



Cultural and Modern Influences on Skin Lightening Practices Among Nursing Mothers in Ile-Ife, Nigeria: Implications for Public Health Interventions

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ABSTRACT

Background: While skin-lightening remains prevalent globally, pregnant and nursing mothers represent a distinct group with unique motives, increased physiological vulnerability and additional risk of potential harm to their infants. Despite these concerns, research on skin-lightening behaviours in this population remain limited. This study examined the cultural and modern influences on skin-lightening behaviours among nursing mothers in Ile Ife, Nigeria.

Methodology: This secondary analysis utilized data from a cross-sectional study conducted between May and July 2024 among mothers of children under-five. Data of 256 actively breastfeeding mothers who completed a pretested, semi-structured questionnaire were extracted. Descriptive statistics, bivariate analysis, and multivariate logistic regression were conducted, with statistical significance set at $p < 0.05$.

Results: The mean age of respondents was 30.46 ± 6.28 years; the majority were Yoruba (85.2%), and had media access (96.8%). Nearly half (47.3%) reported current use of skin-lightening products, with 29.3% continuing use during pregnancy, and 22.7% applying lightening creams to their children. Younger maternal age ($p=0.023$), lower education ($p=0.039$), and lighter baseline skin-complexion ($p=0.001$) were significantly associated with skin-lightening practices, while cultural norms and social media influence were non-significant ($p=0.092$ and 0.128 , respectively). Key social drivers included perceived social advantage ($p=0.000$), peer influence ($p=0.019$), and spousal encouragement ($p=0.005$). Overall, religious beliefs ($p<0.001$) and spousal influences ($p=0.026$) emerged as independent predictors of skin lightening behaviour.

Conclusion: Skin-lightening is highly prevalent among nursing mothers, driven more by contemporary social pressures than cultural norms. Gender-sensitive, culturally informed interventions are essential to curb this practice and reduce associated intergenerational health risks.

Keywords: Skin bleaching, Socio-cultural dynamics, Prevalence, Nursing mothers, Social-media

1. INTRODUCTION

Skin lightening is an age-old practice that witnessed a global resurgence, particularly in Africa and Asian subcontinent¹⁻⁵. This trend has been attributed to cultural biases, media influence, colourism driven beauty standards and psychosocial factors⁴⁻⁶. Despite well documented health risks and efforts by governments and non-governmental organization to curb its prevalence, skin-lightening remains alarmingly widespread in Nigeria, especially among women of reproductive age^{5,7-9}.

Pregnant women, and nursing mothers, represent a unique demographic with distinct motives for skin-lightening practices. Pregnancy-related pigmentary changes, some of which persist postpartum, may drive both the initiation and continued use of skin-lightening products. Beyond cosmetic concerns, societal and cultural pressures may further reinforce the preference for lighter skin in this group. However, heightened physiological vulnerability during pregnancy and the postpartum period increases the risk of adverse effects associated with skin lightening agents, posing significant health risks.

Of particular concern is the reported use of skin-lightening pills during pregnancy to alter the com-

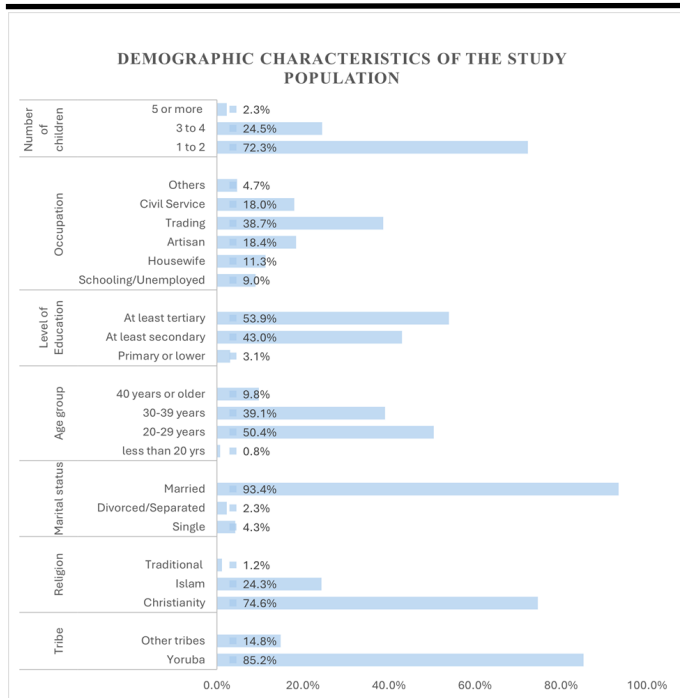


Figure 1: Sociodemographic Characteristics of the Study Participants.

