



## ARAŞTIRMA / RESEARCH

# Negative effects of polygamy on family members in the province of Diyarbakir, Turkey

Diyarbakır ilinde çokeşliliğin aile üyeleri üzerindeki olumsuz etkileri

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### Abstract

**Purpose:** We aimed to here, determine whether the different sociodemographic and clinical variables of polygamous and monogamous marriages.

**Materials and Methods:** 104 polygamous husbands with 56 monogamous husbands from Diyarbakır which located in southeastern region of Turkey, were face to face interviewed, by the researchers. Complaints of all participants were assessed through the SCL-90-R test.

**Results:** Our findings show that about 75% of the husbands were pleased to in polygamous marriages. There was significantly differences between senior wives and junior wives' ages, in polygamous marriage. Polygamous husbands' GSI subscore, in SCL-90-R, along with their psychoticism, hostility and phobic anxiety's sub-scores were significantly higher than scores of monogamous husbands.

**Conclusion:** A growing number of studies show that, polygamous marriage is associated with depressive and anxiety disorders, somatization disorders and a loss of self-esteem. In addition to, having the responsibility of supporting "multiple women and children", men can have different problems in a polygamous marriage. It should be noted that, polygamy is a complex phenomenon with deep cultural, social, economic, and political roots that has been associated with child's, husband's and wife's mental health symptoms. Our results, polygamous marriages are associated with higher risk for psychiatric disorders among the all family members, regardless of their education, family socioeconomic profiles and household composition as well as these results highlighted important implications for clinical practices and future researches.

**Key words:** Polygamy, monogamy, marriage, sociodemographic features, mental health disorders

### Öz

**Amaç:** Burada çok eşli ve tek eşli evliliklerin sosyodemografik ve klinik değişkenler açısından farklılıkları olup olmadığını araştırmayı amaçladık.

**Gereç ve Yöntem:** Güneydoğu bölgesindeki Diyarbakır ilinde, araştırmacılar tarafından tek eşli evliliği olan 56 ve çok eşli evliliği olan 104 koca ve aileleri ile yüz yüze görüşüldü. Tüm katılımcıların şikayetleri, SCL-90-R testi aracılığıyla değerlendirildi.

**Bulgular:** Elde ettiğimiz bulgular, çok eşli evlilikleri olan kocaların yaklaşık % 75'inin bu durumdan memnun olduğunu göstermektedir. Çok eşli evliliklerde, ilk eşler ile daha sonra evlenen hanımların yaşları açısından belirgin farklılıklar olduğu saptandı. Çok eşli evliliklerde kocaların uygulanan SCL-90-R testi, GSI alt ölçek skorları ile psikotizm, düşmanlık ve fobik anksiyete alt ölçek skorları, tek eşli evlilikleri olan kocaların SCL-90-R testi alt ölçek puanlarından belirgin derecede yüksek bulundu.

**Sonuç:** Çok eşli evliliklerde, erkeklerin çok sayıda kadın ve çocuğu destekleme konusunda sahip oldukları büyük sorumlulukların yanı sıra daha farklı sorunları da olabilir. Çok eşliliğin, derin kültürel, sosyal, ekonomik ve politik kökleri ile çocuk, koca ve eşleri de içeren tüm aile bireylerinin psikiyatrik sorunları ile ilişkili karmaşık bir fenomen olduğu unutulmamalıdır. Sonuçlarımız, çok eşliliğin görüldüğü aile yapılarında, ailenin sosyoekonomik profili, eğitimi ve hane halkının kompozisyonuna bakılmaksızın, tüm aile üyelerinde bazı psikiyatrik bozuklukların daha sık görüldüğünü saptamakta, yanı sıra klinik uygulamalar ve gelecekteki araştırmalar için de önemli noktaları vurgulamaktadır.

**Anahtar kelimeler:** Çok eşli evlilik, tek eşli evlilik, evlilik, sosyodemografik özellikler, psikiyatrik bozukluklar

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## INTRODUCTION

Family is the first social environment that the person located in it, as well as the smallest, most fundamental and oldest social institution<sup>1</sup>. Monogamy is when one man has marital relation with a woman. This form is dominant tradition of most of the societies<sup>2</sup>.

