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Beyond beauty: Socio-cultural motivations and non-communicable health consequences of skin bleaching among men and women in Harare, Zimbabwe

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Abstract

Skin bleaching is a widespread cosmetic practice in Zimbabwe, driven by socio-cultural beauty ideals, economic pressure and globalised media. It carries serious risks of non-communicable conditions (NCCs), including skin cancer, kidney damage and mental health effects such as anxiety and depression, in addition to visible dermatological harm. This qualitative case study examined the socio-cultural motivations and health consequences of skin bleaching among men and women in Harare. Data were generated through three focus group discussions with beauty and personal care professionals (hairdressers, barbers and nail technicians; n = 12) and five semi-structured key informant interviews with psychologists, nurses, gender specialists and historians (n = 5). Data were analysed thematically. Bleaching was found to be driven by workplace beauty norms, marriage expectations, celebrity and media influence, and colonial-era colourism, and was associated with reported dermatological damage, organ strain, fertility concerns and psychological distress, alongside gendered stigma toward men who bleach. The study concludes that skin bleaching in Harare persists because its perceived social and economic rewards currently outweigh its known NCC risks in participants' accounts, and recommends culturally grounded public health messaging, stronger regulation of bleaching agents, and accessible psychosocial and dermatological support services.

Key points

- Skin bleaching in Harare is sustained by intersecting workplace, marital, media and colonial-era pressures rather than aesthetic preference alone.
- Beyond visible dermatological damage, bleaching is linked by participants and by clinical literature to non-communicable conditions, including skin cancer, kidney damage and mental health effects such as anxiety and depression.
- Gendered stigma cuts in different directions: women who bleach are sometimes stereotyped as promiscuous, while men who bleach are described by participants as facing stigma linked to weakness and non-normative sexuality; these framings are reported here as participant perceptions, not as claims about African society as a whole.
- Reducing harm requires culturally grounded awareness campaigns, stronger market regulation and accessible psychosocial and dermatological support, rather than punitive measures alone.

Keywords

Colourism; Mental health; Non-communicable diseases; Skin bleaching; Skin cancer; Socio-cultural motivations; Zimbabwe

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Introduction

Skin bleaching, also referred to as skin lightening, is the use of chemical agents, cosmetic formulations or dermatological procedures to lighten natural skin pigmentation. It has become an increasingly visible practice among both men and women in Zimbabwe and across Africa. The practice is commonly framed in public discourse as a matter of beauty or personal choice, yet it carries serious and under-recognised implications for non-communicable conditions, including skin cancer, kidney and liver damage, and mental health effects such as anxiety, depression and body-image distress, in addition to more immediate dermatological harm such as burns, infection and delayed wound healing. This study explores the socio-cultural, economic, and psychological motivations that sustain skin bleaching in Harare, and the physical and psychological effects reported by those who engage with, or work alongside, people who bleach, to inform culturally grounded public health strategies to reduce its prevalence and associated harm.

Literature review

Products and patterns of use

Skin bleaching involves both regulated and unregulated products (creams, soaps, pills and injections) that act primarily by reducing melanin production (Masum, Yamauchi, & Mitsunaga, 2019). Common active ingredients include hydroquinone, kojic acid, arbutin, corticosteroids and mercury (Sommerlad, 2022); these compounds are marketed for their lightening effects but are linked to dermatological damage and systemic toxicity with prolonged use. Some users extend bleaching beyond the face to areas such as the armpits (Frothingham, 2023) and, in some cases, the genital region. Access to bleaching products is stratified by cost: cheaper, less-regulated products are more accessible to lower-income users, while wealthier consumers purchase costlier, and often less harmful, formulations (Adetoogun et al., 2023). Weak regulatory enforcement and porous borders have allowed unsafe products to circulate widely within Zimbabwe (Nyoni-Kachambwa et al., 2021).

Socio-cultural, economic and psychological drivers

Multiple overlapping motivations sustain skin bleaching. Women are frequently judged more on physical appearance than on ability or education (Tulashie et al., 2025; Nyabeze et al., 2021; Gavaza et al., 2025), and lighter skin is often associated with beauty, employability and marriageability. Nyoni-Kachambwa et al. (2021) found that in Zimbabwe, most women who bleach do so to attain smooth, healthy skin or to enhance beauty, with a smaller proportion citing social factors such as marriage and employment prospects. In some contexts, families are reported to encourage lightening to improve a woman's marriage prospects (Motseki, 2019). Employers in customer-facing retail and hospitality roles are reported to favour lighter-skinned candidates (Nyoni-Kachambwa et al., 2021), a pattern that intersects with the feminisation of poverty to make bleaching an economic as well as an aesthetic decision.