plexion of the unborn child, alongside a rising trend of mothers applying lightening creams to their young children¹⁰. These practices not only expose both mothers and children to severe dermatological and systemic health risks but also perpetuate harmful beauty standards. As primary health decision-makers within families, mothers play a crucial role in shaping their children's health behaviours and long-term well-being^{11,12}. By engaging in skin-lightening, they may inadvertently normalize and reinforce these behaviours across generations, contributing to a persistent cycle of harmful cosmetic practices.

While skin-lightening behaviours have been widely studied in various populations, including Nigeria, research focusing specifically on nursing mothers, concomitant use in their infants and the sociocultural drivers of such practices remain limited. This study addresses this crucial gap by examining the cultural and modern influences on skin lightening practices among nursing mothers in Ile-Ife. Understanding these factors is essential for designing targeted public health interventions aimed at discouraging skin lightening and promoting healthier beauty ideals within Nigeria and similar socio-cultural settings.

2. METHODOLOGY

This study represents a prespecified secondary analysis of data from a larger cross-sectional study conducted between May and July 2024, among mothers of children under five in Ile-Ife, South-western Nigeria. The parent study was originally designed to assess maternal use of skin-lightening creams during pregnancy, the postpartum period, and early child-rearing, as well as the extension of these practices to their young children. Given the public health relevance and potential health implications of skin-lightening product use during lactation, this secondary analysis was prespecified at the design stage of the parent study. Accordingly, the questionnaire incorporated targeted items on cosmetic product use, sociocultural drivers of skin-lightening practices, and a predefined question assessing breastfeeding status. For this sub-study, all actively breastfeeding mothers were identified based on their response to the predefined questionnaire item ask-

ing whether they were currently breastfeeding at the time of data collection.

Eligible participants were biological mothers with at least one living child under two years, who responded "yes" to the breastfeeding question had resided in Ile-Ife for at least one year and completed the pretested semi-structured questionnaire. Mothers were excluded if they had significant health limitations, were younger than 18 years, were non-biological or surrogate caregivers or were residing transiently in the study area.

2.1 Sample Size Determination:

All eligible breastfeeding mothers in the parent study were included in this secondary analysis. Of the 369 mothers enrolled, 256 met the predefined criteria for active breastfeeding, making this sub-study a census of the entire eligible population rather than a sampled subset. As such, traditional sample-size calculation was not required. For the logistic regression, adequacy was assessed using the events-per-variable (EPV) guideline, which recommends at least 10 outcome events per predictor variable. The number of mothers reporting skin-lightening product use provided sufficient events to meet this threshold, ensuring stable model estimates.

Data collection: Data were obtained using a 43-item semi-structured, pretested questionnaire in English and Yoruba, developed after extensive literature search of relevant publications. The questionnaire was first developed in English and then translated into Yoruba by an experienced professional bilingual translator with experience in public health research. A second independent translator performed a back-translation into English, and the research team compared both versions to ensure semantic and conceptual equivalence. The final instrument captured demographic details, skin-lightening practices, motivations, and perceived benefits and risks.

Content validity of the questionnaire was established through expert review by dermatologists and public health specialists who assessed the relevance, clarity, and cultural appropriateness of each item. Face validity was further evaluated during a pilot test among 20 women of reproductive age in a comparable healthcare setting to assess clarity and cultural appropriateness and subsequently refined based on feedback. Following validation, the questionnaire's reliability was examined using data from the main study sample. Internal consistency was assessed with Cronbach's alpha for each multi-item domain including maternal perspectives, and sociocultural and peer influences. Item-total correlations were also reviewed to confirm that individual items aligned well with their respective domains. The analysis showed strong internal coherence across domains: Cronbach's alpha values were 0.78 for maternal perspectives (4 items), and 0.89 for sociocultural and peer influences (10 items). All corrected item-total correlations exceeded 0.30, indicating that each item contributed meaningfully to its scale. These findings support that the instrument was both valid and reliable for assessing skin-lightening practices in this population. The questionnaires were administered by trained interviewers who conducted face-to-face interviews with the participants.

