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Breast Ironing and Body Image: Mutilation of the Gendered Body in Nigeria

ABSTRACT. Breast ironing or breast flattening is a kind of physical violence that has been condemned globally by the United Nations and has been identified as a form of Gender-based Violence. Even though, countries where breast ironing is prevalent have ratified the African Charter on Human Rights to prevent harmful traditional practices, it is perceived not against their law. This paper adopted a meta-synthesis approach in the review of available literature with the aim to unveil the impact of breast ironing and the existence of the practice in Nigeria. Findings from this study indicate that the practice of breast ironing likely exists in Nigeria but will require a multi-dimensional research approach to ascertain the existence of the practice in the study area. This study equally postulated that breast ironing/ flattening is not only a gender-based violence but is also a mutilation of the gendered body.

KEYWORDS: breast ironing, breast flattening, mutilation, gender, health, harmful practices, Nigeria

Introduction

One of the recognized universal problem faced by millions of girls and women of all religions, race, cultural diversity, socio-economic status, educational status and other diversity is Gender-based violence (UNICEF, 2000). Violence against women is seen as an issue concerning human rights that reveals itself in vary forms such as physical, sexual, psychological, psychosocial and cultural forms (UNICEF, 2000). Violence against women has grave consequences which consists of the erosion of physical health, mental health, sexual health, psychological health, self-esteem, self-worth etc. The prevalence of gender-based violence against women and girls exists more in the family sphere and it remains a widely accepted social norm (ibid). Harmful traditional practices have been in existence in Africa most especially countries in West Africa such as Nigeria, Cameroon, Benin, Ivory Coast, Mali etc. since time immemorial and has been passed down from one generation to the next and the recognition

of female genital mutilation as a harmful traditional practice has set the pace for the recognition of breast ironing as a harmful traditional practice also (Ngunshi, 2011). The existence of breast ironing was brought to the limelight by the RENATA Women's organization and the German Technical Cooperation Agency (GTZ) in 2006 (Ndonko & Ngo'o, 2006). Cultural practices in some societies such as branding, tattooing and scarification which causes pain and deformation on children and teenagers exists up till today (UNICEF, 2006).

Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as Gender-based Violence. Although, countries where breast ironing is prevalent have ratified the African Charter on Human Rights to prevent harmful traditional practices, it is not against the law (Hall, 2016). The utmost challenge to the implementation of the Beijing Platform for Action, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child which both contain legally binding commitments as it relates to the eradication of harmful practices affecting girls under eighteen is the total lack of a proper assessment of the diverse cultures vis-à-vis women to see how well an all-inclusive engagement can be carried out to end the differing forms of violence against women and girls in the numerous cultures that exist and based on gender typecasts and biases embedded in patriarchy (UNICEF, 2000). Chief amongst the harmful socio-cultural practice includes female genital mutilation, forced marriage, widowhood rites, child labor (ibid) etc.

Breast ironing has been regarded by many as one of the most pervasive of human rights violations, denying women and girls' equality, security, dignity, self-worth, and their right to enjoy fundamental freedoms. Such violence is highly prevalent within the family, remains widely socially tolerated and is often a cycle of abuse that manifests itself in an endless variety of forms (UNICEF, 2000). Breast ironing could have emanated from the ancient practice of breast massage. Breast massage aims to help even out different breast sizes and reduce the pain of nursing mothers by massaging the breast with warm objects just like in the treatment of Mastitis (Tapscott, 2012).

Breast ironing however is known as, the pounding and massaging of a pubescent girl's breasts, using hard or heated objects, to try to make them stop developing or disappear (Sa'ah, 2006; Tapscott, 2012). Tetchiada (2006) and Tapscott (2012) further stated that breast ironing is a harmful traditional practice that generally involves the repetitive pound-

ing, pressing, ironing, rubbing, or massaging of a pubescent girl's breasts, often using hard or heated objects, in order to attempt to stop or delay them from growing or developing, make them flatter, or make them disappear and the practice can include the use of a variety of objects, such as heated grinding stones, cast-iron pans, ladles, hammers, wooden pestles or spatulas, spoons, brooms, or electric irons. Other objects that may be utilized include pits of black fruits, coconut shells, plantain peels, and certain leaves or plants (which are believed to possess medicinal or healing qualities) (Ngunshi, 2011).

Breast ironing may also involve tightly wrapping or tying bandages, elastic compresses, cloths, or belts around young girls' chests (Ndonko & Ngo'o, 2006). More so, Eriksson (2014) study postulated that breast ironing is the process during which pubescent girls' developing breasts are ironed, massaged, flattened or pounded down over a period of time to try to delay or stop the development of the breasts. Heated objects, such as large stones, are typically used, while others may use an elastic belt or binder to press the breasts aiming to prevent them from growing. Breast ironing is typically carried out when girls are aged between 9 and 15 years of age in correlation with the initiation and is often performed in secret by female family members (Gidley & Rowling, 2006).

Similarly, Ndifor (2007) research revealed that it is carried-out on girls between the ages of 8 and 14 who have started developing breasts. This is usually done by a female relative close to the victim consisting of the mother, aunt, grand mother, sister or guardian (Gidley & Rowling, 2006; Innocent et al., 2012; Hall, 2016). The objects used in executing this practice vary. This however, include objects such as grinding stones, black fruits, plantain peels, mortar pestles, coconut shells or hammers, all carefully heated over burning coals. Hence, with these objects, mothers press and iron their daughters developing breasts to destroy any indication of emerging womanhood (www.tantines.org). Normally, the practice is upheld as a secret between girls and their mothers or other guardians. Sometimes, traditional midwives, healers, and shamans may perform the practice, which can provide them with a regular income (or other general compensations) and elevated social status (Ndonko & Ngo'o, 2006).

