

**EXPLORING LIVED EXPERIENCES OF MEN AND WOMEN WHO PRACTICE  
SKIN BLEACHING IN SOUTH AFRICA: A PHENOMENOLOGICAL STUDY**

**BY**

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## **ABSTRACT**

Skin Bleaching practices in South African communities have been on the increase and are popularised by celebrities who publicly encourage their use. Although this practice is socially frowned upon, and the majority of people shy away from admitting the use of bleaching products, it is widely practiced in the community. The purpose of the present study was to gain insight from sample participants who practice skin bleaching in KwaZulu-Natal province into the nature of their experiences.

The study was framed within an interpretive paradigm and took a phenomenological approach to exploring the lived experiences of men and women who practice skin bleaching. The overall objective was to uncover the essence of the participants' experiences; encompassing their accounts of their gain and loss in engaging in this practice.

The findings revealed that participants engaged in skin bleaching practices in order to remove acne, blemishes and spots, and also to enhance their skin tone to appear lighter. Participants also emphasized that they obtained social approval for using these products, which reinforced and further encouraged their use of the products. Most importantly, the study discovered that the participants admitted suffering from adverse physical and psychological effects due to this practice and yet were unable to stop using these products due to their positive perceptions of the accompanying gainful effects they derived in using the products.

The study concluded that the reasons for skin bleaching are similar between men and women with slight differences with regard to where the products are applied on the body, which also affected medical symptoms that participants experienced and their perceptions about mainstream South African skin products. The study revealed that although the participants were somewhat aware of the adverse consequences of using the products, yet they appeared caught up in a complex relationship with these products, which made it difficult to stop their usage. Based on these revelations some recommendations were made for improved policy and intervention practices in curbing the use of bleaching products in South Africa. Suggestions for further research were also made.

## DECLARATION

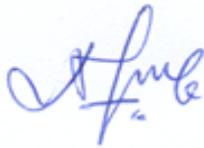
I declare that this study titled **Exploring lived Experiences of Men and Women who practice Skin Bleaching in South Africa: A Phenomenological Study** is my original work.

1. It has not been submitted before for any degree or examination at any other university,
2. All the sources used in this study have been acknowledged as complete references.
3. The thesis does not contain personal data that can make the person identifiable, where photographs are used the identity of the person is protected by blocking out identifiable features.

Student Name: Boitumelo Tlhapane

Date: 25 June 2018

I, Prof Augustine Nwoye, confirm that the work reported in this dissertation was carried out by Boitumelo Tlhapane, under my supervision.



Signed

Date: 26 June 2018

Professor Augustine Nwoye

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background**

Skin bleaching is an age old practice that is prevalent mainly amongst women of different ethnic and cultural groups all over the world. In recent years, the usage of skin bleaching products by men has been documented. This practice is widely controversial since it has negative medical, psychosocial and financial implications for the user (Petit, Cohen-Ludmann, Clevenberg, Bergmann & Dubertret, 2006; Dadzie & Petit, 2009). For instance, medically, skin bleaching is associated with many aggressive skin diseases including exogenous ochronosis (Levin & Maibach, 2001), and skin cancer (Ajose, 2005). Yet, many practice skin bleaching for a variety of reasons, among which is the personal and environmental pressure to conform to unrealistic standards of beauty; an anomaly that sometimes has huge financial implications, more especially if a person was to maintain the practice for an extended period of time.

Skin bleaching may be defined as a practice by which depigmenting agents are used typically by people with skin photo types IV to VI on a cosmetic basis, primarily to lighten normally dark skin (Dadzie & Petit, 2009). Kpanake, Sastre and Mullet (2009) describe skin bleaching as the application of various cosmetic products (e.g., creams, soap, and lotions) that contain potentially dangerous chemical agents. Similarly, Lewis, Robkin, Gaska and Njoki (2011) describe this practice as the application of topical creams, gels, soaps and household products to the skin. The above definitions can be expanded to incorporate the complexity of skin bleaching practices to include the phenomenon of people who undergo cosmetic laser treatments to alter the pigmentation of their skin to achieve a lighter skin tone. In this way, when we talk about skin bleaching in this study, we make reference to the above acts and practices. On the other hand, we will take skin lightening routines and cosmetic treatments to stand for skin bleaching practices generally.

Now, skin bleaching is said to constitute a dangerous undertaking for its users due to the presence of harmful chemicals contained in some skin bleaching products. Among such hazardous chemicals are: mercury, lead, hydroquinone, tretinoin, hydrogen peroxide, corticosteroids, polyhydroxy acids, azelaic acid, phends, solvents, salicylic acid, concoctions of unknown chemicals (De Souza, 2008; Kpanake et al., 2009; Dlova, Hendricks & Martincgh,

2012; Desmedt, Hoeck, Rogiers, Courselle, De Beer, De Paepa and Deconinck , 2014). It has been noted that the side effects of skin bleaching practice are “more pronounced on thin, highly vascularized skin and in the folds, face, eyelids, auxiliary areas, and groin, presenting nasty rashes” (De Souza, 2008).

Consequently, the major problem associated with prolonged use of these harmful chemicals, in the context of skin bleaching is the negative results it produces on the users. As a policy measure, Street, Gaska, Lewis and Wilson (2014), have noted that most governments have banned the use of skin bleaching products. Nevertheless, due to the increasing demands and the illegal supply of these products, many people still engage in this practice. Given the tenacity with which people persist in this practice, it becomes necessary to explore the lived experiences of some South African men and women who engage in it, in order to understand the practice better and determine the psychosocial capital it provide to users despite its noted side effects.

## 1.2 Statement of the Problem

This study operates on the assumption that there are contextual reasons why people bleach as there is no universal theory that exclusively explains this phenomenon. Hence, from the point of view of this study, the specific assumption is that some people engage in the practice of skin bleaching ill-informed about its dangers, while others may be trapped in the cycle of usage due to personal and social pressures. To confirm or disconfirm these assumptions, it is important to understand the actual users’ experiences and motivations in engaging in this dangerous practice, from their own perspectives. The insights gained may help to identify the motivations and drives that may explain this practice, and develop strategies that may be effective in its prevention.

## 1.3 Purpose of the study

The purpose of this study is to gain insight from participants who practice skin bleaching in order to have a better understanding of their motivations and inform medical, psychological and social interventions directed at reducing this practice. This study aims to gain first hand understanding from individuals who, due to their experience may provide more valuable insights into this practice.

#### 1.4 Objectives of the Study

The specific objectives of the present study are as follows:

- 1.4.1 To document the lived experiences of men and women who practice skin bleaching.
- 1.4.2 To explore the consequences as narrated by the study's participants associated with skin bleaching.
- 1.4.3 To explore the similarities between men and women who practice skin bleaching.
- 1.4.4 To explore recommendations which the study can offer to discourage the practice of skin bleaching among contemporary Africans.

#### 1.5 Research Questions

This study is guided by the following questions:

1. What are the themes contained in the narrative of lived experiences of the men and women who engage in skin bleaching sampled for this study?
2. What consequences are associated with skin bleaching as documented from the narratives of participants who practice skin bleaching?
3. To what extent are skin bleaching practices similar between men and women?
4. What are the recommended strategies for discouraging the practice of skin bleaching?

#### 1.6 Significance of the Study

Previous studies on skin bleaching have largely relied on the quantitative methodology in the generation of their data. Though important in establishing prevalence of this practice, there is a need to explore the views of how this phenomenon is understood and practiced, and provide a 'bird's eye view into the lives and experiences of people who engage in it. This study is significant in that it aims to contribute towards increasing understanding of this practice as well as to find a means of legitimacy to advocate for sufferers of this practice, to raise awareness about the dangers of skin bleaching and to inform future interventions that may assist in reducing the prevalence and acceptance of this practice. This study also takes a comparative analysis of men and women who practice skin bleaching in order to contribute to a better understanding of this practice. This study also incorporated the voices of a multicultural society that is composed of native and non-native South Africans.

