

# Awareness of The Health Risks Associated with Body Piercing and Tattooing Among Students of Abia State Polytechnics.

Ezejindu C. N<sup>1</sup>, Nwosu U.M<sup>1</sup>.

<sup>1</sup>Department of Public Health,  
Faculty of Health Sciences ( Clinical Medicine )

College of Medical and Health Sciences , Abia State University, Uturu, Abia State, Nigeria

**Abstract -** Body piercing, a form of body modification, is the practice of puncturing or cutting a part of the human body, creating an opening in which jewelry may be worn. This study was carried out to determine the awareness of health risks associated with body piercing and tattooing among students in Abia State Polytechnic. **Methods:** A structured questionnaire was used to obtain information from the target population. **Results:** This study showed that 316 (94.0%) of students are aware that tattoo/body piercing can constitute a health risk while 20 (6.0%) are not aware. 140 (41.7%) of the respondents noted HIV/AIDS as the health risk, 70 (20.8%) tetanus, 13 (3.9%) hepatitis, 33 (9.8%) pruritus while 80 (23.8%) skin injury as the health injury that can result from body piercing/tattooing. 120 (35.7%) have tattoo/body pierced while 216 (64.3%) neither tattooed/pierced. 8.3% of the respondents pierce their body and tattoo because they came from a tribe that accepts body art as part of their culture, 10.8% said they belong to a group/society that practice body art, majority of the respondents 41.6% stated that they pierce and tattoo for self-identity, 7.5% ticked that they pierce and tattoo for family/cultural identity, while 6.6% said is because their religion believes that piercing or tattoo cures some ailments and 25.0% pierce and tattoo to improve self-image/concept. However, because of lack of knowledge on the health risk of this act, the researcher suggested health education to include body modification education, workshops, seminars on health risk associated with body piercing and tattooing.

**Keywords -** Health Risks, Tatto, Skin Disease.

## I. INTRODUCTION

Body piercing, a form of body modification, is the practice of puncturing or cutting a part of the human body, creating an opening in which jewelry may be worn. The word piercing can refer to the act or practice of body piercing, or to an opening in the body created by this act or practice. Although the history of body piercing is obscured by popular misinformation and by a lack of scholarly reference, ample evidence exists to document that it has been practiced in various forms by both sexes since ancient times throughout the world (Currie *et al.*, 2006).

Body piercing and tattooing or skin art as it is commonly called seems to be the latest fashion trend worldwide

(Montgomery *et al.*, 2007). Some Studies showed that tattoo served a variety of purpose like distinguishing mark of a slave or a ruler, also in Prison Camps where complex languages were developed using tattoo as symbols, from there it progressed to modern body art which has become avenue for self-expression and a permanent sense of self-worth and Pride (Robert *et al.*, 2002).

The practice of body piercing has waxed and waned in Western culture, but it has experienced an increase of popularity since World War II, with sites other than the ears gaining subcultural popularity in the 1970s and spreading to mainstream in the 1990s (Bone *et al.*, 2008).

The reasons for piercing or not piercing are varied. Some people pierce for religious or spiritual reasons, while others pierce for self-expression, for aesthetic value, for sexual pleasure, to conform to their culture or to rebel against it. Some forms of piercing remain controversial, particularly when applied to youth. The display or placement of piercings has been restricted by schools, employers and religious groups. In spite of the controversy, some people have practiced extreme forms of body piercing, with Guinness bestowing World Records on individuals with hundreds and even thousands of permanent and temporary piercings (Meltzer, 2005).

Considering the widespread practice of tattooing and body piercing and increase number of potential complications associated to the practice, it is important to communicate its consumers the hazards and to seek medical help when complication arise during and after the practice. Use of needle and other piercing instruments allows mucocutaneous transmission of infection which ranges from local to systemic infections like toxic shock syndrome and bacteraemia, as well as life-threatening ones like septic arthritis, endocarditis, glomerulonephritis (Roberts *et al.*, 2002). Tetanus, cellulitis, keloid, bleeding, haematoma are other risk factors. Body piercing is an invasive procedure with some risks, including allergic reaction, infection, excessive scarring and unanticipated physical injuries, but such precautions as sanitary piercing

procedures and careful aftercare are emphasized to minimize the likelihood of encountering serious problems. The healing time required for a body piercing may vary widely according to placement, from as little as a month for some genital piercings to as much as two full years for the navel (Gay *et al.*, 2002).

