

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

BY

BOITUMELO TLHAPANE

(216071879)

**A dissertation submitted in partial fulfilment of the requirements for the degree of
MASTER OF SOCIAL SCIENCE
(COUNSELLING PSYCHOLOGY)**

Supervisor:

PROFESSOR AUGUSTINE NWOYE

Date: 26 JULY 2018

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

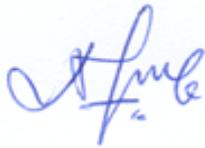
I declare that this study titled **Exploring lived Experiences of Men and Women who practice Skin Bleaching in South Africa: A Phenomenological Study** is my original work.

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

ACKNOWLEDGEMENTS

This body of work would not have been possible without the support and contributions of the following people: My research supervisor Professor Nwoye who ignited the fire in my heart for this topic and inspired me with his intellectual insights and input. Thank you Prof for your dedication to advancing African perspectives in social sciences. Professor Dlova for her unwavering and generous support for the present study and for taking the lead in the movement to create awareness around and against the practice of skin bleaching in South Africa. My research participants who allowed me into their personal spaces and shared their life experiences with me. This study would not have been possible without your contribution. The study is dedicated to my angels, Obakeng and Remofiloe, for their sacrifices and willingness to give up their comforts and stability in order for mummy to better her education. To my mum, for opening her heart and home, for supporting me in every single way, I could not have made it this far. I am eternally grateful!

To my closest friends, Ayanda, Tshego, Kiti, and Veejay, for always offering a listening ear, a shoulder to cry on and cheering me on. You guys have been my rocks since day one. To my friends and family for your support and encouragement, you are the best! Kea leboha.

I would like to thank GOD for leading me through this journey, for lighting the way when it was really dark, for carrying me when I was weak, and for giving me wisdom and the strength to fulfil my dream.

Table of Contents

ABSTRACT.....	i
DECLARATION	ii
ACKNOWLEDGEMENTS	iii
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background	1
1.2 Statement of the Problem.....	2
1.3 Purpose of the study	2
1.4 Objectives of the Study	3
1.5 Research Questions	3
1.6 Significance of the Study	3
1.7 Scope and Delimitations of the Study	4
1.8 Operational Definition of Terms	4
1.9 Summary and Overview of the Study	4
CHAPTER TWO:	5
REVIEW OF RELATED LITERATURE	5
2.1 Introduction.....	5
2.2 Historical Background on Skin Bleaching.....	5
2.3 Empirical Studies on Skin Bleaching.....	7
2.4 Review of South African Empirical Studies	12
2.5 Strategies Recommended in Literature	13
2.6 Summary and Synthesis of the Review.....	14
2.7 Theoretical framework of the study	16
2.7 Summary	17
CHAPTER THREE	18
RESEARCH METHODOLOGY	18
3.1 Introduction.....	18
3.2 Research Approach	18
3.3 Location of the Study	20
3.4 Study Population and Sampling Methods used in this study	20
___ Table 1. Biographical Profile of Participants	22
3.5 Data Gathering Procedure	23
3.5.1 Research Instrument.....	23

3.5.2 Validity and Reliability	24
3.6 Data Analysis Procedure	24
3.7 Ethical Considerations	25
3.8 Summary	26
CHAPTER FOUR.....	27
RESULTS OF THE STUDY	27
4.1 Introduction.....	27
4.2 Themes from the study.....	27
4.2.1 Theme 1: Participants bleached their skin because it enhanced the appearance of their skin.	28
4.2.2 Theme 2: Participants started using skin bleaching products from an early age.	30
4.2.3 Theme 3: Participants were encouraged to start using skin bleaching products by significant people in their lives.....	31
4.2.4 Theme 4: Participants received social approval and encouragement from others after they started using skin bleaching products	33
4.2.5 Theme 5: Participants experienced adverse effects from their use of skin bleaching products	34
4.2.5.1 Subtheme: <i>Experience of skin withdrawal symptoms</i>	35
4.2.5.2 Subtheme: <i>Experience of skin craving when not using bleaching products</i>	36
4.2.6 Theme 6: Participants experienced medically related problems while using skin bleaching products.....	39
4.2.7 Theme 7: Some Participants felt disillusioned by these products.....	40
4.2.8 Theme 8: Participants indirectly encouraged others to use their skin bleaching products and found it easier to encourage others to use the same products as them despite their reported negative effects	41
4.3 Chapter Summary	44
CHAPTER FIVE	46
DISCUSSION AND CONCLUSION.....	46
5.1 Discussion of findings.....	46
5.1.1 Lived experiences of men and women who practice skin bleaching.	46
5.1.2 Consequences Associated with Skin Bleaching.....	50
5.1.3 The practice of skin bleaching between men and women.....	53
5.1.3.1 Similarities in Skin bleaching practices across gender	54
5.1.3.2 Differences in Skin bleaching practices across gender	56
5.2 Summary of the Study.....	58
5.3 Conclusions and Implications of the study	59

5.4 Recommendations for policy and practice.....	61
5.5 Limitations of the study	61
5.6 Recommendations for Future Research	62
REFERENCES	63

LIST OF APPENDICES

Appendix A: Ethical Clearance Letter-----	67
Appendix B: Advert -----	68
Appendix C: Interview Guide-----	69
Appendix D: Informed Consent Letter-----	70
Appendix E: Gatekeeper Permission Letter-----	72
Appendix F: Debriefing Session CFC Permission Letter -----	73
Appendix G: Visual Images of some of the skin bleaching products used by participants---	72
Appendix H: Visual Images of skin disorders-----	75

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 20 years. 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.

Table 1. Biographical Profile of Participants

Participant	Gender	Age	Age of first use	Years of recorded use	Products used	Dermatological Treatment
Participant 1: Megda	Female	23	18	5 years	White Gold, New Youth	No
Participant 2: Celinah	Female	38	18	20 years	Movate, White Gold, Betasol, HEART	No
Participant 3: Josephine	Female	41	19	22 years	Animal Dung, Dermovate, Lemonvate	No
Participant 4: Ella	Female	23	19	4 years	Cuticura Soap, Gentle Magic, other unspecified products	Yes
Participant 5: Dindi	Female	27	22 years	5 years	Gentle Magic, white Gold, New Youth	Yes
Participant 16 – Gideon	Male	25 years	12 years	13 years	Clairmen, CaroLight	No
Participant 17 Chichi	Male	28 years	15 years	13 years	Clairmen	No
Participant 18 Christopher	Male	24 years	20 years	4 years	Unknown	No
Participant 19 Mike	Male	27 years	childhood years	Unknown	TopClear Clairmen	No
Participant 25 Tressa	Male	33 years	17 years	16 years	BasiClear CaroLight	Yes

As evidenced by the table above the participants had minimum duration of use at four years and maximum of twenty-two years. The age of first use averaged between twelve and eighteen years. The female participants admitted to the use of various products while the males used single products for longer duration. Two of the female participants had previously sought dermatological treatment for skin ailments and reported to not using the products during the time of the interview, while only one male participant previously sought treatment but returned to use of skin bleaching products. The females who participated in the study were employed at the research site as cleaners, which eased sampling and recruitment efforts but may have influenced bias. All the female participants were native residents of South Africa. The females were interviewed first during October 2016 period. Interview sessions lasted for approximately 120” minutes. The men were recruited at the same time, however, due to challenges in obtaining suitable male participants the interviews were conducted during the period of November 2017. All five male participants originated from the Democratic Republic of Congo (DRC) and were residents of South Africa for a period between five and ten years.

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.

3.5.2 Validity and Reliability

To improve on the reliability of the data collected the technique of triangulation (long & Johnson, 2000; Neuman, 2007) was applied through the following triangulation processes. More than one category of respondents was recruited (male and female) into the study sample. Therefore, employing gender triangulation in the study. Similarly, to improve the reliability of the study nationality triangulation was employed with respondents from the Democratic republic of Congo and South Africa. Again to improve the validity and reliability of the data collected an effort was made to ensure that the language of the research respected that of the respondents. This effort ensured that those members of the respondents who were unable to respond in English the interviews were conducted then translated into the language they were comfortable and could understand. This affected 50 % of the respondents in the study.

3.6 Data Analysis Procedure

Data analysis procedure used in this study was based on Moustaka's transcendental phenomenological approach (1994). Following this methodology the researcher looked at the participants answers on the theme of skin bleaching with a fresh eye and open mind in order to acquire unbiased data regarding their feelings and perceptions on the experiences of engaging in skin bleaching. Participants were given an opportunity to share their experiences in skin bleaching with the researcher. This method is subjective which implied that the researcher was particular in exploring participants' explanations of their personal experiences, feelings, meanings, ideas and motivation for engaging in skin bleaching. Thus enhancing knowledge on the essence of the participants' experiences in engaging in this practice. After collecting data on these experiences in the form of interview responses data collected was analysed in relation to the research questions investigated (Quinn & Clare, 2008).

Data was transcribed and translated from Isizulu to English for the female participants, significant phrases were extracted verbatim in Isizulu, especially those that would lose meaning if they were directly translated and interpreted. The challenge in this research included translating the data from Isizulu to English and ensuring that meaning was not lost. Therefore, some excerpts were extracted as original as they were in Isizulu to avoid compromising meaning. Assistance from an Isizulu translator was sought during the transcribing process to verify the quality of the transcriptions.

Data from the male participants' interviews were conducted in English and the data was also transcribed verbatim. However, it should be noted that English was their third language

following Swahili and French. The transcripts were read, and significant phrases were extracted with the aim of identifying themes that emerged and to establish patterns in meaning. In an IPA study the aim of reading and re-reading of transcripts was to understand the essence of the experience of participants with regard to skin bleaching (Creswell et al., 2007). Cross checking was done by checking the original recordings against the transcribed data and the extrapolated themes from the data. This was a simplified, yet rigorous process to ensure the quality of data analysis employed in this research.

