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UNDERSTANDING BREAST "IRONING":

A STUDY OF THE METHODS, MOTIVATIONS, AND OUTCOMES OF BREAST FLATTENING PRACTICES IN CAMEROON

By Rebecca Tapscott
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Breast "ironing" or "flattening" is a largely understudied practice. I deeply value any comments or feedback from readers. These should be sent to <rebecca.tapscott@tufts.edu>

TABLE OF CONTENTS

EXECUTIVE SUMMARY

This report presents the findings of research examining the practice of breast ironing or breast flattening in Cameroon. Breast ironing or flattening is a practice common in Cameroon and throughout West Africa whereby an object is used to massage, pound, or press the breasts flat. The practice generally affects girls between eight to 12-years-of age, commencing when a girl begins to develop breasts, and is reported to impact approximately a quarter of all girls and women in Cameroon. The prevalence rate, method, rationale, and reported outcomes vary significantly by region and individual, and have no proven correlation with socio-economic level, urban or rural living, religious affiliation, or ethnicity. Breast ironing was first identified and described by Deutsche Gesellschaft für Internationale Zusammenarbeit (the German Society for International Cooperation, hereafter "GIZ") as a practice harmful for girl children in Cameroon. A large scale representative study by GIZ found the prevalence of the practice varies from a high of 53% in the Littoral region of Cameroon to a low of 7% in the North and Extreme North regions.

This report presents a summary of findings from original fieldwork and a review of unpublished academic reports and one quantitative study conducted in all ten regions of Cameroon by GIZ in 2005. My own field research was conducted in the Northwest region of Cameroon, and also in the capital, Yaoundé. I interviewed individuals and groups of men, women, girls, and boys in rural and urban communities, as well as key informants who have previously researched breast "massage" or breast "ironing," to solicit information on methods used to flatten breasts, outcomes of flattening breasts, and reasons for flattening breasts.

Methods to Carry Out Breast Flattening

Breast flattening is performed most often by the girl's own mother, but also by a nurse or caretaker, aunt, older sister, grandmother, the girl herself and, in a minority of cases, by a traditional healer, father, brother, cousin, friend, or neighbor. In other research and news reports, the most commonly cited motivation is to deter unwanted sexual attention from men who may perceive breasts as a sign of sexual maturity and subsequently may pursue the girl. In the worst-case scenario, such pursuit may result in early, unwanted pregnancy.

Tools used for breast flattening include a grinding stone, a wooden pestle, a spatula or broom, a belt to tie or bind the breasts flat, leafs thought to have special medicinal or healing qualities, napkins, plantain peels, stones, fruit pits, coconut shells, salt, ice, and others. Typically, the object is heated in the ashes of a wood fire in the kitchen and then applied in a pressing, pounding, or massaging motion. The heat, style of application, and duration vary by individual and by region. While some women report a single treatment of heated leafs placed ceremonially on the breasts, others describe a heated grinding stone used twice a day for weeks or months to crush the knot of the budding breast.

Impacts of Breast Flattening

Although sources cite a host of negative medical side effects from breast flattening, the lack of medical research makes it difficult to ascertain the true impacts. To date, no medical studies have been conducted on flattening breasts, nor the long- and short-term, physical and psychological side effects. Nonetheless, often cited side effects include an immediate delay or halting of breast growth; swelling, burning, irritation, pimples on the breasts, abscesses, fever, extreme pain; a

long-term overgrowth of one or both breasts or failure for one or both breasts to grow; difficulty to breast-feed; scarring; and breast cancer. Additionally, many girls report suffering psychological distress after experiencing breast flattening, including internalizing blame, experiencing perpetual fear and shame, or resulting social exclusion.

Reasons for Flattening Breasts

Breast flattening in its current form may have proliferated as a response to a growing social need to discourage pre-marital sexual activity. Traditional practices of polygyny and bridewealth illustrate how power dynamics are skewed towards males, and relegate women to the private sphere. As women gain access to education and careers, there is an increased incentive to marry later to allow a female to attain a higher level of education before becoming a mother. However, during the time period between menarche and marriage, a female is fertile and therefore at risk of becoming pregnant before marriage. Many factors exacerbate the likelihood of early pregnancy, including limited sex education, unpopularity of contraceptives, illegality of abortion, and an unequal power relationship between males and females. The cultural stigma against pre-marital sex and pregnancy remains. In this context, breast flattening may have emerged as a coping mechanism for females with few options, with the intention of creating the illusion that a teenager is still a child, in turn allowing the girl to continue her studies and secure a job before becoming a mother.

Approaches to End the Practice

In Cameroon, GIZ and RENATA are currently advocating against breast flattening. Further, some groups have petitioned Cameroonian parliamentarians to criminalize the practice. Cameroon has ratified a number of international instruments to protect human rights, as well as the rights of women and children, although they remain largely unenforced. At the household level, girls are increasingly asserting themselves to refuse breast flattening. Internationally, government and non-governmental reports that mention breast ironing refer to the practice as a violation of women's and children's rights.

Conclusions and Recommendations

Breast flattening is a painful practice considered the norm for many girls who experience it. However, unlike many other "harmful traditional practices" such as FGC, child marriage, and bridewealth, breast flattening is conducted with the intent to `protect' young girls from the risks and demands of adulthood and promote their future education and welfare. Given that those who are practicing breast flattening do so in an attempt to promote the well-being of their girls, outright condemnation the practice or criminalization may not be constructive. Rather, to create sustainable and positive change, the situation calls for a three-pronged approach that first, raises awareness and public discussion of the practice; second, educates people on human biology and the futility of breast flattening; and third, addresses the originating conditions of sexual exploitation of girls that cuts across economic, social, and regional divisions in Cameroon and West Africa.

Specific short-term recommendations include:

1. Conduct a second study on breast flattening to determine long-term medical impacts and current prevalence.
2. Support radio and TV educative adverts on breast flattening.

3. Support a nationwide campaign to encourage dialogue between parents and children about responsible sexual activity, including family planning and the option to use contraceptives.
4. Support nationwide radio and TV advocacy adverts, directed at adult males, as well as the population generally, that explain a male’s role and responsibility in creating early and unwanted pregnancies.

Specific long-term recommendations include:

1. Support a sex education module in public and private schools on the national curriculum.
2. Improve distribution and access to contraceptives.
3. Improve access to legal protection, particularly for minors, for unwanted sexual advances including exploitation, incest, and rape.
4. Implement international treaties that protect the rights of children and women, including CEDAW and the CRC, at a national level.

For any approach to be effective, it is necessary to engage the entire community: men, women, boys and girls, in both rural and urban centers. Moreover, it is necessary that efforts observe how changes impact individuals and groups, to ensure that changes are positive.

RESUME
Ce rapport présente les conclusions d'une étude sur la pratique du repassage des seins ou aplatissement des seins au Cameroun. Le repassage ou aplatissement des seins est une pratique courante au Cameroun et en Afrique de l'Ouest qui consiste à l'utilisation d'un objet pour masser ou piler la poitrine des jeunes filles afin de l'aplatir. Le repassage des seins est généralement pratiqué sur les jeunes filles entre 8 et 12 ans au moment où commence le développement physiologique de leur poitrine et environ 'un quart des femmes et filles au Cameroun l'aurait subi. L'incidence, la fréquence, la méthode utilisée, et les conséquences varient considérablement selon les régions et les individus, et il ne semble pas associé au niveau socio-économique, le milieu de résidence urbain ou rural, la religion, ou l'ethnie. La Deutsche Gesellschaft für Internationale Zusammenarbeit (l'Agence Allemande de Coopération Internationale, ci-après « GIZ ») fut la première à formellement identifier le repassage des seins comme pratique néfaste pour les jeunes filles au Cameroun. Une enquête représentative de grande échelle effectuée par la GIZ a révélé une prévalence qui varie entre 53% dans la région du Littoral et 7% dans les régions du Nord et de l'Extrême-Nord.

Ce rapport résume les résultants de travaux originels sur le terrain, d'une revue de rapports académiques non publiés et d'une étude quantitative effectuée dans les dix régions du Cameroun par la GIZ en 2005. Mes travaux personnels sur le terrain ont été effectués dans la région du Nord-Ouest du Cameroun, et aussi dans la capitale Yaoundé. J'ai interviewé des individus et des groupes d'hommes, de femmes, de filles et de garçons dans des communautés rurales et urbaines. J'ai aussi interviewé des informateurs clés ayant déjà effectué des recherches sur le sujet du « massage » des seins, ou du « repassage » des seins afin de collecter des informations sur les méthodes utilisées pour aplatir la poitrine, les conséquences de la pratique, et les motivations de l'aplanissement des seins.

Méthodes pour Aplatir Les Seins
L'aplatissement des seins est pratiquée le plus souvent par la propre mère de la jeune fille, mais on retrouve aussi des cas où cela est pratiqué par la nourrisse, la tante, la grande sœur, la grand-mère, ou la fille elle-même. Moins fréquemment, l'aplatissement des seins est effectué par un guérisseur traditionnel, le père, le frère, la cousine, ou la voisine. Dans d'autres rapports et articles de journaux, il est souvent rapporté que l'aplatissement des seins est pratiqué afin d'éviter les attentions sexuelles non désirées des hommes qui pourrait considérer le développement de la poitrine comme un signe de maturité sexuelle. Dans le pire des cas, cet attrait des hommes peut aboutir à des grossesses précoces où non désirées.

Les outils utilisés pour aplatissement des seins comprennent la meule de pierre, le pilon de bois, la spatule ou le balai, une ceinture pour aplatir les seins, des feuilles auxquelles on attribue des qualités médicinales particulières, des serviettes, des pilles de banane, des pierres, des noyaux de fruits, des noix de coco, le sel, la glace, et bien d'autres. Typiquement, l'objet est bien chauffé dans les cendres d'un feu de bois dans la cuisine, puis est utilisé pour presser, masser, ou aplatir les seins. La température utilisée, la méthode d'application, et la duré de l'application sont spécifiques et différents dans chaque région et avec chaque personne. Bien que certaines femmes rapportent des expériences avec des feuilles chauffées et appliquées de façon rituelle sur les seins, d'autres décrivent l'utilisation de meule bien chauffée, deux fois par jour, pendant des semaines ou des mois pour écraser le nœud de la poitrine naissante.

Les Conséquences d'Aplatissement des Seins

Bien que les sources rapportent de nombreux effets négatifs et sérieux pour la santé de l'aplatissement des seins, il est difficile d'en connaître les conséquences réelles en raison d'un manque de recherche médicale sur la question. Actuellement, aucune étude médicale n'a été menée ni sur la pratique, ni sur les effets physique ou psychologique à long-terme où à court-terme. Néanmoins, les effets secondaires souvent cités sont : un retard immédiat ou un arrêt de la croissance des seins, des enflures, des brûlures, des irritations, des boutons sur les seins, des abcès, la fièvre, une douleur extrême, une croissance exagérée ou un échec de développement d'un des deux seins des difficultés à allaiter, des cicatrices, et le cancer du sein. Par ailleurs, beaucoup de filles rapportent qu'elles souffrent de détresse psychologique après l'aplatissement des seins, comme l'internalisation de la culpabilité, le peur et la honte perpétuelle, ou l'exclusion sociale.

Les Raisons de l'Aplatissement des Seins

Dans sa pratique actuelle, l'aplatissement des seins pourrait s'être développée en réponse à un besoin social croissant pour décourager les activités sexuelles avant le mariage. Les pratiques traditionnelles de la polygynie et de la dot montrent que les hommes avaient plus de pouvoir dans les sphères publiques et sociales, et reléguaient les femmes à la sphère privée. Avec un accès croissant à l'éducation et au travail professionnel, les femmes préfèrent se marier plus tard pour d'atteindre un plus haut niveau d'éducation avant la maternité. Toutefois, la femme reste féconde entre la ménarche et le mariage, et donc à risque de tomber enceinte avant le mariage. Plusieurs facteurs aggravent le risque de grossesse précoce, y compris le manque d'éducation sexuelle, l'impopularité des contraceptifs, l'illégalité de l'avortement, et des relations de pouvoir inégal entre les hommes et les femmes. Dans un contexte où la stigmatisation sociale des relations sexuelles avant le mariage et des grossesses précoces reste encore forte, l'aplatissement des seins est peut-être apparue comme un mécanisme d'adaptation pour les femmes disposant de peu d'options, avec pour intention de créer l'illusion qu'un jeune adolescente est encore une enfant, afin de permettre à cette dernière de poursuivre ses études et obtenir un emploi avant de devenir mère.

Les Efforts Pour Arrêter La Pratique

Aujourd'hui, au Cameroun, GIZ et RENATA mène un plaidoyer contre le repassage ou l'aplatissement des seins. Par ailleurs, d'autres groupes et associations ont signé une pétition pour la criminalisation de la pratique au Cameroun. Le Cameroun a ratifié un certains nombre de traités et conventions internationaux protégeant les droits de l'homme, ainsi que les droits des femmes et des enfants. Cependant, ces traités et conventions ne sont pour la plupart pas mis en œuvre. Au niveau des ménages, les filles refusent de plus en plus délibérément l'aplatissement de leurs seins. Au niveau international, des rapports gouvernements et des ONGs qui décrivent la pratique de l'aplatissement des seins comme une violation des droits des femmes et des enfants.

Conclusions et Recommandations

L'aplatissement des seins est une pratique douloureuse qui est considéré comme normale pour beaucoup des filles qui en sont victimes. Cependant, contrairement à beaucoup d'autres « pratiques traditionnelles néfastes » comme l'excision, le mariage précoce, et la dot, l'aplatissement des seins est effectué dans le but de protéger les jeunes filles contre les risques et

les exigences de la vie des adultes, et de promouvoir l’éducation et le bien-être futur des filles. Considérant que ceux qui pratiquent l’aplatissement des seins le font dans le but de promouvoir le bien-être de leurs filles, il est évident que la condamnation pure et simple ou la criminalisation de la pratique ne peut pas être l’approche la plus constructive. En revanche, pour créer un changement durable et positif, trois actions sont nécessaires. D’abord, il faut sensibiliser le public et favoriser un débat public sur la pratique. Ensuite, il faut éduquer les gens sur la biologie humaine et sur la futilité d’aplatir les seins. Enfin, il est nécessaire de cibler les causes originelles de l’exploitation sexuelle des filles qui est pratique répandue dans toutes les couches socio-économiques, et toutes les régions du Cameroun et de l’Afrique de l’Ouest.

Recommandations spécifiques à court-terme :

5. Mener une deuxième enquête sur l’aplatissement des seins pour déterminer les conséquences médicales, et la prévalence actuelle.
6. Appuyer les annonces éducatives à travers la radio et la télévision sur l’aplatissement des seins.
7. Appuyer une campagne nationale visant à favoriser le dialogue entre les parents et les enfants sur la sexualité responsable, et aussi la planification familiale avec l’option d’utiliser des contraceptifs.
8. Appuyer des annonces à travers la radio et la télévision ciblant les hommes, et aussi la population en général, pour expliquer le rôle des hommes en tant que responsables des grossesses précoces et non désirées.

