



## Breaking the Silence: Understanding the practice of Breast ironing in Cameroon

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### SUMMARY

This study described the prevalence of breast ironing in Cameroon using information collected through interviews of 5661 girls and women aged 10–82 years of age. Descriptive statistics were made and results showed that the practice of breast ironing is widespread across all provinces with high prevalence in the Littoral Province. In addition the study found that mother's were the main perpetrators of breast ironing. Further research on the health effects (physical and psychological) on the practice of breast ironing is warranted.

**Key words:** Breast Ironing, Cameroon, Family violence

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### Introduction

It is increasingly recognised that violence has adverse effects on the physical and mental health of children and young people. In addition, exposure to violence can have implications for the subsequent behaviour (1). At home and in family settings, children and young people experience assaults and other acts of physical violence, sexual violation, harmful traditional humiliation practices and other types of psychological violence and neglect (2).

It is suggested that the prevalence of violence against children and young people by parents and other close relatives has only now began to be acknowledged and documented (2). Thus, challenging violence against children and young people is most difficult in the family context in all its forms. This, due to a reluctance to

intervene in what is still perceived in most societies as a “private” sphere (1, 2). In some settings, cultural traditions include practices which inflict pain and disfigurement on children and adolescents, such as scarifying branding or tattooing. Although the term harmful traditional practices have been particularly associated with genital mutilation of girls (FGM), there are other harmful practices involving boys and girls (2). These harmful traditional and humiliating practices are frequently seen in the African continent (2). For instance, despite legislation and advocacy efforts, FGM remain widespread in parts of North and Eastern Africa where 90 per cent of girls undergo the operation, usually at around the age of seven (2,3,4,5). In Cameroon, traditional harmful practices have existed for generations. In January 2006, one of these harmful



practices (breast ironing) was revealed by the RENATA women's organization and the German Technical Cooperation Agency (GTZ) (6).

### Background

Cameroon is situated in the gulf of Guinea and has an estimated population of 17.340 million of which 41 percent is under the age of 15 (8). Its population is unevenly divided among its over 250 ethnic groups with distinguished languages and cultures that embrace divergent trends and characteristics. In addition a total of 24 major African languages are spoken in the country, however French and English are the official languages.

Among the violence that characterize the life of the woman and especially that of the girl child in Cameroon is the practice of breast ironing that for generations has gone unnoticed. Breast ironing is the practice of using objects and usually very hot ones to literally pound or massage the breasts of the girl child in order to make them disappear. This is done on girls between the ages of eight and fourteen who have started developing breasts. It is usually done by female relation close to the victim (mother, aunt, grand mother, sister or guardian). The aim is to retard the growth of breast thereby delaying the start of sexual activity.

The objective of this study is to describe the practice of breast ironing as well as its geographical distribution.

### Material and Methods

A total of 5661 girls and women aged 10–82 years were interviewed. In each province, data were collected in the capital city (urban area) and two villages (rural areas). In each location, interviewers selected quarters in the centre and quarters in the periphery of the site and each quarter, households were visited one after