Polygamy is a system of marriage whereby a person has more than one spouse, at the same time. The most common form of polygamy means to a marriage of one man to multiple wives. There are three main forms of polygamous relationships; polygyny, polyandry, and polygynandry. Polygyny has been defined as, the marriage of a man to two or more women at the same time<sup>3</sup>. Polyandry occurs when one wife is married to two or more husbands; and polygynandry is a group marriage scenario in which two or more wives are simultaneously married to two or more husbands<sup>3,4</sup>. Within throughout this research article, polygamy and polygyny will be used interchangeably because the literature studies use the term polygamy more often. The first wife is often referred to as the elder wife, or senior wife (SW); while subsequent wives are referred to as the younger wives, junior wives (JW), or second wives<sup>4,5</sup>.

As far as we know, the reasons for polygamy can be many different and multi-faceted across cultures. One of the main reasons in polygamous households (PH) were to increase the number of sons. Among the other reasons can be religious beliefs, traditional practices, cultural perceptions of society, protecting to honor of the family, population needs as well as maybe a romantic love<sup>6-8</sup>.

Polygamy is legally practised in various countries in the Middle East, Asia and Africa<sup>9</sup>. Although, polygamous marriages (PM) are illegal in Turkey, by the adoption of the Turkish Civil Code in 1926, the practice is common particularly in rural areas in the eastern and southeastern region<sup>3,10,11</sup>. It should be noted that, one of the problems in assessing the exact prevalence are that many polygamous couples living as unrecorded and informal<sup>3</sup>. That's why, while the worldwide exact statistics about to prevalence of polygamy is unknown, its existence has been documented in 80% of societies across the globe<sup>3</sup>. On the other hand, polygamy prevalence is reported between the ratio of 4.7% to 5.0%, in eastern and southeastern region of Turkey<sup>6,7</sup>.

Men in PM are reported to have more psychiatric problems than their peers in monogamous marriages (MM). Secondly, most men in the PM are at a lower education level than men in MM<sup>12,13</sup>. Despite the many negative effects of polygamy, some of the men and women continue to be involved in PM. The aim of this study is to consider the psychiatric symptoms and sociodemographic features of husbands also their wives, who live in polygamous and monogamous relationships.

## MATERIALS AND METHODS

Southeastern Anatolia is a region in the south east of Turkey. It borders Syria and Iraq to the south, and Iran to the East. Diyarbakir is a province in southeastern region of Turkey and has a continental climate. Rough and dry, a terrestrial climate is dominant in Diyarbakir province. Sur is a district of Diyarbakir. Immigrants to the city originate from rural areas of Diyarbakir. Most of the people living in the province earn their living by farming and livestock breeding. There is not any major industrial facility. The majority of the population are from lower socio-economic classes and the level of education is low.

The Ethics Committee of the Dicle University School of Medicine approved the study including the consent procedure. The study was conducted in accordance with the Declaration of Helsinki, 2013. Informed consent was taken from each of the participants.

The study was cross-sectional in design. Participants were selected using snowball sampling. Snowball sampling is defined as the process of accumulation in which each subject suggests other subjects<sup>14</sup>. Considering the significance of the investigated issue, snowball sampling was beneficial because each participant helped with the situation of other participants of the exemplary whom they know. This study was applied among the population who living in Sur Province, ages from 18 to 65 and were sufficiently intact cognitively to tolerate a protracted psychiatric interview. All data were obtained, by the trained researchers, going "face-to-face, door-to-door" for each household. Firstly, the researchers contacted the participants prior to the interview and explained to them the goal of the study. The respondents were told that their participation was on voluntary basis, that they could withdraw at any time and also, confidentiality would be preserved at

all times. After they received the consent of the subjects to participate in the study, the interview was conducted in an appropriate place. In cases of limited literacy skills, from researchers read the questionnaire to the respondent and filled in the answers provided. Each interviews ranged from approximately 70 min to 2 h. All data was collected approximately 2 years.

### Research instruments

The mental status examination of 104 husbands from PM and 56 husbands from MM with whole wives were evaluated, by the researchers, using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I)<sup>15</sup>. The psychiatric examination was performed free of charge, without asking about the insurance status of the subjects.

