 1.58$ $SD = 0.51$	
Life satisfaction (SWLS) (4)	$M = 4.24$ $SD = 1.47$	$M = 3.88$ $SD = 1.39$	$M = 4.58$ $SD = 1.36$	$F = 19.89$***

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

(1) The scale ranges from 1 to 4, with higher value indicating more problems in family functioning
(2) The scale ranges from 1 to 5, with higher value indicating less satisfaction with the marriage
(3) The scale ranges from 0 to 4, with higher value indicating more mental problems

DISCUSSION

The findings present the first major survey research ($N = 352$) comparing the experiences of women from polygamous and monogamous marriages in the Negev. Data reveal many significant differences between women from polygamous and monogamous marriages. On socioeconomic grounds, women in monogamous marriages tended to be younger and more

educated, and reported a higher respective economic status. Previous research suggests that education and attitudinal acceptance of polygamy are inversely correlated (Heaton & Hirschl, 1999; Maziak *et al*., 2002; Nevadomsky, 1991); other findings are less conclusive (Nevadomsky, 1991). The Bedouin-Arab community is in a massive state of transition, part of which includes higher attainment for youth. Respondents in monogamous marriages therefore may have had greater opportunity for education; and the potential for less acceptance of polygamy may be modestly influential on the cohort. Data show differences in economic status, with women in monogamous marriages reporting better economic status than those in polygamous marriage. One associated factor could be family size. As Table 1 also shows, the number of children in polygamous marriages is significantly higher than for monogamous families; in the former, there are more children for whom resources are required.

The issue of economic status raises the cultural practice of encouraging polygamy only if the man has sufficient economic resources. Studies on other practicing societies, in contrast to our data, correlate wealth with polygamy (Abu-Lughod, 1986). Broader economic factors are especially influential. Rates of unemployment and underemployment are high among Bedouin of the Negev. Traditional means of wealth, in a traditional society, have been transformed by modernisation, which stresses high technology, capital accumulation and structures of wealth generation that do not exist in Bedouin communities. The Bedouin-Arabs are culturally, and many are linguistically, outside of the Israeli mainstream. Government policies could fruitfully emphasise processes to include the Bedouin in the economic mainstream, in terms of hiring practices, improvements to educational systems and strategies of Bedouin student recruitment and retention. Here, we need to emphasise the significance of children in polygamous marriages. Previous research points out the lower rates of academic achievement and higher rates of psychological distress among children of polygamous families in the Negev (Al-Krenawi *et al*., 1997; Al-Krenawi & Graham, 2001). Moreover, mothers from polygamous families are found to have lower levels of education than those from monogamous families; some researchers imply that a cycle of low educational attainment within polygamous families can be multigenerational (Elbedour *et al*., 2002).

The findings reveal a significant association between the marital structure of the woman's father, and that of his daughter. Table 1 suggests that women are more likely to be in a polygamous marriage if their father is also in one. Further investigation is clearly required. Some respondents may have grown up in polygamous familial contexts, or may be familiar with polygamy through grandparents or other close relatives. In all respects, the previous practice of polygamy within a family could well pave the way for its acceptance in the present generation. A second, equally intriguing factor for both cohorts is endogamous marriage. Table 1 reveals upwards of 70% of people in an endogamous context; sometimes this occurs within the extended family via first cousins, in others it is within the tribe. The data also indicate that endogamous marriages are more common from a patrilineal rather than matrilineal tradition. In all instances, genetic and biological problems so associated could interfere with the community's immediate and long-term wellbeing. For example, there may be risks to newborns of various birth defects, from deafness to developmental delay, all of which requires further and more extensive research (Meiner *et al*., 2001).

Table 2 provides compelling evidence regarding the myriad psychosocial problems associated with polygamy. Problems in family functioning and marital relationships are much

higher among polygamous respondents than among monogamous respondents. A great deal of research establishes that polygamous families experience a higher rate of marital conflict, family violence and family disruption than do monogamous families (Al-Krenawi, 1998; Elbedour *et al*., 2000). Marital troubles, conflict and distress have a direct effect on the mental health of children (Elbedour *et al*., 2002), which in turn could exacerbate marital tensions, creating a downward cycle of conflict. Among children, these events may predict poor social competence, lack of a sense of security (Davies *et al*., 1996), poor academic achievement (Emery & O'Leary, 1982), behavioral problems and aggression (Cummings *et al*., 1984; Rutter, 1975), 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), and has lasting effects on relationships between parents and children. 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 (Krishnakumar & Buehler, 2000; Pederson *et al*., 1977).

