Does polygamy cause emotional, social and academic damages for children?
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Introduction

Anthropologists define polygamy as a marital relationship which involves more than two partners (Low, 1988). In contrast, in a monogamous marriage a person has only one spouse at a time (Al-Krenawi & Lightman, 2000). Polygamy occurs in three specific forms: polygyny, when a man has more than one wife; polyandry, when a woman is married to more than one husband concurrently; and group marriage, which involves several husbands and several wives (Al-Krenawi & Slonim-Nevo, 2008).

Polygamy in Islam was allowed as a result of several considerations: Polygamy provided women who were helpless and destitute with a means of livelihood and protection. In addition, Men engaged in polygamy to assure an increase in birthrate. This was beneficial both on a larger social scale, as it leads to overall tribal size, and on an individual scale: the birth of multiple sons provides polygamous men with extra income, as these sons can help their father with "domestic labor" (Al-Krenawi, Graham, & Izzeldin, 2001). Moreover. Polygamy was a solution in some cases where a wife was chronically ill, incapacitated, or unable to bear children. Regions with high levels of infant mortality benefit from the polygamous family structure (Elbedour et al., 2002). A man may marry an additional wife if he deems the previous to be infertile, unable to bear sons, incapable of meeting his sexual needs, or physically or mentally ill; even if none of these conditions apply, a stated desire to bear more sons is considered adequate (Al-Krenawi, & Lev-Wiesel, 2002).

Polygamy is common in Bedouin society. Bedouins are a subgroup within the Arab minority in the State of Israel, with cultural, historical, social and political uniqueness. The Bedouin population in 2004 comprised 130,000 in the Negev and

60,000 in northern and central Israel, making up about 3.5% of the Israeli population (Knesset, 2013). Their total fertility rate is about 5.5% per year and is one of the highest in the world. Approximately 40% of the population in the Negev lives in villages and towns (with the largest population concentration in the city of Rahat), while the remaining 60% live in unrecognized settlements without infrastructure or services (Al-Krenawi & Lightman, 2001). Bedouins in northern Israel live in settlements and municipalities recognized by the state (Al-Krenawi & Lightman, 2001).

Despite modernization of Bedouin society, polygamy remains popular and is found among approximately 25% of the population. Tension exists between Israeli Family Law and the Punitive Code: family law in Israel is governed by the principle of religious personal law in family matters; thus, Sharia law, under which polygamy is permitted, governs Muslims in Israel. According to the Israeli penal code (punitive statute), however, polygamy is a criminal offense punishable by up to five years in prison. Until now, because of the cultural and political circumstances surrounding its establishment, the State of Israel has adopted a legal perspective that differentiates between discernable religious communities and allows them to evade the law. This is true of various communities, especially Arab communities. In the case of Bedouin polygamy, it is unofficial policy to allow tribal leaders to impose whatever order they deem appropriate, rather than confront them . As long as the authority of religious (or tribal) law is linked to Jewish-Arab conflict within Israel and, for both sides in the conflict, the family continues to be a central element in formulating and reinforcing the collective identity, it is highly unlikely that the problem of polygamy will be resolved (Lapidot-Firilla & Elhadad, 2006.).

Psychological and physical abuse of women is influenced by the presence (or lack of) economic resources, emotional and cognitive personality strengths, and independent living skills, as well as cultural and societal attitudes on abusive behavior are important factors to consider, as they influence both the abuser and the victims reaction to the abuse (Loseke, 1992). Women living in areas with a high prevalence of polygamy often experience limited economic resources and only rare opportunities to work outside the home for pay. In areas where polygamy is less frequent, families tend to engage in family planning and discuss the number of children and wives in the family. Among the Bedouin-Arab population of the Negev, Israel, the father's level of education tended to be inversely correlated with family size in terms of both the number of children and the number of wives (Al-Krenawi & Lightman, 2000).