### Socio-demographic variables

Sociodemographic variables of the participants (education levels, employment, income levels, duration of marriages, relations of kinship between the men and their wives, number of children, any drug use, his age at the time of marriage, wife's age when married, type of family, reasons of second marriage, religious beliefs) were investigated using a semi-structured, open-ended questionnaire which prepared taking into consideration of socio-cultural features in community by the researchers.

### Symptoms Checklist-90

The Symptoms Checklist-90 (SCL-90) is a 90-item, psychiatric self-report inventory designed primarily to reflect the psychological symptom patterns of psychiatric and medical patients. It is a measure of current, point-in-time psychological symptom status, not a measure of personality. Each item of the questionnaire is rated by the patient on a five-point scale of distress from 0 (none) to 4 (extreme)<sup>16</sup>.

The SCL-90 is intended to measure symptom intensity on nine different subscales: somatization (SOM, 12 items), interpersonal sensitivity (INS, 9 items), obsessive-compulsive (O-C, 10 items), depression (DEP, 13 items), anxiety (ANX, 10 items), hostility (HOS, 6 items), phobic anxiety (PHO, 7 items), paranoid ideation (PAR, 6 items) and psychoticism (PSY, 10 items).

The instrument's global index of distress is the Global Severity Index (GSI), which is the mean value of all of the 90 items. The SCL-90 requires

approximately between 30 and 45 minutes to complete.

### Statistical analysis

We used chi-squared analysis for categorical data, and analysis of variance (ANOVA) and a post hoc test (Tukey) to check for significant differences in the mean values of numerical data. Differences were considered significant at  $p < 0.05$ . All calculations were performed using Statistical Package for the Social Sciences version 20.0 (IBM SPSS Statistics; Armonk, NY, USA).

## RESULTS

Table 1. presents the demographic characteristics of the both study groups. The population consisted of 104 men who have polygamous marriages (PM) and 56 men who have monogamous marriages (MM). All of the husbands in the PM had two wives. According to our results, while polygamous husbands' average of age was 50.29, monogamous husbands' average of age was 47.83 year. There is significant difference between age of monogamous husbands (MH) and polygamous husbands (PH). As polygamous husbands' age of first marriage was 20.73 ( $\pm 5.87$ ), whereas monogamous husbands' marriage age was regarded as 23.63 ( $\pm 5.24$ ) year. It was fixed that polygamous husbands' first marriage age was younger than monogamous husbands. Second marriage's average of age was found 34.41 year. It was fixed that both of groups' level of income was close. As it expected, it was found that the number of children of PH (7.89) was more than MH children (5.80).

Participating's education status was examined base one their 4 years basic training. According to this results, 20.2% of PH and 19.16% of MH was uneducated. It was found that a significant portion of the PH, living in rural areas (see, Table 1). All of the wives of PH knew each other. 87.5% of PH got married to their JW without their SW' consent. More than half of the wives of PH lived in separate houses. Half of the PH allocating times for his each wife, in a particular order. While the proportion of PH who had kinship relations with their first wives was 43.3%, this proportion was less than 24.0% in the case of second wives. The MH, 41.1% had bonds of kinship with their wives. Many PH reported that, their fathers were polygamous

themselves compared to their monogamous counterparts ( $p < 0.05$ ).

Some demographic features of wives were given in the Table 2. When their average of age was examined to SW, JW, and monogamous wives (MW) were 48.19, 37.43 and 43.48 year, respectively. There was significantly difference between SW and JW' ages in PM. Marriage age of women was designated SW as 21.73 year, JW as 20.02 year and MW as 20.54 year. When education status of women was examined, it was found 79 (75.96%) SW, 53 JW

(50.96%) and 36 (64.29%) MW were uneducated (see, Table 2).

As seen in our results, polygamy is a challenging experience. 75.0% of husbands expressed that they are pleased to PM. However, only 46.15% of husbands said that, if I had turned back to past, even so I would have married again (see, Table 3). The SCL-90-R scores of the participants did not show significant differences between the mean scores for the groups in terms of the anxiety, depression or hostility levels.

