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**A LIGHTER GENERATION: A STUDY OF SKIN BLEACHING AMONG THE  
GHANAIAN YOUTH**

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## **DEDICATION**

I dedicate this dissertation to Yahweh who has been my support from the very beginning. He knows it all that without him I would have nothing.

Secondly, I dedicate this to my family; my husband, James Lamptey who has being very supportive and my children for being understanding. My son, Miracle Lamptey, has been very considerate of my academic journey and made less demands of me.

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## **ABSTRACT**

Skin bleaching is a practice that raises public health concerns due to its more serious side effects. The practice, especially among Ghanaian youths, has become a trend due to proliferation and accessibility of cosmetics products containing skin bleaching chemicals. This study explores skin bleaching by looking at the role played by the Food and Drugs Authority as a regulator, their communication of interventions and public perspectives on skin bleaching regulation. As an explorative study, it adopts a qualitative research design to get in-depth responses from respondents understanding, viewpoints and experiences. Purposeful and convenient sampling methods put together 17 participants with data collected through semi structure in-depth interviews and focus group discussion. Thematic analysis revealed that even though the FDA regulates cosmetic products including skin bleaching products, it does not regulate the skin bleaching practice. Findings of the study also reveal that a policy on skin bleaching together with other interventions such as public education is the sure way to control the practice.

## CHAPTER ONE

### INTRODUCTION

#### 1.0 Background to the Study

According Amankwa et al. (2016), Ghana is a country located at the tropics therefore, the weather is mostly warm and its people are black or dark in complexion due to the production of melanin which toughens the black skin and protects it against the climate. Amankwa et al. also mention that the youth of Ghana, the current generation, are the people most inclined to pursue lightness by bleaching their dark skin without consideration for its effects on their health. Amankwa et al. further note that skin bleaching consequently removes the melanin which protects the skin from the harsh effects of the sun (2016).

To define a generation, Pilcher (1994) identifies a group of people born and living within a specified population around the same time within an average period of 20 – 30 years. Bilgihan (2016) also identifies individuals belonging to a particular generation to share similar traits in behaviors, characteristics, attitudes, values, and beliefs. Eisner (2005) notes that there is variation in the classification of generations with respect to the beginning and end dates. On the subject of the youth of this generation, Eisner identifies them as the Y generation who were born after 1980, the period of great technology and emergence of the internet. Also, the National Youth Policy of Ghana (2010) defines the Ghanaian youth as a person between the ages of 15 and 35 years. It is no wonder that research works by Amankwa et al. (2016), Chauhan and Tiwari (2019) and Hunter (2005) suggest that the youths are the age group highly known for using bleaching products.

Therefore, skin bleaching is perceived as an element of youth culture as stated in a meta-analysis research by Sagoe et al. (2018) and this assertion can be extended to include the Ghanaian youths.

Similarly, a study by Lea et al. (2018) reveals that the contemporary youth is exposed to much technology, internet, social media, computers, smartphones that makes him service centered, highly sociable and technologically. Hunter (2011) notes technologies provide the platforms where certain ideals of beauty are promoted and desired. Hunter further mentions that whiteness and Eurocentric features are marketed as the standard of beauty that rouses desire and pursuit of whiteness in people. Hunter also reveals in her study how a cosmetic company giant collaborated with a social media platform to create an app that enables users to edit their skin color in photographs. This she describes as a subtle way of creating desire for whiteness and increasing consciousness of altering the body including skin color as pleased (Hunter, 2011).

The human skin, according to a study by the group of authors Telofski et al. (2012) is the covering and the most visible organ that functions as a wall between the tissues of the body and the environment. The study also notes that the skin controls the body temperature, balances fluid in the body, produces vitamin D and defends the body against physical, chemical, and immunological harshness. Amankwa et al. (2016) adds that the skin regulates the penetration of foreign objects including harmful microorganisms and it bolsters the body as shock absorbers against hits, falls and other accidents. Amankwa et al. mentions again that, the skin receives signals from the environment and sends it to the brain for an action or a reaction and it also serves as the transmitter of social and sexual signals through its color and texture (Amankwa et al., 2016).

According to research by the authors Doi et al. (2011), the skin is made up of two turbid layers, dermis and epidermis which comprise of pigments of melanin and hemoglobin respectively and rest above a layer of subcutaneous fat. Loeche (2016) reveals in his study that each of the two layers of the skin is controlled by bacteria, fungi and viruses known as microbiomes that reflect the diversity of microenvironments of the body.

Additionally, Meulenbein (2010) explains that the skin color has different variations in pigmentation from black to pink or white as a result of genetics or exposure to the sun. While Barsh, (2003) suggests that some anthropological and geographic studies attribute the variations in pigmentation, that connects darker skin complexion, to geographical closeness to the equator from where the levels of Ultra-Violet (UV) irradiation are high in the Southern hemisphere than in the Northern part. However, Llyod-Jones et al. (2017) attributes the differences in pigmentation variations more to natural selection than to genetic basics. Llyod-Jones et al. clarify that the dark skin is found at the equator to protect from folate deficiency and sunburn while light skin at greater latitudes for good Vitamin D fusion.

Dark skinned people have been described in many ways and Grimes (2006) notes that some of the names such as, people of color, brown skin, and pigmented skin are used to describe dark skin typified in individuals in Africa, Asia, South America, North America, and Australia. Meanwhile, Barsh (2003) explains that studies on skin color variation have not been exhaustive on genetic factors but have been associated more to the climate, culture, and continents. But as a genetic factor, Grimes (2006) connects skin color variations to the melanosomes which are less and collected in the whites while it is more and distributed in blacks.

On the matter of skin bleaching, Konlan (2018) defines it as the change of one's skin color intentionally from a dark to lighter skin by the continuous use of cosmetics containing bleaching agents. According to Nkrumah (2014), the regular use of skin bleaching chemicals such as hydroquinone and steroids cause loss of melanin which lead to reduction in the natural photo-protection of the skin. He also states that, when melanin is lost, there is direct exposure of ultraviolet radiation on the skin (Nkrumah, 2014).

Hunter (2005) ascribes the cause of skin bleaching globally to the fusing of the old colonial, race ideologies and new technologies available for the body. She further cited in her work that the body is now view as “work in progress” that needs constant works to change it as desired (p 146). While the act of bleaching is perceived by some as means of modification to come across as modern, sophisticated, and stylish, Davis (1995) confirms that the body is no longer perceived an entity given to maintain its natural state including it color but is perceived as an entity subject to changeability as wanted.

Benn et al. (2016) reveal in their study that skin bleaching is a major decision which requires money, dedication and time to achieve and the results cannot be immediately determined or guaranteed. The study further explains that to achieve the desired results, preparations for bleaching are either homemade concoctions or cosmetics such as creams and soaps manufactured for sale. Products for skin bleaching according to Hunter (2005) are sold under different names and in subtle ways but with the intended outcome to bleach the skin. For this reason, Hunter (2011) describes the practices of skin bleaching and cosmetic surgery as both body modifications designed

to change the bodies of non-white populations or people of color in order to be at par globally with dominant white and Anglo aesthetics.

Motivations for skin bleaching are noted by Sagoe et al. (2018) to include attractiveness, relief from bodily marks, confidence, self-worth and favorable compliment from suitors and spouses. However, harmful effects of skin bleaching which results from prolong use of toxic bleaching agents ranges from dyschromia to more worrisome systemic side effects such as diabetes, hypertension, irreversible skin damage, cancers, liver, and kidney failures have made it an issue of public health concern (Lewis et al., 2012; Sagoe et al., 2018).

According to the Food and Drugs Authority (FDA, 2021), the FDA is the national regulatory agency under the Ministry of Health (MOH) established as a Board by Food and Drugs Law 1992 (PNDCL 305B) in 1992. The Public Health Act 2012 (Act 851) (2012), stipulates the mandate of the FDA, in Parts 6, 7 and 8, to regulate cosmetics, food, food supplements, drugs, herbal and homeopathic medicines, veterinary medicines, household chemical substances, medical devices, tobacco and tobacco products, blood and blood products as well as the conduct of clinical trials protocols.

As revealed by the FDA (2021), cosmetic regulation is under the responsibility of a Cosmetic Department which controls the manufacture, importation, exportation, distribution and sale of cosmetic products. The above responsibility is achieved through activities such as product registration, premises inspection and registration as well as post approval market surveillance. The FDA (2021) also reveal that the department processes and grants market authorization for cosmetic products intended for export and/or sale on the Ghanaian market.

The FDA being an institution responsible for cosmetic regulation has role to play in the skin bleaching practice among the youth in Ghana just as Sagoe et al. (2018) alludes skin bleaching to cosmetic misuse or abuse of agents of toxicity.

### **1.1 Problem Statement**

According to a study by Hunter (2011), beauty has been defined to include light skin color such that white beauty is valued, and mass marketed as an epitome of beauty on mass communication platforms including social media to build on long standing colonial ideologies and create desire for skin bleaching. Benn et al. (2016) also state that motivations for skin bleaching have deep historical, economic, sociocultural, and psychosocial roots and the consequences of skin bleaching on people's health make it a public health concern that need to be addressed.

As part of measures to control skin bleaching, the FDA (2016) reveals effort of an intensive Market Surveillance exercise to free the Ghanaian markets from cosmetics adulterated with ban substances such as mercury, hydroquinone and steroids. Despite the ban of the above chemicals in cosmetics, according to a statement by the FDA (2018), some skin bleaching practitioners including pregnant women had found an alternative trend of bleaching their skin by the use of glutathione, an amino acid which has antioxidant properties. The FDA statement further reveals that unregistered glutathione products were being taken as pills, capsules and injectable in high dosages of 1,500,000mcg- 2,000,000mcg for the purpose of lightening the skin and bleaching the skin color of unborn babies by pregnant consumers (FDA, 2018).

This research seeks to understand the skin bleaching phenomenon by looking at the role of the FDA as a regulator. Interventions such as policies and programs developed by the FDA on skin bleaching would be examined. Similarly, the communication strategies and tactics used to communicate the interventions to the public will be studied.

Additionally, the study would analyze the perspectives of Ghanaians on skin bleaching regulation. The research will seek to understand people's knowledge on skin bleaching regulation, whether they feel adequately reached by FDA's communication of interventions, policies, programs designed to control or change attitudes towards skin bleaching. Opinions and views of the public on cosmetic regulation will be considered in order to identify the gap in regulation.

## **1.2 Objectives of the Research**

The research will be guided by these objectives:

1. To analyze the role of the FDA in regulation of the skin bleaching practice.
2. To analyze the communication of interventions by the FDA on skin bleaching
3. To examine perspectives of Ghanaians on skin bleaching regulation.

## **1.3 Research Questions**

By the end of the study, the research will answer the following questions:

1. How is the FDA regulating the skin bleaching practice?
2. How are interventions by the FDA being communicated to the public?
3. What are the public's perspectives on skin bleaching regulation?

#### **1.4 Significance of the Study**

Generally, studies on skin bleaching usually focus on the historical perspectives, motivational perspectives (including the influence of the media and celebrities), ethical perspectives and harmful perspectives. Likewise, the few studies on skin bleaching in Ghana focus on the effects and history of skin bleaching. This research will however look at skin bleaching practice from the regulatory perspective. Regulation on skin bleaching in Ghana would be examined. Available interventions including policies will be studied to know whether they are helpful in the fight against skin bleaching. At the end of the study, the gap in skin bleaching regulation will be identified with the help of consumers' viewpoints on FDA's regulation.

#### **1.5 Scope of the Study**

The study has the objectives of examining FDA's regulation of the skin bleaching practice and the perspectives on skin bleaching regulations. The study will therefore focus on regulation of skin bleaching agents used for bleaching. The communication of the available regulations including policies and programs used by the FDA to control the practice in Ghana will be examined.

The study will also focus on some selected youths in Accra for their perspectives on skin bleaching regulations. The scope of the study does not seek to generalize data and result on regulatory perspectives on skin bleaching but to understand the phenomenon from respondent's worldview. However, the study will not focus on regulation of cosmetics in general but will focus on regulation skin bleaching agents.

The research will use qualitative method to draw out data from respondents for analysis and interpretation. Responses will be drawn from officials of the FDA and selected individuals in Accra for the study.

## **1.6 Organization of Chapters**

This chapter one looks at the background of the study by analyzing the dynamism of the practice of skin bleaching among the Ghanaian youth. It also mentions the contributing factors that make skin bleaching a public health concern and it looks at the FDA as a regulator in relation to skin bleaching. The chapter also provides the problem statement, the significance of study and the scope of study.

In chapter two, the study reviews scholastic works including articles, books and publications relevant for the study. This includes the history, motivations, effects, and regulation of skin bleaching. The chapter also looks at the theory on which this study can be situated.

Chapter three discusses the methodology used for the research. It looks at the procedures and approach used for the collection of data. Procedures such as research methods, instrumentation, sampling, ethical considerations used for the study are discussed.

Chapter four provides information on data gathered from participants through interviews and focus group discussion on perspectives of skin bleaching regulation. Findings from the study is also presented. The finding from data collected is categorized into themes and explored for important exposure.

Chapter five present the summary of findings in relation to the research question and addresses them. There is discussion on the policy of skin bleaching and its communication. The chapter then concludes with recommendations for future works.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

The purpose of the study is to examine regulation of skin bleaching by looking at interventions including policies and programs made available by the FDA to control the skin bleaching phenomenon and people's perspectives on its regulation.

Therefore, in this chapter, research articles, published works and public information would be reviewed to expound the study. The first part of this chapter will explain the skin bleaching practice by looking at literature from Ghanaian and international scholars that are related to the history, regulations, findings, motivations, and adverse effects of skin bleaching. The second part of the chapter will look at the theoretical framework on which the research can be situated for data collection, analysis, and interpretation.

#### **2.1 History of Skin Bleaching**

According to Iftekhar and Zhitny (2020), the practice of skin bleaching dates to 200BCE when the ancient Egyptians, Greeks and Romans used olive oils, honey and lead face masks to lighten their skin and beautify their face despite side effects such as deformity and poisoning. Around the same period of 200BCE, Asian countries such as China and Japan started skin bleaching (Iftekhar & Zhitny, 2020). Iftekhar and Zhitny further noted that Chinese and Japanese women used chalk, consumed herbal medicines, and applied white lead powder for the purpose of bleaching (2020).

The history of bleaching especially in Africa is attributed to colonialism which Okango (2017) describes as the imperial rule of the Europeans over third world countries. Okango explains that colonialism and slavery brought about the ideology of race and racism that gave rise to racial distinctiveness and colorism. Glenn (2008) equally describes the yearning for whiteness to be present in countries ruled by the Europeans, an effect of colonization. However, Chauhan and Twari (2019) attribute the yearning for whiteness or fair skin in India, a country that was also colonized by the Europeans to having its roots in ancient folklore and cultural beliefs.

Achibong (2019) in his study reveals that there has been a misrepresentation of Africans by the Europeans as a dark continent with its people known as barbarians, corrupt and languorous who cannot progress. Achibong explains further that the bad image of Africa is the European colonist way of justifying their manipulative and extortive act of colonialism, which has consequently led to the acceptance of Eurocentric ideals leading to inferiority, low esteem and self-hate in Africans (2019).

Walker (1982) reveals that 'colorism' is a term first coined by Alice Walker to mean special treatment received by lighter skinned individuals compared to the ordinary or harsh treatment received by their counterpart with dark skin. A study by Hunter (2005) also reveals that colorism is derived from colonization of Africans which subsequently led to the production of children by the white man's rape of black women. Therefore, the miscegenation that produced variations and stratification of blackness led to the value placed on dark and light skin color among the same black population (Hunter, 2005).

Separate research by Kieth (2009) and Kizer (2017) give similar revelation about skin bleaching history by pointing out that slaves born out of miscegenation were privileged to become house or personal servants of their white masters. Keith and Kizer further reveal that such slaves were considered beautiful, smart, and less African because of their European features including their light skin color. Additionally, the slaves were bought for higher prices, were specially treated and received good food, good clothing and education from the slave masters who felt they shared some features with them (Keith, 2009; Kizer, 2017).

Kizer (2017) observes that even after freedom from colonialism, skin color discrimination persisted. Kizer explains that the advantages enjoyed by the light skinned blacks such as education and trade skills given by the white masters made them socio economically sound and stronger than the dark skinned black. She explains further that the ideology of value and preferentiality given to light skin was subsequently passed on to descendants even to the present generation (Kizer, 2017).

The history of skin bleaching in Ghana, a once colonized country, is similar to Okango (2017) attribution to colonialism. Adu Gyamfi et al. (2018) narrates that lighter skinned people (half caste) in the Ghanaian society were considered white by indigenes. Also, they lived in castles and nice houses in Elmina, received education and other special treats. Buah (1998) similarly asserts that the mixed-race children became successful merchants who received goods directly from London and traded for their white fathers while some became parish priests while others landed notable jobs. Buah explains that the half castes dominated over the indigenes because of the racial and other advantages especially education. He also explains that, unions between Asians and Africa, Syria and Africa were common at that time and their offspring became noticeable due to their skin

color which gave them the privilege of getting suitors for marriage. It is therefore necessary to mention that the history of skin bleaching as asserted by Buah (1998) could be linked to colonization, European presence while mix-raced unions affirmed it.

Meanwhile, Dorkenoo (1989) reveals that between 1957 and 1980, Ghana was the world leader in skin bleaching, having come second to South Africa in the practice. In his other work, Dorkenoo (1990) attributes Ghana's appreciation and desire for fair complexion by skin bleaching to the emergence of some prostitutes, who has had become fair by bleaching their ski, were more desired and sought after by many men of different ages and status. Skin bleaching after colonialism is noted by Adu Gyamfi et al. (2018) to be achieved using varied methods of which soaps were predominately used.

## **2.2 Cosmetics and Skin Bleaching Regulation**

According to the guidelines with which the cosmetic department of the FDA operates, a cosmetic is defined as a substance used for cleansing, improving or altering the complexion of hair, eye, teeth and skin it includes perfume and deodorant (FDA 2021). Skin bleaching is mostly achieved by use of cosmetic such as soaps and creams (Adu Gyamfi et al., 2018; Petit, 2019).

On the subject on cosmetics, research conducted by Petit (2019) reveals that during the 16<sup>th</sup> century, creams for artificial whiteness used for either skin bleaching or make up had metals in them and were subsequently banned for their adverse effects. Petit again reveals that in the 18<sup>th</sup> century, metals had found their way into cosmetics again which called for health-based discussions. Subsequent discussions that stressed on the dangerous effects of the metal

preparations including acute pains and convulsions caused a decrease in the use of metals in cosmetics by the end of the 18<sup>th</sup> century (Petit, 2019). However, mercury is still being used in cosmetic preparations until presently as mentioned by Petit (2019).