3.7 Ethical Considerations

This section highlights the ethical considerations that guided the present study. Ethical guidelines are important aspect of research specifically with human participants (Creswell et al., 2007) and form the basis of modern research to prevent exploitation of participants (Long & Johnson, 2007). The following guidelines were followed. First, permission to conduct the study was sought and granted to the researcher by the UKZN ethics board with ethical clearance no. HSS/1245/016M. A written letter was sent to the dermatology department School of Medicine at the University of Kwazulu-Natal to obtain a permission to conduct the study at the site, and permission was duly received (see Appendix E).

Secondly, a written invitation letter in the form of an advert was sent to potential participants and placed at the research site to source participants. The invitation letter highlighted ethical aspects of voluntary participation, confidentiality and informed consent in this study. The following were done to maintain confidentiality in the course of the study: providing, a written consent form detailing the nature and purpose of the study, signed by all participants. All participants agreed to the use of an audio recording device. Anonymity of participants was maintained through the use of pseudonyms to protect participants' identity and privacy. Participants were duly informed of the platforms where the findings would be shared and fully consented.

Lastly, to keep strict access and control over gathered data and other confidential information, the collected data and records were kept in a safe lockable cabinet with access limited only to the researcher and her supervisor. Data include transcribed notes and audio recorded material from the sessions with participants. Electronic data is protected by a password, available only to the researcher and the supervisor. Access to raw research data is strictly limited to the researcher and her supervisor. Should a third party seek access to this information, a written permission would be sought from the study participants. Data will be

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.**

- **Theme 7: Some Participants felt disillusioned as these products seemed to be the only ones that can provide relief and as a result, they were trapped in a cycle of usage.**
 - **Theme 8: Theme 8: Participants indirectly encouraged others to use their skin bleaching products and found it easier to encourage others to use the same products as them despite their reported negative effects**

The following themes arranged in textual descriptions and extracts from the participants' narratives, are intended to support the identified themes. Thus, the general themes identified in the present study are unpacked as follows:

4.2.1 Theme 1: Participants bleached their skin because it enhanced the appearance of their skin.

Theme 1 was identified from the participants' narratives and two subthemes were developed from the experiences shared by the participants. This theme was related to the idea of how the participants started to use skin bleaching products in the first place. What came out from the study was that they started to make use of skin bleaching products because the products appeared to enhance the appearance of their skin. Enhancing the appearance of one's skin meant for them the idea of either the notion of the products being able to remove unsightly spots on the face or 'improving' the tone of their skin. Theme one was therefore interpreted to answering to the question of what provided the motivation for the participants to start using skin bleaching products.

4.2.1.1 Subtheme: To enhance the appearance of the skin by either removing acne, spots and blemishes.

Participants recalled the first time they started using skin bleaching products. They described being troubled by challenges of skin ailments such as facial acne, pimples and spots which concerned them. Participants were not satisfied with the sudden skin problems they experienced and this caused them to desperately seek products to help remove these skin problems. This is also how they were introduced to skin bleaching products. To help the reader gain an understanding of the participants' frustration with these skin ailments the following extracts demonstrate the above subtheme:

<i>Participant 1: Megda</i>

“This skin problem started when I was young, I was around 18 living at the farm, they said it might be that we used to swim, do our laundry and other things there by the river, it might have been contamination from the water. ...when I look at my face in the mirror I saw uneven scars ‘two colour’ but when I apply it my face is even and looks the same.”

“I started applying it for just a week and it disappeared”

Participant 3: Josephine

“I started with ‘udaka’ (animal droppings) and then I used a tube they call it dermovate, my face changed and became red and the pimples would come back... someone said no try gentle magic and dab it on a cotton wool, and then they said another cream called lemonvate, the pimples disappeared then I became the way I am now.”

Participant 4: Ella

“When I started my skin had a rash, then I thought what would help is if I wash my face with cuticura soap, I then bought gentle magic the liquid. The face continued to have a rash, when I tell other people that about my problem each would suggest I use a different product and I ended up using a lot of products on my face ...”

Participant 5: Dindi

“ubuso bami be buno ushashazo, uqubuka gubuye gubenenduna’ (my face had a rash and pimples), they recommended gentle magic and it did not work then I used white gold and it didn’t work then I used this tube...I forgot the name...and I would use aqueous and put tissue oil.”

Due to the frustration of dealing with a skin break-out, the study participants highlighted above found themselves disgruntled and helpless as they did not know how to get rid of the skin problems they experienced. This frustration is demonstrated by the participants struggling to try on different products in order to correct their skin problem, or to restore their skin to its previous glow. Participants experienced these skin problems as frustrating, discouraging and due to this they relentlessly pursued ways to get better skin.

4.2.1.2 Subtheme: To enhance the appearance of the skin by making it look ‘clean’

Under this theme the information communicated is that most of the participants described they started using the skin bleaching products in order to enhance the appearance of their skin and its tone. Participants’ description of ‘clean’, ‘shining’ was interpreted as one of the reasons they engaged in this practice. From the study what emerged was that participants believed that by applying these products they would attain a ‘clean’ skin tone or complexion, as Mike and Gideon assert in the following extract:

Participant 19: Mike

“ ...when you using your body get clean, nice dark not dirty, make your body look very nice, you look like you shine when you use it, that’s why we like it.”

Participant 16 Gideon

“we use it to like shine, to become like white like coloured, in Congo we have the people like province like Basai that people is like coloured, the people shine but other province there’s people like, like Nigeria, Senegal not, they want to bring their skin to be shining again to become clean again.”

The above narratives show that part of the reason why participants engage in skin bleaching is because of their concern to make their skin ‘clean’. Such narratives imply that for most of the participants studied their current skin tone was not an ideal skin to have and it did not meet their preference. They appear to possess the desire to have an ideal skin tone that in their description had approval and reverence in their society. Gideon’s narrative of the concept of clean and shining demonstrated in the above extract gives an idea that he conceived his skin tone to be of less quality as compared to the coloured people of Basai, in Congo while his skin tone and that of people like him such as Nigeria and Senegal was not good enough, worthy and clean because it was too dark. Their narratives demonstrate an underlying reason for skin bleaching based on the need to look lighter in complexion in order to enhance a sense of belonging rather than to remove skin ailments.

4.2.2 Theme 2: Participants started using skin bleaching products from an early age.

Under this theme what the present study revealed was the notion of the first time most of the participants started using skin bleaching products. The second theme is thus linked to theme one as it proposes the possible origins of this practice for the study participants. Most of the participants narrated how they started having skin problems in their early teenage years or upon the onset of puberty. This, in their view, was when they started to use skin bleaching products with the intention to remove pimples, skin rashes and blemishes. In their descriptions in relation to this theme presented below, five participants gave an account of when they began using skin bleaching products:

Participant 1: Megda

“This skin problem started when I was young, I was around 18 living at the farm, they said it might be that we used to swim, do our laundry and other things there by the river, it might have been contamination from the

water. It got worse as I grew older... I started because I had 'ushishi' here (demonstrates area on the face) when I use creams it disappears but when I stop they continue."

Participant 4: Ella

"I started a long time ago, because my face was just itchy, that is when I started using cuticura, I would say around five years."

Participant 16 Gideon

"My skin was very bad, when I was twelve years and I start to use this lotion."

Participant 17: Chichi

"I was 15 years that's when I was starting using clairmen"

Participant 3: Josephine

"I started having pimples in 1994, they were very troubling and around 1996/97 they were better as I started with these creams...I used to hide my face because I would think people are looking at me and they are laughing. I had a skin like this (points to the interviewer's face) but when I entered adolescent and I started my periods that's when my face was ruined."

The timeframe reported by the above cited participants as their first time to use these products bear significance on the motivating factor for skin bleaching and the possible age group that is most at risk of experimenting with using these products. Physical changes are considered a normal part of human development and adolescence is associated with puberty changes that affect emotional and physical wellbeing. Thus, skin related problems associated with this stage are considered normal and tend to resolve themselves at a later stage. Yet for these participants their interpretation and remedy for a temporary developmental challenge had lasting consequences. This present researcher wonders if this gives us a glimpse into understanding how developmental processes are interpreted by participants. Whether participants understand human developmental processes, and whether their reaction would be different if their understanding of developmental changes in puberty is better informed?

4.2.3 Theme 3: Participants were encouraged to start using skin bleaching products by significant people in their lives.

Under this theme what emerged from the present study was the idea that usually there were people who encouraged participants to use skin bleaching products and how this was

done. The result of the present study showed that participants' initially used skin bleaching products because people close to them encouraged them either through recommendations to use specific products or by providing participants with feedback that reinforced the practice. Some of the participants described two factors that demonstrate the influence of others in their decision to use skin bleaching products. First, other people close to them recommended the use of the skin bleaching products as a solution to their skin ailments. Secondly, they were encouraged by others to use the products because as it was an acceptable practice that facilitated a common identity with the norm group. These ideas can be found reflected in the following extracts from the sample study participants:

Participant 16: Gideon

"It was my friend, always when the friend talk to me say 'you are so dark' so one guy for my friend talk to me and said use clairmen..."

Participant 17: Chichi

"My brother said try use this coz I was trying this one and that one, because he is also using it, my body is not change like coming white, no, it save my body, another one you use and you became like white and another one you become black but this one it save my body that it why I like to use this one."

Participant 19: Mike

"I have a friend from DRC is the one that was help me to use this one because when many people from DRC Congo is use same Clairmen..."