Research conducted by Tetchiada (2006), Tchoukou (2014) and Pearsell (2017) stated that breast ironing was done in order to curb promiscuity, make the girls unattractive to men, allow girls to remain in school, which in turn predisposes the girl to early pregnancy, risk of sexual exploitation, forced marriage, rape and kidnapping; therefore, the practice of

breast ironing is more rampant in the cities. Though over the years, there has been a decline in the rate of teenage pregnancy (Akos et al., 2003; Cameroon Demographic Health Survey, 2004), the practice of breast ironing has in no way reduced the occurrence of under aged girls getting pregnant (Varza, 2006) but rather, reports by local health workers showed that teenage pregnancies have rapidly increased by 30 percent of births (Ortiz, 2013).

Due to the brainwashing of adolescents by their grandmothers, mothers and aunties of the abnormality of having breasts, some of those adolescents tend to do the breast ironing themselves or willingly submit themselves to be ironed by their mothers; and until their breasts are ironed, they will hate their bodies and breasts (RENATA/GTZ, 2006). Most disturbing is the fact that when the girls are of age and are set for matrimony, they become disturbed and ironically start to hate the very body and breast they willingly deformed, thereby been unable to fully enjoy their sexuality in their relationships (RENATA/GTZ, 2006). More so, the falling of the breast due to breast ironing mostly predisposes these girls to low self-esteem in the presence of their partners, boyfriends or spouses thereby making them withdraw whenever they are questioned as to the strangeness of their breasts (RENATA/GTZ, 2006).

Furthermore, breast ironing (BI) also known as breast flattening (BF) or breast sweeping (BS) causes severe pain and other significant health problems which includes but not limited to the development of abscesses, cysts, infections, discharge of milk and tissue damage and even complete disappearance of the breasts (Hirose, 1995; Varza, 2006; Tchoukou, 2014). In the study conducted by both Lazareva (2019), Robinson (2019) unveiled that breast ironing has the capacity to violate a young girl's physical integrity and put victims at risk for severe pain or discomfort, swelling or tissue damage, irritation, burns, scars, bruising and discoloration, deformities, wrinkles, and spots on their breasts or chests. Additionally, the practice can contribute to emotional and psychological issues like fear, breast dissymmetry leading to low self-esteem, shame, or anxiety about one's body, or loss of trust and confidence in relatives or caregivers (Lazareva, 2019; Robinson, 2019). Thus, many victims report inverted nipples and are subsequently unable to breast feed their children). More so, the absence of breast tissue and is likely to be a sort of hindrance to the reproductive and breastfeeding life of the girl in her future as a woman (Hirose, 1995; Varza, 2006; Tchoukou, 2014) as breast feeding is the major source of protein for babies in the earlier months

of their existence (United States Breastfeeding Committee, 2000; Gill et al., 2004; Save the Children HQSSA, 2006). Besides, unlimited research has shown that babies who are well breastfed, have fewer exposure to infections such as ear infections, respiratory and gastrointestinal infections and antipathies and it also helps nursing mothers to lose weight postpartum, reduce risk of breast cancer by twenty- five percent and also returned the uterus to its normal state (Laurence, 1999; Save the Children HQSSA, 2006).

Unfortunately, rates of these complications are unquantifiable as the practice itself is drastically under-reported. There is also a potential for the resulting chronic inflammatory response of breast ironing to manifest an increased risk of breast cancer, but again, there is limited data to this end (Tchoukou, 2014).

Just like female genital mutilation/ cutting (FGM/C), breast ironing not only violates girl's fundamental right to bodily integrity and good health but equally infringes on their rights to be free from all forms of violence. Nevertheless, in prevalence of this practice, this approach has evidently failed to hinder the wide-spread of pre-marital pregnancies. According to local health care workers, the rate of teenage pregnancies has risen to approximately 30 percent of births (Ortiz, 2013). Hence, it can be argued that this practice which is not only physically excruciating and harmful to health has also proven to be futile in deterring teenage sexual activity.

Be that as it may, no medical research has been conducted on breast ironing or it's long and short term physical and psychological effects. However, study by the U.S. State Department, in its 2010 human rights report on Cameroon reveals that breast ironing exposes girls to numerous health problems such as abscesses, cyst, itching and discharge of milk. It further revealed that there can be permanent damage to milk ducts, infection, dissymmetry of the breasts, cancer, breast infections, severe fever, tissue damage and even the complete disappearance of one or both breasts (U.S. State Department, 2010). Victims of this practice also end up with marks, wrinkles and black spots on their breasts (Ndonko et al., 2006). It can also be asserted that this practice may culminate to a complete destruction of the breast gland, as confirmed by Dr. Sinou Tchana, a gynecologist in Yaoundé (Tapscott, 2012). She recounted numerous cases of edema resulting in overgrown or swollen breasts, severe wounds, and severe pain and also reports observing various cases of second degree burns, one of which required skin graft, and numerous cases of first degree burns. Burns are categorized by depth. A first degree burn is limited to the outer layer of the

skin and takes an estimated period of one week to heal, while a second degree burn which damages both the outer layer and the layer beneath takes over three weeks to heal. Burns can cause swelling, blistering, scarring and in serious cases may lead to shock or even death. They can also lead to infections because they damage the skin's protective barrier (National Institute of General Medical Sciences NIH, Burns).