Recommandations Spécifiques à long terme :

5. Appuyer le développement d’un module sur la sexualité responsable dans le programme d’éducation nationale pour les écoles publiques et privées.
6. Améliorer la distribution et l’accès aux contraceptifs.
7. Améliorer l’accès aux protections juridique, en particulier pour les mineurs, afin de les protéger contre les avances sexuelles non désirées, comme l’exploitation sexuelle, l’inceste, et le viol.
8. Mettre en œuvre les traités internationaux qui protègent les droits des enfants et des femmes, comme la CEDAW et la CRC, au niveau national.

Pour que toute approche soit efficace, il est nécessaire d’engager toute la communauté : hommes, femmes, garçons et filles, dans les milieux ruraux et urbains. En outre, il est nécessaire que les efforts pour arrêter la pratique évaluent les impacts sur les individus et les groups afin de garantir que les changements sont positifs.

I. INTRODUCTION

This report presents the findings of research examining the practice of breast ironing or breast flattening in Cameroon. Breast ironing was first identified and described by Deutsche Gesellschaft für Internationale Zusammenarbeit (the German Society for International Cooperation, hereafter "GIZ") as a practice harmful for girl children. The practice is found in Cameroon and surrounding countries in West Africa. This present report seeks to combine information from previous studies with my own research to understand: a) how and why breast ironing, or breast flattening as I prefer to call it, is practiced; b) to identify where and by whom it is practiced; c) to place the practice in a cultural context; d) to identify areas in need of additional research; e) to inform advocacy and development efforts that combat the practice; f) and to provide policy and program recommendations to that end. This report is intended for members of the national and international community working to change harmful indigenous social practices, to protect women's and children's rights, and more broadly, to promote human rights.

A. Defining Breast Flattening

Breast flattening, a practice whereby an object is used to massage, pound, or press the breasts flat, is common in Cameroon and throughout West Africa. The prevalence rate, method, rationale, and reported outcomes vary significantly by region and individual, and have no proven correlation with socio-economic level, urban or rural living, religious affiliation, or ethnicity. Breast flattening was brought to the attention of the international community as a result of a 2005 nationwide quantitative study conducted by the Cameroonian NGO Réseau National des Associations des Tantines (the National Network of Aunties, hereafter "RENATA") and supported by GIZ under the leadership of Dr. Flavien Ndonko, head of GIZ's German-Cameroon Health and AIDS Program, with the assistance of Dr. Germaine Ngo'o who completed her anthropology dissertation on breast "massage" in 2008. The study (hereafter the "GIZ study"), interviewed 5,661 girls and women between the ages of 10 and 82 about the topics of "breast ironing," rape, and incest in all 10 regions of Cameroon. The research remains unpublished, and to date, it is the only quantitative study that has been conducted on the practice. This paper seeks to build off the GIZ study, as well as other unpublished reports by students and researchers.

The GIZ study is important to any understanding of the practice breast ironing in Cameroon. Major findings of the GIZ study include data on prevalence of the practice by region, female perceptions of puberty and breast development, who conducts the practice and on whom it is conducted, tools used, and perceived long and short-term impacts. The GIZ study found that breast ironing generally affects girls between eight and 12-years-of age, commencing when a girl begins to develop breasts.[1] The study reports that approximately a quarter of all girls and women in Cameroon had experienced some form of breast ironing in their lives, and that breast ironing was performed most often by the girl's own mother (nearly 60% of the time), but also by a nurse or caretaker, aunt, older sister, grandmother, the girl herself and, in a minority of cases, by a traditional healer, father, brother, cousin, friend, or neighbor.[2] In other research and news reports, the most commonly cited motivation is to deter unwanted sexual attention from men who may perceive breasts as a sign of sexual maturity and subsequently, pursue the girl. In the worst-case scenario, such pursuit may result in early, unwanted pregnancy.

[1] Ndonko, Flavien and Germaine Ngo'o. "Etude sur le Modelage des Seins au Cameroun." *GTZ National Study*, (2006). *Hereafter* Ndonko, (2006).
[2] Ndonko, (2006).

Breast ironing or flattening has only been studied in Cameroon, although informants have reported similar practices in West and Central Africa, including Guinea-Bissau, Chad, Togo, Benin, Guinea-Conakry,[3] Côte d'Ivoire, Kenya, and Zimbabwe, while others report breast "sweeping" in South Africa.[4] Breast binding or wrapping the chest tightly with a cloth, belt, or other material is also common across West Africa and often used in conjunction with breast ironing or flattening.[5] The GIZ study reports that breast ironing is most common in the Littoral region, where 53% of women have undergone the practice. The West and Center regions follow at 31%. The Adamawa region has a prevalence of 30%, with the Northwest following at 18%, East at 17%, South at 14%, and Southwest at 11%. The North and Extreme North have the lowest rates at 7% prevalence.[6] Although there is no reported reason for regional variation, local informants hypothesize that the relatively low rate observed in the North and Extreme North is due to the higher frequency of early marriage, which eliminates the need to maintain illusions of a girl's youth.[7]

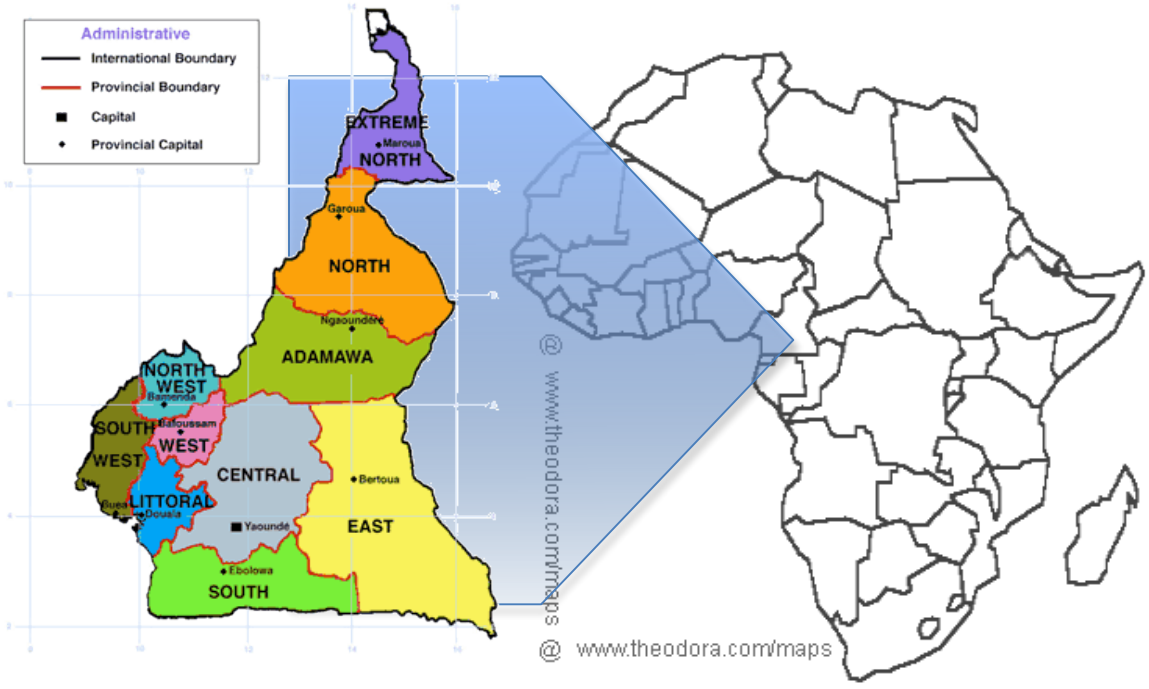

Figure 1: Cameroon

[3] Eva Aurora Fernández Ortiz, "Why Breast Ironing? Reasons behind this Cameroonian female mutilation" (Master of Arts in International Journalism, Cardiff School of Journalism, Media & Cultural Studies, 2010).
[4] Author's interviews with community members in Bafut, Bamenda, and Yaoundé, Cameroon (June, July and August 2011).
[5] Although many of the rationale are similar to breast flattening, rationale for breast binding is also often related to maintaining the shape and lift of a girl's breasts until she is ready to be married. Source: Personal interviews in Bafut, Cameroon, (August 2011).
[6] Flavien Ndonko and Germaine Ngo'o, "Etude sur le modelage des seins au Cameroun" (PowerPoint presented at the Programme Germano-Camerounais de Santé/SIDA (SRJA), Yaoundé, Cameroun, January 2006).
[7] The United States Department of State reports: "Early marriage was prevalent in the northern regions of Adamaoua, North, and particularly the remote Far North, where many girls as young as nine faced severe health risks from pregnancies. There were no statistics on the prevalence of child marriage." Source: U.S. 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), 33–34, http://www.state.gov/g/drl/rls/hrrpt/2010/af/154335.htm.

The GIZ study christened the practice "repassage des seins," or breast "ironing." There has been little subsequent debate on appropriate terminology. Cameroonians who I interviewed who engage in the practice and have not been sensitized or exposed to media coverage or activism rarely use a single term, instead saying that they are "sending the breast back from where it's coming."[8] The choice of terminology is further complicated because the individual experience of breast flattening varies significantly. While some women in my sample reported a single treatment of heated leaves placed ceremonially on the breasts, others described a heated grinding stone used twice a day for weeks or months to crush the knot of the budding breast. I believe that the term breast "flattening" encompasses the breadth of relevant practices. Additionally, flattening is a neutral term between "ironing" which may stigmatize and condemn those who conduct the practice, and "massage" which does not convey the intention and physical experience of the practice.[9] The choice of a more neutral terminology is intended to avoid judgment and encourage an open dialogue about this practice, which is rarely discussed in public.

B. Methodology

The present study's objective was to better understand the practice of breast flattening, including how, when, where, and why it is practiced. The research focused on the past and present motivations for breast flattening, its historical context, cultural foundations, and its relation to other forms of gender-based norms, such as bridewealth and polygyny. The study also focused on how and where breast flattening is practiced, the cultural and physical implications of its practice on individual girls, and its significance in the transition to adulthood.

I conducted field research in the Northwest region of Cameroon, in the Mezam department, in the villages of Bafut, Ndop, and the city of Bamenda. I also conducted interviews with experts in Yaoundé. My research was supported by the Feinstein International Center ("FIC"), Tufts University, and was conducted under the auspices of the development NGO Plan Cameroon (hereafter "Plan"). Plan helped facilitate my entrance into the community, making of contacts, and conducting of interviews. According to the GIZ study, the Northwest region of Cameroon has a middling prevalence rate of breast flattening at 18% among girls and women, making it a good location to study why some people practice breast flattening while others do not. I selected Bafut as a location for field research because contacts at both Plan and GIZ recommended it due to its reputation as a center of culture and tradition.

[8] Authors interviews, Ndop and Bafut, Cameroon (July and August 2011). Interviews with key informants including Eva Fernandez Ortiz, Alain Nguidjoï, and Nathalia Ngende support this assertion.
[9] This is similar to the distinction between female genital "cutting" and female genital "mutilation."

Figure 2: Northwest region, Cameroon
Source: "Bafut City Council: Community Action for Sustainable Development", n.d., http://bafut-council.org/tourism.htm.

The town of Bafut is 17 kilometers north of Bamenda, the capital of the Northwest region. Most adults living in Bafut village have been exposed to city life, speak rudimentary English, and have completed basic education. On the other hand, the level of infrastructural development is low: one paved road runs through town and many houses, as well as the government ministry buildings, lack running water and/or electricity. Most people have subsistence farms, cultivating cocoyam, beans, plantains, and maize. The average monthly income is approximately 29,000 CFA (US$55).[10] The Northwest region is known for higher levels of school attendance and the number of girls and boys attending school is almost equal.[11] The region is also known for relatively high levels of rape and sexual exploitation. In a 2009 nationwide survey conducted by GIZ in all 10 regions of Cameroon, the Northwest region was recognized as the region with the second highest rate of rape in the country.[12] Whether this is due to higher levels of sexual violence or higher frequency of reporting incidents is unclear.

I planned to use a snowball sample method to identify interviewees who had experienced breast flattening, however for a variety of reasons this method proved ineffective. First, many people did not know of others who had experienced the practice, perhaps because it is generally kept between mother and daughter, or perhaps interviewees were hesitant to introduce me to

[10] "Bamenda Programme Unit — Where We Work," *Plan International*, n.d., http://plan-international.org/where-we-work/africa/cameroon/where-we-work/bamenda.
[11] According to the U.S. State Department's 2010 Human Rights Report, in 2006, 77% of girls aged six through 14 were enrolled in school, and 88% of boys. Records from the Ngoketunjia department in the Northwest region show that a ratio of 91:100 girls to boys attended secondary school in 2009-2010. That ratio shrunk to 95:100 girls to boys in 2010-2011. Withdrawal rates (voluntary leave from school, which would include girls withdrawn for marriage or to pursue domestic responsibilities) were also almost identical for girls and boys, averaging 3.92% for girls and 4.15% for boys between 2009 and 2011.
U.S. Department of State, *2010 Human Rights Report: Cameroon*, 33.
[12] Nakinti Nofuru, "Underreporting Leaves Girls Vulnerable to Rape in Cameroon," *Global Press Institute*, March 1, 2012, 3, http://www.globalpressinstitute.org/global-news/africa/cameroon/underreporting-leaves-girls-vulnerable-rape-cameroon?page=3.

others. Second, I spoke mainly with community members 18 and older, with an average age of approximately 36. I had intended to interview more children who had recently experienced the practice, however, this was challenging because I did not want to complicate relationships between mothers and daughters, and it was also difficult to meet children because they were mostly in their houses or working. Because most interviewees were older, they and their peers had experienced breast flattening years or decades ago. Therefore, those contacts were often unavailable or lost because they were traveling temporarily for summer vacation or had moved permanently.

Over the course of one month, I collected qualitative data from 75 respondents in semi-structured and unstructured interviews.[13] The Secretary General of Bafut, Samuel Cheneh Ngwa, arranged for me to meet with the leaders of three women's groups, one youth group, one traditional healer, and teachers from around the Bafut subdivision. Additionally, I met people to interview walking through the village, taking public transportation, and visiting maternal health clinics. I also interviewed local journalists who had written about breast flattening, and employees of RENATA, who provided me with personal anecdotes as well as other contacts. I conducted additional interviews with a doctor, Plan staff, and two anthropologists in Yaoundé.

From those 75 interviews:

- 77% of interviewees were female;
- 16% of interviewees had experienced breast flattening;
- 8% of interviewees had practiced breast flattening;
- 14% of interviews were held with individuals in their professional capacities, including four individuals who had researched breast flattening, two experts on women's and children's rights, two journalists who had written stories on breast flattening, the executive secretary of RENATA, a government official, and one doctor.[14]

Interviews were broadly focused on the interviewees' life experiences, including when they first became aware of sexual relations, gender perceptions, familial relations, puberty, marriage, family and individual values, personal aspirations and fears, and any experience with breast flattening. Due to the sensitive nature of this research, I do not identify any respondents by name, with exception to key informants speaking in their professional capacities. I carried out all of the interviews in English, Bafut, pidgin, and French, as preferred by the interviewee. Challenges encountered in this research included the likelihood of respondent bias, the challenge of identifying people who had personally experienced breast flattening, and the limited number of interviewees.