## 1.7 Scope and Delimitations of the Study

This study included a purposively selected sample of 10 men and women in the KwaZulu-Natal area who are currently using skin bleaching products as well as those who are undergoing treatment for skin ailments associated with the use of skin bleaching products. Participants were limited by age and race, but not limited by type of skin regimen used or citizenship as long as they were residents of South Africa.

## 1.8 Operational Definition of Terms

### 1.8.1 Skin Bleaching Practices

Skin bleaching practices is an encompassing term that includes the use of skin lightening creams and cosmetic skin procedures and treatments to remove or alter the pigmentation of the skin in order to achieve a lighter skin tone.

### 1.8.2 Abbreviations

SBP: Skin Bleaching Practice

UKZN: University of Kwazulu Natal

DRC: Democratic Republic of Congo

SA: South Africa

IPA: Interpretive Phenomenological Analysis

## 1.9 Summary and Overview of the Study

This chapter introduced the study problem, the objectives and purpose of undertaking this study. It highlights the significance of the study in present day discourse. The next chapter provides a review of related literature on skin bleaching practices globally and in Africa. The aim is to provide a holistic picture of documented literature in order to give context for the present study. Chapter 3 presents the methodology for the study, and the paradigm on which the research is grounded. The aim of this chapter is to operationalise the concepts used in this study. Chapter 4 presents the results of the study, organized around the research questions guiding the study and the emerging themes from the data collected. Chapter 5 encompasses a discussion of research findings and the conclusions drawn from the findings and concludes with recommendations drawn from this study.

## **CHAPTER TWO:**

### **REVIEW OF RELATED LITERATURE**

#### 2.1 Introduction

This chapter introduces a review of literature on skin bleaching practices. The review is focused on recent international and local literature, with an attempt to cover prominent studies on this topic. The aim of this chapter is to give a broad view of the current thoughts and trends in literature on skin bleaching. The literature is also examined with a focus on the present study's objectives to provide a clear compass into the documented experiences of skin bleachers, and to provide relevance and structure to our argument.

#### 2.2 Historical Background on Skin Bleaching

To broaden our understanding of skin bleaching practices, a historical and theoretical search was conducted. Literature on skin bleaching pointed to the origins of this practice on colonialism, and the continued usage enabled by westernization of former colonized societies. The purpose of this section was to locate the roots of skin bleaching, to explain its antecedent characteristics, and to provide a context in which this practice occurs.

Documented as the most oppressive and demeaning governing system specifically to people of colour or African descent, studies locate colonialism as the root cause of skin bleaching (De Souza, 2008; Edmonds, 2014; Glenn, 2008; Herring, 2002; Hunter, 1998; Hunter, 2011; Julien, 2014). Colonialism established a hierarchy structure of white supremacy, where Europeanism was put forth as dominant and superior while African people and their lifestyle was portrayed as inferior and unsophisticated, thus Africans belonging to the bottom of this hierarchy.

A literature summary on current skin bleaching practices cite history of slavery and discrimination, where colour rating was used to separate and divide people according to their skin colour or complexion. Those with 'fair' skin were treated much better and afforded more opportunities by their colonizer than those with darker skin. The results of colonialism were that having a dark skin meant less prospects of job opportunities, executive positions, or chances in beauty pageants which favoured people who had a fairer skin complexion (De Souza, 2008; Glenn 2008; Herring, 2002; Hunter, 1998; Hunter, 2011; Robinson 2011). Therefore, perpetuating concepts of racial capital and white supremacy in marginalized groups.

In South Africa, Julien (2014) debated how through white supremacy established by Colonialism, the Apartheid government continued discrimination and exploitation of the black majority through their policies which not only separated races, but indoctrinated beliefs that further enforced white supremacy. The indoctrinated beliefs did not only advance white people as superior but was entrenched in the psychological make-up of the marginalized black people. The consequence being that black people carried an inferiority complex which negatively influenced all aspects of their lives.

The above studies demonstrate how having a fair complexion in western societies is revered, how economic and social structures are built to enhance the power of those with a fairer complexion. The implication being that the majority of dark skinned people are systematically oppressed not only because a lighter skin means beauty and acceptance, but also has economic benefits and social acceptance attached to it. Herring's work (2002) discusses the current evolution of skin colour stratification by demonstrating the Bonilla-Silva's tripartite model with a hierarchical structure of whites on top, honorary whites and non-white groups at the bottom as the continual exploitation and discrimination of black people. This model demonstrated continued marginalization of dark-skinned people, which was introduced by colonialism.

Although Colonialism was an oppressive governing system, while westernization has to do with assimilation of cultures into a dominant one, it is important to view the two concepts as interrelated due to how they continue to be dominant in present discourse, and how they maintain an unbalanced status quo in societies. The masses of previously colonized societies were subjected to adapting to western culture and values. The notion of western concept of beauty not only dominate social discourses, but has a great influence on how contemporary Africans see themselves to this present day (De Souza, 2008; Hunter, 2011). Digital and print media are used as tools to perpetuate the notion of whiteness as beautiful. This may be evidenced in models used to advertise products and racial undertones of purity equated with whiteness or a fairer complexion (Glenn, 2008; Hunter, 2011). Mass media serve as an effective means of socializing and transmission of popular culture (Robinson, 2011). Therefore, further advancing the colonial discourse that 'white' is superior.

Westernization maybe viewed as a modern day type of slavery that profit a system designed to further marginalize black people by subjecting them to western culture, values and concepts of self-image and beauty. Most of these skin bleaching products are manufactured illegally and imported to black markets, sold in unregistered markets and street vendors without

any regulation or negative consequences for the beneficiaries who develop and distribute these dangerous products. The question is ‘who benefits the most from this practice?’

In summary, Colonialism may be viewed as the antecedent ideological system at the root of skin bleaching practices. This ideological system is supported currently by media campaigns, advertisements and marketing strategies to market western concepts and ideals of beauty (De Souza 2008; Edmond 2014). Therefore, according to literature, black people were oppressed and made to feel inferior due to their skin complexion, and because social and economic benefits were afforded to those with a lighter complexion within the marginalized group, those with a darker complexion resorted to using skin bleaching products in order to access the benefits and privileges. Remnants of colonialism are still evident and advanced by westernization of societies through mass media and access to products which catapult ‘whiteness’ or ‘fairer’ skin as the ideal that previously marginalized societies should strive to achieve.

In South Africa certain stereotypes used in black communities may also contribute to the use of language that exalt people of western descent such as the lullabies and fairytale stories that mothers recite to their infants, the wedding songs “Ngwana o tshwana le le coloured’ (Come and see the bride looks like a ‘coloured’ an African who was born of a mixed race couple, in South Africa), the popular culture on social media of ‘yellow bone’ (lighter skin tone) is beautiful . These stereotype beliefs about colour perpetuated the colour stratification (Herring, 2002) and promote negative perceptions about a darker skin tone. The review links colonialism with skin bleaching practices which provide us with the historical background to couch this study. While westernization may explain the escalation of product usage and the help of mass media in furthering oppression in postcolonial societies, self-Objectification theory provide the psycho-social dimensions related to this practice. In the next section empirical literature is explored in order to provide the current international and national trends on skin bleaching practice.

### 2.3 Empirical Studies on Skin Bleaching

In this section international and national empirical studies were reviewed to identify the prevailing discourses and research studies on skin bleaching practices. This section started with a review of prominent international literature from European, American, Jamaican countries and conclude with a review of prominent studies around the African continent.

