

Breast Ironing Among African Girls: A Critical Appraisal of its Sociocultural Dimensions, Health Implications, Prevention, Gaps and Strategies

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ABSTRACT

Breast ironing, a clandestine practice prevalent in several African countries, represents a covert form of gender-based violence (GBV) with profound implications for the physical, psychological, and social well-being of girls. The practice involves pressing or massaging a girl's developing breasts with heated objects like grinding stones and pestles to arrest breast development, thereby making the girl less attractive to men; and reducing the chances of her having sexual intercourse. This review article examines the phenomenon of breast ironing within the broader context of GBV in Africa, exploring its prevalence, sociocultural roots, health consequences and societal implications, prevention challenges and strategies for intervention. A key aspect emphasized is the need to recognize and address the potential medicalization of breast ironing, similar to efforts seen in combating female genital mutilation (FGM). Preventive strategies must include maintaining a high index of suspicion for medicalization, ensuring that healthcare providers are educated about the dangers of this practice and empowered to intervene effectively. Addressing breast ironing requires a multifaceted approach that acknowledges its sociocultural complexities, prioritizes preventive measures and leverages the power of research. By integrating these elements into comprehensive prevention strategies, we can work towards ending the harmful practice of breast ironing and safeguarding the health and well-being of African girls. Political will and action are paramount in preventing breast ironing in Africa. Leaders must prioritize legislation, allocate resources, and collaborate with stakeholders to eradicate this harmful practice and protect vulnerable individuals.

Key words: Breast Ironing, Gender-Based Violence, Health Consequences, African Girls

INTRODUCTION

Breast ironing, a clandestine and underreported practice prevalent in several African countries, represents a covert form of gender-based violence (GBV) with profound implications for the physical, psychological and social well-being of girls¹. Despite its prevalence and detrimental effects, breast ironing has received limited attention in both academic literature and public discourse.^{1,2} Breast ironing, impacting 3.8 million women globally, stands as one of the five underreported gender-based violence crimes; often conducted by family members, with mothers comprising 58% of perpetrators³. Majority of the victims are in Africa; with 25% to 50% of Cameroonian girls estimated to be affected; and in the UK, around 1,000 girls aged 9–15 are deemed vulnerable to this practice^{3,4}. In Nigeria, the practice of breast ironing remains shrouded in ambiguity due to the paucity of data; cultural taboos and fear of stigma contribute to underreporting, hindering comprehensive understanding and effective intervention.

Breast ironing primarily impacts girls in their early teenage years, typically between 9 and 15. This is when they start developing breasts and might be seen as vulnerable to sexual advances or early pregnancies. Usually done by mothers or female relatives, breast ironing aims to flatten or delay breast growth during this crucial puberty stage¹. However, it's worth noting that girls outside this age range might also undergo breast ironing, depending on cultural norms and individual situations. The practice involves pressing or massaging a girl's developing breasts with heated objects like grinding stones⁴, spatulas, shard of calabash, bunch of broom head or pestles^{3,5} (Figure 1). This process can



Figure 1: Gender Based Violence: Breast Ironing in Picture

Source: Face 2 Face Africa (<https://face2faceafrica.com/article/after-many-years-of-harm-african-girls-still-face-cruel-breast-ironing-custom>)

last for 4 to 6 months or longer until the breasts appear flattened, as the fatty tissues and lobules dissolve or disappear. Afterwards, the girl is often instructed to tightly bind her breasts with a broad belt or thick cloth to accelerate the disappearance of the altered breasts.

While there has been growing awareness of breast ironing in recent years, efforts to address this harmful practice remain limited. Challenges include cultural sensitivity, community resistance and a lack of comprehensive data on the prevalence and impact of breast ironing. Furthermore, the clandestine nature of the practice makes it difficult to detect and address effectively¹.

This review seeks to fill the gap in existing literature by providing a comprehensive analysis of breast ironing as a variant of GBV in Africa. By examining its cultural, social and health dimensions, this study aims to inform policy, advocacy and intervention efforts aimed at ending breast ironing and promoting the rights and well-being of girls in Africa.