Participant 18: Christopher

*"some of my friends, the product that is in our area, Congo, so that is why we use it because there is no other kinds of products, so it's the one who is in the area... the people don't know, why you using this one just that we are using it, we don't know the good side and the wrong side, they don't take care of that, is just they are using because someone one of my friend is using it and now is **light** then that's why."*

The present study showed that study participants as can be seen from the above extracts interpreted the recommendations from friends and family as legitimizing their use of the skin bleaching product. The endorsement of these products by friends influenced the validity of using skin bleaching products, hence participants took it at face value and did not question the authenticity of these products. Friends and family in their eyes were legitimate sources and their opinions were taken in high regard. Christopher's narrative highlighted in the extract above, reveals that for users the motivation to use skin bleaching products may be a combination of what the individual views as a benefit for them, such as to get 'light' and the validation of others about these products. In a way other people's perceptions and opinions

seem to have mattered a lot to the participants that they were willing to use the products as they trusted and valued the opinion of those significant others and this was demonstrated by the phrase that “many people from the DRC use it” and “it’s the product that is in our area”. Gideon’s narrative, as highlighted in the above extracts, also reveals pressure that one may at times be subjected to by others to use the products in order to fit in. Therefore, validity to use the products was obtained from immediate social relationships.

4.2.4 Theme 4: Participants received social approval and encouragement from others after they started using skin bleaching products

Another important finding of this study was the idea that participants received positive feedback from others after they started using bleaching products. Most of the study participants highlighted how this feedback to them supported and encouraged their continued use of skin bleaching products. The study participants, Megda and Celinah, reported (see extracts below) that they experienced negative feedback from others that affected their confidence and sense of belonging. The feedback they received seem to place more value on their appearance and seemed to also suggest that in order to be accepted and valued they had to meet a certain condition or standard of beauty. Thus promoting a negative self-concept. Similarly, participants, Mike and Dindi’s expressions demonstrate the need to be like others, to be liked and valued which in essence highlight the need to belong and to be accepted and approved of in one’s society. There was also shared use with others as narrated by Tressa and Megda in the extracts below which might have encouraged and legitimized further use of skin bleaching products by them:

Participant 1: Megda

“People used to say I look beautiful but if only I can remove these blemishes then I will look even more beautiful, what is disappointing is those blemishes then you will be alright.”

Participant 2: Celinah

“What disturbs me is that when people look at me they see what is on my face... When people look at me they see it and I feel different from other people...I really feel bad..., in my heart... when people look at me.”

Participant 3: Josephine

“People would say to me after I used the creams ‘uqobani, wazewamuhle’ you are so beautiful and they started using it, when they see me, now everybody at home is using it, they use the same products as me lemonvate and gentle magic.”

Participant 4: Ella

“ I really didn't use it for a long time, its (ukuthatheka nje – to be taken up) it's just that when you see other people use creams, and they say use this product then you use it.”

Participant 5: Dindi

“People would say you look very good what do you put on your face, ‘the product is good’ ‘iright le product’ not knowing you are harming yourself... it is mostly friends...also because you look good like others...I saw my skin was beautiful”

Participant 17: Chichi

“Many people then when I use this one, they ask me which lotion you using cause before I see you have like rashes and here (pointing to face hands) now I see your body nice and fresh, I say I'm using clairman, there's another people I'm studying with them , they see this body is nice and they change.”

Participant 19: Mike

“Many people appreciate this one, many people when they look at me they appreciate your body, you look nice because from this one.”

Participant 25: Tressa

“I was starting because before I was using Basiclere when I was bachelor, when I married, my wife come she was using carolight so now I see we cant be using two products, to buy Basi and carolight we just buy one.”

Participant 1: Megda

“Here at work other ladies use products but we do not use the same products. Others use Percivate, lemonvate, extraclear, I only use white gold.”

The above extracts show that the phenomenon of social approval seems to play an important role in participants' starting the use of and continuing with the use of these products. Such social approvals came in the form of compliments about the changes observed, about the appeal of the skin and by encouragement to continue use of bleaching products. The positive comments by others about how good they looked confirmed that these products were ideal and their continued usage resulted in social approval and support.

Social approval, endorsement of product use and the shared use of products in the participants' narratives indicate how a personal decision is often intertwined with other factors that maintain the use of skin bleaching products among the study participants. For instance, one may wonder if participants would have continued with their use if they did not receive compliments from others, or shared use of products with others. Therefore, this practice may be significant to a person's sense of belonging.

4.2.5 Theme 5: Participants experienced adverse effects from their use of skin bleaching products

One of the major reasons for the present study was to explore participants' experiences with their use of skin bleaching. In relation to this the study revealed that most of the participants experienced or noted negative changes on their skin, which they associated with the use of skin bleaching products. Some participants admitted to having problems with their eyes and their skin when they were using the bleaching products. However, some did not attribute the changes to the skin bleaching products they were using, but to changes in the environment and change of products; thereby absolving the skin bleaching products from the responsibility of the adverse effects they cause.

However, despite participants' perceptions about the products not being dangerous to them, the following consequences were identified from their narratives (highlighted in the extracts below), organized in two subthemes, namely, skin withdrawal symptoms and skin craving when not using the product.

4.2.5.1 Subtheme: Experience of skin withdrawal symptoms

Under this subtheme, participants described how when they stopped using the products for many reasons such as when they run out of the product, or they chose to stop and try other products they experienced withdrawal type of symptoms. The symptoms they described were changes in skin colour, itching and burning on the skin, and a return of the initial skin problem (blemishes, acne) they were treating in the first place. This, according to most of them, only happened when they stopped using their preferred products. The following extracts demonstrate the problems participants encountered when they stopped using their preferred products:

Participant 2: Celinah

"With all the products that I used I was discouraged because I would use them and when I stop then the blemishes will come back, then I would try another one ... when I use the creams and I try to stop the blemishes come back and are more, the blemishes were there but were not as bad when I started using creams"

Participant 3: Josephine

"Now my problem is when I run out of the product my skin starts to itch and I have something like an allergy, my skin would swell, my ears would swell and become red but when I put it on my face is okay. When I stop using the product for at least a month 'ngiyaquqa' you would wonder what is happening with this woman when she is so dark. My skin just burns, I'm not a dark person but when I don't use the product I just burn and become very dark."

Participant 5:Dindi

“I don’t use the products anymore, when they are on your skin they take over, your skin will be itchy and change colour and you will swell up...maybe let’s say my skin would be right but when I stopped then I would have to continue with using the product even if I didn’t want to.”

Participant 16: Gideon

“So like when my mother talk to me I stop it for three years and I start to use other lotion inside its not hydroquinone my body becomes so dark, I say no and people say you must return to your first lotion, so when I change product you see my body become so dark you see the finger the places whose black will become most of black”

Participant 1: Megda

The product is good to my skin because the blemished disappear but let’s say I don’t have money to buy it, then they reappear again.”

The above extracts describe what participants experience and try to interpret as withdrawal symptoms. These symptoms were interpreted by them as a side effect or an inconvenience that results from stopping the use of products. Their narratives also expressed a dependency their skin has developed for the products. Their tone and expressions were that of frustration and discontent with these products. The entire narratives give us an indication of how users tend to become trapped in the cycle of usage, and find it difficult to seek professional help. The changes in the participants’ skin colour and tone as highlighted by some of them in the above extracts were visible on the face around the eyes, on the forehead, hands, and skin fold. See visual demonstration in Appendix G. Although participants associated changes to their skin as a result of discontinuing usage, this condition is described in literature as exogenous ochronosis, a condition that result from prolonged use of skin bleaching. This phenomenon will be discussed more fully in the next chapter.

4.2.5.2 Subtheme: Experience of skin craving when not using bleaching products

Skin craving is a term used in this study to describe the effect that skin bleaching products have on the emotional and physical functioning of the user. Skin craving is a phenomenon whereby the user longs for the product used, searches everywhere to obtain the product and gets emotional and physical gratification only when the product is obtained. Most of the study participants expressed dissatisfaction with other products and also expressed other people’s negative comments when they stopped using skin bleaching products to validate their dissatisfaction. They also associated the above withdrawal symptoms experienced with the use

of the new products. Participants demonstrated this by their expression of how when they used products especially “South African” products they experienced these problems:

Participant 17: Chichi

“when I’m try to find this one from South Africa I’m telling you, I become like white and the people ask me hau! why you changing your body now, your not like before, too much question about that, so now even me I’m feeling very bad because its something I don’t like, so when I find this one I stop using one from this country and I start using this one that is when my body is coming like before.”

Participant 19: Mike

“When I was using the one from South Africa my body was like very dirty like someone who was not bathing, now when I was using that after two month everybody was complaining that “your body is becoming very dark” now I’m changing I’m coming back to my lotion Clairmen.”

Participant 25:Tressa

“This product I using before I was using Aqua from South Africa, my skin was not good it was very bad especially I’m working in the sun so now when come home you bathing but my skin was not good I was becoming more than black that’s why I stopped it and use carolight... When I was using aqua I was scratching this thing from South Africa, but when I’m using this one nothing is happening.”

The above narrative shows that of the negative experiences faced by participants in their use of skin bleaching products are the problems of emotional reaction of frustration, despair and despondency over products they found in local stores and pharmacies. In their narrative as reflected in the extracts above, there was clear expression of denial by the participants about the dangers of these products. The participants interpreted the withdrawal symptoms, the effects they experienced when using other products as entailing the pressure and motivation to continue using the products; thereby, exhibiting an emotional and physical dependency on the product. This could be interpreted as a dependency type of reaction, similar to addiction behaviour where the skin only gets better if the preferred product is used and in order to attain the same skin tone as before, the person needs to use the skin bleaching product. Thus, what emerges from this study is that the users tend to become trapped in the cycle of use in order to obtain gratification and maintain their ‘perfect’ skin.