### 2.3.1 International Studies

International studies recorded usage of skin bleaching products in Europe. However studies found that people who practiced skin bleaching were of African descent. Dadzie and Petit (2009) reported in their review study that skin bleaching practice was more common in Africa with prevalence rates between 26% and 67%, and between 16% and 28% among African descendants living in Europe and at that time of their research, no formal studies were conducted in North America and the Middle East. Although they also reported prevalent use of skin bleaching products in Asian countries, literature explored in this study focused on users of African descent.

In a study by Petit, Cohen-Ludmann, Clevenberg, Bergmann and Dubertret (2006) they investigated the complications that arise as side effects of skin bleaching among African descents living in Paris and found that complications related to the use of clobetasol and hydroquinone with skin complications such as atypical tinea, stretch marks and skin atrophy, hypopigmented spots, exogenous ochronosis with hyperchromia and minute papules, hyperpigmentation on fingers and toes. European literature is skewed more to the public health discourse on skin bleaching (Dadzie & Petit, 2009). However, it does provide us with an understanding of who the main users are and the nature of this practice.

In America, Jackson (2013) conducted a qualitative study to explore skin bleaching among black women which found that women were motivated to bleach their skin because they expected to obtain a light skin and to remove facial imperfections. Participants also noted that the consequences were that they had to keep using the products in order to maintain their complexion and clear facial acne and blemishes. They also reported frustration due to the above mentioned points. In another study on African American young adults' use of cosmetics in relation to self-identity was conducted by Davis (2013) who found that participants used make-up and other cosmetics around the age of 13 or 14 to enhance beauty and confidence. This study was significant in helping us understand identity issues young women may be facing and possible links with skin bleaching. American literature has been more focused on the historical origins of this practice, which was covered in the preceding section, and therefore, there is limited empirical studies on this practice, and a literature search yielded studies done with different minority groups whose practices are not explored in this study. Considering that the foundations of America are on slavery and exporting western civilization to the rest of the world, thereby selling the same values founded during slavery times about racial capital, it is interesting to note that not a lot of empirical evidence has been advanced.

In Jamaica, skin bleaching was reported to be a common practice with men and women actively participating in this practice (Charles, 2003; Charles, 2010; Robinson, 2011; Edmond, 2014; Harris 2014). This practice is widely publicized with media campaigns directed at discouraging usage. The reviewed studies highlight the historical, cultural, socio-political and psychological factors that motivate this practice.

Findings from a study by Robinson (2011) indicated that a preference for lighter skin originates from experiences of slavery and colonization and therefore this preference influences how participants conceptualized beauty and identity, describes beauty as a form of capital and viewed as important by people of colour as it generates economic, educational, and social capital. Women who are lighter in complexion are able to secure privileges such as marriage, jobs and social acceptance than women who are darker in complexion, thereby making skin bleaching practices not only popular, but a means to gain access to social and economic opportunities.

Charles (2003) in a comparative study of skin bleaching and self-hate found reasons put forward by the participants were to appear beautiful and to have the Anglo-Saxon features as the ideal standard of beauty, peer pressure associated with issues of identity development, and to attract members of the opposite sex, but there was no correlation between self-esteem and skin bleaching, which nullifies the notion of self-hatred proposed by other studies. However, it should be noted that this was a small study of seventeen participants and the findings may not be representative of the whole population. Similarly, Robinson (2011) and Harris (2014) indicated benefits to the users are that it makes them look good, to be popular, attract a good mate and to get an up-town job. Edmond (2014) in a review of articles on skin bleaching conducted in Jamaica found that two themes were prominent "...1) the process of using products to lighten the skin is a manifestation of mental illness and 2) Jamaicans who lighten their skin suffer from a color complex issue that can be traced back to issues related to colonization."

### 2.3.2 African Studies

Literature on skin bleaching in African countries indicates wider and regular use of illegal and banned products in most African countries (Dadzie & Petit, 2009). These products are illegal because most manufacturers of these products supply these products in the unregistered, informal markets and legislative measures have been put in place to ban these products.

In Senegal a study by Del Giudice and Yves (2002) of 685 of women interviewed in an epidemiological and clinical study found that 26% were using skin lightening creams and 36% had used them before, while 75% of women showed cutaneous adverse effects and facial acne. Products used contained hydroquinone and corticosteroids. In another study conducted by Mahe, Aymard and Dangou (2003) clinical and laboratory investigations of skin diseases associated with the cosmetic use of bleaching products in women from Dakar, found that of the 368 women questioned, 52.7 percent were regular users of bleaching products with the median duration of use of 4 years, with use of high concentrations of glucocorticoids, mercury iodide, and caustic agents hydroquinone. The implication being that the majority of these women had manifestations of severe infectious skin diseases and acne. In Mahe, Fatimata and Perret (2005), mercury compounds and topical corticosteroids were found to be prevalent in use on most skin bleaching products. Other health implications indicate that a prolonged usage increases the risk of hypertension and diabetes. The studies focused mainly on the health implications of this practice for women.

In Nigeria a survey conducted by Ajose (2005) found that of female and male patients who attended the skin clinic, 92% of female patients and 5% of male patients over the age of 16 years were using skin creams containing hydroquinone and other skin-depigmentation agents with a duration of 6 months to over 20years. The dermatological consequences reported in this study included disease modification i.e. Scabies and warts, dyschromias, sun damage, skin infections, fragile skin, acne, hypertichosis, body odour and the medical consequences included Cushing's syndrome, renal impairment and immune suppression. Other complications included exogenous ochronosis, impaired wound healing and wound dehiscence, the fish odour syndrome, nephropathy, steroid addiction syndrome, predisposition to infections, a broad spectrum of cutaneous and endocrinologic complications of corticosteroids and suppression of hypothalamic-pituitary-adrenal axis (Olumide, Akinkugbe, Altraide, Mohammed, Ahamefule, Ayanlowa & Onyekonwu, 2008). Reasons cited for use ranged from evening out skin tone, a desire to lighten complexion, to improve appearance of skin prior to an event and dependence on the skin bleaching products. Amongst the reasons for stopping were disapproval of family and peers, pregnancy, economic factors and unacceptable side effects (Ajose, 2005). Similar findings were reported in Olumide et al (2008). These studies demonstrated that other people played a supportive role in participants stopping their use of products, however participants also had personal reasons for using products and the adverse effects of prolonged use was physically observable, as well as emotional for the users.

In Sudan a study by Ahmed and Saltus (2015) on body-image perception and beauty practices by Sudanese women found that of the 19 women interviewed, 16 reported to practice skin bleaching amongst other beauty practices, this was in order to improve their economic standing and to increase social esteem, thereby increasing their employment and marriage prospects. In this study it was noted that skin bleaching and other beauty practices were linked to social identity and cultural belonging and had a great impact on women's sense of self. Therefore, in Sudan beauty practices that enhance a woman's looks are culturally and socially encouraged, thus putting immense pressure on women to engage in this practice.

In Tanzania a study investigating the motivations for women's skin bleaching by Lewis, Robkin, Gaskaand and Njoki (2011) found that of the 42 urban women sampled, 17% bleached their skin to remove pimples, rashes, and skin disease, 5% to have soft skin, 38% to be White, beautiful, and more European looking, 2% to remove the adverse effects of extended skin bleaching on the body (e.g. uneven skin tone and dark patches), 14% was to satisfy one's partner or attract male mates, and 22% was to satisfy and impress peers. From these findings, we can deduce that a great number of women were motivated to practice skin bleaching because they wanted to obtain an ideal cosmetic look in order to be perceived by others as worthy and accepted. This study supports an earlier identified theory of self-objectification as a framework for understanding reasons for this practice. In a literature review of twenty-two articles documenting the health risks associated with skin bleaching, Street, Gaska, Lewis and Wilson (2014) concluded that first skin bleaching caused injuries to the skin, skin infection, epidermal atrophy, exogenous ochronosis, other skin pigmentation abnormalities and additional coetaneous problems. Secondly, skin bleaching products contained toxic concentrations of mercury and hydroquinone chemicals which cause damage to body at cellular level and injury to other internal organs. Lastly, the use of skin bleaching products was also harmful to foetal development. Thus, skin bleaching presents more than dermatological consequences, but a danger to the user's physical and reproductive health.

