



# A Systematic Review On The Impact Of Polygamy On Women's Mental Health

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**Citation:-** Moti Pangkam (2024), A Systematic Review On The Impact Of Polygamy On Women's Mental Health *Educational Administration: Theory and Practice*, 3(5), 2000-2010  
Doi: 10.53555/kuey.v30i5.3212

## ARTICLE INFO

## ABSTRACT

**Aim:** This systematic review examines prevalence studies on the mental wellbeing of women in polygynous relationships, analysing the consequences for future research and the practice of social work. It examines the relationship between polygamy and women's mental health, using empirical evidence to advocate for mental wellbeing in diverse cultural settings.

**Methods:** A search for scientific articles titled "A Systematic Review on The Impact of Polygamy on Women's Mental Health" was carried out on the databases PubMed and Google Scholar. The search terms used were "polygamy", "women's mental health", and "psychological wellbeing". Hence, the review assessed empirical studies examining polygamy's effects on women's mental health, encompassing depression, anxiety, self-esteem, marital satisfaction, and overall wellbeing. Additionally, it analysed theoretical frameworks and qualitative studies elucidating how polygamous marriages may impact women's mental health, considering marital dynamics, social support, gender roles, and cultural norms. The review deliberately excluded literature without original investigations, including abstracts, reviews, viewpoints, remarks, and editorials. In addition, the analysis excluded articles that used languages other than English.

**Results:** The research analysed in the review exhibits varying levels of methodological rigour, but they suggest a greater occurrence of mental health problems among women in polygynous relationships compared to those in monogamous marriages. The results consistently showed higher levels of somatization, depression, anxiety, anger, psychoticism, and mental problems among women in polygynous marriages. Furthermore, polygynous partnerships are associated with reduced life and marital fulfilment, difficulties in parenting, and diminished self-esteem.

**Conclusion:** The study's results highlight the increased vulnerability of polygamous women to psychological distress, emphasizing the urgent need for tailored interventions provided through primary healthcare centres. Additionally, culturally sensitive approaches are essential for enhancing mental wellbeing among these women.

**Keywords:** Anxiety, Depression, Mental health, Polygamy, Psychological wellbeing, Self-esteem

## 1. Introduction

*"Women's health is inextricably linked to their status in society. It benefits from equality and suffers from discrimination. Today, the status and wellbeing of countless millions of women worldwide remain tragically low. As a result, human wellbeing suffers, and the prospects for future generations are dimmer [1]"*. (WHO, 1998)

Polygamy, the practice of having multiple spouses simultaneously, has been a subject of significant societal, cultural, and ethical debate for centuries [2,3]. While it is prevalent in various regions worldwide, its implications, particularly on the mental health of women involved, have drawn increasing attention in recent years [4-6]. While women's life expectancy has increased, their quality of life and health outcomes may not have seen similar improvements. Gender disparities in mental health are widely recognized, with women

disproportionately affected by various mental disorders. Apart from specific conditions like PMDD, PMS, and postpartum depression, women are at greater risk than men for developing anxiety, depression, somatoform and eating disorders, as well as experiencing suicide attempts [7-9].

Polygamy is a form of marriage that involves having numerous spouses [10]. Polygamy can be categorized into three types: polygyny, which involves one husband being married to multiple wives; polyandry, which involves one wife being married to multiple husbands; and polygynandry, which involves multiple wives being simultaneously married to multiple husbands [11]. Polygamy is practised by a mere 2% of the world's population. Polygamy is predominantly observed in West and Central Africa, with the highest prevalence recorded in Burkina Faso at 36%. It is prevalent among individuals who follow folk religions (45%), Muslims (40%), and Christians (24%) [12]. Informal polygamy refers to situations when a man is legally married to one woman but still maintains a stable affair with a second woman, creating a unique family structure [13].

Research indicates that polygamy is prevalent in approximately 80% of societies globally. According to a United Nations report, polygamy is either legal or widely accepted in 33 countries, with 25 in Africa and 7 in Asia [14]. Although historically practised in numerous cultures, it is now primarily found in regions such as the Middle East, North Africa, and East Asia, as well as certain European and North American communities [15].

Polygamy has been shown to exist in Israel, especially among Bedouin households. However, there is a shortage of government data on its extent. Most of these families are mostly situated within the Negev region, although there have also been recorded cases in villages throughout northern Israel. In Israeli law, polygamy is deemed a criminal crime and can result in a prison sentence of up to 5 years, as stated in Article 176 of the Penal Code (1977) [16].

