مجلة جامعة الشارقة للعلوم الإنسانية والاجتماعية

اسم المقال: أثر تعدد الزوجات على نوعية حياة الزوجات الأوليات في الكويت
اسم الكاتب: أنوار فارس الخرينج، مها مشاري السجاري
رابط ثابت: https://political-encyclopedia.org/index.php/library/8956
تاريخ الاسترداد: 2026/11/01 21:56 +03

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of

Humanities & Social Sciences



Vol. 15, No. 1
Ramadan 1439 A.H. / June 2018 A.D.

ISSN : 1996 - 2339

The Effect of Polygyny on the Quality of Life of Senior Wives in Kuwait

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Received on : 30-11-2016 **Accepted on : 18-01-2018**

Abstract :

This study concentrates on the quality of life of women in polygynus marriages, which is considered as an accepted form of marriage and is legally practiced in many countries. The study aims at finding out the effect of polygyny on senior/first wives in four domains: physical health, psychological health, social relationships, and environment. The research method used a convenient sample of 200 Senior Wives who were recruited to answer the Arabic version of the Quality of life questionnaire (WHOQOL-Bref) (Abdel-khalek, 2008). The results of the study revealed that participants showed moderately high score on their perception of their quality of life (Mean= 58.8, SD= 25.). Mean scores of the four domains ranged between M=57.4, SD=17.9 and M= 63.6, SD=28.5. The results also showed significant differences between groups in terms of age, cultural background, religious faith, and level of income.

Keywords: Quality of Life, Polygyny, Social Work, Cultural Anthropology.

The current research is funded from Kuwait University research, sector no OS 06/11

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Introduction:

Polygamy is known as the marriage in which a spouse has two or more mates at the same time. Polygyny is the type of marriage in which the husband has two or more wives at the same time. This study concentrates on the quality of life of Kuwaiti women in polygynous marriages from both social work and anthropological perspectives. The World Health Organization (1996) defines quality of life as "individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (p.5). Polygyny is considered as an accepted form of marriage and is legally practiced in many countries (Alsherbiny, 2005). Polygonous marriages are widely spread in Middle Eastern countries, Asia, Africa, and North America while many modern societies, conversely, do not approve any type of polygamy and consider it as a crime (Chaleby, 1985). In Kuwait, The Public Authority of Civil Information published a statistic in June 2016 showing that 9533 Kuwaiti men, out of 406 thousands married Kuwaitis, were married to more than one wife at the same time (Ramadhan, 2016). Although the total cases might not seem too many, the authors believe that it is significant for the small population of Kuwait.

Although polygyny is usually associated with Islam and Muslim societies, a closer look at Judaism (The Old Testament) and Christianity (The New Testament) shows that polygyny is not forbidden. The Torah does not prohibit a man from having more than one wife. According to Bader (2007) Judaism actually encourages men to have more than one wife and to have more children because a big family with many children is a sign for God's bliss. In fact, examples of biblical figures such as Abraham, Jacob, David and Solomon, wedded several wives. Nonetheless, most of Western countries started to ban polygamy in the nineteenth century. During the 1800's English and American laws did not accept polygamous marriage in any form. On the other hand, in the late twentieth century both countries granted limited legal recognition to polygamous partners from other countries (West's Encyclopedia of American Law, 1998). Although practiced in the State of Utah, polygamy has not been a generally accepted practice in the rest of United States and considered as a federal crime (Gale Encyclopedia of US History, 2006). In Tunisia, which is an Arab and Muslim country, polygamy was outlawed in 1956 (Douki et al. 2007).

Polygyny has long been a controversial subject that had continuous debates and received a great attention from researchers and philosophers. Questions usually

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focus on whether polygyny is a negative act or could be a useful solution in some cases. Considerable opinions favor polygyny based on the argument that statistics show that women out rate men in the world's population. Assuming that men are fewer than women, there would be thousands more single women. Another point of view stresses that in patriarchal societies, it is almost impossible for an unmarried woman to provide for herself, especially uneducated and inexperienced women. Usually, women depend on their male relatives such as fathers, brothers, and husbands to provide and protect them. In some communities, unmarried women could be subjected to prostitution and slavery and other undesirable situation. In this case, although not preferable, living in a polygamist household could be a better choice than the other less attractive alternatives: prostitution, slavery, or starvation. In addition, many cultures encourage parents to have as much children as possible to increase the number of citizens and to develop the society and economics of the community (Al Nasser & Ghanaam, 2007; Bader, 2007). Moreover, it is a general biological fact that male and female differ in their ability of reproduction. It is known that woman's reproductive capacity declines as she grows closer to the 30's and ends with menopause, while a man can maintain the ability to reproduce even at the age of 70 (Bower, 1991). Therefore, polygamy could be a good solution for men who aspire to have more children, especially in traditional societies where male children are considered a supportive system (Douki et al, 2007).