A considerable body of research concludes that family environment has a strong impact on children's mental health. In the last two decades there has been a growing interest in the effect polygamy has on the behavioral, emotional, mental and academic adjustment of children. Children from polygamous families have been reported to suffer from more mental health, academic, and social difficulties than their peers from monogamous families.

Current studies demonstrate that polygamy is a complex phenomenon. Polygamy has been reported to impact children's social behaviors, identity and sense of self-esteem. Some researchers show that polygamous families provide a greater number of role models, offering greater warmth and affection, and that this has a positive effect on children's general mental health (Elbedour, Bart & Hektner, 2000;

Krishnakumar & Buehler, 2000). However, sibling rivalry and conflict is more severe in polygamous families (Al-Krenawi & Lightman, 2000; Elbedour et al., 2000). Also worrying is that fathers in polygamous families spent relatively small amount of time with their children, leading to have poorer child-father relations and low self-esteem; this was not true for mothers (Al-Krenawi & Slonim-Nevo, 2008). However, no conclusive association has been shown between polygamy and parent-child conflict (Elbedour, Hektner, Morad, & Abu-Bader, 2003).

Children from polygamous families report higher levels of psychiatric symptomatology, including somatization, obsession compulsion, depression, interpersonal sensitivity, hostility, phobic anxiety, paranoid ideation, and psychosis (Al-Krenawi & Slonim-Nevo, 2008). Among adolescents, no differences between children from polygamous or monogamous families were found on any of the scales of psychopathology (Hamdan et al., 2009). Likewise, family size, polygamous family, and birth order, have not been statistically linked to the rate of psychiatric disorders in adolescents. Despite these results, family size of more than four children has been shown to be a factor significantly associated with psychiatric disorders (Al-Sughayr & Mazin, 2012).

Studies suggest that it is not the family structure (monogamy or polygamy) which influences children's self-concept, but rather their sense of their family being "secure" or "insecure" and changes in family type (Najman et al., 1997).

Several researchers have commented on adverse emotional effects of polygamy on both co-wives and children; social problems within the family tend to carry over into the education system (Al-Krenawi & Lightman, 2000). Children from polygamous families experience negative self-concept and great difficulties in social adjustment

and interpersonal relationships (Lev-Wiesel & Al-Krenawi, 1999). They exhibit more aggressive and antisocial behaviors, conduct disorders, communication difficulties, adjustment problems, sexual activity and drug abuse (Al-Krenawi & Slonim-Nevo, 2008). A Jordanian study found that children from polygamous families were more likely to drop out of school (in some cases, to search for work), become addicted to alcohol, become involved in juvenile delinquency and suffer from low self-esteem (Al-Shamsi & Fulcher, 2005). Bedouin-Arab children in the Negev suffer not only from the general education disadvantage of their community, but also from social difficulties resulting from the polygamy (Al-Krenawi & Lightman, 2000).

Only few studies examined effects of polygamy on children's mental and academic states. This study aims to fill this gap. The main objective of this study is to identify the consequences on children living in polygamist families, comparing with children living in non-polygamist families. More specific, we examined the level of Anxious/Depressed, Withdrawn/Depressed, Somatic complaints, Social Problems, Thought Problems, Attention Problems, Rule Breaking behavior and aggressive behavior, to evaluate if teenagers living in different type of families (polygamist vs. non-polygamist) are different/similar.

Method

Participants

468 Israeli Arab children and adolescents ages: The average age of the males is 13.88 and the Standard deviation is 1.6. The average age of the females is 13.72 and the Standard deviation is 1.40. The age group of 11-15 years; 47.8% male and 52.2% Female. In the age group of 16-18 58.3% Male 41.70% Female. The

participants were selected from different geographical zones from Israel, where there is a concentration of polygamist families alongside non-polygamist families [Rahat, Lydia, Nazareth].

Measures

Demographic variable questionnaire. Contained 6 questions concerning: gender, age, place of residence, No of siblings, No of wives and status of mother [numeral].