Religious courts, such as the Sharia court in Muslim-majority regions, often sanction the practice of polygamy. In these contexts, a husband may take multiple wives provided he can meet the economic and emotional needs of all spouses and children equally. However, legal frameworks in many countries, including Israel, conflict with religious allowances, resulting in a complex legal and social landscape surrounding polygamous unions [17,18].

Due to the significance of the polygamous population and the broadness of the research subject, polygamy has significantly progressed as a crucial factor in recent decades. Krenawi and Graham (1999) argue that academics have not adequately studied the correlation between polygamy and mental health, even though women in polygamous marriages and their children experience greater rates of psychological issues [19-21]. Several studies have examined the psychological consequences of polygamy in numerous nations. Chaleby (1985) found that the proportion of women with multiple husbands was much higher in the psychiatric patients who were hospitalized compared to the general population of Kuwait [22]. Similarly, Al Krenawi investigated the psychological consequences of polygamy on women residing in Israel, Syria, Jordan, and Palestine. The findings indicated a substantial rise in the frequency of psychological issues among these women. The predominant mental disorders observed in these women were somatization, interpersonal sensitivity, sadness, anxiety, anger, paranoid ideation, and psychoticism.

Despite its prevalence and cultural significance in many societies, polygamy's impact on women's mental health remains a topic of ongoing debate and research. While some studies suggest that polygamous marriages may lead to increased psychological distress, marital conflict, and lower self-esteem among women, others emphasize the importance of considering contextual factors, such as socioeconomic status, marital dynamics, and community support systems, in understanding women's experiences within polygamous unions.

Considering the possible vulnerability of these sub-populations, the growing body of published evidence investigating the impact of polygamy on women's mental health, and the subsequent need for research synthesis and appraisal, an exhaustive literature search and a systematic review appear requisite. Thus, in compliance with the concepts of evidence-based research to make better use of what evidence already exists [23,24], this paper adds such a systematic review to the existing discourse on mental health implications for polygamous women. By systematically examining empirical studies, theoretical frameworks, and qualitative insights, this review aims to provide a comprehensive understanding of the impact of polygamy on women's mental health across different cultural, social, and economic contexts. Through this endeavour, this review seeks to contribute to ongoing discussions on gender equality, human rights, and mental health promotion within diverse societies worldwide.

## **2. Methodology**

### **2.1. Source of Data and Eligibility**

To identify relevant papers for the systematic review, a specific search methodology was employed. Relevant articles were sought by using electronic sources such as Scopus and PubMed. In addition, a comprehensive search was conducted on Google Scholar and other online databases to identify the relevant papers.

The review included (a) an evaluation of empirical research investigating the impact of polygamy on various aspects of women's mental health, including but not limited to depression, anxiety, self-esteem, marital satisfaction, and overall psychological wellbeing. and (b) analysis of theoretical frameworks and qualitative studies elucidating the mechanisms through which polygamous marriages may influence women's mental health outcomes, considering factors such as marital dynamics, social support, gender roles, and cultural

norms. Subsequently, data was gathered from the articles following their assessment and evaluation. Additionally, the articles that did not include original research, such as abstracts, assessments, opinions, annotations, and editorials were excluded. Additionally, publications in languages other than English were excluded from the review.

### **2. 2. Inclusion Criteria**

This systematic review exclusively included studies on the impact of polygamy on women's mental health. The inclusion criteria encompassed research employing various methodologies such as quantitative, qualitative, or mixed-method approaches. Specifically, studies exploring the psychological implications of polygamous marriages on women were considered. Additionally, papers examining factors such as depression, anxiety, self-esteem, marital satisfaction, and overall psychological wellbeing were included. The review prioritized studies that provided empirical evidence, theoretical frameworks, or qualitative insights to elucidate the relationship between polygamy and women's mental health outcomes. Studies focusing on contextual factors such as marital dynamics, social support, gender roles, and cultural norms were also included. The criteria accounted for research investigating the prevalence and severity of psychological distress among women in polygamous unions. Furthermore, studies reporting on interventions or strategies aimed at improving mental health outcomes for women in polygamous marriages were considered.

### **2. 3. Exclusion Criteria**

Articles excluded from this systematic review included those that did not present primary research, such as review articles, thesis, patents, editorials, or letters. Additionally, studies deemed irrelevant to the topic or with incomplete texts were excluded. Specifically, research unrelated to the impact of polygamy on women's mental health or those not addressing psychological aspects were omitted. Studies conducted outside the specified timeframe, between 2010 and 2023, without a gold standard for comparison were also excluded. Moreover, any studies not employing valid methodologies to assess the psychological wellbeing of women in polygamous marriages were not included.

