Sexual Violence and Adolescents: Implications for The Mental Health of VVF Victims

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INTRODUCTION

Marriage is a much-desired phenomenon of every man and woman in every society. Marriage institution is very much respected and revered in African societies in general, and in Nigeria in particular. This is because the institution “contributes immensely to holding societies together and giving them stability particularly in regard to simply non-literate societies” (Oke, 1984).

Mitchell (1968) defined marriage as “a socially sanctioned sex relationship involving two or more people of opposite sex, whose relationship is expected to endure beyond the time required for gestation and the birth of children”. However, it is the procedure involved in this socially sanctioned relationship, the individuals involved and the consequences/experiences of the actors that are of concern in this paper.

FORCEFUL SEXUAL RELATIONSHIP VIOLENCE

Violence, according to Tamuno (1991) is the unlawful use of threat of force, whereas Dome-nach (1978) considers violence as the use of force whether overt or covert, in order to wrest from individuals or groups something that they are not disposed to give of their own free will. Mackenzie (1975) added his own voice to the definition of violence by interpreting it to mean the exercise of physical force so as to inflict injury on or cause damage to persons or property; action or conduct characterized by this; and treatment or usage tending to cause bodily injury or forcibly interfering with personal freedom. It is within these three definitions that we locate the process of marriage involving adolescents and the experience of Vesico Vaginal Fistula (VVF) Victims, especially in northern Nigeria.

Although VVF Victims are usually found among girls aged between 9 and 18 years, the lower entering age into the affliction does not preclude those who are 9 years old from being considered as adolescents. Aetiology of VVF affliction shows that girls as old as 9 years are forcibly given out in marriage, against their free will to men who are as old as their father or grand-father. Since children are highly valued as products of “successful” marriage in Africa, and in Nigeria particularly, the girl-wives are quickly impregnated by their father-husbands.

The irony of this is that the girls who are not physically developed enough to undergo the rigours of childbearing experience VVF affliction during labour. This process is what makes the issue involved to be considered as sexual violence against adolescents.

WHAT IS VESICO VAGINAL FISTULA (VVF)?

Vesico Vaginal Fistula (VVF) is a post-partum affliction where a woman loses all control of her bladder functions resulting from an injury to the bladder, urethra and even lower end of the bowel such that there is constant leakage of urine and sometimes faeces through the vagina (Harrison, 1975). The afflicted person now has foul and repulsive smell which some mistakenly confused with symptoms of Venereal Disease (WIN, 1992). The victim is quickly divorced by her husband (Tongo, 1989), isolated and prevented from having any contact with people around her. She is perceived as a nuisance to all those around and as such relegated to the status of a social outcast.

As observed by Albert (1994) and Balogun (1993), VVF is one of the well known effects of forced early marriage. VVF is caused mainly by prolonged labour, which often last for five (5) to ten (10) days. This is because of what is known as cephalo-pelvic disproportion whereby the head of the fetus is bigger than the pelvic of the girl. This results in compression of the muscles and nerves supplying blood to the pelvic region. Because the rectum and the vagina are close, there occurs a tear or when a local surgery called “gishiri cut” is administered by TBAs, is exaggerated leading to perforation of the bladder. All these together lead to incontinence of urine,
hence the term VVF.

Apart from the general offensive odour produced by the VVF victims, they are highly susceptible to kidney and nerve infections that could result in their untimely death or physical deformity (Albert, 1994). Going by the United Nations Declaration on the Elimination of Violence against Women (1992) the experience(s) of VVF victims cannot but be said to be violence against these girl-wives.

**IMPLICATION FOR MENTAL HEALTH STATUS OF THE VVF VICTIMS**

The World Health Organization (WHO) defined health as “a state of complete physical, mental and social well-being of individuals and not merely the absence of diseases or infirmity”. Going by the fate of the VVF victims who are sometimes anaemic, malnourished, treated as social outcasts and therefore rejected by the society at large, they could be said to be suffering from ill-health. In addition Jegede (1992) observed that psychological variables are often neglected in health conceptualization. These psychological variables are manifested in anger, depression, neuroticism, low self-esteem and grandeur of persecution that the VVF victims experience (Balogun, 1993, 1994).