Turning to marital quality, research shows that polygamous marriages are more likely than monogamous marriages to be affected by spousal conflict, tension and jealousy (Achte & Schakit, 1980; Ware, 1979). The mothers and children in particular are predisposed to psychological problems (Al-Issa, 1990; Eapen *et al*., 1998). Often these women are unhappy, and the addition of new wives can be very distressing and can be perceived as a very traumatic and abusive experience (Hassouneh-Phillips, 2001c). Relationships between cowives, and between the in-laws, may be strained; and the children of the subfamilies may be in mutual conflict (Al-Krenawi *et al*., 1997). Jealousy, competition and acrimony between cowives and between the 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 increases in stress-related hormones (Al-Krenawi *et al*., 2001; Brown & Smith, 1992; Gottman, 1994; Gottman & Notarius, 2000; Kiecolt-Glaser *et al*., 1987). Because 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). The 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 polygamous marital structure and adjustment levels in children (Elbedour *et al*., 2002).

Women in polygamous marriages scored significantly higher ratings in all psychological dimensions in the BSI: somatisation, interpersonal sensitivity, depression, anxiety, phobic anxiety, paranoid ideation, psychoticism and GSI. These may be associated with stresses common to women in polygamous marriages, be it economic, relational between children, father, or in-laws, or other problems. As previous research indicates, somatisation may be more prevalent in the non-western world than in the west (Al-Issa, 1995; Kirmayer, 1984). Thus, higher somatisation scores among respondents in the present study may be grounded ethno-racially, and may be associated with Arab peoples' relative abilities to express emotional distress (Al-Krenawi & Graham, in press; Al-Issa, 1995, p. 21). Arab women commonly experience somatic complaints. As one scholar points out 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, p. 213).

Not surprisingly, the high scores in family functioning and marital distress in the BSI also coincide with lower life satisfaction. Here, we need to stress the nature of marital life in Bedouin culture, where a woman's maternal and wifely roles are the key to her female identity. Polygamy may be seen to compromise these roles, reducing a woman's social status and self-esteem, and coinciding with myriad social and psychological problems as discussed, all of which may exacerbate underlying and precipitating problems.

It should also be noted that only 4% of women from both polygamous and monogamous cohorts sought or were referred to psychological or mental health services. These high rates of underutilisation are in stark contrast with the problems that women, particularly those in polygamous marriages, experience. Some 84% of women in the entire sample, in contrast, used primary healthcare centers in or close to their communities. Somatisation provides legitimacy to seek care; higher rates of somatic complaints may be partially associated with the use of primary health services in order to respond to psychosocial problems (Al-Krenawi & Graham, in press). Considerable prospects exist for carrying out psychosocial interventions in such primary healthcare settings, which act as a non-stigmatising, legitimate form of medical treatment that does not breach Bedouin-Arab cultural norms.

CONCLUSION

In attempting to explain the contradictions in the existing literature regarding the practice of polygamy and its effects on the family, the authors 'posit that polygamy represents a culturally bound phenomenon, and the variations in findings reflect, at least in part, the different cultures, beliefs, and subgroups characterizing the various polygamous participants across studies' (Elbedour *et al.*, 2002, p. 261).

Polygamous family structures therefore have the paradoxical effect of furthering those structures that lead to poverty and to other psychosocial problems. Awareness of the implications is the first step in addressing them. So too is it essential to recognise the interrelationship between polygamy and other social statuses. For example, physical abuse, illiteracy and polygamy are associated with mental distress (Maziak *et al.*, 2002). How to respond to these social issues? We emphasise a process of including community structures in all areas of problem identification and resolution. Imposing solutions on the community would justifiably be perceived as yet another instance of hegemony – of imposing mainstream values and norms on the Bedouin-Arab. A far better strategy is to use indigenous ways of constructing and responding to problems.

Education is a critical factor in how the community responds to polygamy. The practice is highly sensitive. In its grounding to Muslim and Bedouin-Arab histories, it is one cultural aspect that distinguishes the community from mainstream Israeli life, and provides in part an aspect of identity. Any changes associated with the practice need to occur sensitively, and must be situated organically within the community rather than imposed from without. Here, the future of the community's next generations is a potentially key point of entry that could unite the community towards the common ground of addressing problems associated with polygamy. The devastation that women and, by extension, children experience from

polygamy can be far reaching. A first step in improving a community's ability to address these problems is to transfer knowledge regarding the difficulties with which polygamy is associated. The findings in the present study are therefore potentially powerful. Future studies could profitably determine optimal strategies of transferring this knowledge to the community, and of establishing and monitoring reciprocal processes of collaboration between researchers, practitioners, policy makers and powerful community members.