According to FDA (2017), the FDA as part of measure to control skin bleaching effects, banned the use of hydroquinone in cosmetic products. In 2019, the FDA had banned similar chemicals such mercury and steroid for use in cosmetic products (FDA, 2019). Darj et al. (2015) note that medical concerns about safety have resulted in more stringent regulations and prohibitions on the production and trade of certain products in many countries. These efforts, however, appear to have done little to curb the growing popularity of skin bleaching around the world, nor the widespread availability of the products (Darj et al., 2015).

In 2019, market surveillance activities by the FDA discovered some cosmetic products that still contained the ban substances; hydroquinone, mercury and steroids (FDA, 2019). The chemicals were concealed in product and were omitted as part of the list of ingredients on labels while in some instances; scientific names were stated on the label instead of their usual names known by consumers (FDA, 2019).

Iftekhar and Zhitny (2020) describe the cosmetic and skin bleaching industry as a multi-billion-dollar industry in the world with its markets flourishing in Asia and Africa. Chauchan and Twari (2019) in their study reveal that the most flourishing market for beauty or cosmetic products promoting fairness is the Indian market. The study further assert that cosmetic manufacturers have added fairness brands to their range of products which are being sold cautiously in order to avoid

conflict from government agencies, dermatologists, and advocacies groups (Chauchan & Twari, 2019).

Chauchan and Twari (2019) describes the multibillion-dollar cosmetic industry as responsible for producing and marketing skin bleaching products to especially the low and middle-income countries and using educated women as models to promote the industry through advertisement and marketing. Skin bleaching is practiced by dark colored people to get rid of the melanin while ironically the white people who are the major manufactures of the bleaching products (Achibong, 2019; Adebajo, 2002; Street et al., 2014).

Amankwa et al. (2016) gives an important revelation about skin bleaching practitioners in Ghana suggesting that most of them are illiterates and are unable to read the labels of creams but turn to use creams which eventually bleach and damage their skin based on the recommendations of people.

Therefore, Amankwa, et al. (2016) and Principal (1984) advise consumers in their studies to read the label of cosmetic products to know every component and benefits of the product. Reading the label according to Amankwa et al. (2016) enables the consumer to choose the right cream for the body such that the wrong cream is not used to bleach the skin. Also, Amankwa et al. reveal that the list of ingredients used in formulation of creams are usually listed in order of highest content to the least; ingredients with collagen listed among the first three ingredients should be patronized while those with fragrance listed before collagen should not be patronized because such creams can be harmful to the skin. Amankwa, et al. and Principal further suggest that ingredients in creams good for the skin may contain natural protein such as elastin, collagen and aloe juice, which prevent

skin damage (Amankwa et al., 2019; Principal, 1984). Additionally, high content of mineral oil and lanolin do not nourish the skin but stays on top of it to prevent the skin from getting moisture which is considered dangerous for the skin. On lengthen names of ingredients, Principal attributes names such as Ppropylparaben or Methylparaben to being just preservatives (Amankwa et al., 2019; Principal, 1984).

### **2.3 Findings on Skin Bleaching**

Street et al. (2014) reveal skin bleaching statistical trend in their work. Their research notes that 24% women in Japan bleach their skin, while 30% women in Ghana, 60-65% in India and 77% in Nigeria also bleach their skin. Davids et al. (2016) also found that 60% of urban African women bleached in the 1960s. They also explain that skin bleaching products found in most homes were the 4<sup>th</sup> frequently used products besides soap, tea and milk. The findings confirm skin bleaching as a global phenomenon as asserted by Sagoe et al. (2018) in their study.

In a study by Amankwa et al. (2017) in Ghana, skin bleaching respondents disclosed that the use of bleaching soap alone does not give the desired result unless they are used together with the bleaching creams. Also, the respondents mentioned the use of soaps such as Tura soap, Dove soap and Asepso soap while creams such Body White cream and Pure White cream were mostly used. However, Alata soap (a local black soap) that was also used was used in a mixture with other bleaching soaps. This finding confirms the assertions that skin bleaching practitioners do not only resort to one method of bleaching but to multiple methods which may include the use of cosmetics and homemade preparations as corroborated by Benn et al. (2016).

A study carried out by Adebajo (2002) in Lagos, Nigeria, revealed that a total of 348 respondents comprising of 215 females and 96 males admitted using skin bleaching products. The study discloses factors contributing to the rise of skin bleaching to unregulated sales of cosmetic creams and soaps and also to health workers indiscriminate use of prescription. The above finding by Adebajo (2002) confirms the critical role of regulation of skin bleaching practice, the very purpose for which this research is conducted.

In a mixed methods study by Darj et al. (2015) in Sweden, 65 respondents who were born outside Sweden indicated that they used bleaching products which they applied mainly to their faces for a long time to get the desired result. Also, the majority of women using bleaching products noted that they were satisfied with the results because they had no side effects from the products used. The satisfaction and lack of no side effects experienced by the women suggests the need for the development and implementation of policies as mentioned by Maagli and Jaag (2008) and stringent measures as noted by Daj et al (2015) to regulate the skin bleaching phenomenon especially where the individual does not see or experience any bad effects.

In a 1st meta-analysis and meta-regression analysis on global skin bleaching by Sagoe et al. (2018), the study analyzed studies of a total of 15,571 female respondents and 2,487 male respondents. 55.9% were aged 30 and below, 25.9% were 31-49 years while 50 years and above were 6.1%. The agents in cosmetics used for bleaching constitute 51.8% corticosteroids, 34.4% mercurial, 32.7% other agents such as fruit acids, Kojic acids, vitamins A& C, caustic substances, glycolic, herbal preparations, and other unknown substances (Sagoe et al., 2018).

The study also indicated that the sex difference of those who bleach suggests that it is a unisex practice because there are no significant statistical differences between the sexes. Sagoe et al. (2018) discovered that Africa and Asia are the continents of high skin bleaching practice globally; therefore, the markets in these continents are big due to cultural perception of fair skin and marketing strategy of using light skinned models to sell cosmetics. The study did not have any statistical significance of skin bleaching practice in the Middle East and there was less data from the Europe, Americas, and Oceania. However, empirical evidence suggests that skin bleaching is a global concern (Sagoe et al., 2018).

## **2.4 Motivations for Skin Bleaching**

Aramide et al. (2019) state that even though some research tie motivations for skin bleaching to colonization, slavery and globalization, skin bleaching is driven by multifaceted factors which has both historical, social, economic and psychological underpinnings. Even those who are naturally fair colored bleach their skin to protect it from dark spots and tanning, others bleach to get rid of skin rashes, pimples, skin diseases and adverse effects suffered from previous bleaching (Aramide et al., 2019).

Research by Darj et al (2015) attributes the primary motivation for skin bleaching to being beautiful. Darj et al. explains that beauty is peddled to equate fairer skin even though fairness is a relative concept. Aramide et al. (2019) attributes the contribution of the media as a motivation factor for skin bleaching. They explain that the media is used as a powerful tool for advertising appeals in order to cause a change in consumers' attitude and activate inner energy for purchases of bleaching products. By this means, Aramide et al. further explain that bleaching products

advertisements are done in a particular way to make consumers choose products by means of how products are communicated instead of the functions of the products.

Likewise, Chuahan and Tiwari (2019) in their research, raise an important motivation factor that is the use of celebrities in advertisement. They indicate that celebrities are used to advertise fairness in order to portray a certain kind of message that connects stardom to success for which consumers are keen to also lighten their skin (Chuahan & Tiwari, 2019).

Robinson (2011) in her work on skin bleaching in Jamaica explains that there is high prevalence of skin bleaching despite the bad perception attached to it by the society. She notes that the benefits derived from its practice are functional, perceived and realized with the sense of beauty exaggerated among practitioners. Robinson refers to the focus on beauty and fashion with desire for flawless, cool and blemish free skin including being popular and having unique skin color as motivations (2011). Other social and economic benefits of skin bleaching include better life circumstance, better marital suitors, high social status, better job opportunities, (Aramide et al.,2015; Darj et al., 2019).

## **2.5 Effects of Skin Bleaching**

Research works by Street et al. (2014) and Adebajo, (2002) identify dermatologic side effects of skin bleaching such as epidermal atrophy, exogenous ochronosis, eczema dermatitis, scabies, bacterial and fungi infections, warts and body odor. Street et al. (2014) disclose cell and organ diseases such as DNA functioning disruption and change in the genes could be experience as a result of skin bleaching. Also, renal and neurological could be experienced due to the presence of

mercury, while cataracts, glaucoma, cancer and Cushing syndrome can be caused. Other effects include hypertension, diabetes, infertility, leukemia, skin cancer, fetal toxicity, immunosuppression, renal and liver impairment and failure, insomnia, memory loss, tremors, speech and hearing impairment (Adebajo, 2002).

In a research authored by Owusu-Agyei et al. (2020), respondents identified damage to the skin, including skin darkening at some point in bleaching, as the highest adverse effects of skin bleaching. For respondents who did not experience any adverse effects, Owusu-Agyei et al. noted lighting of skin color (even as desired) as side effect of skin bleaching and this is obviously a ‘good’ side effect for the skin bleachers. Adebayo (2002) also reveals that persons who bleach including children have high mercury concentration in urine due to the use of mercury containing creams.

## **2.6 Conceptual Framework**

Kivunja (2018) explains conceptual framework as the underlining of structure, plans of research work that provides logical association of anything and everything used for research work. Conceptual framework which provides the rationale for the study (Marshal & Rossman, 2016), is the sum of all ideas and concepts that comes to mind during planning implementation and conclusion of all research project (Kivunja, 2018). Kivunja (2018) says that unlike theoretical framework, which is made up of people’s theoretical perspectives, conceptual framework could be the product of your thought.

Maxwell (2013) and Crawford (2020) indicate that while conceptual framework is the concept, assumption and expectation, theories that informs a research work, it must be build or constructed from personal experience, prior research and published theory in a clear representation.

### **2.6.1 Health Communication Concept**

Communication, which is at the core of human existence, is a way of exchanging information. According to Carey (1989), communication has both transmission and ritual components or roles. The transmission role of communication is seen in the exchanging of message through which knowledge is acquired while the ritual role makes human beings function socially as members of a society.

According to Bernhardt (2004), Health Communication is the scientific development, strategic dissemination and evaluation of health information communicated to and from target audience to promote health. Rimal and Lapinski (2009) note that Health Communication is relevant to health and wellbeing including disease prevention, health promotion and quality of life. They add that it also considers the importance of disease prevention and the need to understand human behavior. Schiavo (2007) indicates that Health Communication is aimed at influencing people to adopt and sustain behavioral practice, social or policy change that improves health outcomes. A document on health education by the World Health Organization (WHO) (2012) asserted that public health communication has an intention of public health advancement.

According to Mahmud et al. (2013), when health communication which is for promotion of health takes place within the health care services, it lacks an extensive socio-ecological health promotion

approach necessary to handle lifestyle issues related to health. They indicate that sociological approach addresses socio- economic and cultural factors that determine health by providing information and life skills that informs health.

Rimal and Lapinski (2009) note that Health Communication presents intervention efforts to change behavior. They state that part of the core components of Health Communication intervention is the need to perform extensive evaluation, audience need assessment and message pretesting. Therefore, they state that in evaluating communication intervention, statistical method and technique are used to observe outcome of intervention efforts. The response and outcome according to them must lead to modification of intervention content. They further indicate that due to the complexity of health behavior, multilevel interventions and multidisciplinary approach for effective change promotion should be employed. Also, due to the rapid change of communication channels, intervention should be communicated to meet audience at their level of technology (Rimal & Lapinski, 2009).

The WHO (2012) states that Health Communications involves using strategies to develop messages for individuals at the individual level, group at the group level, social marketing at the community level, media advocacies at the policy level and mass media campaigns at the population level. The document further reveals that Health Communication can only lead to individual change that could be sustained if there is support from the social and physical environment. However, Health Communication cannot compensate for lack of access to healthcare and healthy environment (WHO, 2012).

Influence on beliefs and behaviors are determined by factors such as target audience, complexity of health issue and nature of health message (WHO, 2012). Also, repeated exposure to message delivered through multiple channels intensify impact on audience for change.

According to a study on Health Communication message by the Public Health Ontario (PHO) (2012), it is quite difficult to create a persuasive Health Communication messages especially when change in behavior is elicited from the audience. Therefore, the PHO study reveals that for messages to achieve or cause a change, input of communication variables such as of message source, design of message, channel characteristics and the audience characteristic must be carefully considered. As part of the characteristics of the message, the PHO states that communication message should be clear, consistent and able to draw and maintain attention of audience. Recommended behavior should be presented early in the message with recommendation reasonably easy without much sacrifice to adopt (PHO,2012).

Fayoyin, (2016) mentions that social and behavior change for which Health Communication is used involves a complex process to achieve. Wang et al. (n.d.) also explains that the complex process of Health Communication needs a multidetermined approach that considers biological, psychological and socio-cultural phenomena. Therefore Fayoyin (2016) states that due to the complexity of the process, a mere dissemination of information to individuals, institutions and society will not result in any change.

As a limitation to Health communication, Schiavo (2007) identifies that it cannot work in isolation from other public health or marketing interventions nor replace the absence of infrastructure such as hospitals, clinic, laboratories nor replace capabilities such as health care professionals or

personnel. Schiavo also indicate that health communication cannot make up for inadequate medical solutions for diagnosis, treatment, and prevention of diseases. Schiavo mentions that Health Communication effectiveness cannot be equal for all messages delivered within the same time frame (Schiavo, 2007).

However, Health Communication according to Schiavo (2007) is becoming a popular field to address public health issues and with its multidisciplinary nature, it makes it theoretically flexible for each situation, target audience and use of best approach that leads to behavior change.

The purpose of the study is to analyze the role of the FDA in the skin bleaching practice and communication of available interventions on skin bleaching. As such, the concept of Health Communication underlines the rationale by which communication of skin bleaching interventions by the FDA is analyzed.

The conceptual framework of Health Communication serves as the basis for analysis of communication strategies or the overall approach used to achieve communication objectives of skin bleaching interventions. The format or style of communication which reflects the strategy to respond to actual need as described by Schiavo (2007) is useful to examine skin bleaching interventions by the FDA. While multiple tools, sources, and messages on skin bleaching interventions by the FDA is necessary for motivation leading to desired change or expected outcomes, message repetition and frequency are required to meet communication needs.

By used of Health Communication concept, the level of influence that skin bleaching intervention communication has over the public or its ability to create enabling environment that generates

discussion on skin bleaching practice as a public health issue needs to be determined by the study. For the expected outcomes of the communication of interventions on skin bleaching, preparatory work which involves research including audience analysis or profile as an important part of the strategy is to be determined using the Health Communication concept.

## **2.7 Chapter Summary**

The chapter reviewed literature under themes that focused on the historical perspectives of skin bleaching, the regulatory impact on skin bleaching, the general motivations for the pursuit of skin lighting and the adverse consequences of skin bleaching on the health of practitioners. The concept of Health Communication is the framework on which the study is underpinned. The conceptual framework is important in aiding the understanding of the skin bleaching Phenomenon. The next chapter reviews the methodology for data collection.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter addresses the methodology and the design of the research, guided by the following research questions; (a) how is the FDA regulating the skin bleaching practice and how are interventions being communicated to the public? (b) How are interventions being communicated to the public? (c) What are the public's perspectives on skin bleaching regulation? The research design and the sample selection used to for the study will be discussed. The chapter also looks at the instruments for the data collection, tools and methods for data analysis. The ethical considerations that guided the collection and analysis of data will also be explained.

#### **3.1. Research Design**

The research adopts a qualitative design to best achieve the research objectives. According to Kothari (2004), qualitative approach involves the subjective assessment of attitudes, opinions and behaviors. Results are generated in a non-quantitative form and subjected to a non-quantitative analysis. Unlike quantitative study, qualitative method does not use a statistical or empirical calculation but uses words to observe and interpret data (Mohajan, 2018).

According to Mosteki (2019), qualitative research design methods help to draw meaning and understanding from participants' accounts. Also, it enables the researcher to understand the world

from the viewpoint of participants. Qualitative research according to Mohajan (2018) is a form of social action used in the area of social domain to achieve profound impact.

The main objective for selecting this qualitative research is to get deeper understanding of the skin bleaching phenomenon and regulation. For this reason, the sample size is smaller than what a quantitative design will demand and it has no aim to generalize the findings as done using quantitative methods (Mosteki, 2019).

### **3.1.1 Exploratory Research**

The study adopted an exploratory research design. According to Swedberg (2020), exploratory research is research that works a way through a research topic to discover something new. Swedberg further notes that even though exploratory research leads to good science, not all exploratory research leads to something innovative even though it is considered the soul of research works (2020). Singh (2007) also adds that exploratory research explores the research topic to better understand the problem without necessarily providing conclusive answers. The use of the exploratory research enables the researcher become familiar with an unexplored area of skin bleaching study that focuses on the role of the FDA as a regulator and the public's perspectives on skin bleaching regulation.

### **3.2 Population**

Population is defined by Pilot and Hungler (1999) as a totality of all the subjects, members or objects that conform to sets of specification. The population for the study was FDA officers and Ghanaian youth with any educational and socio-economic status. The population from the FDA

was selected to analyze FDA regulation of skin bleaching while the youth population was used to examine for skin bleaching perspectives.

The FDA population focused on the Cosmetic and Household Chemical Department (CHCD), the Medical Devices, Cosmetics and Household Chemical Market Surveillance Department (MDCHC-MSD), the Communication and the Public Education Departments (CPED) and the Administration Department (AD).

### **3.3 Sample Selection**

Mugo (2002) explains that a sample is a part of a population that is studied through its properties to gather information as a reflection of the whole population. Acharya et al. (2013) also describe a sample as a subset of a population. A sample is selected to be a representation in order to reduce the resource involved in terms of time, cost and people.

Therefore, sampling is the process, act, technique of choosing a suitable sample to help determine characteristics of the whole population (Mugo, 2002). The sampling technique used for the study are convenience sampling and purposive sampling.

#### **3.3.1 Convenience Sampling**

Lavrakas (2008) notes that convenient sampling is a non-probability sampling where people are selected due to their convenience and closeness to the researcher. Convenience sampling is simple, fast and reasonable since the subjects are readily available. The convenience sampling technique

provides the easiest way to recruit participants for the study. This sampling technique was used to select participants for the focus group discussion.

Participants were recruited from a youth peer group in Accra for the focus group discussion. Members of the peer group volunteered and gave approval to be part of the research in response to the invitation given for the study. Skin color was not a criterion for the selection since discussion focused on participants' knowledge or awareness of policy on skin bleaching.

The convenient sample did not have any particular criteria for participation. Convenient sampling was used to select 13 participants of which 4 were interviewed while 9 were put together for a focus group discussion on the perspectives of skin bleaching regulation.

