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Research Article

Exploring the Health Experiences of Women in Polygynous Relationship

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Abstract

The research was conducted to explore health experiences of women in polygynous relationships in Sekhukhune area, Limpopo. In this study the researcher used the descriptive and interpretive phenomenological research methodology. In-depth interviews were used to gather data from the participants. To select the women in polygyny, the researcher used the purposive and snowball sampling techniques. Thematic analysis was used as a method to analyse the data. It was revealed in this study that the health of the women in polygyny is influenced by traditional medicine and cultural factors. The women in polygyny believe in using the clinics and traditional medicines to attend to their health issues. The participants reportedly use both the clinics and African traditional medicine for their family planning methods and health promotion and preventive matters. In combining the modern and traditional medicine, most participants have displayed a vast knowledge and experience in African traditional medicine when tending to their health issues.

Keywords: Experiences; Health; Interventive; Polygyny; Traditional Medicine

Introduction

Polygyny, a common marital choice among many nations continues to be practiced as cultural, social and family affairs. Polygyny is the type of marriage seen by many Africans as the other means to enhance morality among the children. It is believed that marriage, including polygyny, is always proposed by men but as it was revealed in Makua's [1] study, women do take an initiative of proposing such unions. In the study conducted in Sekhukhune [1], it was revealed that in some circumstances women do request their husbands to marry the second wife for the purpose of children up-bringing. In a parliamentary sitting (20/06/2013) President Barack Obama once said: "More than half of all Black children live in single-parent households, a number that has doubled — doubled — since we were children...Children who grow up without a father are five times more likely to live in poverty and commit crime; nine times more likely to drop out of schools and 20 times more likely to end up in prison." Similarly, this was echoed by Lesejane (2009:180) cited in Makua [1] who argues: "if more men could become fathers beyond their biological and marital obligations, there would be fewer parentless children in our midst."

In other African cultures "having a daughter with a child outside of wedlock is shameful. A family's honour would be in tatters." [2]. To avoid this according to Mkhize and Zondi [3] "some women seem content to enter into a polygamous union."

Irrespective of what other researchers said about women in polygyny, Mkhize and Zondi [3] found that most women expressed satisfaction in their choice of being in polygyny. One of the respondents from Mkhize and Zondi [3] said: "I loved him a lot and felt that we belonged together; while he does spend time with them he also gives me and our boys quality time." Just as Makua [1] found from the men in polygyny who narrated that their wives live together in peace, Mkhize and Zondi [3] revealed that one participant was not having the intentions of causing discomfort at home by saying: "I respect his first wife and have no intentions of taking

my husband away from her." Though Zondi (2007) describes polygyny as "the oppressive nature of customs," it is still not conclusively convincing as in Mkhize and Zondi [3] study. The participant demonstrated her satisfaction by saying: "The way he treated me did not change with the coming of these two women."

According to Makua [1], African traditional society neither sees nor intends polygyny as a mere means to satisfy a man's sexual lust, but rather as a means that satisfies and benefits the man, his wife (wives), and their children. This was corroborated by [4] who stated that children do not benefit from the divorce of their parents, but rather from interventive polygyny. Furthermore, Nwoye [5] elaborates that in our African customs, interventive polygyny is preferred over divorce as a mechanism to minimise marital stress. As it was found in Mkhize and Zondi's [3] study where one respondent said: "I was no longer interested in sexual intercourse; so I welcomed the coming of additional wives into my family." Makua [1] also reveals that sometimes women initiate the marrying of the second wife. These problems at home are commonly discovered by the husband and the wife and together make a decision to intervene. In some unfortunate situations, family decisions such as these are left with either the husband or wife to make.

Amongst the family problems discussed in the polygynous household is the issue of health. According to Maliwichi-Nyirenda and Maliwichi [6], women are more knowledgeable about health issues than men. In addition, Jacubowski [7] the health problems spread by polygyny are the STIs. However, it is not only STIs that pose a health as other studies on polygyny identified mental health problems in women in polygynous marriages. The governments have proactively tried to improve the health of women including women in polygyny (Maliwichi-Nyirenda and Maliwichi, 2010). Although the government has provided adequate health facilities, most of them are not accessible in terms of distance and staff attitude. This has motivated the researcher to undertake this study to find out how the rural women in polygyny manage their health problems.

Methodology

The study took place in Greater Sekhukhune District in Limpopo Province, South Africa. Sekhukhune district is predominantly rural characterised by cultural people who still practise traditional customs such as polygyny and initiation schools. The six villages involved in the study were Manganeng, GaMagolego, Dinotši, Madibong, Thoto and Marulaneng. The study was conducted in the polygynous households. The study used a phenomenological design as described by Creswell [8] and Giorgi [9] as the approach where the views of the participants are collected. Phenomenological design describes what all the participants collectively say in common as the concentration was more on soliciting the participants' views rather than on formulating a model. The basic purpose of phenomenology is to explore participants' experiences regarding a specific phenomenon [10]. In this study, the researcher used phenomenology as descriptive and interpretive processes to explore the health experiences of women in polygynous relationships and described and interpreted the meaning of the lived experiences within the naturalistic and cultural context.