2.2 Variables and Measures:

Primary variables included maternal age, education level, occupation, religion, and skin-lightening practices. Outcome measures included the use of skin-lightening creams on self and child, with a focus on specific social influences such as media, family, and

Table 1: Demographic Characteristics Associated with Skin Lightening Practices Among Nursing Mothers in Ile-Ife.

	Non-Users n=135(%)	*Users n=121(%)	p value	Exp B	95% CI	
					Lower	Upper
Age Group						
Less than 30	60 (44.4)	71(58.7)	0.023	1.775	1.081	2.915
30 years or older (ref)	75(55.6)	50(41.3)				
Lighten Children's Skin						
No (ref)	128 (94.8)	70(57.9)				
Yes	7(5.2)	51(42.1)	<0.001	13.222	5.740	30.922
Respondent's Complexion						
Dark Skinned (ref)	47 (34.8)	20(16.5)				
Light Skinned	88(65.2)	101(83.5)	0.001	2.697	1.486	4.896
Skin Tone Preference						
Light Skin Tone	89(65.9)	100(82.6)	0.003	2.461	1.364	4.440
Darker Skin Tones (ref)	46(34.1)	21(17.4)				
Marital Status						
Not Married (ref)	11(8.1)	6(5.0)				
Married	124(91.9)	115(95.0)	0.311	1.700	0.609	4.746
Education						
Secondary or Lower	54(40.0)	64(52.9)	0.039	1.684	1.026	2.766
Tertiary or Higher (ref)	81(60.0)	57(47.1)				
Ethnicity						
Yoruba	116(85.9)	102(84.3)	0.433	1.759	0.429	7.212
Igbo	13(9.6)	16(13.2)	0.260	2.462	0.514	11.799
Hausa and Other Ethnic Groups (ref)	6(4.4)	3(2.5)				
Religion						
Islam	35(25.9)	27(22.3)	0.729	1.543	0.133	17.922
Christianity	98(72.6)	93(76.9)	0.603	1.898	0.169	21.284
Traditional	2(1.5)	1(0.8)				
[†]SES class						
Lower to Lower Middle SES	95(70.4)	93(76.9)	0.241	1.398	0.798	2.451
Upper Middle to Upper SES	40(29.6)	28(23.1)				

*Users = Self-reported use of Skin lightening products

[†]SES = Socioeconomic Status

religion.

2.3 Operational Definitions:

In this study, nursing mothers (actively breastfeeding mothers) were defined as biological females breastfeeding at least one biological child below the age of two.

Skin lightening (or skin bleaching) was defined as the consistent use of skin-lightening products for at least 3 months to achieve a lighter complexion. This threshold was selected to exclude individuals who used such products transiently for blemish treatment, or who engaged in the practice briefly or unintentionally and discontinued upon noticing lightening effects. Consequently, individuals using medically prescribed agents or topical treatments for dermatological conditions such as melasma were excluded from this classification.

2.4 Data Analysis:

The data were analysed using IBM SPSS version 20. Categorical variables are summarized as frequencies and percentages, while numerical variables are reported as means. Relationships between skin lightening practices and other variables were assessed using Pearson's Chi-square test, Fisher's exact test or Likelihood Ratio test, depending on the data characteristics. Variables showing significant associations were further analysed using binary logistic regression to identify the predictors of skin lightening practices among nursing mothers. The results are presented as Odds Ratios (OR) with corresponding 95% confidence intervals (CI) and statistical significance was set at $p < 0.05$.

A binary logistic regression model was employed to assess the

demographic and sociocultural predictors of skin-lightening practices, including age, skin complexion, preferred skin tone, peer influence, cultural norms, social group participation, and religious beliefs. Independent variables entered into the logistic regression model were selected a priori based on theoretical relevance and evidence from prior literature on determinants of skin-lightening practices. Demographic variables were selected based on their significant association with skin lightening practices during bivariate analysis, while variables representing sociocultural influences (peer influence, social group participation, cultural norms, and religious beliefs) were included because they formed core constructs of the conceptual framework guiding the study.