REFERENCES

ABU-BAKER, A. (1992) *Polygamy in Islam*. Cairo: Maktabat Al-Tourath Al-Islami (in Arabic).

ABU-LUGHOD, L. (1986) *Veiled Sentiments: Honor and Poetry in a Bedouin Society*. Cairo: The American University in Cairo Press.

ACHTE, K. & SCHAKIT, T. (1980) Jealousy in various cultures in the light of transactional psychiatry. *Psychiatry Fennica*, **11**, 33–34.

AGADJANIAN, V. & EZEH, A.C. (2000) Polygyny, gender relations, and reproduction in Ghana. *Journal of Comparative Family Studies*, **31**, 427–441.

AL-ISSA, I. (1990) Culture and mental illness in Algeria. *The International Journal of Social Psychiatry*, **36**(3), 230–240.

AL-ISSA, I. (1995) *Handbook of Culture and Mental Illness: An International Perspective*. Madison, CT: International Universities Press.

AL-KRENAWI, A. (1998) Family therapy with a multi-parental/multispousal family. *Family Process*, **37**(1), 65–81.

AL-KRENAWI, A. (2001) Women from polygamous and monogamous marriages in an out-patient psychiatric clinic. *Transcultural Psychiatry*, **38**, 187–199.

AL-KRENAWI, A. & GRAHAM, J.R. (1999) The story of Bedouin-Arab women in a polygamous marriage. *Women Studies International Forum*, **22**, 497–509.

AL-KRENAWI, A. & GRAHAM, J.R. (2001) Polygamous family structure and its interaction with gender: effects on children's academic achievements and implications for culturally diverse social work practice in schools. *School Social Work Journal*, **25***(3)*, 1–16.

AL-KRENAWI, A. & GRAHAM, J.R. (in press) Somatization among Bedouin-Arab women: differentiated by marital status. *Journal of Divorce and Remarriage*.

AL-KRENAWI, A., GRAHAM, J.R. & AL-KRENAWI, S. (1997) Social work practice with polygamous families. *Child and Adolescent Social Work Journal*, **14**(6), 445–458.

AL-KRENAWI, A., GRAHAM, J. & IZZELDIN, A. (2001) The psychosocial impact of polygamous marriages on Palestinian women. *Women and Health*, **34***(1)*, 1–16.

ANDERSON, C.M. (2000) The persistence of polygyny as an adaptive response to poverty and oppression in apartheid South Africa. *Cross-Cultural Research*, **34**, 99–119.

BARAKAT, H. (1993) *The Arab World, Society, Culture, and State*. Berkeley, CA: University of California Press.

BROWN, P.C. & SMITH, T.W. (1992) Social influence, marriage, and the heart: cardiovascular consequences of interpersonal control in husbands and wives. *Health Psychology*, **11**, 88–96.

CALDWELL, J.C. & CALDWELL, P. (1993) The nature and limits of the sub-Saharan Africa AIDS epidemic: evidence from geographic and other patterns. *Population and Development Review*, **19**, 817–848.

CANETTI, L., SHALEV, Y.A. & KAPLAN-DE-NOUR, K.A. (1994) Israeli adolescents' norms of the Brief Symptoms Inventory (BSI). *Israel Journal of Psychiatry and Related Sciences*, **29**, 150–158.

CHALEBY, K. (1985) Women of polygamous marriages in inpatient psychiatric services in Kuwait. *Journal of Nervous and Mental Disease*, **173**(1), 56–58.

CUMMINGS, E.M., ZUHN-WAXLER, C. & RADKE-YARROW, M. (1984) Developmental changes in children's reactions to anger in the home. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, **25**, 63–74.

DAVIES, P.T., MYERS, R.L. & CUMMINGS, M.E. (1996) Responses of children and adolescents to marital conflict scenarios as a function of the emotionality of conflict endings. *Merrill-Palmer Quarterly*, **42**, 1–21.