II. STUDY FINDINGS

A. Origins of the Practice

Although there is no literature on the origins of breast flattening, one theory posits that it developed from the ancient practice of breast "massage."[15] Breast massage is a traditional

[13] See Appendix A for a list of interviewees, and Appendix B for the interview guide.
[14] These are as follows: Anthropologists Flavien Ndonko, and Germaine Ngo'o, Alain Nguidjoï, and Eva Fernandez Ortiz; Nathalia Ngende (Plan), Omer Songwe, Journalists Randy Joe Sa'ah (BBC) and Constance (Commy) Mussa (Association Camerounaise pour le Marketing Social), Georgette Taku (RENATA), Haliuma Mohamadou (Government of Cameroon Administrator) and Dr. Sinou Tchana (OB/GYN).
[15] Author's interview with Ndonko and Ngo'o, (June 2011).

method for correcting uneven breast size and shape, and is conducted with a heated object using similar methods to those used for breast flattening.[16] Breast massage is also used to induce the flow of breast milk for a new mother or to relieve pressure during weaning.[17] Importantly, in the case of postpartum breast massage the intent is not to crush the mammary gland, but rather to warm and massage the breast to heat and purify the breast milk.[18] Ndonko (personal interview 2011), Ngo'o (2008) and Nguidjoï (2008) suggest that Cameroonians may have repurposed these longstanding traditional practices of breast shaping and massage to flatten girls' developing breasts.

B. Methods to Carry Out Breast Flattening

A variety of methods are used in breast flattening. Tools used for breast flattening include a grinding stone, a wooden pestle, a spatula or broom, a belt to tie or bind the breasts flat, leaves thought to have special medicinal or healing qualities, napkins, plantain peels, stones, fruit pits, coconut shells, salt, ice, and others.[19] Typically, the object is heated in the ashes of a wood fire in the kitchen and then applied in a pressing, pounding, or massaging motion. The heat, style of application, and duration vary by individual and by region.[20] The most common description in the Northwest region requires a wooden pestle, approximately three feet long, be heated in the coals of a wooden fire. The pestle should be hot to the touch. Then, the end of the pestle is used to push and press the breasts for some minutes. One woman demonstrated this process for me at my request:

> *"She took me into her kitchen, a brick structure with a dirt floor and wood fire burning in the middle of the room next to a bed covered in dirty cloths. On the fire was a huge metal pot. She pushed the pot aside and took the wooden pestle used for making achu. She put the pestle over the fire so that the center of it was in the embers, and turned it around for perhaps 15 or 20 seconds. A wisp of smoke came up from the pestle. She then took the pestle, and pulled down the top of her dress to reveal her own bare chest, took the ends of the pestle in both hands, and rolled it over her breasts in a downward motion."*

Ngo'o describes the practice carried out using a hot stone from a qualitative study she conducted in Bafia in 2008 for her dissertation in Anthropology at University of Yaoundé I:

> *"The object is placed on the coals in the fireplace and when well heated, it is placed and pressed on the breasts of the girl who has previously been sleeping on the bed, kept there by one or more than one individual strong enough to be able to immobilize her during the operation. It is important to immobilize the girl, otherwise at the first contact with the heated stone she could [try to] flee because of the extreme pain it causes. The massager extracts the tool from the fire, taking care to protect her hands with a towel before pressing and turning on each breast*

[16] Author's interviews with Ndonko and Ngo'o, (June 2011) and women's group in Manka'a, Bafut (August 2011).
[17] Author's interview with Ndonko and Ngo'o, (June 2011).
[18] Ibid.
[19] Ibid.
[20] Personal interviews in Northwest region, Cameroon, (June, July and August 2011).

> *of the girl…When the stone is not hot enough, it is replaced in the fire and massaging recommences three or four times each session."*[21]

Although no one I interviewed mentioned restraints, when the object is very hot the practice is reportedly quite painful, particularly because the heat of the pestle burns the skin, and because the breasts are sensitive organs. One woman reported:

> *"My mother told me to flatten my own breasts, but it was too painful, so I didn't. I feared the pain of the heat on my skin."*[22]

Dr. Sinou Tchana, a gynecological obstetrician responsible for adolescent health programs in Yaoundé, has advocated against breast flattening and served a number of patients. She recounted the story of one woman who didn't realize the pain she must be causing her daughter until she burned her own hand:

> *"One mother burned her own hand so badly that she came to the hospital. Only when she saw what happened to her own hand did she realize how painful the practice must be for her daughter, who was feeling this hot stone on her breasts, which are much more sensitive than the palm."*[23]

Figure 3: Tools used for breast flattening. Left: mortar and pestle; right: grinding stone. The GIZ study found that a pestle is used 17% of the time, and a grinding stone is used 20% of the time. Other tools include a spatula or broom (24%), leaves (9%), napkins (5%), and other (25%).
Source: Photos by Rebecca Tapscott (Bafut, August 2011).

By coincidence or design, the methods and tools for flattening breasts reflect those of preparing traditional foods that have a smooth consistency. For example, in the Northwest, the most commonly used tool to flatten breasts is a pestle, which is also used for preparing the local dish, *fufu*. Fufu is made by boiling corn or manioc, and then pounding in a mortar with pestle

[21] Germaine Ngo'o, "Étude Anthropologique du 'Modelage des Seins' Chez les Bangangte" (Department of Anthropology, Faculty of Arts, Letters and Social Sciences, University of Yaoundé I, 2008), 36.
[22] Personal interview with 25-year-old woman, Yaoundé, Cameroon (June 2011).
[23] Author's interview with Dr. Sinou Tchana, Yaoundé, Cameroon (August 2011).

until smooth. It is essential to pound the fufu when it is very hot, or the final product will have lumps. Similarly, a grinding stone is used to smash hot peppers and other spices into a smooth paste. A number of interviewees described breast flattening as warming and softening the tissues of the breast so they could be dispersed or spread flat.

> *"When you are young, there is a hard knot or ball in the breast, and the goal of breast massaging is to make it go away." [Respondent made a motion with her hand, starting balled up as a fist that she opened to splay her fingers and palm flat across her breast.]*[24]

> *"Heating helps [shape breasts] because if there are any lumps of blood or flesh it heats up the blood and makes it soften."*[25]

A traditional healer also explained:

> *"They use the pestle [to flatten breasts] because it is used to grind spices, and other things, and `scatters.' They do this on the knot of the breast to flatten it."*[26]

From these statements, it appears that people believe that the selected tool can transform breast tissue in the same way as other substances, where heat and force help soften and break up substances such that they can be dispersed. On the other hand, it is also possible that these are the tools women have most easily at hand.

A variety of traditions and superstitions surround breast flattening. Ndonko and Ngo'o reported a region where a coconut shell is heated and used to press the breasts. People believe that for the flattening to work, the used shell must be thrown at a boy of the girl's same age so as to transfer the boy's flat-chest to the girl. In another region, Ngo'o explained that the girl child is required to hug her bare chest to the trunk of a banana tree, and turn her body vigorously around the trunk, with the belief that her chest will become straight and flat like the trunk of the banana tree. A traditional leader in Bamessing explained that some traditional healers also use a blade to make small cuts on the breasts and apply special potions while reciting incantations to deter the growth of the breasts.[27] In the Northwest region, it is common to make the girl lie beneath a bed during the procedure so no one can watch the procedure, so that the girl cannot escape, or simply because it is believed to be an integral component for the flattening to be successful.[28] Some reports also describe the mother lying beneath the bed while the girl sits cross-legged on the floor in front of her. From this position, the mother uses a wooden pestle to press the breasts, either using the pestle lengthwise to roll the breasts, as with a rolling pin for cooking, or the head of the pestle to prod the breasts.[29]

Duration and frequency of breast flattening sessions varies. Most women reported that the sessions lasted for between 10 and 15 minutes, although one traditional nurse told me that 10 minutes was far too long for one session. Some women report that flattening occurs twice per day, morning and evening, for weeks or even months, while others report a single instance. One

[24] Author's interview with a 25-year-old woman, Yaoundé, Cameroon (June 2011).
[25] Author's interview with a 45-year-old woman, Bafut, Cameroon (August 2011).
[26] Author's interview with a 51-year-old male traditional healer, Bafut, Cameroon (August 2011).
[27] Author's interview with Traditional Healer in Bamessing, Cameroon (June 2011).
[28] Author's interviews with community members in Bafut and Bamenda, Cameroon (August 2011).
[29] Author's interview with women's group in Manka'a, Bafut (August 2011).

woman told me that her aunt explained that it is necessary to massage the breasts until it no longer hurts the girl, and then it is time to stop.[30] Another woman reported that after two weeks, the breasts go away and then it is time to stop. Time of day also varies. One woman told me the story of a girl whose mother only performed the practice between 5 a.m. and daybreak, perhaps believing that the practice must be done at that time of day to be effective. The girl was therefore able to avoid the procedure by hiding at that specific time. A number of women reported that a father or another adult intervened to stop the practice when they learned that it was being carried out. One young woman told me:

> *"When I was 14, my father asked my mother to do it to me. His parents had suggested it to him. My mother refused because she was afraid that in the future, my breasts would either not grow, or would grow much too large. After this, my father took me to Bamenda with him. Maybe it was to protect me…"*[31]

Another woman's grandmother flattened her breasts on two occasions, using heated leaves.

> *"The second time, someone came to the door while she was doing it, and I scrambled to put my dress back on. While my grandmother was talking to the person at the door, my father came in. My grandmother never did it again."*[32]

All women who had experienced breast flattening reported not knowing what was going to happen before the practice was done to them. They received limited explanations, simply that "you are growing breasts and you are still a child."[33] A number of women who I interviewed who had practiced breast flattening concurred that explaining the reasons for breast flattening is a bad idea, because it might encourage the girl to talk to men, or make her frightened of men. One woman summarized, "The best approach is simply to tell a girl that she is too little to have breasts."[34]

C. Practicing Groups and Individuals

There is no evidence in any of the research I reviewed nor in my own findings to indicate that breast flattening has any correlation with religion, ethnicity, wealth, or formal education. This could be due to the limited research. However, if there were a strong correlation between any of these factors and breast flattening, it seems that through my own qualitative research and the GIZ study, some relationship would have emerged, but none has. Many interviewees stated that people with "village mentalities" practice breast flattening, meaning women who have not been exposed to cosmopolitan ideas of children's rights, women's equality, and biological development. However, data show that the practice is not limited to rural areas or poor families and the hypothesis linking the practice to urbanization actually indicates the opposite. Numerous anecdotes relate that the wives of parliamentarians and ministers flatten the breasts of their own

[30] Author's interview with 26-year-old woman, Bafut, Cameroon (August 2011).
[31] Author's interview with 26-year-old woman, Bafut, Cameroon (August 2011).
[32] Author's interview with 38-year-old female teacher, Bafut, Cameroon (August 2011).
[33] Author's interview with 41-year-old woman, Bafut, Cameroon (August 2011).
[34] Author's interview with 45-year-old female nurse, Bafut, Cameroon (August 2011).

daughters without the knowledge of their husbands.[35] In terms of who performs the practice, the GIZ study reports:

- 7%: the girl herself;
- 7%: the grandmother;
- 9%: the aunt;
- 9%: the older sister;
- 10%: a nurse or caretaker;
- 58%: the mother.

Three of the women I interviewed reported performing breast flattening on themselves. The women who reported self-flattening explained that it was difficult to do a good job and to maintain the practice because of the pain. In a qualitative study conducted in Bafia, Ngo'o's interviewees expressed the same sentiment: "It is the mother who does it because the child is frightened. The child can do it herself. But if you leave her to do it herself, because it hurts, she won't do it well."[36] I found no descriptive differences between breast flattening as practiced by the mother or other female family members. Only one woman reported that she had heard second hand about a father flattening the breasts of is daughter, and in this case, the woman reported that the man had his daughter lie under the bed while he hit the mattress with a pestle, such that the girl was not actually physically harmed. In some communities, the youngest boy child, the mother, or a friend of the mother is recruited to bite the girl's breasts to shock her and halt the growth of breasts.[37] When it is the youngest brother, Ngo'o reports that the belief is that the boy child will symbolically transfer his flat chest to his sister via the small bites, similar to the beliefs associated with coconut shells and the banana tree.

Breast flattening appears to be a "treatment" for early breast development rather than a "tradition." Evidence for this claim includes first, that the practice is more likely to be performed on girls who develop early, second, it is often not performed on all daughters in a given family, and third, women who have experienced the practice themselves often do not continue the practice. First, the GIZ study found that breast flattening is twice as likely to be practiced on girls who start to develop breasts before the age of nine than those who develop after the age of nine, indicating that when breasts appear later in life, a girl is less likely to experience breast flattening. My qualitative interviews support this, with one of the most common explanations for performing the practice being that a girl has started to develop "too early." Second, breast flattening is often performed on the daughters who mature earliest in a given family, and not on the others. One woman I interviewed was one of a set of triplets, all of whom survived. She said that she and her identical twin both were subjected to breast flattening, while the third fraternal sister was not, ostensibly because she and her sister developed earlier.[38] Another woman explained to me that she practiced breast flattening on one daughter who developed earlier than the others, because she needed it, while for the others, there was no

[35] A particularly poignant anecdote related by Dr. Ndonko related that a government minister in Yaoundé learned of the practice from GIZ, and upon returning home and sharing the news with his wife, learned that she had performed breast flattening on their daughter. Source: Author's interview with Ndonko and Ngo'o, (June 2011).
[36] Ngo'o, "Étude Anthropologique du 'Modelage des Seins' Chez les Bangangte," 33.
[37] Ibid., 34.
[38] Author's interview with a young lawyer in Bamenda, Cameroon (August 2011).

need.[39] Finally, no one who I interviewed reported both personally experiencing breast flattening and practicing breast flattening on another person, and only one woman out of the 12 who experienced breast flattening said she would consider using breast flattening on a daughter in the future. Additionally, of those who experienced breast flattening, only this woman believed that breast flattening had also been practiced on her mother. The others stated that they doubted that whoever did the practice to them had experienced it themselves.[40] Although the GIZ study found that 17% of women would use breast flattening on their daughters, it does not specify whether these women experienced the practice themselves or not. Taken together, these insights imply that for many, the practice is used as a treatment for a specific observation, as opposed to a rite of passage or traditional ceremony.

D. Areas for Additional Research

There have been no subsequent large-scale, quantitative studies on breast flattening since the 2005 GIZ study so it is unknown whether the practice is increasing or decreasing in prevalence, let alone whether recent advocacy efforts to curb the practice have had any impact. Qualitative interviews indicate that the practice is decreasing, however, this limited evidence is less than convincing in light of the GIZ study, which found that 22% of respondents believed that breast flattening was average or widespread in practice, while 47% believed that breast flattening was not practiced anymore or rare.[41,42] The practice is generally kept between mother and daughter, and thus, individuals who do not practice remain unaware of its prevalence.