As a result of these risk factors, health education should therefore be channelled towards enhancing the knowledge of tattoo and body piercing consumer on the risk factors.

**II. METHODOLOGY & RESEARCH DESIGN**

A descriptive survey was undertaken for this study which involves seeking answers to research questions through gathering of data. It was considered appropriate because the researcher used questionnaire for data collection.

**Target Population**

The target population for this study is a six department comprising of both male and female inclusive with the total population of about three hundred and sixty six.

**Method of data analysis**

The data collected were retrieved and were analysed using descriptive statistics and presented in tables and percentage.

**Reliability of Instrument**

A pilot study (pre-test) was conducted using 50 respondents from Abia State school of Health which was not among the intended population of the study. Acronbach's Alpha value of (0,867) indicates that instrument is reliable for the study

**Ethical consideration**

Approval to conduct the study was sought and obtained from the Director of research in Abia State Polytechnics. Before embarking upon this project, personal consent of the individuals interviewed were sought and obtained before administering the questionnaire. Data collected were held in strict confidence.

**III. RESULTS**

**Table 1: Demographic data of the respondents**

Demographic factors	Frequencies	Percentage (%)
<b>AGE:</b>		
15-20	40	12.0
21-25	206	61.3
26 & above	90	26.7
<b>SEX:</b>		
Male	240	71.4
Female	96	28.6
<b>TRIBE:</b>		
Ibo	306	91.1
Hausa	22	6.5
Yoruba	8	2.4
<b>RELIGION:</b>		
Christianity	326	97.0
Islam	6	1.8
Traditional Religion	4	1.2

Table 1: above shows that out of 336 respondents, 40 students (12.0%) have the ages between 15 and 20, 206 (61.3%) between 21 and 25 while 90 (26.7%) were 26 and above. Also 240 (71.4) were males while 96 (28.6) were females. 306 (91.1) were Ibo, 22 (6.5) were Hausa while 8 students (2.4%) were from Yoruba. 326 (97.0) were Christians, 6 (1.8%) were Islam while 4(1.2) were traditional religion.

**Table 2: Students Knowledge of Body Piercing and Tattooing**

VARIABLES	FREQUENCY	PERCENTAGE
<b>Have you heard about body piercing and tattooing.</b>		
Yes	316	94.0
No	20	6.0
<b>Responses on what body piercing and tattooing involve;</b>		
▪ Making cut into the skin and injecting dyes simultaneously	146	43.5
▪ Making drawing on the skin with ink	132	39.2
▪ Making hole on the skin and inserting a jewelry through the hole.	38	11.3
▪ Don't really know	20	6.0
<b>Do you think that this practice can constitute risk to health;</b>		
Yes	250	74.4

No	86	25.6
<b>Total responses of the respondent on why piercing and tattoo will constitute a health risk:</b>		
▪ The ink is poisonous	98	29.2
▪ The instrument may be unsterile	190	56.6
▪ The cut breaks the skin integrity.	48	14.2
<b>Responses on the health risk that may result from this practice:</b>		
▪ HIV/AIDS	140	41.7
▪ Tetanus	70	20.8
▪ Hepatitis	13	3.9
▪ Pruritus	33	9.8
▪ Skin injury	80	23.8
<b>Student source of information:</b>		
▪ Friends	80	23.8
▪ Internet	150	44.7
▪ Parents	36	10.7
▪ Mass media	70	20.8
▪ Health workers	0	0

The table 2 above shows that 316 (94.0) of the respondent have heard about body piercing and tattooing while 20 (6.0) have no knowledge of body piercing and tattooing. 146 (43.5) of the respondent stated that body piercing involves making cuts into the skin and injecting dyes simultaneously, 132 (39.2) responded that it involves making drawing in the skin with ink, 38 (11.3) said that it involves making a hole on the skin inserting a jewelry through the hole while 20 (6.0) don't have any knowledge of what is involve in piercing and tattooing.