According to Nzouankeu Hussain (2013), breast ironing or breast flattening practice has been documented in Nigeria, Togo, Republic of Guinea, Côte d'Ivoire, Kenya, Zimbabwe, Burkina Faso, Central African Republic (CAR), Benin, and Guinea-Conakry and South Africa. Evidently, Cameroon is known to be the only country where there has been a quantitative attempt at data collection, up to 25% of women aged 10–82 years of age were discovered to have undergone breast ironing. The survey emphasized the scale and cultural integration of the problem faced (Tchoukou, 2014; Tapscott, 2012). This practice has been generally associated with Cameroon which is a resultant effect of media attention and local levels of activism from human rights groups. (Nzouankeu, 2013). The entire Cameroon's 200 ethnic groups participate in breast ironing with no known link to religion, socio-economic status, or any other identifier (Mabuse, 2011; Tapscott, 2012).

German development agency GIZ survey (2006), of more than 5,000 Cameroonian girls and women between the ages of 10 and 82 estimated that nearly one in every four had undergone breast ironing, corresponding to four million girls. The survey also posits that it is most normally practiced in urban areas, where mothers fear their girls could be more exposed to sexual abuse. Prevalence is 53 percent (53%) in the Cameroon's south-eastern region of Littoral (Gidley & Rowling, 2006). Furthermore, a journal publication in 2007 proposed that social norms in Cameroon result in women lacking body autonomy, owing to the fact Cameroonian women are not socialized to negotiate safer sex practices, while Cameroonian men are cheered to engage in polygyny and to take concubines. The absence of bodily autonomy is responsible for the increased incidence of breast ironing, sexual coercion, and the normalization of early marriage practices. In an interview, one human rights activist indicated that parents who resist under-aged marriages "usually cite the fact that the girl's breasts have not developed meaning that she is not yet ready for sexual relationship. For parents who indulge in child marriage practice, by ironing the breasts of the potential bride, they can continue receiving compensations from their in-laws" (Tetchiada, 2006).

Subsequently, the flattening of the breast is assumed to help prevent young women and girls from unwanted attention or rape, as well as to slow down sexual activity which could lead to early pregnancy. Breasts are seen as a sign of sexual readiness in many cultures so if the breasts are ironed or flattened, it is assumed that girl will receive less sexual attention (Tchoukou, 2014). The practice has been growing owing to the fact that, it believed, due to Cameroon having high teen pregnancy rate with data from 2003 showing that 20% of girls under the age 18 years have become pregnant (Ngunshi, 2011). Teenage pregnancy results to additional problems which can include but not limited to premature birth, low birth weight, and possibility of passing on a sexually transmitted disease such as chlamydia or HIV to the baby and it also increases the possibility that the pregnant girl will drop-out of school in order to care for the child. Hence, in response to this widespread menace, mothers resulted to flattening their daughter's breasts to ensure their daughters continue their education and to try and protect their daughters from sexual advances (WebMD, n.d.).

One glaring factor promoting the practice of breast ironing is that it is considered as a form of "protection" (Kouyate, 2019; UNICEF, 2006; WUN-RN, 2007). Most importantly, it is carried-out as a way to help mask the onset of puberty in girls, which is generally believed will help to deter male attention and protect them from sexual harassment, assault, exploitation, and rape or sexually transmitted diseases. Particularly, a number of demographic surveys and empirical studies conducted in countries where breast ironing is believed to take place have shown that women and girls are often at risk of sexual harassment, sexual violence, and sexually transmitted diseases (Barth et al., 2013; Erulkar, 2004; Gatuguta, 2018; Parmar, 2012; Shamu, 2016).

Furthermore, another driving factor for the practice is child marriage, which remains highly prevalent in many parts of Africa. Researches has documented the negative economic, social, demographic, psychological, and reproductive health effects of child marriage for child brides, their families, and their communities. Take for instance, child marriage severely curtails educational and employment chances for girls, and it can have a long-term, negative impact on their quality of. With the development or growth of breasts in pubescent girls socially signaling or denoting that they are "ready" for marriage in some communities, breast ironing is considered a way to help ensure that they are prevented from child marriage practices. Breast ironing practice is also motivated by ancient traditional norms, entrenched sociocultural attitudes, and widespread gender inequality.

Specifically, in many societies, deeply deep-rooted patriarchal norms contribute to inflexible gender roles and privilege or ascribed higher status to men and lower status to women. Cultural principles of femininity promote modesty, while female sexuality is often regarded as shameful and oftentimes that which must be repressed, hidden, and denied. Moreover, chastity and virginity at marriage are viewed as highly important attribute in a girl's personal and family honor. Breast growth and development in girls is regarded as intricately tied to their transition into womanhood and signifies the emergence of their sexuality. Therefore, breast ironing targets to uphold cultural ideals about gender roles, social relations, and appropriate sexual behaviors. It is clearly an attempt to maintain control over women's bodies and sexuality, and promoted as a way to ensure chastity and prevent early pregnancy, premarital sexual relations, or children out of wedlock – all of which can significantly tarnish or dishonor a family's social status (Nguyen, Wodon, 2014; Nour, 2006; Raj, 2013).

The research of Tchoukou (2014) revealed that breast ironing is carried out with the belief that it will make young girls less sexually attractive and therefore thwart their appearance from encouraging sexual advances prior to marriage and potentially protect them from sexual harassment, sexually transmitted infections and pregnancy.

Tapscott argues that in reality, girls in Cameroon often yield to men's insistence and hostile proposition. She links this to the unequal power relations between men and women, as both age and gender dynamics positions girls at a major disadvantage when relating to men. Subsequently, Cameroonian women developed the perception that the development of the girl should be slowed-down as much as possible, believing that her physical development shows her maturity and endangers her (Tapscott, 2012). In Cameroon, deliberations and education about sex is culturally deemed a taboo, contraceptives are socially disliked and abortion is deemed unlawful (Ngunshi, 2011). Tapscott argues that these social and cultural realities tend to increase the dangers associated with sexual activity. They can lead to an increased risk of contracting sexually transmitted diseases and also a greater probability of pregnancy (Tapscott, 2012).