The above extracts calls attention not only to the variety of withdrawal symptoms the users suffer when they are not using the product, but also to the idea of the emotional attachment they form with the use of the product, as demonstrated by Mike’s affectionate comment ‘I’m coming back to **my** lotion clairmen , which may be interpreted as an object of his affection or love. Skin craving is characterized by first, a reaction of the skin when the

product is withdrawn. Secondly, a rejection of other products both by the skin and the individual. Thirdly, an inability to cope emotionally with the absence of the skin bleaching product. Lastly, a sense of relief obtained only when ‘the’ product is used. The assumption being that the user is unable to cope without the product, and the only way is to obtain the products that they have invested emotional, physical and financial capital in, in order to remedy this situation; thereby creating a complex relationship between the product and the user.

The complexity of the relationship between the product and the user is demonstrated below by first, the some of the participants’ denial (see extracts below) of the negative effect of the products as illustrated in Mike and Chichi’s narrative and Tressa’s endorsement of his product. Second, there seems to be a transference in their narrative of blame to the other products, which is shifted from the original offender.

Participant 17: Chichi

“I can’t stop it because when I use it I never see something wrong with my body so how can I stop it. I’m telling you I’m going to 14 years now using same thing, and my body is coming right there’s not something happening, so when I’m changing anyone can ask me no you are becoming too dark now that one is not the lotion you were using before. So when I’m using another product my skin become too dark or too light.”

Participant 25:Tressa

“Carolight for me is good because nothing is happening , when me I was using aqua, so now I’m going aqua after one years you can see everything was bad to me, I was scratching everyday, I was going to hospital telling me no after one year six months you must wait and then I’m working in the sun there that aqua is not good for me.”

Participant 19: Mike

It just that from 20 years until now I see my body is look the same, I don’t see anything happening to my body.

The above extracts tend to show that the participants appear defensive and under the impression that their withdrawal symptoms were caused not by the products they are using but by using South African products, change to South African climate, despite the fact that aqueous cream products were SABS approved, available legally at reputable stores and recommended by dermatologists. Thus, indicating that participants were either in denial about the effects of the products they are using or had misguided assumptions about the bleaching products due to their subjective relationship with them. However, it should be noted that the extracts above are from male participants who are not South African natives.

4.2.6 Theme 6: Participants experienced medically related problems while using skin bleaching products

The result of the present study show that the adverse effects of skin bleaching experienced by most of sample participants are complex and intertwined with emotional and physical relationship the participants had with the products. The extracts earlier cited the demonstrated the presence of heavy emotions of frustration, denial and attachment to the products.

In particular, the present study showed that the problems experienced with the use of the products consist of medically related problems as reported and acknowledged by the participants. Some of the study participants admitted to having problems that they acknowledge were due to the use of these skin bleaching products. These problems were dermatological and optometric in nature. The identified problems included watery and itchy eyes especially when exposed to sunlight. Others also reported itchiness of the skin and at times swelling of the skin. These problems are reflected in the following extracts:

Participant 3: Josephine

'When it is hot I feel very hot and my skin burns...'

Participant 4: Ella

'...It would start by being itchy and it's when I walk in the sun.'

Participants 18: Christopher

"By the beginning it was nice, but there is some inconvenience, I use it its nice for my skin but I have problem with my eyes, when I apply it my eyes is burning..."

Participant 16: Gideon

"...But this carolight I thought its not good I saw my eyes when it is shinning (sun) you will feel your eyes, you feel like this product is right inside your eyes like ...ahhh! you will feel that in your skin and you feel in your nose like it is very, very strong..."

Participant 18 Christopher

"When I came here, a very sunny African country so when you are using it under the sun you feel that your skin is burning, you have a problem there, that is why I want to move I want to leave it."

The above participants' accounts indicate that they are somewhat aware that the skin products they are using are the causes of the medical ailments. However, such negative

experiences, this study revealed, did not deter them from using these products. The participants' experiences above demonstrate side effects and medical problems that results from skin bleaching recorded in literature as fungal infection/or scabies and cutaneous problems. These problems and the withdrawal symptoms expressed in theme five above, are the actual results of prolonged use of skin bleaching products.

However, some of the study participants' expressions suggest that they are not fully aware of the consequences of using skin bleaching products. They localize the problems they experience with their eyes as 'only when I am exposed to the sun'. The researcher noticed that those participants who reported eye problems also presented with dark circles around the eyes and yellowish colour around the eye pupils. The eye problems experienced increases the complexity of the effects of these problems, which may require intervention by medical practitioners.

4.2.7 Theme 7: Some Participants felt disillusioned by these products

The present revealed that some participants narrated disappointment and distress due to an inability to stop using these products. Participants felt that they were unable to stop using skin bleaching products because the skin problems resurfaced when they attempted to do so. Narratives from the participants below describe how they are unable to stop using these products due to skin conditions resurfacing and they experiencing of more skin related problems as a result:

Participant 2: Celinah

'All I can say about using creams is that it is a problem you think you are removing something only to find that you are creating more problems for yourself. But I don't think I can stay without putting on anything on my face...I don't know.'

Participant 3: Josephine

'I don't really cream now for what other people will say, I do it now because my skin is very itchy, if it wasn't for that I would probably not use this product anymore because my pimples are gone now.'

From the above descriptions it may be deduced from the present study that participants, felt they were compelled to 'cream' for fear of re-experiencing skin problems and to avoid the new skin related problems. Celinah's narrative in particular (see extract above) revealed a sense of apathy and helplessness in this regard. In Josephine's narrative (see extract above) she related the initial reason for skin bleaching as seeking social approval, however her current

reason to continue use of products was based on fear of re-experiencing the skin problems. Although in their earlier assertions they viewed these as withdrawal symptoms, their expressions here describe how fears of experiencing skin problems maintain this practice for the users. The practice of skin bleaching seems to provide both negative and positive reinforcement for the participants. Thus, maintaining a complex relationship between the product and the user.

4.2.8 Theme 8: Participants indirectly encouraged others to use their skin bleaching products and found it easier to encourage others to use the same products as them despite their reported negative effects

Results of the present study revealed that participants tend to indirectly encourage others to use their skin bleaching products and found it easier to encourage others to use the same products as they themselves despite their reported negative effects. In other words, the present study discovered participants appeared uncomfortable discussing the dangers of the products with others and were erroneous in their responses about advice they would give to others. The study showed that participants preferred to normalize the use of these products by claiming that it is a common practice. Similarly, the study revealed that some participants shifted responsibility to potential users and reported that they will only share information, but would not try to influence the person to use or not to use the products. Overall, the discovery from this study is that participants had an indirect influence on others by their skin bleaching practices as they served as models that others may refer to. The above observations are reflected in the following study extracts:

Participant 25: Tressa

“No, me I can’t give somebody advice, because supposed to somebody to test, if it is good for him I can give advice if it’s not good I can’t give somebody advice I can just talk about me, it’s good for me.”

Participant 19: Mike

“Many people from DRC you find they use the same, many people ask me what lotion you use, I tell them clairmen and now many people they start to use it the same because they see my body is very nice, look nice, that’s why many people when they ask you which lotion you use I tell them clairmen and let’s go and show where they sell it, take them by the shop there where they sell it.”

Participant 1: Magda

"I would tell people to use it if they have a similar problem to mine, you see, but I don't know whether it is dangerous or not. I want to stop using it but the problem is that if I stop it comes back."

I don't know whether it is dangerous or not, even when I read the labels it is written in Chinese, so I don't know how to read Chinese.

Participant 3: Josephine

"At home I didn't tell them to use it I told them when I use it I am like this, when I don't then I'm like this but I would not tell anyone to use it because if they encounter problems then they will say I said it...now everybody at home is using it, they use the same products as me lemonvate and gentle magic."

The above indications show that from the participants' narratives it can be concluded that they were willing to recommend their product of choice to others, but would not discourage use of these products, as they were not aware of the extent of the danger the products might present to their health. Some of the participants shifted responsibility to potential users and would only share information, but not decide for others on the use of products. As a result, they try to absolve themselves in case others have negative experiences with the products. Thus, this study revealed that participants had an indirect influence on others by their use of bleaching products as demonstrated by the above extracts. Through their own use and behaviours, others learned that these products were available and usable and the participants served as models and advocates for this practice.

Only one participant was willing to reflect on and offer insights into motivating reason for this practice. She narrated how sometimes use of skin bleaching products is due to peer influence and not employing proper decision making skills. His/her views in this regard are reflected in the extract below.

Participant 4: Ella

"I really didn't use it for a long time, 'ukuthatheka' (loosely translated as to be taken up or to get easily influenced) it's just that when you see other people use creams, and they say use this product then you use it."

Ella used skin bleaching products for a period of four years and was able to stop and seek medical help from the skin clinic. Similarly, Dindi (see extract below) also sought help after using the products for the same duration as Ella.

Participant 5: Dindi

“I went to the skin clinic because my skin was itchy and the doctor gave me a referral. He asked me what I was using and I told him and then he told me to go for that and they gave me things and said I should use them, slowly / in time my skin went back to normal, it was worse...It was bad.”

Out of all the study participants it was only Ella and Dindi who showed that they benefited from seeking medical treatment following the negative experience arising from their skin bleaching practice. In their treatment journey they described how they were referred to the skin doctor/dermatologist who clearly explained the dangers of the products in a way they were able to make an informed decision. Through their experiences with these products, their understanding of the recovery process and the information about the dangers of these products, participants were able to give responses that are more reflective during my interviews with them. This situation made them better equipped as advocates for awareness campaigns to educate others about this practice.

Documented from the narratives of the participants was a complex interplay of factors which did not allow participants to reflect objectively on this practice. Theme eight was extracted from the participants’ narratives which covered how participants viewed their use of these products and their recommendations for others. Participants’ recommendations tended to focus more on recommending their products than discouraging usage of skin bleaching products. Although some participants alluded to the dangers of these products, their information on this according to them was sparse and not effective to enable them to make an informed decision. It would appear from the findings of the study that those who had such information did not know how to relate it to their personal lives as demonstrated by one of the participants’ (Gideon’s) casual mention of the current community campaigns in DRC:

Participant 16: Gideon

“ In Congo we have some information from the people to the radio the people talk always that hydroquinone is not nice but if you use it for twenty years you will see, the face you will become so dark some places black some places white so we not understand.”