Similar findings were reported in a Togolese study to examine the basic motives underlying the practice of skin bleaching. Kpanake, Sastre and Mullet (2009), found regular usage with the following motives reported by participants: to appear important, to look attractive, because they enjoyed their light skin and because skin bleaching was fashionable. In another Togolese study Piche, Kombate and Tchangai-Walla (2005) investigated the cosmetic use of skin-bleaching products and associated complications and found that of the 910 women 58.9% used skin bleaching products, with frequently used products as mercury derivatives, hydroquinone derivatives and topical corticosteroids. Frequent users were single

women and women younger than 40 years. This study found cutaneous complications in 69.2% of participants with hypopigmentation, acne, leucomelanoderma, cutaneous atrophy and hyperpigmentation as principal complications.

In Ghana, Fokua (2009) conducted a study with 60 female students and 30 market trading women between the ages of 18-24, found that women's feelings about beauty and attractiveness were associated with skin complexion, and that having a lighter skin was perceived by women as a form of social capital for marriage, as it provided better prospects of marrying men who earned higher income. This study concluded that Ghanaian culture and social practices that value marriage over singlehood enable the skin bleaching practice.

A Report compiled by Ly et al. (2007) on the aesthetic problems associated with the cosmetic use of bleaching products, found that corticosteroids were used by 78% and hydroquinone by 56% of the eighty-six female patients interviewed. They also reported the mean duration of exposure to skin bleaching products as ranging from 1-30 years the results were that 71.9% of patients presented with complications associated with artificial depigmentation, 47.5% with cutaneous mycosis and 20 patients presented with corticoid-induced acne. The study also found that only 12% of patients consulted a dermatologist for aesthetic complications.

In summary, skin bleaching is globally practiced, but most prevalent among African descendants or black people. The scourge of this practice is also evident in Jamaica where there is vast literature on the topic and in Africa. The above studies indicate that skin bleaching presents adverse medical consequences. Skin diseases observed by researchers were induced, aggravated or modified by this practice. Studies also reported that people's reasons and benefits for engaging in this practice were social, cultural and economic.

#### 2.4 Review of South African Empirical Studies

The problem of skin bleaching in South Africa has been prevalent for decades with the earliest literature published on this problem by Findlay, Morrison and Simson (1975). Touart and Sau (in Levin & Maibach, 2001) reported the highest incident of hyperpigmentation as early as 1985 which is a complication resulting from exogenous ochronosis. Although the prevalence of this disorder was influenced by unregulated practices until 1986 it is still prevalent in South Africa (Levin & Maibach, 2001). In another study conducted by Dlova, Hendricks and Martincgh (2012) found that of the ten top selling skin-lightening creams, nine were found to contain banned or illegal compounds, such as mercury, corticosteroids and

resorcinol, 60% were manufactured in South Africa while the rest were imported from outside Africa. Furthermore, a study conducted by Dlova, Hamed, Tsoka-Gwegweni, Grobler and Hift (2014) of African and Indian women aged 18 to 70 years, found that skin lightening products were used by one third of African and Indian women, and were influenced by the media, cultural and historical perceptions which equated a fairer skin with social advantage. Dlova and colleagues also found that there was poor understanding of the risks associated with use of these products and they recommended public education campaigns to teach consumers about risks of these products. A similar study by Dlova, Hamed, Tsoka-Gwegweni and Grobler (2015) in a survey of 600 women found that 32.7% reported using skin lightening products to treat skin problems and to lighten the skin, while media adverts and magazines were found to be a major influence in the use of skin lightening products.

Reviewed studies have focused on medical and health implications and less on examining psychosocial aspects of this practice, especially in understanding the experiences of users and proposing intervention strategies.

## 2.5 Strategies Recommended in Literature

In literature many strategies are suggested which take the form of legal interventions, awareness and educational approaches. While countries such as South Africa banned these products in the late eighties, other countries such as Kenya only in 2001 (DeSauza, 2008), in other African countries such regulations are not recorded in literature. Street, Gaska, Lewis and Wilson (2014) in their review of literature studies on skin bleaching examined what other studies suggested as prevention and intervention efforts and summarized them as stricter government regulations and bans on products, community and cultural interventions, consumer education, adopting models used on other public health prevention efforts such as the regulation on smoking and ambient solar radiation in the United States. In another study Lewis, et al.,(2012) attempted to find a structure of an ideal intervention program and identified the following as components: didactic education, governmental action, and educational media. Dooley (2001) writes that although most governments have banned the import and sale of these products, they are nevertheless still illegally obtained and sold. Ahmed and Sultus (2015) noted that awareness campaigns were not effective enough as preventative interventions, but that socio-cultural context on health must be considered in order to develop behavioural-change approaches. Interventions suggested included stricter government regulations on banned products and advertising (Charles, 2003; Dadzie & Petit, 2009; Dlova et al., 2012), public

awareness campaigns and (Petit et al., 2006; Dlova et al., 2014) adult education focused on media and health literacy (Robinson, 2011), and the use of screening tools to screen suspected products (Desmedt et al., 2014). The above demonstrate how other countries have had legislative regulations in place for decades, yet the problem still persists, while other countries or governments may not have taken this problem as seriously. Studies do not indicate countries that have been successful in curbing this practice and this is an area of major concern.

## 2.6 Summary and Synthesis of the Review

The literature reviewed gives an overall picture of skin bleaching practices around the world. Reviewed studies indicate that skin bleaching practice is mostly prevalent amongst women of African descent in America, Europe and in Africa. The influences stem from issues of 'colorism', colonial and western legacies to social pressure instigated by the media and those who stand to benefit financially for maintaining this practice. It is worthy to note that literature in South Africa as with international studies is mostly quantitative and focused on perceptions about this practice and most international studies theorize about the historical origins and discourses that perpetuate this practice. Literature also indicates wider and regular use of illegal or banned products in many of the African countries and emphasize an urgent need for governments to enforce strict control over the availability of skin bleaching products, besides that they contain illegal and mostly dangerous substances, they also have lasting medical, dermatological and psycho-social implications for those who use them. Even though majority of skin bleaching products are banned in most countries, the profitability and access to underground cheap outlets to sell these products makes this a difficult industry to restrain with just the correct legislatures. Empirical evidence on usage does not provide thorough details on prevalence across genders, the legality and regulation of skin bleaching products as well as the prevalence and age cohort of users. Some studies (Mahe, Fatimata & Perret, 2005) caution against use, but offer no tangible solutions to this problem. In other studies, users were found to have limited knowledge of the protective function of skin pigment and use of sun protection (Ajose, 2005). The social acceptability and widespread usage of skin bleaching products is alarming, despite most substances being banned due to their dangerous effects/consequences. It may thus be concluded that studies do not emphasize the experiences of individuals who engage in this practice and rather their voices are drowned in the expert opinions about its consequences.