In addition, parents rarely discuss sex with their children, and if they do, the details are conversed in vague terms (Tapscott, 2012). Chastity and virginity are extremely cherished in Cameroon, and both sex and puberty are taboo topics of discussion. Such values tend to reinforce the social norms that encourage the practice of breast ironing. This to a large extent because mothers endeavor to protect their daughters from becoming 'ru-

ined' or 'spoiled' however feel unable to provide girls with information that might assist them make informed decisions about sex (Tapscott, 2012). Culturally, it is equally perceived that a mother's inability to raise a pious daughter results to a daughter's antisocial behavior, which then disgraces the family. Thus, the damage to one girl's reputation can negatively affect the prospects of other girls in the family. Since, parents are unable to enlighten their girls about sex because of cultural and religious taboos; they cannot stop their girls from meeting boys, cannot hold boys accountable for sexual activities and also cannot provide girls with options for birth control or abortion (Tapscott, 2012).

It is apparently clear that the breast ironing phenomena is controlled by adult women with young girls subjected to this violation having no power to decline or resist. Mothers invariably see it as a way of addressing an indirect cause of early pregnancy and child bearing. Therefore, breast ironing can be understood as an approach by mothers and caretakers to attempt to boost and to promote the girl child's future and that of her family (Tapscott, 2012). Seemingly, it can be argued that many mothers perform this practice with the intention to prevent sexual activity rather than following tradition, although others also argue that this practice is primarily about controlling sexuality. Apart from being historically ingrained in their culture, breast ironing is justified by Cameroonian women for many reasons, which includes being used to evade sexual contact between boys and girls. They are of the opinion that by preventing girls' bodies from the sign of emerging sexuality; they remain virgins and pure and are disallowed from being potential mothers (Ortiz, 2013).

A survey carried out in a research has it that 58% of the breast ironing was performed by mothers of the victims, 10% by a caregivers, 9% by a sisters and 7% by a grandmothers. The danger of having the breast ironed was identified as depending on the very age when breast first emerged. However, for young girls whose breast manifested before the age of 9 years, there was a 50% possibility of having the breasts ironed. The rate was 38% for girls whose breasts showed before 11 years, 24% for girls whose breasts developed before 12 years of age and 14% for young girls whose breasts grew before the age of 14 years. The survey also revealed that 70% of the breasts were bandaged or tied with breast bands after the ironing while 30 % used undersized breast wears (Tapscott, 2012).

The signs of breast ironing are challenging to identify, and girls are not likely to disclose that it has been performed on them for fear of embarrassment, discrimination and persecution by their parents. Research has ob-

viously revealed that mothers were the main perpetrators of the practice of breast ironing. Ironically, Cameroonian men have just of recent become fully conscious of this practice through the growth of campaigns against it. Forums such as the National Network of the Association of Aunties (Réseau National des Associations de Tantines, RENATA), the Ministry for the Promotion of Women and the Family, and the German Agency for Technical Cooperation (Deutsche Gesellschaft für Technische Zusammenarbeit, GTZ) are at the forefront of the campaign to educate mothers and daughters about the dangers involved, and the better options to prevent teen pregnancy. Gender Empowerment and Development (GeED) has joined hands in this fight against breast ironing (Ngunshi, 2011). This paper adopted a meta-synthesis approach in the review of available literature with the aim to unveil the impact of breast ironing and the existence of the practice in Nigeria.

Breast Ironing: A Repressed Sexuality or Rite of Passage

Breast ironing is a harmful traditional practice carried out to suppress the femininity and sexuality of a girls. This is in tandem with Tchoukou (2014) which posited that breast ironing was carried out to make young girls appear less sexually attractive and therefore prevent their appearance from encouraging sexual advances prior to marriage. Breast ironing is typically performed by female family relatives (e.g. mother, sister, aunt, grandmother, nanny, or another female guardian). Generally, the practice is preserved as a secret between girls and their mothers or other guardians. Sometimes, traditional birth attendants, healers, and shamans may carry out the practice, which can provide them with a steady income (or other general compensations) and elevated social status (Ndonko & Ngo'o, 2006). Meanwhile, female genital mutilation/ cutting (FGM) which is another harmful traditional practice that is likened to breast ironing, according to perpetrators was perceived as a practice carried out to usher a girl into womanhood. This is in-line with WHO (2011) which unveiled that FGM was performed as a rite of passage from childhood to womanhood. The practice of FGM is sustained by community enforcement mechanisms such as public recognition by celebration (use of rewards and gifts, poems and songs celebrating the circumcised while deriding the uncircumcised), the refusal to marry uncircumcised women and fear of punishment by God (Mohamud et al., 1999).

Similarly, Ortiz (2013) postulates that Cameroonian women used breast ironing to prevent sexual contact between boys and girls. Although some school of thought are of the opinion that breast iron was primarily about sexuality control. It further revealed that by preventing girls' bodies from the emerging signs of sexuality, they remain virgins and pure. On the other hand, female genital mutilation has a symbolic significance in many communities. Here, the continued practice of FGM is driven by peer pressure, fear of exclusion from resources and opportunities as a young woman, and marriage ability (Varol et al., 2014). More so, it is for cultural-group identity, family honour, cleanliness and health, preservation of virginity and enhancement of sexual pleasure for men (Kaplan et al., 2013).