Prior to model estimation, collinearity diagnostics were conducted using variance inflation factors (VIF); all predictors had VIF values < 5 , indicating no problematic multicollinearity. Model fit was evaluated using the Hosmer–Lemeshow goodness-of-fit test ($\chi^2 = 5.275$, $df = 8$, $p = 0.728$). The omnibus test of model coefficients was significant ($\chi^2 = 54.084$, $df = 13$, $p < 0.001$), confirming that the predictors collectively contributed to the model. Model summary statistics included $-2 \text{ Log Likelihood} = 300.041$, Cox & Snell $R^2 = 0.190$, and Nagelkerke $R^2 = 0.254$, indicating modest explanatory power. Classification accuracy was assessed using the classification table, which showed a specificity of 77.8%, sensitivity of 63.6%, and an overall correct classification rate of 71.1%

2.5 Informed Consent and Permissions:

All participants provided written informed consent prior to enrolment in the parent study. They were informed of their right to withdraw at any stage during data collection or until data entry was completed, after which withdrawal would be limited due to data

Table 2: Socio-Cultural Influences on Skin Lightening Practices Among Nursing Mothers.

	Non- Users n(%)	*Users n(%)	p value	OR	95% CI	
					Lower	Upper
Preferred Skin Tone						
Lighter Skin Tone	89(65.9)	100(82.6)	0.003	2.461	1.364	4.440
Darker Skin Tone (ref)	46(34.1)	21(17.4)				
Light Skin Perceived as Socially Advantageous						
Not sure / Disagree (ref)	115(85.2)	72(59.5)				
Agree	20(14.8)	49(40.5)	<0.001	3.913	2.153	7.114
Light Skin Perceived as More Attractive						
Not sure / disagree (ref)	109(80.7%)	71(58.7)				
Agree	26(19.3)	50(41.3)	<0.001	2.952	1.686	5.170
Influence of Religious Belief on Skin-Lightening Decisions						
No	84(62.2)	101(83.5)	<0.001	3.066	1.695	5.545
Yes (ref)	5(37.8)	20(16.5)				
Spousal Influence on Skin Lightening Decisions						
No (ref)	86(63.7)	56(46.3)				
Yes	49(36.3)	65(53.7)	0.005	2.037	1.235	3.361
Influence by Other Family Members (Siblings, Parents, etc)						
No ref)	93(68.9)	66(54.5)				
Yes	42(31.1)	55(45.5)	0.019	1.845	1.107	3.075
Influence by Friends						
No (ref)	91(67.4)	66(54.5)				
Yes	44(32.6)	55(45.5)	0.036	1.723	1.038	2.863
Influenced by Social Clubs/ Groups						
No (ref)	102(75.6)	77(63.6)				
Yes	33(24.4)	44(36.4)	0.039	1.766	1.030	3.030
Social Status						
No (ref)	100(74.1)	90(74.4)				
Yes	35(25.9)	31(25.6)	0.955	0.984	0.562	1.725
Influenced by Cultural Norms						
No (ref)	101(74.8)	101(83.5)				
Yes	34(25.2)	20(16.5)	0.092	1.700	0.917	3.152
Social Media (TikTok, Instagram)						
No (ref)	102(75.6)	81(66.9)				
Yes	33(24.4)	40(33.1)	0.129	1.526	0.885	2.634
Movies / Celebrities						
No (ref)	102(75.6)	89(73.6)				
Yes	33 (24.4)	32(26.4)	0.713	1.111	0.633	1.952
Radio Programs/Advertisements						
No (ref)	105(77.8)	92(76.0)				
Yes	30(22.2)	29(24.0)	0.741	1.103	0.616	1.975

*Users = Self-reported use of skin lightening products

anonymization.

2.6 Ethical Approval:

The study was approved by the Health Research Ethic Committee (HREC) of the Institute of Public Health, Obafemi Awolowo University, Ile Ife, Nigeria with the following number: IPH/OAU/12/2520.

3. RESULT

3.1 Sociodemographic Characteristics

A total of 256 nursing mothers met the inclusion criteria and were included in the analysis. Approximately half (n =129, 50.4%) were aged between 20 and 29 years, with a mean age of 30.46 ± 6.28 years. The vast majority (n=248, 96.8%) had media access and over half (n = 138, 53.9% had attained tertiary education. Detailed sociodemographic characteristics are presented in Figure 1.

3.2 Prevalence and Demographic Variables Associated with Skin Lightening Practices

Close to half of the nursing mothers (n=121, 47.3%) reported current use of skin-lightening creams, while 22.7% (n=58) applied these creams on their children, some as early as the first month of life. Mothers who used skin-lightening products were significantly more likely to apply these products to their children (OR=13.222,

95% CI: 5.740–30.922, p=0.000). The duration of skin-lightening varied, with more than a third (39.1%) reporting usage for over 5 years

Significant demographic factors associated with skin lightening practices were younger maternal age (p =0.023), lighter-skin complexion (p =0.001), and lower educational attainment (p =0.039) as shown in Table 1.