### **3.3.2 Purposive sampling**

Purposive sampling is adopted as the sampling technique for the study. Purposive sampling, also known as expert or judgmental sample, according to Lavrakas (2008) is a non-probability sampling which can be used with the objective to logically assume to represent an entire population. However, the results of using this sampling technique cannot be used to characterize the whole population (World Food Program, 2009).

Purposive sampling was used as the technique for the interviews. For this technique, the researcher selected participants from the Food and Drugs Authority for the interview. To ensure that participant made necessary contributions to the study and spoke to issues relevant to the study, participants were chosen from the communication department and the cosmetics departments. This

was because the researcher sought to get deeper understanding of skin bleaching regulation with insight from the cosmetics, policy and communication efforts used for skin bleaching regulation.

Purposive sampling was used to identify 4 FDA officers who met the set criteria for participation. The criteria used for the selection focused on selecting officers who worked or had worked with the cosmetics departments or the communication department and could extensively contribute to the study. As such, 1 respondent was derived from the CHCD, another from the MDCHC-MSD, another from the CPED and the last respondent was from the AD but had worked extensively with the CPED for a lengthy period and could contribute to the study.

### **3.4 Sources of Data**

To provide answers and solution to the research questions, the study gathered information from suitable and reliable sources that best served the purpose. Therefore, the data collection for the entire study used both primary and secondary source of information. Primary data was collected from participants using qualitative methods such as in-depth interviews and focus group discussion for analysis, while secondary data reviewed articles, books, research works and publications from authors and researchers whose literature were relevant to the study.

### **3.5 Data Collection Methods**

Data collection is the process of collecting information from relevant sources in order to help address the research questions of the study (Dudovskiy, 2021). The data collection methods or tools used were in depth interview and focus group discussion.

The research questions led to the development of interview guides for both the in-depth interview and the focus group discussion.

### **3.5.1 Interviews**

In-depth interview as noted by Showkat and Pavreen (2017) is goal oriented and significant in unfolding opinions, views and values on the subject under study. Interview was used to gather information from regulatory officers of the FDA. The information gathered was rich in depth to understand the role of the FDA in the skin bleaching phenomenon which is a health concern. The interview also helped to gather information on the communication strategy used to communicate the available policy in skin bleaching.

Semi structured interview was used to give room for follow up questions as the conversation developed and to allow conversations that delved into certain areas related to skin bleaching which the researcher expected to happen prior to the interview. Also, the semi structured interview enabled the researcher obtain more information and clarity on responses of respondents. Even though respondents were from a formal set up that juxtaposed the selection of a structured interview, however, the interview was semi structured to make it less formal. That was to create a comfortable atmosphere that prevented the respondents from being uptight with giving information. The less formal face to face interview made respondents behave normally as they would with someone they know very well.

As part of the data collection method, 8 participants were interviewed. 4 of the participants were participants from the FDA whose interviews were on the subject of regulation of skin bleaching

and communication of interventions to the public while the other 4 participants who were not from the FDA were interviewed on perspectives of skin bleaching.

### **3.5.2 Focus Group Discussion**

The research used focus group discussion as an important data collection method. Kaplowitz and Hoehn (2001) indicate that focus group discussions rely on the dynamics of group interaction to reveal similarities and differences of opinion of respondents. The focus group discussion helped to interview participants simultaneously in order to gather information through observation of their behavior, attitudes, likes and dislikes. The focus group gathered 9 members for discussion that stimulated debate in order to reach an agreement on conflicting experiences and views. The discussion was on skin bleaching phenomenon by focusing on the role of the FDA as observed by the public and on the perspectives of skin bleaching regulation.

### **3.6 Data Analysis**

Based on qualitative nature of data gathered, thematic analysis of data was performed by identifying, reporting and analyzing patterns within data as explained by Bruan and Clark (2009). Thematic analysis gives meaning to the research.

According to Attride-Stirling (2001), it is important for a researcher to give details and processes used to analyze data collected to make it easier to evaluate a research. For this reason, the processing of data for analysis followed a particular order. Importance was placed on the process in which the raw data collected from the respondents was transformed into useable information.

After the collection of data from the interviews and focus group discussion, the data was transcribed.

During the transcription stage, the data collected using voice recorder was fully hand written word for word. After transcribing the data, the data was typed onto the computer using Microsoft word, then the typed data was cleaned by eliminating repeated points and asides during data collection. Cleaning reduced the bulkiness of data and made it easier to work with. The cleaning was done such that it did not change the wording used by respondents but only removed repeated words and informal words not appropriate for formal writing. The cleaned data was put in the right language, context, codes and themes necessary for interpretation useful for the study.

Attride-Stirling also indicates that for a research to produce beneficial and meaningful outcome, it is imperative for the analysis of data to be done in a systematic manner. For this purpose, the six steps outlined by Bruan and Clarke (2006) for the thematic analysis of the qualitative data collected from respondents were used. The entire process began with identifying patterns that made meaning and reporting those patterns as themes for further analysis. The six steps that were followed through to analyze data collected are noted below:

### **3.6.1 Data Familiarization**

Bruan and Clarke (2006) note at this initial stage that the data collected from participants be carefully transcribed to reflect exactly what participants shared. Therefore, data collected was carefully transcribed for familiarization by reading and rereading of the transcribed data to become accustomed to the data and ideas that came to mind were down.

### **3.6.2 Initial Code Generation**

At this stage Bruan and Clarke (2006) directs that interesting features from data should be noted and group together as codes. As such, features were noted in a careful methodical manner across the entire data collected while relevant data was grouped together as codes. Coding is the reduction of the volume of data into meaningful text segment (Attride-Stirling, 2001). As part of the coding, labels were assigned to the research questions to become the anchor code under which relevant statements were coded and put together. A list of codes was compiled and arranged alphabetically.

### **3.6.3 Identification of Themes**

Here, the codes noted earlier were collected under potential themes for further analysis (Bruan & Clarke, 2006). At this stage, basic themes were formed from simple characteristics of the data. The themes noted here by themselves say little unless they are noted within the context of other basic themes (Attride-Stirling, 2001).

### **3.6.4 Theme Review**

The potential themes identified earlier should be examined to see whether they were workable in relation to the codes noted (Bruan & Clarke, 2006). Group of basic themes were organized and group together to form more meaningful and revealing themes. Themes were reviewed by reading and matching codes under the themes to see if they really supported the themes or not. Relevance was the key word that run through the process.

### **3.6.5 Theme Definition and Naming**

At this stage the theme is refined for specifics (Bruan & Clarke, 2006). The themes including subthemes were pieced together to give a broader meaning that tell what the whole text of data is all about thus its definition and naming. There were checks to certify the relation and interaction between sub themes and main themes.

### **3.6.6 Production of the Report**

According to Bruan and Clarke (2006), the final analysis should be done and reported at this final stage. At this point, themes were interpreted to address the research questions and the literature used for the study.

### **3.7 Ethical Consideration**

In the cause of collecting data from participants, the researcher took cognizance of the ethical considerations needed. Adequate preparation and planning were necessary for the quality and integrity of the research. Personal beliefs, religious beliefs and dignity of participants were not disregarded by taken into consideration throughout the interviews and focus groups discussion.

The ethical issues considered for data collection and analysis were:

### **3.7.1 Confidentiality**

Participants were assured of anonymity and confidentiality of any information they provided. Participants' names were not recorded at any point in the research. During the focus group discussion, the researcher ensured that participants identity was kept anonymous. Participants were not criticized by their sexuality, their skin color, ideology or preferences. Instead, their peculiarity was treated with respect and kept confidential.

### **3.7.2 Competence**

The researcher ensured that the competence level exhibited was high throughout the data collection and analysis process. The methods and procedures suitable for the study were selected in order to give the right results. Also, the benefits and risk of the research was assessed to ensure that the most out of the study is made through the data collection and analysis process as well as reduce risks to participants and everyone involved in study.

### **3.7.3 Selection of Participants**

Participants were selected as a subset and a representative of a population. As a qualitative study, participants were made feel comfortable, secured to open up to share their experiences, feelings, views and opinions on the subject of research. To achieve that, there was an establishment of rapport with the participants.

### **3.7.4 Valid Research Design**

For this particular research, the selection of exploratory research design was appropriate. The methods, tool and processes used for collection of data and analysis were suitable for the study and necessary to help answer the research questions.

### **3.7.5 Briefing**

The participants of the interviews and focus group discussions were made to understand the study and the importance of their involvement or contribution to it. For this purpose, a summary of the research was given to them to read. Participants' relevance to the study and what is required of them were explained to them in detail. Also, the use of the information they provide, who and how it will be used including possible sharing was explain to them.

### **3.7.6 Informed consent**

At the start of the data collection, participants consent was sought. Participation was subject to approval from participants prior to the interviews and focus group discussions. The data collection process was open and sensitive to provide the possibility for participants to redraw their consent at any point in time if need arise.

### **3.8 Chapter Summary**

The methodology of the research as discussed in this chapter looked at the research design, sampling, source of data and research tools used such as in-depth interviews and focus group discussion used. The data analysis methods used and the ethical consideration were clearly explained.



## CHAPTER FOUR

### DATA PRESENTATION AND ANALYSIS

#### 4.0 Introduction

The purpose of the study was to collect qualitative data useful to understand the skin bleaching phenomenon by analyzing the role of the FDA as a regulator and their communication of interventions on skin bleaching to the public. The study equally gathered qualitative data on public perspectives on skin bleaching regulation. This chapter presents data collected through in-depth interviews and a focus group discussion and analysis.

#### 4.1 Details of Respondents

Data collected for the study used in-depth interview to get information from 8 participants. The table below presents characteristics of 8 respondents of the in-depth interview. The gender and background of participants were captured in the table. Additionally, the date and the length of interview were captured as well as the focus of the interview.

**Table 1: Interview process details**

<b>Participants</b>	<b>Background of participants</b>	<b>Interview focus</b>	<b>Date of interview</b>
IP01	FDA officer	Regulator's role	15/9/2021
IP02	FDA officer	Regulator's role	16/9/2021
IP03	FDA officer	Regulator's role	16/9/2021
IP04	Public member	Public perspective	1/10/2021

IP05	Public member	Public perspective	1/10/2021
IP06	Public member	Public perspective	1/10/2021
IP07	Public member	Public perspective	1/10/2021
IP08	FDA officer	Regulator's role	1/10/2021

Data collection also used focus group discussion method to gather information from participants. Therefore 9 participants were put together for a group discussion on perspectives on skin bleaching. Table 2 below presents the details of participants of the focus group discussion. The date for the discussion was on 2<sup>nd</sup> September 2021. The table give details about the gender, age, level of education of respondents.

**Table 2: Focus group process details**

<b>Participants</b>	<b>Gender</b>	<b>Age Range</b>	<b>Level of Education</b>	<b>Date of discussion</b>
FGP/B	Female	20-25	Tertiary	3 /10/21
FGP/C	Male	20-21	Tertiary	
FGP/D	Female	20-25	Tertiary	
FGP/E	Male	25-30	Tertiary	
FGP/F	Female	20-25	Secondary	
FGP/G	Female	20-25	Secondary	
FGP/H	Male	30-35	Tertiary	
FGP/I	Female	20-25	Secondary	
FGP/J	Male	25-30	Tertiary	

## **4.2 Discussion of Findings**

The purpose of the qualitative study was to understand the role of the FDA in the regulation of skin bleaching, communication of interventions and perspectives on the skin bleaching regulation. The FDA respondents gathered through purposive sampling were expected to have a good understanding of skin bleaching phenomenon in relation to regulation and communication of interventions to contribute immensely to the study. The FDA participants provided scientific, factual, and regulatory information. All the participants, both purposive and convenient sampling respondents, provided individual experiences as their contribution to the study. The researcher explored information provided by the respondents to determine correlation between regulation and perception of regulation. The trend for skin bleaching practice among Ghanaian has become alarming for which regulation of skin bleaching in any form and available interventions have to be looked at to control the phenomenon.

Relevant data collected from 17 respondents were transcribed and was manually analyzed to develop codes and themes for the study. The transcribed data was used to identify codes. The coding adopted a descriptive strategy with the codes leading to the development of themes and sub themes. A total of four themes were developed using an inductive approach from the transcribed focus group and interview responses. Themes and sub themes are described below:

### **4.2.1 The Role of the FDA**

Participants analyzed the role of the FDA to reflect the mandate of the FDA, regulation of cosmetics, position on skin bleaching, available policies and intervention on skin bleaching.

#### **4.2.1.1 Mandate of the FDA**

The FDA as a regulatory agency is responsible for the manufacture, import, distribution, export, sale and use of regulated products. These regulated products include cosmetics and household chemical products, medical devices, food, drugs, blood and blood products, tobacco, and substances of abuse. According to some interview respondents, the “FDA is noted for promoting public health agenda” (IP01/Male/FDA Officer) and “the FDA’s mandate is to regulate products to ensure public health and safety” (IP08/Male/ FDA Officer).

As a “scientific institution” (IP02/Female/FDA officer), the FDA uses does do not work in isolation but uses standards that are sets to regulate products. Participant IP02/female/FDA Officer, therefore noted that,

To position the brand (FDA), to make it appealing and more importantly, get the requisite public confidence to the institution ...the FDA is driven by the standards that are set in the country ... for the products that we regulate. We go ahead to establish the necessary regulatory framework to ensure that the standards are met. (IP02/female/FDA Officer)

As such, the FDA also develops guidelines as a framework with which its it uses to promote the health and wellbeing of the public thereby winning their confidence.

#### **4.2.1.2 Regulation of Cosmetics**

Skin bleaching is practiced largely by using cosmetic products that have bleaching chemicals to achieve desired results. As part of its operational structure, the FDA has two departments that are

solely responsible for cosmetic regulation. The two departments are the Cosmetics and Household Chemical Department and the Medical Devices, Cosmetic, Household Chemicals Market Surveillance Department (IP03/Male/FDA Officer).

The Cosmetics and Household Chemical Registration Department “is the department at the FDA responsible for the application submitted for the registration of cosmetics and household chemical substances” (IP03/Male/FDA Officer).

Similarly, the FDA officer indicated that the Medical Devices, Cosmetic, Household Chemicals Market Surveillance Department,

Is in charge of routine market surveillance... We [ Medical Devices, Cosmetic, Household Chemicals Market Surveillance Department] go from time to time...we also handle complaints and investigations. We also handle safe disposals of regulated products, and we also do destination inspections which is when a product arrives at the port and it is not registered, we follow up to ensure that it gets registered. (IP08/Male/FDA officer)

Cosmetic regulation begins with the product registration followed by market surveillance activities to rid the market of unapproved products and to ensure that the ingredients which a cosmetic product is registered with is what is truly being offered for sale. Cosmetic registration is guided by standards developed by Ghana Standard Authority that prescribes “the level of hydroquinone” which is 0% permitted in cosmetics. There is a technical committee made of various stakeholders who are from the FDA, medical practitioners, academia etc. who set standards. These standards are set with the backdrop of ensuring that cosmetic do not contain certain chemicals that are very

harmful to the skin. This standard informed the ban of hydroquinone and other chemicals from use in cosmetics. Hydroquinone and its derivatives are the chemicals that are the number prohibited chemicals in cosmetics (IP08/Male/FDA officer; IP03/Male/FDA officer).

Therefore, cosmetic regulation is necessary to protect consumers from harsh effects suffered from the use of cosmetic products with harmful bleaching chemicals.

#### **4.2.1.3 Position on Skin Bleaching**

According to participants IP03/Male/FDA officer, IP04/Female/FDA officer and IP01/Male/FDA officer, the FDA is not against skin bleaching even though it has health consequences but is against bad skin bleaching practice.

Participant IP03/Male/FDA officer indicated the FDA's position on skin bleaching as against bad practice.

FDA is not against skin bleaching because we have products that are registered. So, the Authority is not against bleaching but against bad practice. The safer options are there... for people who genuinely want to take care of dark spots over a short period of time and get the benefit. (IP03/Male/FDA Officer).

We have some chemicals that have been identified as being harmful and then we do not expect them to be found in cosmetic products for the purposes of bleaching except that those products could be used for medical purposes and we can also use them under prescription and proper guidance by medical practitioners... You may find a cosmetic

product that could do that same job. You may find a cosmetic product that may not have the presence of hydroquinone or mercury or other chemicals yet may have this bleaching effect. (IP04/Female/FDA officer)

The FDA in my opinion is not against skin bleaching but we are against the addition of some ingredients which are harmful to the skin, example hydroquinone and some derivatives of hydroquinone. They are not hydroquinone but they become hydroquinone in the product. (IP08/Male/FDA officer)

These statements by participants collaboratively state the position of the FDA as a regulator that is not against skin bleaching but against bad practices to lighten the skin. However, a statement by another participant indicated that,

The FDA initially was registering cosmetic products that contained not more than 2% hydroquinone because of its effect on the skin. Then it got to a point through revelation we realized that even the 2% is high. So now it came to 0% where cosmetics should not contain hydroquinone at all and that tells you the stance of the organization. If an organization says I'm regulating and I want to make sure that skin products, as in cosmetic products on the markets, do not contain hydroquinone because they bleach the skin then it tells you that the organization is against it. (IP01/Male/FDA officer)

Conversely, the above statement by IP01/Male/FDA officer states that once the FDA has banned the use of hydroquinone and other harsh bleaching chemicals from cosmetics, then the FDA is against skin bleaching.

#### 4.2.1.4 Available Policies

To verify whether there is a policy on Skin bleaching, one participant noted that “There is no clear policy on skin bleaching but you find them lace out in a number of policies we have in cosmetics” (IP02/female/FDA Officer). While another participant also indicated that,

The FDA’s mandate is to regulate products to ensure public health and safety. The farthest we can go is the products. We can advise people not to bleach their skin but I don’t think we have the mandate to stop someone from bleaching...I have not seen any policy on that. (IP08/Male/ FDA Officer).

According to Participants P08/Male/ FDA Officer, IP08/Male/ FDA Officer and IP03/Female/ FDA Officer, there is no available policy on skin bleaching. Participants IP08/Male/ FDA Officer specify that the FDA regulates products and not a practice. Therefore, skin bleaching as a practice cannot be regulated because there is no policy on it.

However, participant IP01/Male/FDA Officer noted differently that,

There is a policy. In actual fact, we are doing this under the Ghana Standard Act. Initially the Act permitted 2% but I know the Act was changed to 0%... We (FDA) are basing our regulation on the Act. And internationally, quite a number of countries do not allow hydroquinone and other chemicals in cosmetics, so we are applying current international best practice. (IP01/Male/FDA officer)

Therefore, statements by IP01/Male/FDA officer reveals that once the FDA works with the national standards for cosmetic products and has developed guidelines with which it uses for cosmetic registration, then there is a policy on skin which aims to control skin care and skin bleaching consequences.