In conclusion the literature indicates that the influence different factors to the establishment and maintenance of skin bleaching practices. Literature on skin bleaching cite colonialism as an antecedent for the skin bleaching phenomenon, tracing the historical background of such a practice to the colonial days when the fairer skinned slaves were preferred for better positions (Lewis et al.,2011). Post-colonial societies still maintain this segregation and prejudice through colour stratification (Herring, 2002), racial capital in economic and job opportunities which promote white supremacy (Hunter, 1998). Mass media continue to be used to perpetuate white supremacy through adverts that portrayed white or fairer skin was more beautiful and revered (Glenn, 2008; Robinson, 2011). The next two subsystems may be found in the empirical evidence from literature. The mesosystem includes the close social systems such as families and friends that influenced the practice of skin bleaching. They either directly or indirectly influence the individual to start, continue and even to stop this practice. Studies (Charles, 2010; Kpnake et al., 2009; Lewis et al., 2011) cite reasons such as impressing peers, attracting mates and being encouraged by others. The microsystem represents the individual level where the practice of skin bleaching is influenced by personal motivations. These individual factors included treating skin from skin ailments and improving the tone of their skin tone (Ajose, 2005; Edmond, 2014; Jackson, 2013; Olumide et al., 2008; Lewis et al., 2011).

Predominant ideologies and global culture are transmitted through mass media in promoting western conceptions of beauty and its encouragement of separatism in access to social services and economic participation plays a large role in the maintenance of this practice (Glenn, 2008; Herring 2002).The images used on products are first, of European looking women and men with fairer skin, which as stated earlier promote western concepts of beauty in advertising of products. secondly, the names of the products (Carolight, Peau Claire and Clairmen) give the impression that if one uses the product their skin will become lighter which is basically bleaching of the skin. Significant people play a direct role in influencing the individual to use bleaching products, due to the close relationships and the dual need for acceptance and recognition that they induce on people. Hence most reasons for skin bleaching might were found to be from these relationships (Kapnake et al., 2009; Lewis et al., 2011; Olumide et al., 2008) as they influence the individual's self-perception and beliefs. In this study the researcher focuses on the experiences that participants have with SB, how they understand it and what meaning they ascribe to this practice. This is what is of great importance to creating better insight into the practice.

## 2.7 Theoretical framework of the study

From the literature reviewed it can be proposed that three central theories drive the present study and can be used to explain reasons that people engage in SBP, Self-Objectification theory (Fredrickson and Roberts 1997), the theory of colorism (Hunter, 2007) and the theory of internalized colonialism (Utsey et al. 2014).

Self-Objectification originates from Objectification theory proposed by Fredrickson and Roberts (1997) which can be summarized as evaluation of an individual based on their appearance prompted by societal views, or a “third person view” which influences how an individual view their body, thus increasing negative self-perception. According to Lewis et. Al. (2011) self-objectification theory is based on the principle that women internalize the perspectives of others as a primary reference for viewing themselves. This theory advances that an individual is culturally socialized to accept other people’s perspective about themselves, thus adopting a self-hate narrative which may even extend as far as hatred for one’s race. Therefore, we can theorize that people who engage in skin bleaching practices base their appearance on the perspectives of others and the consequences are negative influence on their sense of identity and self-acceptance. Although studies on self-objectification focus on women (Calogero, 2012; Davis, 2013; Fredrikson & Roberts,1997) this study purport that this phenomenon may be prevalent in both men and women who practice skin bleaching. Calogero (2012) assert that ‘an objectified body is malleable, measurable and controllable’. In this regard, it can be assumed that participants view their skin colour or tone as adaptable and changeable in order to meet societal expectations and standards. The consequences of this practice whether positive or negative are worth the sacrifice or risk taken.

The second theory that explain why black people engage in SBP is the theory of Colorism (Hunter, 2007). The theory proposes that there is a tendency within the marginalized black people of the world to discriminate against one another on the basis of skin complexion or skin tone (Hunter, 2007). The theory of colorism therefore assumes that due to negative experiences of racial discrimination where people with light skin colour are placed higher than those with black skin colour, black people have been conditioned to believe that a lighter skin colour is the colour of preference worthy of privileges and high status in society (Herring, 2002; Hunter, 2002).

According to the theory of internalized colonialism (Utsey et al., 2014), the colonial era negatively influenced the style of thinking of Africans to the extent that they have disregarded their way of life and identity in search of mirroring attributes of their former colonizers (Utsey

et al., 2014). This colonial mentality encourages black people to believe that European (light skin colour) is better than African (black skin colour). As a result, black people who engage in SBP go all out in search of light skin colour which is interpreted as the colour of privilege. This theory proposes that an internalized inferiority complex is responsible for black people changing their skin complexion or tone (Utsey et al., 2014). This is a mental damage that emanate from the colonial era.

These theories form the theoretical perspective of the present study and were used to give meaning to the answers received from the participants regarding their engagement and practice of skin bleaching. The above mentioned theories provide a lens in which one may use in order to gain a full grasp on this complex practice. When theories are used separately to explain this practice, they fall short of fully explaining complex issues related to cosmetic body modification practices such as skin bleaching or other practices such as skin toning routine adopted by European or ‘white’ people and its ideological roots.

## 2.7 Summary

The Literature review chapter provided a review of international and local studies on skin bleaching practices. It positioned the current study by identifying the gaps in literature that this study may be able to fill. The reviewed studies mostly focus on historical, socio-political and health implications and consequences. This review also reflected on the theories that serve to explain this practice. There is a considerable gap in documented studies on experiences of individuals who practice skin bleaching, documenting the multiple realities that influence their decision to engage in the practice. Therefore, the aim is to understand this practice from the users’ experiences in order to enhance our understanding about this phenomenon. The gaps identified in literature included the dearth of comparative studies in male and female users of skin bleaching products. A gap in studies that document experiences of users as most studies focused on general perceptions about this practice. Another opportunity was for this study to identify how participants viewed current intervention efforts and prevention strategies and whether this influenced they use of skin bleaching products.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter provides a ‘road map’ to the methodology undertaken to conduct this research. The first part of this chapter presents the research approach Interpretive Phenomenological Approach and dissects the Interpretive and hermeneutic roots of this approach in order to position this approach as the methodology of choice. The research process is discussed in terms of location of the study, how participants were recruited, what type of participants were included in the study and the data collection procedure. This chapter concludes with ethical standards and data management upheld in conducting this research.

#### **3.2 Research Approach**

Interpretive Phenomenological Analysis is a qualitative inquiry that takes an interpretive approach to research. According to Henning (2004) “interpretive knowledge is constructed not only by observable phenomena, but also by descriptions of people’s intentions, beliefs, values and reasons, meaning making and self-understanding.” The aim of this research was to document people’s descriptions about a phenomenon that they are well acquainted with and have great insight on. Therefore, it is because of this reason that an Interpretive Phenomenological Analysis (IPA) was selected. IPA is founded on phenomenological hermeneutic understanding of how knowledge is constructed.

Phenomenology was developed by Edmund Husserl (1859-1938). According to Pietkiewisc and Smith (2014) “Phenomenology focuses on how people perceive and talk about objects and events, rather than describing phenomena according to a predetermined categorical system, conceptual and scientific criteria.” ‘It is concerned with an individual’s personal perception or account of an object or event as opposed to an attempt to produce an objective statement of the object or event itself’ (Smith, Jarman & Osborn, 1999).

Phenomenology provides an ideal paradigm for guiding this study in achieving an understanding of the skin bleachers’ lived experiences. In this regard, it is expected that the participants would share personal experiences regarding their use of skin bleaching in their lives and through this process, their personal interpretation about skin bleaching will come to the fore and shed light on the existence and essence of this practice.

Hermeneutics was developed by Martin Heidegger (1962) expanding on the work of Husserl, his work focused on the ontological question of existence. Hermeneutics is concerned with examining and exploring lived experiences of a specific population with the aim of understanding the phenomenon better (Creswell, Hanson, Plano & Morales, 2007). Hermeneutics posits that in order to translate a person's message, a researcher needs to comprehend the mind-set of a person and their language which mediates one's experiences of the world (Pietkiewisc & Smith, 2014). Thus, allowing the researcher to tap into the experiences of the skin bleachers in order to gain understanding of the complex influences on their preference to either start or continue with usage.