In Islam, polygyny is accepted. The Quraan has a verse which states that men can marry up to four women but if they fear that they would not be able to treat them all justly then marry only one (Ali, 1993). In fact, interpreters believe that this verse has been revealed in the context of war at that time where many women were widowed and many children orphaned. The idea of polygamy in such situation helped widows and orphans to be integrated into other existing families to guarantee security, financial, and social support. However, one can say that polygamy nowadays is being practiced far from its novel framework. In many cases Muslim men marry up to four wives for reasons other than the previously mentioned (Al Nasser & Ghanaam, 2007; Hassouneh-Phillips, 2001). In Bedouin and tribal cultures, tribal leaders practice polygamy both to enhance their own prestige and to form or strengthen alliances with other tribes (Bader, 2007; AlKhateeb, 2008; Mahajob and Shareef 2006).

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Literature review:

According to Thobejane and Flora (2014) polygamy is permitted by about eighty-three percent of human societies. They believe that this type of marriage is practiced in societies with patriarchal characteristics, therefore, they propose that there is a possibility that those wives are mistreated, abused, and discriminated against by their husbands.

Hassouneh-Phillips (2001) discussed the experiences of polygamy in a sample of American Muslim women. She found that polygyny was highly associated with abuse. All women reported "feeling that they were treated unfairly in comparison with other wives, and all women perceived this as emotional abuse and religious failure on the part of husbands" (p. 746).

Alshirbeny (2005) investigated the condition of some first wives in Egypt. He found out that wives had strong initial reactions of anger and resistance when they first knew about their husbands' second marriages but after six months usually first wives seemed to accept and adapt to the new situation. In terms of negative effect of the second marriage, first wives expressed some physical, psychological, and social problems. Using the General Health Questionnaire the somatic complaints such as pain and some psychological symptoms including anxiety and irritability as well as tiredness were evident.

Supporting previous findings, Alkrenawi's (2010) study on senior wives in Palestine showed significant differences between women in polygamous marriage and women in monogamous marriage with regard to family functioning, marital satisfaction, self-esteem, and life satisfaction as well as in somatization, depression, and hostility. Earlier comparative studies also showed that women in polygamous marriages experienced higher psychological distress, higher levels of somatization, phobia (Alkrenawi & Graham, 2006), low self-esteem and loneliness (Alkrenawi, 2001) as well as poor relationship with the husband and marital dissatisfaction (Alkrenawi, 1999).

Ozkan et al (2006) conducted a study in Turkey, where polygamy is illegal yet practiced in rural villages. Comparing senior wives, junior wives, and wives in monogamous marriages, they found out that the prevalence of somatization disorders was higher among wives in polygamous marriages especially senior wives. Senior wives also showed higher psychological distress.

Not only in Africa or USA is second marriage viewed as a negative act but in Kuwait

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as well. According to Al Nasser & Ghanaam (2007) polygamy was not accepted by most of their Kuwaiti sample. In fact, women expressed their sense of humiliation, rejection, and powerlessness among other negative feelings that affected their sense of self-worth. In Kuwait also, Chaleby (1985) conducted a study to find out the relationship between psychiatric disorders and marital situation. The study showed that women from polygamous marriage were 25% of those admitted for inpatient psychiatry treatment in the period between 1975-1985.

Most literature stresses on the negative effects of polygyny. However, an interesting qualitative study by Tabi et al (2010) in Ghana tried to highlight some positive experiences of women in polygamous marriages and their coping strategies. Findings, though, showed that senior wives accepted co-wives mainly because of infertility. With divorce not being an option, senior wives used religion and faith to form a sisterly bond with the co-wife and achieve some advantages of the situation which included sharing household chores and child rearing. Disadvantages of being in a polygamous marriage, as expressed by senior wives, were several and included many emotional distresses such as anger, unhappiness, loneliness, sense of competition, emptiness, pain, jealousy, and lack of intimacy with the husband.