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It is important to distinguish bleaching, which substantially alters natural pigmentation, from skin toning, which aims to even out tone and reduce hyperpigmentation without significant lightening (Agana, Naamwitome, & Pervarah, 2025); conflating the two obscures the specific risks associated with bleaching.

Advertising and celebrity endorsement play a sustaining role. Most participants in Nyoni-Kachambwa et al.'s (2021) Zimbabwean sample reported first being introduced to bleaching through advertisements, and paid celebrity endorsement is said to further normalise the practice (Johnson, Balogun, Johnson, & Mary, 2023). Popular culture, including music, has also been implicated in reinforcing associations between lighter skin and desirability.

Men are also increasingly reported to bleach, motivated by public image and, in some regional contexts, the normalisation of the practice among male celebrities (Tulashie et al., 2025). Colonial and colourist legacies are widely cited as a root cause: bleaching is linked to the historical association of lighter skin with proximity to colonial power, privilege and social mobility (Motseki, 2019; Nagar, 2018), a dynamic that scholars describe as colourism: discrimination based on skin tone that privileges lighter complexions (Hunter, 2007; Mathews & Johnson, 2014).

Health effects, including non-communicable conditions

Skin bleaching is associated with a wide range of adverse health outcomes. Commonly reported dermatological effects include impaired wound healing, exogenous ochronosis, skin irritation, discolouration and acne (Nyoni-Kachambwa et al., 2021; Egbi & Kasia, 2021). Beyond the skin, public health and clinical literature link prolonged use of bleaching agents to a cluster of non-communicable conditions: the World Health Organization's Regional Office for Africa identifies diabetes, hypertension, renal disease and cancer risk among the systemic harms associated with bleaching agents (WHO Regional Office for Africa, 2023), while a recent socioecological review in the British Journal of Dermatology similarly documents links between bleaching agents and kidney impairment, peripheral neuropathy and skin cancer (Ejezie et al., 2025). Mercury-containing products in particular are associated with renal toxicity (WHO Regional Office for Africa, 2023).

Mental health effects are also documented in the literature: bleaching has been associated with conflict between a person's natural and desired identity (Tulashie et al., 2025) and with a distorted self-image (Ladizinski & Mistry, 2011), alongside feelings of guilt, shame and regret once physical damage becomes visible. These psychological effects, alongside the physical ones, position skin bleaching as a practice with significant implications for non-communicable disease burden and mental health, rather than a purely cosmetic concern.

Strategies to reduce skin bleaching

Proposed strategies in the literature include public awareness campaigns that promote natural skin tones and challenge Eurocentric beauty standards (Nyoni-Kachambwa et al., 2021; Hunter, 2007), social media campaigns that build community support around natural skin tones, bans on hazardous ingredients such as mercury and hydroquinone, restrictions on misleading

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advertising, expanded access to dermatological care (Ladizinski & Mistry, 2011) and stronger government regulation of the cosmetics industry.

Theoretical framework

This study is structured around a colourism framework read through Ubuntu philosophy, the relational African worldview captured in the principle *umuntu ngumuntu ngabantu*: a person is a person through other persons (Samkange & Samkange, 1980; Mugumbate & Nyanguru, 2013). Ubuntu foregrounds personhood as constituted through community recognition and belonging rather than through individual attributes alone. Within a colourist social order shaped by colonial history, lighter skin has been positioned as a marker of communal value, employability and marriageability, so that individual bleaching decisions are best understood as attempts to secure communal acceptance and economic survival rather than purely personal vanity (Gunda, 2025; Magaiza & Muchabveyo, 2024). This framework also illuminates the study's findings on gendered stigma: because Ubuntu ties personhood to communal judgement, men who bleach are described by participants as being penalised more severely than women, since they are seen to violate communal expectations of masculinity, while women's bleaching is more readily absorbed into existing communal beauty economies. The findings are organised around three Ubuntu-informed themes: (1) bleaching as a bid for communal and economic belonging; (2) bleaching within marital and gendered relationships; and (3) communal health and moral consequences of bleaching.