Prevalence and Sociocultural Dimension of Breast Ironing in Africa

Breast ironing is reported to occur in various African countries, including Cameroon, Nigeria, Togo, Guinea-Bissau and others. Currently, there is a paucity of data and empirical studies on breast ironing, which limits a thorough understanding of its prevalence. Nonetheless, the United Nations Population Fund, in a statement, underscored breast ironing as one of "five under-reported stories relating to gender-based violence"⁶. Countries where this practice is said to be prevalent include Benin, Burkina Faso, Cameroon, the Central African Republic, Chad, Côte d'Ivoire, Guinea-Bissau, Guinea-Conakry, Kenya, Nigeria, Togo, South Africa, and Zimbabwe³. Breast ironing is most commonly associated with Cameroon, where it is believed to have originated^{3,7}. According to a 2006 report by the United Nations Population Fund (UNFPA), up to 25% of girls in Cameroon may have undergone breast ironing¹. For instance, a study conducted in Cameroon found that approximately 24% of girls aged 9 to 15 had undergone breast ironing, indicating the widespread nature of the practice in certain regions⁸ (Figure 2)

Although there is paucity of data on breast ironing in Nigeria, a report revealed high burden of breast ironing in areas like Pygba Sama, Kpaduma and other indigenous communities in Abuja, parts of Niger State, Camerounian communities of Cross River State; and also showing that 1 in every 3 girls within the age brack-

et of 8 and 14 in Pygba Sama and Kpaduma communities had undergone breast ironing⁹.

In North Africa, breast ironing is reported to be prevalent in countries like Morocco, Algeria, Tunisia, and Libya¹⁰. According to a study conducted by UNICEF, approximately 3.8 million girls in this region are at risk of undergoing breast ironing, with Morocco being one of the countries with the highest prevalence rates¹⁰. Despite efforts to address the issue through education and awareness campaigns, cultural beliefs and social pressures continue to perpetuate breast ironing in North Africa. In South Africa, breast ironing is less prevalent compared to other regions of the continent, but it still occurs, particularly in rural areas⁵. A study published in the South African Medical Journal found that approximately 3% of girls aged 9 to 15 in certain rural communities had undergone breast ironing¹¹. East Africa, including countries like Kenya, Uganda, Tanzania, and Ethiopia, also grapples with the issue of breast ironing, although data on prevalence rates are scarce⁵.

The practice of breast ironing is deeply rooted in cultural beliefs and norms surrounding female sexuality, gender roles and marriage in many African societies⁸. It is often carried out by female relatives, such as mothers or grandmothers, who believe that delaying breast development will protect girls from sexual harassment, early marriage and unwanted pregnancies¹². Breast ironing is seen as a means of safeguarding girls' chastity, preserving family honour and ensuring their future prospects⁷. Breast ironing is perpetuated by patriarchal structures and traditional gender norms that prioritize male authority and control over female bodies¹². In many African communities, girls' bodies are viewed as objects of male desire and subject to societal expectations of modesty and purity². Breast ironing is, therefore, regarded as a form of protection against male sexual advances and as a way of preparing girls for marriage and motherhood within the confines of traditional gender roles¹.

Breast ironing is often carried out in secrecy and with the tacit approval of the community, reflecting broader societal attitudes towards female sexuality and gender-based violence¹³. Girls may face social pressure to undergo breast ironing to conform to prevailing norms and avoid stigma or ostracization. Moreover, community acceptance of breast ironing reinforces its perpetuation and makes it difficult for girls to challenge or resist the practice¹⁴. Efforts to address breast ironing are often met with cultural sensitivity and resistance from affected communities, who may view external interventions as interference in their cultural practices and traditions¹⁵. Cultural beliefs surrounding female sexuality and gender roles may impede efforts to raise awareness and change attitudes towards breast ironing, highlighting the need for culturally sensitive approaches to prevention and response^{13,15}.

Breast ironing is deeply intertwined with socioeconomic factors and structural inequalities that perpetuate gender-based violence and undermine the rights and well-being of young girls¹⁶. Low levels of education and awareness perpetuate the continuation of breast ironing, as lack of knowledge about its health risks and human rights implications may lead parents and caregivers to perceive it as a legitimate practice for protecting girls from early pregnancy or sexual advances¹. Educational interventions that raise awareness about the harmful effects of breast ironing and promote gender equality are essential for challenging entrenched beliefs and behaviors that sustain the practice.