Supporting the above study, Thobejane and Flora (2014) mentioned that not all polygamous marriages were considered abusive, some relationships between co-wives were actually advantageous to women's economic and political power. The feelings of discomfort or jealousy of the new wife usually fade away if an equal treatment to all wives were to be provided which would result in a more peaceful and accommodating relationship (Thobejane and Flora, 2014).

Research questions and hypotheses:

This study aims at finding out the effect of polygyny on the lives of senior/first wives. Authors ask the following questions:

1. Does polygyny negatively affect the general perspective of quality of life of the Kuwaiti senior wife?
2. Does polygyny negatively affect the Kuwaiti senior wives in the four domains of the quality of life (physical health, psychological health, social relationships, environment)?
3. Are there relationships between the demographic variables (age, religious

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faith, social background, and level of income) and the four domains of quality of life of Kuwaiti senior wives?

Authors hypothesized that polygyny negatively affects different aspect of senior wives' lives. It is assumed that senior wives would show low scores on the WHO Quality of Life scale. Higher emotional and somatic disorders are also expected to appear after the second marriage. Those hypotheses were based on the literature mentioned earlier in addition to the practical and academic background of the authors.

From a social work field experience, first author worked closely with wives in polygamous marriages who experienced rather negative emotions towards themselves, their marital lives, and life in general. In most cases, senior wives were neglected emotionally and financially which in return led them to consider a divorce. Not all senior wives were able to do so, however. Cultural factors played a primary role in forcing many senior wives to stay in polyganious marriages regardless of their preference.

From an anthropological point of view, the researchers aim at detecting the influence of modernization on Kuwaiti wives' perspectives towards polygamous marriages. Kuwaiti society has undergone rapid sociocultural and economic transformation during the last six decades following the oil excavation (Guy et al., 2009). Along with the sudden transformation in natural resources, Kuwaitis' attitudes and acceptance of polygamous marriages also changed due to the adoption of Western lifestyle and types of marriage.

Nonetheless, authors also expected that senior wives would show a reasonable level of tolerance for the second marriage. Authors assume that, since the study is conducted in a Muslim and Middle Eastern culture where polygyny is religiously accepted and socially practiced for ages; senior wives might express a good level of quality of life.

Authors also hypothesized that the level of quality of life expressed by senior wives would differ according to their demographic information. Senior wives from different age groups, cultural backgrounds, religious faiths, and economic status would show different levels of quality of life.

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Methodology:

The instrument:

The instrument consisted of two parts. The first part included the demographic questions such as age, number of children, number of years married, reasons for not divorcing the husband after his second marriage, and somatic problems experienced.

The second part of the questionnaire was the World Health Organization Quality of Life-Brief (WHOQOL-Bref) scale. It is a 26 item scale derived from the original 100 item scale created by the WHO (WHOQOL- 100). In 1991 WHO initiated a project to develop an international cross-culturally comparable quality of life assessment instrument. Fifteen centers around the world participated in the study to establish a list of areas/facets that participating centers considered relevant to the assessment of quality of life. Following field testing in these 15 centers, 100 items were selected for inclusion in the WHOQOL-100 Field Trial Version. These included four items for each of 24 facets of quality of life, and four items relating to the overall quality of life and general health facet (WHO, 1996).

The WHOQOL-Bref scale was developed by WHO later on as a shorter version to be used when researchers find the original 100-item scale is too lengthy to be used practically. The WHOQOL-Bref scale covers four areas: physical health (7 items inquiring about activities of daily living, pain and discomfort, sleep and rest, mobility and work capacity); psychological health (6 items concerning bodily image and appearance, negative feelings, positive feelings, self-esteem, spirituality, and thinking, learning, and memory concentration); social relationships (3 items related to personal relationships, social support, and sexual activity); and environment (8 items asking about financial resources, home environment, participation and opportunities for recreation/leisure activities, and transportation). In addition to the previous four areas, the instrument has two questions about overall perception of quality of life and perception of general health. Items are rated on a 5-point Likert format in which higher scores indicate better quality of life.