DEROGATIS, L.R. & MELISARATOS, N. (1983) The Brief Symptom Inventory: an introductory report. *Psychological Medicine*, **13**(3), 595–605.
DEROGATIS, L. & SPENCER, P. (1982) *The Brief Symptom Inventory (BSI): Administration, Scoring and Procedures, Manual I*. Baltimore, MD: Johns Hopkins University School of Medicine, Clinical Psychometrics Research Unit.
DIENER, E., EMMONS, R.A., LARSEN, R.J. & GRIFFIN, S. (1985) The Satisfaction with Life Scale. *Journal of Personality Assessment*, **49**(1), 71–75.
EAPEN, V., AL-GAZALI, L., BIN-OTHMAN, S. & ABOU-SALEH, M. (1998) Mental health problems among school children in the United Arab Emirates: prevalence and risk factors. *Journal of the American Academy of Child and Adolescent Psychiatry*, **37**(8), 880–886.
EL-SHEIKH, M. (1994) Children's emotional and physiological response to interadult angry behavior: the role history of interparental hostility. *Journal of Abnormal Child Psychology*, **22**, 661–678.
ELBEDOUR, S., BART, W.M. & HEKTNER, J. (2000) Scholastic achievement and family marital structure: Bedouin Arab adolescents from monogamous and polygamous families among Bedouin Arabs in Israel. *Journal of Social Psychology*, **140**, 503–515.
ELBEDOUR, S., ONWUEGBUZIE, A.J., CARIDINE, C. & ABU-SAAD, H. (2002) The effect of polygamous marital structure on behavioral, emotional, and academic adjustment in children: a comprehensive review of the literature. *Clinical Child and Family Psychology Review*, **5**(4), 255–271.
EMERY, R.E. & O'LEARY, K.D. (1982) Children's perceptions of marital discord and behavioral problems of boys and girls. *Journal of Abnormal Child Psychology*, **10**, 11–24.
ENGFER, A. (1988) The interrelatedness of marriage and the mother-child relationship. In *Relationships within Families: Marital Influences* (eds R.A. Hinde & J. Stevenson-Hinde, pp. 104–118). Oxford: Clarendon Press.
EPSTEIN, N.B., BALDWIN, M.N. & BISHOP, D.S. (1983) The McMaster Family Assessment Device. *Journal of Marital and Family Therapy*, **9**, 171–180.
GAGE-BRANDON, A.J. (1992) The polygyny-divorce relationship: a case study of Nigeria. *Journal of Marriage and Family*, **54**, 285–293.
GOTTMAN, J.M. (1994) *What Predicts Divorce: The Relationships between Marital Processes and Marital Outcomes*. Hillsdale, NJ: Erlbaum.
GOTTMAN, J.M. & NOTARIUS, C.I. (2000) Decade review: observing marital interaction. *Journal of Marriage and Family*, **62**, 927–947.
HARTUNG, J. (1982) Polygyny and inheritance of wealth. *Current Anthropology*, **23**, 1–12.
HASSOUNEH-PHILLIPS, D. (2001a) American Muslim women's experiences of leaving abusive relationships. *Health Care for Women International*, **22**(4), 415–432.
HASSOUNEH-PHILLIPS, D. (2001b) 'Marriage is half of faith and the rest is fear of Allah': marriage and spousal abuse among American Muslims. *Violence Against Women – An International and Interdisciplinary Journal*, **7**(8), 927–946.
HASSOUNEH-PHILLIPS, D. (2001c) Polygamy and wife abuse: a qualitative study of Muslim women in America. *Health Care for Women International*, **22**, 735–748.
HEATON, T. & HIRSCHL, T.A. (1999) The trajectory of family change in Nigeria. *Journal of Comparative Family Studies*, **30**(1), 35–55.
KATZ, L.F. & GOTTMAN, J.M. (1993) Patterns of marital conflict predict children's internalizing and externalizing behaviors. *Developmental Psychology*, **29**, 940–950.
KIECOLT-GLASER, J.K., FISHER, L., OGROCKI, P., STOUT, J.C., SPEICHER, C.E. & GLASER, R. (1987) Marital quality, marital disruption, and immune function. *Psychosomatic Medicine*, **49**, 13–34.
KIRMAYER, L.J. (1984) Culture, affect and somatization. *Transcultural Psychiatric Research Review*, **21**, 159–188.
KRISHNAKUMAR, A. & BUEHLER, C. (2000) Interpersonal conflict and parenting behaviors: a meta-analytic review. *Family Relations*, 49, 29–40.
LAVEE, Y., MCCUBBIN, H. & OLSON, D. (1987) The effect of stressful life events and transitions on family functioning and well-being. *Journal of Marriage and the Family*, **49**, 857–873.
LEV-WIESEL, R. & AL-KRENAWI, A. (1999) Perception of family among Bedouin-Arab children of polygamous families as reflected in their family drawings. *American Journal of Art Therapy*, **38**, 98–107.
LOW, B.S. (1988) Measures of polygyny in humans. *Current Anthropology*, **29**(1), 189–194.
MARX, J.D. (2000) Women and human services giving. *Social Work*, **45**(1), 27–38.