[9-12] In this study, the researcher used the polygynous men, as heads of the family, to gain access to women in polygyny. The success of the negotiations depends on the men agreeing or refusing.

The researcher used purposive method to select the participants according to their experiences, and based on preselected inclusion and exclusion criteria [13-15]. In addition, the study used snowball sampling method based on participants' initiative to name those that they think can also participate in the interviews [13,14].

For this study, the researcher selected the polygynous households from the known 38 polygynous households. The researcher knew the polygynous households from the 2013 study on men in polygynous relationships. However, there were other polygynous households that the researcher did not know about. The participant referred the researcher to the households he did not involve in the previous study. After the participant gave the potential participant's contacts to the researcher, the participant was contacted to verify the relevancy of the potential participant. In this way, snowball sampling method was applied. After a telephonic conversation, the researcher then purposefully selected the individual as a study participant. The purposefully selected participants identified other participants who met the criteria of the study and who were interested in participating. Some of the participants agreed to refer the researcher to other women in polygyny by giving the contacts of the potential participant successfully. Other participants preferred to contact the potential participants themselves first for an explanation. This helped to establish trust between the researcher and the potential participant. Some referrals were successful while

others were not due to various reasons such as fear or just lack of interest in the study. Those selected were interviewed and asked if they knew any other women in polygynous relationship.

The saturation point for this study was reached after having interviewed 18 participants over the age of 18 years, who were in polygynous marriage, to a maximum of 25 participants. Data saturation in this study was determined by the richness of the data and the detailed description of the experiences that the women related. Moreover, this was further driven by the desire to learn in detail as well as depth of the health experiences of the women in a polygynous relationship.

Data collection

Data were collected over a period of six months at Greater Sekhukhune District, Limpopo Province, South Africa. Within the naturalistic paradigm, data came from the interaction between the researcher and the participants.

The challenges that the researcher had were that sometimes the women were not at the venue agreed upon. Women belong to various village societies as the community members. Sometimes on arrival the researcher found that the woman has been called to attend an urgent meeting due to death in the village. The researcher had to wait sometimes for two hours or longer because other women have gathered in the participant's home for an urgent meeting. As a result, the interview time was either extended or rescheduled.

In this study, the researcher utilised two methods of data gathering: in-depth unstructured individual interview and observation in the form of fieldwork.

The study utilised fieldwork strategies proposed by Flick [14]. These begin with accessing the research field and eventually to data analysis.

Accessing the fieldwork

The fieldwork was carried out in the homes or any other place where the women in polygynous relationships were comfortable to be interviewed. Men as heads of the families were contacted to get permission before an appointment with the woman was made. Negotiations to access such places were dependent on the nature of the venue. The fieldwork is more important in this research design because the researcher and the participant get more closely involved [14]. The field in this study refers to the geographical area wherein data from women in polygynous relationships can be obtained.

Time spent on interviewing each participant

Each interview lasted one hour to one and half hour on average. The researcher allowed the participants to narrate their experiences of being in a polygynous relationship. The participant's response was followed by sub-questions on what the participant said. Women in polygyny were also mothers who carried some responsibilities at home. These responsibilities sometimes disrupted the interview. The child would cry and the mother will have to take care of that. Sometimes during school breaks the school children will come running and expecting the mother to prepare food for them. The mother will stand up several times to attend to all those disruptions. All such interruptions were accommodated for the purpose of achieving the objectives of the study. Amidst all these disruptions, all the interviews were successfully conducted.

Results

In this study, health experiences of women in polygyny focused more on the sexual health. Unprotected unhealthy sexual encounter was either presenting in one of them or both. Sexually transmitted infections (STIs) were presented with emotional instability, which will be characterised by various behaviours such as aggression and violence between the husband and the wives.

STIs present themselves in different ways both physically and emotionally. Conditions such as gonorrhoea or HIV are eminent STI ailments. There is also emotional instability due to different causes. The social environment directly affects the two components either negatively or positively. The major findings of this study are summarised along those paradigms. The women narrated how they protect themselves against the STIs and how they treat themselves if suspecting infection. They mentioned the types of medications they use at home to treat any suspected ailment.