Methodology

Research design and participants

This study employed a qualitative, exploratory case-study design to investigate the lived experiences and contextual dynamics of skin bleaching in Harare.

Two participant cohorts were purposively recruited. First, three focus group discussions (FGDs) were conducted with beauty and personal care professionals (hairdressers, barbers and nail technicians; n = 12) who were sampled to include both married and single men and women. Second, five semi-structured key informant interviews (KIIs) were conducted with professionals who routinely engage with people who bleach: psychologists, nurses, gender specialists and historians.

Data collection and management

All FGDs and interviews were digitally audio-recorded with participants' informed consent and transcribed verbatim. Transcripts were anonymised, with pseudonyms assigned to all participants and identifying institutional, geographical or personal details redacted. Data were collected in January 2026. Interviews and discussions were conducted in English and, for participants who did not speak English, in Shona. All the researchers performed the translation, with the help of language experts in the Department of Education at Women's University in Africa.

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Ethical considerations

The School of Social Work Research and Ethics Committee at Women's University in Africa reviewed and approved the study protocol in November 2025. Participation was voluntary and based on signed informed consent; participants could decline questions, take breaks or withdraw at any time without penalty. Given the topic's sensitivity, we provided referral information for psychological support to all participants. Audio recordings and transcripts were stored on password-protected, encrypted servers accessible only to the research team.

Data analysis and rigour

Transcripts were analysed using thematic analysis, combining a deductive coding frame derived from the study's three objectives (socio-cultural, economic and psychological causes; physical, psychological and social effects; and mitigation strategies) with inductively generated sub-codes arising from the data. NVivo was used to support coding. Rigour was supported through data-source triangulation: themes generated from the KII transcripts were compared with themes generated from the FGD transcripts to check for convergence and divergence.

Findings

Theme 1: Bleaching as a bid for communal and economic belonging

Participants across both KIIs and FGDs linked bleaching to employability, particularly in customer-facing roles.

> ***KII1 and KII2:*** *"Most women bleach their skin to enhance their beauty or even to maintain a job, especially those who work in the secretarial, till operation, receptionist, retail or hospitality professions. These jobs require women to look beautiful so that they can attract and maintain male clients. A receptionist is expected to give a good impression of the organisation."*

> ***KII5 and another key informant:*** *"In the acting profession, light-skinned women get better-paying roles, leading to some actors opting to bleach their skin to be recognised in the industry."*

Social media visibility and celebrity culture were described as reinforcing bleaching as both an image strategy and, for some, a livelihood.

> ***KII1:*** *"Those who would have successfully bleached feel happy and can portray their joy even on TikTok; they become very confident and can even start selling bleaching products as a business. Some people can start bleaching to emulate those who bleached successfully, making it a lucrative business."*

> ***FGD1:*** *"People who would have bleached their skin feel beautiful, outstanding, attractive, and celebrities (socialites and musicians) who bleach can get advertising contracts from manufacturers of bleaching products; hence, it can be a source of living."*

> ***FGD2, FGD3 and another key informant:*** *"People who bleach feel that they are of high status, have money, and feel attractive to men. They see themselves as rich people. They feel that society now recognises them."*

Two key informants spoke in the first person of feeling better about themselves after bleaching.

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KII2: *"I felt younger and proud after bleaching; my original dark skin made me feel old."*

KII4: *"I felt smarter after bleaching than those who do not bleach."*

KII1: *"Some women lack confidence and self-esteem, and they think that bleaching can boost their confidence and self-esteem."*

Theme 2: Bleaching within marital and gendered relationships

FGD2 and FGD3: *"Women may bleach their skin to maintain a marriage and to marry rich husbands."*

FGD3 (male participants): *"We would not want to marry a wife who bleaches because they are prostitutes, but would want to play with a woman who bleached her skin and go back home to my wife who does not bleach."*

KII1: *"Married women with promiscuous husbands can bleach to attract their husbands. They feel that their husbands are leaving them because they are not beautiful enough. Those who are not married try to attract men, hoping that they will get married."*

Participants also described stigma directed at men who bleach. These framings are reported below as participants' own perceptions and social attitudes, not as the study's endorsement of them or as a factual claim about African society as a whole.

A key informant: *"In DRC, Cameroon and Nigeria, skin bleaching among men has been normalised, but in Zimbabwe men who bleach their skin are laughed at."*

KII5: *"Men who bleach are viewed as players and are not taken seriously by society; even when they want to marry, most parents would not want their daughters to marry them."*

KII1: *"Men who bleach have a psychological challenge, because men will always marry a woman of their choice if they have money."*

Colonial history was repeatedly raised as a root cause of present-day colourism.