Anxiety/Depression. Achenbach T.M., & Rescola, L.A (2004). The questionnaire contains 13 statements describing children or teenagers' emotions (to date or during the last 6 months), for example: "I cry a lot". Participants were asked to rate level of agreement between 0 to 3.

Withdrawn/Depressio. Achenbach T.M., & Rescola, L.A (2004). The questionnaire contains 8 descriptive statements for children or teenagers to date or during the last 6 months. For example: "There is very little that I enjoy". Participants were asked to rate level of agreement between 0 to 3.

Somatic complaints. Achenbach T.M., & Rescola, L.A (2004). The questionnaire contains 11 statements children or teenagers to date or during the last 6 months; for example: "I feel dizzy or lightheaded". Participants were asked to rate level of agreement between 0 to 3.

Social problems. Achenbach T.M., & Rescola, L.A (2004). The questionnaire contains 11 statements describing such problems concerning children or teenagers to date or during the last 6 months; for example: "I'm too dependent on adults". Participants were asked to rate level of agreement between 0 to 3.

Thought problems. Achenbach T.M., & Rescola, L.A (2004). The questionnaire contains 15 statements describing such problems concerning children or teenagers to date or during the last 6 months; for example: "I can't get my mind off certain thoughts". Participants were asked to rate level of agreement between 0 to 3.

Attention problems/difficulties. Achenbach T.M., & Rescola, L.A (2004)._The questionnaire contains 10 questions regarding this issue; for example: "I act too

young for my age". Participants were asked to rate level of agreement between 0 to 3.

Rules Breaking BHAVIOR, Achenbach T.M., & Rescola, L.A (2004). The questionnaire contains 17 relevant statements; for example: "I drink alcohol without my caregiver's approval". Participants were asked to rate level of agreement between 0 to 3.

Aggressive behavior, Achenbach T.M., & Rescola, L.A (2004). The questionnaire contains 18 relevant statements; for example: "I argue a lot". Participants were asked to rate level of agreement between 0 to 3.

Other Problems, Achenbach T.M., & Rescola, L.A (2004). The "Other Problems" On the profile don't constituit a scale, and it does not have norms in the ASEBA, but it appears in the YSR to check another symptom. The questionnaire contains 17 relevant questions. The participant is asked to circle the right answer/reference concerning him/her to each statement on scale of 0-3: 0 = does not apply to me, 1= sometimes true or: there is some truth in it, 2 = yes it is true or at least: often true.

Research procedure

The research process began by contacting the relevant principals and asking their cooperation, permission to pass questionnaires to teachers, after reception of responders' full agreement. The questionnaires were distributed to the teachers in school, some by the researcher and some by colleagues. The questionnaires were collected the same way they had been distributed. The consent of passing the questionnaire was given by the parents and the school.

Results

Our main hypothesis related to differences between children among polygamy and non-polygamy families. In addition, we examined contribution of gender for these effects. In order to examine this hypothesis 3 MANOVA tests were conducted each of which contained Type of Marriage (monogamy/polygamy) and Gender as independent variables. The dependent variables were all the study measures.

Examination of the revealed a marginally significant effect for Gender at the united measure (F(2,462)=2.668, p=.070, η^2 =.011). On the contrary, no significant main effect at the united measure was found for Type of Marriage (F(2,462)=1.967, p=.141, η^2 =.008). In the same manner, no significant interaction between Gender and Type of Marriage was found at the united measure either (F(2,462)=0.252, p=.778, η^2 =.001).