It is not hidden that teenage pregnancy results to additional problems which cuts across a girl's health state, education and more. It is this known fact among others that compelled mothers to result to flattening the breasts of their daughters to enable them stay unnoticed and continue their education (WebMD, n.d.). Ibhawoh (1999) stated that culturally, it is perceived that the act of mutilation of the girl child genitalia is performed for some theories and reasons which are to decrease the female libido in order to prevent promiscuity, boost sexual pleasure of man, cultural ritual that females should undergo before marriage and it could have an esthetic/beautification value on the girl. It is also claimed that it could result to death of a child if the clitoris is allowed to touch the baby's head during childbirth and a man can turn impotent if the phallus touches the head of the clitoris. These reasons clearly revealed that FGM is been practiced because of the need to control women's sexuality.

Furthermore, World Health Organization (WHO) postulated that FGM is all procedures which involve partial or total removal of the external female genitalia and/or injury to the female genitalia whether for cultural or any non-therapeutic reasons (WHO, 1994; 2008). The practice is performed in remote suburbs as well as in cities and at all levels of society from the elite and professional classes to the simplest villager (Elneil, 2016). In rural communities' older women who are known as traditional 'cutters' perform FGM. Crude instruments are often used and it is likely to be carried-out under unhygienic conditions with the same instruments used on different girls (Momoh, 2004). Relating FGM to breast ironing, research has it that breast ironing is majorly carried out by women which includes grandmothers of the victims (Tapscott, 2012).

Hence, it can be deduced that women are the sustainers and pre-servers of these harmful traditional practices (breast ironing and FGM).

Almost in all scenarios, patriarchy is often cited as one of the numerous factors if not the main issue given for the prevalence of known practices. Tapscott (2012) claims that in reality, girls in Cameroon often succumb to men's persistent and aggressive proposal. She attributes this to the unequal power relations between men and women, as both age and gender dynamics places girls at a major disadvantage when relating to men. Again, Kaplan et al., (2013) claimed also that mutilation of the female genitalia was promoted for cleanliness and health, preservation of virginity and enhancement of sexual pleasure for men.

Therefore, the question here is that, "is this truly patriarchy or is it matriarchy masked with patriarchy" owing to the fact that it is the same women campaigning against all forms of gender-based violence are the champions and custodians of above mentioned harmful traditional practices (breast ironing and FGM). Perhaps, we can refer to it as "women against women" noting the fact that it has always been women carrying out these acts against themselves for the pleasure of men.

Whether Medicalization of the Female Body or Mutilation of the Gendered Body

The concept of medicalization was instituted by the sociologists to succinctly explicate how medical knowledge is applied to behaviors which are not self-evidently medical or biological, (White & Kevin, 2002). Conrad (2007) study postulates that medicalization is when a nonmedical state or problem is described and understood medically and responded to with medical interventions. The key in identifying medicalization is "that an entity that is regarded as an illness or diseases becomes defined as a medical condition".

According to Mariam Webster dictionary, mutilation is an act, practice or instance of destroying, removing or severely damaging a limb or other body part of a person or animal. In western history, particularly in patriarchy-dominant enclave, women's natural life processes have often been viewed as dissimilar from men's and therefore inferior and deviant. The concept of woman as deviant has been clearly linked to differences in female biology, like in the reproductive processes, sexuality, and the endocrine system. Note that it is precisely the female body that has been considered as both the site for and the cause of deviance, the female body itself therefore became the site for "treatment" and subsequently the site

for control. Medicalization provided social and legal opportunities for establishing this control over women's bodies and lives, which is resulting in denial of women's agency and human rights. Formal medicine has been a largely male-dominated practice and profession throughout in the history of the western world. Medicalization of "deviant" bodies play a significant role in the production and naturalization of fixed, stigmatized identities that subsequently become the sole legitimate basis for making claims on modern medical practice and, thus, determine the shape, extent and quality of healthcare provision. Marxists such as Vicente Navarro (1980) related medicalization to an oppressive capitalist society. He further argued that medicine masked the underlying causes of disease, which are resultant effects of social inequality and poverty.

Consequently, medical diagnoses were in many cases determined and treated by men, further imbedding gender inequality in women's life experiences (Purdy, 2001). However, it could be deduced that; "Mutilation of the gendered body" refers to the practice or procedure which involves the destroying or severe damaging, total or partial removal or any part of the female body with or without the consent of the victim for non-medical reasons.

Note, if un-mutilated female genitalia implies that the individual will be Promiscuous or predisposed to illicit sexual advances, un-ironed or flattened breast suggests Promiscuity. Again, considering that Mutilation/cutting of the female genitalia by a health worker (professional) amounts to the medicalization of FGM. Thus, Ironing, flattening, or sweeping of the breast (which depicts sexuality) to prevent sexual advances or activities, promotes chastity and marriageability by a health worker for non-medical reasons could be described as medicalization of the gendered body.

The Cause

According to reports, breast ironing has been documented in Africa countries like Benin, Burkina Faso, Cameroon, the Central African Republic, Chad, Côte d'Ivoire, Guinea-Bissau, Guinea-Conakry, Kenya, Nigeria, Togo, South Africa, and Zimbabwe (UNFPA, 2019). However, there is a dearth of data to this effect in Nigeria. It is imperative to propose a research in these countries especially within the border towns between Nigeria and Cameroon. For instance, ALJAZEERA reported on the 3rd February 2020 about the rising cases of breast ironing which was titled "No girl is safe": the mothers

ironing their daughters' breasts were a case of Ogoja local government area located in the Northern senatorial district of Cross River State of Nigeria among Ekoi people. This was a case of Mirabel, a Cameroonian refugee living in Nigeria, she turning 10 marked the start of tough daily torture which involves having her breasts ironed with hot stones by her mother. The report had it that every morning, a neighbour of theirs from the refugee community where she resides in Ogoja, holds her legs firmly in place while her mother takes a burning hot pestle straight from the fire and presses it against her daughter's chest in an attempt to flatten her breasts. Mirabel said thus;

It feels like they are placing real fire on my breasts. I have been in pain since the first day.