Additional research could provide significant insights as to the social, cultural, religious, economic, or ethnic components of who engages in or rejects the practice. It would also be helpful to understand whether the practice is increasing or decreasing in prevalence and why; what, if any, are the significant long-term health consequences; and how consequences differ depending on the method employed. Finally, it would be helpful to continue research on the origins and diffusion of this practice, particularly if it is passed from mother to daughter, skips generations, or proliferates in some other pattern.

III. IMPACTS OF BREAST FLATTENING

A. Biology of Normal Breast Development

Although sources cite a host of negative medical side effects from breast flattening,[43] the lack of medical research makes it difficult to ascertain the true impacts. It is helpful to briefly

[39] Author's interview with a 52-year old mother, Bafut (August 2011).
[40] Author's interviews, (July and August 2011).
[41] Based on author's own research and interviews of over 60 Cameroonians in July and August 2011.
[42] The study referred to the practice as breast "ironing" or breast "massage" and found that 25% of respondents reported that they "don't know" about the scope of the practice. Source: Ndonko and Ngo'o, "Etude sur le modelage des seins au Cameroun." Additionally, one woman who I interviewed told me within the span of five minutes that breast flattening is no longer practiced, and then that she flattened the breasts of her nice no more than three years ago. Source: Author's interview with 52-year-old mother, Ndop, (July 2011).
[43] Ndonko (2006), Flavien Ndonko and Georgette Taku, *"Aunties" for Sexual Health and Non-violence: How Unwed Young Mothers Can Become Advocates, Teachers and Counsellors in Cameroon*, German HIV Pracitce Collection (Eschborn, Germany: The German HIV Practice Collection (GHPC), October 2010), 9., GIZ, *Female Genital Mutilation in Cameroon* (Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), November 2007), 2, www.gtz.de/en/dokumente/en-fgm-countries-cameroon.pdf., Ortiz, "Why Breast Ironing? Reasons behind this Cameroonian female mutilation.", Alain Médard Nguidjoï, "Analyse du Phenomene de 'Repassage des Seins' des Jeunes FIlles en Milieu Urbain: Cas de la Ville de Yaoundé" (Department of Andragogy, National Institute of Youth and Sports, Ministry of Sports and Physical Education, 2008).Nicholas Mukama and Irénée Domkam, *Breast*

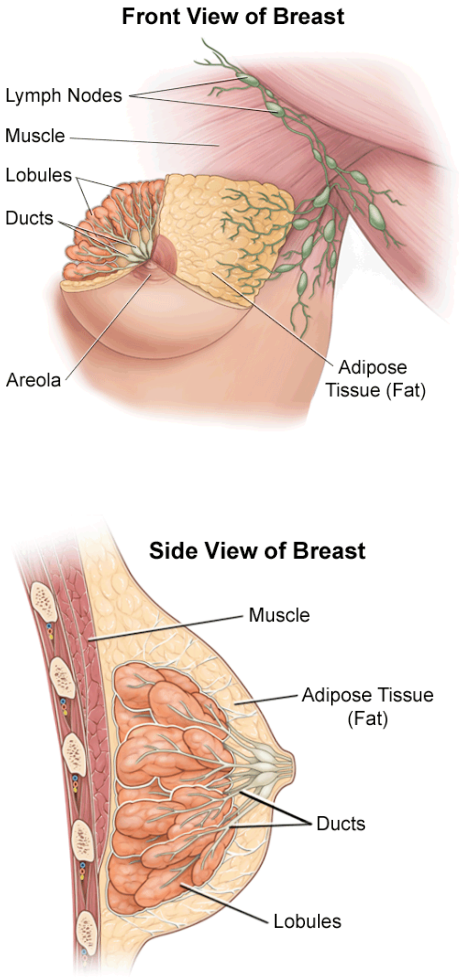

Figure 4: Normal breast biology
Source: "Normal Breast Development," Database, *Ohio State: Wexner Medical Center*.

review normal breast biology to understand possible effects of breast flattening. Breasts are a secondary sex characteristic of females and not directly a part of the reproductive system. Breasts develop and change at specific times over the course of a female's life, first forming during fetal development, changing at puberty, and again at childbearing years, during menstruation, and finally, at menopause.[44] The breast consists of two main types of tissue: glandular and supporting. The glandular tissues develop during puberty and consist of ducts and lobules. In women who are breastfeeding, the lobules produce milk that is carried the nipple via the ducts, as seen in figure 4. The supporting tissues of the breast include the underlying pectoral muscle, fibrous tissue, blood vessels, nerves, and lymph vessels.[45] There are no muscles in the breasts; muscles lie beneath the breast on top of the ribs.

Damage to any of the breast tissues or vessels can result in benign or acute complications. Common benign breast conditions include benign breast tumors and solitary lumps, fibrocystic changes (changes in breast texture, experienced by more than 50% of women), nipple problems and discharge, and infections or inflammation. These conditions are common: most women experience physiological breast changes, such as minor tenderness, swelling, and lumpiness in relation to menstrual cycles or hormone changes. Fat necrosis, a condition that often develops in response to a bruise or blow to the breast, causes non-malignant, painless, firm lumps to develop. Lymph vessels collect plasma and other fluids that leak from the vascular system and transport those fluids back from the tissue to the circulatory system. If lymph vessels are non-functioning, these fluids cannot be drained. This can cause edema, or swelling resulting from fluid retention. Other conditions, such as mastitis, resulting from blocked milk ducts, causes the breasts to

Ironing in Cameroon: An Overview for Fair Fund (Yaoundé, Cameroun: Jeunesse Horizon, August 2007), 5., Jamie Rich, "Breast Ironing, a Painful Practice for Cameroon's Girls," *The Washington Post* (Douala, Cameroon, March 7, 2010), sec. Outlook.

[44] "Normal Breast Development," Database, *Ohio State: Wexner Medical Center*, n.d., http://medicalcenter.osu.edu/patientcare/healthcare_services/breast_health/normal_breast_development/Pages/index.aspx.

[45] "What Is Normal Breast Tissue and What Does It Do?," Topics: Non-Cancerous Breast Conditions, *American Cancer Society*, September 27, 2011, http://www.cancer.org/Healthy/FindCancerEarly/WomensHealth/Non-CancerousBreastConditions/non-cancerous-breast-conditions-normal-breast-tissue.

become cracked and sore. A recommended treatment for this is massage with a warm compress to unblock the duct.[46]

The rate at which breasts develop varies significantly for different women. On average, breasts are developing increasingly early worldwide. Guidelines in the United States propose that breast development before the age of seven for Anglo girls and six for African-American girls be considered abnormally early.[47] In Cameroon, average age of maturation has decreased by approximately three months each decade.[48] The GIZ study reports that the average age of breast development is now 12.25 years-of-age. The estimated age of menarche for urban girls in Cameroon is 13.18 years and for rural girls is 14.27 years-of-age.[49]

B. Impacts of Breast Flattening on Physical Health

To date, no medical studies have been conducted on flattening breasts, nor the long- and short-term, physical and psychological side effects. Among interviewees, such speculation abounds as to whether in the short-term the practice really does flatten breasts, and whether in the long-term flattened breasts grow normally, do not grow at all, or grow much larger than they would have without flattening.[50] Often cited side effects include an immediate delay or halting of breast growth; swelling, burning, irritation, pimples on the breasts, abscesses, fever, extreme pain; a long-term overgrowth of one or both breasts or failure for one or both breasts to grow; difficulty to breast-feed, scarring, and breast cancer.[51] However, in the GIZ survey, only 8% of respondents reported suffering a related illness, while 18% reported that their breasts "fell" or "sagged" earlier than normal.[52] Over the past four years, Dr. Sinou Tchana, a gynecological obstetrician in Yaoundé who provides services to victims of breast flattening, reported observing two cases of second degree burns, one of which required a skin graft, multiple cases of first degree burns. Burns are classified by depth. A first-degree burn is limited to the outer layer of skin and takes approximately one week to heal. A second-degree burn damages the outer layer and the layer beneath, is identifiable by red and white coloration, blood, and blistering, and can take over three weeks to heal. There are no complications associated with first degree burns, while second degree burns can result in local infection, inflammation of connective tissues, and scarring.[53] Doctors often prescribe antibiotics for burns to prevent infection, however, in rural communities this service is often unavailable. Additionally, girls may not have access to healthcare for a variety of reasons. Dr. Tchana also reported multiple cases of edema resulting in overgrown or swollen breasts, severe wounds, and severe pain.[54] It is difficult to confirm or deny

[46] "Normal Breast Development."
[47] PB Kaplowitz and SE Oberfield, "Reexamination of the Age Limit for Defining When Puberty Is Precocious in Girls in the United States: Implications for Evaluation and Treatment.," *Pediatrics* 104, no. 4 Pt 1 (October 1999): Abstract.
[48] P. Pasquet et al., "Age at Menarche and Urbanization in Cameroon: Current Status and Secular Trends," *Annals of Human Biology* 26, no. 1 (1999): 89.
[49] Ibid., 91.
[50] Ndonko and Ngo'o, "Etude sur le modelage des seins au Cameroun." and personal interviews in Northwest region, Cameroon, (July and August 2011).
[51] Ibid.
[52] Ibid.
[53] National Institute of General Medical Sciences NIH, "Burns," Database, *MedlinePlus*, March 30, 2012, http://www.nlm.nih.gov/medlineplus/burns.html.
[54] Sinou Tchana, "Gynecological Obstetrician Responsible for the Adolescent Health Program/ Vice President of the Cameroon Women Doctors Association", August 24, 2011.

the accuracy or frequency of reported side effects, particularly long-term effects, without conducting medical examinations.

A variety of cancer treatments have explored methods for deterring development of or killing cancer cells. Hyperthermia is a cancer treatment that uses localized heat of between 40°C and 45°C to damage cancer cells and make them more susceptible to other treatments, such as radiation. Typically, the treatment is conducted with the patient under general anesthesia, and in conjunction with another treatment, including radiation or chemotherapy.[55] Marybeth Singer, a nurse practitioner at Tufts Medical Center, posited that applying this level of heat to the exterior of the breast would result in a third degree burn. A burn of this degree would destroy the skin, cause exceptional pain, and require immediate treatment or risk deadly infection. This sort of short-term consequence has not been reported in association with breast flattening. Singer also noted that severe long-term impacts would almost certainly be reflected in a loss of breast function, such as difficulty breastfeeding. This also has not been reported.[56] It is apparent that further study is necessary to understand the range of possible impacts. Dr. Peggy Porter, a cytopathologist at the Fred Hutchinson Cancer Research Center in Seattle, Washington, explained that when it comes to breast flattening "we can only conjecture that there would be changes…Even if you don't get changes in development or in growth, you've created an inflammatory milieu, or atmosphere in the breast, which could cause fat necrosis—an inflammation, not an infection."

C. Impacts of Breast Flattening on Mental Health

Key informants told me that many girls suffer psychological distress after experiencing breast flattening, including internalizing blame, experiencing perpetual fear and shame, or resulting social exclusion. Tchana explained that girls interpret the procedure as a punishment for displeasing their parents. In this case, a victim is unable to understand what she did to merit the punishment, and why she, not her friend or her sister, experienced the painful treatment.[57] Additionally, girls who undergo this practice for long periods of time may experience a state of perpetual fear, causing academic performance, among other responsibilities, to suffer.[58] Some reports explain that girls subjected to the practice have fled their homes and taken refuge with neighbors, only to reify their parents' fears and become victims of rape or sexual exploitation.[59]

Dr. Flavian Ndonko, author of the GIZ study, explained that the practice has negative psychological impacts because it gives a girl the idea that she should not have breasts, and this can cause anxiety, shame, and frustration when breasts develop at a later age.[60] Alain Nguidjoï, who researched breast flattening in Yaoundé in 2008, wrote "the practice can cause depression or cause the child to withdraw into herself, deciding to close herself off from the outside world. This further thickens the wall of silence that surrounds the practice. There is also the feeling of

[55] American Cancer Society, "Hyperthermia," *Treatment Types*, August 30, 2011, http://www.cancer.org/Treatment/TreatmentsandSideEffects/TreatmentTypes/hyperthermia.
[56] Ndonko and Ngo'o, "Etude sur le modelage des seins au Cameroun."
[57] Tchana, "Gynecological Obstetrician Responsible for the Adolescent Health Program/ Vice President of the Cameroon Women Doctors Association."
[58] Author's interview with Alain Nguidjoï, who studied breast flattening in Yaoundé, Cameroon for the Ministry of Youth Affairs (August 2011).
[59] Author's interview with Flavien Ndonko and Germaine Ngo'o, Yaoundé (June 2011).
[60] Ndonko and Ngo'o, "Etude sur le modelage des seins au Cameroun."

rejection, because of how the girls interpret their personal experience."[61] Nguidjoï also argues that in the case that breast flattening completely destroys a girl's breasts she can become a social pariah and lose self-confidence.[62]

Personal interviews conducted during the course of my research revealed mixed responses. While some interviewees appeared to be quite upset about the experience, most described it as an inexplicable, albeit painful, event in the course of their lives.[63] Georgette Taku, Executive Director of RENATA, explained that women block out the memory and don't associate breast flattening with any maladies they might have at a later age.

> *"[Women who experienced breast flattening as children] now understand—but until someone sensitizes them and they are able to talk about it, they don't even associate the problems they have with their early experience. Sometimes they even forget that it happened to them."*[64]

This was reflected in my own interviews: at the beginning of an interview, women hesitated to admit that they had personally experienced breast flattening, or denied experiencing pain. Yet after talking for 20 or 30 minutes, many changed their original statements and recalled that the experience was extremely painful and upsetting. The change in narrative indicates that many women who suffered the practice are hesitant to speak about, and have unpleasant associations regarding, the practice.

D. Impacts of Breast Flattening on Sexual Function

Many reports and anecdotes also indicate that breast flattening has a long-term negative impact on sexual experience, arguing that it can cause a woman to become frigid or fear breastfeeding future children.[65] Men whom I interviewed argued that breasts are a component of sexual relationships, and their destruction permanently detracts from a woman's sexual experience. Interestingly, women did not echo this sentiment. This argument presumes that breast flattening has a long-term impact on the appearance of breasts, which is uncertain.

