



Knowledge Regarding Tattooing and Body Piercing Among the Users at Thamel-29, Kathmandu

KEYWORDS

Knowledge, Tattooing, Body Piercing and Users

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ABSTRACT Tattoos and body piercing have become an acceptable form of body decoration among every age group and social classes. A descriptive research design was used to find out the knowledge regarding tattooing and body piercing. A total of 50 respondents having both the body tattooed and pierced present in Thamel-29, Kathmandu were selected using non-probability purposive sampling technique. A semi structured interview schedule was used to collect the data and was analyzed by using SPSS. The findings revealed that the respondents were adolescents and young adults among whom the majority (48%) had high knowledge, least (18%) had average knowledge and one third (34%) had low knowledge regarding Tattooing and Body Piercing. Statistically, there was significant association between the occupation and participation of the respondents in programs related to tattooing and body piercing with their knowledge score. Therefore, a need for adequate information on health risks associated with such practices should be targeted as adolescents and young adults health education program.

Introduction or background:

Body art is the latest buzz in fashion world. It is a visual language that communicates a person's status in the society, displays accomplishments, and encodes memories, desires and life histories¹. Body piercing and tattooing are amongst the ancient and widest types of body art². The other types include scarification, branding, scalping, full body tattoo and body painting³. Piercing involves making a hole in the skin so that one can insert jewellery. This is often in the earlobe, but can be in other parts of the body. Tattoos are designs on the skin made with needles and coloured ink. Tattoo is a type of permanent makeup⁴. The relationship between fashion and health is a complex one and sometimes it can act as the cause for illness⁵. Parallel with the increasing popularity of piercing and tattoos, the knowledge about associated complications rose. Complications depend substantially on the circumstances in which body modifications are applied, the materials used, and the body region concerned. Consequences may be as severe as life-threatening events or permanent malfunction of different organs⁶. Body art can pose risks of infection, exposure to blood borne pathogens and other allergic reactions to the pigments or antiseptics used⁷.

Need for the study:

Unless the needles are new, sterilized for each treatment and properly handled by the practitioner, instruments can be contaminated with the infected blood or bodily fluids of another person. Practitioners who do the tattooing and piercing are also at risk of becoming infected through accidental cuts and punctures. It is possible to transmit viral infections such as hepatitis B, hepatitis C, Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) and herpes, as well as bacterial skin infections such as Streptococcus and Staphylococcus⁸. The most common health problems from body piercing reported by participants from their personal experience were infection (10%). The most common health problems from body piercing reported by participants based on others' experiences were infection (74%), bleeding (30%), allergic reaction (26%), bruising (19%), and keloids (19%)⁹. Tattoos have been known to cause burns during MRI. Decorative

tattoos cause more problems, including swelling and erythema; there are reports of patients receiving second-degree burns on decorative tattoos that used a ferromagnetic pigment¹⁰. Thus, it is important to assess the knowledge of users and being a health care worker, it is the responsibility of nurse to be community oriented as well and try to explore the hidden facts which compromises and directly or indirectly affects the people's health.

Material and Methods:

Descriptive research design was used to identify the users' knowledge regarding tattooing and body piercing. A total of 50 samples were selected using non-probability purposive sampling technique. The research instrument was a semi-structured interview schedule consisting two parts. Part I Questions related to socio-demographic data and Part II Questions related to knowledge regarding tattooing and body piercing. The reliability of the research instrument was maintained through pretesting of the instrument on 10% of the sample population. Written informed consent was obtained from each respondent and a formal permission was obtained from the Kathmandu Metropolitan City office and the ward office of Thamel-29, Kathmandu. Privacy and anonymity was maintained by interviewing with each respondent separately and using code number for each respondent. All the collected data were analyzed by using SPSS in terms of descriptive and inferential statistics. The level of knowledge was categorized based on the median of knowledge score as cut-off point.

Results:

The analysis of the demographic variables revealed that the majority (48%) of the respondents belonged to the age group between 21-25 years and a maximum (88%) were male. Half (52%) of the respondents were educated till the bachelor level and more than half (64%) respondents were Newars in ethnicity. More than one third (34%) of the respondents were students and the majority (98%) had negative family history of tattooing and body piercing. A maximum (92%) of the respondents went through internet surfing to get information about tattooing and body piercing. A majority (80%) of the respondents had not par-

participated in any of the programs related to tattooing and body piercing whereas, a least (20%) of the respondents who participated had only gone to tattoo conventions and nearly half (44%) of the respondents were influenced to get tattooed in the memory of event/person.

The findings of the study revealed that majority (48%) of the respondents had high level of knowledge, nearly one third (34%) had low level of knowledge and the remaining one third (34%) had average level of knowledge regarding Tattooing and Body Piercing. The study also revealed that there was significant association between occupation and programs related to tattooing and body piercing with the level of knowledge of the respondents regarding tattooing and body piercing.

The respondents' level of knowledge regarding tattooing and body piercing and its association with different variables is shown in table 1 and table 2 below.

Discussion/Conclusion:

In the present study majority (48%) of the respondents were aged between 21-25 years. This finding is inconsistent with the findings by Cegolon, Miatto, Bortolotto, Benetton, Mazzaleni, and Mastrangelo (2010) titled "Body piercing and tattoo: awareness of health related risks among 4,277 Italian secondary school adolescents which revealed that 52% of the sample population having both tattooed and body pierced were <18 years age group.

Sixty percentage of the respondents knew that it is risky to undergo tattooing and body piercing. The findings of this study is supported by Quaranta, Napoli, Fasano, Montagna, Caggiano, and Montagna (2011) titled "Body piercing and tattoos: a survey on young adults' knowledge of the risks and practices in body art:" which revealed that 78.3% respondents knew it is risky to undergo piercing/tattooing practices.