As at the time this report was filed the United Nations High Commissioner for Refugees (UNHCR) in Nigeria was hosting more than 50,000 refugees from Cameroon, with 70% of this population in Cross River State. Roughly half of the refugees live in one of four refugee settlements, while the rest live in host communities. Thus, this research intends to equally include Cameroonian refugees living in Nigeria for the purpose of ascertaining the prevalence among refugees living in camps and host communities.

Like FGM, investigating the involvement of Health professionals in the practice of breast ironing in these geographical enclaves will contribute greatly to the growing body of knowledge on BI.

The Conquest

Universally, there is no known existing laws that proscribes breast ironing either by description or name. (Africa Health Organization, 2020). Though, there exists various latent legal instruments for curtailing the practice. For instance, the United Kingdom has no existing law that bans and explicitly interdicts breast ironing, but it is recognized as a form of physical child abuse or child brutality and can therefore be prosecuted under those criminal laws (Lazareva, 2019). International law recognizes breast ironing as a type of violence perpetuated against women and girls that further violates their basic and fundamental human rights (Tchoukou, 2014). Breast ironing as a harmful traditional practice denies girls their rights to enjoy ultimate freedom, equality, security, self-worth and dignity. Human rights mechanisms and several treaties emphasizes the commit-

ment of governments to oblige to eradicating harmful practices. The United Nations Declaration on Human Rights (UNDHR), the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (UNCRC), the African Commission on Human and Peoples' Rights (ACHPR), and the Protocol to the ACHPR on the Rights of Women in Africa all condemned Gender- based violence. These universal agreements underline the right for women and girls to live free from torture by reiterating the right to bodily autonomy and dignity and to live free from gender discrimination. it is also mandatory for nations to adopt domestic jurisdictive and other actions, with complete legal power and outcome, to meet these universal duties. For instance, under the UNCRC, governments must take measures to eradicate traditional practices that are detrimental to children's well-being and health (UN General Assembly, 1989). CEDAW also stipulated that all nations must eradicate gender discrimination in its totality and abolish all sociocultural customs and norms that are founded on the inkling of the subordination or domination of any of the genders or sexes (UN General Assembly, 1979).

Despite the high prevalence of the practice of breast ironing in The Cameroons, no law or bill has been put in place to stem the breast ironing, even with noteworthy advocacy and no known legal intercession or arrest has been made with regards to breast ironing (Tapscott, 2012; Global Citizen, 2020).

Conclusion

It is crystal clear that no minor or major attention has been given to breast ironing as a harmful traditional practice in Nigeria. Efforts towards this will be indispensable in the establishment of legislation that will protect girls from such practices. Hence, this practice which is similar to FGM should be given similar attention, if not more considering the secrecy associated with the practice.

REFERENCES

- Africa Health Organization (2020) *Breast Ironing Fact Sheet*. [Online] Available at: <https://aho.org/fact-sheets/breast-ironing-fact-sheet> [Accessed: 10 July 2020].
- AKOS, F. S., SINOUE, M. T. & LEKE, R. (2003) Reproductive Health in Cameroon. Yaonde: University of Yaonde 1. Pp 1-7.

- Aljazeera (2020) 'No girl is safe': The mothers ironing their daughters' breasts. [Online] Available at: <https://www.aljazeera.com/features/2020/2/3/no-girl-is-safe-the-mothers-ironing-their-daughters-breasts> [Accessed: 10 July 2020].
- AMAHAZION, F. (2021) Breast ironing: A brief overview of an underreported harmful practice. *J Glob Health*. 11:03055.
- BARTH J. et al. (2013) The Current Prevalence of Child Sexual Abuse Worldwide: A Systematic Review and Meta-analysis. *Int J Public Health*. 58. Pp. 469–483. Medline: 23178922 <https://doi.org/10.1007/s00038-012-0426-1>
- Breast ironing in Cameroon: breaking the silence (2006) *Reproductive Health Matters*. 14(28). 197 [Online] Available at: <http://go.galegroup.com/ps/i.do?p=ONE&sw=w&u=wate18005&v=2.1&id=GALE%7CA157034952&it=r&asid=26ff1ee0a624601672ad18c64459c52#> [Accessed: 10 July 2020].
- CONRAD, P. (2007) *The Medicalization of Society: On the Transformation of Human Conditions Into Treatable Disorders*. Baltimore: The John Hopkins University Press.
- Demographic and Health Surveys (2004) Cameroon Demographic and Health Survey 2004. <http://www.measuredhs.com> [Accessed: 10 March 2007].
- ELNEIL, S. (2016). Female Sexual Dysfunction in Female Genital Mutilation. *Tropical Doctor*. 46(1). Pp. 2–11. <https://doi.org/10.1177/0049475515621644>
- ERIKSSON, L. (2014) *Breast Ironing in Cameroon* [A Master Thesis]. University of Gothenburg.
- ERULKAR, A. S. (2004) The Experience of Sexual Coercion Among Young People in Kenya. *Int Fam Plan Perspect*. 30(4). Pp. 182–189. Medline: 15590384 <https://doi.org/10.1363/3018204>
- GATUGUTA, A. et al. (2018) Missed Treatment Opportunities and Barriers to Comprehensive Treatment for Sexual Violence Survivors in Kenya: A Mixed Methods Study. *BMC Public Health*. 18. 769. Medline: 29921257 <https://doi.org/10.1186/s12889-018-5681-5>
- GIDLEY, R. & ROWLING, M. (2006) Millions of Cameroon girls suffer breast ironing <https://web.archive.org/web/20100521013221/http://www.crin.org/violence/search/closeup.asp?infoID=9218>. AlertNet, Reuters. [Online] Available at: <http://www.crin.org/violence/search/closeup.asp?infoID=9218> [Accessed: 21 May 2010]. Reproduced at the Child Rights Information Network.
- GILL, S. L. et al. (2004) Assessing Infant Breastfeeding Beliefs Among Low-Income Mexican Americans. 13. Pp. 39–50.
- Global Citizen (2020) The Sad Reasons African Mothers 'Iron' Their Daughters' Breasts. [Online] Available at: <https://www.globalcitizen.org/en/content/breast-ironing-cameroon-harmful-practice-girls/> [Accessed: 10 July 2020].
- HALL, A. (2016) Breast Ironing. [Online] Available at: <https://robertshaw.nottingham.sch.uk/wp-content/uploads/2019/01/01.Breast-Ironing-Information-Sheet.pdf> [Accessed: 10 July 2020].
- HIROSE, K. A. (1995) Large-Scale, Hospital-Based Case Control Study of Risk Factors of Breast Cancer According to Menopausal Status. *Japanese Journal of Cancer Research*. 86. Pp. 146–154.
- HUSSAIN, M. & NZOUANKEU, A. (2013) *In Cameroon, Women Iron Daughters' Breasts to Ward off Men*. Thomas Reuters Foundation.