The above extract shows that a participant like Gideon who seemed to be aware of harmful contents of skin bleaching and the long term effects as advocated by public awareness programmes is unable to relate the dangers to his life. This may indicate that prevention and intervention efforts may not be as effective in deterring usage. Another challenge that emerged

from the results of this study was the idea that the products used were not labeled in an indigenous language to provide adequate information to the user as noted by Celinah's observation:

Participant 2: Celinah

"...I don't know whether it is dangerous or not, even when I read the labels it is written in Chinese, so I don't know how to read Chinese."

The language used on some products as complained upon by some participants was the first discouraging factor, and the use of scientific words which are meaningless to an untrained eye appear to contribute to some participants not having adequate knowledge on these products. See Appendix F, for visual images of the properties of these products. Producers of these products appear to be benefiting from selling these hazardous products under the cover of an ambiguous language at the expense of uninformed people. Against this understanding, what is perplexing is that these products do not have labels that inform users of their intended and unintended effects and yet they are able to find them in the market; which means that there are not enough law enforcement processes to prevent this from occurring.

4.3 Chapter Summary

This chapter presented the findings from the study. Themes from the narrated experiences of the participants were identified as follows: (a) Participants bleached their skin because it enhanced the appearance of their skin by removing acne, spots, blemishes and made their skin look 'clean'. (b) Participants started using skin bleaching products from an early age and were encouraged to start using skin bleaching products by significant people in their lives. (c) They received social approval and encouragement from significant others which encouraged them to continue using skin bleaching products. (d) Participants experienced adverse effects such as skin withdrawal symptoms and skin craving when not using bleaching products. (e) Others experienced medically related problems while using skin bleaching products. (f) Some participants felt disillusioned as these products seemed to be the only ones that could provide relief from their skin ailments and yet come with negative strings, in form of side effects, attached to their use. As a result, participants appeared to become trapped in a cycle of usage despite the negative experiences they face in using them. (g) Participants indirectly encouraged others to use their skin bleaching products and found it easier to encourage others to use the same products as them despite their reported negative effects. The above themes highlight the experiences of participants with interpretations gleaned from their

narratives. The researcher attempted to present the findings to reflect how participants viewed this practice from their own experience. In the next chapter, the results of the study will be further discussed, with the researcher attempting to relate the findings of the present study to those of similar studies in the current literature on skin bleaching practices.

CHAPTER FIVE

DISCUSSION AND CONCLUSION

This phenomenological study explored the experiences of men and women in KwaZulu-Natal province who practiced skin bleaching. The aim was to gain a better understanding of this practice by investigating participants' lived experiences and how they interpret their skin bleaching practice.

The chapter encompasses a discussion of research findings and the conclusions drawn from these findings, and concludes with recommendations for research and practice. The aim of this concluding chapter is to first, tie together the findings to the objectives of this study. Secondly, to further unpack the essence of the participants' varied experiences, and thirdly, to explore the different contexts skin bleaching practices occur and lastly, to reflect on current literature on this practice. Another aspect of the chapter was to compare the extent to which the results of the present study compare and contrast with those of other researchers on skin bleaching. This chapter concludes with the limitations of this study and recommendations for further research.

5.1 Discussion of findings

The findings from the study are discussed under the following objectives. The first objective was to document the lived experiences of men and women who practice skin bleaching by exploring emerging themes as narrated by the participants through sharing their stories. Secondly, it was to explore the consequences as narrated by the study's participants associated with skin bleaching and how participants through their narratives viewed these consequences. Thirdly, it was to explore the extent to which skin bleaching practices are similar or different between men and women. Lastly, to explore recommendations which the study can offer to discourage the practice of skin bleaching among contemporary Africans.

5.1.1 Lived experiences of men and women who practice skin bleaching.

The lived experiences of participants are reflected in the first four themes identified from the narratives of the participants.

- **Theme 1:** Participants bleached their skin because it enhanced the appearance of their skin by removing acne, spots, blemishes and to maintain a 'clean' and appealing skin.
- **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 which made them continue using skin bleaching products.

Participants narrated that they initially experienced skin conditions such as acne, spots and blemishes which made them feel uncomfortable. They had not intended to use the products, but due to these skin conditions, they were forced to use products that could improve their skin or return their skin to its previous glow. Through their narratives, participants expressed how the skin bleaching products provided an immediate relief of the skin conditions. This finding was consistent with findings in the studies by Del Guidice & Yves (2002) De Souza (2008), Olumide et al., (2008), Street et al., (2011), Jackson (2013), and Dlova et al., (2015), who found that amongst the reasons reported for skin bleaching removing skin ailments such as acne, facial imperfections such as spots and blemishes were among the reasons people bleached their skin.

Participants in the present study also described how their skin appeared 'clean' after using these products. Their perception of 'clean' was explained as a clear skin tone, 'shining' skin and a lighter skin tone. When the word clean is paralleled with the word dirty, it gives an idea that participants may have perceived their skin as polluted and in need of being cleansed. Given this understanding, it may be interpreted that in the 'pursuit of an acceptable skin tone, as they perceived their current skin tone as unclean and unworthy participants started to engage in skin bleaching practices. This aspect of the present finding corroborates with those of others on skin bleaching such as by Charles (2003); Ajose (2005); Olumide et al., (2008); Lewis et al., (2011); Jackson (2013); Edmond (2014), which found that the motivation for skin bleaching was to look lighter as participants wanted to conform to western standards of beauty. This concept of attempting to get what is perceived to be a clean complexion may be tied to self-love and feelings of worthiness, especially for a person of colour in a world that celebrates whiteness. Thus this concept of looking 'clean' may also be said to stem from the feelings of inadequacy and inferiority complex currently being manifested by dark skinned individuals.

Therefore, it may be concluded that through the benefits which participants appear to experience in their use of skin toning products such as immediate relief of symptoms, the intended or unintended results of appearing lighter in complexion, participants were motivated to continue to use these products. The above benefits served as positive reinforcements to continue usage.

Many participants described, in the course of my interview with them, that they started using bleaching products right from an early age. One participant reported the earliest use as 12 years, with most participants starting the use of skin bleaching products from the age of 15-20 years. This early engagement with skin bleaching and the skin problems that called for their use coincide with puberty stage, where physical changes are expected to occur according to normal human development (Weiten, 2015). Findings from the present study showed that most participants' experience of these physical changes often lead them to believe that their skin ailments might be permanent. Additionally, most participants, from the results of the present study, experienced these skin problems as unbearable, severe. This may have resulted in negative self-concept. Thus, presenting both physical and psychological challenges for the participants. This trend concurs with those from studies carried out by Mosam, Vawda, Godhan, Nkwanyana and Aboobaker (2005) both of which discovered that patients with acne vulgaris experienced high distress levels which had a negative effect on their quality of life.

Thus, although it is considered that physical changes are a normal part of puberty and that most skin related problems tend to resolve themselves in later adolescence, yet for most of the study participants their interpretation and remedy for a temporary developmental challenge proved to have a lasting and adverse effect. The finding of the present study on the onset of skin conditions and possible links with human developmental process may be crucial for further studies in intensifying prevention and intervention efforts on skin bleaching.

Again, the findings of the present study indicate that the participants' decision to use skin bleaching products was influenced by significant others through recommending the products and in the positive feedback they provided to the participants. Participants narrated how their friends and family recommended the products for them to use, how they complimented them when they were using the products and how they reproached them when they stopped using the products. This strong influence by friends and family was followed by compliments and encouragement by members of their communities who endorsed this practice

by first, acknowledging and recognising the user after they applied the products, secondly, by approving the idea of changing one's skin tone as a way of attaining social approval and acceptance. Therefore, the need to be accepted and approved by others and ascertain a sense of belonging appear, from the point of view of the present study, to constitute one of the key motivations to use skin bleaching products by the participants. This trend is consistent with the self-objectification theory stated earlier by Lewis et al. (2011) and Davis (2013) that individuals base their appearance on the opinions of others and tend to believe that their skin colour may be changed to achieve a standard acceptable to others. The same finding was further supported in literature by Kpnake et al (2009); Charles (2003); Harris (2014) who found that participants mostly engaged in skin bleaching practice because they were motivated and encouraged by others, and they also received social benefits for engaging in the practice. The result of the interview with the participants showed that the phenomenon of social acceptance had an influence on the participants' sense of belonging. According to Abraham Maslow's hierarchy of needs (1908-1970), one having a sense of belonging is cited as a basic need that must be met before self-actualization can be achieved. This need, according to the theory, is fulfilled through relationship with family, friends and community. According to Maslow's theory, in order to develop a positive sense of self an individual must feel appraised and appreciated as an invaluable member of society. This theory was found to be applicable in interpreting the behavior of the participants in their skin bleaching practice. The result of the present study showed that they tended to believe that for them to feel a sense of belonging in their community, they should engage in bleaching practices to 'look' like others. And it can be interpreted that when this need to belong is satisfied through skin bleaching practice, the individual user's psychological wellbeing will be enhanced. This assumption is supported by Ryff & Keyes (1995) theoretical model of psychological wellbeing which cite environmental mastery, positive relations with others, and self-acceptance, as dimensions and sources of wellbeing enhancement.

When an individual feels accepted by others, that tends to affect their sense of belonging to a specific group. For instance, as a pubescent adult, it is important to get approval of your age mates and this is tied to feelings of self-worth. As one becomes an adult, social acceptance may take the form of appearing attractive to potential romantic partner and affect one's confidence in attaining their goals. Therefore, this finding demonstrates the social factors that influence the practice of skin bleaching. Charles (2003) corroborates this finding that an individual's identity may be nominated by others through their categorization based on

physical characteristics or an individual may define and affirm themselves on categories that are important to them. Thus, with both nominal and self-assured identities we may conclude that individuals' motivation and need to appear light may be influenced by both societal pressure to subscribe to its identity standards and the individual's need to conform to social standards.