The Arabic version of the WHOQOL-Bref was used in this study. Abdel-khalek (2008) translated the WHOQOL-Bref into Arabic then back translated to English by a professional translator. The revised version was then analyzed by a panel of seven linguists and psychologists who recommended few corrections. The Arabic

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version then was introduced to two focus groups then to a different professional translator for English translation. Comparison with the original English version led to few corrections. A one-week test-retest procedure was conducted to check for the validity of the scale as well as Cronbach's alpha reliability test. Retest reliability ranged from .77 to .88 and the correlation between the scale and the self-ratings of happiness and satisfaction with life ranged from .55 to .65 (Abdel-khalek, 2008). Abdel-khalek used the same version in other studies. In his study (2010) to estimate the mean scores of subjective indicators of quality of life among a sample of 1788 Kuwaiti undergraduates, Abdel-khalek stated that the test-retest reliabilities of the scale ranged from .72 to .82 which indicated high stability. Another study using the Arabic version of the scale on a sample of 2092 Kuwaiti secondary school students to find the subjective indicators of quality of life among them showed that the scale had good factorial validity and Cronbach alphas ranged from .64 to .91 which indicated moderate to high reliability (Abdel-khalek, 2011).

Procedures:

As a first step, the authors received an IRB approval to conduct this study. Participants were recruited using a convenience sampling strategy. Because of the nature of this study and the sensitivity of its questions, authors were able to recruit merely a convenient sample of 200 senior wives who voluntarily agreed to answer the questionnaire used in the study.

Data Analysis:

Collected data was statistically tested using the Statistical Package for Social Science (SPSS). Descriptive analyses were conducted to provide information about the sample characteristics and to find out the means, standard deviations, and ranges of scores. Cronbach's alpha was calculated to determine if the instrument had adequate internal consistency.

Results:

Sample characteristics:

A sample of 200 senior wives participated in the study. The age ranged between 20 and 70 years old with majority (33%) in the age group of 41-50 years old. All participants had at least 1 child and were married as young as 12 years old and no older than 50 (Mean= 21.11, SD= 5.46). Majority of the wives (47%)

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held a bachelor's degree and (46%) were employed while a big number of them were housewives (40%). As for income, majority of the sample (68.6%) received a monthly income of less than KD.1000 (equals $3000) and only 3.7% had an income above KD.2000. More than half of the sample (53%) came from tribal background and most of it (80%) was of Sunni faith.

Questions related to the second marriage showed that most of second marriages (88%) occurred at least three years after the first marriage. Majority of senior wives (85%) did not agree on the idea of polygyny. When asked about the reasons for accepting the second marriage instead of demanding divorce, most of the senior wives (66.5%) thought that staying in the marital relationship was for the best interest of the children. Even though decided to adjust with the second marriage, most of the participants (69%) did not share houses with the second wife.

After the occurrence of the second marriage, senior wives (49%) relied on their faith and spirituality (God) for support, while (37%) turned to siblings for social support. Health problem experienced after the second marriage took place ranged from high blood pressure (27%), colon problems (26%), diabetes (24%), weight problems (13%), to gallstone problems (4%).

Reliability:

In this study, the internal consistency of the scale was computed using Cronbach's alpha for each domain and showed rather high reliability. Cronbach's alpha ranged from .5 for the Social Relationships domain to .8 for the domain of Physical Health.

Quality of life:

First of all, participants showed moderately high score on their perception of their quality of life (Mean= 58.8, SD= 25.) and their satisfaction with their general health (Mean= 63.6, SD= 26.5). Looking at each one of the four domains separately, results showed that the Social Relationships domain had the highest scores (Mean= 63.2, SD= 17.6) while the Psychological Health domain had the lowest scores (Mean= 57.3, SD= 17.9). (Table 1).

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Table (1): Mean and Standard Deviation of the Quality of life scale (WHOQOL-100)

Quality of Life Scale	M	SD
General perception of life	58.84	25.03
General perception of health	63.64	28.54
1. Physical health	58.57	17.50
2. Psychological	57.39	17.95
3. Social Relationships	63.22	17.60
4. Environment	60.20	15.19

Differences between groups:

T-tests were conducted to find out significant differences between groups in terms of their perception of their quality of life, in general, and in each of the four main domains, in particular. T-tests showed no significant difference in either the perception of quality of life or satisfaction with general health between wives from different faiths (Sunni and She'a). However, a significant difference was found between senior wives from different faiths in the four domains. Sunni faith wives showed higher quality of life than She'as in all of the four domains: Physical health (t= 3.0, p. > .001), Psychological Health (t= 4.2, p. > .000), Social relationships (t= 3.6, p. > .000), and Environment (t= 2.5, p. > .05) (Table 2).