E. Reflections on Reported Physical, Psychological, and Sexual Impacts

Because there has never been a medical study of the practice, assertions about impacts are based on personal observations by a handful of physicians, speculation or individual testimonies, which are insufficient to verify breast flattening as a causal factor for the later development of health problems including cysts, abnormal breast growth, pain, and difficulty breast-feeding.[66] In fact, the long-term impacts of breast flattening are ambiguous, as shown by four main points: first, existing medical research on acute breast trauma does not support associated long-term health consequences; second, contradictory testimonies about the intended outcomes of similar methods; third, personal opinion about the long-term physical outcomes of

[61] Author's translation. Source: Nguidjoï, "Analyse du Phenomene de 'Repassage des Seins' des Jeunes FIlles en Milieu Urbain: Cas de la Ville de Yaoundé," 25–26.
[62] Ibid., 26.
[63] Note that most interviewees were young adult women, with those having personally experienced breast flattening having an average age of approximately 31, and were thus recalling an event from years before. Negative psychological effects may have faded over the years.
[64] Author's interview with Georgette Taku, Executive Secretary of RENATA in Yaoundé (June 2011).
[65] Nguidjoï, "Analyse du Phenomene de 'Repassage des Seins' des Jeunes FIlles en Milieu Urbain: Cas de la Ville de Yaoundé," 25.
[66] Author's interviews with medical practitioners in Bafut and Bamenda, Cameroon (August 2011).

breast flattening are split; and fourth, rates of breast cancer are no higher in Cameroon than other African countries.

On the first point, very few studies have examined breast trauma. Those that exist in mainly examine the outcomes of single or multiple acute traumas resulting from car accidents or falls. These studies suggest that long-term complications arising from injuries are rare or nonexistent. However, breast flattening often occurs repeatedly, which may exacerbate impacts. Until a medical study is conducted to compare health outcomes between women who have experienced breast flattening and women who have not, such studies can only serve as a very rudimentary proxy for the possible impacts of breast flattening.[67] It is possible to incur first or second degree burns that cause permanent scarring, as observed by Dr. Tchana in Yaoundé.

A second argument that discounts long-term effects of breast flattening, be they positive, negative, or neutral, is that similar practices are employed to flatten and to augment breasts. For example, some women attempt to flatten the breasts with a warmed pestle, almost as if rolling out dough with a rolling pin, while others use the pestle to tap the breasts so that they will "come out." One woman, a 30-year-old mother of three, explained:

> *"My friends told me I could get a pestle used for making* achu [a local food] *and hit the breasts to make them come out. Some of my friends were doing this for each other. But some people said it made them stop growing too—so it was hard to know."*[68]

Another example is a method whereby ants bite the breasts to make them stop growing. However, other girls use the bite of a "water boatman" to make the breasts swell and grow.

Third, the long-term impact of breast flattening on the size and shape of breasts is contested. The GIZ study found that 42% of women surveyed believed breasts grow normally after breast flattening has occurred, 39% believe they grow smaller, and 19% believe that they grow larger than they would have without the flattening procedure.[69] A self-reported negative outcome of the procedure is sagging breasts, or loss of structural integrity. This was reported by 18% of respondents to the GIZ study, while only 8% reported suffering some other negative outcome.[70] These findings may indicate that the outcomes of breast flattening are unpredictable. However, it is also possible that the practice has a negligible impact on breast development, and the variation in reported outcome reflects women's propensity to cite breast flattening as an explanation for self-perceived imperfections.

Finally, higher rates of breast cancer in younger patients (*i.e.* in Cameroon and other West African countries) would support the claim of long-term health complications due to breast flattening. Although this is difficult to measure due to incomplete statistics on cancer patients as well as breast flattening, reported rates of cancer in Cameroon are on par with the rest of Africa, at 27.9 per 100,000; while in Uganda, the rate is 22 per 100,000 and in Nigeria it is 116 per 100,000.[71] Rates have increased dramatically in the past decade, although they remain much

[67] It is important to note, however, that these traumas generally occur once, rather than repeatedly as in the case of breast flattening. Source: Jean McDougall, "a Few Follow up Questions on Breast Development", August 18, 2011.
[68] Author's interview with a 30-year-old mother of three in Bafut village, (August 2011).
[69] Ndonko and Ngo'o, "Etude sur le modelage des seins au Cameroun."
[70] Ibid.
[71] J.D. Kemfang Ngowa et al., "Breast Cancer Profile in a Group of Patients Followed up at the Radiation Therapy Unit of the Yaounde General Hospital, Cameroon," *Obstetrics and Gynecology International* 2011 (June 10, 2011): 1.

lower than in developed countries, where age standardized rates are three times higher.[72] Researches credit this rise in breast cancer to increasingly westernized lifestyles, as well as an increase in reporting.[73] Therefore, the health outcomes of breast flattening are unknown and merit additional study.

To better understand the long-term medical impacts of the practice, it would be necessary to conduct a large-scale quantitative study comparing women who have undergone breast flattening to those who have not. Such a study would have to account for the level of breast flattening experienced by each respondent, categorized into levels of damage, and include measures for the physical appearance of breasts; functional and sensory changes, including chronic pain, lactation, and breast pain with menses; psychological sequelae, including anxiety, depression, fear, and sexual dysfunction; incidence of breast health issues, including fibrocystic breast disease, lobular carcinoma in situ (LCIS), ductal carcinoma in situ (DCIS), and invasive breast cancers, as well as any skin cancers. Ideally, such a study would collect biopsies for analysis, however financial and physical costs might make this impossible. Additionally, a prospective study that focuses on collecting data from girls and following them into their adult years to gather data would have the benefit of more accurate information about the practice, but likely high attrition rates, while a retrospective study focusing on a sample of adult women could be conducted more quickly, but would suffer from poor recollection, and exclude any women who died of related or unrelated causes.

Additional medical study would assist campaigns to end the practice—limited understanding of health outcomes and the risk of sensationalism hamper current campaigns, making them unconvincing to females that practice breast flattening. Consider the response to health campaigns against female genital cutting (FGC), where virtually all women in practicing communities above initiation age live with the impacts of FGC. Therefore, the outcomes that development practitioners describe as "health complications" are understood as the female experience. Additionally, the individuals who elect to share their stories are often those who have had unusually bad experiences, resulting in lurid reports that fail to reflect the average experience, and therefore can undermine the credibility of campaigns in the eyes of locals. Others underreport common symptoms because they are viewed as "normal."[74] Hanny Lightfoot-Klein observed this in her studies of FGC in Sudan, where infibulated Sudanese women reported that their urination was "normal." When Lightfoot-Klein asked descriptive questions such as "how long does it take you to urinate" that answer was "normal—about 15 minutes."[75] Such miscommunications prevent practitioners and advocates from gaining relevant information for the communities in which they work. For health education to catalyze change, the arguments and assertions must resonate with local populations. Additionally, social realities are slow to change regardless of information about health complications. Concern for the future welfare of the girl and her family (in terms of economic status and social reputation) remains

[72] Freddie Bray, Peter McCarron, and D Maxwell Parkin, "The Changing Global Patterns of Female Breast Cancer Incidence and Mortality," *Breast Cancer Res* 6 (August 26, 2004): 230.
[73] Ngowa et al., "Breast Cancer Profile in a Group of Patients Followed up at the Radiation Therapy Unit of the Yaounde General Hospital, Cameroon," 4.
[74] Hanny Lightfoot-Klein, "The Sexual Experience and Marital Adjustment of Genitally Circumcised and Infibulated Females in the Sudan," *The Journal of Sex Research* 26, no. 3 (August 1989): 390–391. In my own interviews, I did ask qualitative questions to attempt to elicit more detailed responses. However, when I asked about residual pain, breast-feeding, and lumps and bumps, I did not receive any enlightening responses.
[75] Gerry Mackie, "Female Genital Cutting: The Beginning of the End," in *Female "Circumcision" in Africa*, ed. Bettina Shell-Duncan and Yiva Herniund (Boulder, CO: Lynne Rienner, 2000), 1009.

paramount, and no health risk or physical discomfort is sufficient to change that priority. These same issues are of concern to females who practice breast flattening: for females who experience the practice, they know no alternative, many females who give public testimonies describe extreme variations of the practice, and finally, females employ breast flattening not to mutilate or harm their daughters, but with their best interests at heart. For these reasons, a high quality medical study would assist campaigns against breast flattening.

IV. CONTEXT: MOTIVATIONS DERRIVING FROM EVOLVING & EXISTING SOCIAL CONDITIONS

Breast flattening in its current form may have proliferated as a response to a growing social need to discourage pre-marital sexual activity in an environment where females, particularly girls and young women, have limited agency.[76]. Changing social conditions, including urbanization and social development, are increasingly facilitating unprecedented female presence and participation in the public arena, *e.g.* school and professional environments. Further, the time period when girls are no longer seen as children and are not yet mothers continues to increase, as the onset of puberty is increasingly earlier and age of marriage is increasingly later. Access to the public arena and later ages of marriage offer new strategies (i.e. financial in addition to social) for a girl to pursue a better future. However, these new opportunities may also increase the chances of sexual exploitation or abuse for adolescent girls outside marriage, since children have increasing independence and freedom from parental oversight without a corresponding increase in other protection or security.[77] Whether related to evolving social conditions or not, concerns of promiscuity, abduction, and rape are not unfounded: 64% of Cameroonian girls have their first sexual experience between the ages of 12 and 16, and absent of birth control, many girls face early pregnancy, with 10% having their first pregnancy before the age of 16, and 62% having their first pregnancy before the age of 19.[78] This environment poses unique challenges for girls due to their relative marginalization, as seen in norms surrounding marriage and sex.

A. Changing Marriage Practices

Traditional marriage practices in particular illustrate how young women lack control over when they will get married, thereby gaining the responsibilities of a wife and mother, and losing the opportunity to acquire skills and knowledge that might foster independence later in life. Almost all of Cameroon's many ethnic groups are patrilineal.[79] While number of children and spouse's socio-economic identity determine status for both males and females, females have less control over the start, duration, and end of matrimonial unions.[80] Numerous traditions and practices surrounding marriage reinforce this dynamic: traditionally, females are married in childhood to much older men, polygyny is common, grounds for divorce are asymmetrical, and the practice of bridewealth further prevents a dissatisfied wife from leaving her husband. These norms made females dependent on males and existing hierarchies, but also protected them as

[76] Author's interview with Ndonko and Ngo'o, (June 2011).
[77] Author's interview with Ndonko and Ngo'o, (June 2011). Nguidjoï, "Analyse du Phenomene de 'Repassage des Seins' des Jeunes FIlles en Milieu Urbain: Cas de la Ville de Yaoundé."
[78] GTZ, *GTZ-Renata Short on Early/Unwanted Pregnancy*, 2003.
[79] Pamela Feldman-Savelsberg, "Culture of Cameroon," Reference, *Countries and Their Cultures*, n.d., http://www.everyculture.com/Bo-Co/Cameroon.html.
[80] Emmanuel Nebasina Ngwa, "The Bafut Chiefdom: A Panoramic Geographical Study" (Geography Department, University of Yaoundé, 1982), 18.

members of their father's family or their husband's family. In the past century, these norms have begun to shift, placing opportunities for increased independence within reach for many females. However, because gender expectations of female submission, purity, and sexuality endure, females are vulnerable to new threats of social exclusion and isolation.

Historically, Cameroonian girls were married as soon as they reached menarche, or even promised for marriage in infancy, making pre-marital pregnancy less common.[81] Findthedata.org, a public database that obtains and amalgamates information from public domain databases, reports the trend towards later ages of marriage: In 1976, 44.53% of women between 15 and 19 years-of-age were married, and that rate has decreased nearly 10% each decade to a rate of 19.4% in 2004. The average age of marriage for men has also increased, although from mid-20s to mid-30s, thereby maintaining the age discrepancy between husbands and wives.[82] Calvès (1999) explains that "[b]ecause young African women and men postpone first marriage…but often do not wait for marriage to become sexually active…premarital pregnancies and births are on the rise, especially in urban areas and among educated youths."[83] One woman expressed her views on the appropriate husband/wife dynamic:

> *"Men should be the head of the relationship, not the tail. Some women now are even getting married to younger men. You are cheating though if you take a younger husband. He will find out that you are older and then his friends will educate him on how to rule you, and he will treat you very poorly. An older man knows how to respect his wife, and she knows how to respect and obey him."*[84]

A tradition of polygyny permeates Cameroon, where over 90% of men surveyed prefer polygynous marriage, but only 30-35% are able to achieve it.[85] Polygyny has strong traditional roots, particularly in Bafut.[86] The Government of Cameroon endorses polygyny, arguing that formal unions protect women and their children by increasing transparency as well as women's rights to claim support, and thereby increasingly the likelihood of equal wealth distribution among wives and mistresses.[87] Some also justify polygyny as a way to mitigate the weight of a wife's marital duties. However, this presumes that women should have no agency or bargaining power in marriage. Many women and young men, too, express a preference for monogamous unions, explaining that polygyny can lead to conflicts in the home.[88] Polygyny, and government sanctioning of the practice as a social security measure for women, illustrates the government's weak stance on promoting and protecting women's independence from men.

Bridewealth is ubiquitous in Cameroon, and is practiced such that the groom's family gives the bride's family a specified quantity of food and money over a period of weeks, months,

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[81] Historically, men could choose girls at childbirth and then wait for her to be "ready." Often girls were taken to their new husband's house when their own family deemed it "time" without any additional explanation. Source: Author's interviews, Bafut, Cameroon (August 2011).
[82] "Cameroon Marriage Statistics," Database, *Findthedata.org*, n.d., http://marriage-statistics.findthedata.org/d/d/Cameroon.
[83] Anne-Emmanuèle Calvès, "Marginalization of African Single Mothers in the Marriage Market: Evidence from Cameroon," *Population Studies* 53, no. 3 (November 1999): 291.
[84] Author's interview with 53-year-old woman, Bafut, Cameroon (August 2011).
[85] Miriam Koktvedgaard Zeitzen, *Polygamy: a Cross-cultural Analysis* (Oxford: Berg, 2008), 36–37.
[86] Ngwa, "The Bafut Chiefdom: A Panoramic Geographical Study," 33.
[87] R.J. Sa'ah, "Cameroon Mass Polygamous Wedding," *BBC News* (Yaoundé, Cameroun, January 12, 2007), sec. News, http://news.bbc.co.uk/2/hi/6254935.stm.
[88] Author's interviews (June-August 2011).

or years, culminating in a final celebration when the bride is taken from her father's house to her new husband's house. In customary law, a woman cannot leave her husband unless her bridewealth is repaid to the husband's family. Without assistance, it can be very difficult or impossible for a woman to save that sum of money on her own, effectively locking her into her marriage. Most groups mandate that bridewealth remain the same for a woman's daughters as it was for her, however, many describe a time when girls began receiving educations and their families chose to increase bridewealth by the total cost of her school fees. Some scholars interpret bridewealth as a man purchasing a bride (Raglan, 1929; Gray, 1960), while others emphasize its role in solidifying a new connection between families (Radcliff-Brown, 1929). Either way, in practice, it serves to weaken a woman's bargaining power and limit her freedom once wed.

Traditionally, if a girl did have pre-marital pregnancy, the implicated man was socially obliged to marry her.[89] In some communities, a marriage was only solidified when the female gave birth to the first child.[90] In the absence of customary law, however, men are rarely held accountable for promiscuous behavior. Some propose that this "accountability gap" arose in conjunction with urbanization. As local communities dissolve and cities swell with immigrants, certain traditional social norms endure, *e.g.*, men seek chaste and virginal wives, and others deteriorate, *e.g.*, a man's obligation to marry a woman whom he has impregnated. The decline of accountability for men may simply be a matter of feasibility: in a bustling city, it is difficult to know decisively the identity of the man responsible for the pregnancy of a woman unless he elects to come forward. From this review of the role of age of marriage, polygyny, bridewealth, and pre-marital pregnancy, it is apparent that changing norms surrounding marriage pose new risks for girls and women.