5.1.2 Consequences Associated with Skin Bleaching

The second objective of the present study was to determine the consequences associated with skin bleaching from the documented narratives of participants. In relation to this objective, the narratives of the study participants revealed the following three themes:

- **Theme 5:** Participants experienced adverse effects from their use of skin bleaching products.
 - Subtheme 5.1 Experience of skin withdrawal symptoms
 - Subtheme 5.3 Experience of skin craving when not using bleaching products
- **Theme 6:** Participants experienced medically related problems while using skin bleaching products.
- **Theme 7:** Some Participants felt disillusioned as these products seemed to be the only ones that can provide relief and as a result were trapped in a cycle of usage.

Against the above, most participants in the present study described how they would experience immediate negative effects when they stopped using the products. This, according to most of them, happened when they ran out of supply of the product or when they tried to change to other products. They narrated how they would become darker in complexion and this was unacceptable to them and others. They complained that this darker complexion made them to feel insecure about themselves and decreased their social approval and sense of belonging as other's would also make negative comments about their looks. Other negative effects for use of skin bleaching described by participants in the present study included 'itching', 'burning' sensations, and a return of the initial skin condition or problem they were trying to cure through the skin bleaching products. These trends could be interpreted to mean that part of adverse effect of skin bleaching use is skin withdrawal symptoms, which resulted from prolonged and excessive use of dangerous substances on the skin. These negative effects from the narrative of the study participants tended to create a paradoxical relationship between the user and the product and facilitated the users' dependency on the products.

The present study found that the withdrawal symptoms which the participants experienced were similar to the negative effects of the product reported in literature by Levin & Maibach (2001); Petit et al. (2006); Ajose (2005); Kapnake et al. (2009) and Street et al (2014). Also, some of these negative effects, as visibly noticed on the participants' faces (reddened complexion, dark circles around the eyes, thinning of the skin) were still visible even when participants went back to using their products, demonstrating the danger of continued and prolonged use not necessarily of withdrawing the use of the products. This aspect is consistent with findings by Del Guidice & Yves (2002) and Lewis et al. (2011).

Consistent with the above findings, skin problems experienced by participants of the present study are recorded in literature as resultant from use of skin bleaching products (Dadzie & Petit, 2009; Mahe et al., 2003; Street et al., 2014). Those skin disorders reported in literature and experienced by some of the present study participants included exogenous ochronosis, steroid addiction syndrome, steroid folliculitis, and hyperpigmentation of exterior surfaces such as fingers and toes. This results from prolonged use of skin bleaching products and may be experienced as immediate withdrawal symptoms when one stops using these products and the treated problems tend to rebound at times worse than before (Dlova et al., 2012).

The present study furthermore revealed that participants had an extended period of using skin bleaching products that spans from four to twenty years in some cases; a finding which is consistent with Mahe et al. (2003) research report on the duration of product use that resulted in severe skin infections. Given this corroboration, it may be concluded that the skin become so dependent on the product that when the user stops using the products, their skin starts to react negatively due to the skin's dependence on the product. In this study, the term withdrawal symptoms were used because it described the interpretation the participants made about what their bodies were experiencing. Participants' interpretation of the resultant skin problems when they stopped using the products reflected their level of awareness about the negative effects of these products, and the dangers presented by these products.

Many study participants also expressed an emotional and physical dependence on the skin bleaching products which was interpreted as skin craving in this study. This dependency meant that when participants used other products, they were unable to get the satisfaction they desired. Participants' narratives thus appear to demonstrate that they only found emotional and physical gratification from these skin bleaching products. This means that as revealed in the

present study participants had an affectionate relationship with the products and thus were unable to stop using these products as the benefit seemed to be higher than they can accrue from any alternative products. These perceived benefits can be interpreted to act as reinforcement for continued use, together with the immediate relief of symptoms, increased self-acceptance, and an enhanced sense of belonging in the community for the participants for doing so. The phenomenon of Skin Craving is further interpreted in this study to operate as an addiction to the skin bleaching product due to the factor mentioned above. Therefore, due to the addictive nature of these products, users struggle to break free from using these products. If prevention and treatment efforts are treated taking this into consideration, it may help to alleviate the impact and scourge of this problem. For instance, it was indicated by a participant that they had tried to stop and had sought medical help, but were unable to get 'proper treatment, mainly because the treatment focused on the medical and not the psychological effect of the product for the user. Therefore, a multidisciplinary approach may be warranted in decreasing this practice.

Participants' account of their general day to day use revealed that they experienced medically related problems while using skin bleaching products. These were watery, itchy eyes, and eyesight problems especially when exposed to sunlight. Others also observed that their faces skin would itch and swell when they walked in the sun. By their admission, these problems were related to the product. These were interpreted as medical problems as they had a transfer effect that required dermatological and optometric treatment. With some of these participants the poor quality and texture of their skin was visible and the unusual yellowish colour of the eyes was also evident to the researcher.

Findings reveal that despite participants having some knowledge of the dangers associated with skin bleaching products, they still maintained their use. When prompted about the medical consequences, participants pleaded ignorance and claimed not to know any, while a few alluded to skin cancer without proper reference to the exact consequences of this practice. It may be interpreted that participants weighed the emotional, social and physical benefits against the medical problems and these problems were a trade-off and compromise. Participants were also not aware of other medical consequences such as hypertension and diabetes reported by Perret (2005).

The study revealed that although some Participants felt disillusioned by these products, yet they were unable to stop as these products seemed to be the only ones to them that provide

immediate relief from their symptoms. As a result, they expressed the belief in the course of my interview with them that they were forced to continue using the products despite the emotional turmoil. Therefore, the study revealed that the participants felt trapped in a cycle of usage despite the consequences. The researcher used the word immediate relief because it demonstrated the urgent need participants had to remove the skin problems and their orientation towards treatment. This attitude may also indicate that most of the participants were not emotionally ready to seek help or other treatment solutions. Thus, skin bleaching, as has been revealed in this study, is as much an emotional issue as it is a dermatological issue for the users.

Given the above, the present researcher can thus be deduced from participants' narratives that they were somewhat aware of the negative consequences of skin bleaching but had a poor understanding of the implications of such risks as found in the study by Dlova et al., (2014). Consequently, it may be interpreted that due to the dependence and complex relationship participants have with the products, they were unwilling to reflect on the detailed consequences of this practice. The use of skin bleaching products has thus been entrenched in their physical and psychological functioning.

5.1.3 The practice of skin bleaching between men and women

As could be recalled from chapter One, the third objective of the present study was to investigate skin bleaching practices amongst men and women in order to examine the extent to which this practice is the same or not, across gender as well as the differences gathered in their narratives. This was meant to provide a better understanding of the practice of skin bleaching among the target population of the study. In relation to this objective, the findings of the present study are discussed in two points, the similarities and the differences in the practice of skin bleaching amongst men and women.

The reviewed literature on skin bleaching largely documents usage by women and tend to cover the historic, medical and psychosocial implication of skin bleaching (Ahmed & Saltus, 2015; Del Guidice & Yves, 2002; Mahe et al., 2003; Mahe et al., 2005; Lewis et al., 2011). Part of this study was to examine whether women and men use skin bleaching products for similar reasons and motives and whether skin bleaching practices are similar across gender. The present study revealed the following similarities and differences in the practice of skin bleaching among men and women as recorded from their interview narratives.

5.1.3.1 Similarities in Skin bleaching practices across gender

In this section, the similarities noted in the participants' narratives are discussed with the aim to locate shared experiences across gender. Firstly, the present study showed that both men and women reported to have started using skin bleaching products to treat skin ailments such as skin breakouts, pimples and rash. This initial use of the product was medical or dermatological and was motivated by a need to get their skin back to its previous state. This finding is consistent with findings from the literature cited in 5.1.1 of this study by Del Guidice & Yves (2002); De Souza (2008); Olumide et al., (2008); Street et al., (2011); Jackson (2013); and Dlova et al., (2015) which showed that the reason most people start using skin bleaching products is to treat skin ailments.

Secondly, the study revealed that participants (both men and women) continued using bleaching products for cosmetic reasons, due to the associated emotional and social benefits that they accrued from using bleaching products. Similarly, the findings of the present study showed that participants (both men and women) started to feel confident about their new appearance because they received social approval, compliments and encouragement from others. The use of skin bleaching products enhanced self-acceptance and esteem participants from both genders, which improved their emotional wellbeing. The positive feedback received from others reinforced and validated the use of these products for the two groups of participants. Similar findings were reported by (Charles, 2010; Kapnake et al, 2009; Lewis et al, 2011) on the cosmetic use of bleaching products to enhance appearance and increase social acceptance of those, men and women, engaged in skin bleaching.

Thirdly, both male and female participants in the present study reported to have used multiple skin bleaching products until they settled on one that provided more benefits such as removing skin ailments and enhancing their skin tone. Both groups of gender participants shared how in frustration of not obtaining the desired results, they experimented with many products. The use of many products on affected skin was corroborated by Dlova (2014) and this was reported to be one of the reasons dermatologists find it challenging to treat complications that arise due to the complications of this practice.

The reader is referred to Table 1 in chapter 3 for a summary of the participants' biographical profiles and a list of products each participant used. In Appendix G, visual images of skin bleaching products which participants were currently using is provided. However, a full

discussion of the contents and properties of these products is beyond the scope of this thesis document.