### **2. 4. Screening Strategy**

Following a review of the titles as well as the abstracts of obtained studies from the relevant electronic databases, the words used in the initial search were categorized into four categories and merged with the Boolean operators AND and OR, while the search process used electronic databases mentioned above. The search terms included concepts such as polygamy, women's mental health, psychological wellbeing, and related keywords. These terms were systematically applied to screen the titles and abstracts of studies retrieved from the electronic databases. Papers that did not align with the research focus or did not address the psychological aspects of polygamy and its impact on women's mental health were excluded from further consideration. The entire texts of each paper were downloaded and examined, and only the papers that passed the screening process were included in the study. When complete texts of relevant papers were not available or were unavailable, the authors of the papers were requested to provide them. If it was not feasible to contact the writers, for example, because of a non-response or a negative response, the entire manuscripts were bought. In addition, the reference lists of the relevant papers were examined to increase the chances of finding publications that were suitable for inclusion. To document the sequential process of screening and selection, Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowcharts were utilized.

### **2. 5. Data verification for Consistency**

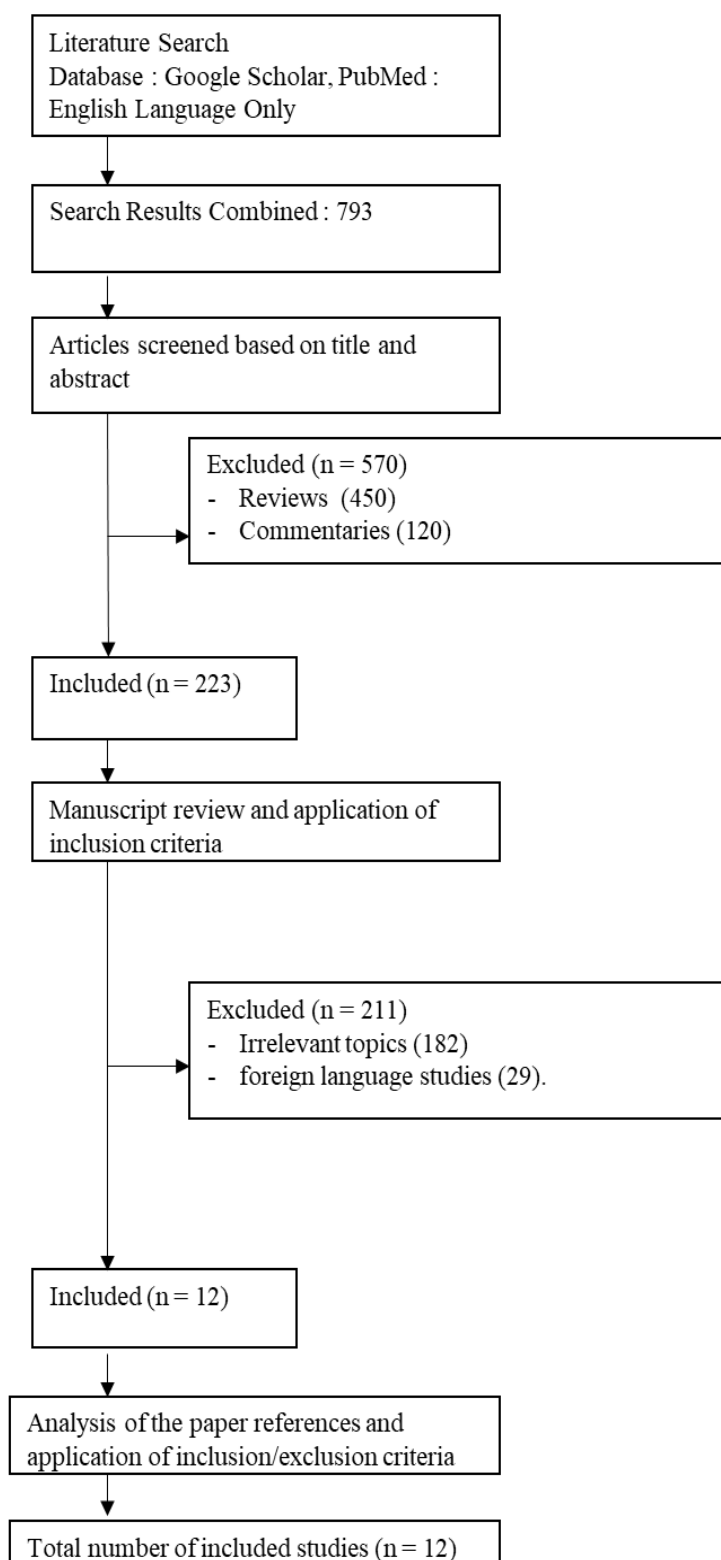
To provide internal quality control of the database, a Microsoft Office 2019 Excel spreadsheet was built, comprising the pertinent data. As part of the external quality control method of the database, the integrity of the data was also verified. In instances when discrepancies arise inside Excel spreadsheets, a process of data verification is undertaken.