**Table 1. Sociodemographic characteristics of the groups.**

	PH Mean ± (SD)	MH Mean ± (SD)	x2 Analysis
Age	50.29(11.74)	47.83(8.52)	0.170
Age at marriage	20.73(5.87)	23.63(5.24)	0.002
Age at second marriage	34.41(7.75)	-	
Income level	30.63(32.75)	28.54(38.25)	0.364
Number of children	7.89(4.70)	5.80(3.37)	0.004
	n=104(%)	n=56(%)	Post hoc (Tukey)
Uneducated (Less than 4 years)	21(20.2)	11(19.6)	f=0.007 p=0.934
Living in rural areas	75(72.1)	29(51.8)	f=6.81 p=0.01

PH: Polygamous husband, MH: Monogamous husband, Differences were considered significant at  $p < 0.05$ .

**Table 2. Sociodemographic characteristics of the wives**

	SW Mean±(SD)	JW Mean±(SD)	MW Mean±(SD)	x2 analysis	Post hoc (Tukey)
Age	48.19(13.07)*	37.42(11.24)*	43.48(9.69)*		f=6.78 p=0.000
Age difference with his wife	1.48(4.34)*	11.36(6.37)*	4.36(5.05)*		f=2.75 p=0.007
Age at marriage	21.73(5.51)	20.02(4.34)	20.54(4.59)		f=3.33 p=0.001
Number of children	4.60(3.08)	3.30(2.83)	5.80(3.37)		f=13.06 p=0.000
	n=104(%)	n=104(%)	n=56(%)		
Uneducated (Less than 4 years)	79(75.96)	53(50.96)	36(64.29)	x <sup>2</sup> =7.34 df=2 p=0.001	f=3.77 p=0.000
Legal marriage	90(86.54)	14(13.46)	56(100.0)		f=7.10 p=0.000

SW: Senior wives, JW: Junior wives, MW: Monogamous wives, SD: Standart Deviation , Differences were considered significant at  $p < 0.05$ .

**Table 3. Some other findings related to polygamous marriages**

	Yes n=104 (%)	No n=104 (%)	Analysis x <sup>2</sup> , df, p
senior wife's consent	13(12.50)	91(87.50)	x <sup>2</sup> =58.50 df=1 p=0.000
junior wife's consent	89(85.58)	15(14.42)	x <sup>2</sup> =52.65 df=1 p=0.000
satisfaction of the husband in PM?	78(75.00)	26(25.0)	x <sup>2</sup> =26.00 df=1 p=0.000
did he wants again polygamy? (if get back)	48(46.15)	56(53.85)	x <sup>2</sup> =0.62 df=1 p=0.433
satisfaction of the senior wife in PM?	21(20.19)	83(79.81)	x <sup>2</sup> =36.96 df=1 p=0.000
satisfaction of the junior wife in PM ?	39(37.50)	65(62.50)	x <sup>2</sup> =6.50 df=1 p=0.011

PM: polygamous marriage, Differences were considered significant at  $p < 0.05$ .

**Table 4. SCL-90 R results of monogamous husbands and polygamous husbands**

Subgroups of SCL-90-R test	PH n=104 Mean±(SD)	MH n=56 Mean±(SD)	Analysis p value
Somatization	0.87(0.67)	0.69(0.50)	NS*
Anxiety	0.69(0.55)	0.63(0.44)	NS*
Obsessive-Compulsive	0.73(0.55)	0.58(0.56)	NS*
Depression	0.84(0.56)	0.81(0.53)	NS*
Interpersonal Sensitivity	0.80(0.53)	0.64(0.46)	NS*
Psychoticism	0.53(0.54)	0.33(0.53)	0.013
Paranoid Ideation	0.70(0.57)	0.65(0.44)	NS*
Hostility	0.82(0.69)	0.62(0.47)	0.028
Phobic Anxiety	0.38(0.45)	0.20(0.32)	0.005
GSI (general severity index)	0.76(0.49)	0.58(0.36)	0.014

MH: Monogamous husbands, PH: Polygamous husbands, \*Not significant, SD: Standart Deviation, Differences were considered significant at  $p < 0.05$ .

Nevertheless, it was found that PH got higher score than the MH, at all sub-scales in SCL-90 R scale. Our results indicate that PH have more psychiatric problems than MH. According to these results, PH reported higher levels on all mental health categories in SCL-90-R. But, only GSI, psychoticism, hostility and phobic anxiety's sub-scores were statistically significant ( $p < 0.05$ ) (see, Table 4).