This approach allowed the researcher to investigate the essence of this practice, the individual's experience with skin bleaching practice and factors that influence continued use of the skin bleaching products. According to Smith and Osborn (2007), IPA has a theoretical commitment to the person as a cognitive, linguistic, affective and physical being and assumes a chain of connection between people's talk and their thinking and emotional states. In Interpretative Phenomenological Analysis (IPA) the researcher would approach data with the aim to understand the study participants' world and describe their multidimensional views of 'what it is like' to engage in skin bleaching. Participants' experiences are framed with an understanding that people's discourse reflects their inner construction of self and the world.

Larkin, Watts and Clifton (2006) describe "an IPA study as involving a highly intensive and detailed analysis of the accounts produced by a comparatively small number of participants. These verbatim accounts are generally captured via semi-structured interviews, focus groups, or diaries, and the analysis then proceeds such that patterns of meaning are developed, and then reported in a thematic form". IPA is concerned with the detailed examination of personal lived experiences (Eatough & Smith, 2017). In this study participants narrate their lived experiences in relation to skin bleaching practices, thereby granting the researcher a 'glimpse' into their world. The researcher thereafter interprets how participants construct their understanding of the phenomenon of skin bleaching and contexts that influence and maintain this practice.

This approach was relevant in exploring the experiences of South Africans who engage in skin bleaching practices and the knowledge that emerged in this exploration was constructed from the lenses of those who were directly concerned.

The IPA process extracts the meaning and experience of using skin bleaching products from the perspective of the users, in order to enhance our insight about this practice. The advantages of using this research method was that it first, gave us specific insight about the

thinking patterns and content of the thoughts of skin bleachers in relation to this practice. Secondly, it gave us insight of how users apply this thinking in decision making to either continue to use or discontinue usage of SB products. Thirdly, it gave us an insider's perspective on the overall use of skin bleaching as a practice.

The reasons for employing IPA in this study were as follows. First, IPA aim to describe the essence of SBP phenomenon in detail, as indicated in chapter 2 most researches have focused on causes and consequences of SBP without exploring the lives of those who engage in this practice to better our understanding, thereby consequently informing design of intervention programs. Therefore, an exploration of this practice would add to enhanced comprehension of this multidimensional phenomenon. The second reason was that participants in an IPA study are selected on the basis that they have better insight and authority on the research topic through, thus, the research experience aim to let the researcher into 'their world'.

The role of the researcher is to use a descriptive and interpretive process (Creswell et al., 2007). First, was "to develop a more overtly interpretative analysis which will position the initial 'description' in relation to a wider social, cultural and even theoretical context" (Larkin et al., 2006). Interpreting what contextual factors influenced the participants' decision to engage in skin bleaching practices. Secondly, to understand how these contexts, conditions, and situations continue to influence the participants' experience of skin bleaching.

### 3.3 Location of the Study

The study was conducted in the Durban area of Kwazulu-Natal province in South Africa. The study was carried out at the dermatology unit of the Nelson R Mandela School of Medicine which provides services for the province of Kwazulu-Natal and the Northern part of the Eastern Cape. The dermatology department has led various studies on skin bleaching and other skin ailments in South Africa. Permission to conduct the study was sought and obtained from the University of Kwazulu-Natal's ethics committee. The ethical clearance number HSS/1245/016M, (see Appendix A) for ethical clearance letter. Participants were interviewed at the research site.

### 3.4 Study Population and Sampling Methods used in this study

The study sought participation from black African men and women between the ages of 18 and 65 who previously used or were currently using skin bleaching products. Participants were either undergoing treatment for skin disorders associated with skin bleaching practices at the above-mentioned hospital or were currently using skin bleaching products and had not yet

obtained treatment for skin ailments associated with the use of skin bleaching products. The participants were recruited through an advert (Appendix B) at the dermatology clinic, four of the participants were self-referred, four were recruited by other users who participated in the study and two were identified by the practitioners at the skin clinic. All participants volunteered to participate, and consent was duly discussed with each one of them.

Thus, data was gathered from a sample of five men and five women. According to Smith and Osborn (2007) a recommended sample size of 6 participants for a student project using IPA allows for “sufficient in-depth engagement with each individual case, a detailed examination of similarities and differences, convergence and divergence”, with respect to data gathered. Similarly, Fusch and Ness (2015) support this sample size in a qualitative study as data saturation may be attained. A maximum of ten participants were selected due to the comparative analysis of men and women, in this study. Therefore, adding to the richness of the data gathered.

The participants were selected through purposive and snowball sampling techniques (Eatough & Smith, 2017). Purposive sampling allows the researcher to find a defined group for whom the research problem has relevance and personal significance (Pietkiewisc & Smith, 2014), thereby allowing the researcher to select only participants with personal experience in skin bleaching. Snowballing was used to recruit participants into the study as participants with personal experience of SBP were more likely to know and recommend other users to the study. (Eatough & Smith, 2017).

Participants were included in the study based on their active or past use of skin bleaching regimen for a period exceeding six months. Participants were either undergoing treatment for the adverse effects of the products on their skin at the skin clinic or were actively using the skin bleaching products.

Individuals who were undergoing medical skin treatments for other ailments not related to skin bleaching products were excluded. The head dermatologist at the skin clinic was responsible for the pre-screening of all participants.

The table below summarizes the demographic composition of the sample used in this study. Participants were given pseudonyms to protect their confidentiality and authenticate the voices and experience of the participants.



A challenge in locating male participants was precipitated by first, the specified age groups for the research. Although with female participants older and younger generation of users were recorded, it was difficult to locate males who practice SB in the age ranges of the study and a number of identified males were younger than 18 years of age. Secondly, the topic of skin bleaching is considered a taboo in society despite its prevalence therefore, men who engage in this practice seldom discuss it or present themselves at dermatologists with this problem. Due to the sensitivity of this topic in South African societies, such an in-depth study especially one that looks at exploring participants' experiences was a challenge to conduct. This issue will be discussed further in the findings chapter.

### 3.5 Data Gathering Procedure

#### 3.5.1 Research Instrument

In an IPA study the researcher approaches data with the aim to understand the participants' world and to describe different contexts that influenced participants to engage in skin bleaching practices. To explore participants' experiences with skin bleaching, a semi structured interview was used as a method together data. This type of interview allowed the participants to explore the phenomena under discussion in detail and for the researcher to gather rich information that would otherwise not be possible if a positivist stance was taken. The advantage of a semi-structured interview was that it allowed for an in-depth exploration of participants' experiences and descriptions that can be transcribed, themed and analyzed later (Creswell et al., 2007). An interview schedule (see Appendix C) was used to guide the interview. The interview schedule was developed by the researcher and supervisor as a guide to facilitate the research process. The questions were translated to Isizulu to ease the interview process. An Isizulu translator was used to verify language semantics used in the interview schedule. To document the participants' experiences, sessions were audio recorded with the consent of the participants (see consent form Appendix D). Participants' narrative responses were audio recorded and transcribed verbatim for ease of analysis. The researcher chose to record and transcribe participants' responses in order to enhance the quality of the analysis and interpretation. The transcribed raw data was reviewed by the researcher and the participants to ensure that the recorded information was a true reflection of the responses provided by the participants. Data was gathered for a period of thirteen months between October 2016 and November 2017 due to reasons stated in the preceding section.





shredded and disposed of at least five years after the completion of the research. Hard copies will be incinerated, and IT software will be used to erase data from the hard drive on the researcher's computer upon completion of the study.

### 3.8 Summary

This chapter has introduced a brief explanation of the theoretical model used which is Interpretive phenomenological analysis. This theoretical model was operationalized to gather data and analyze the findings. IPA was chosen as a method in order to obtain a narrative of the participants' experiences with the aim to gather data relevant to have a sense of the essence of skin bleaching practice and the challenges arises from it. The chapter was aimed at operationalizing the process of research by defining the study location and sample. In summary, the study was conducted in the KwaZulu-Natal area, ten participants were recruited, five males and five females. The IPA data analysis was done using Moustaka's transcendental phenomenological approach (1994). The chapter conclude with ethical requirements and considerations fulfilled in conducting this study.