#### **4.2.1.5 Intervention on Skin Bleaching**

The FDA establishes that it is not against skin bleaching but acknowledges that the consequences of skin bleaching could be life threatening and a public health concern. To control skin bleaching practice and its consequences, the FDA as an agency interested in promoting public health and safety has produced interventions. These interventions as indicated by the participants (IP03/Male/FDA Officer; IP01/Male/FDA Officer; IP08/Male/FDA Office; IP02/Female/FDA Officer) are:

1. Cosmetic regulations: Ban on hydroquinone, mercury and other potent or harsh chemicals in cosmetic products formulations. These chemicals hasten the bleaching process causing serious side effects.
2. Public education: intensive public education following the ban on hydroquinone in cosmetic products.
3. Market surveillance: market surveillance activities to inspect products on the market and to ensure that ban chemicals are not in products.
4. Guidelines: developing guidelines for cosmetic products regulation.

5. Collaboration: collaborations with other stakeholders such as the national security, police, BNI, customs to control the smuggling in of unapproved cosmetic products into the country through the porous borders.

As part of interventions or efforts to control skin bleaching, IP03/Male/FDA Officer indicated that

We sample products on the market, some people may not indicate hydroquinone as part of the ingredient but there might be some of these products in them... In our sampling we have even identified traces of hydroquinone, mercury, and corticosteroid in some skin lighting products... The protocol is if products indicate brightening, lightening, toning, whitening and any phrase, adjective that is suggestive that the product can do that is screened for these adulterants. (IP03/Male/FDA Officer).

Similarly, IP08/Male/FDA Officer noted the following as efforts to control skin bleaching

Those with hydroquinone have reformulated and removed the hydroquinone from it. As market surveillance officers, we also go around educating people that hydroquinone shouldn't be used in cosmetic products so people are aware and are very careful when buying skin bleaching products. They check the ingredients to ensure that it is 0%. (IP08/Male/FDA Officer)

Participant IP03/Male/FDA Officer indicated the use of collaborations as one of the efforts to control skin bleaching:

We also have collaborations with police, immigration, customs, BNI, national security. All these are agencies that we collaborate with because issues relating to this category [are of] national security... and if you don't try to control it, you think that these product coming in boost trade. (IP03/Male/FDA Officer)

Collaboratively, participant IP02/ Female/FDA Officer stress on public education and contribution to discourse or conversation on skin bleaching to control the practice:

From time to time, we get the opportunity to reach out to the larger public. It is something that has been done within the country and internationally where we have contributed to discourse on skin bleaching as a people, as black people and as a continent. (IP02/ Female/FDA Officer)

#### **4.2.2 Strategy for the Communication of FDA's Intervention on Skin Bleaching**

With the objective of protecting consumers from harsh effects suffered from especially banned chemicals (hydroquinone, mercury and steroids) in skin bleaching cosmetic products, the FDA outlined some interventions. As a strategy, series of activities and programs were organized to communicate interventions. Communications of interventions according to the FDA was spearheaded by the communication department. The activities undertaken are described below.

##### **4.2.2.1 Stakeholder Meetings**

There were a series of stakeholder meetings organized by the FDA. Some of the stakeholder meetings had medical practitioners, dermatologists, scientists, and other professionals to discuss

the effects of skin bleaching and by way of regulation enforces standards. According to a participant, “there are a lot of stakeholders, academia, industry, advocacy groups, consumer, associations, advertising etc. (P03/Male/FDA officer)” that made up the stakeholder meeting.

According to these participants, the ban of hydroquinone and other chemicals in cosmetics were guided by standards:

The FDA did not just get up and give an announcement that we are stopping some skin bleaching chemicals. We started engaging the dealers in cosmetic products to explain the reasoning behind why hydroquinone should not be in cosmetic products to them... so quite a number of stakeholder meetings were held... quite an extensive discussion was held.  
(P01/Male/FDA officer)

These standards, as collectively admitted by participants, are the backdrop for which cosmetic regulation is based.

#### **4.2.2.2 Market Surveillance and Collaborations**

As a way of enforcement of the ban on these chemicals in cosmetic formulations or products, the FDA carried out market surveillance exercise daily (IP08/Male/ FDA Officer). Market surveillance activities did random sampling of products to test and verify their adulteration and if there is adulteration, the products were seized (IP08/Male/ FDA Officer; IP03/Male/ FDA Officer).

The FDA collaborated with stakeholders like the national security, BNI, Police, customs to enforce the ban through smuggling at the porous borders. Participant P08/Male/FDA officer mentioned that “in Ghana, there are porous borders and people are able to smuggle them through the porous borders” (P08/Male/FDA Officer).

Participant P03/male/FDA Officer corroborates the relevance of stakeholder collaborations that helps market surveillance activities.

We also have collaborations with police, immigration, customs, BNI, national security. All these are agencies that we collaborate with because issue relating to that category is a national security issue and if you don't try to control it, you think that these product coming in boost trade. (P03/male/FDA officer)

#### **4.2.2.3 Public Education Exercise**

The strategy that was extensively used was public education. The public was sensitized on the ban on hydroquinone and other chemicals in cosmetic products and the effects of skin bleaching. According to participant P01/ Male/ FDA Officer),

The strategy was number one; to meet with importers and dealers in cosmetic products, educate them... The FDA embarked on media education to talk about the dangers of skin bleaching and that was done extensively all over the country to the extent that there were even regional fora [that] addressed these things. (P01/Male/FDA Officer)

#### **4.2.2.4 Communication Tools**

The tools that aided the communication strategy were the issuance of press releases, mass media communications, social media communications, regional fora, markets, schools' visits and person-to-person communications (P03/Male/FDA Officer, P02/Female/FDA Officer).

#### **4.2.3 Public Perception of Skin Bleaching Regulation**

The public's perception of skin bleaching regulation focused on the FDA's regulatory role. To understand public perception, people's knowledge about the FDA, skin bleaching practice, perception on skin bleaching regulation, public education reach and ability to self-regulate are put together under this theme.

##### **4.2.3.1 Knowledge about Skin Bleaching**

Participants of both focus group and interview (Public perspective) defined skin bleaching as change of one's natural skin color by use of products or cosmetics, especially creams to be fair (IP04/Female/public member; IP07/Female/public member; IP05/Male/public member; FGP/B/Female). Besides the use of creams, focus group participants discussed other skin bleaching products such as toothpaste, perming cream (hair relaxers), injections and pills as well as natural products such as carrot and milk. One of the participants noted that "Skin bleaching is a no for me. It is actually trying to change your natural skin color. Maybe you have a lightly fair skin but you want to be fairer, so you bleach" (IP04/Female/public member). Two other participants indicated that,

Skin Bleaching is when someone enhances and uses other creams or soap or chemicals to upgrade or enhance a person's skin color... For example, if the person is dark, the person wants to be fair the person uses multiple creams. (IP05/Male/Public member)

Even though I don't know much about the skin, I know that the skin has layers like the other things such as the soil, the sky etc. So, as he said that skin bleaching is corroding of the epidermis, this happens when you use creams to the extent that it lightens the skin. The skin lighting means that it has removed the top part of the skin. (FGP/B/ Female)

Participants admitted that the basic motivation for skin bleaching is to look beautiful and attractive. Some of them noted that skin bleaching made people well connected to have many friends, money and attract men for a relationship (FGP/B/ Female; FGP/H/ Male). Some attributed skin bleaching to society's acceptance and admiration of fair or light skin people than those with darker skin (FGP/B/ Female; IP04/Female/public member). Participant IP04/Female/public member noted that fair skin only requires less make-up to be nice while dark skin requires more make-up. These were noted by interview participants and focus group participants,

Skin bleaching has to do with using chemicals or products to make you lighter, make your skin nice. Some of the products are harmful while some are good. Some go to the extent of using toothpaste to bleach the skin. So later you realize that the skin color is not even but full of patches. When people bleach their skin, they look better, they have confidence and are able to communicate better and they are easily accepted by people because they look beautiful. When they were dark, nobody liked them but when they become fair, they are likeable. (FGP/H/Male)

The youth say fair girls are very pretty so somebody with dark skin would like to tone the skin for it to look beautiful. Men also prefer the fair ladies. Fair ladies need less make up to be beautiful but the dark people will have to apply more make up to be beautiful.  
(IP04/female/public member)

The effects of skin bleaching were as very worrying by participants. Skin diseases such as ‘Nonsowoben’ in the Ghanaian Twi language which is ochronosis in English was commonly admitted as an effect on the skin. Soft, slippery and thin skin that makes surgeries difficult to perform was commonly noted as well. One focus group respondent said “that one of the effects is it brings sickness and discolor skin. It weakens the immune system, different types of cancer” (FGP/H/Male). Participant FGP/E/Male noted that “those who use skin bleaching products have bad odor. When you use these products, you sweat a lot and it also soften the epidermis and make it slippery” (FGP/E/Male).

Skin bleaching is not good because it will affect you in future. When you get hurt you cannot get treatment due to how you have bleached the skin. It is difficult to treat you because you have removed the first layer of the skin off...I also know that skin bleaching damages the skin to the point that it looks like it is burnt. (IP07/Female/ Public member)

#### **4.2.3.2 Knowledge about the FDA**

Generally, participants’ knowledge about the FDA is on its regulation of food and drugs only as suggested by the name of the institution. While some participants are unaware of the FDA’s regulation of cosmetics, one participant revealed that become aware through advertisement

statement that accompanied cosmetic advertisement on TV. Participant IP04/ Female/Public Member revealed that “I got to know about cosmetics registration by the FDA when I watched an advertisement on TV. I saw cosmetic products with this statement ‘this advert is FDA Approved’”. Another participant noted this about her knowledge of the FDA as, “I know they regulate food, drugs but I don’t know about cosmetics” (IP07/Female/public member).

**4.2.3.3 Perception on Skin bleaching Regulation:** Participants indicated that effects suffered from skin bleaching make it a subject of public health that requires regulation (IP05/Female/ public member; IP04/Male/Public Member; FGP/E/Male; FGP/C/Male; FGP/h/Male). However, participant IP06/male/public member indicated that skin bleaching is an individual affair and not a public health issue, as such regulating it is farfetched. The participant noted that “I think it is a health concern for individuals. It’s a matter of choice to bleach your skin so it’s an individual health concern” (IP06/male/ public member).

Some participants were neither aware of the ban on hydroquinone, corticosteroids and other harsh chemicals in cosmetic products nor did they attribute it to the FDA’s effort to control skin bleaching. Although three participants of the focus group discussion were aware of the ban, they did not know much about it. Only one person was able to mention hydroquinone as one of the chemicals not permitted in cosmetics:

I have heard about the ban, I heard it from the FDA and on radio or television...the ban is due to the effect that it has on the skin. Because of some of the chemical components in those creams and injections, they are harmful... I don’t remember the name of any of the banned chemicals. (IP05/Male/public member)

#### **4.2.3.4 Public Education Reach**

Public education is of the interventions that the FDA rides on to reach out to the public on the dangers of skin bleaching. Participants acknowledged the need for public sensitization on the effects of skin bleaching to discourage the practice among the youth. Some participants admitted to having heard education on skin bleaching. However, participants IP04/Male/public member and FGP/H/Male acknowledged their reception of public educated by FDA officers. FGP/H/Male noted that “with regards to regulation, I have seen the FDA educating people on social media, Facebook. I know the FDA send people to the market to educate people but I don’t know of any an actual regulation,” (FGP/H/Male).

Participants were of the view that the FDA had a leading role to play in skin bleaching regulation since they regulate cosmetics. Participants suggested things the FDA could do to control or regulate skin bleaching:

The FDA can do more. Formally, the health warnings on cigarettes were written on the package but now they have taken it a step further by putting pictures of the side effect on the package. So, the FDA as part of regulation should mandate those who do cosmetic creams to put the effects of bleaching on their products and persons to contact to report side effects suffered from using creams. We need to report products with hydroquinone to the FDA for them to do a better job. (FGP/H/Male)

I think the FDA has a role to play. There should be strong backing of the law for it to be enforced effectively. There should be an effective policy. When a person reports a particular chemical, which is not supposed to be in the cream, the shop owner should be arrested. When the law is enforced like that, it will reduce the sale and purchase of such product. I also think education is important. It is difficult to tell someone that he/she is bleaching. (FGP/B/ Female)

#### **4.2.3.5 Self-regulation**

Participants seemed unaware of their contribution to skin bleaching control by self-regulation. Only three of the participants from both the interview sessions and focus group admitted to checking labels of cosmetic products during purchase to avoid any chemical or unexpected outcome from using the product. Participant IP04/Female/ public member admitted to looking out for natural ingredient formulations like aloe vera and carrot which she believes could not bleach her skin. She indicated that,

I do, it is something I have actually been looking out for, the labels. Because I don't want a situation where my skin color will change after applying a cream. I want to maintain my skin color. So, if I see that a [product] does not have bleaching stuff then I buy it. Most times, the creams I buy either have aloe vera and carrot which I know don't bleach and that is what I look out for. (IP04/Female/ public member)

Similarly, participant FGP/B/Female revealed her look out for words like whitening, brightening, lighting on cosmetics labels. If a cosmetic label has words that suggests to her that they can bleach her skin, she does not buy it:

Whenever I am buying a product and I see whitening and lighten on the label, then I know it will not be good for me since I don't know the chemicals in the. I look out for skin lighting and brighten inscription of product label to avoid buying them. I rather go for one that will make my skin glow. (FGP/B/Female)

The other participants just check for the number on the label that corresponds to her skin shade only “as for me, I check the number on the container to see whether it is the right number for my skin shade” (FGP/G/Female).

#### **4.2.4 Perspectives on the Regulation of Skin Bleaching**

Perspectives on the regulation of skin bleaching looked at participants' opinions on how to control skin bleaching practice. Recommendations like awareness campaign, policy development, strict regulation, socio-cultural and psychological reorientation and effective collaboration were suggested by participants.

##### **4.2.4.1 Awareness Campaign**

Some participants offered advice on how to control skin bleaching. They noted the need to sensitize people to make informed decisions not to bleach or use safer options. Participant FGP/C/ Male

noted that “to assume everybody knows about bleaching creams and its effect is not right. So, we need to educate people on the long-time effect of skin bleaching”.

Participant IP05/female/public indicated that “we need to educate them on how to tone down skin bleaching and accept that any skin color is beautiful.”

Participant IP05/Male/public member noted the following “I don’t know if there is a day set aside worldwide for skin care. If there is then it should be celebrated to the highest. If there isn’t then the FDA should create a day that they talk about it on TV, radio at the markets.”

As part of creating awareness, participant FGP/H/Male suggests advertisement of chemicals not permitted in cosmetics. He noted the following:

I think the FDA can do adverts on skin bleaching on TV. I have seen one of their calendars in which they advertise the side effects of smoking, bleaching and environmental neatness, on food safety but on bleaching, I think they should come on TV use more money to advertise on skin bleaching because we know all what social media does. (FGP/H/Male)

#### **4.2.4.2 Policy Development**

Some participants suggested that a policy should be developed to formalize the regulation of skin bleaching. Written down policy will enhance the enforcement and control of skin bleaching. On this, participant IP05/Male/public suggest that “I think there should be a national policy so that people who produce creams with chemicals that causes skin bleaching. The regulator may propose this for it to go to parliament for approval (IP05/Male/public)

#### 4.2.4.3 Strict Regulation

Some participants suggest strict enforce of the ban of hydroquinone and other harmful skin bleaching chemicals. Participant IP04/female/public suggested that “either you {importers} stop importing it {cosmetics} or you stop putting in those chemicals”. Participant FGP/H/Male also suggest that the FDA provide contact numbers for buyers or consumers to easily report effects suffered from using products which had banned chemicals. He noted that,

Formally, the health warnings on cigarettes were written on the package but now they have taken it a step further by putting picture of the side effect on the package. The FDA as part of regulation should mandate those who do cosmetic creams to put the effects of bleaching on their products and persons to contact to report side effects suffered from using creams. We need to report products with hydroquinone to the FDA for them to do a better job.  
(FGP/H/Male)

Participant FGP/B/Female suggest that perpetrators of banned skin bleaching cosmetics should be arrested. She noted that:

When a person report of a particular chemical which is not supposed to be in the cream, the shop owner should be arrested. When the law is enforced like that, it will reduce the sale and purchase of such product”. (FGP/B/Female)

#### **4.2.4.2 Socio-cultural and Psychological Re-orientation**

It was suggested that to control skin bleaching, people should accept that they are beautiful whether black or white. The black society should accept who they are and not change identity through activities such as skin bleaching.

Participant IP02/Female/FDA officer suggested the following:

It's how you accept and assert yourself that really matters so if you are not able to accept yourself, how will an external person accept you for who you are? ... I think the more people climb up the place of education, educational ladder, exposure, emancipation of the mind set and everything, the more they accept themselves and become more confident. We are beautiful in our own right and we cannot allow these kinds of binary and systematic definition of beauty to define who we are. (IP02/Female/FDA officer)

According to a participant, Afrocentrism which is gaining root should be accepted. This is where black people should accept who they are encouraged. Participant IP02/Female/FDA officer noted that:

These days, the whole movement of Afrocentrism is making people embrace who they are. The color brown is looking beautiful, and we are not really black neither are the whites white, they look more pink than white. We needing to accept who we are is finding expression with even the way we speak, the food we eat, the entertainment we are enjoying and all so it's a matter of time. The more the Ghanaians becomes more sophisticated in their thoughts and everything, it will become more and more easier for us to combat this

thing, you realize lately its more of a phenomenon among people who are not literate or semi-literate but people who are literate are running away from this largely.  
(IP02/Female/FDA officer)

#### **4.2.4.3 Effective Collaboration**

Participants were of the view that skin bleaching regulation should be collaborative efforts and not just the responsibility of the FDA. Other people or institutions should work together to control the practice. One respondent noted that “the media house has to come in to help (TV and Radio)” (FGP/D/female) while another participant indicated that, “educational institutions must be involved to help create awareness from JHS, SHS and the university. They could be speeches and courses on skin bleaching” (FGP/D/female).

### **4.3 Chapter Summary**

The study makes contribution to the existing literature about the skin bleaching phenomenon. It also provides an understanding of respondent viewpoints about regulation of skin bleaching. This is to help determine the necessity of its regulation to control the practice. Effort made by the FDA as a contribution to its control and what the public expects of the regulator were explored. The study made use of findings from the interviews and focus group discussion for analysis and presentation of result.

## **CHAPTER FIVE**

### **FINDINGS, CONCLUSION, AND RECOMMENDATIONS**

#### **5.0 Introduction**

In this chapter, the discussions, conclusion, and recommendations will be presented based on the entire study. The research questions are answered to reflect data gathered through the interviews, focus group discussion and literature review. Also, in this chapter, deductions, inferences, correlation, and generalizations are drawn from the thematic analysis made from the findings and results of the previous chapter. The limitation of the study, implication for future research and recommendations will also be discussed.