## **3. Results**

### **3. 1. Literature Search**

An extensive literature search was conducted across multiple internet databases, including PubMed, PsycINFO, and Google Scholar, using keywords such as “polygamy”, “mental health”, “women”, and related terms. Studies published from [2010-2023] were included in the search. The initial search yielded a total of 793 records.

The screening process involved removing duplicate records, resulting in the identification of 793 unique studies. Subsequently, studies were assessed against predetermined exclusion criteria. A total of 781 studies were discarded based on the following exclusion criteria: Reviews (450), Commentaries (120), Irrelevant topics (182), and foreign language studies (29).



**Figure 1: PRISMA flowchart.**

After applying the criteria for exclusion, a total of 12 studies satisfied the criterion for inclusion within the systemic review. This study gathers data on the impact of polygamy on the psychological welfare of women and meets the predetermined selection criteria.

#### Characteristics of Included Studies

Table 1 provides information about the research's genesis and background, sample characteristics, and result evaluation. A comprehensive analysis was conducted on a total of 12 studies that examined the influence of

polygamy on the mental wellbeing of women. The study provides a comprehensive overview of the study settings, sample sizes, subgroups analysed, and types of analysis undertaken in each study.

<b>Table 1: The Summary of Included Study Characteristics</b>					
Study	Setting	Sample	Subgroups	Analyses	References
Alen – al-Krenawi (2013)	Syria	The sample used in this study was a convenience sample and included a total of 136 women.	The study includes 64 polygamous wives and 72 monogamous wives.	-	[25]
Daoud et al., (2013)	Arab Bedouin in southern Israel	The sample used in this study was a Survey Based sample and included a sample size of 461 women, aged between 18 and 50 years.	The study involves 262 polygamous wives and 199 monogamous wives	The statistical tests employed include the separate sample, the t-test, the chi-square test, and the one-way analysis of variance (ANOVA).	[26]
Yilmaz et al., (2018)	Ceyhan is a city situated in the Adana Province of southern Turkey.	The study comprised an overall of 108 women aged 18 and above.	A total of 72 women were engaged in polygamous unions, with 30 serving as senior wives and 42 as junior wives. Additionally, 36 women were in monogamous marriages.	The t-test, Chi-square test, and one-way analysis of variance (ANOVA) are statistical tests employed to examine data and ascertain the presence of significant disparities or associations between variables.	[27]
Alen – al-Krenawi (2011)	Jordan (Arab)	The sample used in this study was a convenience sample and included a total of 199 women.	The study includes 93 women who are either the initial or second wives in polygamous marriages, as well as 106 women who are spouses in monogamous marriages.	-	[28]
Naseer et al., (2021)	Pakistan	An in-depth interview was conducted with 11 polygamous women who willingly provided their data.	-	The interpretative phenomenological analysis (IPA) was employed to elicit a diverse array of views and opinions held by women regarding their experiences inside polygamous household systems.	[29]
Alean Al-Krenaw et al., (2015)	Syria	A representative group of 276 women was analyzed for convenience.	The study encompasses a total of 163 spouses in marriages that are polygamous and 113 spouses in monogamous marriages.	-	[30]
Özer et al. (2012)	Kahramanmaras, located in southern Turkey	Convenience sample: 152 women were studied.	The study includes 79 polygamous wives and 73 monogamous wives	The statistical tests used are the chi-square test, samples that are independent t-test, one-way ANOVA, and multiple regression.	[31]
Ebrahim et al., (2021)	Sub-Saharan African countries	Data was collected from 4469 women between 15 and 49 years of age	-	The statistical tests used are the chi-square test, samples that are independent t-test, one-way ANOVA, and multiple regression.	[32]
Mabaso et al., (2018)	South Africa	Convenience sample, 1437	The study reported 8.3% being in a	Cross-tabulation; Independent samples t-test; Logistic regression	[33]