FGD1: *"Colonisation has influenced skin bleaching because white people preferred light-skinned women as their nannies, secretaries and clerks. Light-skinned women were regarded as smarter and more intelligent than dark-skinned women."*

A key informant: *"Whites have created light skin as a standard of beauty, and white women have always been perceived as beautiful because of light skin; this meant that dark skin was not enough and was associated with sadness and lack of thorough bathing."*

Theme 3: Communal health and moral consequences of bleaching

KII1: *"Skin bleaching can cause damage to internal organs like kidneys and the liver, because some products contain mercury, and can make suturing difficult during medical operations, because the skin takes time to heal."*

KII3: *"Skin bleaching can cause skin cancer, which is more expensive and detrimental to deal with than the bleaching itself."*

FGD3: *"Bleaching products can damage the womb and can also cause infertility in women."*

FGD2: *"The side effects of bleaching are that it is addictive; people who bleach move from product to product, and it's difficult once one has started stopping will cause rashes, and the skin becomes*

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darker than before. If you have bleached the skin, it becomes more vulnerable to the sun's heat, causing other skin problems."

Beyond physical harm, participants described social and moral consequences, including stigma experienced by both women and men who bleach.

KII1, KII2, FGD2 and FGD3: *"The society views women who bleach their skin as prostitutes, even if they are married. Men are viewed as gay or transgender, which some in the community do not accept."*

FGD1: *"People who bleach their skin have a bad odour, and when they enter the salon, you can smell it; it fills the whole salon. The problem is that they do not know that they have a bad odour, and we cannot tell them because we do not want to hurt our clients."*

Participant-recommended strategies

Participants proposed several concrete responses, summarised here and carried forward into the Recommendations section below.

KII3 and KII5: *"These awareness campaigns must include the use of natural skin care products and the #BlackIsBeautiful theme."*

KII1 and KII5: *"People who bleach their skin require psychotherapy to build their self-esteem and confidence. They suffer from an inferiority complex."*

KII1 and KII2: *"There is a need for improvement in searching strategies at the borders: state-of-the-art cameras, scanners and sniffer dogs to reduce the entry of these bleaching products. Corruption at the borders must be dealt with, because it has led to the entry of dangerous skin bleaching products from Zambia, South Africa, Botswana and Mozambique."*

FGD1 and FGD3: *"Those who advertise skin bleaching products should be jailed."*

A key informant: *"At the family level, girls must be socialised to accept their dark skin, and the standard of beauty needs to be reshaped to validate dark skin; at school, the curriculum should embrace dark skin so that, as Black people, we create our own standard of beauty."*

Discussion

Read through an Ubuntu-informed colourism lens, these findings suggest that skin bleaching in Harare functions less as an individual aesthetic preference than as a strategy for securing communal recognition, economic survival and marital security within a social order that still rewards lighter skin, a pattern consistent with existing accounts of colourism's colonial roots (Hunter, 2007; Mathews & Johnson, 2014; Motseki, 2019) and with survey evidence that bleaching in Zimbabwe is motivated as much by social favour as by beauty per se (Nyoni-Kachambwa et al., 2021). The prominence of workplace and marriage-related motives in this study's findings extends this literature by showing, from the perspective of beauty professionals and allied experts, how these pressures are enacted and normalised in everyday service and salon settings, rather than only reported in survey self-reports.

The gendered asymmetry in stigma reported by participants (women's bleaching absorbed into existing beauty economies, men's bleaching read as a violation of masculine norms) fits the

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Ubuntu framing adopted here: because personhood is judged communally, departures from gendered communal expectations attract sharper social sanction for men than for women in this context. This should be read as a description of participants' reported social attitudes, not as a claim about the acceptability or otherwise of any sexual orientation or gender identity.

On health, participants' accounts of organ damage, impaired wound healing, skin cancer risk and reproductive concerns align with the broader shift in the literature toward treating skin bleaching as a non-communicable disease risk factor rather than a purely cosmetic issue (Ejezie et al., 2025; WHO Regional Office for Africa, 2023). The co-occurrence of psychological drivers (low self-esteem) and psychological consequences (regret, social withdrawal) reported by participants also suggests that mental health should be treated as both a cause and an outcome in intervention design, rather than addressed only after physical harm occurs.

