A thematic analysis of female university students’ perceptions of idealised body image in Sudan, and their experiences of performing common beauty practices

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What is known?
- Skin lightening, weight gain and henna are common beauty practices in different parts of the world.
- Skin lightening, weight gain and henna as beauty practices can cause adverse health effects.
- Skin lightening, weight gain and henna can be considered as tools to achieve the social norms or to internalise ideal body image presented by the media.

What this paper adds
- Understandings of beauty practices by young female students in Sudan that pose real and increasing health risks
- The role of place and socio-cultural factors underpinning beauty practices that need to be understood when seeking to address associated health risks

Important baseline data that can be used to underpin the development of health-promotion programmes of benefit to Sudanese women.

ABSTRACT

This paper reports on a study that investigated body-image perceptions and the beauty practices, such as skin lightening, black-henna application and purposively induced weight gain, of young, educated Sudanese women. Semi-structured interviews were conducted with 19 female students from universities across Khartoum. Participants came from Christian and Muslim families and, regardless of their origin, were all city-residents. The interviews were conducted and transcribed in Arabic, translated into English, and examined using thematic analysis. The findings indicate that beauty-related behaviours serve various potential purposes, including improvement in economic standing, increased social esteem and the preservation of a strong Sudanese national identity. Although the data was collected in 2006, recent evidence shows these practices remain of importance to young women; there remains a need to explore the range of drivers behind such practices and how best to address their harmful impacts (Yousif et al. 2014).

Keywords: Sudan, socio-cultural, body image, beauty practices, health risks, qualitative research

Introduction

Several factors play a role in shaping a person’s perception of the ideal body image, and their thoughts and feelings about their own body. In both cases, the socio-cultural context – that is, the culturally specific and shifting values, beliefs or ‘ways of knowing’, and the dominant narratives of beauty – play central, determining roles (Tai Soon 2013). Accordingly, there is variation in what is considered to be an ideal body image by different people, and by different cultural and ethnic groups throughout the world (Dlova et al. 2014; Baumann, 2008). Authors such as Tovée et al. (2006) suggest that personal preferences in attractiveness are flexible, and can change with exposure to different environments and situations. Other authors, however, such as Sutherland M (2011) argue that dominant narratives of beauty not only encourage individuals to conform to them, but also shape how they perceive themselves and their worth. To date, few studies have investigated body ideation and body-image perception in developing countries. Unlike the idealisation of a slim figure (Stice, 1994; Thompson and Stice, 2004) and tanned skin that prevails in many modern Western societies (Phelan, 2002; Cafri et al., 2006), the dominant social perception of female physical attractiveness in many parts of Africa is to be large-bodied, and to have skin that is light in colour (AL Qauhiz 2010; Yousif et. al 2014; Benkeser, et al 2012). This article presents body-image and beauty-practice themes drawn from an in-depth qualitative study of young Sudanese women living in Sudan.
The Sudanese context

Sudan is a multi-ethnic, multicultural African nation; it has recently emerged from decades of civil war and unrest that have significantly impacted its economic development and political stability. There are a number of significant influences that have shaped modern Sudanese society. First is Islam, the dominant religion practised in Sudan for centuries. Islam impacts all spheres of political, social and cultural life, and the core tenets of Islam as linked to the role and position of women remain deeply embedded in Sudanese society. Second, and linked closely to this, is the fact that in Sudan, Islamic-Arabic culture forms the basis of Sudanese national identity and is deeply ingrained within its system of social and political power (Fabos, 2008). As such, Sudanese culture is generally organised around the patriarchal extended-family model, as described by Mernissi (1991), and the state structure and power division reflect the dominance of men. Ibrahim (1972), a leading Sudanese feminist who has written widely in this area, argues that Sudanese culture is dominated by gender and ethnic inequality, and that in Sudan, women are perceived as weak, emotional and irrational individuals. A key aspect of this particular positioning is the notion of the female body as a central signifier of Sudanese culture, with women’s roles positioned within the context of Islamic conventions of sexual ethics, and within the domestic sphere. From birth, a girl is prepared to be a wife, tending to be taught cooking skills and the importance of projecting an ‘ideal’ version of womanhood in order to secure a husband and maintain the social standing of her family. This has led to a preoccupation among Sudanese women with their appearance, and the role this plays as a tool to achieve security, respect and social acceptance.