#### **5.1 Interpretation of Research Findings**

The objectives of the study are to analyze the role of the FDA in regulation of skin bleaching, communication of interventions and perspectives on skin bleaching. The first objective which focused on FDA regulation of skin bleaching looked at the interventions put together by the FDA, the second objective focus on strategy used for communication of interventions by the FDA while the third objective analyzed public perspectives on skin bleaching regulation. The research questions for the study led to the development of themes including the mandate of the FDA, regulation of cosmetics, available policies, intervention on skin bleaching while the communication strategy looked at stakeholder meetings, public education and tools use for the strategy.

According to its mandate, the FDA is the main agency that can directly control the regulation of the skin bleaching practice. This is due to its responsibility to supervise the manufacture, distribution, importation and sale of cosmetic products, mainly used to bleach the skin. Similarly, other substances such as drugs and injections discovered for use to bleach the skin fall under this mandate. The FDA is the institution that gives approval for products used to bleach the skin and can best control skin bleaching practice by denying approval of cosmetic bleaching products. It is however interesting to discover that the FDA does not seem to do much to regulate the practice. Information by interview participants from the FDA revealed that the regulatory body is responsible for products safety but not a practice. Contrary that assertion, if products used for a practice are inaccessible and unavailable for use, the practice is curtailed. Therefore, the FDA plays a pivotal role in skin bleaching phenomenon.

Cosmetics regulation is very cardinal to skin bleaching practice. Regulation begins with products registration which is guided by standards and guidelines to determine permitted substances or ingredients, safe formulation, storage condition among other. Regulation continues at the market for surveillance activities. Permission of skin bleaching chemicals in cosmetics reflect the FDA's position as not against skin bleaching. The FDA gives approval for skin bleaching cosmetics yet educate the public against the practice as an intervention. This appears to be double standard approach, where bleaching products are approved to be on the market yet consumers are advised to refrain from their use.

Public education is one of the interventions on skin bleaching following the ban of some chemicals like hydroquinone, mercury, and steroids from cosmetics in 2018. The ban of those chemicals was

a response to the increase harsh effects suffered by consumers from skin bleaching. However, public education effort was not sustained beyond a year after the ban. Messages for public education focused on informing the public on the ban of bleaching chemicals in cosmetics and not necessarily on the subject of skin bleaching in general to boost health literacy. Behavioral change among consumers of skin bleaching products was not effectively elicited and this could be attributed to lack of strategically planned public education which explains why skin bleaching has been on the rise especially among the youth.

There is no policy on skin bleaching because the FDA does not acknowledge the need for it. Bleaching products that are considered milder compared to the banned chemicals are still permitted for use in cosmetic formulations. The FDA as a regulatory agency could develop policies and also come up with implementation strategy as described by Maagli and Jaag (2008) that regulatory agencies have become active in developing and implementing policies. However, there is no policy by the FDA on skin bleaching.

The second objective looks at communication of skin bleaching interventions by the FDA to the public. Under this objective, the strategy for communication is analyzed for its effect against skin bleaching control.

Intensive communications of skin bleaching interventions especially public education started during the period of the ban of skin bleaching products in 2018 and lasted for a year. The strategy as explained by the FDA was to hold stakeholder meetings where the proposed prohibitions of hydroquinone, other chemicals were explained to cosmetic industry players and timelines for the roll out of the ban was discussed. Another strategy was to enforce the ban through market

surveillance, collaborate with other institutions and to embark on public education. The communications strategy outlined the direction in which the FDA wanted to go in relation to the ban but indication of how to get there or the tools necessary for effective communication were not properly outlined as well as the publics well segmented to deliver message for targeted audience for implementation. Also, the publics or the audience of the strategy were not well determined or targeted especially for the public education exercise.

According to Brown and Sha (2013), communication strategy and tactics determine how an organization best reach its target publics. Brown and Sha note that while the strategy particularly reflects the specific message content that must be communicated to achieve the outcomes stated in the objectives, the tactics define the specific media suitable to deliver that content to the target publics. Also, for a communication or program to be successful, budget must be made available to implement it.

The third objective of the study focuses on perspectives of skin bleaching regulation. Under this objective, themes including knowledge about skin bleaching and the FDA, perceptions on skin bleaching and public education impact were derived. Definitions of skin bleaching by participants were similar. The underlying idea within definitions given was the change of the natural skin color by use of cosmetics. This reflects the understanding of skin bleaching. Even though there are various forms of cosmetic products such as creams, gels, soaps, lotions, oils, etc., the use of creams seem to be the well-known form. However, drugs, injections, toothpaste were revealed as products used as well.

Participants had fair knowledge about skin bleaching methods and process and could discuss side effects due to what they see happening to the skin of practitioners. The common side effects readily known were skin conditions or diseases which are visible. However, serious side effects including cancer, renal and liver failure, leukemia that affect people internally were rarely mentioned. This attests to the need for education or promotion of health literacy on skin bleaching.

Knowledge about the FDA is more inclined toward regulation of food and drugs as the name of the agency suggests than to any other products regulated under its mandate. The advertisement statements (this advert is FDA approved) displayed or mentioned in FDA's regulated products advertisements including cosmetics have enlightened people about cosmetic regulation by the FDA. Irrespective of those efforts, some participants were not aware that the FDA regulated cosmetics or aware of the ban of some bleaching chemicals in cosmetic products. Therefore, it is worth pointing out that further study with more representative respondents might prove that FDA's ban of hydroquinone and other chemicals coupled with education on it did not get to its audience or achieve its purpose. Based on participants' remarks, it can be inferred that some members of the public are oblivious of any effort by the FDA on skin bleaching. Self-regulation is necessary to complement government regulation as it is currently minimal or nonexistent because the public has not been effectively empowered to do so.

Public education as agreed by both the regulator and the public is one of the methods needed to control skin bleaching. The FDA did an extensive public education whose impact was minimally felt by the public. Therefore, collective effort is needed to reach out to the public. Religious bodies, the media, regulators, organizations, and individuals need to help in educating the public.

Skin bleaching practice is a behavioral issue and a personal choice; however, the society contributes to the practice. This is because fair or light skin people enjoy more societal privileges than the dark skin and this makes skin bleaching difficult to fight. Education on the implications of this behavior using advertisement, pictorial health warnings, media discussions, campaigns will fight the phenomenon to an extent. However, a policy with effective implementation plans together with public education exercise using effective communication strategy will achieve mighty strides in curtailing the practice of skin bleaching.

## **5.2 Conclusions**

The conceptual framework of Health Communication supports the study. Skin bleaching effects raises health concerns and therefore become an issue of public health that needs to adopt health communication strategy. Skin bleaching communication is relevant to health and wellbeing including disease prevention. Implication of Health Communication requires scientific development, strategic dissemination and evaluation of health information communicated to and from target audience to promote health. By way of strategy for skin bleaching intervention communication, participants reveal various activities including public education, collaborations, stakeholder meetings used by the FDA. Evaluation of health information on the effects of skin bleaching chemicals lead to the ban of bleaching chemicals especially hydroquinone from cosmetics.

Health communication of skin bleaching intervention should have health promotion as the focus rather than as a deterrent. However, communication of skin bleaching interventions following the ban of hydroquinone, mercury, and steroids in cosmetics in 2017 took a deterrent approach even

though it sought to promote health. A ban in itself is a deterrent that restrict cosmetic products consumption. Therefore, communication strategy used both deterrence and health promotion approach which loosen the focus of health communication and objective of change in behavior.

Disease prevention was the motivation factor leading to the ban of skin bleaching chemicals as Health Communication implies that the importance of disease prevention and quality of life should be taken into account during communication. Also, to achieve disease prevention with health communication, understanding human behavior is necessary. Messages used for communication should show in-depth knowledge of human behavior. As a regulatory agency, the FDA had understanding of skin bleaching practice and human behavior in relation to the practice. Communication of intervention focused more on sensitization programs used to handle human behavior.

### **5.3 Limitation of the Study**

The study could not adopt appropriate scientific methods to process data gathered from participants to arrive at the outcome of the study. The study used manual data analysis which might lead to contextual limitations due to the bulkiness of the data analyzed.

Also, there might be bias from the data collected from the FDA interview participants. This may be due to efforts to put the FDA in good standing which may affect analysis and interpretation of data leading to the final output.

## **5.4 Implication for Future Research**

Regulation in Ghana is at its best at the national capital or regional capital level. Therefore, perspectives of regulation of skin bleaching may be necessary or felt by the people in certain areas more than other areas. Therefore, it will be interesting to replicate the study to find perception of skin bleaching regulation in other regions and areas in the country. Further study should encourage diversity and coverage of national perspectives.

Secondly, regulation of skin bleaching of the study focused on the FDA as the regulatory body responsible for its regulation. Future studies could look at other agencies or ministries for their role in skin bleaching regulation

Thirdly, the study paid attention to public perspectives on skin bleaching regulation from the literate and semiliterate viewpoints of participants. Future research could look at an all-inclusive approach. The young, the adult and the old perspectives on regulation could be assessed as well as the illiterate, the semiliterate and literate point of understanding could be gathered. This will give a wholistic perspective that will inform policies development and implementation.

Lastly, future studies could look at other bleaching chemicals besides the ones (hydroquinone, mercury, steroids etc.) already banned in cosmetic products. These other chemicals could be researched to find out their reaction to the skin and their effects. Findings from the research could inform the development of new standards for cosmetics regulation and subsequently lead to prohibition of bleaching chemicals in cosmetics formulations.

## 5.5 Recommendations

Skin bleaching is a social and public health concern. Based on the literature review, findings and interpretation of the study, recommendations will be discussed.

1. Development of a national policy on skin bleaching. Even though there is an attempt by the government through the FDA and the Ghana Standard Authority (GSA) to control the skin bleaching practice which poses serious public health concerns, there is no national policy or a policy particularly on skin bleaching that seeks to control the practice to the lowest. A national policy that bans all skin bleaching chemicals from cosmetic formulations should be developed. These bleaching chemicals, whether dangerous, potent, mild, or gentle on the skin should be outrightly banned in cosmetic products. The policy should adopt a more collaborative approach for implementation to shoe the welfare of the people rather than as a condescending approach which will generate negative and rebellious reaction to it.
2. Communications on existing skin bleaching interventions should adopt a more effective strategy that elicit a behavioral change. Strategic health communication approach should be used. Communication should be participatory in nature with clear and consistent messages for target audience. Audience analysis is needed to group the public for a more targeted communication that will generate the right response and feedback. Messages of health communication should introduce recommended behavior early using educative tools such as training modules, handouts, pamphlet, brochures, stickers, pictorial health warnings, galleries. Various channels including technological channels used by

sophisticated publics must be considered. The tradition and social media, person to person approach, road shows, training programs, beauty pageants, quizzes, campaigns and storytelling are some of the channels to adopt. Strategy should determine the appropriate message, channel and tool suitable for a specific audience group. Health communication strategy should stratify the audience and use learning principles appropriate for all age groups aimed at promoting health literacy and self-regulation. Evaluation at every stage of the strategy is necessary to modify communication and strategy needed to cause a change in behavior.

3. Collaborative educational approach is one of the sure ways to control skin bleaching practice. People need to be highly educated on the effects of skin bleaching and should employ a more collaborative approach. Other agencies, the media, civil society organizations, advocacy groups, nonprofit organizations (NGOs). People should be primarily educated on the effects of skin bleaching to promote health literacy where people have knowledge about issues related to their health. Health literacy brings people to the point where they are enabled to understand the dangers of skin bleaching and that helps them to make an informed health bases decision to not consider or to discontinue skin bleaching. For those who still want to bleach despite their literacy in health, safer options should be introduced to them as an alternative. The study has discovered that skin bleaching has not been banned by the FDA or any government agency in the country, therefore, the FDA as the regulator has approved cosmetics with bleaching agents for use. It is also important to educate people on the safer options to bleach if they have especially those bleaching to correct skin conditions. Education should also focus on cosmetic regulation

so that consumers will be enlightened on what to look out for, including chemicals safer for use in cosmetic products. This will promote self-regulation where the consumer does not solely depend on the regulator but is empowered to do what is needed as his or her contribution to regulation. and be aware of the chemicals safer for cosmetic products promote what to look out for when primarily be on effects of skin bleaching.

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## Appendix A: Interview Guide

1. What is your definition of skin bleaching?
2. What is the FDA's position on skin bleaching?
3. How true is the ban on skin bleaching products in cosmetics and how is being enforced?
4. What are the interventions on skin bleaching and the communication strategy being used to communicate them?
5. Has the FDA embarked on any educational campaigns or programs to address the public health concerns resulting from skin bleaching?
6. What is the policy on skin bleaching and how is it being rolled out?
7. What are your personal thoughts on skin bleaching among the Ghanaian youth, FDA's interventions and Educational campaigns on skin bleaching?
8. What is your idea of beauty in relation to skin color?
9. Which skin shade do you prefer and why?
10. How do you feel about your skin color?
11. What is your definition of skin bleaching?
12. Have you ever used skin lightening products or have you ever thought of using them? And why?
13. Have you heard about the ban on skin bleaching agents in cosmetics?
14. How well do you understand the ban?
15. Which agents are not supposed to be in cosmetics?
16. During purchase, do you check the label on cosmetic product to know if it contains agents that bleach the skin?
17. Have you heard or participated in any educational campaign against skin bleaching? Who were involved in the campaign?
18. What is your knowledge about the FDA?
19. Are you aware of any skin bleaching regulation? How did you become aware?
20. What is your perception on skin bleaching regulation?
21. Are you aware of any policy or intervention on skin bleaching? If yes, how did you become aware?
22. How do you think the FDA should do address the public health concerns resulting from skin bleaching?

## **Appendix B: Transcribed Interviews**

### **Interview one**

(A= interviewer, B= Participant)

A: Good afternoon Sir

B: Good Afternoon

A: I would like to know the department you work with and the role of that department.

B: I work with administration and administration is responsible to ensure the effective day to day running of the organization. Especially in the areas such as ensuring availability of transport for official work, staff to be comfort, to have comfort in their various offices, neatness of the environment, I mean anything that administrative that will help effective running of the organization actually falls under administration department. So, these are some of the responsibilities of the Administration Department.

A: Okay, thank you very much. Sir, I understand that you were formerly working with department of communications?

B: Yea, I was the head of communications and public education...

A: Sir, how would you define skin bleaching?

B: I'm not a technical person but a simple definition of skin bleaching is the deliberate application of chemicals on the skin to change the color to appear fairer. That's the simple way that I can explain it.

A: Okay, Sir. Are there specific chemicals you are referring to?

B: Well people use different things what has from what I've heard. It could be an approved chemical for a particular purpose that people will use it to bleach though bleaching may not be the reason for the creation of that particular chemical or medicine. People use other soaps. People use different things in trying to bleach, you understand. But the point is that, working with the FDA for some time now, I know that bleaching is something that actually is frowned on. It's something that is not advisable because of some side effects. So that's just what I've heard as a layman.

A: Is the frown on skin bleaching from the regulator's perspective or it's just your personal...

B: No, internationally. Skin bleaching has been found not to be a good practice. working under communication for some time; I interacted a lot with people and the understanding about the skin bleaching was the fact that God has given us especially the Black people this skin which contains melanin. The melanin is a chemical on the skin that protects us. You know we look at our

environment, and things. Melanin helps in control the effect of the sun on the skin. But when you bleach, you decrease the production of the melanin and therefore it's going to have effect on you.

Secondly, skin bleaching lightens the skin. So, there are instances where people being operated on and have difficulty because they've bleached and the skin has become lighter than how the skin should be.

Again, I've heard that some of these agents that is used in the skin bleaching eventually are carcinogenic, that is they are cancer causing agents. So continuous use will create that problem. And it is not actually the best thing to do.

A: Sir please can you tell me the position of FDA with regards to skin bleaching, since FDA is the regulatory body responsible for the regulation of cosmetics?

B: You know FDA has done a lot of education against skin bleaching. For instance, I'm trying to remember this, if you can help me. I'm trying to remember this chemical

A: Hydroquinone?

B: The FDA initially was registering cosmetic products that contained up to 2% hydroquinone because of its effect on the skin but the 2% was realized to be high so it had to be changed to 0%, meaning that cosmetics should not contain hydroquinone at all and that tells you the stance of the organization. If an organization says I'm regulating and I want to make sure that skin products as in cosmetic products on the markets do not contain hydroquinone because they bleach the skin then it tells you that the organization is against it.

Secondly, talking about hydroquinone, hydroquinone is a good chemical but when it's prescribed for a particular skin disease. So you can go to a dermatologist, he will prescribe a product for you that contains hydroquinone. That is why it is not permitted in cosmetic products which are used daily. But it is permitted in medicines. It could be a cream that's medicinal,

It's permitted in it and that one is only under prescription. So you go to a dermatologist due to your skin problem he will realize that you need a product containing hydroquinone they will prescribe for you then you go and purchase it. So that's restricted. But when you come to the normal cosmetics it's used daily so that one could create cancer. Because daily, so if it contains hydroquinone you are using it every day.

But with the chemical that will be prescribed the doctor will tell you use it for one week two weeks then you stop using, so it's not a continuous thing. So that's the difference.

A: Okay sir, is the report of the ban on bleaching products true or ...?

B: Yes. you know it come between let's say bleaching products. Hydroquinone for instance bleaches but there's no ban on hydroquinone. But there is ban on hydroquinone in cosmetic

products because of the daily use so don't make a general statement that it is banned. So in cosmetics, yes it is not allowed. But it could be in medicines

A:, what's the rationale behind this ban in cos chemicals in cosmetics?

B: You know like I explained earlier, cosmetics that contains bleaching agents that are used on the skin daily is the issue. Bleaching agent like we've established earlier could cause cancer. It could lighten your skin that will create some problem, could reduce the amount of melanin on your skin

So, if it is allowed in cosmetic products, anybody at all could buy it, use it daily and could create a problem for the person. These things can even go to the extent of affecting our national budget, Our national health budget. Because people will get cancerous, skin cancer, there will be a whole lot of problems. So that is the rationale

A: Sir then how is the enforcement going? Is there any challenge that has been experienced with the enforcement? The positives and the negatives

B: the FDA did not just get up and give an announcement that we are stopping some skin bleaching chemicals. We started engaging the dealers in cosmetic products to explain the reasoning behind why hydroquinone should not be in cosmetic products to them.

So quite a number of stakeholders meeting were held. They even met the dermatologists. I mean quite an extensive discussion was held. Even they went to the extent including the Chief Executive Officer of the FDA the current one. Where they had to go to Makola and meet these group of people and Explain to them, I mean they did extensive work on it. Before, then did you see and the FDA knew that people had imported quite a number into the market, you can't let them lose their money, so they were given time to phase it out. And even along the time the association. The cosmetic association came and had a meeting with the FDA that the time was small. They asked for about one year extension or about six months or I've forgotten the actual time. They asked for an extension which was granted them to phase out the products from the market. So, it was allowed to have a gradual phasing out

So economically, those dealing in it will not lose. But again, the public health and safety was also at the mind of the regulator. So, this is how it was addressed.