		women studied.	were	polygamous marriage		
Alen – al-Krenawi (2012)	Palestine (Central Asia)	Convenience sample, 309 women studied	309 were	The survey indicated that 187 individuals from polygamous families and 122 individuals from monogamous homes took part in this study.	-	[34]
Gad ban et al., (2020)	Israeli Arab	The study included a total of 80 Israeli Arab women who were living in both the southern and northern regions of Israel. All of these women were involved in polygamous marriages.		-	-	[35]
Farahmand and Rezvani (2019)	Zahedan, Iran	A convenience sample of 400 women was studied		The survey indicated that 150 individuals from polygamous families and 250 individuals from monogamous families took part in this study.	The data underwent a Kolmogorov-Smirnov test, which revealed that it was sampled from a population that conforms to a normal distribution. A P value exceeding 0.05 for the variables was statistically significant.	[36]

Among the studies included in the systematic review, a diverse geographic distribution was observed, with contributions from Syria [25, 30], Arab regions [26, 28, 35], Turkey [27, 31], Pakistan [29], Africa [32, 33], Asia [34], and Iran [36]. The sample sizes varied considerably, ranging from as few as 11 participants in the smallest study [29] to a substantial cohort of 4469 individuals in the largest study [32]. The subgroups analysed within these studies reflected the complexity and heterogeneity of polygamous and monogamous relationships, with some studies focusing on specific roles within polygamous unions, such as senior and junior wives [27, 28], while others examined broader categories of polygamous and monogamous spouses [25, 26, 30, 31, 34, 36]. Additionally, varying proportions of participants were included in polygamous marriages across studies, shedding light on the prevalence of such unions within different populations [33].

The analytical approaches employed in these studies encompassed a wide range of statistical methods and qualitative techniques, illustrating the methodological diversity in exploring polygamous relationships. Quantitative analyses utilized conventional statistical tests like the independent samples t-test, Chi-square test, and one-way ANOVA to discern differences and associations between variables [26, 27, 31]. These statistical methods facilitated the examination of diverse aspects of polygamous and monogamous unions, including disparities in mental well-being and experiences among different participant groups. Qualitative studies employed interpretative phenomenological analysis (IPA) to delve deeply into the nuanced perspectives and lived experiences of individuals within polygamous households, offering valuable insights into their emotions, thoughts, and perceptions [29]. Moreover, several studies utilized advanced statistical techniques such as multiple regression analysis and logistic regression to explore intricate relationships and predictive factors within polygamous contexts [31, 32, 33]. Additionally, methods like cross-tabulation and logistic regression were employed to analyse categorical data and assess associations between variables. Notably, one study employed the Kolmogorov-Smirnov test to verify the normal distribution of data, ensuring the robustness of the statistical analyses [36].

#### Measurement Tools

Table 2 presents a range of assessment instruments used to examine the mental health outcomes and mental health of women in polygamous marriages.

Study	Measurement tools	References
Alen – al-Krenawi (2013)	The Enrich questionnaire, The McMaster family assessment device, The Rosenberg (1979) SE scale, the life satisfaction Scale, the symptoms checklist (SCL)-90 a self-report questionnaire were used in the study	[25]
Daoud et al. (2013)	A structured Arabic language questionnaire, a socioeconomic position (SEP), depressive symptoms (DS) and poor self-rated health (SRH) among women were used in the study.	[26]
Yilmaz et al., (2018)	The Rosenberg Self-Esteem Scale (RSE), Beck Depression Inventory (BDI) and DSM5-based psychiatric interview were used in the study.	[27]
Alen – al-Krenawi (2013)	The McMaster Family Assessment Device (FAD), ENRICH marital satisfaction questionnaire, SCL-90 mental health symptoms checklist, Rosenberg self-esteem (SE) scale, and Diener,	[28]