## CHAPTER FOUR

### RESULTS OF THE STUDY

#### Introduction

This chapter presents the results of the study. The presentation is organized around themes that emerged from the data collected.

#### 4.2 Themes from the study

The narratives were interpreted in terms of the common themes identified from the ten study participants. The themes were identified by noting recurring patterns in participants' narratives. Thus, while reading each participant's interview, I focused on the essence of their narratives and then continued to search for common meanings and differences in order to get to the general themes of their stories. The following themes and subthemes emerged from the study.

- **Theme 1: Participants bleached their skin because it enhanced the appearance of their skin.**
  - Subtheme: To enhance appearance of the skin by either removing acne, spots and blemishes and helping to maintain an appealing skin tone.
  - Subtheme: To enhance the appearance of the skin by making it look 'clean'
- **Theme 2: Participants started using skin bleaching products from an early age.**
- **Theme 3: Participants were encouraged to start using skin bleaching products by significant people in their lives.**
- **Theme 4: Participants received social approval and encouragement from significant others for their use of skin bleaching products.**
- **Theme 5: Participants experienced adverse effects from use of skin bleaching products**
  - Subtheme 5.1 Experience of skin withdrawal symptoms
  - Subtheme 5.3 Skin craving when not using bleaching products
- **Theme 6: Participants experienced medically related problems while using skin bleaching products.**





























































In essence, the differences between men and women are procedural such as where products are used on the body, the admitted knowledge about the dangers of these products, and the relentless pursuit that some participants, specifically, the men go through to obtain the product. However, participants' lived experiences demonstrate common reasons and motivation for using bleaching products, and both groups experienced similar consequences that had an effect on their physical, emotional and social functioning.

## 5.2 Summary of the Study

This study was conducted to facilitate a better understanding of the practice of skin bleaching by documenting the lived experiences of a sample of five women and five men from KwaZulu-Natal province, who had used the products for a minimum period of 4 - 20 years.

The study was framed within an interpretive paradigm and took a phenomenological approach to exploring the lived experiences of the sampled men and women who practice skin bleaching. The overall objective was to uncover the essence of the participants' experiences; encompassing their accounts of their incentive for, and the gain and loss in engaging in this practice.

The method used to gather data was the interview technique amenable to the application of the Interpretive phenomenological analysis which aimed to construct knowledge through documenting the experiences of skin bleachers themselves, their descriptions of a practice that they are familiar with as they would be in a position to relate their story best, thus, capturing and documenting their perspectives about this practice.

The study revealed that skin bleaching practices were described by participants as necessary to enable them remove skin ailments and to enhance the tone and appearance of their skin. The study findings further showed that the participants started using skin bleaching products from their adolescent years, when they first experienced skin problems. The trend of the results equally showed that the study participants were encouraged to use skin bleaching products by significant people in their lives and experienced immediate improvement of the skin problems. Consequently, they received positive feedback from significant others and their community due to the improvements of their skin and the new skin tone. This was interpreted to serve as a reinforcement for them to continue the use of skin bleaching products.

However, when participants re-experienced the initial skin problems and further skin problems after prolonged use they associated these skin problems with their discontinuation of bleaching products, the new products that they changed to, and the harsh environment or climate their skin was exposed to. In that way the study discovered that the participants were convinced that the skin problems were due to the withdrawal of the products and therefore resumed their use of these products, from which they reported improved results from their skin problems.

The results of the study further showed that participants had developed a physical and emotional dependency on the products and found it difficult to stop using the products due to the emotional and social rewards and reinforcement that the bleaching products provided. Although they could associate some of the problems with use of these products such as itchy skin and eyes, swollenness of the skin they viewed other products as ineffective in dealing with their skin problems. They exhibited dependency on the products, which was termed skin craving, a term describing a complex interaction of different factors on the behavior of the skin bleacher which influenced their continued use of skin bleaching products.

### 5.3 Conclusions and Implications of the study

Based on the above findings the following conclusions can be made regarding the experience of skin bleaching among people in KwaZulu-Natal province:

- Participants who engaged in skin bleaching in KwaZulu-Natal province do so with the incentive to remove acne, blemishes and spots, and also to enhance their skin tone in order to appear lighter.
- Participants endured in their use of skin bleaching products on account of the social approval they received from their significant others in engaging in the practice; an influence which they admitted further reinforced and encouraged their persistent use of the products.
- Concrete adverse physical and psychological effects such as hyperpigmentation, exogenous ochronosis and steroid addiction syndrome are amongst many other complications that the study participants face in the course of their skin bleaching practice.
- Yet study participants admitted being unable to stop using these products due to their positive perceptions of the gainful effects they derived in using the products.

- Foundational reasons why people engage in skin bleaching are similar between male and female participants, with slight differences in relation to where the products are applied on the body: Men apply the product all over the body, while women apply the products mainly on the face and hands. This variation affected medical symptoms that participants experienced and their perceptions about mainstream South African skin products.
- Skin bleaching products have an addictive nature for the users; thus making such practice a medical, psychological and social problem. This aspect of the study particularly as regards the fact that skin bleaching practice leads to the psychological problem of skin craving corroborates the findings of the study by Edmonds (2014) which showed that the use of skin bleaching products is a manifestation of mental illness.

In the light of the above conclusions, the following implications of the study appear to stand out:

- People can be aware of, and indeed suffer the adverse consequences of using skin bleaching products, yet having been caught up in a complex relationship with these products, discontinuing with the practice will become for them a difficult task to achieve.
- Thus, although participants in the present study expressed a willingness to stop using bleaching products, the adverse effects on the skin that emerge as withdrawal symptoms for so doing, plus the crisis of skin craving that assert itself in their lives as a result, would make participants to feel trapped in the cycle of usage.
- Some participants fail to take ownership and acknowledge the extent of the problem, thus continuing their usage. In that regard, the benefits of using the products appeared to outweigh in their own view the dangers/costs with skin bleaching use.
- Additionally, the fact that the present study participants were willing to pay more for products, but have no money for skin treatment indicate the complexity of this practice.
- Hence, there is a need to engage in multidisciplinary intervention efforts that have evidence to be effective with people battling an addiction that is found in enduring skin bleaching practice.

#### 5.4 Recommendations for policy and practice

Given the above, the following recommendations are made to enhance policy and practice in relation to battling with the addiction of skin bleaching practice:

First, there is need for the use of the psycho-educational approach to help participants and users benefit from the empowerment that come with thorough information about the products they use and the full dangers they present,

Secondly, campaigns should encourage a sense of responsibility and ownership over use of bleaching products, to enhance the users' awareness over the dangers of this practice.

Thirdly, use of Survival Testimony Workshop (STW) approaches is recommended as such workshops would help users develop a sense of responsibility for others and propagate advocacy for informed decision making. This can better be achieved by using former users who have survived the trap of its usage, in awareness and educational programs.

Fourthly, awareness campaigns should take a developmental approach by addressing life skills in schools focusing on physical and emotional development and instilling pride in one's identity, thus taking a more preventative approach to this problem.

Lastly, access to dermatological and psychological services in rural communities is needed as this may assist in successful prevention and treatment efforts.

#### 5.5 Limitations of the study

This study is limited in its sample population and geographical coverage. In addition, due to its qualitative nature, results may not be generalized to the entire population of skin users in South Africa. In particular, the present study participants were reluctant to deeply reflect on their emotional journey of skin bleaching and this might have been due to the sensitivity of the topic, and the limited time to establish rapport with some participants. Furthermore, although there was a comparison between men and women who practice skin bleaching in the present study, caution should be exercised in interpretation of this practice for South African men and Congolese men who participated in this study. For example, for the male participants English was a third language which proved difficult for them to express themselves, unlike the female

participants who were interviewed in their first language of IsiZulu, thus the study may have posed an unfair bias in the favour of the female participants.