Third, the domination of Muslim-Arab Sudanese identity has given rise to hierarchical categories undermining other Sudanese ethnic groups (Kirwan et al., 2002). The concept of race (Winant, 2000) remains a key social construction and significant influence on Sudanese society. This ongoing preoccupation with race and skin colour as part of an ethnic identity is clearly linked with the country’s historical roots and has, in turn, led to the institutional form of cherishing and celebrating any Arabic and Islamic roots. In doing so, there has been constant minimisation and ignoring of the African elements of Sudanese culture. Idris (2005), in his book on slavery, race and formational identities, indicates that the historical and ongoing process of racialisation – that is, how ideas about race are mapped onto particular groups or categories of populations in Sudan – has continued, with certain identities that are seen as ‘African’ being placed in a subordinate position to other groups that are privileged to be ‘Arabs’. Furthermore, when Britain regained control over Sudan in 1890, the pre-existing dichotomy of the more-developed Islamic-Arabic north and the underdeveloped African south remained intact (Hunter 2002).

Skin lightening and associated health risks

The impact of Islam in all spheres of political, social and cultural life, and the fact that Islamic-Arabic culture forms the basis of Sudanese national identity (Spaulding and Kapteijns, 1991; Kirwan et al., 2002; Badri, 2006; Fabos, 2008), has, among other things, shaped dominant notions of beauty and the common beauty practices performed by Sudanese women. Women in some parts of the world choose or are forced to gain weight in order to conform to feminine beauty parameters idealised by society (Kiawi et al., 2006; Batnitzky, 2011; Benkeser, et al 2012); in this study, ‘induced weight gain’ refers to methods used to accomplish a societally desirable body weight. ‘Skin lightening’ refers to attempts to lighten skin colour (Koooyers, et al 2006). With the move away from less harsh, traditional methods, this has led to the widespread use of chemicals and skin-bleaching products. In Sudan, there is a long-established practice of applying black-henna skin decoration. Black henna is extremely popular among Sudanese women (Prcic, 2011), with most making use of black henna produced by mixing natural henna with other substances such as a paraphenylenediamine (PPD).

All three beauty practices are commonly performed; and all carry high health risks. Being overweight is linked to cardiovascular disease (primarily heart disease and stroke), diabetes, musculoskeletal disorders, and cancers such as those of the womb, breast and colon. Skin-lightening products contain chemicals, such as mercury (Jalika C, et al, 2014; Peregrino, et al, 2011), hydroquinone (Amponsah, et al 2014) and corticosteroids (Gaudianoa et al., 2010). Yousif et al. (2014) conducted a study to examine the use of skin lightening creams that contain hydroquinone, corticosteroids and mercury. Participants in this study were higher and secondary school students in central Sudan. The result of the study done by Yousif and his colleagues indicated that more than half of the Sudanese girls in higher and secondary school in central Sudan misuse skin lightening products. These authors concluded that the use of skin bleaching creams among these girls was associated with high levels of ignorance. Dlova et.al (2014) conducted another study in South Africa that found that one third of African and Indian women used skin lightening products due to lack of awareness of the associated risks. Skin lightening seems to be widely undertaken and was also practised in Arab countries such as Oman (Naser 2013).

A qualitative study of the motives behind skin bleaching in Tanzania elicited six important themes: the removal of pimples, rashes, and skin disease; to have soft skin; to look European, White and beautiful. Additional themes addressed the removal of the adverse effects of extended skin bleaching; to satisfy one’s partner and/or attract male friends; to satisfy and impress peers. (Lewis et. al (2011)).