Sexual health

After she was asked about how they protect themselves against infectious diseases, the second participant said: "We talk to each other as women so that no one of us does wrong things". The participant went on to say that "we somehow guard each other if possible but we rely mostly on cooperation of each one of us and talk openly about dangers of cheating." It is peer influence that sometimes work among the group of people and the participant above seems to be using it here as a technique to safeguard each other. Participant seven expanded on what the second participant said by narrating that "when you are a woman you look at your co-wives and say I want to behave better than them all, and that helps in con-

trolling self." If other co-wives could feel the same way, then they will all benefit from each other's belief that they want to be better than the other. It was participant 3 who came up with the technique of friendship among the co-wives to avoid exposure to other men by saying: "I prefer inviting my co-wife when I go anywhere; she has also adopted that style and this helps us a lot to avoid many troubles." She further said that "after all it is our responsibility to protect ourselves and our husband." Prevention of ill health appears to be of high priority among these participants.

On the question of what do they do on suspicion of being not well, the 13th participant said: "We either use clinic medication or traditional medicines." She was supported by the 9th participant who said that "last time as my waist was warm and I went to the traditional healer who prescribed Mokgalô (Rhamnaceae) and Makgonatšohle (Asteraceae), ah! Within two days I was normal." Using pharmaceutical together with traditional medicine to them seems to be not a problem as the 15th participant reported that "we do mix pills together with traditional medicine, even last week when our husband went to the clinic and on his way back he consulted our traditional healer who gave him the Monokwane (Rutaceae) and Mohlatswapatla (Asteraceae) to be taken orally three times a day." As why they always combine two or three traditional medicines, they agreed with Mahomoodally [16] that "combined use produces a combined effect that surpasses the total activity of the individual constituents."

To them gonorrhoea is the infection that heals faster when using traditional medicine than medication from the clinic as participant 10 said: "if you suspect drop, you better safe time and use Mokgabane (Fabaceae) because that works fast." The knowledge and the experience that the women displayed with regard to treatment of various ailments was concurred by Maliwichi-Nyirenda and Maliwichi (2010) who contend that women have more knowledge of health issues than men. Their understanding and the combination usage of the traditional medicine was reported by WHO [17] by saying that 80% of the emerging population relies on traditional medicine for therapy. As to why these participants preferred traditional medicine over modern medicine, Mahomoodally [16] supports the practice by saying: "The traditional healer typically diagnoses and treats the psychological basis of an illness before prescribing medicines."

Though the participants sounded to have more knowledge about traditional medicines, they have indicated that it was their husband's responsibility to take care of them when they are sick. The 7th participant said: "I know these medicines because when my husband gives them to me drink he tells me the names." The 6th participant concurred and reported that her husband wanted her to recognise and know the names of medicines so that "when he is not at home I can help others." It was discovered during the interview that by "helping others" the participant was referring to the clients in the community. The participant went further revealing that "my husband is the traditional healer….. I am the second wife." She further said: "we also help many young boys and girls about their sexual health problems."

On relying mostly on traditional medicine while clinics are available, Participant 14 answered by saying: "not that we do not like them, only the attitude of nurses gives a problem," Though Participant 13 was not disagreeing; she mentioned the "cost of paying transport to the clinic" as a hindrance. She further reported that "clinic medication is good but traditional medicine is available in the field around our homes; you walk to the nearby mountain then you come back with medicine." This was corroborated by Mahomoodally [16] by saying: "medicinal plants are the most easily accessible health resources available to the community." Participant 15 mentioned church as one institution they respect when using the traditional medicine: "we just avoid our church to know as the church does not approve the use of traditional medicine." She went on to say; "there is no way that we would stop using traditional medicine because they are part of our lives."

Discussion

Polygynous women still use both traditional and modern medicine to care for their health, and would demonstrate knowledge of individual traditional medicines used. An understanding of their cultural practices was palpable throughout their narrations of their intervention combinations of the traditional medicines. This brings to mind that interest shown by the participants in the use of traditional medicine can be explained by the fact that it forms the basics of the culture of the people who use it. The findings of this study are similar with those of study by Mahomoodally [16-19] which found that "medicinal plants still play an important role in healthcare system in African countries."

It is sometimes a challenge to some polygynists using traditional medicine as some churches regard using traditional medicine as a sin. As a result, a polygynist would not benefit from a church, as she would probably be excommunicated from such a church if found.

It is an African culture that when things go wrong, a man consults various traditional healers, to find out the course of the problem in the family. Resolutions would be found from such consultations.

Conclusion

In conclusion, the study revealed that although the women in polygyny visit the clinics for various ailments, they also rely mostly on their traditional medicine. The support of the government is needed to promote the use of traditional medicine in their endeavours to solve whatever health problem they have. Others like participant thirteen regarded clinic medicine as "good" but the availability of traditional medicine without travel costs encourages her to prefer it over modern medicine.

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