In addition, a significant main effect emerged for Gender at the united measure (F(3,451)=7.800, p=.000, η^2 =.049). Likewise, significant main effect was found at the united measure for Type of Marriage (F(3,451)=5.751, p=.001, η^2 =.037). In addition to the examination of the united measure, each measure was analyzed separately. Marginally significant effect at Somatic Complaints was found for Gender (F(1,453)=3.124, p=.078, η^2 =.007), as boys (M=2.88, SD=3.79) suffered somatic problems more than girls (M=2.25, SD=2.74). Additionally, significant effect at Somatic Complaints was found for Type of Marriage (F(1,453)=9.176, p=.003, η^2 =.020). That is, children from monogamous families (M=2.82, SD=3.46) suffered somatic problems more than children from polygamous families (M=1.82, SD=2.73). Lastly, the interaction between Gender and Type of Marriage at the Somatic Complaints was not significant (F(1,453)=0.254, p=.615, η^2 =.001).

Furthermore, a significant effect was found at Social Problems for Gender $(F(1,453)=4.792, p=.029, \eta^2=.010)$, as boys (M=4.94, SD=3.70) suffered social problems more than girls (M=4.31, SD=3.44). Conversely, Type of Marriage was not significant at Social Problems $(F(1,453)=0.085, p=.771, \eta^2=.000)$, nor for the interaction between Gender and Type of Marriage $(F(1,453)=1.151, p=.284, \eta^2=.003)$.

A marginally significant effect was found at Thinking Problems for the interaction between the two measures (F(1,463)=3.632, p=.057, η^2 =.008). Further tests revealed that the source of significance was due to a simple effect for girls (T(236)=2.426, p=.016) but not for boys (T(227)=0.384, p=.701). That is, there was no significant difference between boys from monogamous families (M=8.58, SD=4.99) comparing to boys from polygamous families (M=8.86, SD=5.43). But differently, girls from monogamous families (M=9.18, SD=4.51) had more thinking problems comparing to girls from polygamous families (M=7.55, SD=3.92).

Figure 1: Differences between Gender and Type of Marriage at Somatic Complaints

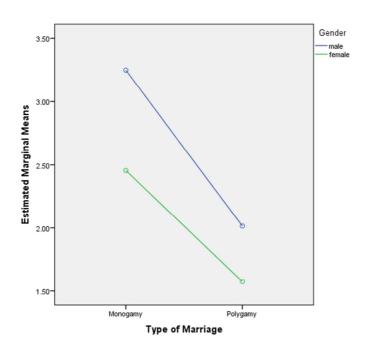


Figure 2: Differences between Gender and Type of Marriage at Social Problems

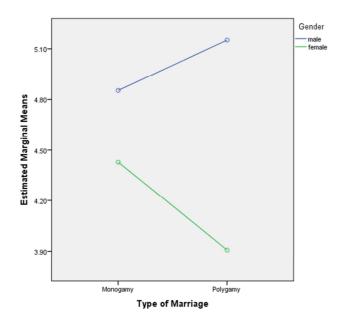
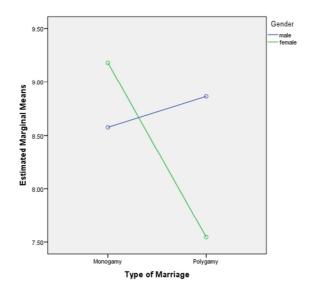


Figure 3: Differences between Gender and Type of Marriage at Thinking Problems



Discussion

The current study focused in Polygamy in Bedouin society. Practice of polygamy is a central part of Bedouin women's lives. Some of them are part of polygamous marriages as co-wives (Al-Krenawi et al., 2001). Others are familiar with polygamy through family members who practice it. Still, others encounter the practice from a professional context as social workers, activists, lawyers, and so forth. Additionally, polygamy fosters gender inequality because it reinforces patriarchy and undermines women's equality in marriage (Kelly, 2007). Polygamy is still relatively prevalent despite modernization of Bedouin society and Israeli Family Law and the Punitive Code, which forbid this kind of marriage.

Several important finding were found in this study. Following each finding will be presented by order of hypotheses.