3.3 Sociocultural Influences on Skin Lightening Practices

The socio-cultural variables significantly associated with skin lightening practices among the study population were beauty perception, peer influence and religious beliefs as shown in Table 2.

3.4 Beauty Perception:

Mothers who preferred lighter skin tones were significantly more likely to use skin lightening products compared to those who preferred darker skin tones (OR=2.461, 95% CI: 1.364–4.440, p = 0.003). Age and education play a significant role in perception of beauty with younger mothers being significantly more inclined to perceiving lighter skin as being more attractive (p = 0.026). Although mothers with lower education did not view lighter skin as being more attractive (p =0.415), they were significantly more likely to associate social privileges with lighter skin tones (p=0.009)

Table 3: Associations Between Age, Education, Complexion, and Social Influences in Skin-Lightening Decisions

Variable	Age Group		Education Level		Respondents' Complexion	
	Under 30 Years n=131(%)	30 Years and Older n=125 (%)	Secondary or Lower n=118(%)	Tertiary or Higher n=138(%)	Dark Skinned n=67(%)	Light Skinned n=189(%)
Influenced by Religious Beliefs	33(25.2)	38(30.4)	27(22.7)	44(31.9)	18(29.9)	53(28.0)
Influenced by Partner/Spouse	58(44.3)	56(44.8)	62(52.5)	52(37.7)*	21(31.3)	93(49.2)*
Influenced by Friends	53(40.5)	46(36.8)	62(52.5)	37(26.8)**	24(35.8)	75(39.7)
Influenced by Social Club Participation	40(30.5)	37(29.6)	43(36.4)	34(24.6)*	18(26.9)	59(31.2)
Cultural Influence	27(20.6)	27(21.6)	26(22.0)	28(20.3)	16(23.9)	38(20.1)
Social Media Influence (TikTok, Instagram)	38(29.0)	35(28.0)	39(33.1)	34(24.6)	18(26.9)	55(29.1)
Influenced by Movies/ Celebrities	30(22.9)	35(28.0)	35(29.7)	30(21.7)	16(23.9)	49(25.9)
Influenced by Radio Programs	27(20.6)	32(25.6)	38(32.2)	21(15.2)**	16(23.9)	43(22.8)

Data represent the proportion (%) of mothers who reported being influenced in their skin-lightening decisions.

Bold and italicized values indicate variables with statistically significant associations.

*= $p < 0.05$

**= $p < 0.001$

(Table 3.).

3.5 Social Relationships:

Spousal and peer influences were significant factors in promoting skin-lightening practices. Spousal encouragement doubled the likelihood of skin lightening (OR = 2.037, 95% CI: 1.235–3.361, $p = 0.005$). Furthermore, mothers who actively participated in local social clubs “Egbe” were nearly twice as likely to use skin lightening products (OR=1.766, 95% CI: 1.030–3.030, $p = 0.039$). Again, younger mothers ($p = 0.007$) and those with lower educational attainment ($p < 0.05$) were particularly susceptible to social influences (Table 3.).

3.6 Cultural Norms:

Although a larger proportion of non-users (25.2%) than users (16.5%) reported influence by cultural norms, bivariate analysis showed no statistically significant association (OR = 1.70, 95% CI 0.92–3.15, $p = 0.092$)

3.7 Religious Beliefs:

Religious beliefs played a protective role, as mothers guided by such beliefs were five times less likely to use skin-lightening prod-

ucts (OR = 0.20, 95% CI: 0.09–0.45, $p < 0.001$).

3.8 Media influence:

Media platforms, including social media, movies and radio programs, did not exhibit a significant overall impact on skin lightening behaviours among nursing mothers. However, when the respondents were grouped by age, educational status, and complexion (Table 3.) and their responses regarding media influence analysed, mothers with lower educational attainment were more likely to report influence from radio programs ($p = 0.001$).