A: Sir please you noted that this is a public health and safety concern, therefore is there anything that is being done or have any policy? Anything at all you have to address this concern?

A: Oh, there is a policy. In actual fact, we are doing this under the Ghana Standard Act. Initially the Act permitted 2% but I know the Act was changed to zero. So, we are basing our regulation on the Act. And internationally, quite a number of countries are not allowing hydroquinone in cosmetics, not only hydroquinone. Hydroquinone and its (inaudible) let me mention.

But there is a policy. So, we are both applying international, current international best practice and then the Ghana standard

A.: Sir as you indicated earlier that there is a policy, as part of the communication plan or a laid down strategy did the FDA embark on any educational campaign to address the dangers?

B: Yeah, I think in the beginning I (inaudible) because I explained an issue to you that the FDA started with stakeholders. The FDA issued a press statement. FDA did a number of public educations through the media, at the market places and other sensitive places. So yes there was a roll out programme that was done to address this. it yielded the results to a certain extent because we got number of responses from the public indicating that quite a number of people stopped using these skin bleaching products. Even some started reporting to the FDA when they enter into shops and they see hydroquinone in cosmetics they start reported it to FDA. So that tells you the public was responding. So quite a number of things were done.

A: Okay. Sir if that is what you are saying, why is skin bleaching practice on ascendency?

B: You see the issue is this; the main problem has been number one because of our porous borders, because at the ports, these things are not permitted both at the Tema harbor and the airport, these things are not permitted. But because of the porous borders, people smuggle them into the country. Also, there are some people who believe that you have to be fair. Despite the education, some people are still convinced that they can bleach their skin and you can't stop them. So you will continue to do the education, the is the need for enforcement and coming up with regulations that will stop it.

We've seized quite a number of them {products} at the borders but when people conceal them, what can you do? You can't do anything about it

A.: I'm very much interested in the communication bit of it. How has everything been communicated to the public such that when you engage anybody, they can really tell you that regulation is ongoing with regards to skin Bleaching?

B: The strategy was number one; meet the importers and the dealers in the products, educate them, discuss with them the rationale behind the selling of hydroquinone cosmetic products and this was that was the first thing that was done.

After that we moved into the area of public education. But prior to the public education, we had meeting with the stakeholders such as the cosmetic association, that's the importers of the products. And it was agreed with them the period to phase out. You understand? You know these things are strategies?

You can't just as a regulator give an instruction expect people to obey you have to negotiate with them. Timelines were discussed to phase out products from the market. This was because once you phase out a product from the market there will be no supply. The FDA embarked on media education to talk about the dangers in skin bleaching and that was done extensive all over the country to the extent that there were even regional fora addressed these things, so all these things

were strategies. Unfortunately, it worked out but not to the extent we wanted. Also, the education was not strongly sustained but all over the country we did a lot of sensitization on it.

A: What could be the contributing to the surge in the skin bleaching practice be based on the fact that communication or the education was not sustained up to this point?

B: You see it can be a contributing factor because you see change is something that nobody likes, especially behavioral change. For instance, if there's a kind of culture or attitude of people and you want to change it, then you have to sustain your education. We did for quite a long time. It was done for over a year. But I think that it should have been more.

Secondly, the porous borders made people are smuggle products. if we had succeeded in stopping its entry, we would have stopped the problem. Once there are porous borders products will be found in the markets. You know, men prefer fair people. They are very marketable and others will like to compete by getting an agent that will make them fair.

A: what is your personal thought on skin bleaching among Ghanaian youth and then FDA's intervention?

A: From the understanding I have about skin bleaching, it is bad practice and I don't think it should be encouraged because the long-term effect is terrible. I know of a story of a famous gentleman into skin bleaching, who indicated during an interview that using a sponge during baths hurts his skin but he could not stop because he is addicted to bleaching and that was his problem. So, it is not good and you see when it became serious you will literally deteriorate.

B: is educational campaign on the media like a hash tag a campaign on skin bleaching necessary.

B: I believe there should be a more campaign on it which should be sustainable because the practice is behavioral. People forget easily. You talk about the effect of skin bleaching today somebody will hear it after one year or two years they forget about what was said and go back into it again. So, it should be for a longer period.

A: thank you very much sir,

## INTERVIEW TWO

**Interviewer:** good morning madam

**Respondent:** good morning

**Interviewer:** I will like to know your department at the FDA and the role of your department?

**Respondent:** My name is ..... and I am the head of the communications department of the FDA

**Interviewer:** please the role of the department

**Respondent:** communications and public education department has been established to use to use effect communications are being used to promote programs and activities of the FDA or the authority and we do that both tactical and strategic way. We advise all the way through to management and even the CEO on how to position the brand FDA to make it appealing and more importantly get the requisite public confidence to the institution. On a day to day, we deploy skills through writing and publishing stories and providing interventions, coming up with innovative activities for our products for effective dissemination. The very formal and informal that we use. We do that by doing a very targeted communication and use of most effective tools which help us to reach out to these targeted groups.

**Interviewer:** How do you define skin bleaching? There are various forms of definition. How would you define skin bleaching?

**Respondent:** skin bleaching, I will define it as its more of a social phenomenon that urges people to have ways of taking off the top layer of the skin from up to down on the entire body through the use of various chemicals and various composition and means just so that the upper layer is taken away and to get a new layer which is fairer erm considered to be an enhancement of their skin color and enhance their beauty.....

**Interviewer:** I will like to know what the FDA's position is on skin bleaching since it has a public health concern.

**Respondent:** we are driven, the FDA is driven by the standard that are set in the country as long as standards are set for the products that we regulate. We go ahead to establish the necessary regulatory framework to ensure that the standards are met. In this volition, largely we have some products, some chemicals that have been identified as being harmful and then we do not expect them to be found in cosmetic products for the purposes of bleaching except that those products could be used for medical purposes and we can also use them under prescription and proper guidance by medical practitioners. hydroquinone, mercury have officially been recognized harmful products that cannot be found in regular cosmetics.

**Interviewer:** Will it be appropriate to say there is a ban on skin bleaching products in cosmetics?

**Respondent:** that may be a bit problematic because I think those who bleach have found alternative products that could do that same job. You may find a cosmetic product that could do that same job. You may find a cosmetic product that may not have the presence of hydroquinone or mercury or whatever other chemicals that may be found in these cosmetic products that may have this bleaching effect but of a stretch of issue if we say the nation has banned bleaching in total but it is the use of some chemicals that have been properly itemized as being harmful for the body.

**Interviewer:** In reference to what you said, are cosmetics with such chemicals that have not been listed are permissible to be sold on the market?

**Respondent:** yeah, this is a scientific institution and before we come to any conclusion, we ought to have a fact properly backed by evidence. So, studies are ongoing, people have other means of bleaching their skin so up until when we realize that they have harmful effects on their health and safety, we will be unable to make a statement about them. But for now, these are clearly mentioned product that cannot have them in your product and expect them to do the job of bleaching for you.

**Interviewer:** ok, so does it mean that skin bleaching becomes a problem or public health concern when there are side effects? Are there products that does not give side effect to the consumer?

**Respondent:** that is what I am not aware that but you know the moment you apply anything to the top layer of your skin to expose the layer of our skin, much as there are these products that you have mentioned which may have a form of bleaching into the blood stream to endanger your health and all. The mere fact that you expose these other layers of the skin all has its own ways of bringing them into a matter of time after you have peeled off this outer layer, the other layers are not expected to be expose your skin to a lot more damage because hyperpigmentation is the condition that will require you to use much more severe chemical to treat. So, you invariably be degrading the quality of your skin and its resistance to withstand the rigorous of the weather we have here and even future therapeutic procedures when they need to be conducted on you, surgeries and all. You stand a much more difficult risk as it were and so it may not be the most advisable means to love your life and achieve something for yourself.

**Interviewer:** Does the FDA have any form of policy skin bleaching, to address this health concern?

**Respondent:** ok, so various guidelines have been issued as far as the regulation of cosmetic products are concern. I will take you all the way to the FDA's guidelines on the registration of cosmetics and household chemical products. In that, there are laces of mentions of some chemicals we do not want to see in cosmetics whether it is for the purpose of bleaching or whatever. We have made them quite clear as far as health and wellbeing of the public is concern and like I mentioned you may find some of these products in other pharmaceutical products and it is because that are going to serve other purposes, they are supposed to be used by medical practitioners in treating hypodermis and other forms of hyperpigmentation conditions in the body. There is no clear policy on skin bleaching but you find them lace out in a number of policies we have in cosmetics.

**Interviewer:** ok madam, has the FDA embarked on any educational campaign on skin bleaching

**Respondent:** yeah, from time to time, we get the opportunity to reach out to the larger public. It is something that has been done within the country and internationally where we have contributed to discourse on skin bleaching as a people, as black people and as a continent. The recent one is what we did on DW tv on decolonization of beauty. We had resource people who spoke on the adverse effect on bleaching. It was a focus discussion and we had an opportunity to bring to bear

regulatory issues more importantly on the daily basis, the communication and public education department has personnel who go out to the public to the schools, market to talk about all the issued about the regulator including the dangers of skin bleaching. There has been a lot work but I don't think its sufficient. More and more people need to have that understanding but I in addition to just public education there is the need for black person to have better understanding of what beauty is supposed to be. Our own self-confidence, the confidence we have in ourself as a people, I mean our psychological wellbeing needs to be properly placed because sometimes these things may come as a result of peer pressure and all the things but most importantly, the self-acceptance the African will have to embrace that self and not wrongly influenced by what we see in billboards and television and the rest as definition of beauty. It has become prevalent and more endemic and it cannot be only be solved through just public education and awareness but it is more of emancipation of the African mind and to be more and more embracing of who we are. You know this thing cuts across, it goes even beyond the skin to the hair and what we do to our skin. We seem to be the only race that cannot accept who we are, we cannot keep our hair kinky as it is and it has really made us look inferior in the eyes of other races.

**Interviewer:** ok

**Respondent:** it's how you yourself accept yourself and assert yourself that really matters so if are not able to accept yourself, how much more an external person what to accept you for who you are. So, I think the more people climb up the place of education, educational ladder, exposure, emancipation of the mind set and everything, the more they accept themselves and become more confident. We are beautiful in our own right and we cannot allow these kinds of binary and systematic definition of beauty to define who we are.

**Interviewer:** There is reportedly a ban on some chemicals in cosmetics by the FDA which was in publications, I will like you to throw more light on it.

**Respondent:** okay, so I understand the FDA issued a couple of press releases 2 or 3 years back in 2018 which talked about the dangers of skin bleaching and the need for people to desist from the practice especially with the use of chemicals in bleaching and so that they do not find themselves in the place of danger but I think that the warning does not only go to the consuming public but it extends all the way to the importers and manufacturers of theses product and the fact that these products will not be allowed entry into the country though they are inside the pressure of these thing, the product. So am we still have the challenge of skin bleaching with this chemicals largely because may be the importers have found other means of introducing them into the country but that is where our post market surveillance activities needs to be heightened because yes we will do public education, yes will not register these products when they come in but what happens when you smuggle them in and who gets to effect any arrest or combat their sin? That is why we need to intensify our work but also not to say education is not necessary. It is so important, it then put people in a place of self-regulating themselves and making informed choices.

**Interviewer:** okay, what has been the communication strategy since the new directive or ban was issued?

**Respondent:** so largely by way of strategy, I must say that there is no harm in going to do some of these things but it is important that for us to be able to ascertain behaviors change or achieve behaviors change societal and turn around, when it comes to communication. It is important that perhaps we look maybe we should have done a bit of knowledge assessment of skin bleaching at the time and have some data and then by the introduction of public education activities that we have abandon over the time and I think three years is sufficient for us then have gone back to evaluate the level of understanding as far as skin bleaching issues are concerned so that were are able to tell whether we are making progress or not but well its never too late to start again. Its important and that is why I want to applaud you for the initiative to even begin this research. From what I read from your synopsis; you are not only at the regulatory intervention but more importantly you are looking what the general public's perceptions are about this practice. So I believe this material should be shared with us after your research is done to inform a critical baseline to establish what the knowledge is and know the gap are and see how we can bring interventions to bridge the gap are and see how we can bring intervention to bridge the gap to make sure people are more informed. We will rely on statistics and also case study, some new ways, news, social media to promote..... there is the means to commit funds and resources to really have a very talented and communication in that respect.

**Interviewer:** my last sets of questions are for your personal thought and not as a regulatory officer. What is your stance on skin bleaching among the youth in Ghana now?

**Respondent:** ok, I will say that people are embracing who they are a lot more compared to the early 80s and late 90s where bleaching was the order of the day. These days, the whole movement of Afrocentrism is making people embrace who they are. The color brown is looking beautiful and we are not really black neither are the whites white, they look more pink than white. So, we needing to accept who we are is finding expression with even the way we speak, the food we eat, the entertainment we are enjoying and all so it's a matter of time. The more the Ghanaians becomes more sophisticated in their thoughts and everything, it will become more and more easier for us to combat this thing, you realize lately its more of a phenomenon among people who are not literate or semi-literate but people who are literate are running away from this largely. Maybe what is not helping are some of the pageants and advertisement that seem to promote light skin an equate it to be beauty and all. I think we moving away from that. Key brands like nivea and the rest are doing their bit. Maybe at the FDA, there is more we can do like I said we have a formal means of reaching out but other creative means like having to sponsor pageants that promote natural beauty and everything. We are not just looking as hoe to speak and everything but more importantly your skin quality, whether it has been bleached or not. It is a means of showing our endorsement and acceptance. Those who emerge as winners of such contest whether in the schools or on national level, it will be a statement of how committed we are in the fight and how we seek to bring the issue of skin bleaching and a lot more hope to the people.

**Interviewer:** thank you very much. I am very grateful for granting this interview. I will ensure you have a copy of the study at the end. God bless you.

### INTERVIEW 3

(A = interviewer, B= Participant)

A: Sir Good Afternoon

B: Good afternoon

A: please what is the name of your department at the FDA?

B: cosmetic and household chemical substances department

A: sir please good afternoon, what is the role of your department?

B: The processing of applications submitted for, it's the department in the FDA responsible for the application submitted for the registration of cosmetics and house hold chemical substances.

A: I will like to know what your definition of skin bleaching?

B: Skin bleaching is the change in ones natural skin color right, so that process results in the disruption of the physiological process that results in dark skin color.....and there is a pigment called melanin, melanin determines the color of the skin. So, any process that inhibits that process is known as melanin genesis will results in so it means the melanin cells are not produced and once, they are not been produced the skin gets a lighter shade other than skin color because you are fair so this is your natural skin color. You have melanin cells but you don't have much like myself you see am darker

This is my natural skin color and me this darker shade is my natural skin color. That one. there are several shapes, the morphology of the melanin cells also varies from people to people, even when I say people different race to one's geographical location. so, the Caucasian, the Asian, the Europeans, Africans and that melanin also provides protective layer that prevents UV rays from entering the innermost layers of the skin. So, once it plays a critical role, once you stop that process then it results I to which is referred to as bleaching. So anything that prevents melanin production or melanin genesis initiates change. what happens is that a number of chemicals that do that in the production we call an enzyme thyrosine kinase.

That is part of the process for melanin production, so the chemical that inhibits thyrosine kinase prevents the melanin process from building up or from completing. I hope you understand.

so anything that inhibit thyrosine kinase and for that matter melanogenesis result in skin lighting. So people will say toning is not lighting or bleaching. What the toning does depending on the chemical is that it inhibits thyrosine kinase which is the enzyme that activates the cells in the melanin production so anything that inhibit its production is causing bleaching because it will change the natural skin color.

B: anything so some products are whitening creams, brightening creams, lightening, toning they all inhibit tyrosine kinase. some people say we are not bleaching but toning, that's a porch way of saying it. they are all the same because they all inhibit tyrosine kinase so they all the same.

A: okay

B: different chemicals have a way of increasing that action

A: okay, yes sir

B: the ability of one chemical to inhibit the process is quicker and faster than other. Hydroquinone is one of the potent ones. arbutin is mild,...,Kojic acid etc. they all results in that process. Now when someone has melasma, and dark spots as a result of any skin condition, reaction due to allergy infection or whatever it is, it results in dark spot formation. what one can do is to apply any of this skin lightening products to that spot or location and it bleaches off or lightens the dark spot for it to get to your natural skin color. so, then it fades or even out to get to your skin color. so, you can't tell me that is not bleaching is bleaching. But when it is localized it is controlled and it is permissible

A: okay

B: But when it is whole body: head to toe, for cosmetics purposes, for beauty, to alter for beauty or for any other purpose other than clinical then that is bleaching. so, there are two forms: positive and negative one. The one that is managed or controlled by clinicians advice and the one that is done for cosmetics purposes, so that becomes bleaching.

A:so, with the information given that means that, skin bleaching has health consequences, as in health concern, does skin bleaching have health consequences?

B: yes, it does depending on the chemical you are using, because a number of products are used; steroids are medicinal products, they are used for skin bleaching. we have other products other than steroids which are used.

A: okay

B: some use other crude forms of methods of bleaching, some include toothpaste, cement, relaxers, sodium base products. so once anything that takes off that process is such that once these products are abused, the skin has two major layers; the Dermis and epidermis. And Dermis has three layers and these layers have a role to play to withstand friction, pressure, injury. The inner layers also have a role they play and all these 3layers together help protect the body from water loss.

A: okay

B: so if you take out the outer layer and these products are being used overtime and continuously take away some layer of the skin and once it happens the skin is unable to play the role it is suppose to.

A: the FDA as a regulatory body is more concern about public health issues, what is the position of FDA on this skin bleaching practice?

B: FDA is not against skin bleaching because we have products that are registered. So, the authority is not against bleaching but against bad practice. Safety or safer options, the safer options are there, products that are registered can do that because definitely these products should be there for people who genuinely want to take care of dark spots over a short period of time and get the benefit.

A: there is reportedly a ban on skin bleaching in cosmetics is that true or not? If it is what is the rationale behind it?

B: FDA has not ban bleaching products but the authority is not permitting the use of hydroquinone containing cosmetics products.

A: okay

B: hydroquinone containing products are no more permitted as cosmetics but medical product so they fall under medicinal prescription in that category.

A: After the directive against the use of hydroquinone in cosmetics, is hydroquinone still being used in cosmetics?