Fourthly, both gender of participants, according to the findings of the present study, experienced immediate relief from skin problems, which enhanced their belief in the effectiveness of the products they used. The results of the study of equally showed that both gender group of participants did not experience immediate medical consequences in using these products, which convinced them that the products were right for them, thereby encouraging further use of bleaching products. Even though in literature medical consequences were reported by Street et al., (2011), Jackson (2013), and Dlova et al., (2015) in this study participants did not have experience of these consequences from the outset. When the reported consequences appeared, male and female participants' narrative revealed that they were either unaware or ignorant of the relationship between skin bleaching products and the negative consequences. They, in turn, the present study revealed, associated the negative consequences with the withdrawal of the product or the use of new products. The reported negative consequences highlighted by most literature Del Guidice & Yves (2002); De Souza (2008); Olumide et al., (2008); Street et al., (2011); and Dlova et al., (2015) covered in this study were mostly experienced after long term use of products, thus being far removed from the participants frame of reference.

Lastly, the experience and extent of the withdrawal symptoms, the skin craving and medical impact, as discovered in the present study, was similar across gender in that participants' narratives about the discoloration of the skin and tone, itchiness and burning of the skin and eyes, and an inability to function without the products was interrelated. It was interesting to find that the extent of the withdrawal symptoms and skin craving experienced was not determined by the duration of use as participants described similar symptoms. According to supportive literature mentioned earlier in the present report, the withdrawal and skin craving symptoms expressed by the participants may be interpreted as consequences of this practice. Summarily, studies by Mahe et al., (2003) and Perret (2005) concur with the duration of use and associated exposure to these products as dangerous regardless of how long the person used bleaching products. A summary in table 1 of chapter three of the present study indicated that the minimum duration of use was four years and maximum of twenty plus years. Despite the differences in duration of product use the consequences for using skin bleaching products was evident in all participants, see attachment H of this study.

In essence the findings of the present study as noted above were found to be consistent with studies by (Ahmed & Saltus, 2015; Ajose, 2005; Charles, 2003; Charles, 2010; Del Guidice & Yves, 2002; Edmonds, 2014; Harris, 2014; Mahe et al., 2003; Mahe et al., 2005; Lewis et.al, 2011; Robinson, 2011), although some of the studies were focused on women. However, the above findings may be interpreted as similar across gender, specifically for both gender participants in the present study. These similarities suggest the notion of gender inclusiveness in as regards the idea of the coverage of the population that engage in skin bleaching at least in KwaZulu-Natal province studied.

The following section demonstrates the differences between men and women in terms of their skin bleaching regimen and the factors that maintain the use of skin bleaching products.

5.1.3.2 Differences in Skin bleaching practices across gender

In this study the differences noted between men and women were observed to be far less than the similarities between them. The differences were in terms of their skin bleaching regimen, and how the groups were socialized into this practice.

The first difference noted from the participants' narratives concerned the area where participants applied the bleaching products. The female participants reported to using the product on their faces only and have not tried to use it anywhere else. The women's assertions were consistent with their use of the skin bleaching products to remove facial skin ailments and to maintain their appearance, as noted in the first theme in chapter four of this study. On the other hand, their male counterparts preferred to use the products all over the body with the aim of obtaining an even skin tone or lighter skin tone despite their initial use being to remove skin ailments. Thus, presenting with different skin challenges post-exposure. The consequences experienced by the men included (hyperpigmentation, skin depigmentation, steroid addiction syndrome, steroid folliculitis) which is consistent with the findings in the literature (Mahe et al., 2003; Ajose, 2005). The women participants in the present study experienced mostly cutaneous problems and facial acne which was consistent with reported findings in literature by Del Guidice & Yves (2002). The gender difference in presentation of skin problems was largely due to type of use employed by the participants. However, this finding must be interpreted in the context of this study and may not necessarily be generalized as a standard

practice between men and women but rather localized to individual preferences or a practice by specific individuals in a certain geographic region.

The second gender difference that was noted in the present study was narrated as a maintaining factor for the practice of skin bleaching in the male participants. Among them, skin bleaching was narrated as a normal practice in the home country where the male participants came from. This was interpreted to issue from its wide availability to, and acceptability by participants and the public endorsement expressed by significant others. For instance, the male participants narrated how they easily accessed these products and how ‘everybody’ was using these products in their home country. The same male participants described the product as a ‘lotion’ which may be interpreted to mean their way of normalizing the product to just an everyday skin care product. In that way, because participants interpreted this practice as normal, they appear to struggle to interpret the negative consequences as resulting from the use of this product, as those negative consequences continued unabated with their use of these products. Most of the male participants were currently using a product named ‘clairmen’ despite having used other products this one was described more affectionately as a good product.

The women participants’ acknowledgement that these products are not available at pharmacies but at foreigner shops and that they were illegal to buy demonstrates that they were partaking in a risky treatment for their skin conditions and were somewhat aware of the dangers of using these products. Furthermore, the use of skin bleaching products was described by the female participants as ‘uku creama’ loosely translated as using skin lightening products, therefore acknowledging the practice as not only to treat skin conditions but as a way to lighten the skin. Paradoxically, the female participants admitted to skin bleaching in their interview narratives, although they did not want to condemn the practice outright but by their own acknowledgement these products were not available in reputable stores and pharmacies. However, the male participants in the study preferred to normalize the practice through their description.

The third difference was that the male participants were importing skin bleaching products from their home country and did not believe that products found in mainstream shops could be equally effective in providing their desired outcomes. As a result, the male participants spent more resources to obtain their preferred 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.

REFERENCES

- Ahmed, I., & Saltus, R. (2015). A thematic analysis of female university students' perception of idealized body image in Sudan, and their experiences of performing common beauty practices. *Diversity and Equality in Health and Care*, 12(2), 40-47.
- Ajose, F. O. (2005). Consequences of skin bleaching in Nigerian men and women. *International Journal of Dermatology*, 44(1), 41-43.
- Calogero, R.M. (2012). Objectification theory, self-objectification, and body image. In: Cash Thomas Education Encyclopedia of body Image and Human Appearance. *Academic Press*, 574-580.
- Charles, C. A. (2003). Skin bleaching, self-hate, and black identity in Jamaica. *Journal of Black Studies*, 33(6), 711-728.
- Creswell, J.W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counseling psychologist*, 35(2), 236-264.
- Dadzie, O. E., & Petit, A. (2009). Skin bleaching: highlighting the misuse of cutaneous depigmenting agents. *Journal of the European Academy of Dermatology and Venereology*, 23(7), 741-750.
- Davis, L. C. (2013). African American women's use of cosmetics products in relation to their attitudes and self-identity. *Graduate Thesis and Dissertations. Paper 13208*.
- Desmedt, B., Van Hoeck, E., Rogiers, V., Courselle, P., De Beer, J.O., De Paep, K., Deconinck, E. (2014) Characterization of suspected illegal skin whitening cosmetics. *Journal of Pharmaceutical and Biomedical Analysis* 90 (2014), 85-91
- De Souza, M. M. (2008). The concept of skin bleaching in Africa and its devastating health implications. *Clinics in Dermatology*, 26(1), 27-29.
- Del Giudice, P., & Yves, P. (2002). The widespread use of skin lightening creams in Senegal: a persistent public health problem in West Africa. *International Journal of Dermatology*, 41, 69-72.
- Dlova, N. C., Hamed, S. H., Tsoka-Gwegweni, J., & Grobler, A. (2015). Skin lightening practices: An epidemiological study of South African women of African and Indian ancestries. *British Journal of Dermatology*, 173(2), 2-9.
- Dlova, N. C., Hamed, S. H., Tsoka-Gwegweni, J., Grobler, A., & Hift, R. (2014). Women's perception of the benefits and risks of skin-lightening creams in two South African communities. *Journal of Cosmetic Dermatology*, 13, 236-241.

- Dlova, N. C., Hendricks, N. E., & Martincgh, B. S. (2012). Skin-lightening creams used in Durban, South Africa. *International Journal of Dermatology*, 51(1), 51-53.
- Dooley, E. (2001). Sickening soap trade. *Environmental Health Perspectives*, 109(10),469.
- Eatough, V., & Smith, J. A. (2017). Interpretative phenomenological analysis. *The SAGE Handbook of Qualitative Research in Psychology*, 193.
- Edmond, J. D. (2014). The promotion of Skin-Bleaching Products in Jamaica: Media Representation and Cultural Impact. *Research papers.Paper*, 520.
- Fredrickson, B.L., & Roberts, T. (1997). Objectification theory, toward understanding women's lived experiences and mental health risks. *Psychology of women Quarterly*, 21(997),173-206.
- Fokuo, K.J. (2009). The lighter side of marriage: Skin bleaching in post-colonial Ghana. *Research Reviews NS* 25.1, 47-66.
- Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, 20(9), 1408.
- Glenn, E. N. (2008). Yearning for lightness: Transnational circuits in the marketing and consumption of skin lighteners. *Gender & society*. 22(3), 281-302.
- Harris, A. (2014). Bleaching to Reach: Skin Bleaching as a Performance of Embodied Resistance in Jamaican Dancehall Culture. *FIU Electronic Thesis and Dissertations. Paper 1129*.
- Herring, C. (2002). Bleaching out the color line?: The skin color continuum and the tripartite model ofRace. *Race and Society*, 5(1), 17-31.
- Hope, D. P. (2011). From Browning to cake soap: Popular debates on skin bleaching in the Jamaican dancehall. *Journal of Pan African Studies*, 4(4), 165-194.
- Hunter, M.L. (1998). Colorstruck: Skin Color Stratification in the Lives of African American Women. *Sociological Inquiry*, 68(4).
- Hunter, M.L. (2011). Buying Racial Capital: Skin-Bleaching and Cosmetic Surgery in a Globalized World. *Journal of Pan African Studies*, 4(4).
- Jackson, A.C. (2013). Attempting whiteness: Black women's expected and actual results of skin bleaching. *Theses, Dissertations and Projects. Paper 1003*.
- Janks, H. (1997). 'Critical discourse analysis as a research tool'. *Discourse: Studies in the Cultural Politics of Education*, 18(3), 329-342.
- Julien, N. (2014). Skin Bleaching in South Africa: A Result of Colonialism and Apartheid? DISCOVERY; *Georgia State Honors College Undergraduate Research Journal*,2(4).