3.9 Regression Analysis:

Binary logistic regression (Table 4.) was conducted to examine the effect of demographic and sociocultural influences on skin-lightening behaviours among nursing mothers. The model demonstrated acceptable levels of multicollinearity (Tolerance range: 0.25–0.954; VIF range: 1.0–4.0), with no evidence of problematic collinearity among predictors. Model fit was adequate, as indicated by the Hosmer–Lemeshow test ($\chi^2 = 5.275$, $df = 8$, $p = 0.728$).

Among the predictors, religious beliefs were significantly associat-

Table 4: Binary Regression Analysis of Sociocultural and Demographic Factors Influencing Skin Lightening Practices Among Nursing Mothers

	Sig.	Exp(B)	95% CI for EXP(B)	
			Lower	Upper
Age Less Than 30	0.076	1.658	0.948	2.899
Educational Level	0.660	1.139	0.638	2.031
Religious Beliefs	0.000	0.212	0.096	0.468
Respondent's Complexion	0.308	0.514	0.143	1.848
Skin Color Preference	0.678	1.305	0.371	4.581
Spousal Influence	0.026	2.448	1.111	5.391
Influence of Friends and Social Circles	0.846	1.093	0.448	2.664
Social Club Participation	0.966	1.020	0.415	2.504
Family Members	0.306	1.546	0.672	3.561
Social Status	0.978	1.016	0.328	3.144
Cultural Perceptions/ Beliefs	0.299	0.554	0.182	1.690
Social Media Influence	0.091	2.879	0.845	9.809
Movies/Celebrity Influence	0.202	0.451	0.133	1.533
Constant	0.365	0.542		

Collinearity diagnostics indicated acceptable levels of multicollinearity among demographic and sociocultural predictors of skin lightening. (tolerance range 0.250 -0.954 VIF range 1.0 -4.0

VIF range 1.0 -4.0 no problematic multicollinearity was detected among sociocultural predictors.

Model fit was assessed using the Hosmer–Lemeshow test ($\chi^2 = 5.275$, $df = 8$, $p = 0.728$).

The omnibus test of model coefficients was significant ($\chi^2 = 54.084$, $df = 13$, $p < 0.001$).

Model summary statistics: -2 Log Likelihood = 300.041 ; Cox & Snell $R^2 = 0.190$; Nagelkerke $R^2 = 0.254$.

Classification table: specificity = 77.8%, sensitivity = 63.6%, overall correct classification = 71.1%.

ed with skin-lightening practices ($p < 0.001$, OR = 0.212, 95% CI: 0.096–0.468), indicating a protective effect. Spousal influence also showed a significant positive association ($p = 0.026$, OR = 2.448, 95% CI: 1.111–5.391), suggesting that partner involvement increased the likelihood of skin-lightening. Social media influence approached significance ($p = 0.091$, OR = 2.879, 95% CI: 0.845–9.809), indicating a potential trend. Other variables, including age, education level, complexion, cultural perceptions, and peer or family influence, were not statistically significant predictors in the final model.

4. DISCUSSION

This study assessed the prevalence and socio-cultural drivers of skin-lightening practices among nursing mothers in Ile-Ife, Nigeria. The findings highlight a high prevalence of skin-lightening practices in this population, driven by deeply entrenched perceptions of beauty and external influences including spousal encouragement, social pressures and media exposure.

Our findings match existing research that shows high rates of skin lightening practices in sub-Saharan Africa^{13–20} and recent reports of mothers using skin-lightening products on young children to gain perceived social benefits from a young age¹⁰. Notably, mothers who engaged in skin lightening practices themselves were significantly more likely to apply these products to their children. This early exposure to potentially harmful chemicals during crucial developmental periods raises serious health concerns. Furthermore, the tendency for passing these behaviours across generations highlights the urgent need for focused public health efforts to address this issue.

We found that younger age (< 30 years) and lower education levels significantly influenced skin lightening behaviours among nursing mothers. These findings support earlier research, suggesting that younger and less-educated women may be more susceptible to societal pressures, underscoring the heightened vulnerability of some demographic groups to deeply rooted socio-cultural ideals centred around beauty and identity^{9,15,21}.

Mothers with naturally lighter skin tones also showed a greater likelihood of using skin-lightening products. They were nearly three times more likely to use these products compared to those with darker skin (Table 2.). This finding is similar to the research by Egbi and Kasia (2021), which found comparable trends among female medical students¹⁴. It suggests that within predominantly dark-skinned populations, individuals with lighter skin complexions may feel more pressure to lighten their skin to meet societal beauty standards.