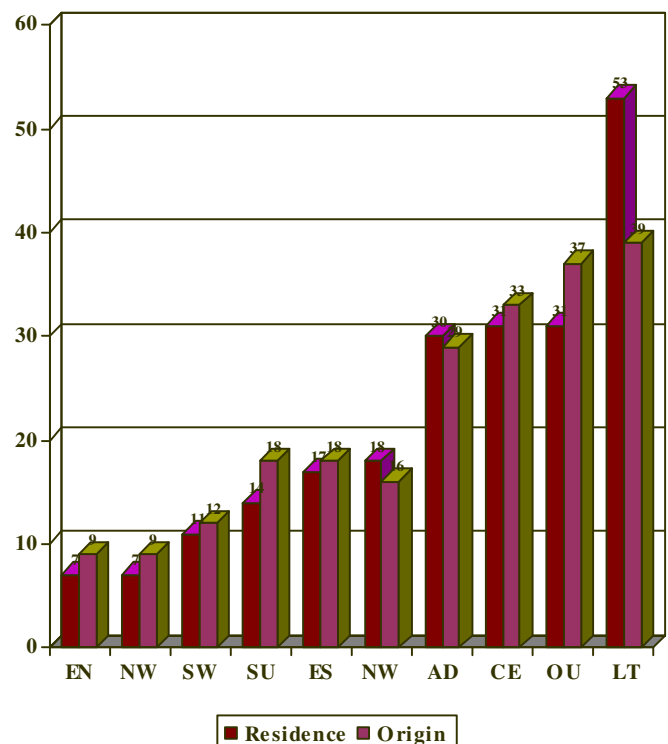
another. Only one female informant at a time was interviewed in each household to allow as much households as possible in each sites to take part in the study. In each province a minimum of 411 households were then visited. In Adamawa province, more interviews were conducted because of its ethnic diversity. Analyses were made using descriptive statistics.

### Results

The practice of breast ironing was more prevalent in the Littoral province either by residence or by origin of the girls/women interviewed (See Figure 1). The sample included 88 per cent of women in reproductive age (15–49 years), 8 per cent girls aged 7–14 years and 4 per cent were women over 50 years of age.

**Figure1. Prevalence (%) of Breast Ironing by province of residence and origin, 2006**

Source: Flavien Ndonko, 2006





The ironing of the breasts was mostly done by the mothers (58 per cent), nanny (10 per cent), sister (9 per cent), and grandmother (7 per cent) and by the girls themselves (7 per cent).

The main objects used to practice breast ironing were wooden spoon/broom (24 per cent), stones (20 per cent), pestle (17 per cent), breast band (10 per cent), leaves (9 per cent), towel (5 per cent) and others (15 per cent). The group others comprised hot cook spoons, hot fufu, hot seeds of black fruits, hot plantain peelings, hot plumbs, ants, ice cubs, hot palm, nuts, salt and kerosene.

In relation to the type of objects used to perform breast ironing by province of girls/women origin, it was found that hot stones and hot pestle were common in the West and Littoral provinces and in Adamoua and Central provinces were mainly hot wooden spoons.

Results also showed that after breast ironing was performed, 44 per cent of girls/women had their breasts attached or bandaged.

Regarding how breasts did grow after breast ironing was performed to them, 42 per cent of girls/women reported that their breasts grew normally, 39 per cent grew smaller and 19 per cent grew bigger. On the other hand when the girls/women were asked about possible consequences of breast ironing they suffered, 18 per cent reported that their breasts fell early, 8 per cent reported they suffered from a variety of illnesses. The illnesses reported by the respondents ranged from severe pains, high fever, abscesses in time or both breasts, pimples on around the breasts nipples, cysts in breasts, itching of breasts, severe chest pains, infections of one or both breasts as a result of scarification.

The frequency of the practice according to the age which the breasts grew were 50 per cent before the age of 9 years, 38 per cent before 11 years, 24 per cent before 12 years and 14 per cent before 14 years of age. Thus, the risk of having the breasts being ironed was twice higher for girls whose breasts grew before 9 years of age.

### **Discussion**

Results of this study have shown that the practice of breast ironing is widespread through out Cameroon. However, the prevalence is high in the Littoral province which houses Cameroon largest city Douala compared to the low levels found in the Muslim North. Furthermore, the distribution of the practice by the girl's origin also indicated high levels of the practice again in the Littoral province. In addition results suggest that urbanization somewhat may play a role as a risk factor for the practice of breast ironing. In a study which investigates the age at menarche and urbanization in Cameroon it was found that there was a presence of a clear secular trend towards earlier maturation at a rate of 2.5–3.2 months per decade only in the main cities of the country Yaoundé and Douala (7). The study further argued that improved sanitary, nutritional as well as socio-economic conditions seems to have led to a downward trend in mean menarche age in developing countries including some in sub-Saharan Africa (7). It is suggested that in urban areas girls run a higher risk of sexual advances from men than in rural areas (7). For instance, at a Genito-Urinary centre in Harare Zimbabwe, about 900 children below 12 years of age were treated for STDs in 1990 alone. (8) A similar statistics was recorded in Zaria, Nigeria where 16 percent of patient with STDs were girls 9 years old or younger (8). In the survey, the average in which



breasts grew was 12 year and 3 months. Practically every 20 years, breasts have been growing some 5 to 7 months earlier (6).