B. Control of Sexual and Reproductive Rights

Further limiting options for females in Cameroon is the lack of control over sexual and reproductive rights. In Cameroon, conversation and education about sex is taboo, contraceptives are socially unpopular, and abortion is illegal. These political and cultural realities increase the risks associated with sexual activity, in terms of uninformed partners, increased risk of contracting STIs, and a higher likelihood of pregnancy. Due to insufficient sex education at home and in schools, poor access to and stigma against contraception, and no options for legal or safe abortion, sex often results in pregnancy and childbirth.

Parents rarely discuss sex with their children, and if they do the details are often inaccurate or vague. Interviewees related the sex education they received from their parents or teachers:

> *"I got my first menses in 1986. I was very disturbed. I was told that I would get pregnant if I went close to boys."*[91]

[89] In section 297 of the Cameroon Penal Code, which addresses sentences for perpetrators of rape, "the law allows that there be no offence considered where marriage is freely consented between the rapist and the victim where the victim is over puberty at the time of commission of the offence." In practice, this translates such that if the man offers to marry the woman, her case is effectively undermined. Source: Patience Siri Akenji, "Constraints in Seeking Justice for Rape Victims in Cameroon: A Situation Analysis at the Ministry of Justice and the Bamenda High Court" (GTZ, August 2009), 9.

[90] Christraud M. Geary, "On Legal Change in Cameroon; Women, Marriage, and Bridewalth" (African Studies Center: Working Papers, Boston University, 1986).

[91] Author's interview with a 38-year-old teacher in Bafut (August 2011).

> *"…[W]e had a subject in school called "mother's craft" that we took in our last level, we were 10 or 11. I remember they were talking about signs of pregnancy. They said your breasts get bigger and your period stops. Immediately when you start menstruation, you must stop having any contact with men. But we understood this to mean that when you are menstruating, you should not have sexual relations."*[92]

Similarly, I spoke with two 18-year old girls in Bafut, who explained that their mothers told them that they "should not be talking to boys when menstruating." I asked them if that meant that other times of the month are okay to be near boys, and they both said, "yes."

In Cameroon, chastity and virginity are highly valued, and both sex and puberty are taboo topics of conversation. These values may reinforce the social norms that foster the practice of breast flattening, since women strive to protect their daughters from becoming "ruined" or "spoiled" but feel unable to provide girls with information that might help them make reasoned decisions about sex. One Cameroonian woman, a lawyer working in Bamenda, said:

> *"I was angry at my own mother for never talking to me about sex. But as a Christian mother, I feel that I cannot [talk to my own daughters about sex]. The Catholic Church is against birth control. We believe in complete abstinence. If I tell [my daughter] about her menstrual cycle, it's like saying that it is okay to have sex. So instead, I just let her be God fearing and watch her very well."*[93]

Many girls and women expressed that they could never speak with their parents about sex. Omer Songwe, who works at a youth empowerment initiative, explained that when parents "educate" their children, they simply tell them to "come home early" and "don't get close to boys."[94] Sex education in schools is improving, but without a trustworthy source of correct information, children are apt to internalize incorrect details.

Many parents delegate sex education to the public school system. Sex education in public schools has improved significantly over the past decade, but quality is still inconsistent. Although the topics of "HIV/AIDS, "STIs" and "sex education" are included in the Cameroon's National Syllabus for Primary Schools,[95] there are no details on what material must be taught. While some teachers take lessons seriously, others are as shy as children's parents to discuss sex education.[96] Many women learn about sex from personal experience. One woman I spoke with told me about her first sexual experience:

> *"A few months [after the encounter], I felt totally different—I didn't even want to see my lotion sometimes, or food would make me nauseous. I hadn't menstruated in three months. So my friend asked me to take a pregnancy test, and I said okay. When I went, the woman told me I was pregnant, and I said, 'But I haven't done anything that could make me pregnant.'"*[97]

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[92] Author's interview with the Executive Secretary of RENATA (June 2011).
[93] Author's interview with a 43-year-old woman lawyer in Bamenda (August 2011).
[94] Author's interview, Omer Songwe, Youth Outreach Manager, Bamenda (August 2011).
[95] Ministry of Education, "Cameroon's National Syllabus for English Speaking Primary Schools" (Cameroon, 2000).
[96] Author's interview with Omer Songwe, Youth Outreach Manager, Bamenda (August 2011).
[97] Interview with an "Auntie" from RENATA in the suburbs of Bamenda (August 2011).

Many of the women I spoke with related similar experiences, demonstrating that sex education is either insufficient or provided too late to benefit many Cameroonians.

In Cameroon, contraceptives, particularly condoms, are socially unpopular, resulting in unprotected sex and increased incidence of pregnancy. Although 90% of women know about contraceptives, only 26% of married women use a form of birth control and only 13% use modern methods.[98] Less than 50% of people between 15 and 24 use condoms with non-regular sexual partners.[99] Condom use may be uncommon because imbalanced power dynamics between males and females cause Cameroonian females to acquiesce to male's requests. Eva Fernandez Ortiz, who conducted research on breast flattening in Yaoundé, found that youth view contraceptives as an indication that the partners do not trust each other, and see them as unnecessary with a long-term partner.[100] Ortiz refers to a quotation from a South African teenage girl about condom use: "If a boy wants to use a condom a girl will say this is because he disrespects her – because he wants to use 'a plastic.'"[101] Although no one I spoke to indicated that barriers represented a lack of trust, some did express the view that they prefer using natural planning, and that only "sexually hot" women who cannot control their sexual desire or that of their partner, need contraceptives.[102]

Abortion is illegal and punishable with up to five years in prison and a fine of approximately US$4,200 for the abortionist and one year in prison for the female herself.[103] Sylvie Schuster reports that abortions are illegal in Cameroon unless the female's life is at risk or in the case of rape. The onus is on the girl or woman to prove her right to an abortion. The law reads:

> *"The doctor shall obtain the opinion of two experts each chosen respectively from legal experts and members of the National Council of Medical Practitioners. The latter shall testify in writing that the life of the mother can only be safeguarded by means of the intervention. The protocol of consultation shall be made in 3 copies one of which shall be handed to the patient and the other two to the consultant physician and legal expert. Besides, a protocol of the decision taken shall be sent by registered mail to the chairperson of the National Council of Medical Practitioners."*[104]

Although abortion is almost never prosecuted, given that many rural health clinics are "off the grid" without access to legal practitioners or members of the National Council of Medical Practitioners, let alone faxes, Internet, photocopy machines, or computers, this law effectively precludes all females, even those with legal justifications, from seeking medicalized abortions.[105] Alternative options are often dangerous for the health of the mother. Ortiz interviewed a

[98] Ortiz, "Why Breast Ironing? Reasons behind this Cameroonian female mutilation," 13. citing DHS survey 2004.
[99] Ibid., 14. citing Abbasi, S. 2009. "Preventing HIV with young people: the key to tackling the epidemic." UNICEF [Online].
[100] Ibid., 26.
[101] Ibid., 14. citing Campbell, C. 2003. "Letting them die: why HIV/AIDS intervention programmes fail." Oxford: International African Institute.
[102] Author's interview with a 26-year-old unwed mother, Bafut, Cameroon (August 2011).
[103] Sylvie Schuster, "Women's Experiences of the Abortion Law in Cameroon: 'What Really Matters'," *Reproductive Health Matters* 18, no. 35 (2010): 137.
[104] Ibid., 137–138.
[105] Ibid., 137.

gynecologist who reported that botched procedures result in intestinal perforations and life-threatening hemorrhaging.[106] The risk of internal hemorrhaging is well known. Other women reported, "If you get an abortion, you might be just sitting there next to me, and then the next moment you will start bleeding."[107] Additionally, religious beliefs cause the procedure to be viewed as murder of the fetus, catalyzing a strong cultural incentive not to abort. These social norms create an environment in which girls and women have little agency or control over when or under what circumstances they will become a mother.

C. Unequal Power Relations between Girls and Men

Both age and gender dynamics place girls at a disadvantage when interacting with or negotiating with men. In practice, this means that often girls acquiesce to men's persistent and aggressive propositions. Breasts signal physical and sexual maturity, and therefore, a girl who is well developed is more likely to attract sexual attention from men. Many Cameroonian men believe that when a girl is physically mature, she is "ripe" for sex. Additionally, because many people believe that breasts grow to reflect a girl's psychological interests, some feel that a large chested girl is "asking for it," just as some in the western world argue that a girl wearing a short skirt is seeking sexual attention.[108] In this context, men feel entitled to aggressively pursue any physically mature woman, regardless of her age or personal wishes, and it is her responsibility to refuse his amorous approaches. One journalist who I interviewed explained:

> *"…for mothers there is the perception that we should delay the development of girls as much as possible, believing that physical development shows maturity. Men look at girls and talk amongst themselves and say, "she's ripe for sex." They are not looking for marriage prospects. Full-grown men and young boys—they are all the same. Men are aggressive. In pidgin, they say "she got get done big," meaning, she's matured and ready for sex. I can go after her now. Women, on the other hand, know that their daughters are just kids."*[109]

There is an implicit understanding that girls at young ages often have relations with older boys and men as the men's consistent advances wear down their resistance. Financial and emotional perks are additional incentives to accept the advances of a boyfriend.[110] However, early pregnancy is proof of errant behavior, demonstrating that a girl has not been brought up correctly

[106] Ortiz, "Why Breast Ironing? Reasons behind this Cameroonian female mutilation," 26.
[107] Author's interview with 26-year old female youth leader in Bafut, Cameroon (August 2011).
[108] I spoke with three men, two of whom work as traditional healers in the Bafut community. They explained that "a girl who has large breasts is thought of as free, or bad, that is, she lets men touch her breasts and she is promiscuous. In this case, if she is raped, no one has sympathy for her because she has gained this reputation as a free girl because of her developed body." Source: Author's interviews with traditional healers (August 2011).
[109] Author's interview with Randy Joe Sa'ah, free-lance journalist for BBC in Yaoundé, Cameroon (August 2011).
[110] I interviewed an 18-year-old girl in Bafut who explained to me that her mother told her that 18 was an okay time to have a boyfriend, but she ought to chose one. She has a boyfriend now in Yaoundé, and she said that "He provides me some small money for things that I need, or things for myself." Another woman, a 38-year-old teacher in lower Bafut told me, "When I was small I used to laugh when I saw girls and boys standing next to each other. But then I got to that age and I liked the attention. The thing is, you can have friends, but you cannot have sex before marriage." Author's interview (August 2011).

and is not receiving sufficient oversight.[111] If one daughter gains this reputation, it can destroy her entire family's reputation, as discussed below.

Rape is also a significant concern for girls in Cameroon. A 2009 report from GIZ found that reported rates of rape have increased steadily since 1970, with the average age of rape victims at 15-years.[112] Another study found that 30% of males and 37% of females reported that their first sexual experience was not voluntary.[113] However, sexual abuse and rape are rarely prosecuted in Cameroon, and only one in 20 accused male rapists is convicted, demonstrating that cultural perception places the onus of sex and any subsequent emotional and physical costs on females.[114] Both a parent's inability to raise pious daughter and a daughter's delinquent behavior disgraces a family. One 45-year-old woman explained that for females, promiscuity engenders a loss of respect.

> *"As for fears, we fear that if a girl doesn't get married and becomes pregnant in her father's home, she will lose respect. If you get married first, you have respect. That's a 'good girl.' But in the case of poverty, girls have to go looking for a boy to give her something. It does not mean she is so bad."*[115]

The high likelihood of premarital sex and resulting pregnancy and childbirth is a cause of great concern for parents, as it limits future opportunities for their daughters. This concern has intensified as Cameroonian society has modernized in certain respects, improving access to education for girls and raising the age of marriage. Ndonko posited that breast flattening arose as a phenomenon to address a new social norm as many girls are no longer married as teenagers.[116] At the same time, they are expected to go to school, work on the farm, go to the market, or perform other daily activities outside the watchful gaze of parents or guardians, which increases their vulnerability to the advances of older boys and men. Additionally, the pressures for older girls and women to become independent continue to mount as western values permeate society. Girls and women are increasingly expected to become educated, secure a job, and be able to support themselves without the assistance of a man. When asked what one thing is most important for Cameroonian girls, a number of women aged 25 to 38, emphasized independence from men:

> *"If I could give one thing to Cameroonian girls, it would be independence from parents and boyfriends, and from peer pressure. I would let all Cameroonian girls know who they are."*[117]

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[111] I asked many of my interviewees what their parents want the community to identify or know about them, or for parents, what they wanted the community to identify about their children. Many mentioned piety, good behavior, and "staying in the house" as priorities. Therefore a "correctly raised" child would not become pregnant out of wedlock, and doing so demonstrates a parent's inability to raise a child well.

[112] Ndonko and Taku, *"Aunties" for Sexual Health and Non-violence: How Unwed Young Mothers Can Become Advocates, Teachers and Counsellors in Cameroon*, 25.

[113] Mburano Rwenge, "Sexual Risk Behaviors Among Young People in Bamenda, Cameroon," *International Family Planning Perspectives* 26, no. 3 (September 2000): 118.

[114] Ndonko and Taku, *"Aunties" for Sexual Health and Non-violence: How Unwed Young Mothers Can Become Advocates, Teachers and Counsellors in Cameroon*, 25.

[115] Although this was the case in the interviews I conducted, I have also heard that if a woman is older and unmarried and without a child, men will fear that she is infertile, and thus she will be a less desirable marriage prospect. Author's interviews, Yaoundé and Washington, D.C. (June 2011).

[116] Author's interview with Dr. Flavien Ndonko, Yaoundé (June 2011).

[117] Author's interview with 25-year-old woman legal assistant, Bamenda (August 2011).

> *"If I could give girls anything, I would give them self-confidence and the ability to know that it is not a man that makes you. You have to make it by yourself."*[118]

> *"If I could give one thing to all girl children, I would give them education, because education will enable them to make decisions for themselves in the future."*[119]

Others emphasized the importance of education: of 29 interviewees who were asked what they would give to all girls or children in Cameroon, if they could give anything, 17 responded, "education." The remaining responses focused on career opportunities or direct transfers of money, highlighting the underlying intention: to give girls and women agency and empower them to change their own lives for the better. This hope is becoming a reality: school attendance has increased for girls nationwide by an estimated 20% between 1990 and 2005 and in some regions, girls are now attending school in near equal numbers as boys.[120] However, this emphasis on women's empowerment and self-sufficiency has not been matched with increased dialogue about sexual or reproductive health, education about human biology and puberty, or respect for girls and women's rights and agency.