- IBHAWOH, B. (1999) *Between Culture and Constitution, the Cultural Legitimacy of Human Rights in Nigeria*. The Danish Centre for Human Rights.
- INNOCENT, M. et al. (2012) Breaking the Silence: Understanding the Practice of Breast Ironing in Cameroon. *Afr J Health Sci*. 23. Pp. 260–265.
- KAPLAN, A. et al. (2013) Female Genital Mutilation/Cutting in the Gambia: Long-Term Health Consequences and Complications During Delivery and for the Newborn. *International Journal of Women's Health*. 5(1). Pp. 323–331. <https://doi.org/10.2147/IJWH.S42064>
- KOUYATE, M. (2009) *Harmful Traditional Practices against Women and Legislation*. United Nations Division for the Advancement of Women.
- KOUYATE, M. (2009) *Harmful Traditional Practices Against Women and Legislation*. Paper prepared for Expert Group Meeting on Good Practices in Legislation to Address Harmful Practices Against Women, Addis Ababa, 11 May, [Online] Available at: https://www.un.org/womenwatch/daw/egm/vaw_legislation_2009/Expert%20Paper%20EGMGPLHP%20_Morissanda%20Kouyate.pdf . [Accessed: 27 August 2019].
- LAURENCE, R. A. (1999) *Breastfeeding: a Guide for the Medical Profession*. St Louis MO: Mosby Publishers.
- LAZAREVA, I. (2019) *Breast-ironing is abuse and could lead to prison term, says CPS*. The Guardian. [Online] Available at: <https://www.theguardian.com/society/2019/jul/19/breast-ironing-is-abuse-and-could-lead-to-prison-term-says-cps> [Accessed: 27 August 2019].
- LAZAREVA, I. (2019) *Breast-ironing: UK government vows to tackle abusive practice*. The Guardian. [Online] Available at: <https://www.theguardian.com/society/2019/feb/13/breast-ironing-uk-government-vows-to-tackle-abusive-practice> [Accessed: 14 February 2019].
- LAZAREVA, I. (2019) *Revealed: dozens of girls subjected to breast-ironing in UK*. The Guardian.
- MABUSE, N. (2011) *Breast ironing tradition targeted in Cameroon*. CNN [Online] Available at: https://web.archive.org/web/20120118053130/http://articles.cnn.com/2011-0727/world/cameroon.breast.ironing_1_breast-cameroonian-mothers?_s=PM%3AWORLD [Accessed: 17 February 2012].
- MOHAMUD, A. A. et al. (1999) *Female genital mutilation: Programmes to Date: What works and what doesn't – A review*. Programme for Appropriate technology in health (PATH), 1–7.
- MOMOH, C. (2004) Attitudes to female genital mutilation. *British Journal of Midwifery*. 12(10). Pp. 631–635. [Online] Available at: <https://doi.org/10.12968/bjom.2004.12.10.16101>
- National Institute of General Medical Sciences NIH. (2012) Burns: Database, MedlinePlus, March 30, [Online] Available at: <http://www.nlm.nih.gov/medlineplus/burns.html>
- NDIFOR, M. I. (2007) *Breast Ironing in Cameroon: Just a Rumour?* Karolinska Institute 6.
- NDONKO, F. & NGO'O, G. E. (2006) *Study on breast modeling in Cameroon*. Yaounde: German Cameroon Health and AIDS Programme (SRJA), RENATA/GTZ. Pp. 1–23.
- NGUNSHI, R. B. (2011) *Breast Ironing: A harmful practice that has been silenced for too long*. [Online] Available at: <https://www2.ohchr.org/english/bodies/cedaw/>