Breast ironing is rooted in patriarchal norms and gender inequali-

ties that prioritize male authority and control over female bodies^{17,18}. In societies where girls' chastity and modesty are highly valued, breast ironing is often perceived as a means of preserving girls' purity and safeguarding their future prospects within a patriarchal social order¹⁹.

Health Consequences and Psychological Impacts of Breast Ironing in Africa

Breast ironing inflicts significant reproductive health-related consequences and psychological trauma on young girls. Up until 2006, no medical studies had investigated its effects²⁰. Breast ironing inflicts intense pain¹ and can lead to tissue damage; a breast ironing survivor exclaimed⁷, "My mother took a pestle, she warmed it under fire and used it to pound my breasts while I was lying down. She also took the back of a coconut, warmed it in fire and used it to iron the breasts. I was crying and trembling to escape but there was no way". A Nigerian eyewitness of breast ironing declared⁹, "I watched my little niece cry out her eyes in pains and writing on the ground, hoping I would come to her rescue, but I was as hopeless and helpless as she was. The elderly women carried out the massaging and hitting, as if their lives depended on it. They did not spare the girl as they pressed the heated stone on her forming breasts one after the other. At a point, I could not resist it, so, I went to a corner to weep. The process was repeated the following day, but this time, it was not as harsh as the first. I learnt the process would go on for four to six months when the fat would have gone off as the breast flattered".

Furthermore, breast ironing exposes girls to the danger of abscesses, cysts, infections and permanent tissue damage, resulting in issues such as breast pimples, uneven breast size and milk infection due to scarring; which subsequently culminate in challenges with milk production and breastfeeding⁹. In severe cases, there have been ten reported instances of diagnosed breast cancer among women who have undergone breast ironing¹³. Other potential side effects identified include deformed breasts and even the loss of one or both breasts^{8,9}. The severity of the practice varies widely, ranging from the use of heated leaves to press and massage the breasts to the use of scalding grinding stones to crush the developing gland.

Breast ironing can also instill fear of sexual activity in women¹. Some men have expressed that the loss of breasts diminishes women's sexual experiences, though this perspective has not been confirmed by women^{8,21}. Additionally, many women experience psychological trauma following breast ironing. Victims often perceive it as punishment, internalize blame, and fear future breastfeeding experiences. In addition to its physical health consequences, breast ironing inflicts profound psychological trauma on girls who undergo the practice. The experience of having one's breasts forcibly manipulated or mutilated can lead to feelings of shame, embarrassment, and low self-esteem²². Girls may also experience anxiety, depression and post-traumatic stress disorder (PTSD) as a result of the trauma inflicted upon them, impacting their mental well-being and overall quality of life^{17,23}.

A 32-year-old single mother survivor of breast ironing, who was also raped at 18, exclaimed⁹, "I was traumatized when my breasts were not like others. Although, I was told it would not stop me from having children, I was actually ashamed of myself each time I took my bath or stood naked before a mirror. This is because one of my breasts is big and saggy; while the other is very small. I do not even feel that the small one exists. This opposite size makes me to de-

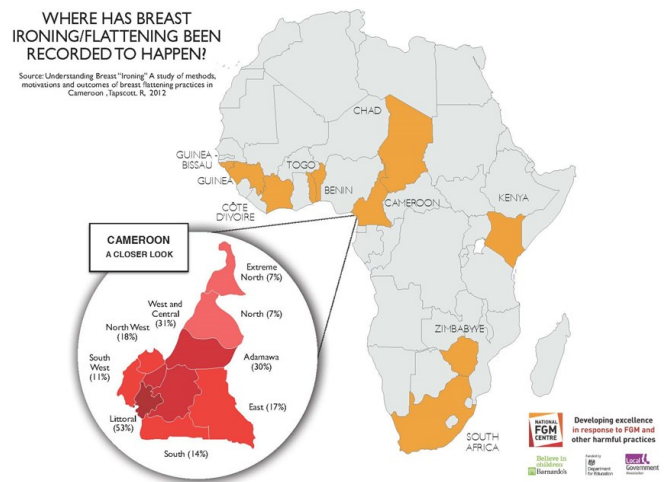


Figure 2: Africa, showing Geographical Distribution and Prevalence of breast Ironing. Source: National FGM Centre (<https://nationalfgmcentre.org.uk/breast-flattening/>)

test my childhood experience". She went further saying⁹, "I even had challenges breastfeeding my baby; the small breast bringing out milk in droplets, while the nipple of the bigger one was destroyed, so, I did not breastfeed my baby". The use of unsanitary tools and untrained practitioners further increases the risk of infection and long-term health issues for girls subjected to breast ironing¹³.