	Emmons, Larsen, and Griffin life satisfaction scale, a basic sociodemographic scale were used in the study.	
Naseer et al., (2021)	In-depth interview was included in the study	[29]
Alean Al-Krenaw et al., (2015)	A socio-demographic questionnaire, Symptoms Checklist-90 questionnaire, The Rosenberg (1979) Self-Esteem (SE) scale, Satisfaction with Life Scale (SWLS)) scale was used in the study.	[30]
Özer et al., (2012)	A socio-demographic questionnaire open-ended questionnaire was used in the study.	[31]
Ebrahim et al., (2021)	A socio-demographic questionnaire, the Conflict Tactic Scale, were used in the study.	[32]
Mabaso et al., (2018)	A socio-demographic questionnaire multivariate logistic regression models were used in the study	[33]
Alen – al-Krenawi (2010)	A socio-demographic questionnaire, the McMaster Family Assessment Device (FAD), the ENRICH marital satisfaction questionnaire, the SCL-90 mental health symptoms checklist, the Rosenberg self-esteem (SE) scale and Life satisfaction were used in the study.	[34]
Gad ban et al., (2020)	The Drawing Task, the art-based technique, was used in the study	[35]
Farahmand and Rezvani (2019)	Modified McMaster's functioning scale and Olson's marital satisfaction scale, Cohen, Kamarck, and Mermelstein's perceived stress scale (PSS) and Mahdavi, Sabouri power scale (PS)	[36]

The measurement tools utilized across the included studies in the systematic review were diverse and tailored to capture various aspects of individuals' well-being and experiences within polygamous relationships. These tools included established questionnaires such as the Enrich questionnaire, McMaster Family Assessment Device (FAD), Rosenberg Self-Esteem Scale (RSE), Beck Depression Inventory (BDI), Symptoms Checklist-90 (SCL-90), and Satisfaction with Life Scale (SWLS) [25, 27, 28, 30, 33, 34]. Additionally, structured Arabic language questionnaires and socio-demographic questionnaires were employed to assess socioeconomic position, depressive symptoms, and self-rated health among participants [26, 31]. Some studies incorporated qualitative methods such as in-depth interviews and art-based techniques like the Drawing Task to gain deeper insights into participants' experiences and perceptions [29, 35].

Furthermore, specialized scales such as the Conflict Tactic Scale, modified McMaster's functioning scale, Olson's marital satisfaction scale, and perceived stress scales were used to examine specific aspects of marital dynamics and psychological wellbeing within polygamous households [32, 36]. The diverse array of measurement tools reflects the multifaceted nature of research on polygamous relationships and enables a comprehensive understanding of the factors influencing individuals' mental health, marital satisfaction, and overall wellbeing within these contexts.

#### Impact of Polygamy on Women Mental Wellbeing Compared to Monogamy.

The literature chosen for analysis used a variety of indicators to quantify relationships and mental wellness, which hinders the possibility of doing a meta-analysis. Nonetheless, an overview of the findings from the included studies can be seen in Table 3, and a concise narrative review of the common outcomes is provided below.

**Table 3: The summary of included Study Findings**

Study	Results	References
Alen – al-Krenawi (2013)	The findings indicated that there were notable differences in the mental health symptoms, particularly in heightened somatization, sadness, anger, and psychoticism. Additionally, the general severity index of these symptoms was greater. Additionally, the phenomenon known as first-wife syndrome was investigated inside polygamous households, specifically comparing the experiences of first, second, and third spouses in such marriages. The findings revealed that first spouses reported a higher frequency of household issues, lower self-esteem, increased anxiety, heightened paranoid ideation, and greater levels of psychoticism compared to second and third wives.	[25]
Daoud et al. (2013)	The findings indicate that around 23% of the participants were involved in polygamous marriages. Women in non-monogamous relationships had a much greater chance of suffering from depression (OR=1.91, 95% CI=1.22, 2.99) and lower self-rated health (OR=1.73, 95% CI=1.10, 2.72) compared to women in relationships that were monogamous.	[26]
Yilmaz et al., (2018)	The investigation revealed that the mean age for senior wives was 45.73±15.22 years; for juniors, it was 36.57±10.26 years; and for monogamous wives, it was 33.94±9.08 years. While the senior and junior wives had greater scores in the RSE, the observed difference was not statistically significant. Senior wives exhibited greater scores on the BDI.	[27]
Alen – al-Krenawi (2013)	Research findings suggest that women who originate from polygamous households experience more challenges in terms of family dynamics and marriage relationships and demonstrate poorer levels of self-esteem. In addition, they express lower levels of life satisfaction and exhibit increased levels of somatization, interpersonal sensitivity, sadness, anxiety, anger, paranoid ideation, and psychoticism. In addition, their overall severity index (GSI) is elevated.	[28]
Naseer et al., (2021)	The study identified three main themes concerning polygamy among women. Firstly, reasons for consenting to polygamy included infertility, desire for male children, love for husbands, and pressure from in-laws to sustain the marriage. Secondly, negative outcomes like jealousy, unhappiness, and loneliness result from perceived injustices by spouses. Lastly, coping strategies included relying on faith, accepting fate, and making compromises with co-wives. Advantages such as shared household responsibilities and child-rearing were also noted.	[29]