MAZIAK, M., ASFAR, T., MZAYEK, F., FOUAD, F.M. & KILZIEH, N. (2002) Socio-demographic correlates of psychiatric morbidity among low-income women in Aleppo, Syria. *Social Science and Medicine*, **54**, 1419–1427.

MEINER, V., SHPITZEN, S., MANDEL, H., KLAR, A., BEN-NERIAH, Z., ZLOTOGORA, J., SAGI, M., LOSSOS, A., BARGAL, R., SURY, V., CARMI, R., LEITERSDORF, E. & ZEIGLER, M. (2001) Clinical-biochemical correlation in molecularly characterized patients with Niemann-Pick Type C. *Genetics in Medicine*, **3**(5), 343–348.

MILLER, I.W., EPSTEIN, N.B., BISHOP, D.S. & KEITNER, G.I. (1985) The McMaster Family Assessment Device: reliability and validity. *Journal of Marital and Family Therapy*, **11**(4), 345–356.

NEVADOMSKY, J. (1991) Attitudes of Nigerian students toward marriage and family relationships. *International Journal of Sociology of the Family*, **21**(2), 201–212.

PEDERSON, F., ANDERSON, B. & CAIN, R. (1977, April) An Approach to Understanding Linkages between Parent-Infant and Spouse Relationships. Paper presented at the biennial meeting of the Society for Research in Child Development, New Orleans, LA.

RACY, J. (1980) Somatization in Saudi women: a therapeutic challenge. *British Journal of Psychiatry*, **137**, 212–216.

RIDENOUR, T.A., DALEY, J.G. & REICH, W. (1999) Factor analyses of the Family Assessment Device. *Family Process*, **38**(4), 497–510.

RUTTER, M. (1975) *Helping Troubled Children*. New York: Plenum.

SICHONA, F.J. (1993) The polygamy-fertility hypothesis revisited: the situation in Ghana. *Journal of Biosocial Science*, **25**, 473–482.

SLONIM-NEVO, V. & SHRAGA, Y. (1997) Attitudes and behavior: a comparison of immigrant and non-immigrant adolescents in Israel. *Child and Adolescent Social Work Journal*, **14**(4), 251–262.

SLONIM-NEVO, V. & SHRAGA, Y. (2000) Psychological and social adjustment of Russian-born and Israeli-born Jewish adolescents. *Child and Adolescent Social Work Journal*, **17**(6), 455–475.

Statistical Yearbook of the Negev Bedouin (2004) Beer Shava: The Center for Bedouin Studies and Development at BGU.

STRASSMANN, I. (1997) Polygyny as a risk factor for child mortality among the Dogon. *Current Anthropology*, **38**, 688–695.

VALSINER, J. (1989) Organization of children's social development in polygamic families. In *Child Development in Cultural Context* (ed. J. Valsiner, pp. 67–86). Toronto: Hogrefe and Huber.

WARE, H. (1979) Polygamy: women's view in transitional society, Nigeria 1975. *Journal of Marriage and the Family*, **41**, 185–195.

WELCH, C.E. & GLICK, P.C. (1981) The incidence of polygamy in contemporary Africa: a research note. *Journal of Marriage and the Family*, **43**(2), 191–194.

Alean Al-Krenawi, PhD, Associate Professor, Spitzer Department of Social Work, Ben-Gurion University of the Negev, Israel

John R. Graham, PhD, RSW, Murray Fraser Professor, Faculty of Social Work, University of Calgary, Calgary, Canada

Correspondence to Alean Al-Krenawi, Associate Professor, Spitzer Department of Social Work, Ben-Gurion University of the Negev, P.O. Box 653, Beer Sheva 84105, Israel.
Email: alean@bgumail.bgu.ac.il