While the practice is commonly performed by family members, 58 per cent of the time by the mother, many young girls did buy into its reasoning and often continued inflicting the practice upon their own bodies. This finding that the mothers are the main perpetrators of the practice is alarming since the mother is never expected to be the one causing violence against their children. According to violence research “family violence” refers to many forms of abuse, mistreatment or neglect that children and adults may experience in their intimate kinship or dependent relationships (9, 10, 11). Therefore, breast ironing may be considered a type of family violence since the practice is imposed to the young girls without their consent.

The perpetrators of breast ironing believe that breast ironing is an efficient means of delaying pregnancy by removing signs of puberty, these girls will no longer appear sexual attractive to men. In Cameroon teen pregnancy rates have declined from 60 per cent in 1996 to 20 per cent in 2003 (12–14). However although there has been a considerable decline of teen pregnancy it is still considered high and have not been reduced by the practice of breast ironing (15). The rationale behind breast ironing, which is to protect young girls from sexual advances, is at odds with the fact that those girls can still become pregnant.

While there is little research on the health effects of breast ironing, it is generally believed that the practice can cause tissue damage in addition to the pain of the ironing process. In addition, there are serious numbers of physical and mental health consequences that can arise: the most serious may include an elevated cancer risk, the inability to produce breast-milk, and

psychological problems; many girls grow so fearful of their families that they flee their homes (15). For instance, the scarification or loss of breast tissue may interfere with the girl’s future reproductive life and breastfeeding in particular. As well known breastfeeding is the optimal source of nutrition for infants (16, 17, 18). Furthermore it is suggested that breastfed babies have fewer respiratory infections, fewer gastrointestinal upsets, fewer ear infections and fewer allergies (16). On the other hand breastfeeding is known to benefit mothers by providing a faster return of the uterus to its pregnant state, more rapid weight loss postpartum (16) and decreased risk of breast cancer by twenty five percent (19). As results also indicated some adolescents performed breast ironing themselves. It is argued that they do so because they are made to understand by their entourage, that having breasts is not a normal thing, which is why they try to suppress it themselves or having them ironed by the mother or any other relative (6). As a consequence, they will hate their body and their breasts during their adolescence because they think are not a normal thing. Furthermore when the breasts have fallen as a consequence of the ironing, most girls are very disturbed and have difficulties in fully enjoying their sexuality (6). In addition female adolescents tend to close up and cut contacts with boyfriends to avoid explaining all the time why their breasts are strange or fallen at so early age (6).

Although no research exists regarding the long term consequences of breast ironing it is suggested that it’s victims may suffer heart problems, depression and breast cancer (20). As mentioned above the GTZ/RENATA survey identified ten cases of diagnosed breast cancer in women who suffered breast ironing



(6). If pounding is involved, related heart problems can also arise (15).

In Cameroon, breast ironing is still a taboo and as any type of violence which occurs in the family environment becomes very difficult to address. In addition despite that breast ironing has become a public problem, it is not yet banned by Cameroonian authorities (15). Furthermore although victims do have protection under law, very few cases are taken to court. However, victims are often too young and very unlikely to report their family members (15)

### Conclusions

This study has described the prevalence of breast ironing in Cameroon. Results showed that the practice is widespread across all provinces with high prevalence in the Littoral Province. In addition the study found that mothers were the main perpetrators of breast ironing. Further research on the health effects (physical and psychological) of the practice of breast ironing is warranted.

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