

# Skin Lightening amongst Jamaican Youth

The following questionnaire seeks to get information about the influencers or driving forces of skin lightening amongst Jamaican youth up to age 30 years. This questionnaire will be executed amongst youth who are currently practicing skin lightening in order to better understand their experiences, influences, and world view.

## I. General Information

1. For the record, what is your sex?
  - a. Male
  - b. Female
  
2. Which of the following age group do you belong to?
  - a. under 12 years
  - b. 12- 18 years
  - c. 19-24 years
  - d. 25- 30 years
  
3. Do you have dependents?
  - a. Yes
  - b. No
  
4. State your community and parish name? \_\_\_\_\_
  
5. In your own words tell me about your community?  
\_\_\_\_\_
  
6. Who is the head of your household? \_\_\_\_\_
  
7. Which parent or relative influences you the most? \_\_\_\_\_
  
8. Describe your father's role in your life? \_\_\_\_\_
  
9. Describe your mother's role in your life? \_\_\_\_\_
  
10. Do you attend school?
  - a. No (Go to Section III)
  - b. Yes

## II. School Influence on Skin Lightening

11. What type of school do you attend?
  - a. Primary
  - b. All-Age/ Junior High
  - c. High
  - d. Community College
  - e. Trade/ Vocational Training
  - f. University
  - g. Other \_\_\_\_\_

12. Which grade-level are you enrolled in?

- a. Seventh grade/ first form
- b. Eight grade/ Second form
- c. Ninth grade/ Third form
- d. Tenth grade/ Fourth form
- e. Other \_\_\_\_\_

13. Do you have routine classes with your Guidance Counsellor?

- a. Yes
- b. No

14. Do teachers, your Guidance Counsellor, or Principal talk with or counsel you about skin lightening?

- a. Yes
- b. No

15. Would you seek the advice of any other person at school if you are concerned about your own practice of skin lightening?

- a. Yes (who & why?) \_\_\_\_\_
- b. No (why?) \_\_\_\_\_

16. Are there other members of your class or school who lighten their skin?

- a. Yes (who?) \_\_\_\_\_
- b. No

### **III. *Household Influence on Skin Lightening***

17. Are there other members of your household who use skin-lightening products?

- a. Yes (who?) \_\_\_\_\_
- b. No

18. Would you seek the advice of any members of your household about your practice of skin lightening?

- a. Yes (who & why?) \_\_\_\_\_
- b. No (why?) \_\_\_\_\_

19. Do you think members of your family play an active role in encouraging your practice of skin lightening?

- a. Yes (explain) \_\_\_\_\_
- b. No

20. What role do other individuals or groups in your life play in influencing your practice of skin lightening?

	Encouraging	Discouraging
a. Community friends	<input type="checkbox"/>	<input type="checkbox"/>
b. School friends	<input type="checkbox"/>	<input type="checkbox"/>
c. Work friends	<input type="checkbox"/>	<input type="checkbox"/>
d. Intimate partner	<input type="checkbox"/>	<input type="checkbox"/>
e. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

#### IV. *Personal Choices and Decisions*

21. What were some of the things that influenced you lighten your skin?

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22. For how long have you been using skin lighteners? \_\_\_\_\_

23. Why do you continue to use skin-lightening products?

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24. Do you think you will ever stop using skin-lightening products at any time in the future?

- a. Yes (when) \_\_\_\_\_
- b. No
- c. Not certain

25. What are the names of the skin lighteners that you use?

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26. Where do you purchase skin lighteners?

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27. What are some of the differences that you experience now that you lighten your skin, compared to before?

**Positive**

**Negative**

_____	_____
_____	_____

28. Do you enjoy lightening your skin?

- a. Yes (why?) \_\_\_\_\_
- b. No (why?) \_\_\_\_\_

29. Would you encourage your friends or family members to use skin-lightening products?
- a. Yes
  - b. No
  - c. Not certain

30. Do feel pressured to lighten your skin?
- a. Yes
  - b. No
  - c. Somewhat
  - d. Don't know

31. What would motivate you to stop using skin lighteners?

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## ***V. Knowledge and Awareness of the impact of skin lighteners***

32. Do you know about any negative side effects of using skin lighteners?

- a. Yes (state side effects) \_\_\_\_\_
- b. No

33. What other information can you tell me about skin lightening?

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34. Do you know the names of the active ingredients in manufactured skin lightening products?

- a. Yes (state) \_\_\_\_\_
- b. No

35. Do you know the names of the active ingredients in home-made skin lighteners?

- a. Yes (state) \_\_\_\_\_
- b. No

36. Have you ever tried to get information about the effects/ impact of the use of skin lighteners?

- a. Yes (from where did you see such information from?)

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- b. No

37. If you could get more information about skin lightening and lighteners, what would you want to know?

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## VI. *Perceptions on the continuity of skin lightening*

38. Would it be a major concern to you if it was discovered that your younger 5 y-o brother or sister was lightening their skin?

a. Yes (why?) \_\_\_\_\_

b. No (why?) \_\_\_\_\_

i. What do you think your likely response would be to such information?

\_\_\_\_\_

39. What message do you have for children and youth who are considering lightening their skin?

\_\_\_\_\_

i. Is the message the same for males and females?

a. Yes (why?) \_\_\_\_\_

b. No (why?) \_\_\_\_\_

40. Have you ever considered or sought help to personally discontinue the practice of skin lightening?

a. Yes

b. No

41. What do you think is behind the popularity of skin lightening in Jamaica?

\_\_\_\_\_

42. Do you think there is an increase in children's (0-17 yrs) involvement in skin lightening?

a. Yes

b. No

c. Don't know

43. What do you think influences young males to lighten their skin?

\_\_\_\_\_

44. What do you think influences young females to lighten their skin?

\_\_\_\_\_

45. What do you think can be done to discourage the practice skin lightening amongst children, youth, and adults in the Jamaican society?

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