Additionally, a pronounced preference for lighter skin was noted among the respondents (Table 1.). This preference was significantly associated with lightening behaviours, and aligns with previous studies, including one in which 93% of African American women reported a preference for lighter skin tones⁶. Our findings support existing research^{4,7,9,19,20}, indicating that colourism within African communities continues to promote and strengthen skin-lightening practices and reflects the lasting impact of societal beauty standards on personal grooming choices and identity.

4.1 Social Relationships and Peer Influence:

Social relationships, especially spousal encouragement and participation in local social clubs “Egbe” were found to significantly drive skin-lightening practices in our study population. Regression analysis showed that spousal encouragement was a strong pre-

dictor of these behaviours. This highlights the important role that intimate relationships play in shaping personal care habits. While the impact of peer networks on skin lightening behaviours has been well documented^{14,19,22}, the role of spousal support as a main motivator is less frequently discussed²³.

However, this finding is not entirely surprising, considering the patriarchal structure of the Nigerian society, where men often have a significant influence on women’s health decisions^{24–26}. In such a context, spousal endorsement can be a strong motivator. Women may be more likely to adopt beauty practices that match their partners’ preferences or expectations. The important role of social clubs further emphasizes the impact of community on individual health behaviours.

4.2 Religious Beliefs

Similar to findings from a study in Zimbabwe²⁰, our study found no direct link between religion and the use of skin-lightening products. However, religious beliefs, appeared to act as a protective factor. Mothers guided by religious principles were significantly less likely to engage in skin-lightening practices. This shows the strong influence of religion on social behaviours across the African subcontinent and suggests that religious institutions could help discourage skin lightening practices by using their moral authority and community presence.

4.3 Media Influence

Unlike previous reports^{3,19}, our study showed that media exposure, including social media and movies did not significantly influence skin lightening practices. However sub-group analysis revealed that mothers with lower education levels were more significantly influenced by radio programs and advertisements. This suggests that traditional media still holds considerable sway over certain demographic groups. Given this, strategies that use traditional media channels like radio to counter misleading ads for skin - lightening products may effectively promote safer skin care choices in this demographic.

4.4 Implications for Maternal and Child Health and Public Health Interventions

The widespread use of skin lightening products among nursing mothers, including their use on children, is a major public health issue. Mothers significantly influence family health, and unsafe skin care practices like this can be passed down to future generations, continuing the cycle. Many skin lightening products contain harmful substances such as heavy metals, hydroquinone and corticosteroids which have been linked to dermatological, metabolic and neurological problems^{1,27,28}. In children, early exposure to these toxic agents can lead to additional risks like hormone disruption and problems with growth and development.

The findings of this study emphasize the urgent need for stricter regulation of skin lightening products and targeted public health efforts to raise awareness about their dangers, especially during pregnancy and breastfeeding. Efforts to reduce skin-lightening practices should prioritize high risk groups and vulnerable groups by providing culturally sensitive educational programs that challenge harmful beauty standards and promote the value of natural skin tones. Additionally, public health programs must actively address misinformation, giving women correct information about the long-term effects of using skin lightening products.

Given the influential role of religious institutions in shaping social

behaviours and lifestyles, faith-based efforts could offer a culturally acceptable way to discouraging skin-lightening practices. Public health campaigns should also adopt a multimedia approach that leverages traditional media- such as radio and community-based channels to counter misleading advertisements and promote safer skincare practices.

4.5 Strengths and Limitations:

This study offers useful insights into the prevalence and sociocultural drivers of skin lightening practices among nursing mothers in a culturally rich and diverse setting. However, the cross-sectional design limits the ability to determine cause-and-effect relationships between identified factors and skin-lightening practices. Additionally, the self-reported data could be influenced by social desirability bias, which may lead to under reporting of the actual prevalence. Future research could use longitudinal designs and include biochemical tests to confirm self-reported data, while further examining the long-term health effects of skin lightening practices.

4.6 Conclusion

This study highlights a high prevalence of skin lightening practices among nursing mothers in Ile-Ife, driven by sociocultural factors, such as beauty ideals, social relationships and media influence. Younger mothers and those with lower educational attainment are particularly vulnerable to these influences. Religious beliefs appeared to act as a protective factor, presenting a possible route for interventions. Public health initiatives should use culturally sensitive methods to challenge harmful beauty norms, regulate the use of lightening products and raise awareness about their health risks.

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