Skin lightening compounds are potential health hazards. Percutaneous absorption of bleaching products is enhanced as the products are used for long periods of time, on large body-surface areas and in hot, humid environments (Oolumide et al., 2008). Mercury can be absorbed into the bloodstream, causing damage to the kidneys, liver and brain, potentially leading to organ failure. Toxicity can produce a range of problems in the central-nervous-system, including personality changes, nervousness, irritability, tremors, weakness, fatigue, memory loss and peripheral neuropathy. It can also cause mental illnesses such as psychosis, and changes in or loss of hearing, vision or taste. The health risks associated with PPD poisoning include severe allergic reactions such as angioedema, acute kidney injury, rhabdomyolysis, flaccid paralysis, gastro-
intestinal symptoms, and heart and renal failure. Although the data reported here were collected in 2006, recent evidence shows these practices remain of importance to young women; there remains a need to explore the range of drivers behind such practices and how best to address their harmful impacts.

Methodology

Study aims

The aim of the study presented in this paper was to explore Sudanese female university students’ perceptions of the ideal body in Sudan and common beauty practices. The paper explores these students’ views of dominant notions of beauty, and their own rituals and practices. Subsequent papers will explore other aspects of the study.

Theoretical frame

The study reported here is underpinned by core theories of objectification and self-objectification of the female body. Of importance is the work of Fredrickson and Roberts (1997, Fredrickson 2011), who seek to place the female body in a socio-cultural context and to explore the tendency of women who are subjected to constant processes of acculturation to internalise and adopt the observer's perspective as a primary view of their physical selves and the hegemonic narrative of beauty.

Of equal importance is the socio-cultural model of influence: the tripartite influence model (TIM) developed by Thompson et al. 1999; Keery et al. 2004). This model, rooted in the role and influence of parents, peers and media, is key to understanding the impact of body dissatisfaction on eating disorders. Additionally, TIM includes internalisation of societally constructed ideal body image and social comparison as two mediating factors that indirectly influence the development of body-image dissatisfaction and eating disorders. Also important is the work by Cash and Pruzinsky (1990), Grogan (2008) and others on body-image perception and the range of actions people take in modifying their body and regulating their behaviour.

Methods

A qualitative methodology was chosen in order to capture rich data about the participants’ views, perceptions and lived experiences. The research method was designed so that the data could be analysed thematically, following guidelines developed by Braun and Clarke (2006). Drawing on relevant literature, past knowledge and the experience of the research team, an interview schedule and aids were developed and piloted. The themes covered in the schedule were: concept of women’s beauty, healthy lifestyle, diet, body weight, exercise, skin-lightening practice, black-henna practice, self-esteem, awareness of health-risk behaviours, and pathway for change.

Semi-structured interviews were conducted with participants to allow for an exploration of key issues and topics, while allowing the researcher to retain a degree of control via the standardisation of the interview process (Denscombe, 2003). A short demographic questionnaire was also used to capture age, university, faculty and address; this was administered prior to the start of each interview. The study was approved by the faculty’s Research Ethics Board before data collection began.

Findings

The study findings were based on 19 semi-structured interviews conducted with female university students from different universities across the capital of Sudan (Table 1). The majority of the participants (N = 16) were from Muslim backgrounds, and three were from Christian backgrounds. A limitation of the sample was the fact that although the views emerging from the interviews did not indicate variations linked to their different religious beliefs, much more work is needed to explore the role

Study sites and participants

This study was conducted in four universities in Khartoum, Sudan. In order to gain a broad range of views and experiences, participants were recruited from different faculties. Two of these four universities were private and the other two were public, to ensure that the sample also included a socio-economic range of participants. The criteria for inclusion were that participants were female university students, aged between 16 and 25 years old. Once permission had been granted to make contact with the students, potential participants were identified and invited to take part in the study. Thereafter, snowball sampling allowed each participant to nominate one other potential participant. The researcher gained consent from the universities to interview female students. Each student was asked if they’d wish to take part in the study. Informed consent was gained from each participant prior to the interviews. All the participants were given the right to withdraw at any time if they wished. Also participants had the right not to answer any question. The researcher confirmed that confidentiality would be maintained throughout the study.