- Kpanake, L., Sastre, M. T. M., & Mullet, E. (2009). Skin bleaching among Togolese: A preliminary inventory of motives. *Journal of Black Psychology*, 1-20.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative research in psychology*, 3(2), 102-120.
- Levin, C.Y., Maibach, (2001). Exogenous Ochronosis. An update on clinical features, causative agents treatment options. *American Journal of Dermatology*, 2(4), 213-217.
- Lewis, K. M., Robkin, N., Gaska, K., & Njoki, L. C. (2011). Investigating motivations for women's skin bleaching in Tanzania. *Psychology of Women Quarterly*, 35(1), 29-37.
- Lewis, K.L., Gaska, K., Robkin, N., Martin, A., Andrews, E., & Williams, J. (2012). The Need for Interventions to Prevent Skin Bleaching: A Look at Tanzania. *Journal of Black Studies*, 43(7)787-805.
- Long, T., & Johnson, M. (2000). Rigour, reliability and validity in qualitative research. *Clinical Effectiveness in Nursing*, 4, 30-37.
- Ly,F.,Soko, S.A.,Dione,D.A.,Niang, S.O.,Kane,A. Bocoum, T.I., Dieng, M.T., & Ndiaye, B. (2007). Aesthetic problems associated with the cosmetic use of bleaching products. *International Journal of Dermatology*, 46(1),15-17.
- Mahe, A., Ly, F., Aymard, G., & Dangou, J. M. (2003). Skin diseases associated with the cosmetic use of bleaching products in women from Dakar, Senegal. *British Journal of Dermatology*, 148(3), 493-500.
- Mahe, A.,Ly, F., & Perret, J. (2005). Systemic Complications of the cosmetic use of skin-bleaching products. *International Journal of Dermatology*, 44(Suppl. 1), 37-38.
- Mosam, A., Vawda, N.B., Godhan, A.H., Nkwanyana, N.,& Aboobaker,J. (2005). Quality of Life issues for South Africans with acne vulgaris. *Clinical Experimental Dermatology Journal*, 30(10) 6-9.
- Neuman, W.M. (2007). *Basics of social research: Qualitative and quantitative approaches*. (2nd ed.). United States of America: Pearson Education, Inc.
- Olumide, Y. M., Akinkugbe, A. O., Altraide, D., Mohammed, T., Ahamefule, N., Ayanlowo, S., &Essen, N. (2008). Complications of chronic use of skin lightening cosmetics. *International Journal of Dermatology*, 47(4), 344-353.
- Petit, A., Cohen-Ludmann, C., Clevenbergh, P., Bergmann, J. F., & Dubertret, L. (2006). Skin lightening and its complications among African people living in Paris. *Journal of the American Academy of Dermatology*, 55(5), 873-878.

- Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal*, 20(1), 7-14.
- Pitche, P., Kombate, K., & Tchangai-Walla, K.(2005). Cosmetic use of skin-bleaching products and associated complications. *International Journal of Dermatology*, 44(1), 39-40.
- Quinn, C., & Clare, L. (2008). Interpretive phenomenological analysis. *Nursing research: Designs and methods*, 375-384.
- Robinson, P.A. (2011). Perceptions of Beauty and Identity: The Skin Bleaching Phenomenon in Jamaica. *Adult Education Research Conference*. Retrieved from <http://newprairierpress.org/aerc/2011/papers/85>.
- Ryff, C.D., & Keyes, C.L.M. (1995). The structure of Psychological Well-Being Revisited. *Journal of Personality and Social psychology*, 69(4), 719-727.
- Steinke, I. (2004). Quality criteria in qualitative research. *A companion to qualitative research*, (21), 184-90.
- Smith, J. A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray, M., Chamberlain, K. (Eds.) *Qualitative Health Psychology: Theories and Methods*. Sage.
- Smith, J.A, & Osborn, M. (2007). Interpretative phenomenological analysis. In Smith J.A. (Ed) *Qualitative psychology: a practical guide to research methods*, 2nd Ed, (pp. 53-80).
- Street, J. C., Gaska, K., Lewis, K. M., & Wilson, M. L. (2015). Skin bleaching: A neglected form of injury and threat to global skin. *African Safety Promotion: A Journal of Injury and Violence Prevention*, 12(1), 52-71.
- Tracy, S.J. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative inquiry*. 16 (10). 837-851.
- Utsey, S.O., Abrams, J.A., Opare-Henaku, A., Bolden, M.A., & Williams, O. (2014). Assessing the psychological consequences of internalized colonialism on the psychological wellbeing of young adults in Ghana. *Journal of Black Psychology*, 1-26. doi: 10.1177/0095798414537935
- Weiten, W.(2015). *Psychology: Themes and variations 2nd South African edition*. J. Hassim (Ed.). UK: Cengage learning.

Appendix A: Ethical Clearance Letter



29 August 2016

Ms Boitumelo Tihapane (216071879)
School of Applied Human Sciences – Psychology
Pietermaritzburg Campus

Dear Ms Tihapane,

Protocol reference number: **HSS/1245/016M**

Project title: Exploring lived experiences of men and women who practice Skin Bleaching in South Africa: A phenomenological study

Full Approval – Expedited Application

In response to your application received on 12 August 2016, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shenuka Singh (Chair)

/ms

Cc Supervisor: Professor Augustine Nwogo
Cc Academic Leader Research: Professor Doug Wassenaar
Cc School Administrator: Ms Nondumiso Khanyile

Humanities & Social Sciences Research Ethics Committee

Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X31031 Durban 4000

Telephone: +27 (0) 31 260 8687/9860/4567 Facsimile: +27 (0) 31 295 4800 Email: simbas@ukzn.ac.za / enrmanm@ukzn.ac.za / icchu@ukzn.ac.za

Website: www.ukzn.ac.za



100 YEARS OF ACADEMIC EXCELLENCE

Flagship Campuses: Esterswood Howard College Medical School Pietermaritzburg Westville

APPENDIX B

Have you ever used  **UNIVERSITY OF KWAZULU-NATAL** TM
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?

Appendix D: Informed Consent Letter

UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

APPLICATION FOR ETHICS APPROVAL For research with human participants

Information Sheet and Consent to Participate in Research

Date: 24 May 2016

Dear Prospective Participant:

My name is Boitumelo Tlhapane, a Master of Social Science in Counselling Psychology student, from the School of Applied Human Science, College of Humanities at the University of Kwazulu Natal, Pietermaritzburg, with the following contact number 074 8560343, tlhapane4bgmail.com.

You are being invited to consider participating in a study that involves research on **Exploring lived Experiences of Men and Women who practice Skin Bleaching in South Africa: A Phenomenological Study**. The aim and purpose of this research is to obtain an understanding of the motives and experiences of men and women who engage in, and maintain the practice of skin bleaching. The study is expected to enroll 10 men and women, between the ages of 18-65, in individual semi-structured interviews of approximately 120 minutes (2 hours) for a maximum of 3 sessions. This study will take place at the location convenient for the participants.

The study may involve emotional distress or discomfort if the outcome of skin bleaching is viewed negatively by the participant. However, we hope that the study will create an opportunity to share your experiences and educate others about the challenges of skin bleaching in South Africa. This study will add to the body of knowledge on skin bleaching in South Africa and hopefully will inform future interventions to prevent misuse of skin bleaching products. Individual sessions will be conducted where the researcher and the participant will converse guided by the interview schedule which is available per request.

Should your participation result in emotional distress arrangements will be made for you to attend a debriefing session at the Child and Family Centre of the University of KwaZulu-Natal, at no cost to you as the participant.

This study will be ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee, upon which the research sessions/data collection will commence. In the event of any problems or questions you may contact the researcher at 0748560343 or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

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

Participation in this research is voluntary and you may refuse or withdraw from the study at any point, without penalty. Please inform the researcher as soon as you feel any discomfort with participation or you want to withdraw from the study in order for the researcher to make an alternative research plan. You will not incur any costs as a result of participation in the study and there are no incentives or reimbursements for participation in the study.

The following will be done to maintain confidentiality during and after the study. Anonymity will be maintained by the use of pseudonyms to protect your identity and privacy. You will be duly informed of the platforms where the findings will be shared and how it will be shared. The research data (transcribed notes, audio recordings) will be stored safely by the researcher with strict control to access in a locked cabinet. Electronic data will be protected by a password, available only to the researcher and her supervisor. Access to raw research data will strictly be limited to the researcher and her supervisor and will **not** be provided to a third party. Should a third party seek access to this information, a written permission will be obtained from you as the participant. The data will be 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.

CONSENT

I _____ have been informed about the study **Exploring lived Experiences of Men and Women who practice Skin Bleaching in South Africa: A Phenomenological Study**

conducted by Boitumelo Tlhapane, UKZN Master of Social Science in Counselling Psychology student, with student number 216071879.

I understand the purpose and procedures of the study is to gain insight on my experiences with skin bleaching.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without any penalty.

I have been informed about available psychological treatment should I need any as a result of study-related procedures.

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

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

Cosmetic, Hair and General Dermatologist - Udokotela Wesikhumba

4B Durdoc Medical Centre

460 Smith Street

Durban 4001

Tel: +27 31 305 8335

Fax: +27 31 5666770

+27 31 305 8332

Heritage House

170 Steve Biko Road/Mansfield Road

Musgrave

Tel: +27 31 202 2982

Fax: +27 31 202 2982

E-mail: dlovan@ukzn.ac.za

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. My supervisor, Professor A. Nwoye, can also be contacted on 033-260-5100 (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