## DISCUSSION

As seen in some regions in other countries, polygamy is a common condition, particularly rural villagers in southeastern region of Turkey. Some husbands were preferred to polygamy due to the various factors including the high economic level, infertility of their wife, religious beliefs, cultural factors, desire to increase the number of children, particularly sons or satisfaction of sexual desires, also existent psychiatric or medical disease of wives<sup>17,18,23</sup>. Polygamy, in both high and low income households has negative consequences, for all family members. On the other hand, because of the lack of financial support with poverty and low levels of education, many women are compulsorily continues to PM. Consistent with our work, the educational level and income of PH were generally worse than MH<sup>18-22</sup>. So it is not surprising that many person disapprove it<sup>23</sup>.

It is known that, religious beliefs may one of antecedent correlate of polygamy. In particular, men to become polygamous who practice Islam are significantly more numbers than other religions. First marriages are commonly arranged by parents,

consanguineous, or by exchange (where two men are married to each other's sister)<sup>24,25</sup>. Subsequent marriages can be probably associated with love and more choice bias. As in current study, the most common PM are performed to between one man with two wives<sup>25,26</sup>. Husbands who living in the southeastern region of Turkey may have been substantially influenced from Arab culture. Presence of kinship among Turkish and Arab husbands who living in close rural areas of both countries may have increased to communication between them as well as, it may be caused to increased prevalence of polygamy<sup>27,28</sup>.

If a wife is not to give birth a children, or particularly a son, at that time "the husband is encouraged to take a second wife"<sup>24</sup>. To enhance the status of his family or to increase the number of his sons, the husband may select a new wife (or wives). These sons can generate extra income by helping their father with "domestic labour"<sup>25</sup>. Similarly, whole number of children in PM (7.89) were more than MM (5.8), in current study. Of course, this results not surprising.

PM is often seen at the early ages of husbands and their wives. In present study, polygamous husbands' first marriage age was 20.73 ( $\pm 5.87$ ), whereas monogamous husbands' marriage age was regarded as 23.63 ( $\pm 5.24$ ) year. Additionally, age differences between the PH and JW were about 11.36 ( $\pm 6.37$ ) years. It is known, the increasing age gap between spouses is more likely to give rise to jealous fears that their young wives can be unfaithful, by husbands. First marriage age was sometimes demonstrated to under the age of 18

years, in Turkey. JW who married under age of 15 years were found approximately 30%, in Turkey<sup>3</sup>.

On the other hand, childhood marriage is a social problem that is common in some regions of the world, as in our country and primarily affects girls. Gender inequality is mostly associated in traditions and values, increases with low income and lack of education, and also results in usually child marriage for girls. Due to the early age marriage, individuals are separated from their families and environment as well as the educations' are compulsorily come to an end<sup>29</sup>.

Husbands in PM find it difficult to meet the needs of all their wives with children, and the result is unhappy and economically strapped family structure. Therefore, in current study, only 46.15% of husbands said that, if I had turned back to past, even so I would have married again. We found here, PH' GSI score in SCL-90-R, along with their psychoticism, hostility and phobic anxiety subscores were significantly higher than MH. So that, obtained results were indicating that PH' experienced increased stress levels. As seen here, our study is compatible with previous researches for showing the various problems in PM<sup>30</sup>.

Several limitations of present study warrant mention. The sample size of this study was relatively small, data collection was cross sectional; and so the generalizations can thereby limited. Thus, the findings should be cautiously interpreted. As most of the demographic indicators of wife's are based on the basis of the husband's reporting, the above study suggests a rethinking about the reliability of such estimates. It should be noted that these findings warrant replication with larger samples.

Polygamy is a quite controversial issue as well as an important social problem, in many societies. As in our study, polygamy does negatively affect the each family members. For many reasons, the children of polygamous families might lose their respect to their parents. Of course, it is difficult for husband to be equitable to his wives. Judging from the responses which were given by the participants in our study, polygamy is a burdensome and stressful experience. Also, one must consider whether the PM, as well as issues of the lack of education, poverty and employment were effects on the psychiatric disorders. In our opinion, polygamous families need to be more researched and also understood longitudinally.

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