Appointments for the interviews were booked with those who agreed to participate. Twenty-five women agreed to take part, and 19 actually took part. The interviews lasted between 60 and 140 minutes, took place in a room in the university where the participant was a student, and were conducted in Arabic, the first language of all the women. A numerical code was assigned to each interview. All the interviews were translated and transcribed verbatim twice, by the researcher and by an independent professional translator.

Data analysis

The approach to data analysis was fundamentally inductive and interpretative, and drew on the six phases of thematic analysis that were developed by Braun and Clarke (2006), who claim that such analysis can be understood as a valuable and flexible approach to research and an appropriate tool for the rich and detailed interpretation of data. The interviews were read and re-read in order to generate initial ideas. Data were then systematically coded, and the codes grouped to develop complex themes. During the fourth phase, the themes were developed into a thematic map to clarify the direction of analysis by understanding the patterns in, and relationships between, the data. The last two phases involved analysing and refining the themes extracted from data reflecting the participants’ experiences and perceptions. Throughout this process, special attention was paid to recognising and seeking to interpret the social context within which the participants’ experiences and thoughts were rooted. The data-analysis process was supported by NVivo 9 software.
of such beliefs in beauty practices. All the women, however, were Sudanese, having been born and raised in Sudan. All the participants lived in Khartoum, but four participants were from rural areas of Sudan. In terms of socio-economic background, all participants fell in the range of middle-class Sudanese. This class evaluation is based on the students’ ability to afford to go to university, since, regardless of whether it is a private or a public university, a certain level of financial standing is needed.

The findings are presented as three interrelated themes: changing notions of beauty in Sudan; views of, and engagement with, the hegemonic notions of female beauty; and ways in which the target beauty practices were understood, conducted and reflected upon.

Changing notions of beauty

In response to general questions on the dominant perceptions of beauty in Sudan, many of the participants noted the changing nature of what is considered beautiful and acceptable in Sudanese society. Some felt that notions of physical attractiveness had changed since the disappearance of some of the more traditional beauty practices and rituals. Traditionally, being very large-bodied and having ‘shilohk’ (cheek scarification) and ‘dag al shalofa’ (lip tattoos) were considered the most appreciated features of physical attractiveness. Of particular importance were scarification, as it reflected the tribal connections, and body size, with one respondent explaining: ‘In the past, people considered obese and fat girls as beautiful.’ Moreover, there had been a simplicity in the beauty practices performed, as (Participant 2, aged 20 years) reflected: ‘In the past, women used to just wash and do their hair by themselves, and put some homemade oil on their skin.’ (Participant 1, aged 24 years)

In response to questions on modern-day notions of beauty, all the participants were aware that having light skin and being full-figured were very important; it was also important for married women to decorate their bodies with black henna. As in the past, there were other features – such as long hair, a small nose, medium height (being neither too short nor too tall), wide eyes and a rounded, well-proportioned face – that were seen to further enhance beauty: ‘Society sees a woman with a full-figured body as more beautiful than a thin one, a woman who has light skin, long hair and blue eyes. And, of course, black henna is very important for married Sudanese woman.’ (Participant 3, aged 16 years)

However, a number of participants expressed the view that currently, full-figured women who were neither slim nor fat were seen as attractive by society. Being slim or underweight was not desirable; being obese was even less desirable. Participants used the expressions ‘full-figured’, ‘not too fat, not too thin’ and ‘medium-sized’ to refer to the ideal body weight for women in Sudanese society.

The majority of participants felt that in Sudanese society, there was a great emphasis on physical attractiveness, with less regard for non-physical and personality qualities, such as a woman’s education, mental capacities and strengths. The response to this societal focus by the participants varied. Some believed that a combination of both physical attractiveness and moral values was essential for women to be viewed as beautiful.