Our main hypothesis argued that differences among children will be found in the distributions of mental state, social state and thinking problems according to type of family, polygamous families vs. non polygamous families. This hypothesis was not confirmed since no significant differences were found between children coming from different type of family (polygamous and not polygamous) on Anxiety /Depression, Withdrawal/Depression, Social Problems, Thinking Problems, Attention Problems, Rule Breaking behavior and aggressive behavior. Statistical analysis didn't yield any difference in these disorders. This pattern of results is not consistent with previous studies which showed that children from polygamous families report higher levels of psychiatric symptomatology, including somatization, obsession compulsion, depression, interpersonal sensitivity, hostility, phobic anxiety, paranoid ideation, and psychosis (Al-Krenawi & Slonim-Nevo, 2008). Their findings imply that familial pattern of polygamy families lead into these psychological difficulties. On the other hand former studies suggest that polygamy

families don't necessarily create complicated relationships within family, but rather positive ones. For example, polygamous families could provide a greater number of role models, greater warmth and affection, and that this has a positive effect on children's general mental health (Elbedour, Bart & Hektner, 2000; Krishnakumar & Buehler, 2000).

Nevertheless, it is important to notice that in the current study, children from monogamous families report more somatic complains than children from polygamous families. This result is not in line with previous studies that showed that children from polygamy families are more likely to suffer from psychological disorders in compare with children from non- polygamy families (Al-Krenawi & Slonim-Nevo, 2008; Al-Sughayr & Mazin, 2012).

Another possible explanation for the absence of differences for most of psychological disorders, is compensated mechanism. Although children in non polygamy families could experience some difficulties in a relative unusual family pattern, these children could enjoy from several caring figures (e.g. mothers) who can take of them, especially in times of distress. Therefore, in case of a difficulty for the child or one of the wives, the child could find close assistance. This kind of relationship is not possible in non polygamy families (Elbedour, Bart & Hektner, 2007).

Another examination of out hypothesis dealt with influence of gender on psychological problems of children. Specifically, it was argued that gender differences will be found in behavioral, emotional, academic and adjustment problems between males and females in polygamous and not polygamous families. This hypothesis was partially confirmed. No significant interactions were found in

regard to Anxiety Depression, Somatic Complaints, Social Problems, Attention Problems, Rules Breaching and Aggressive Behavior between girls and boys from two types of families. Nevertheless, a significant interaction was found in regard to Thinking Problems. Hence, no significant difference between boys from monogamous families was found in compare with boys from polygamous families. However, girls from monogamous families had more thinking problems comparing to girls from polygamous families. This result, in consistent with previous studies that showed higher likelihood for thinking problems are more prevalent among girls from polygamous families (Ochoa, Usall, Cobo, Labad, & Kulkarni, 2015). It is possible that girls from polygamous families have a broader network of social support. Therefore they feel more safe and have more psychological resources which serve as buffers in front of stressful life events.

In addition, among non-polygamous families a significant correlation was found between rule breaking and gender while males demonstrated more rule breaking in compare with females. Similar pattern was found for polygamous families, while a significant relationship was found between rules breaking and gender while males are more rules breaker in compare with females. Explanation for this result is rooted in the environmental conditions while more social tolerance is presented for aggressive males than females. Males usually learn that they need to use power and dominance in order to fulfill their interests. On the other hand, females are more prone for compromise and peaceful solutions (Archer, 2000).

To concludes, findings of current study suggest that a slight advantage for polygamous upon non-polygamous families in psychological well being, it is plausible that children from polygamous families have larger and stronger social support network since they have much more close relationship in the family.

Therefore, these children could consult significant others when they feel distressed or need assistance in life crises. On the other hand children from non-polygamous families, don't enjoy from these resources and have a narrow and thin network of support. Nevertheless, this effect is relatively small, while in most measures no significant differences were found. It is possible to explain that these children from non-polygamous families compensate the lack of strong and rich social support by other means such as friends, teachers and ect.

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