Table (2): Mean score (M), standard deviation (SD), t value in Quality of life (WHOQOL-100) assessment between Sunni and She'a respondents

Scales	Sunni		She'a		*t*	*p*
	M	*SD*	*M*	*SD*		
Physical Health	60.69	16.41	50.99	19.32	2.74	.008*
Psychological	60.35	16.96	46.87	17.66	4.08	.000**
Social relationships	65.35	16.96	54.49	16.31	3.69	.000**
Environment	61.37	17.29	54.49	16.31	2.50	.015*

*p < .05; **p <.001

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Another t-test for senior wives from different cultural backgrounds (Tribal and Urban) showed significant difference in the perception of quality of life in favor of senior wives from Tribal background (t= 2.15, p. > .05). Looking at each of the four domains, t-tests showed significant difference between senior wives in two domains only, Physical health (t= 2.3, p. > .05) and Psychological health (t= 2.4, p. > .05) suggesting higher quality of life for wives from Tribal background (Table 3).

Table (3): Mean score (M), standard deviation (SD), t value in Quality of life (WHOQOL-100) assessment between Tribal and Urban respondents

Scales	Tribal		Urban		*t*	*p*
	M	*SD*	*M*	*SD*		
Physical Health	61.58	15.61	55.39	18.88	2.29	.024*
Psychological	60.59	16.46	54.04	18.92	2.36	.020*
Social relationships	65.41	60.16	60.67	17.50	1.90	.059
Environment	66.76	60.31	60.23	15.48	-.029	.033*

*p < .05; **p <.001

One-way ANOVA was conducted to find differences in quality of life among age groups. Test showed a significant difference between the four age groups at p.> .05. The highest perception of quality of life was in the age group 41-50 years old (Mean= 65.2, SD= 22.4). In terms of the four domains, significant difference between age groups was found at p.>.05 in the Psychological health in favor of the age group 20-30 years old (Mean= 64.4, SD= 18.35) and in the Social relationships in favor of the age group 41-50 years old (Mean= 68.5, SD= 15.8) (Table 4).

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Table (4): Descriptive statistics and F ratio in the Four Age Group

Scales	to 30 yrs 20		to 40 yrs 31		to 50 yrs 40		to 70 yrs 51		*F*	*P*
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*		
Physical Health	64.02	18.09	56.43	17.72	57.59	14.49	55.91	20.40	3.20	025.
Psychological	64.40	18.36	53.37	17.62	56.51	15.00	54.61	20.17	4.63	004.
Social relationships	64.11	18.16	56.84	18.20	68.49	15.83	61.73	12.52	1.90	132.
Environment	62.19	16.69	55.75	16.17	61.73	12.52	62.05	15.04	3.14	027.

Another one-way ANOVA was conducted to compare differences among groups in terms of monthly income and showed a higher perception of quality of life between senior wives with income above KD. 2000 (Mean= 85., SD= 22.4). The test also showed significant difference at p.> .05 in all domains in favor of wives with monthly income above KD. 2000 (Table 5).

Table (5): Descriptive statistics and F ratio in the Four Income groups

Scales	< KD 1000		KD 1000 – 1500		KD. 1500 – 2000		KD. > 2000		*F*	*P*
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*		
Physical Health	57.23	16.97	59.73	17.50	62.25	21.41	85.12	10.58	3.57	.016
Psychological	55.28	17.79	61.43	17.97	62.50	17.18	79.58	14.85	3.39	.020
Social relation-ships	60.88	18.14	66.28	15.87	69.79	16.62	81.25	9.03	3.76	.012
Environment	58.93	15.15	61.25	14.84	62.95	16.18	82.81	14.97	3.37	.020

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Discussion:

To the authors' knowledge, this is the first study to examine the effect of Polygyny on the quality of life of senior wives in Kuwait from both and anthropological and a social work perspective. To date, there is no inclusive consent on how negatively or positively Polygyny affects the physical, psychological, social lives, and the environment of senior wives. Therefore, it was important for the authors to elucidate whether a second marriage has an influence on the quality of life of the senior wife or not; and if it has, on which area of their lives. Interestingly, the findings of this study oppose most of the previous studies cites in the literature review part.