If a girl or woman has had a child out of wedlock, her future options for both education and marriage become limited. Early pregnancy and childbirth can cause girls to drop out of school, both because of the stigma of pregnancy out of wedlock, and preparation for childbirth and motherhood. Although some girls manage to return to school after their child is born, many never do.[121] Children require care and are also a financial investment that can usurp limited finances previously spent on school fees and books. One official at the Ministry of Basic Education in Bamessing, Cameroon, stated that of female school dropouts, 65% can be attributed to early pregnancy.[122] Additionally, early pregnancy often precludes future marriage. Although many men I talked with empathized with the plight of female who give birth out of wedlock, when asked if they themselves would marry a female who already had a child, male interviewees responded resoundingly in the negative.

> *"[I do not want] someone who has had many men, or is a "local star." You carry disgrace in your head if you marry a woman who has been with many men, like you're getting married to a bitch. You want to be sure you know who she really is. I would never consider marrying a girl who had a child by a different man."*[123]

The damage to one girl's reputation can hurt the prospects of other girls in the family. One man explained that when looking for a bride, it is essential to first "ask around about the wife, and people will say what they have heard about the girl and her family."[124] Sometimes, men adhere

[118] Author's interview with 27-year-old woman lawyer, Bamenda (August 2011).
[119] Author's interview with 38-year-old woman teacher, Bafut (August 2011).
[120] School enrollment figures show roughly the same number of girls as boys enrolled in school across the Northwest region of Cameroon. Source: Author's interview with Delegate at the Ministry of Primary Education, Ndop (July 2011), and "Education Statistics: Cameroon" (UNICEF, Division of Policy and Practice, Statistics and Monitoring Section, May 2008), 1, www.childinfo.org/files/WCAR_Cameroon.pdf.
[121] Ortiz, "Why Breast Ironing? Reasons behind this Cameroonian female mutilation."
[122] Author's interview with Delegate at the Ministry of Basic Education, Ndop (July 2011).
[123] Author's interview with a 21-year-old man, Ndop (August 2011).
[124] Author's interview with a 51-year-old male traditional healer, Bafut (August 2011).

to a traditional value to support any illegitimate children, occasionally even marrying the woman years later, perhaps after fathering a few more children out of wedlock.[125]

This leaves mothers with few choices. Their first priority is to protect the virginity of their daughters both to ensure a good marriage and to allow girls to pursue education. Yet, they often cannot tell girls about sex because of cultural and religious taboos, they cannot prevent girls from meeting boys or hold boys accountable for the results of sexual activity, and they cannot provide girls with options for birth control or abortion. In communities that traditionally practice FGC, a girl's future success depends on a good marriage, the likelihood of which is dramatically improved by signaling chastity via the socially accepted signal of FGC. In communities that practice breast flattening, a girl's future success depends on both a good marriage and achieving a certain level of education, the likelihood of which is dramatically improved by delaying sexual activity via a signal of breast flattening. Therefore, mothers seeking to protect the interests of their daughters continue flattening breasts, hoping to prevent boys and men from pursuing the girl, and incentivize girls to reject attention from boys and men. Although women know they are causing physical pain to their daughters, breast flattening seems like the best viable option. One woman told me:

> *"When my [great] aunt was doing this to her daughters, they would always cry because it was so painful. She had to massage very hard. My aunt would cry too while she did it because she hated to see her daughters in such pain."*[126]

In this analysis, breast flattening addresses an indirect cause of early pregnancy and childbearing, but it is one of the few factors that women have control over in the current situation. Therefore, breast flattening can be understood as a way for mothers and caretakers to attempt to enhance and to promote the girl child's future success and that of her family, as well as options for education and a better marriage. While the practice is harmful, the mothers' and caretakers' intentions are to protect their girls.

D. Understandings of Human Developmental Stages and Puberty

While the average age of marriage has increased, the age of maturation has decreased. Cameroonian girls now begin puberty on average two years earlier than in 1925. Doctors credit this change to improved nutrition and health.[127] In urban areas onset of puberty is on average one year earlier than in rural areas, again credited to improved health conditions and nutrition.[128] Further, many girls and women feel ashamed or embarrassed at the prospect of going through puberty, and there is little preparation for the changes a girl should expect. The GIZ study found that approximately 33% of respondents felt angry, ashamed, and embarrassed about breast development. This sentiment was reflected in my interviews, where women reported trying to conceal their developing breasts by hunching their shoulders forward or wearing baggy clothes and extra layers. Mothers, noticing these changes, may choose to flatten their daughter's breasts out of concern for the negative social, physical, or mental consequences that may ensue from abnormally early breast development.

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[125] Two women out of five who had children before marriage reported that they expect to marry or have married the father of the children. Author's interviews (June, July and August 2011).
[126] Author's interview, teacher in Bafut, Cameroon (August 2011).
[127] Ndonko and Ngo'o, "Etude sur le modelage des seins au Cameroun."
[128] Pasquet et al., "Age at Menarche and Urbanization in Cameroon: Current Status and Secular Trends," 89.

Many interviewees also expressed that girls are teased when they start to develop breasts, especially if they develop earlier than their peers. One teacher related that a girl student came to her crying because a boy had said he would marry her because she was grown. The same woman said that she was driven to practice breast flattening on herself when she was growing up, after changing in front of a friend who noticed her "little guavas."[129] Two other women explained:

> *"In my primary school, I used to see big girls with breasts [laughter]. I thought, how can they play? They must be heavy. When I started having breasts, it was disgusting, I just wanted them to go away. My mother never proposed breast ironing, but if she had, I would have readily accepted."*[130]

> *"Sometimes the girls do breast ironing. They do it when they realize that the girls of their age are still flat chested. Some will do breast ironing when their friends are making a mockery of them."*[131]

Another woman described her fear that boys would poke and pinch her breasts when they developed.

> *"My mother explained it by saying that it was the best thing for me, and she did it to keep men from desiring me, to keep them from grabbing my breasts [at this point, she made rapid and fierce gestures, grabbing and pinching], or to keep girls from teasing her. I did have general fears that if I had large or developing breasts, the things my mother warned against would happen to me. I especially feared being teased by girls."*[132]

In such cases, breast flattening is practiced not just for fear that boys will start pursuing the girls but also to prevent girls from standing out from their peer group and suffering from bullying and teasing.

V. BARRIERS TO CHANGE

The previous section highlights how evolving social conditions that create new vulnerabilities for girls and women that require new forms of protection, outside parental oversight and marriage. Additional barriers to changing the practice of breast flattening include "belief traps," and limited alternative options.

A. Existence of "Belief Traps" and Traditional Practices

A number of belief traps, *i.e.* "belief[s] that cannot be revised because the believed costs of testing the belief are too high,"[133] have developed to support the practice of breast flattening. For example, women cite the belief that when a girl grows breasts, she will stop growing

[129] Author's interview with a 38-year-old teacher in Bafut (August 2011).
[130] Author's interview with a 29-year-old woman in Yaoundé (June 2011).
[131] Author's interview with Nathalia Ngende, Plan employee (June 2011).
[132] Author's interview with 25-year-old woman in Yaoundé (June 2011).
[133] Gerry Mackie, "Ending Footbinding and Infibulation: A Convention Account," *American Sociological Review* 61, no. 6 (December 1996): 1009.

taller,[134] or that if breasts are not controlled they will grow in haphazardly to disproportionately large sizes.[135] Others believe that if the breasts are sensitive or "paining" when they "come out," it means that the development has started too early. Thus, the flattening is performed as a treatment, with the belief that when they develop later it will be the right time and it will not hurt. Surprisingly common, too, is the belief that a girl's body develops in accordance with external factors. Of 52 interviewees, six expressed the belief that a girl's breasts grow if a man touches them, while four others believed that a girl's breasts will grow if she is interested in sex, watches pornography, or goes to nightclubs.[136] These beliefs were held even by some of the most highly educated individuals with whom I spoke, including employees of development NGOs, teachers, a representative from the Ministry of Social Affairs, and a prominent journalist, each quoted below:

> *"People who have breasts are people who have allowed boys to touch them. When you see someone with breasts, it means that men are already touching them. Women flatten breasts to prove to people that they aren't letting men touch them. Some mothers say to their daughters, 'don't let any men touch you because it will make your breasts grow.'"*[137]

> *"If a girl is interested in sex and thinks about it a lot, she will develop faster. I saw two girls of 12 years, one of whom was very developed physically and the other was not. The one who was developed could speak very frankly about sex, showing that she was knowledgeable from some experience, while the other girl was very naive and shy."*[138]

> *"The body responds to psychological ideas. If a girl looks for a "friend," her breasts will grow faster. If she is interested in boys or watches pornography, her body will develop faster."*[139]

> *"Until about a year ago, I believed that when a girl is interested in sex, watches porn, or lets boys touch their breasts, her breasts will grow larger. I think my mother must believe this. My ideas changed when I saw my own friends—I knew they were virgins, but they had large breasts. Also when my own breasts got bigger, and it was not because a man was touching them."*[140]

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[134] Author's interviews with Executive Secretary of RENATA in Yaoundé (June 2011); with 22-year-old employee of RENATA in Bamenda (August 2011); with Dr. Sinou Tchana in Yaoundé (August 2011) and Nguidjoï, "Analyse du Phenomene de 'Repassage des Seins' des Jeunes FIlles en Milieu Urbain: Cas de la Ville de Yaoundé."

[135] One woman who was attending a maternal health clinic with her daughter told me that she had flattened the breasts of her eldest daughter and the girl's breasts never grew back, so she can't recommend it. Instead, "For others who have the problem of children who have too large of breasts, I would recommend that they get the children breast wear. The breasts will continue growing and when they are just the right size, then start wearing something that is more fitting, because otherwise the breasts will just keep growing out into the space." Her story was accompanied with gesticulations indicating the outward growth of unsupported breasts. Author's interview, Bafut, (August 2011).

[136] Author's interviews (June, July and August 2011).

[137] Author's interview with a Plan Cameroon employee in Yaoundé (June 2011).

[138] Author's interview with a teacher in Bafut (August 2011).

[139] Author's interview with a delegate for the Ministry of Social Affairs (August 2011).

[140] Author's interview with a prominent journalist in Bamenda (August 2011).

A few others also believed that delaying the growth of breasts could delay the onset of puberty, including menstruation and psychological changes such as mood swings and an increasing desire for independence.[141] These misconceptions indicate that there is a place for framing harmful indigenous practices as health problems, although the actual problem has been incorrectly identified. The focus should be broad based education on human developmental biology, in terms of how, when, and why puberty occurs, physical development and maternal health, rather than a narrow lesson on the long-term negative health outcomes.[142]

B. Limited Access to Alternative Options

Many mothers worldwide see in their daughters the opportunity to do better, and strive to guide girls through the hazardous obstacle course of childhood and adolescence. In Cameroon, many mothers may be particularly sensitive to the risks that their daughters face in marriage, as most women experience domestic violence, many live in polygynous unions, and feel the strain of poverty. Cameroonian women are cognizant of the value of virginity and chastity in the long-term for family welfare, and for her daughter's welfare. For the family, a daughter's pre-marital sexual exploits can result in childbirth, which imposes a social cost of humiliation and shame, as well as an additional financial cost of raising a grandchild. For the daughter, motherhood has all the limiting ramifications previously discussed, *e.g.*, forcing a girl to leave school and limiting her ability to find work. Further, pre-marital affairs rarely result in marriage, and usually limit or preclude future options for marriage. A mother can see the benefits of delayed sexual activity for both her family and her daughter, and is thus incentivized to share these insights with her daughters, encouraging them to wait so as to maximize the payoff for her family and her individual children.

Girls, on the other hand, are eager to grow up. Particularly in resource poor environments, children have difficult childhoods. In Cameroon, corporal punishment is nearly ubiquitous and the concept of rights for children is recent. Children spend their time doing chores in the house, working on the farm, and going to school. Interviewees expressed to me that as children they faced punishments most frequently when they neglected household duties in favor of playing. The temptation of emotional and financial support from older men is persuasive and it is difficult to convince children that they should delay some aspects of grown-up behavior (sexual activities) while striving to achieve others (education and delayed gratification). Breast flattening therefore, serves as a signal from the mother to her daughter that the girl is not yet mature or independent enough to engage in sexual relations with men. One woman explained that for her, this was in fact the impact of experiencing breast flattening:

> *"When [breast flattening] happened to me, it was making me feel less feminine, and like I shouldn't be getting into this [sex and boys] now."*[143]

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[141] Author's interview with Ndonko and Ngo'o in Yaoundé (June 2011).

[142] This is also applicable to other practices in Cameroon, such as post-partum massage or "belly-ironing" whereby women use heated objects to massage and press the stomachs of women immediately after they have given birth so as to flatten the stomach. Other similar practices include a light massage of infant's heads during the first few weeks of life to correct any irregularities in shape, leg massage starting at the age of six months to help children walk and ensure that they will grow tall, or foot massage to correct arched feet. Source: Ngo'o, "Étude Anthropologique du 'Modelage des Seins' Chez les Bangangte," 25–30.

[143] Author's interview with 27-year-old lawyer, Bamenda (August 2011).

As discussed, mothers have an incentive to promote the image of a daughter's devotion to chastity to prevent men from aggressively targeting the child for sex. Therefore, many women explained to me that the prevalence of breast flattening will decrease as it becomes more acceptable and common for mothers to teach their children about sex. On the other hand, many women with whom I spoke commented that girls are increasingly promiscuous, hardheaded, and less respectful of authority. One woman who flattened the breasts of her daughter and niece explained:

> *"Times have changed. Now girls go around showing their skin off and dressing scandalously. Girls don't show as much respect to their parents. I want people to see that my children are well behaved and respectful. It is very difficult to control children, so you have to control them in the house. Breast flattening can help control them in the house."*[144]

This implies that there is an increasing need for a way to communicate the benefit of chastity before marriage in Cameroonian society.

VII. APPROACHES TO END THE PRACTICE

A. Advocacy Work by NGOs

Two NGOs in Cameroon, GIZ and RENATA, are currently advocating against breast flattening. GIZ supported a national study in 2005 that uncovered the basic facts that are now known about breast flattening, including prevalence rate by region, some common methods, the effected age groups, and proposed side effects. RENATA has subsequently included the issue of breast flattening in its educative sensitization workshops, which run for one week in both urban and rural centers across Cameroon and target teen-mothers. RENATA has held over 200 trainings, directly reaching over 1,000 girls. From preliminary research, it appears that the practice of breast flattening is decreasing thanks to sensitization campaigns, improved sex education in schools, and improved parent/child communication on puberty, sex, and male/female relations. Further, as girls learn more about their rights, they are increasingly likely to question the authority of anyone who attempts flatten their breasts.