Breast ironing can have lasting effects on girls' body image and sense of identity, as it disrupts the natural process of physical development and undermines their autonomy over their own bodies. Girls subjected to breast ironing may internalize negative messages about their bodies and femininity, leading to distorted perceptions of self-worth and identity. This can have far-reaching implications for their social relationships, educational attainment, and future aspirations^{2,18}.

Legal and Policy Responses to Breast Ironing in Africa

Breast ironing, a harmful traditional practice prevalent in many African countries, has gained increased attention from policymakers and human rights advocates in recent years⁷. Several African countries have taken steps to address breast ironing through legislative measures aimed at prohibiting the practice and providing legal protection to victims¹⁰. For example, in Cameroon, where breast ironing is widespread, the government passed Law No. 2016/007 in 2016, which criminalizes the practice and imposes penalties on perpetrators^{2,24}. Similarly, countries like Nigeria and Togo have enacted laws that explicitly prohibit breast ironing-related and other harmful traditional practices, signaling a growing recognition of the need to address this form of violence through legal means^{25,26}. However, breast ironing is not explicitly addressed by Nigerian law, but since it is considered a form of physical abuse, those who commit it can be charged under existing legislation safeguarding women and girls¹⁹. According to Section 360 of the Criminal Code, individuals who unlawfully and indecently assault a woman or girl can face misdemeanour charges and up to two years of imprisonment¹⁹. In South Africa, the legal and policy response to breast ironing has gained momentum. Drawing on international frameworks like the Convention on the Rights of the Child, South Africa has prioritized legislative action²⁷. The Children's Act of 2005 criminalizes harmful practices, including breast ironing, aiming to protect children from physical and emotional harm²⁸. Additionally, awareness campaigns led by or-

ganizations like Sonke Gender Justice and UNICEF South Africa have been crucial in educating communities about the dangers of breast ironing and promoting alternative rites of passage for girls²⁹. These efforts signify a concerted push towards eradicating this harmful practice in South Africa. In East Africa, the legal and policy response to breast ironing is gaining traction. Uganda, for instance, has incorporated measures against harmful practices like breast ironing into its laws, following the Constitution and the Children Act of 2016³⁰. In North Africa, the legal and policy response to breast ironing is gaining attention. Countries like Morocco are addressing this issue through legal frameworks such as the Family Code and Penal Code, which prohibit harmful practices against women and children³¹. Moreover, organizations like UN Women have partnered with local NGOs to raise awareness and advocate for policy changes to protect girls from breast ironing. These efforts underscore a growing commitment to ending this harmful practice and promoting the rights and well-being of girls in North Africa³.

Despite the existence of legal frameworks prohibiting breast ironing, challenges persist in effectively implementing and enforcing these laws¹⁸. Limited resources, weak institutional capacity and cultural resistance pose significant barriers to enforcement efforts, hindering the ability of law enforcement agencies to hold perpetrators accountable and provide support to victims¹⁶. Moreover, the clandestine nature of breast ironing makes it difficult to detect and prosecute cases, further complicating efforts to combat the practice through legal means.

In addition to legal measures, various policy initiatives have been implemented to address breast ironing and promote the rights and well-being of girls in affected communities. These initiatives often involve collaboration between government agencies, civil society organizations, and international partners to raise awareness, provide support services and empower communities to challenge harmful traditional practices³². For example, in Cameroon, the Ministry of Women's Empowerment and the Family has launched awareness campaigns and educational programs to sensitize communities about the dangers of breast ironing and promote alternative practices that respect girls' rights and dignity.

Breast ironing has gained increased attention on the international stage, with human rights organizations and United Nations agencies advocating for stronger action to address this form of violence. The United Nations Committee on the Rights of the Child has called on governments to take concrete measures to eliminate breast ironing and protect the rights of girls, urging states to enact legislation, provide support services and raise awareness about the harmful consequences of the practice. International organizations such as United Nations International Children's Emergency Fund (UNICEF) and United Nations Population Fund (UNFPA) have also supported efforts to combat breast ironing through research, advocacy, and capacity-building initiatives in affected countries³³.