These findings should be interpreted with several limitations in mind: the sample was drawn primarily from beauty professionals and allied experts in a single city, most of whom spoke about bleaching as observers rather than as people who currently bleach.

Recommendations

The findings of this research suggest several practical recommendations for stakeholders:

Culturally grounded awareness campaigns: Building on participants' own #BlackIsBeautiful suggestion (KII3, KII5) and on colonial-history findings (FGD1; a key informant), campaigns should explicitly challenge the colonial-era association of lighter skin with status, rather than presenting natural skin tones only as a generic 'self-love' message.

School curriculum and family-level socialisation: As proposed by a key informant, schools and families should incorporate content that validates diverse skin tones, targeting the belief systems that the findings under Themes 2 and 3 suggest are formed early and reinforced communally.

Accessible psychosocial support: Given participants' reports that low self-esteem drives bleaching and that regret and social withdrawal follow visible damage (KII1, KII5; Theme 1 and Theme 3), counselling and psychotherapy services should be integrated into primary health and salon-adjacent referral pathways.

Stronger border and market regulation, with anti-corruption measures: In line with KII1 and KII2's account of porous, allegedly corrupt border posts as a route for hazardous products, customs enforcement should be strengthened and paired with anti-corruption safeguards and, where participants suggested it, incentives for whistleblowers (KII2).

Proportionate regulatory action against unlawful advertising and sale of banned agents: Two focus groups (FGD1, FGD3) proposed criminal penalties ('jailing') for advertisers. This is reported here as a participant view for policymakers to weigh, rather than as the study's own policy prescription; a proportionate reading of this finding is that Zimbabwe's existing consumer-protection and health regulations should be enforced against those who advertise or

sell products already banned (e.g. mercury- and hydroquinone-containing agents), with penalty severity a matter for legal and regulatory bodies rather than for this study to prescribe.

Accessible dermatological care: Consistent with participants' accounts of wound-healing complications and skin cancer risk (KII1, KII3, KII5), affordable dermatological services should be made available to people affected by bleaching-related skin damage, without requiring disclosure that exposes users to stigma.

Conclusion

Skin bleaching in Harare is sustained by intersecting economic, marital, media and colonial-era pressures that make lighter skin a route to communal recognition and material security, even as it carries substantial risks of non-communicable conditions such as skin cancer and kidney damage, as well as of poor mental health. Participants described both the drivers of bleaching and its social, physical and psychological costs, including gendered stigma that falls differently on men and women who bleach. Addressing skin bleaching in this context therefore requires more than public health messaging about physical risk: it requires culturally grounded campaigns that directly confront colourism's colonial roots, psychosocial support for the self-esteem concerns that drive the practice, stronger and better-enforced market regulation, and accessible dermatological care, delivered in ways that do not deepen the stigma participants described.

Declarations

Ethical considerations

This study was approved by the School of Social Work Research and Ethics Committee at Women's University in Africa. Participation was voluntary, and informed consent was obtained from all participants prior to data collection.

Informed consent

Written consent to participate in the study and to publish the data was obtained from all study participants.

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Competing interests declaration

The authors declare that they have no competing interests.

AI disclosure statement

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The authors used the Connected Papers AI tool to locate literature by thematic similarity rather than by keyword alone, and the Grammarly AI tool to support grammar and spelling checks only. After using these tools, the authors reviewed and edited all content and take full responsibility for the academic integrity and original conceptualisation of the research findings presented in this publication.

Data availability statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Author contributions

MC: Conceptualisation, Methodology, Formal analysis, Investigation, Writing - original draft.

FTM: Methodology, Investigation, Writing - review & editing.

KM: Conceptualisation, Resources, Writing - review & editing, Supervision, Project administration.

Table 1

Coded participant list.

Code	Role/occupation	Gender	Age range	FGD/KII no.
KII1	Historian	Female	26-29	KII
KII2	Informal vendor	Female	18-25	KII
KII3	Gender expert	Female	40-59	KII
KII4	Nurse	Female	26-29	KII
KII5	Psychologist	Female	26-29	KII
FGD1-P1	Hairdresser/barber/nail technician	Female	40-59	FGD1
FGD2-P1	Hairdresser/barber/nail technician	Female	26-29	FGD2
FGD3-P1	Hairdresser/barber/nail technician	Female	26-29	FGD3

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