#### 5.6 Recommendations for Future Research

Given the above limitations, the following recommendations are made for improved future research:

1. A similar study to the present one is recommended to be conducted in other South African provinces outside of KwaZulu-Natal province in order to discover the extent to which the findings of this study could be corroborated when users from other provinces are studied instead.
2. More sample participants than were available in this study is needed to gain a broader comprehensive idea of the extent of the challenges faced by people addicted to skin bleaching in South Africa.
3. A study is recommended that may investigate the relationship between identity development in adolescence and the onset of skin bleaching practices to further advance the finding of possible negative self-concept as one of the reasons people engage in skin bleaching practices.
4. A related study like the present one is not only recommended but effort should be made to study people in their mother tongue to give them easy access to clarifying themselves and their experiences as skin bleaching users.

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APPENDIX B

Have you ever used  **UNIVERSITY OF KWAZULU-NATAL** <sup>TM</sup>  
**INYUVESI YAKWAZULU-NATALI** Creams, Gels or  
Lotions to achieve a lighter or clearer skin tone?

**Are you interested in sharing your experience with us?**

We are looking for individuals who are interested in sharing their experiences and contributing to the study titled; **Exploring lived Experiences of Men and Women who practice Skin Bleaching in South Africa: A Phenomenological Study**

This study may be just for you if you are:

A Black **Male** or **Female**

Between the **ages of 18 and 65**

**Living** in the **Durban area**

**Using** skin lightening products **currently** or had used it in the **past**

**Interested** to **contribute** to knowledge and understanding of skin bleaching practices

**Able to offer 90-120 minutes** of your time for the study

To participate please contact Ms Tlhapane

**Cell:** 0791780256 (please call me is accepted)

**e-mail:** tlhapane4b@gmail.com

Please note **CONFIDENTIALITY** and **ANONYMITY** will be strictly maintained for the interviews and the sharing of information.

Transport and lunch costs will be covered for those who participate

Thank you

**Ms Tlhapane**

## Appendix C: Interview guide

**Study Title:** Exploring lived Experiences of Men and Women who practice Skin Bleaching in South Africa: A Phenomenological Study

IsihlokoSocwaningo:Ukuhlolaamavaabesilisanabesifazafaneabazimbandakanyaekushintsheniiskhumbasibemhlophe e NingizimuAfrika: ucwaningongamavaomkhubaathize

Interview Schedule (10 questions)Uhlelolwemibuzookuzoxoxiswanangayo (imibuzo iyi-10)

1. How were you introduced to skin bleaching (skin lightening or toning products)?  
Wangenakanjaniekushintsheniisikhumbasibemhlophe?  
(okokukhanyisaisikhumbanomaizimonyozokuhlazaisikhumba)
2. What are the specific methods or products you use? Please elaborate?  
Yiziphiizindlelanomaizimonyoozisebenzisayo? Ngicelauchaze.
3. Tell me about your initial experience when you started using these methods or products?  
Awungitshelengamavaakhookuqalamhlauqalaukusebenzizizindlelanomalezizimonyo?
4. How would you describe the reactions from others before you started using these methods or products?  
Ungayichazakanjaniindlelaabanyeababekubhekangayongaphambikokuthiusebenziselezizindlelanomalezizimonyo?
5. How do people react to you now after you have started using these methods or products?  
Bakubhekakanjaniabantumanjeemvakokubausuqalelezizizindlelanomalezizimonyo?
6. If you are still actively practicing skin bleaching, how is your current experience with these methods and products?  
Uma kungukuthiusazisebenzisakakhuluzizindlelazokushintshaisikhumbasibesimhlophe, yimaphiamavaonawonjengamanjengalezizizindlelanomangalezizimonyo?
7. Are there benefits or privileges you enjoy after engaging in this practice? Please elaborate?  
Zikhonaizinzuzonomaamalungelooawajabulelayoemvakokuzimbandakanyakulomkhuba?  
Ngicelauchaze.
8. What challenges have you experienced as a consequence of this practice?  
Yiziphiizingqinambaosukewahlangabezananazongenxayemiphumelayalomkhuba?
9. On the whole, what would you say about this practice, as applied to you?  
Kukhokonkeungathiningalomkhuba, ngokuqondenenawe?
10. If you were to give advice to those who want to start this practice, what would be your advice?



If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at 0748560343.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researcher then I may contact:

**HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

Additional consent, where applicable

I hereby provide consent to:

Audio-record my interview      YES / NO

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness**  
**(Where applicable)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Translator**  
**(Where applicable)**

\_\_\_\_\_  
**Date**

# Prof Ncoza Dlova

MB ChB (Natal). FC Derm (SA). PhD (Natal) PR. NO. 1201840

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Cosmetic, Hair and General Dermatologist - Udokotela Wesikhumba

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25.7.2016

**Re: Exploring lived Experiences of Men and Women who practice Skin Bleaching in South Africa: A Phenomenological Study**

I agree to be Miss Boitumelo Tlhapane's gate-keeper for her Masters in Counselling Psychology ,Research Dissertation at the University of KwaZulu-Natal and assist with her project.

Kind Regards

Prof Ncoza .C. Dlova (MBChB. FCDerm. PhD)



Appendix D: Debriefing Session CFC Permission Letter



School of Applied Human Sciences  
Private Bag X01,  
Scottsville, Pietermaritzburg, 3209

27 July 2016

To the Child and Family Centre Manager: Ms Maruping

**REQUEST FOR DEBRIEFING SESSIONS**

I am a registered Master's student in the Department of Psychology at the University of KwaZulu-Natal, Pietermaritzburg. The proposed topic of my research study is; **Exploring Lived Experiences of Men and Women who practice Skin Bleaching in South Africa: A Phenomenological Study . The research process will include 10 men and women who will participate in a semi-structured interview of approximately 60-90 minutes.**

The purpose of this letter is to request for participants in my study to attend debriefing sessions at the Child and Family Centre. Due to the sensitive nature of the study there may be possible emotional distress that participants may endure while participating in the research process. As a form of ethical practice and research, securing the wellbeing of my participants is of utmost importance. This study is not funded and therefore I humbly request for participants to receive a minimum of two debriefing sessions at no cost or fee during or after the course of this study, provided that their distress is a direct result of the exposure to the research. Participants will be issued with a letter that they will take to CFC should they require such a service.

Should you require any further information, please do not hesitate to contact me or my supervisor. I can be contacted on 0748560343 and [tlhapane4b@gmail.com](mailto:tlhapane4b@gmail.com). My supervisor, Professor A. Nwoye, can also be contacted on 033-260-5100 ([nwoye@ukzn.ac.za](mailto:nwoye@ukzn.ac.za)).

Yours sincerely,

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

I \_\_\_\_\_ **grant permission for debriefing sessions at the CFC for the above mentioned study.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

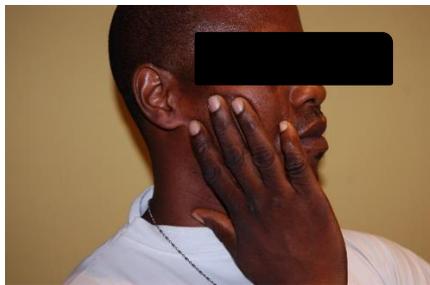
Appendix G: Visual Images of Some of the Skin Bleaching products used by participants



Appendix H: Visual Images of Skin Disorders



Ochronosis



Dark Knuckles



Permanent stretchmarks



Pigmentation due to mercury



skin thinning