Each of us at times resorts to self-deceptive defensive mechanisms when confronted with threatening and stressful life events. Only when such mechanisms become habitual do we consider them psychopathological. According to Hilgard, Atkinson and Atkinson (1979), the term psychopathology includes a variety of disorders in addition to those most people think of as “mental illness”; and Abdullahi (1986) observed that the cause of certain pathological patterns lie in the culture. In an integrated culture such as that of Nigeria, social value such as marriage and child rearing practice give meaning to life. The extended family system also provide great social support for individuals in any stressful situation. Unfortunately, this same system is turned against the victims by excommunicating them and turning them to social pariahs. The consequences are a disappointed and dejected person with probably a deep rooted anger against the society itself.

Balogun (1994) observed that adolescence is a period of development delineated by age range 9 to 15 years, though Udegbe and Omololu (1994) extended this to age 19 years in their study. It is a period between the ending of childhood and the attainment of full physical development. This period is characterized by emotional turbulence where conflicting expectations from the society often make the individuals to experience the “storm and stress” syndrome. The individual is expected at some time to behave like a child with restricted freedom, and at other times, to behave like an adult responsible for certain action of his/hers.

In most ethnic and social groups in Nigeria, children are expected to obey to the letter, the dictates of their parents. In the present circumstance, girls who eventually became afflicted with VVF were only obeying their parents by being forcefully led into marriage against their wish. The experience some may not live to tell. For example, a case of a girl-wife whose legs were amputated by her husband for running back to her parents and later died was widely reported in some Nigerian daily Newspapers.

Given this situation, a girl is now faced with a conflictual situation of either to be married and experience VVF or not and therefore be excommunicated by her parents. Psychologically, many of them may not be matured enough to cope effectively with the emotional demands with which they are faced. The conflict arising from this may result further into psychopathology as defined by Hilgard et al. (1979).

The VVF victims sometimes do not recover from the trauma of childbirth (labour) due to poor psyche and end up being psychological wrecks. For those who “survived” the trauma, the continuous persecution by the society which in the first place supported the early marriage and child bearing, lead some into ill mental and psychological health (Balogun, 1993, 1994).

Depression is one form of psychopathology, which affects people with certain personality problems. Depression involves mood swings, anger, anxiety, distress, hypochondriasis and withdrawal. It sometimes affects those who think they are suffering from irreparable damage or loss a prized possession (Udegbe and Omololu, 1994; Feldman, 1985; Taylor et al., 1984) and this could be said to be the lot of VVF victims. What could
be responsible for this are the present marital status (i.e. divorced by their husbands), health status of the victims (the VVF conditions and its attendant problems), those who are responsible for their situation (the society which is rejecting them now) and what is the support received so far toward rehabilitation. If all these are unfavourably perceived, this might escalate the depression being experienced (Balogun, 1994).

SUGGESTION TOWARDS ERADICATING THE SCOURGE

Udegbe and Omololu (1994) observed that sexual violence especially among adolescents is rife but not given adequate research interest since it touches on “private aspects” of human life. However, without adequate data base with which to analyse the epidemiology and consequences of sexual violence resulting in VVF, no concrete attempt could be made at alleviating the experience of the victims or controlling if not eliminate the predisposing factors. It is therefore suggested that there should be an attempt at increased research effort towards curbing the cultural and environmental factors responsible for forced early marriage and consequently the VVF scourge. It is also being suggested that the government should intensify efforts in mass education of the citizenry through all available media of communication so that it can get to the grassroot, and collaborate with all women NGOs for effective monitoring of prevalence of early marriage and target of advocacy for the elimination of the practice.


ABSTRACT The paper looked into the traditional practice of early marriage and childbearing as a form of violence against adolescents in Nigeria. The concept of violence was located within the required sexual relationship between the girl-child that was forcefully given out in marriage to a man that is usually old enough to be her father or grandfather leading to early pregnancy for a girl that is not matured enough to undergo the physical and emotional responsibility attached to her new status. The result is that of a girl who experiences Vesico Vaginal Fistula (VVF), a condition afflicting underaged girls who found themselves in motherhood position. Because of the societal rejection of the girls and their condition, the probable mental status of these girls were examined and recommendation made for possible eradication of this practice.

REFERENCES


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