The expectation that polygyny would negatively affect the quality of life of senior wives was not highly supported in this study. The average score on the WHOQOL-Bref indicated an adequate quality of life for senior wives. Simultaneously, some results supported the hypothesis that some psychological distress would occur after the second marriage. Findings showed that a number of senior wives experienced negative emotions after the second marriage took place which highly supported what Al Nasser & Ghanaam (2007) stated about polygamy not being accepted by most of their Kuwaiti sample and that women expressed their sense of humiliation, rejection, and powerlessness among other negative feelings. In this study, majority of senior wives (85%) did not accept the second marriage because it emphasized the feeling of inferiority and disrespect. In fact, Psychological health domain had the lowest scores (Mean= 57.3, SD= 17.9) of the four domains.

Results also showed that senior wives experienced some health problems. In accordance with previous literature (Alshirbeny, 2005; Alkrenawi, 2010; Ozkan et al, 2006) senior wives in this study experienced somatic problems such as high blood pressure, weight problem, and colon troubles amongst other physical complaints. Furthermore, the Physical health domain came in second in the lowest scores (Mean= 58.5, SD= 17.5).

Despite the previous findings that validate negative consequences of second marriage, the overall scores on the quality of life perception and satisfaction with general health indicated a reasonably high quality of life as mentioned in the results section. This level of quality of life could be explained in different ways and associated with different reasons, primarily the affect of Kuwaiti culture and senior wives' religious believes that encourage the acceptance of a second, and up to fourth, wife in her family. First of all, the participants of this study came

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from a culture that was highly religious and therefore believed in fait and that most incidents happen for a reason. In other words, they believed that their lives were planned in advance by God; hence, it is better to cope with the "unpleasant" event than to reject God's will. Results confirmed this idea where it showed that almost half of the sample relied on their faith and spirituality (God) to help them go through this experience.

Kuwaiti culture also played a great role in accepting a second marriage, or at least adjusting to it. Results showed significant difference in quality of life between senior wives according to their cultural background where tribal wives expressed better quality of life. In Kuwait, it is well known that second marriages are more likely to happen among people from tribal background. Results showed that 58.7% of fathers of senior wives from tribal background had more than wife while only 41.3% of urban senior wives had fathers with more than one wife. Therefore, it is logical to say that tribal women live in an environment that does not condemn polygyny and, as a result, they grow up to be more accepting and less aggressive in their reaction to the second marriage than women from urban background. The same explanation applies to the difference found between senior wives from different religious faiths. Senior wives from Sunni faith had higher quality of life in the four domains because they lived in polygamous marriages when they were children. Results showed that 84.8% of Sunni fathers had more than wife compared to only 15.2% of She'a fathers.

Family support is highly evident in Kuwaiti society and one can count on when going through crisis such as death, economical problems, critical disease, and social breakdown. Our participants turned to their family members for support and assistance which was, obviously, beneficial in surviving their new marital life challenges. For example, questions such as "How satisfied are you with your personal relationships?"(Mean= 3.82, SD= .97) and "How satisfied are you with the support you get from your friends?" (Mean= 3.72, SD= .96) indicated good social relationships and superior support system.

Another reason for the good quality of life could be associated with economics. The fairly high monthly income could explain the unproblematic life that senior wives experience. Scores on the Environment domain showed that participants had enough financial resources to meet their needs (Mean= 3.19, SD= .99), good access to health care (Mean= 3.81, SD= .91), and were satisfied with the conditions of their living place (Mean= 3.58, SD= 1.12). This means that the second marriage was not a threat to their financial stability, therefore, senior wives had a good sense

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of security, at least in this aspect.

In terms of age and quality of life, the highest perception of quality of life was among the age group 41-50 years old as mentioned in the results section. A rational explanation for that could be related to the fact that women at this age have already established their careers, financially secured, and their children are old enough to understand the new marital situation and support their mother. Senior wives at this age would not worry about their marital lives if the husband is absent because they have other aspects in their social lives to focus on other than waiting for a husband to help in child rearing or financially provide for the family. Also, at this age most women go through Menopause stage in which their hormones fluctuate and their sexual desire declines which negatively affect their marital relationship (Gharaibeh et al, 2010; Llaneza et al, 2011; Verit et al, 2009). Therefore, the absence of the husband might not be as tragic as it would be for younger wives. Moreover, at this age usually most of senior wives are retired and free from job stress and responsibilities that might negatively affect their social lives and cause some psychosomatic symptoms. Also, at this age senior wives' social status increase, because Kuwaiti culture value and respect elder people.