What was evident was that, for some, it remained important to conform to these standards, for they reaped rewards that were of value, both to their self-worth and to their professional and familial prospects. It is important to note that there were a few participants who did not make use of skin-lightening products and who were negotiating with dominant expectations of them, as the following participants reveal:

At times, there are pressures from society as you must eat and drink to please people, but I bounce back by telling myself that this is how I want to look. My parents also put pressure on me, always commenting on my weight and why I look so thin. They think that being thin is a stigma as people might think that the family cannot afford to buy food. They do not understand the rationale behind being normal in weight. (Participant 4, aged 19 years)

Honestly, I have no desire to increase my weight but my mother keeps asking me to put on weight. She thinks that thin people are vulnerable and more prone to disease than fat people. (Participant 5, aged 16 years)

Lastly, in terms of the changing notions of beauty in modern Sudanese society, the study revealed the importance of geographical location, and the fact that there were different attitudes to physical attractiveness in urban and rural areas. In rural areas, there remained an appreciation of fatness as a sign of female beauty, and many related traditional methods were still in use.

Perceptions of dominant notions of female beauty

The participants had very clear views about the rationale underpinning and importance of their beauty regimes. Several reasons were given as to the importance of a large body size. First, such a figure made clothes fit better and appears more attractive: ‘A woman who is full-figured attracts attention more than slim women. Clothes look nice on full-figured women, nicer than they do on slim women and people will comment about her look in a positive way.’ (Participant 6, aged 18 years)

Second, a full-figured body was considered to be sexually attractive, enhancing sexual gravitation, as one respondent: ‘Society prefers a girl with a big chest and very big buttocks; they think that it will be useful for certain purposes ....’ (Participant 7, aged 20 years). With regard to skin lightening, the majority of participants expressed the view that women who had a lighter skin colour were perceived as more attractive and beautiful by Sudanese society. A strong theme to emerge from the interview data was the perception that light skin colour was a powerful component of beauty that created and magnified other features, while dark skin diminished or erased any other existing features of beauty:

’Well, the prime concern for the Sudanese when it comes to beauty is skin colour. They don’t just admire the light skin colour; they adore it. It influences their overall view about beauty. A good-looking girl with dark skin would be considered ugly. On the contrary, an ordinary girl with an average amount of beauty but with a light colour will be considered beautiful’. (Participant 8, aged 25 years)

Skin lightening was seen to enhance not only social position,
but also security, both in marriage and in employment: ‘One of the reasons for the use of skin-lightening creams is when women are seeking employment. There are jobs that employ only white women who are beautiful, and so women go and start using lightening creams to be employed.’ (Participant 9, aged 18 years)

There was a universal view regarding henna, including black-henna dye. All the participants perceived its application as being unique and beautiful, and an important symbol – not only of Sudanese society but also of being married: ‘Henna is a very beautiful thing, particularly for us Sudanese. It differentiates us from other nations, and also differentiates between the married woman and the single one’ (Participant 10 aged 19 years). In addition, henna was perceived to be a remedy that lifted a woman’s mood and made her feel happier: ‘I like the look of henna though I dislike the smell of it. I have used it in the past, though I know it is only for married woman and I was single, but it made me feel happy looking all day at my hands’ (Participant 5, aged 16 years).

**Beauty rituals in practice**

Beauty practices varied significantly. According to most participants, a range of methods were used to gain weight: tablets, injections (including insulin), herbal tablets and high-calorie diets. For some, the main method was maintaining a very sedentary lifestyle, although methods were often used in combination depending on how fast the weight had to be gained or to what extent the woman believed she would reach her desired goal. The success of one method boosted others to adopt it. One participant, detailing her planned activity, explained:

‘I try to have enough rest at home and eat fatty foods that activate the glands, and I am planning to take fruit tablets that my aunt got from the pharmacy following a doctor’s advice. Three months after taking these tablets, she had put on 14 kilograms, so I will try these tablets to avoid the negative comments of my friends regarding being slim. I am hoping to gain 15 kilograms and to be fat and beautiful like my aunt. Before she gained these 14 kilograms, people used to call her ‘toothbrush’, ‘electricity pylon’ and ‘useless’ (Participant 6, aged 18 years).