Ninety-Six percentage of the respondents answered that the early effects of tattooing and body piercing may be bruising, 64.0% as allergy, 54.0% as bleeding and 10.0% as cyst formation. This finding is inconsistent with the findings in Schorzman et al. (2013) titled: "Body art attitudes and practices" which revealed that respondents estimated the chance of potential health risks as bruising 41%, allergic reaction 38%, bleeding 60% and cyst 24%.

Concerning the late effects of tattooing and body piercing 90.0% of the respondents answered may be keloid formation, 44.0% as hypertrophic scarring, 22.0% as cellulitis and 8.0% as fibrosis. This finding is inconsistent with the findings in Schorzman et al. (2013) titled: "Body art attitudes and practices" which revealed that respondents estimated the chance of potential health risks as keloids by 43%. Similarly, Galle et al. (2011) titled "Awareness of health risks related to body art practices among youth in Naples, Italy :a descriptive sample study" revealed that 59.2% of the sample declared non infectious diseases can occur after a tattoo or piercing, but only 5.4% of them correctly identified scars.

Concerning the possible transmission of blood born infections, 86.0 % of the respondents knew that there is risk of transmission of blood born infections through tattooing and body piercing. Among them cent percent answered HIV/AIDS, 88.37% answered Hepatitis C, 34.88% answered Tetanus and 18.60% answered Hepatitis B. The findings of this study is supported by Quaranta, Napoli, Fasano, Montagna,

Caggiano, and Montagna (2011) titled "Body piercing and tattoos: a survey on young adults' knowledge of the risks and practices in body art: " which revealed that AIDS was indicated as a possible infection by 60.3%, hepatitis C by 38.2% , tetanus by 34.3% and hepatitis B by 33.7%.

Seventy- two percentage of the respondents answered that the places and instruments used in tattooing and body piercing are always safe in terms of health and hygiene while 28.0% denied it. This finding is inconsistent with the findings in Quaranta, Napoli, Fasano, Montagna, Caggiano, and Montagna (2011) titled "Body piercing and tattoos: a survey on young adults' knowledge of the risks and practices in body art: " which revealed that 82.3% answered No, Only 7.1% answered Yes and remaining 10.6% answered don't know.

The results reveal that although many are knowledgeable about the health risks associated with tattooing and body piercing but then too some of the questions are unanswered and unknown. Therefore, a need for adequate information on health risks associated with such practices should be given through health education program targeting the adolescents and young adults since majority of the respondents were they.

Table 1: Respondents' Level of Knowledge Regarding Tattooing and Body piercing n=50

Level of Knowledge	Frequency	Percentage
High	24	48
Average	9	18
low	17	34

Table1 reveals that 48% of respondents had high level of knowledge, 18 % had low level of knowledge and remaining 34% had average level of knowledge regarding tattooing and body piercing. Average and low level of knowledge are merged together as low level of knowledge to see the significance of the study.

Table 2: Association between Respondents' Level of Knowledge and the Selected Variables n=50

Variables	Level of Knowledge		p-Value
	Low (%)	High (%)	
Educational status			
Pre University level	17(50.0)	17(50.0)	
University level	9 (56.2)	7 (43.8)	0.680
Participation in programs <i>f</i>			
Yes	2 (20.0)	8 (80.0)	
No	24 (60.0)	16 (40.0)	0.035*
Ethnic group <i>f</i>			
Upper class	4 (44.4)	5 (55.6)	
Lower class	22 (53.7)	19 (46.3)	0.721
Occupation <i>f</i>			
Tattoo Artist	1 (14.3)	6 (85.7)	
Others	25 (58.1)	18 (41.9)	0.045*

*Significance level at 0.05
x² is computed for p-value

f=Fisher's exact test

Table 2 reveals that there is a significant association between occupation and participation in programs related to tattooing and body piercing and the knowledge level of the respondents regarding tattooing and body piercing.

REFERENCE

1. Body Art. (2008). Retrieved on October 18, 2013 from http://www.naaptol.com/buy/fashion/fashion_accessories/body_art.html. | 2. The Art of Body Piercing. (2007). Retrieved on November 3, 2013 from <http://www.theoriginof.com/the-art-of-body-piercing.html> | 3. Body Piercing. Retrieved on November 12, 2013 from http://en.wikipedia.org/wiki/Body_piercing | 4. Piercing and Tattooing. (2011). Retrieved on September 2, 2013 from <http://nlm.nih.gov/medlineplus/piercingandtattoos.html> | 5. Valerie, S. (1st ed.). (2010). *The berg companion to fashion*. (pp. 313). NewYork:Berg Publishers. | 6. Kaatz, M., Elsner, P., & Bauer, A. (2008). *Body Modifying Concepts and Dermatologic Problems*. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/18280903> | 7. Peart, O. (2013). *Tattoos, Piercings and Health care Issues*. Continuing Education Home>Public Health. CE685. Retrieved from <http://ce.nurse.com> > Public Health | 8. Health risk of Tattooing and ear or body piercing. (2004).Retrieved on September 27, 2013 from <http://www.mediclanewstoday.com/releases/9584.php> | 9. Gold, M.A., Schorzman, C.M., Murray, P.J, Downs, J., & Tolentio, G. (2005). *Body piercing practices and attitudes*. *Journal of Adolescent Health*, 36(4), 17-24. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/15780791> | 10. Peart, O. (2013). *Tattoos, Piercings and Health care Issues*. Continuing Education Home>Public Health. CE685. Retrieved from <http://ce.nurse.com> > Public Health.