- docs/cedaw_crc_contributions/GenderEmpowermentandDevelopment.pdf. Gender Empowerment and Development. [Accessed: 14 February 2019].
- NGUYEN, M. C. & WODON, Q. (2014) *Impact of Child Marriage on Literacy and Education Attainment in Africa*. Washington, DC: World Bank Group.
- NOUR, N. M. (2006) Health Consequences of Child Marriage in Africa. *Emerg Infect Dis.* 12: 1644–9. Medline: 17283612 [Online] Available at: <https://doi.org/10.3201/eid1211.060510>
- ORTIZ, E. F. (2013) *Cameroon: Protect Your Daughters, Iron Their Breasts*.
- PARMAR, P. et al. (2012) Sexual Violence among Host and Refugee Population in Djohong District, Eastern Cameroon. *Glob Public Health.* 7. Pp. 974–994. Medline: 22621466 <https://doi.org/10.1080/17441692.2012.688061>
- PEARSELL, R. (2017) The Harmful Traditional Practice of Breast Ironing in Cameroon, Africa. *Bridges: An Undergraduate Journal of Contemporary Connections.* 2(1). [Online] Available at: http://scholars.wlu.ca/bridges_contemporary_connections/vol2/iss1/3 [Accessed: 14 February 2019].
- PURDY, L. (2001) Medicalization, medical necessity, and feminist medicine. *Bioethics.* 15(3). Pp. 248–261.
- RAJ, A. & BOEHMER, U. (2013) Girl Child Marriage and Its Association with National Rates of HIV, Maternal Health, and Infant Mortality across 97 Countries. *Violence Against Women.* 19.
- ROBINSON, F. (2019) *Breast Ironing*. BMC. Pp. 365–371.
- SAAH, R. J. (2006) *Cameroon girls battle breast ironing*. BBC News. [Online] Available at: <http://news.bbc.co.uk/2/hi/africa/5107360.stm>. [Accessed: 2 January 2008].
- Save The Children (2006). Gender-based violence, UK: Save the Children HQSSA. Pp. 1–38.
- SHAMU, S. et al. (2016) Prevalence and Risk Factors for Intimate Partner Violence among Grade 8 Learners in Urban South Africa: Baseline Analysis from the Skhokho Supporting Success Cluster Randomized Controlled Trial. *Int. Health.* 8. Pp. 18–26. Medline:26637828.
- TAPSCOTT, R. (2012) *Understanding Breast Ironing: A Study of the Methods, Motivations, and Outcomes of Breast Flattening Practices in Cameroon*. [Online] Available at: <http://fic.tufts.edu/assets/Understanding-breast-flattening.pdf>. Feinstein International Center (Tufts University).
- TCHOUKOU, J. A. (2014) Introducing the Practice of Breast Ironing as a Human Rights Issue in Cameroon. *J Civil Legal Sci.* 3. Pp. 121. [Online] Available at: <https://doi.org/10.4172/2169-0170.1000121>
- TETCHIADA, S. (2006) An Unwelcome Gift of God. IPS News. [Online] Available at: <https://www.ipsnews.net/2006/06/rights-cameroon-an-unwelcome-gift-of-god/> [Accessed: 2 January 2008].
- United Nation Population Fund Agency (2006) *Violence Against Women: Stories You Rarely Hear About*. New York: United Nations Population Fund. [Online] Available at: <https://www.unfpa.org/press/violence-against-women-stories-you-rarely-hear-about> [Accessed: 3 September 2019].
- United Nations Children's Fund (2000) Domestic Violence against Women and Girls. 6 Innocenti Digest 3.

- United Nations Children's Fund (2006) *Violence against children in the home and family*. UNICEF. Pp. 1– 64.
- United Nations General Assembly (1979) *Convention on the Elimination of All Forms of Discrimination Against Women*.
- United Nations General Assembly (1989) Convention on the Rights of the Child.
- United States Breastfeeding Committee. (2000) Beliefs of breastfeeding (issue paper). Raleigh, NC: United States Breastfeeding Committee. Pp. 1–5.
- United States Department of State (2010) Human Rights Report: Cameroon. 2010 Country Reports on Human Rights Practices (Bureau of Democracy, Human Rights, and Labor, April 8, 2011. Pp. 33–34. [Online] Available at: <http://www.state.gov-g/drl/rls/hrrpt/2010/af/154335.htm> [Accessed: 14 February 2019].
- VAROL, N. et al. (2014) Female genital mutilation/cutting – towards abandonment of a harmful cultural practice. *The Australian & New Zealand Journal of Obstetrics & Gynecology*. 54(5). Pp. 400–405. [Online] Available at: <https://doi.org/10.1111/ajo.12206>
- VARZA, R. (2006) *Women in Africa bear a painful tradition*. London: FAM. Pp. 1–4.
- WHITE, K. (2002) *An introduction to the sociology of health and illness*. SAGE. P. 42. ISBN 0-7619-6400-2.
- Women's United Nations Report Network. (2007) Breast Ironing of Girls: Women's UN Report Network. [Online] Available at: <https://wunrn.com/2007/08/breast-ironing-of-girls-unfpa/>. Accessed 25 October 2019 [Accessed: 2 January 2008].
- World Health Organization (1994). *Female Genital Mutilation Information Kit*. Geneva, Switzerland.
- World Health Organization (2008). *Eliminating Female Genital Mutilation, An Inter-agency Statement*. Geneva, Switzerland.
- World Health Organization (2011). Female Genital Mutilation programmes to date: what works and what doesn't. Policy brief. [Online] Available at: http://www.who.int/reproductivehealth/publications/fgm/wmh_99_5/en/ [Accessed: 24 March 2022].
- World Health Organization (2011). Female Genital Mutilation programmes to date: what works and what doesn't. [Online] Available at: http://www.who.int/reproductivehealth/publications/fgm/rhr_11_36/en/ [Accessed: 24 March 2022].