Alean Al-Krenaw et al., (2015)	The results indicated that senior spouses in polygamous partnerships exhibited diminished levels of self-esteem, reduced overall life satisfaction, and elevated rates of mental health symptoms as compared to women in monogamous marriages.	[30]
Özer et al., (2012)	The investigation uncovered a statistically significant distinction in Beck Depression Inventory (BDI) scores between polygamous women and monogamous wives.	[31]
Ebrahim et al., (2021)	The investigation discovered that the percentage of polygynous marriages among Ethiopian women who have been married at least once was 10.4% (confidence interval (CI): 8.7–12.4). The rates of emotional, physical, and sexual abuse among women who have been married at least once were 24%, 23.1%, and 10.1%, respectively. Women who stated that they were in polygynous marriages had a 1.82 times higher likelihood of reporting emotional abuse by their husbands (odds ratio (OR) = 1.82; CI: 1.256–2.628).	[32]
Mabaso et al., (2018)	The findings suggest that women in polygamous marriages had a significantly lower likelihood of having tertiary education [OR = 0.03 (95% CI: 0.00–0.28), $p = 0.003$ ], sufficient funds for food and clothing [OR = 0.12 (95% CI: 0.06–0.27), $p < 0.001$ ], a sexual partner who is five years younger [OR = 0.10 (95% CI: 0.01–0.94), $p = 0.044$ ], or a sexual partner who is within five years older or younger [OR = 0.35 (95% CI: 0.13–0.991), $p = 0.032$ ]. Additionally, they had a much higher probability of having two or more sexual partners [OR = 20.42 (95% CI: 1.10–379.89), $p = 0.043$ ].	[33]
Alen – al-Krenawi (2010)	The results indicated notable disparities between senior spouses in polygamous unions and spouses in monogamous unions regarding family dynamics, marital contentment, self-worth, and overall life happiness.	[34]
Gad ban et al., (2020)	The findings indicated that the predominant emotions depicted in the drawings were negative, including anger, grief, loneliness, and impotence. While several women yearned for intimate partnerships with their spouses, others voiced a yearning for retribution and fairness.	[35]
Farahmand and Rezvani (2019)	The results of the study indicate that senior women in polygamous marriages experience a significantly higher level of stress compared to senior women in monogamous marriages ( $P < 0.001$ ). Furthermore, women hailing from polygamous households exhibited a higher prevalence of issues compared to those originating from monogamous households ( $P < 0.001$ ). The presented statistics unequivocally demonstrate that fathers in polygamous families possess greater authority than fathers in monogamous homes ( $P < 0.001$ ).	[36]

Among the included studies, notable differences in mental health symptoms were observed between women in polygamous and monogamous marriages, with polygamous wives reporting heightened somatization, sadness, anger, and psychoticism, along with a greater severity index of these symptoms [25, 28]. Additionally, disparities in depression rates and self-rated health were identified, indicating a higher likelihood of depression and lower self-rated health among women in polygamous relationships compared to those in monogamous unions [26]. Furthermore, specific challenges faced by women in polygamous households, such as lower self-esteem, reduced life satisfaction, and increased levels of mental health symptoms were highlighted across multiple studies [27, 29, 30, 32, 36].

Moreover, the prevalence of polygamous marriages varied across different regions, with studies reporting rates ranging from 10.4% to 23% among married women [26, 32]. These marriages were associated with increased risks of emotional, physical, and sexual abuse, as well as lower educational attainment and financial sufficiency among women [31, 33]. Additionally, qualitative findings shed light on the reasons behind consenting to polygamy, negative outcomes experienced by spouses, and coping strategies adopted within polygamous households [29, 35].

#### 4. Discussion

Polygamy is a multifaceted social institution that has significant effects on the psychological wellness and overall well-being of women who are part of it [37,38]. The systematic review has synthesized findings from various studies spanning different cultural and geographical contexts, providing valuable insights into the multifaceted relationship between polygamy and women's mental health. The findings indicate a higher prevalence of mental health problems among women in polygamous marriages compared to those in monogamous unions. Across various studies, polygamous wives consistently reported heightened levels of somatization, depression, anxiety, anger, and psychoticism, along with lower levels of self-esteem and life satisfaction [25, 28, 30, 32, 36]. These disparities highlight the unique challenges faced by women in polygamous households, including strained family dynamics, reduced marital contentment, and diminished overall wellbeing. Comparative studies within the review shed light on the differential experiences of women in polygamous and monogamous marriages. Daoud et al., (2013) found that women in non-monogamous relationships had a significantly higher likelihood of suffering from depression and lower self-rated health compared to those in monogamous unions [26]. Similarly, Ebrahim et al., (2021) reported higher rates of emotional abuse among women in polygynous marriages, indicating increased vulnerability to interpersonal violence within these unions [32]. These findings underscore the need for targeted interventions to address the unique mental health needs of women in polygamous relationships.