While progress has been made in raising awareness and mobilizing action to address breast ironing, significant challenges remain in achieving sustainable change. Deep-rooted cultural beliefs, socioeconomic disparities, and gender inequality continue to perpetuate the practice, underscoring the need for holistic approaches that address the underlying drivers of violence against women and girls^{34,35}.

The Roles of Research in Addressing Open Questions on Breast Ironing

Research serves several pivotal roles in the endeavour to prevent breast ironing in Africa^{32,36}. It facilitates comprehension of the prevalence, geographical spread, and socio-cultural determinants associated with this harmful practice. Through the systematic collection of data regarding the prevalence of breast ironing and its detrimental health and psychosocial repercussions on girls, researchers furnish evidence to policymakers, non-governmental organizations (NGOs) and communities, thereby enhancing awareness of the severity of the issue and the imperative for concerted action. Furthermore, research aids in identifying the underlying cultural, social, and economic drivers of breast ironing. Through qualitative inquiries, researchers delve into the beliefs, attitudes and customs surrounding gender, sexuality and puberty within the affected communities. This profound insight into the root causes informs the development of interventions that are sensitive to the cultural context.

Moreover, research facilitates the evaluation of extant interventions geared towards preventing breast ironing or supporting affected individuals. By gauging the efficacy of educational initiatives, community outreach endeavours, and healthcare interventions, researchers discern what approaches are efficacious and which are not, thereby guiding the formulation of more impactful interventions. Additionally, research contributes to the creation of culturally appropriate and context-specific measures to prevent breast ironing. By involving community stakeholders, including parents, elders, and religious leaders, in the research process, interventions can be crafted in a manner that honors local traditions and values while fostering positive behavioral change.

Research serves to empower communities by furnishing them with knowledge and evidence to contest detrimental practices like breast ironing. Through participatory research methodologies, communities can be engaged in the research process, fostering a sense of ownership and ensuring the sustainability of prevention efforts. Furthermore, research findings can be leveraged to mobilize community members, advocate for policy reforms, and stimulate dialogue on gender equality and human rights.

Additionally, research findings can inform policy formulation and advocacy endeavors aimed at preventing breast ironing. By presenting evidence-based recommendations to policymakers and stakeholders, researchers can advocate for the enactment of laws and policies that safeguard girls' rights and advance gender equality. Research can also be utilized to advocate for increased investment in education, healthcare, and social services to address the underlying drivers of breast ironing. In sum, research assumes a pivotal role in shaping evidence-based prevention strategies, empowering communities, and advocating for policy reforms to combat the pernicious practice of breast ironing in Africa.

Conclusion

The practice of breast ironing among African girls represents a complex interplay of sociocultural factors, health implications, prevention challenges and the crucial need for research. This review has shed light on the multifaceted nature of breast ironing, highlighting its painful and potentially harmful effects on both physical and mental health of the girl-child. Despite limited empirical research, anecdotal evidence and expert opinions suggest a range of health risks associated with breast ironing, including tis-

sue damage, increased susceptibility to breast cancer and infections and psychological trauma. Moreover, the practice can have long-term consequences such as hindering breastfeeding and impacting sexual experiences.

Addressing breast ironing requires a comprehensive approach that addresses its underlying sociocultural roots while also prioritizing preventive measures and support for affected individuals. Prevention efforts must be sensitive to cultural norms and values, engaging with communities in dialogue and education to challenge harmful beliefs and practices. Empowering girls and women with information about their rights and reproductive health is essential in fostering autonomy and resilience against harmful traditions. However, effective prevention strategies require a solid foundation of research to inform evidence-based interventions. There is an urgent need for rigorous studies that document the prevalence of breast ironing, its determinants, and its health consequences. This research should also explore the sociocultural dynamics that sustain the practice and identify potential leverage points for intervention. In addition to informing prevention efforts, research plays a crucial role in advocating for policy changes and mobilizing resources to address breast ironing comprehensively. By amplifying the voices of affected individuals and communities, research can contribute to raising awareness, reducing stigma, and promoting social change.

