



It's More Than Skin Deep: Examining Approaches to Reduce Dangerous Skin Bleaching in Tanzania

Kecia L. Ellick, Solette Harris, Will Jones, Kelly M. Lewis, Ph.D
Georgia State University - Psychology Department
kellick@student.gsu.edu

BACKGROUND



Skin bleaching or skin whitening is the use of topical creams, gels, soaps or household products to chemically lighten, or whiten, the skin. This practice has become increasingly more common around the world.

Research suggest that African cities may be the heaviest cities due to their use of local concoctions made from household chemicals and over-the-creams (Glen, 2008; Lewis et al, 2009).

These products often contain caustic chemicals such as **hydroquinone**, **corticosteroids** and **mercury** (Faye, Keita, Diakite & Ndiaye, 2005) which pose great risk for severe health problems including:

- Skin lesions
- Epidermal atrophy - wasting of the epidermal layer of the skin
- Exogenous ochronosis - a blue/black discoloration
- Skin irritations - eczema, bacterial and fungal infections,
- Cancers - skin cancer & leukemia



Despite the practice of skin bleaching being particularly prevalent in the East African country of Tanzania (rates nearing 30 percent), macro-level approaches to reduce the practice have not proven effective (Lewis et al, 2009).

More research is needed to identify effective strategies to reduce dangerous skin bleaching practices.

This exploratory study seeks to identify effective, grassroots and culturally relevant approaches to reduce the practice of skin bleaching in Tanzania.

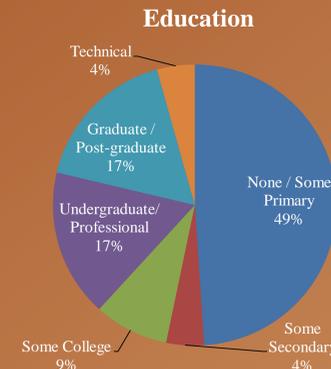
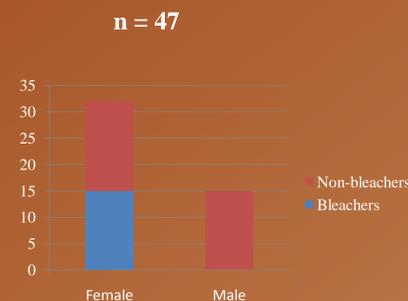
RESEARCH QUESTIONS

To this effect the following research questions are posed:

1. What are the key gaps between the current and desired skin bleaching conditions in Tanzania?
2. What next steps can be taken to close these gaps?

PARTICIPANTS

A random sample of Tanzanian participants (bleachers and non-bleachers) consisting of local community leaders, religious leaders, regulators, health care professionals, educators, cosmetic/aesthetic producers, and local community members.



PROCEDURE

- 90-minute individual interviews were administered by undergraduate student and faculty researchers from Georgia State University and Muhimbili University of Health and Allied Sciences (MUHAS)
- Interviews were conducted in either English or Kiswahili (based on interviewees preference) at a location mutually convenient for the participant and researcher (eg. home, school, office).

MEASURES

90-Minute Individual Interview – A 58-question instrument consisting of structured and unstructured questions was created to obtain qualitative data relating to participants knowledge/awareness of skin bleaching, personal experience with skin bleaching, how they feel the government should or should not be involved in skin bleaching, and the overall effectiveness of laws to prevent skin bleaching.

Sample questions included:

- *How did you first learn about skin lightening?*
- *What do you think are the side effects or health risks of using skin lightening products? How do you know this?*
- *For what reason would you STOP lightening you skin?*
- *How effective do you think the law has been in preventing skin lightening in Tanzania?*
- *What should the government be doing to inform people's perceptions of skin lightening?*

RESULTS & DISCUSSION

Contextual analysis of this data is currently underway in testing of the research questions posed. Emergent themes, however suggest potential avenues (next steps) for micro and macro level intervention and prevention strategies including:

1. Education of public
 - a. Dangers of skin bleaching
 1. School curriculum
 2. Media (posters/billboards)
 3. Music & local musicians
 - b. Esteem and ethnic identity
 1. Workshops
 2. Peer groups
2. Stronger regulation of product ban
 - a. Regular inspection of merchants/shops
 1. Confiscation of products
 - b. Stiffer penalties for violators
 1. Jail time
 2. Fines

This work has the potential to bridge huge gaps in the research to practice literature on skin bleaching in Tanzania with broader implications for research policy, and practice on health risky behaviors and injury prevention worldwide

LIMITATIONS

Sample – further research should include a larger sample that is more representative of male and female participants.

IMPLICATIONS

This data can be used to inform the implementation and evaluation of micro and macro level prevention campaigns in Tanzania.

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