B: what happens is that we sample products on the market, some people may not indicate hydroquinone as part of the ingredient but there might be some of these products in them because in our sampling we even identified traces of hydroquinone ,mercury, and corticosteroid in some skin lighting products, so now the protocol is if products indicate brightening, lightening, toning, whitening and any phrase, adjective that is suggestive that the product can do that is screened for these adulterants, right

A: okay

B: So the market surveillance section do random sampling all over the country, we analyze the determine the presence and absence of these product

A: okay that been said, FDA is noted for promoting public health agenda so what are some interventions that FDA has come up with to help with skin bleaching control?

B: what we have done is to encourage safer options as I said earlier, there are other ingredients which can bleach alright but the effect is milder so we have also educated general public, traders, students, religious bodies, NGOs through our public education which is a scheduled program that other options like Kojic acid, abutin etc. are safer than hydroquinone

A: there is any policy on skin bleaching?

B: No,

A: What are your personal thoughts, not from the position of FDA but your personal thoughts on it?

B: what I realize is as for bleaching people will do it whether we like it or not because people are more, it's a psychological thing psychologically has social implication and people turn to do that they will makes them feel happy, confident, express themselves well, the perception of people about them they response to that more than any issues relating to health but once they get to know that you loss the integrity of your skin and so surgery becomes a problem ,you can have skin cancer, melanoma, some aggressive skin cancer, you can have skin diseases, liver disease, hyper which is irreversible infectious and the like, then they turn to look at the safer and the best options which protects your skin, so people irrespective of all people still turn to do that to satisfy an inner feeling or what they perceive to be good for them. So education is the key, there are people with melanoma {skin cancer} is on the increase, the Ghana society of dermatology have established and indicated that the number of skin infection is on the increase and there is a direct relation with bleaching as the use of skin bleaching products

A: thank you very much.

B: the FDA plays a role with other stakeholder like various institutions, universities, academia, industry, regulators. So, FDA has a permanent position on the technical committee of the Ghana Standard Authority and the committee sets standards and that standard is what is being used by the various industries; regulators, cosmetic industry. And as part of the standard, we have the GS22, 2217,227,22017, that lists the substances that are not permitted in cosmetic products. Number 402 part is hydroquinone. So, a lot of decision goes into the formulations of these standards which become binding. There are a lot of stakeholders, academia, industry, advocacy groups, consumer, associations, advertising etc. so once its formulated, it become a national standard being used to regulate industry. We also have collaborations with police, immigration, customs, BNI, national security. All these are agencies that we collaborate with because issue relating to that category is a national security issue and if you don't try to control it, you think that theses product coming in boost trade. But you look at the cost benefit but on the flip side, you realize that what you got from trade, you are losing it through health. You have to then import medicinal product to be able to cure people who have certain diseases, life threatening diseases. So, you get money from trade and sink into health and what you spend in health will be more than what you got from trade.

A: This information will be very useful, am very grateful for granting this interview.

## **INTERVIEW 4**

(A= interviewer, B=participant)

A: Please what is your idea of beauty in relation to skin color

B: honestly, personally I think that it doesn't matter the type of skin color that you have. Even if you are dark depending on how you handle your darkness. Some people can be dark and anything goes with it. You can be fair but it doesn't mean that you need to tone the body to get to that level. Any color is ok.

A: which color shade do you prefer and why?

B: I prefer the caramel one. I mean I like the light skin but not the light one but the chocolate one. I have chocolate skin myself. There is the fair skin, fair to chocolate and fair one and I prefer the 2<sup>nd</sup> one, the in between one.

A: how do you feel about your skin color

B: very confident. I used to feel very bad because when you are fair, anything that you put on automatically brightens you. But growing up, I realized it doesn't matter the skin color that you have, all you need to do is to protect the skin.

A: so at what point did you realized that your skin color is not a definition of beauty

B: it was about 5 years ago. I used to be I intimidated by my dark skin. But I have realized how you handle your dark skin is the important thing. The way some dark skin looks matches with her.

A: what caused the intimidation?

B: I had a couple of fair skin people and their color intimidated me

A: what is skin bleaching

B: skin bleaching is a no no for me. It is actually trying to change your natural skin color. Maybe you have a lightly fair skin but you want to be fairer so you bleach.

A: have you ever used skin lightening products

B: No. I got to know that they put certain chemicals in it which is very harmful to the skin so I did not try it at all.

A: you haven't had any thought of using these products

B: no. my aunt was using bleaching products and beside eczema ( Nanso wo ben), her veins began to show as green and her color was not even but was full of patches which was very bad. She couldn't wear normal knee length dresses but long ones.

A: have you heard about the ban on skin bleaching products?

B: yeah

A: how did you hear about it:

B: they did a commercial about it, this advert advert. Gifty Anti show I watched also engaged experts to talk about it.

A: how did you understand the ban

B: All I know is that the public should not use creams that have certain thing that will bleach their skin. I heard it in a car. Sometimes when you sit in a "trotro" they tell you not to bleach and that you are likely to get cancer and other bad effects

A: which agents or chemicals are not supposed to be in cosmetics

B: I have forgotten. I know of one, there is one that is very common but I don't remember the name. it is something something 'tone'

A: do you check on the labels of cosmetic products for bleaching chemicals when you buy them?

B: I do, it is something I have actually been looking out for the labels. Because I don't want a situation where my skin color will change after applying a cream. I want to maintain my skin color. So, if I see that a does not have bleaching stuff then I buy it.

A: how do you identify the bleaching chemicals since you couldn't mention any bleaching chemicals when I asked you earlier?

B: Most at times, the creams I buy either have of aloe vera and carrot which I know don't bleach and that is what I look out for.

A: have you heard or participated in any educational campaign against skin bleaching?

B: I have not participated in any campaign but I onetime heard on radio that an officer from cosmetics was interviewed, he spoke about skin tone and how it affects people and what we should look out for because it actually damages the skin.

A: do you have knowledge of the FDA?

B: hmm, I know the FDA register products and the advertisement mention “ this advert has been approved by the FDA” so I also think that what they do and the services they render. When you actually hear Food and drugs what comes to mind is food and drugs authority.

A: have you heard of any skin bleaching regulation?

B: No, I have heard is that they should stop bleaching but I haven’t heard of any bleaching or act

A: who said they should stop bleaching?

B: sometimes they create awareness on the TV. NCC and those they collaborate with them because bleaching damage the skin

A: what is your perception of skin bleaching regulation

B: there is the need for skin bleaching regulation. You know in this modern Ghana right now, we have this perception that fair ladies are nicer so those who are not fair tone their skin to look better

A: are you aware of any intervention or policy on skin bleaching?

B: No

A: does it mean that you haven’t heard much on it?

B: No I haven’t heard much on it

A: Are you aware of the FDA regulation of cosmetics

B: yes, I don’t know but I got to know about cosmetics registration when I watch advertisement on TV. I see cosmetic products with this “advert has been vetted and approved by the FDA” so I become aware of it.

A: do you think the FDA should regulate skin bleaching since they regulate cosmetics?

B: yeah, I really think that they should regulate it to create awareness. As I said earlier I got to know about their cosmetic regulation through advert so I think they should educate the youth more on skin bleaching. As I said earlier, the youth say fair girls are very pretty so somebody with dark skin would like to tone the skin for it to look beautiful. Men also prefer the fair ladies. Fair ladies need less make up to be beautiful but the dark people will have to apply more make up to be beautiful.

A: is your call for awareness base on discrimination against the skin color and not on health grounds?

B: honestly, I would factor in the health concern. What I heard was when you put these chemicals in your creams it actually affects your skin, I mean the layers of your skin. I don't know whether this is true but I heard that when you bleach the skin and you are going in for surgery, it become very difficult. So I think something should be done about it.

A: what measures should be put in place to control skin bleaching?

B: if I were a regulator, there are certain creams that I will stop importation or they should take away the chemicals in them because they are harsh on the skin. However, people don't care about the harsh nature of creams. All they think about is that they want to trend or look good. Some use these products and their skin color becomes red and not fair. So either you stop importing it or you stop putting in those chemicals. I know its going to be difficult but as time goes on education is what matters. We need to educate them on how to tone down skin bleaching and accept that any skin color is beautiful. They show maintain the skin color and build their confidence whether fair, light shade or dark.

A: do you think that other organization or agency should pick up this initiative besides the FDA or partner with them?

B: I think the ministry of health should pick it up since it is related to health/

A: thank you.

## **INTERVIEW 5**

(A= interviewer, B=participant, SB= skin bleaching)

A: what is your idea of beauty in relation to skin bleaching (SB)?

B: my idea of SB in relation to skin color is being natural. Whatever color that you have, I think maintaining that color is beauty whether black or fair. They are all beautiful.

A: which skin color shade do you prefer and why?

B: chocolate. There are some people who are not neither fair or dark, they are in between, chocolate

A: is a chocolate person less daker or darker?

B: a little darker instead

A: why do you prefer that skin color?

B: I look at myself and I am kind of a little dark and not dark dark. I don't want a situation where I will have someone who is also.....

A: so would you describe your color as chocolate?

B: I am not chocolate color but dark.

A: what is skin bleaching?

B: SB is when someone enhances and use other creams or soap or chemicals to upgrade or enhance a person's skin color don't really to maintain it but the person want, to enhance it to a certain color. For example, if the person is dark, the person wants to be fair the person uses multiple creams.

A: if a person is dark and uses the products that you are referring to, has the person bleached?

B: yes, we may consider that as SB. I think the excessive use of the products is SB. they go to the extreme. You can see a person with fair body but dark feet, how?

A: have you ever used any skin lighting products? Why?

B: no I have not used any before

A: have you ever heard about the ban on SB products in cosmetics?

B: I haven't seen any but people (inaudible)

A: let me come again with the question. I meant have you heard of any ban on SB chemicals in cosmetics , where and how did you hear it?

B: yes I have heard about the ban, I heard it from the FDA and on radio or television

A: how well do you understand the ban?

B: the ban is due to the effect that it has on the skin. Because of some of the chemical components in those creams and injections, they are harmful.

A: what are the names of those chemicals, can you remember any of them?

B: No, I don't remember the name of any of the ban chemicals

A: during purchase, do you pay attention to the component or check contents of cosmetic products?

B: no, I don't. I am incline to using on thing for a long time. So, since I grew up, I have been using one brand of product, cocoa butter.

A: you mean you have been using one brand for a long time?

B: I am used to it so when I use it I feel ok. Because of this I don't pay attention to the label.

A: have you heard of any educational campaign on SB, where did you hear it from?

B: there was a program that I attended, 'beautiful ashes' and it talked against SB but since then I haven't heard about any program. I have seen advert but I haven't seen much campaign. People talk about it as and when the issue goes up?

A: by deduction, are saying that there is not much educational campaign?

B: yeah

A: what knowledge do you have about the FDA in relation to the subject of discussion?

B: I know the FDA regulate the manufacture and sale of household chemicals, medical devices and all that which includes the creams that we are talking about. There are certain things that they look out for in these creams. There was a release that certain creams had some components which are not good but I don't recall the names of those components though. So they found out that a particular cream has components and they get rid of those products

A: have you heard of any SB regulation?

B: no,

A: what is your perception of SB regulation or what is your understanding of SB regulation?

B: I think there should be a national policy so that people who produce creams with chemicals that causes SB. The regulator may propose this for it to go to parliament for approval

A: do you think that the FDA has a role to play on SB regulation? Why or why not?

B: yeah, Very much. Just as they do with food and others, they should be constant education every day. We should be hearing more of it. Just like they do on food issues, they should be on radio and television talking about it. It should be in the newspapers because people are smuggling SB product into the country and people buy them too.

A: Do you mean that there is not much noise about it?

B: yes, that is what I think. There is not much as compared to other things they regulate

A: what ways or how should the FDA go about it, what do you propose?

B: I don't know if there is a day set aside worldwide for skin care. If there is then it should be celebrated to the highest. If there isn't then the FDA should create a day that they talk about it on

TV, radio at the markets. they can even set aside a team to be responsible for that and their mission will be just like the Tobacco people, and the PMS people. They should go out there and talk to people about skin bleaching because there are certain places in Accra that you will find many people with 'Nanso woben' (Eczema) due to SB. When you go to the ododiodio constituency, your see more people bleaching. So, they should go there and speak to opinion leaders to get the people to understand.

A: lastly what are the effects of SB?

B: body odor, I know cancer, Nansowoben. Those are the ones I know.

A: thank you very much

## **INTERVIEW 6**

(A= interviewer, B= participant)

A: please what is your idea of beauty in relation to skin color?

B: I don't think beauty can be specific to skin color. I think it depends on your skin, any skin color you have you might still be beautiful, they say beauty lies in eyes of the beholder

A: which skin shade do you prefer?

B: good skin

A: I mentioned shade, in terms of color

B: okay, my skin color am a little light skin. Dark skin, chocolate, caramel and light skin are appreciated.

A: how will you describe your skin

B: caramel

A: how do you feel about your skin color?

B: I am very confident and happy about my skin color. Because I see myself as perfect the way I am made and I appreciate the fact that my skin is in good shape so I embrace it.

B: I see myself as perfect the way am made and I appreciate fact that my skin in good shape and I embrace it.

A: what is your definition of skin bleaching?

B: skin bleaching is the alteration of skin pigmentation on melanized skins.

A: have you ever used any skin bleaching product before?

B: no please, I haven't used any before

A: have you heard about a ban or prohibition of SB agents in cosmetics?

B: no please, to the best of my knowledge, no

A: do you have any idea of agents that are not supposed to be in cosmetics?

B: I don't think so

A: what are the effects of SB?

B: I don't think I have anybody in my immediate circle who is bleaching but I have seen people who have bleached their skin and most of them suffer from UVA infections, problems from the sun. they begin to get skin rashes, bumps, their skin reddens, rashes and they are more susceptible to heat.

A: does the effects make SB a public health concern?

B: I think it is a health concern for individuals. It's a matter of choice to bleach your skin so its an individual health concern.

A: what knowledge of the FDA do you have?

B: they are the main and major regulators of food products, cosmetic products and medical devices product.

A: so then you are aware they regulate cosmetics?

B: yes please

A: how would you link the FDA's regulation of cosmetics to SB

B: I think once they are the main or major regulators of food and cosmetic products, they should have knowledge of every cosmetic product that causes SB. They must ensure they have some form of standards in place concerning SB and skin deterioration.

A: do you think the FDA should be responsible for SB regulation?

B: I will say they should be responsible the regulation of companies that produce such products because they just approve the products so if the product is approved then it is good enough and if not approved then its not good enough. So if the FDA approves the product, then they are

responsible for such. If the FDA is aware of the consequences of SB and still approves skin bleaching products then that particular product might not be good for skin bleaching or might have had an oversight and were approved.

A: do you think SB should be regulated, what is your person of SB in general?

B: I think people that bleach their skin and others who are thinking of bleaching need to be educated because regulating it is fine but if they don't know the consequences and future implication of what they are doing to their skin, they might not stop. If the FDA begins some sort of research and put out before and after cause of SB and use it to educate the public, it will probably be the best thing to help regulate SB products.

A: is there a public intervention you have heard or know about?

B: No please

A: what should the FDA do to help fight skin bleaching product on the market?

B: if SB products are approved, then they are very good for the skin. But the ones, the FDA should engage in inspection and investigation process to try and eradicate the production of SB products.

A: since you say SB is an individual health concern and not a public health concern, is it necessary for a policy or intervention on it?

B: I don't think a policy on SB will be necessary because regardless of a policy or not, an individual would bleach if he/she is interested in doing so. If there is a policy on SB, it means that the products approved by the FDA should not be approved, the one that have not been approved should be deleted from the company's product line but it is an individual concern because it affects the individual directly. If my bleaching affects you and the next person because of the odor, the look and the shine that happens, then it can be a public health concern but if it does not, then I think a policy for SB will just be over the top.

## **INTERVIEW 7**

(A= interview, B=Participant)

A: what is your idea of beauty in relation to skin color?

B: ok, the beauty of it is the natural skin without attaching anything to it to bleach it

A: which skin shade or color do you prefer?

B: I prefer the dark one. You don't spend so much on the skin buying creams or soaps. Anything you have will work on it.

A: what is your skin shade and how do you feel about your skin

B: I feel good about it. I like it how it is

A: what is skin bleaching (SB)?

B: SB is using creams to change your skin color

A: have you used any skin bleaching product before?

B: I haven't any cream that has changes my color to be fair

A: have you had thought of using SB products to enhance your skin color?

B: I only have thought of using creams that will make my skin nice but not to change the color

A: have heard of any ban on chemicals in cosmetics and yes, where and how did you hear it?

B: yes, I have heard it, on social media

A: what did you hear about it?

B: I heard we should buy them

A: buy them?

B: are you not referring to adverts?

A: I meant that have you heard about chemicals in SB products?

B: no

A: do u check labels of cosmetic products to know content or ingredients?

B: I don't pay attention to the labels to check because I normally buy one brand and I don't change it

A: is SB good or not, what is your view on it?

B: SB is not good because it will affect you in future. When you get hurt you cannot get treatment due to how you have bleached the skin. It is difficult to treat you because you have removed the first layer of the skin off. That is what I heard though

A: do you know about any side effect beside what you said?

B: I also know that SB damages the skin to the point that it looks like it is burnt

A: have heard of any education campaign on SB?

B: I heard about it on TV. They gave examples of what the skin will turn to when you bleach. This was long time ago.

A: what knowledge about the FDA do you have?

B: I know they regulate food, drugs but I don't know about cosmetics

A: do you think there is a need for SB regulation? If yes, who should regulate it?

B: I know we need to regulate it but I also think that it is the individual's decision to bleach so I don't think it is necessary. It is not like food. It is the individual who has made the choice, you cannot force the person not to use SB product. But if we campaign and the person gets the understanding, he/she may stop it.

A: who should champion the campaign?

B: the FDA

A: Why the FDA?

B: I now know that they regulate cosmetics so they should do a campaign on it. They must not allow people to import or manufacture SB creams

A: so how do they rid the market of the SB products

B: they should go to the market and get rid of such products

A: what is your perspective about SB regulation?

B: SB is not good to practice because it has side effects after a long time

### **INTERVIEW 8**

(A= interviewer, B= participant, SB= skin bleaching)

A: please tell me about your department at the FDA?

B: I am at the cosmetics, household chemicals market surveillance department.

A: what is the role of the department?

B: the department is in charge of routine market surveillance so we pick areas where we do that. So, we go from time to time, weekly and we also handle complaint and investigations. We also handle safe disposals of regulated products and we also do destination inspections which is when a product arrives at the port and it is not registered, we follow up to ensure that it gets registered.

A: what is your definition of SB?

B: my definition, I will say altering of the color of the natural skin

A: since the FDA is a regulatory institution in the interest of the welfare of the public, what is the position of the FDA on SB in relation to the fact you regulate cosmetics?