250 (74.4%) stated that body piercing and tattooing can constitute health risk while 86 (25.6) do not know. Based on their knowledge on the health risk in body piercing and tattooing, 98 (29.2) of the respondent noted that the ink is poisonous, 190 (56.6%) said that the instrument maybe unsterile while 48 (14.2) stated that it is because the cut breaks the skin integrity. More so, from the complications that may arise from this practice, 140 (41.7) noted HIV/AIDSs, 70 (20.8%) tetanus, 13 (3.9) Hepatitis, 33 (9.8) purities, while 80 (23.3%) said skin injury. From students' source of information 80 (23.8%) of the student said friends, 150 (44.9%) internet, 36 (10.7%) saidparents while 70 students (20.5%)stated mass media as the source of their own information on piercing and tattooing.

**Table 3: Students Practise of Body Piercing and Tattooing**

Variables	Frequency	%
<b>Do you have tattoo on any part of your body pierced?</b>		
Yes	120	35.7
No	216	64.3

<b>Which part of the body did you tattoo?</b>		
▪ Face	10	8.3
▪ Forearm	80	66.7
▪ Anterior part of the body	22	18.3
▪ Posterior part of the body	8	6.7
<b>Which part of the body did you pierce?</b>		
▪ Earlobe	84	70.0
▪ Nose	14	11.7
▪ Navel	12	10.0
▪ Eyebrows	10	8.3

From the student with tattoo, 80 (66.7%) had on their forearm, 10 (8.3) on the face while 18 (22.3) were on the anterior part and 8 (6.7) were on the posterior part of their body. Also for the students that pierced their body 84 (70.0%) were on the earlobe (males only), 14 (11.7%) were on their nose, 12 (10.0%) were on their navel and 10 (8.3%) were on the eyebrow.

**Table 4: Students Reasons for Body Piercing and Tattooing?**

Variables	Frequency	Percentage
I come from a tribe that accepts piercingand tattooing as part of its culture	10	8.3
I belong to a group/society that	13	10.8

practicebody piercing/tattooing		
I pierce/tattooing for self-identify(to feel belonged)	50	41.6
I pierce/tattoo for family/cultural identity	9	7.5
My religion believes that piercing ortattooing cures some ailments	8	6.6
I pierce tattoo to improve self-image/concept	30	25.0

From table 4 above, it shows that 10 (8.3) of the respondent tattoo/pierce their body because they came from a tribe that accepts tattoo/body piercing as their culture, 13 (10.8) stated that they belong to a group in society that practice it, majority 50 (41.6) pierce or tattoo for self-identity, 9 (7.5) tattoo for family/cultural identity, while 8 (6.6) pierce or tattoo to improve self-image/concept and 30 (25.0) tattoo because their religion believes that it cures some ailments.

#### IV. DISCUSSION

This research was carried out to determine the awareness of health risks associated with body piercing and tattooing among students of Abia State Polytechnic Aba Abia State.

The result showed that 94.0% of the students were aware while 6.0% were not. 41.7% said that HIV/AIDs is the associated health risk in piercing and tattooing, 20.8% stated tetanus, 3.9% noted hepatitis, 9.8% said pruritus while 23.8% endorsed skin injury.

This result is in line with the findings of Armstrong (2006) on the awareness of health risks associated with body art which found that 80% of the respondents were aware of the health risks. It also conforms to the research of Quarenta *et al* (2011) who stated that 78.3% of the respondent's perceive it is risky to pierce or tattoo on your body. It also corresponds with the findings of Schorzman *et al* (2007) who reported that the students displayed a high level of awareness regards the potential health risks associated with body art. This findings also coincides with Daurah and Oleruwa (2009) in which only 19% of the students reported not having any knowledge about that health risks associated with body art while 61% knew bleeding as the complication, 13% have heard about the risk but have not experienced any while 7 % identified pain as the only complication.

From the result of the source of information by the students on the health risks associated with body piercing and tattooing, 23.8% said they got the information from their friends, 44.7% stated internet, while 10.7% said their parents, and 20.8% got theirs from mass media. This finding is in agreement with that of Tweed (2004) in his

study to determine the major sources of on complication of body art among 103 undergraduates attending school health clinic. His reported that 57% of the student got information, through mass media a while 28% were from tattooed friends.