In sum, addressing breast ironing among African girls necessitates a coordinated approach that integrates sociocultural understanding, preventive strategies and research-driven interventions. Only through collective action and commitment can we work towards eliminating this harmful practice and safeguarding the health and well-being of future generations. Political will and action are paramount in preventing breast ironing in Africa. Leaders must prioritize legislation, allocate resources, and collaborate with stakeholders to eradicate this harmful practice and protect vulnerable individuals.

Recommendations

Efforts to combat breast ironing must be multifaceted and holistic, addressing both the underlying sociocultural factors and the immediate health needs of affected girls. Education and awareness-raising campaigns are essential for challenging harmful beliefs and promoting gender equality. Empowering girls with knowledge about their bodies, rights and reproductive health is critical for preventing and responding to breast ironing. Additionally, community-based interventions, involving religious leaders, traditional healers and local authorities, can help change social norms and practices surrounding breast ironing.

Women's empowerment is pivotal in the fight against breast ironing in Africa. When women are empowered through initiatives that champion gender equality, education, and economic opportunities, they become agents of change within their communities³⁷⁻³⁹. By dismantling patriarchal norms and advocating for girls' rights, empowered women challenge harmful traditions like breast ironing. Moreover, education empowers women to make informed decisions about their bodies and the well-being of their daughters, reducing the likelihood of perpetuating harmful practices³⁷. Economic empowerment provides women with financial independence and the ability to assert themselves, diminishing their vulnerability to coercion or pressure to conform to societal expectations^{40,41}. Ultimately, by fostering environments where girls are valued and protected, societies can effectively combat breast

ironing and other forms of gender-based violence. Empowering women not only transforms individual lives but also catalyzes broader societal shifts towards equality and justice.

Healthcare providers play a crucial role in identifying and supporting girls affected by breast ironing, offering medical care, counseling and referrals to specialized services¹⁶. Integrating awareness of breast ironing into medical training curricula and developing clinical guidelines for its management can improve the healthcare response to this form of GBV. Just as in the case of female genital mutilation (FGM)⁴², there is a pressing need to recognize and address the potential medicalization of breast ironing in prevention strategies. Medicalization occurs when harmful traditional practices, such as breast ironing, are performed by healthcare providers or under the guise of medical care. This poses significant risks to the health and well-being of girls and women, as it legitimizes and perpetuates these harmful practices.

In the fight against breast ironing, it is crucial for healthcare professionals and policymakers to maintain a high index of suspicion for medicalization. This involves being vigilant for signs that breast ironing is being carried out within medical settings or with the involvement of healthcare providers. Prevention strategies must include measures to educate healthcare professionals about the dangers of medicalizing breast ironing and to empower them to identify and intervene in cases where girls and women are at risk. By addressing the medicalization of breast ironing alongside other prevention efforts, we can work towards ending this harmful practice and ensuring the health and rights of girls and women are protected.

Legal frameworks should also be strengthened to explicitly prohibit breast ironing and hold perpetrators accountable for their actions. Whistleblowers play a vital role in preventing breast ironing by exposing instances of this harmful practice^{43,44}. Their courage in speaking out against abuse and exploitation can lead to early intervention and protection for vulnerable individuals. By shedding light on these incidents, whistleblowers contribute to raising awareness, prompting action from authorities, and ultimately safeguarding the rights and well-being of those at risk. Their actions are essential in the fight against breast ironing and other forms of gender-based violence. In the prevention of breast ironing, establishing robust security and protection measures for whistleblowers is imperative. Shielding them from potential retaliation ensures their safety and encourages others to come forward, aiding in the eradication of this harmful practice.

The prevention of breast ironing in Africa hinges on the presence of appropriate political will and decisive action. Political leaders must recognize the urgency and gravity of this issue, committing to enact and enforce laws that protect the rights of girls and women⁴⁵⁻⁴⁷. Moreover, governments must allocate resources towards education, healthcare, and community outreach programs aimed at raising awareness and eradicating this harmful practice. Political will drives the implementation of comprehensive prevention strategies, including culturally sensitive interventions and support services for affected individuals. Additionally, collaboration with civil society organizations and international partners amplifies efforts to combat breast ironing on a global scale⁴⁸. Without political will and action, efforts to prevent breast ironing remain insufficient, leaving countless girls vulnerable to physical and psychological harm. Therefore, it is imperative for policymakers to demonstrate unwavering commitment and take decisive steps towards ending

this violation of human rights.

Conflicts of Interest

The authors declare no conflicts of interest

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