However, there was a reluctance to try some of the new methods, as another respondent stated when discussing how she gained weight:

‘I gained 16 kilos after I started using special types of tablets called Planets and a traditional fattening diet, which was dates, bread, yeast and sugar blended into a drink, and I drunk it every day with the tablets for two months, so I gained weight. I felt that I really needed to put on weight, but I am really frightened about using these tablets again, especially because they could cause infertility; this was what my friends told me’ (Participant 11, aged 22 years)

The ingestion of tablets was, however, fairly common and was seen as an easy way to gain weight: ‘I have a friend who used to be very thin but I was surprised when I first saw her at the beginning of the new term; she had become very fat and she said it was by virtue of a type of pill called Alnigma (‘the star’) (Participant12, aged 20 years). (Participant 4, aged 19 years) made a similar comment: ‘There is nothing to increase weight other than tablets.’

Some of the participants also talked about the steps taken to fatten specific parts of the body: ‘So many people use such things to increase their weight. For instance, some brides inject themselves with insulin in their legs to make their legs swollen so it seems they have big legs to impress the people at the wedding’ (Participant 13, aged 20 years).

All the participants perceived the application of black henna as an important symbol of Sudanese society and the institution of marriage. Henna was applied by both married and single women. Participant 4, aged 19 years, revealed: ‘I love it, especially on my feet. Only married women have it on their feet so I cover it with my socks so people do not think that I am married. It makes you feel good. When women are depressed, henna helps to lift their mood; it also beautifully decorates the body.’

Despite some participants indicating a reluctance to apply henna regularly, they generally agreed that it was essential to apply black henna at least once, on their wedding day. For example, the participant 14 (aged 21 years) said: ‘I might decorate my skin with black henna only once for my wedding day. The bride needs to have her henna quite black and shiny, so I intend to use it for the wedding day and the initial period after the wedding, but later I will use the natural henna.’

The last practice described by the women was that of skin lightening. Various methods were used by participants to achieve a lighter skin colour. Dokhan smoke bath is a traditional method of lightening the skin, using a particular wood with a distinctive scent; however, it is mainly used by married women. Single women are not allowed to use it, and many of the participants commented on the fact that there would be strong social disapproval if they did for it is known as an unspeakable code for women to express their desire and readiness for sex. The US Food and Drug Administration (FDA) has issued warnings about the use of creams such as Diana and Rose which contain mercury which can cause kidney disease and affect foetal brain development. These creams were the most commonly applied to the body and combined with the use of soaps and tablets. Some also bought unknown mixtures of a number of products that had been blended by shopkeepers. The practices of a number of participants and their friends highlight this point:

‘To be honest with you, basically I’ve used every type of cream that I’ve heard of in the last three years. I began with a cream called Diana. Later, I used another one called Aslavin Rose, and I ended up using Roage, Kila and Borg’ (Participant 15, aged 25 years).

‘I saw a girl who used it become very white like Alhoor Aleen although her colour was dark, but she can’t walk out in the sun’ (Participant 16, 23 years)

The process aims not only to attain a lighter skin colour but also to avoid tanning or the skin becoming darker. The fear of becoming dark in skin colour was influential in persuading women to avoid the sun as much as possible, covering all of their body, and use creams and powder. The extent of the use of these methods varied according to cost and to previous experience with other products. The methods most commonly used by the participants were the cheapest, most widely available and accessible: ‘There are these tubes; people use these creams all the time. There is a well-known cream called Bay Clare; you
may have heard of it. Some users are admitted to hospital’ (Participant 1, aged 24 years).

Some participants used a mixture of a number of creams made by shopkeepers; these comprised unidentified creams with unknown adverse effects: ‘What I use for my face, I really don’t know its name or its components, I just went to the boutique shop and the owner mixed a number of creams and gave it to me in a bottle.’ (Participant 15, aged 25 years).

It is important to note that not all the participants used skin-lightening products. Participant 7 (aged 20 years), reported that ‘Never in my life have I used such things because I don’t believe in what the shopkeeper says because he mixes loads of creams together and this mixture causes cancer.’ Others discontinued usage of these products once they realised the hazardous health consequences, or experienced undesirable effects themselves. Two participants explained:

‘I used to use Diana because my skin type is oily and I have acne so Diana was good for this, but I heard Diane causes kidney failure, so I stopped using it’ (Participant 8, aged 25 years).