Based on students practice of body piercing/tattooing result showed that of 316 (94.0%) students pierced and tattooed while 6.0% did not. This is in agreement with the findings of Galle *et al* (2011) on the body art practice among youths in Naples, Italy. The study showed that off 9,322 adolescents 33% were pierced and 11.3% were tattooed of 3,610 undergraduate 33% were pierced and 24.5% were tattooed.

From the result on the reasons why students pierce or tattoo showed that 8.3% pierce their body and tattoo because they came from a tribe that accepts body art as part of their culture, 10.8% said they belong to a group/society that practice body art, majority of the respondents 41.6% stated that they pierce and tattoo for self-identity, 7.5% ticked that they pierce and tattoo for family/cultural identity, while 6.6% said is because their religion believes that piercing or tattoo cures some ailments and 25.0% pierce and tattoo to improve self-image/concept.

This conforms to soy land Sweetman (2002) which studied the client who attended dermatology clinics for tattoo removal. Their findings revealed that 80% of the participant reported receiving body art impulsively, 40% receive body art to conform to cultural belief while 65% reported self-identity. It is also in line with Macconnelle (2009) who reported that 70% of the students acquire body art for the desire to project a certain image on others and enhance self-concept while 27% reported social acceptability as their motivation for body art. However consequences and/or complication that could arise are not considered by those that practice it.

#### V. CONCLUSION/RECOMMENDATION.

Majority of the students/respondent were aware that body piercing and tattooing constitute risks to health, It is therefore important for health workers especially Public Health workers to include body modification education in school health programmes, seminars and workshops. Health education should be organised in schools on the health risks associated with body piercing and tattooing. Also, Seminars and workshops should be organized to address this issue of piercing and tattooing and emphasising on the health risk associated with body piercing and tattooing.

#### REFERENCES

- [1] Armstrong, M.L. (2006). Awareness of Health Risk Related to Body Art/Modification among Adolescents in Texas

- University, United States of America. Retrieved January 11, 2012 from <http://www.nlm.nih.gov/medlineplus/piercing&tattooing/113>
- [2] Bone, Angie; Fortune Ncube; Tom Nichols; Norman D Noah (21 June 2008). "Body Piercing in England: a Survey of Piercing at Sites Other than Earlobe". *British Medical Journal*. 336 (7658): 1426–1428.
- [3] Currie-McGhee, Leanne K. (2006). *Tattoos and Body Piercing*. Lucent Overview Series. Lucent Books. p. 11.
- [4] Daurah, D.D. & Oleruwa, A. (2009). Incidence and Knowledge of Health Risks Associated with Body Piercing and Tattooing among Students of University of Ilorin, Kwara State, Nigeria. *Journal of Health Sciences*, 2009 5 (1): 25 -28.
- [5] Gay, Kathlyn; Whittington, Christine (2002). *Body Marks: Tattooing, Piercing, and Scarification. Women at War*. Twenty-First Century Books. ISBN 0-7613-2352-X.
- [6] Mcconnelle, S.O. (2009). Common Motivation to Acquiring Body Art among High School Students at Pittsburg. Retrieved November 18, 2011 from <http://www.nji.sagepub.com/content/10/bodyart/mo/refs>
- [7] Meltzer, Donna I. (15 November 2005). "Complications of Body Piercing". *American Family Physician*. **72** (10): 2029–2034. Retrieved 14 December 2009.
- [8] Montgomery, D.F. & Parks, D. (2007). Tattoos: Counseling the Adolescent. *J Pediatr Health Care* 2007. 151 (1): 14-19.
- [9] Quaranta, A. Napoli A. Fasano, F. & Montagna, C. (2011). Body Piercing and Tattoos: A Survey on Young Adults Knowledge of the Risks and Practices in Body Art. Retrieved September 15, 2011 from <http://www.biomedcentral.com/1471-2458/11/774>
- [10] Schorzman, C.M., Gold, M.A., Downs, J.S. & Murray, P.J. (2007). Attitude, Practice and Knowledge of Health Risks Associated with Body Art among Students at Students' Health Center, California University. Retrieved July 19, 2011 from <http://www.biomedcentral.com/1471-2458/11/774>