Despite the limitations stemming from methodological variations across studies, there is a consensus that polygamous women are at increased risk of experiencing psychological and emotional distress. This finding resonates with similar studies that have examined the association between marital status and mental health outcomes. For instance, Al-Krenawi et al. (2011) demonstrated a significant relationship between polygamy and higher levels of depression and anxiety among women in Arab societies [28]. Similarly, a study by Al-



Krenawi and Slonim-Nevo (2008) identified economic status as a mediating variable affecting psychological distress in polygamous settings, aligning with the notion that socio-economic factors play a crucial role in mental health outcomes [39]. These findings underscore the need for targeted interventions and support systems tailored to the unique challenges faced by polygamous women.

Moreover, the review suggests that primary healthcare centers may serve as the most accessible avenue for addressing the mental health needs of polygamous women. This aligns with the findings of Al-Krenawi and Graham (2006b), who observed a higher utilization rate of community healthcare facilities compared to mental health services among polygamous women reporting mental health complaints [40]. Furthermore, traditional healing practices have emerged as a potential adjunct to conventional interventions, as evidenced by studies demonstrating their efficacy in alleviating psychological distress among polygamous populations (Al-Krenawi & Graham, 1999a; Abbo et al., 2008) [41,42]. These findings emphasize the importance of integrating culturally sensitive approaches into mental healthcare services to enhance accessibility and acceptability among polygamous communities.

In addition to addressing the direct impact of polygamy on mental health, the review highlights the role of moderating and mediating variables in shaping psychological outcomes among polygamous women. Education emerges as a potential protective factor, as suggested by Maziak et al. (2002), underscoring the importance of educational opportunities in empowering women and mitigating mental health risks [43]. Similarly, family functioning has been identified as a mediating variable influencing mental health outcomes in polygamous settings (Al-Krenawi & Slonim-Nevo, 2008). Interventions targeting family dynamics and economic empowerment could thus yield significant improvements in mental wellbeing among polygamous women [44]. By addressing these underlying factors, interventions can adopt a holistic approach to mental health that acknowledges the interconnectedness of individual, familial, and socio-economic determinants.

Despite the notable strengths observed in the selected studies, such as the comprehensive exploration of a typically overlooked topic and the inclusion of validated measures, there are several limitations that warrant consideration [45,46]. Although the diversity and number of studies that have been identified are praiseworthy, the significant differences in nations, traditions, populations under study, and scholarly methods made it impossible to carry out a meta-analysis. Moreover, the studies provided mostly offer comparative statistical data on the importance of differences among monogamous and a polygamous woman instead of presenting actual prevalence rates [47,48]. This approach may introduce biases and overlook nuanced variations within and between polygamous unions across different contexts. Additionally, the reliance on significance testing without considering effect sizes or the clinical significance of findings could limit the comprehensive understanding of the impact of polygamy on women's mental health [49-51]. This systematic review serves as a crucial contribution to the literature by addressing a notable gap in research on the impact of polygamy on women's mental health. By synthesizing and assessing both quantitative and qualitative studies, it offers transparent insights that can inform direct practice, program development, and further research endeavours. However, several limitations should be acknowledged. Despite efforts to search the grey literature, the possibility of missing relevant studies remains. Despite these limitations, the review provides valuable and timely information, laying the groundwork for more comprehensive investigations into this complex issue.

## 5. Conclusion

In conclusion, this systematic review underscores the heightened risk of psychological and emotional distress among polygamous women compared to monogamous counterparts. It emphasizes the necessity for tailored interventions and support systems, with primary healthcare centres playing a crucial role due to their accessibility. Cultural sensitivity, including traditional healing practices, can enhance the effectiveness of mental healthcare services in polygamous communities. Additionally, addressing moderating variables like education and family functioning is vital for improving mental wellbeing. Despite limitations, this review lays the groundwork for further research and evidence-based interventions to mitigate mental health disparities among polygamous women, benefiting both policymakers and healthcare professionals in enhancing their overall wellbeing.

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