‘My skin just became weird; it was really transparent – I could see all of my blood vessels, especially on my thigh. So I became worried and I stopped using the product I was using at that time’ (Participant 11 aged 22 years).

However, for the majority of the participants, skin-lightening and the other beauty practices were important, and part of their daily lives.

**Discussion**

Each culture has a set of general beliefs about what constitutes femininity, female attractiveness, and beauty (Durán, 2013). These beliefs are embedded in societies, shaped by societal factors, and thus variable in time and place. Accordingly, the dynamic process of conceptualising female physical beauty in Sudan, the beautification practices and the methods used to achieve beauty have changed and evolved over time. For instance, face scarifying and lip tattooing do not feature in the modern Sudanese female-body ideal; hence, these beauty rituals are practised less and less, although they remain important in the history of Sudan.

The findings reveal that other traditional practices continue to be valued and cherished, such as striving for a large body type and light skin. However, clear changes have taken place in the methods used to gain weight, and to lighten and decorate the skin. In the past, methods used to achieve beauty standards were simple and relied more on natural resources. Over time and with scientific developments, women started using fewer of these natural substances and switched to new products and chemicals, in the belief they are more efficient in achieving similar results. This is evident in the switch from natural henna to black henna, the use of Dokhan now being complemented with a wide range of skin-lightening products, and the increased use of pills and insulin injections to supplement the gaining of weight through a sedentary lifestyle and a high-calorie diet. These new products and their efficiency come at a high cost to health; they are increasingly risky and have a negative impact on women.

The findings reveal that of the 19 women interviewed, all applied or were willing to apply black henna, 16 were using or had used skin-lightening products, and 13 were trying or intended to try to gain weight. The fact that these women were engaged in these beauty practices shows they were meaningful to them. Indeed, the findings revealed that the beauty rituals made many of the participants feel happy, fashionable, sexually attractive and Sudanese. The rituals also enhanced their employment and marriage prospects, and their standing in their communities. These practices underpinned what it meant to be a Sudanese woman, as well as what it took to be considered desirable and of worth in a society where women’s position and role remained unequal to men’s in law, custom and politics.

Conforming to and engaging in these beauty practices thus enriched most participants’ sense of belonging to Sudanese society and helped them to achieve their social identity and hence self-worth. For the participants, the practices were linked to their sense of self, of womanhood and of cultural belonging. Moreover, the findings revealed that these practices were the main factors in achieving and maintaining one’s social standing as a woman and a potential/actual wife.

**Conclusion**

The study centred on young, university-educated women, and it is evident that more work has to be done to capture the views of other age, class and religious groups of women. The translation work between Arabic and English may have impacted on the data collection and analysis. Certain Arabic words have no exact English equivalent. For this reason, throughout the translation and transcribing process, words that did not have an straightforward equivalent were explored and discussed further to ensure that the final transcript conveyed the sentiments expressed. Particular transcripts were returned to the participants for validation. Also, the data were collected in 2006; with the rapid development underway in Sudan and ever-increasing globalisation of hegemonic narratives throughout the world, the views of young, educated Sudanese women such as those interviewed may have shifted in the intervening years. Nevertheless, the study reported here adds to an understudied area of body image within the context of the developing world in general and Sudan in particular. The study adds to our knowledge of how beauty practices are perceived by women in Sudan, and of the role of place and socio-cultural factors. Moreover, it provides important baseline data that can be used to underpin the development of health-promotion programmes of benefit to Sudanese women.

There are real and increasing health risks involved in the common beauty practices described; the participants were – to differing extents – aware of these risks but continued to use them. This shows that awareness alone is not enough; knowing the health risk is, it seems, not a forceful preventive against these practices. It is also evident that the socio-cultural context of how health is understood and improved remains a pressing consideration. These factors are of importance to any behavioural-change approaches seeking to address the health-related problems associated with these beauty practices.

**CONFLICTS OF INTEREST**

None
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