Conclusion:

Because this study is an exploratory study on the effect of polygyny on the quality of life of senior wives in Kuwait, it holds certain limitations. First of all, the instrument was administered to a convenient and partially small sample which limits its generalizability. Also, since a self-report measure was used as the main instrument, other procedures such as semi-structured interview ought to be used to control for the social desirability threat. Moreover, we should take into consideration that when conducting a study concerned with personal life and requires disclosing some intimate information it is always expected to have a number of socially desirable answers. Therefore it is difficult to generalize the findings of this study.

In terms of future research, this study encourages future researchers to recruit a larger sample to examine the soundness of the findings of this study. Also, this study recommends that future studies take into consideration the Islamic as well as Arabic cultural values that empower husbands over wives in many different ways which encourages the practice of polygyny. These values, which are passed from generation to another through socialization process and its agencies, promote

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male superiority and require female inferiority, therefore such principles should be taken into account in future research.

Implications for the field of social work are several. A foremost implication of this study is for social work practitioners who interact with clients from different cultures, especially with women in family therapy or couples counseling. It is crucial for practitioners, especially in multi ethnic countries, to view clients' presenting problems and how they affect their quality of life within the context of their unique culture and the type of standards they follow which might be very distinct from their own principles and ideology. The instrument used in this study could be helpful for practitioners if used as a screening tool to generate an idea of how the client perceives his/her quality of life before they plan for intervention. Moreover, such study should add richness to social work students' and practitioners' understanding of their own and their clients' value system that influence their behaviors and manners. Finally, social work schools and programs worldwide may need to give more attention in their curriculum to practices of other nations and cultures to increase the knowledge and awareness of the social work students and prepare them to interact and intervene with clients from different backgrounds.

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أثر تعدد الزوجات على نوعية حياة الزوجات الأُولَيات في الكويت

أنوار فارس الخرينج

مها مشاري السجاري

كلية العلوم الاجتماعية - جامعة الكويت

دولة الكويت - الكويت

ملخص البحث:

يتناول هذا البحث موضوع تعدد الزوجات و أثره على الزوجة الأولى. فظاهرة تعدد الزوجات موجودة بشكل واضح في المجتمع الكويتي بشكل خاص و المجتمعات الإسلامية بشكل عام و يرى البعض أنها مقبولة اجتماعيا بينما يرى آخرون –خصوصا النساء- أنها ممارسة غير مرغوب فيها. ويهدف هذا البحث للتعرف على مدى تأثير تعدد الزوجات على نوعية حياة الزوجة الاولى من الناحية الجسدية و النفسية و العلاقات الاجتماعية والبيئة التي تعيش فيها بالاضافة الى نوعية الحياة لديهن بشكل عام. أما منهج البحث فقد اعتمد على مقياس نوعية الحياة(WHOQOL-Bref) (النسخة العربية من تعريب أ.د أحمد عبد الخالق 2008) للكشف عن مستوى نوعية الحياة لدى الزوجة الاولى و للتعرف على أي فروق بين الفئات المختلفة بحسب البيانات الديموغرافية . وتكونت عينة البحث من 200 زوجة ممن لازلن يعشن مع أزواجهن المتزوجين بأخريات. وأظهرت نتائج التحليلات الاحصائية أن نوعية الحياة لدى الزوجات الاوليات مرتفع الى حد ما في جميع المجالات (تراوحت المتوسطات بين 57.4 و 63.6). كما وجدت فروق ذات دلالة احصائية بين الزوجات بحسب العمر و الخلفية الثقافية و المذهب و مستوى الدخل.

الكلمات الدالة: نوعية الحياة ، تعدد الزوجات ، الخدمة الاجتماعية ،الانثروبولوجيا الثقافية

الدراسة الراهنة مدعومة من قبل قطاع الأبحاث في جامعة الكويت، رقم المشروع OS 06/11

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