B: ok, so the FDA in my opinion is not against SB but we are against the addition of some ingredient which are harmful to the skin, example hydroquinone and some derivatives of hydroquinone. They are not hydroquinone but they later form to become hydroquinone in the product

A: you said the FDA is not against SB but the side effects make it a concern so why is the FDA not against bleaching but just the putting of certain chemicals in cosmetics?

B: so, the FDA's mandate is to regulate products to ensure public health and safety. The farthest we can go is the products. We can advise people not to bleach their skin but I don't think we have the mandate to stop someone from bleaching

A: there was reportedly a ban on SB chemicals in cosmetic

B: so, the Ghana Standard Authority had in their laws for a very long time that the level of hydroquinone permitted is 0% but the FDA in its guidelines had 2% but in 2018 or 2019 the FDA decided that we are going to follow the Ghana standard Authority's prescription for the level of hydroquinone.

A: what was the rationale behind it?

B: I think there was a stakeholder meeting. Some doctors and dermatologists, people complaining of what the hydroquinone did to the body so the FDA took the decision to ban hydroquinone in cosmetic products.

A: how is this ban being enforced and has it yielded any positive so far?

B: I know most of these manufacturers and importers have reformulated. Those with hydroquinone have reformulated and removed the hydroquinone from it. As market surveillance officers, we also go around educating people that hydroquinone shouldn't be use in cosmetic

products. So, people are aware and are very careful. when buying skin bleaching products, they check the ingredients to ensure that it is 0%.

A: do you still see the chemical in cosmetic products on the markets.

B: yes, yes they are there

A: after the ban?

B: yes, you know, a friend of mine say that people are not people. No matter what you say, people will still break the law. The police are there but people still traffic cocaine. So people are still selling but if we see them, we seize them. And take them to our offices.

A: what do you think are the reasons what they are still on the market?

B: in Ghana, there are porous borders and people are able to smuggle them through the porous borders which is not helping the Authority but you know the FDA is doing much but we have to do more.

A: would you consider SB as a public health concern?

B: yes, yes because the rate at which people bleach is alarming. People are using products they are not supposed to use. People are using BB hair products and it is very risky.

A: so, what role does the FDA play in this public health issue?

B: the FDA is sensitizing people day in day out to ensure that these products are not used and we are also bringing guidelines each time to enforce regulation and all these things are not done and the market surveillance bit as well. We are doing much, advising people on the use of SB products.

A: is there a policy on SB or any policy channeled towards regulation

B: I have not seen any policy on that, I know the ingredient hydroquinone but as in skin bleaching. I haven't seen anything on that

A: what is your personal thought on SB?

B: I think SB is not good. I believe we have beautiful skin as Ghanaians and we shouldn't bleach our skin for a boy or for money or for anything

A: what is your perception about intervention? Is it ok?

B: it is good but there is more room for improvement

A: will you agree on an educational campaign any day?

B: yes

A: will you agree that the FDA embark on educational campaign on SB?

B: yes

A: thank you very much

B: my pleasure

### **FOCUS GROUP DISCUSSION**

(A= interview, B= participant, C= participant, D= participant, E= participant, F= participant, G=participant, H= participant, I= participant, J= participant).

A: what is your idea of beauty in relation to skin color?

B: I think beauty in relation to skin color, we have skin colors like dark, chocolate and brown., but you can't look at someone's kin and say it is nice. A beautiful person is someone who look polished and the skin glows. I want to get to a point where my skin glows even with pimples on my face when my skin color which is chocolate glows.

C: as for me, beauty is when no matter the texture or color you take care of it. It is when you have a good skin, healthy and you take care of it by using appropriate cream for your skin and that improves beauty.

B: it like the guys don't want to talk but when they see fair ladies, they say that this is beautiful.

D: my perspective about skin beauty when a fair lady appears, we see the skin and we all know that the person is beautiful but then when you look at the face of the person the you see the real beauty. It is the skin color the attracts you first.

A: what is your preferred skin color?

E: ok, I will go for dark skin. Because I believe fair colored ladies have a lot of problems because the sun rays so I will go for dark skin because they have a lot of advantages. If you are not able to take care of your skin color it goes a long way to affect you, the dark skin has a lot of advantages.

B: are you trying to say that those who are naturally fair have a lot of problems?

E: not actually but you know in Africa, the sun is very hot and God in his own wisdom gave us the dark color. The white foreigners have a lot of difficulty in their skin when they come here because

the sun penetrates the skin. Even though black color absorbs, when it comes to the skin color, it is different altogether.

B: I get what you are say related to the whites and blacks. When I was growing up, I observed that a certain tribe has more fair people and they live in Ghana, Africa. So, you can't say that because of the skin color.....

E: well, that is my preference

F: sometimes, we think only fair ladies are beautiful but when the sun scorches their skin, their color changes to chocolate or something like that so they apply creams to come back to their normal skin color.

G: I also learnt that those who are very fair and very white fall sick frequently or quickly.

H: my skin color preference is always fair. Like we say, immediately a fair person appears it looks nice but when you look closely to the features then you realize whether the person is beautiful or not. Black is beautiful, doubtless but how well the person keeps it will determine whether the person is beautiful or not.

A: so how do you feel about your skin color? Do you want to enhance it?

B: me I like my skin color very much

C: as for me, I want to be a little fairer

A: what is your reason?

C: I am darker now; this color now is not my real color. I am darker now because the sun scorches my skin and made it darker.

B: no. sometimes it is not about the sun because those with have fairer and nicer skin also walk in the sun. I think it is about the cream we use. Every skin color has a particular product to use. When you go for a product that is not meant for you, you start having effects on the skin. I observed in my school days that those who are rich use expensive creams which does not bleach their skin but make the skin smooth like a baby's skin/ color.

E: if you are saying the sun is a not a factor then it is a lie because the environment in which we live affects the skin color. I remember when I used to work with ECG, I was in an airconditioned office so my skin was glowing how much more fairer people. But when I started working in the sun, I realize I have become black so I like wearing white colored dress that will reflect my skin color.

H: in reference to the skin and the sun, it has a lot of impact on our bodies. I know fair people whose are fair at parts of the skin that are covered by their cloths and the parts exposed to the sun

are darker. Enhancing the skin is very good and it depends on the kind of products that are use. If you have a dark skin color you can use a product that will glow your skin without bleaching or whitening your skin. The sun actually has a lot of impact on the skin color.

B: I agree that the sun has an impact but you cant say that the sun is the cause of the change in the skin color from fair or dark, you get me?

D: the food we eat also affect the skin color. They say beauty is from within that comes out. When I was in SHS, my skin was very fair, I ate good food, more protein and

A: what is skin bleaching

C: skin bleaching is corroding the surface of the skin to the point where it is not healthy

B: even though I don't know much about the skin, I know that the skin has layers like the other things such as the soil, the sky etc. So, as he said that skin bleaching is corroding the epidermis, this happens when you use creams to the extent that it lightens the skin. The skin lighting means that it has removed the top part of the skin.

C: There is a saying that too much of everything is bad. So, I think skin bleaching is a mindset that I don't like my color so I want to change it.

B: sometimes skin bleaching start by wanting to enhance and contour the skin and make it glow. So, they buy products for that but the product may not work as expected and they stop to maintain it. So far as you get, they get the desired to get more set in and they end up spoiling everything and then bleach.

H: well, skin bleaching has to do with using chemicals or products to make you lighter, make your skin nice. Some of the products are harmful while some are good. Some go to the extent of using toothpaste to bleach the skin. So later you realize that the skin color is not even but full of patches. When people bleach their skin, they look better, they have confidence and are able to communicate better and they are easily accepted by people because they look beautiful. When they were dark, nobody liked them but when they become fair, they are likeable.

B: men have come to like her, right?

I: some also use perming cream to bleach.

G: yeah, and some use milk and carrot

A: milk and carrot? How do they use it?

G: they mix them together and apply it

B: so, with milk and Carrot are natural nutrients so they don't bleach the skin but enhance it to contour it. But it is not just the milk and carrot that they use, they use other products to make it nicer and shiny and that is how they end up bleaching the skin.

F: milk and carrot doesn't do much

A: what is skin bleaching then?

H: but come to think of it, when babies are born, they look fairer. They look nicer even when they are dark so what happen that they turn to dark, black, chocolate and brown. So some perceive that the carrot and milk will not be fast when they eat it or apply it directly to the skin, in fact they have to soak their skin in it so that the glow appears.

B: you know, the eating takes a while to show on the skin because it has to get to the neck, chest, then it gets to the lungs before it digests and the nutrients come out. The spreading of the nutrient is not fast. How many of us eat enough vegetables? As for me if I want to bright my skin, I will blend the carrot and add the milk and use it very well so it will be fast.

G: how about we start giving the babies the carrot, milk, potatoes and stuff from four months so that the skin comes out nice early enough and also help to keep the child's actual color.

F: I don't think it is necessary to do that to a baby. Beside the baby's natural color will show up as it grows.

A: what are the side effects of skin bleaching

E: those who use SB products have bad odor. When you use these products, you sweat a lot and it also soften the epidermis and make it slippery. I have this friend who bleaches the skin and she had this bad odor but after advising her to stop using the bleaching products for a while and she did that, the body smell improved.

F: skin bleaching also affects the skin, it damages the skin. When people start bleaching and the see their skin color changing, they get motivated to continue bleaching but once they stop, the color changes to patches of uneven colors so they go back to bleaching and this time it damages their skin color completely.

C: then it is advisable for them to go for natural products

F: they we say that they don't like natural products and rather go for the bleaching ones

A: have you heard of any ban on SB products?

H: one of the effects is it brings sickness and discolor skin. It weakens the immune system, different types of cancer. Some bleach without side effects. Others bleach internally. They take medicine and it act like magical bleaching.

B: there are injections for that too

G: the pills are better than the creams because it spreads to the whole body and it evens the bleaching and color

B: when you take the pills, it bleaches from inside out

D: the body breaks the nutrients and it evens the color

F: that one is rather dangerous

I: I agree, it is more dangerous but it seems very fast

B: talking about the effects, bleaching takes away the melanin that gave to us to protect us. When you get hurt or you want to deliver by CS, because you have removed the first layer of the skin, it becomes difficult be operated on and for the skin to be stitched.

G: I also heard that when they sew the skin then it tears

B: This old woman I know who started bleaching the skin from long time ago has become scary with sores all over the skin and people avoid her.

J: when I was growing I though those women who have damaged skin as a result of bleaching were witches so I was scared of them.

A: have you heard of a ban on any bleaching chemical in cosmetics

E: I think it is not much like in Togo and ivory coast. People who want the creams from outside the country because there are not too many bleaching products in Ghana. People don't bleach more in Ghana than in our neighboring countries. I hear they bleach to the extent that in put these bleaching chemicals in water and they soak themselves in the solution which eventually peels off the for skin, I saw it in a video. Just like lying, you will need more lies to cover up so is bleaching, once you start you have continued to cover up the skin well. When one starts bleaching their finger nails and knuckles become dark and they get dark spots too.

D: when I worked in the cosmetic shop, my madam came from town to say that they have ban bleaching products so the few that other sellers had was very expensive so when customers come around to buy them, the prices was too high for them and they complained. We have to tell them about the ban which had cause shortage of products. People had to travel to Togo to get it and it affected business.

A: do you know those who banned it?

D: my madam said it was the FDA and they had closed down shops of those who traded in those bleaching products.

A: was it a particular cream or certain chemicals?

D: the chemicals in the cream, carotone and all the tones products for bleaching

B: okay are you saying that those of us who didn't hear the ban are not affiliated or use such product that's why we did hear of it? Then it is not good at all because I may buy such products because I don't know about the ban. Was there an advertisement on the ban?

I: I am sure the FDA advocates that we buy FDA approved products. So, when you bring a product and you are told the FDA has approved it, then it is good and it shows that it has not been banned?

E: I think one thing the FDA can do for us is bring out a list of products that are good and the ones that are not certified. It will go a long way to help us. If not for this discussion most of us might not know that Carotone is not good for us.

H: I don't think carotone has been ban because they advertise it on TV with FDA approval. It is rather some ingredients in the products that the FDA has banned, which are harmful to us and they ensure that the ingredients are not used. Besides that, some people can even outsmart the FDA, they will; put the ingredient in and not add it to the list of ingredients. So, what they FDA should do is to randomly check or sample these products. People will continue to buy these bleaching products so far as it makes them good accepted and loved by others. But base on the side effect from long use soothing has to be done so that in your old age, you are not called a witch.

A: is skin bleaching a public health issue?

B: it is an individual affair

I: it is a public health concern because body odor from skin bleaching makes other around uncomfortable. This bring stigmatization, when I was in high school, I had to use creams for dark spot removal because I had pimples on my face which made people stigmatize me. But the dark spot removal too bleached my skin.

: some cant differentiates between what is bleaching and one's real color. As for me, I am fairer than this. I am fair like my brother so if people see me later that I am fair, they will say that I am bleaching but I am rather turning to my original color. So, with that being said some of us bleach without knowing.

A: do you check labels of cometic product? If yes what do you check for?

E: side effect is what we look out for, that is our focus.

B: when I am buying a product, one thing I don't want to see is the black black on my skin. Whenever I am buying a product and I see whitening a and lighten on the label, then I know it will not be good for me. Since I don't know the chemicals in then, I look out for skin lighting and brighten to avoid buying them and go for one that will make my skin glow.

E: I also think we should take time to have knowledge about our skin and what is good for us because in the other world, there are hospitals and doctors who are skin specialist but in Africa it is about what is trending. We think using a product that is trending is the best just like baby food.

G: as for me, I check the number on the container to see whether it is the right number for my skin shade. Last time I made someone buy a cream I use always but the person got a different number instead my number and I didn't realize it so after using it for a while, I rather became darker than I am. This made me examine the cream and I realized that the person didn't get the right number for my skin shade.

A: have you used any skin bleaching products before or do you have intention using it?

C: yes, I have used it before when I was in SHS. My dad bought me Carotone and it bleached me papa, I didn't know because I was young. Carotone bleached us fine but now I know better so I won't buy it.

E: a cousin of mine was fair and that was what he was using and I also used his cream but I saw that my knuckles were getting darker and the tip of my nails too. That was when I realized that I was bleaching. Sometimes too we do not check the expiry date because we think it is cosmetic. I was using a pomade which was watery because it had expired and I didn't know then after using the pomade, I bought a new one which was thick so I examined the differences and I realized what I used earlier had expired almost a year ago but because I didn't know I used it.

B: because I cannot afford to go to a dermatologist to prescribe a cream suitable for my skin, I assess people's opinion about the creams they use and observe the effect of a particular product I want to buy on people's skin then before I buy it. So product that people say it bleaches their skin, I rather avoid them.

A: are you aware of any skin bleaching regulation? A policy or intervention? And is it necessary for any skin bleaching intervention?

: yes, it is necessary to regulate it because no matter what we do, we can't abolish it to the point nobody uses bleaching creams in the whole world. To control or regulate it is very important. But I have not really heard about any policy.

H: with regards to regulation, it is the education that I have seen FDA do on social media, Facebook. FDA send people to the market to educate people but to actual regulation, I haven't heard anything. I know there is a ban on some chemical, hydroquinone in any product. So, any product that contain the chemical has been banned.

A: is it necessary to regulate skin bleaching and why do you think so?

: it means there is some bleaching cream that do not cause blistering and change of color but the moment they begin to cause some blisters and discolor your body, then those are the banned product.

D: bleaching creams are not expensive like good pomades. Good pomade takes a while before you see a change in your color. But the bleaching creams bleaches faster and easy and are cheap too so people will rather go for them. I think it has to be regulated because you can't stop people from using bleaching creams so it must be regulated in cosmetic shops but I have not heard any yet.

B: ok, I think it is necessary for skin bleaching to be regulated. There should be laws and rules against it because when people who bleach their skin are involved in accident and he/she is not able to be operated on, it affects the individual, the family and the public as well as the government because it reduces labor force, tax. It is very important because it reduces stigmatization. Lately, you won't get people to tell you about your bleaching, they simply avoid relating with you and that can bring suicide tendency. So, regulation can go a long way to solve depression and suicide tendency.

C: I also think regulation can be done by reducing the chemicals in bleaching creams to avoid skin infections and cancers.

A: do you think the FDA has a role to play?

E: they are doing their best, just as we are through this discussion, we too can go out there and educate one another that this is what is going on. But sometimes, we hail those who bleach instead of us to approach them and tell them about the side effects, we don't do that. In the case of my friend. If I hadn't been bold enough to tell her about the body odor, she had due to skin bleaching, she would have gotten to a suicidal tendency stage because nobody wanted to approach or associate with her. So, we should take it up and tell the skin bleachers. We should be prepared by the help of the holy spirit on how to help those who are in it and need help and pray about it.

H: the FDA can do more. Formally, the health warnings on cigarettes were written on the package but now they have taken it a step further by putting picture of the side effect on the package. So, the FDA as part of regulation should mandate those who do cosmetic creams to put the effects of bleaching on their products and persons to contact to report side effects suffered from using creams. We need to report products with hydroquinone to the FDA for them to do a better job.

B: I think the FDA has a role to play. There should be strong backing on the law for it to be enforced effectively. There should be an effective policy. When a person report of a particular chemical which is not supposed to be in the cream, the shop owner should be arrested. When the law is enforced like that, it will reduce the sale and purchase of such product. I also think education is important. It is difficult to tell someone that he/she is bleaching. I will rather tell someone who will is bleaching she is beautiful. Guys will be chasing such ladies because they look beautiful and they will get boyfriends and money. We should know how to educate people, talking about the dangers and the long-term effects. When you get to know about the effects and the damage it causes, when you are buying the products you will think twice before buying it.

E: Also, the FDA should regulate the registration of imported products and scrutinize them well for chemicals that are harmful to the human skin. At the port, the custom officers don't do proper

checks immediately they receive a bribe they allow the products and the FDA will sit in their offices and give permit without checking the products. The custom officers are aware that the products coming in are banned but because of bribe, they clear them. They should scan the containers very well so that it follows all the procedures especially cosmetic products.

H: I think the FDA can do adverts on skin bleaching on TV. I have seen one of their calendars in which they advertise the side effects of smoking, bleaching and environmental neatness, on food safety but on bleaching, I think they should come on TV use more money to advertise on skin bleaching because we know all what social media does.

B: I concur that for an intensive check at the port, there should be a body set to fight the import and use of bleaching products.

A: do you think the FDA should be the only institution regulation skin bleaching?

D: I think the media house has to come in to help (TV and Radio)

B: educational institutions must be involved to help create awareness from JHS, SHS and the university. They could be speeches and courses on skin bleaching.

C: there are two factors that affect the control of skin bleaching creams, I call it stand by effect. This is where we all see something happening to someone and no body helps the person out. To assume everybody knows about bleaching creams and its effect is not right. So, we need to educate people on the long-time effect of skin bleaching.

A: thank you. God bless you all, I am very grateful