RENATA's campaigns use the slogan "Do not iron breasts. They are a gift of God." This seems to have resonated with Cameroonians who I spoke with. Quotes from a 1) 30-year-old married woman; 2) an 18-year-old unmarried girl; and 3) a 25-year-old unmarried boy illustrate these convictions:

> *1) "Breast development is natural. It is God's will."*[145]

> *2) "When people are God fearing, they behave well, and enjoy their marriage. It is hard to cheat because it is against God's will to commit adultery… I would not advise someone to do breast flattening. God has not made a mistake. Breasts are gifts of God."*[146]

> *3) "Mothers do it because they are afraid that boys will start to chase girls. But this cannot work because girls that are still flat [chested] go out and are bad.*

[144] Author's interview with 52-year-old woman, Ndop (August 2011).
[145] Author's interview with a 30-year-old married woman in Bafut (August 2011).
[146] Author's interview with an 18-year-old unmarried woman in Bafut (August 2011).

> *You are what God makes you—that is your nature, and the size of a girl's breasts doesn't matter."*[147]

This message of the RENATA campaign seems to resonate with Cameroonians, as multiple interviewees mentioned the phrase in conversation.

B. Existing and Proposed Legal Instruments

Cameroon has ratified a number of international instruments to protect human rights, as well as the rights of women and children, including the Universal Declaration of Human Rights (1948), the World Health Organization's ("WHO") 1986 Ottawa Charter for Health Promotion, the 1988 United Nations Commission on Human Rights, the International Covenants on Civil and Political Rights and Economic, Social and Cultural Rights, and the African Charter on Human and Peoples' Rights. Additionally, a variety of other global and regional conventions form a legal structure that specifically protect the rights of women and children. The 1959 United Nations Convention on Rights of the Child ("CRC") states that governments should take measures to abolish "traditional practices prejudicial to the health of children," while the 1992 United Nations Convention on the Elimination of All Forms of Discrimination against Women ("CEDAW") "calls for an end both to gender discrimination in general and to social and cultural customs based on the idea of the inferiority or superiority of either of the sexes."[148] Cameroon has failed to pass national-level legislation that harmonizes local law and practices with international standards.

In terms of breast flattening, some groups have petitioned Cameroonian parliamentarians to implement "anti-discrimination legislation that proposes a 10-year prison sentence for those caught practicing [breast flattening]."[149] However, the practice has not yet been criminalized. Many government and non-governmental reports, including those by the U.S. Department of State and the United Nations General Assembly and the United Nations Economic Commission for Africa list breast flattening as a violation of women's and children's rights.[150] A 2007 BBC article by Randy Joe Sa'ah states that victims of breast flattening can seek legal protection, and that with evidence of physical damage confirmed by a medical practitioner, a perpetrator of breast flattening can be jailed for up to three years.[151] However, through my research and interviews, I have not found a single instance of legal intervention, detention, or arrest. The Penal Code, the only Cameroonian legal document that prescribes substantive punishments, gives various sentences for assault, none of which correspond to the three year sentence, but which range from a maximum of ten years for assault causing grievous harm to a minimum of

[147] Author's interview with a 25-year-old male youth group leader in Bafut (August 2011).
[148] Susan Hopkins, "A Discussion of the Legal Aspects of Female Genital Mutilation," *Journal of Advanced Nursing* 30, no. 4 (1999): 928..
[149] Rich, "Breast Ironing, a Painful Practice for Cameroon's Girls."
[150] Mukama and Domkam, *Breast Ironing in Cameroon: An Overview for Fair Fund*, 5.; U.S. Department of State, *2010 Human Rights Report: Cameroon*, 33.; United Nations, *Harmful Traditional Practices Against Women and Legislation* (Addis Ababa, Ethiopia: United Nations Economic Commission for Africa, May 25, 2009), 3.; Yakin Ertürk, *Report of the Special Rapporteur on Violence Against Women, Its Causes and Consequences* (United Nations General Assembly, January 17, 2007), 14.
[151] R.J. Sa'ah, "Cameroon Girls Battle 'Breast Ironing'," *BBC News* (Yaoundé, Cameroun, 2007), http://news.bbc.co.uk/2/hi/5107360.stm.

six days for assault causing slight harm.[152] Further, in a follow up interview with Sa'ah, he was unable to direct me to the legislation underpinning the three-year sentence and expressed personal doubt that legal action would be taken in this context.

The new recognition of rights for women and children is changing family dynamics as well. Traditional views require children to be obedient, and not to voice their feelings or opinions. Adults often think of children as incapable of reason, and thus parents and teachers use corporal punishment to correct behavior.[153] This power dynamic between mothers and daughters makes it extremely difficult, if not impossible, for a girl to refuse her mother's wishes or question the purpose of her mother's decisions. With concepts of youth empowerment, the status quo is beginning to change. Many women who I interviewed explained that breast flattening is less common now because if a mother tells her daughter to come into the kitchen and heat a stone, the girl will ask why. When the girl learns of the impending breast flattening, she will refuse, and increasingly, the mother listens.[154] This would have been unheard of even one generation ago.

VIII. CONCLUSIONS AND RECOMMENDATIONS

Breast flattening is a painful practice considered the norm for many women who experience it. However, unlike many other "harmful traditional practices" such as FGC, child marriage, and bridewealth, breast flattening is conducted with the intent to protect young girls from the risks and demands of adulthood, possible early sexual experiences, pregnancy or early marriage, and promote their future education and welfare. The practice strives to extend the years that girls can prepare for adulthood and marriage, allowing them to avoid early pregnancy, continue their education, and delay marriage, such that they may someday maximize their individual welfare through a good marriage and a successful career. These risks apply to all Cameroonian girls across different religious, ethnic, social, economic, and political groups, and this may be why, at least in part, the practice does not appear to follow any socio-economic, religious, ethnic, or regional pattern.

Given that those who are practicing breast flattening do so in an attempt to promote the well being of their girls, outright condemnation the practice or criminalization may not be constructive. Rather, to create sustainable and positive change, the situation calls for a three-pronged approach that first, raises awareness and public discussion of the practice; second, educates people on human biology and the futility of breast flattening; and third, addresses the

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[152] The penal code states: "*Section 279: Assault Occasioning Grievous Harm.* (1) Whoever by force or interference unintentionally causes to another the injuries described in section 277 of this Code shall be punished with imprisonment for from five to ten years and in a fit case with fine of from five thousand to five hundred thousand francs. (2) Where use is made of a weapon, of any explosive, corrosive or toxic substance, of poison, or of any act of witchcraft, magic or divination the imprisonment shall be from six to fifteen years. *Section 280: Simple Harm*. Whoever by force or interference causes intentionally or unintentionally to another any sickness or inability to work lasting more than thirty days shall be punished with imprisonment for from six months to five years or with fine of from five thousand to two hundred thousand francs, or with both such imprisonment and fine. *Section 281: Slight Harm*. Whoever by force or interference causes intentionally or unintentionally to another any sickness or inability to work lasting for more than eight days and up to thirty days shall be punished with imprisonment for from six days to two years or with fine of from five thousand to fifty thousand francs or with both such imprisonment and fine." *Cameroon Penal Code*, *Part III: Felonies and Misdemeanours Against Private Interest*, 1968, 223.

[153] There is an oft quoted saying in Cameroon "spare the rod and spoil the child," meaning that "children will only flourish if chastised, physically or otherwise, for any wrongdoing." Source: "Spare the Rod and Spoil the Child", n.d., http://www.phrases.org.uk/meanings/328950.html.

[154] Author's interviews (August 2011).

originating conditions of sexual exploitation of girls that cuts across economic, social, and regional divisions in Cameroon and West Africa. To address originating conditions, it will be necessary to empower girls and women by drawing attention to this practice and other challenges discussed above and broaden social services to address those challenges.

To further encourage the process of abandonment of breast flattening in Cameroon in the immediate future, it may be possible to largely build on the current approaches. Three specific recommendations include:

1. Conduct a second study on breast flattening to determine long-term medical impacts and current prevalence. This information can be used to create informed advocacy campaigns and further raise awareness on the practice. A regional study is also advisable, as this practice has been reported in West and Central Africa, including Guinea-Bissau, Chad, Togo, Benin, Guinea-Conakry,[155] Kenya, Zimbabwe, and South Africa.[156]

2. Support radio and TV educative adverts on breast flattening. This will help bring the issue to the attention of all Cameroonians, even those who do not have access to printed news sources. Adverts should provide accurate information about puberty and physical development, including the average age of breast development (12.25 years[157]), the causes of physical development (involuntary hormonal changes, as opposed to voluntary behavioral changes on the part of the girl), and the positive role that education plays in allowing girls to protect themselves as they grow.

3. Support a nationwide campaign to encourage dialogue between parents and children about responsible sexual activity, including family planning and the option to use contraceptives.

4. Support nationwide radio and TV advocacy adverts, directed at adult males, as well as the population generally, that explain a male's role and responsibility in creating early and unwanted pregnancies. Adverts should focus on girl children in their role as daughters and students, illustrating how educative and professional opportunities for Cameroonian girls are cut short when they become mothers and wives at young ages. This will help draw attention to the problem of early and unwanted pregnancies, and identify the responsibility for men to help change the situation.

To address the originating conditions of breast flattening, a longer-term approach is necessary, to address the new vulnerabilities deriving from changing marriage practices, limited or nonexistent female control of sexual reproductive rights, unequal power relations between girls and men, and limited understandings of human development stages and puberty. To do so, the Cameroonian government should take a number of steps:

1. Support a sex education module in public and private schools on the national curriculum. This course should include information on sex, pregnancy, health, and

[155] Ortiz, (2010).
[156] Personal interviews with community members in Bafut and Bamenda, Cameroon (August 2011).
[157] Ndonko, (2006).

consensual relationships. While sex education is included in school curriculum, it is patched together between biology classes and home economics. The high rate of teenage pregnancy and sexually transmitted diseases demonstrate that the sex education available in schools leaves something to be desired. A module specifically on sex education would help address this weakness.

2. Improve distribution and access to contraceptives. Many studies have been conducted that show that abstinence only teaching does not decrease rates of early pregnancy or STD/STI transmission, while availability and education on contraceptives does. This could be a step towards empowering women to control their future reproductive lives.

3. Improve access to legal protection, particularly for minors, for unwanted sexual advances including exploitation, incest, and rape. Girls in Cameroon are considered responsible for unwanted pregnancies, and in practice have little to no legal protection or recourse for violations on these fronts. Their complaints are not taken seriously, and as soon as they are violated, society refuses to take them seriously. Changing this standard would allow women a new level of independence to pursue better futures with confidence and courage.

4. Implement international treaties that protect the rights of children and women, including CEDAW and the CRC, at a national level.

For any approach to be effective, it is necessary to engage the entire community: men, women, and children, in both rural and urban centers. Moreover, it is necessary that efforts observe how changes impact individuals and groups, to ensure that changes are positive.

APPENDIX A

LIST OF INTERVIEWS CONDUCTED IN CAMEROON
June-August 2011

Individual or Small Group Interviews:

GENDER	AGE	LOCATION	OCCUPATION
Female	15	Ndop	Student
Female	15	Ndop	Student
Female	15	Bamenda	Student
Female	16	Ndop	Student
Male	17	Ndop	Student
Female	18	Bafut	Student
Female	18	Ndop	Student
Female	19	Bafut	Student
Male	21	Ndop	Plan Facilitator
Female	22	Bafut	Student/Auntie
Female	24	Bamenda	Legal assistant
Female	25	Bamenda	Legal assistant
Female	25	Yaoundé	Student
Male	25	Bafut	Student
Female	26	Bafut	Student
Male	26	Ndop	Plan Facilitator
Female	27	Bamenda	Lawyer
Male	28	Bafut	Entrepreneur
Female	30	Yaoundé	Journalist
Female	30	Bafut	Farmer
Female	30	Bafut	Entrepreneur
Female	32	Bafut	Farmer
Female	33	Bafut	Teacher
Female	38	Bafut	Farmer
Female	38	Bafut	Farmer
Female	38	Bafut	Farmer
Female	38	Bafut	Teacher
Female	38	Bafut	Teacher
Female	38	Bamenda	Entrepreneur
Male	40	Bafut	Driver
Male	40	Bamessing	Traditional healer/ bike driver
Female	41	Bafut	Delegate at Ministry of Social Affairs
Female	42	Bafut	Leader of women's group

GENDER	AGE	LOCATION	OCCUPATION

Female	43	Bamenda	Lawyer
Female	45	Bafut	Leader of women's group
Female	45	Bafut	Fon's wife
Female	45	Bamessing	Nurse
Male	45	Bafut	Doctor
Male	51	Bafut	Traditional healer
Female	52	Ndop	Retired nurse
Female	52	Bafut	Farmer
Female	52	Bafut	Religious leader
Female	53	Bafut	--
Male	60	Bafut	Customary Court Clerk
Female	65	Bafut	Retired
Female	65	Bafut	Retired
Female	70	Bafut	Retired
Male	70	Bafut	Retired teacher
Male	75	Bafut	Technical advisor to Traditional healer
Male	77	Bafut	Traditional leader
Female	79	Bafut	Retired farmer

Group Interview:

GROUP NAME	**AGE**	**LOCATION**	**ATTENDANCE**
Women of Manka'a	30-50 years old	Manka'a, Bafut	13 women

Interviews with key informants:

NAME	**ORGANIZATION**	**LOCATION**	**OCCUPATION**
Flavian Ndonko	GIZ	Yaoundé	Director of GIZ's HIV/AIDS program
Germaine Ngo'o	GIZ	Yaoundé	Student/researcher
Haliuma Mohamadou	Government	Yaoundé	GoC Administrator
Nathalia Ngende	Plan	Yaoundé	Plan Cameroon Child Rights Advisor
Georgette Taku	RENATA	Yaoundé	Executive Secretary of RENATA
Omer Songwe	Independent	Bamenda	Activist/Youth Empowerment Initiative
Sinou Tchana	Independent	Yaoundé	Doctor
Randy Joe Sa'ah	BBC	Yaoundé	Journalist
Alain Nguidjoï	Government	Ndop	Delegate for Ministry of Youth Affairs
Eva Fernandez Ortiz	Independent	Via Skype	Student/researcher
Constance (Commy) Mussa	Association Camerounaise pour le Marketing Social, Bamenda	Bamenda	Journalist

APPENDIX B: INTERVIEW GUIDE

Presentation of herself
- Family (children, spouse, polygamous union?)
- Profession
- Role in community
- Education (level)
- Age
- Religion (practicing?)

View on community group
- View about the community
- View about the culture
- Group's achievements
- Group's remaining/future goals

Girl's Experience in Bafut
- Going through puberty (grows tall, develops hips and breasts...)
- Expectations for girls (school, family)
- Hopes, fears, and challenges
- Relationships (with parents, siblings, male and female friends)
- If you could give one thing to all girls in Bafut community, what would it be?

Puberty
- Age/experience developing (breasts)
- Age/experience of first menstruation
- Age of first child

Sex education
- Knowledge about sex
- Age of knowledge
- Family communication (her own, and with her children)

Breast flattening
- Knowledge (first, current, medias?)
- Method/description (instruments, duration (each time/how many weeks), times per day, location, time of day)
- History/origins
- Tradition/culture? Family tradition?
- Those practicing it
- Causes
- Effects (long term, short term, psychological, physical, breast feeding)
- Opinions (does it work, is it good?)

Advice
- Early development
- Breast flattening