A STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE ON THE EFFECTS OF TATTOOING AND BODY PIERCING AMONG ADOLESCENTS IN COIMBATORE CITY

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1.1 INTRODUCTION:

Body art, including Tattooing and Body piercing have been prevalent for thousands of years in a variety of cultures. Tattoos have been found on a 5200-year-old Neolithic mummy, and body piercing was common during the Victorian era. Tattooing is described as the implantation of pigment in the skin. Body piercing is the practice of puncturing or cutting a part of the human body, creating an opening in which jewelry may be worn. Nowadays piercing and tattoos are common in all lifestyles and all strata of the society.

A tattoo is a puncture wound, made deep in the skin, that’s filled with ink. It’s made by penetrating the skin with needle and injecting ink into the area, usually creating some sort of design. The ink is injected into the dermis instead of epidermis. Tattooing can be done manually that is the tattoo artist would puncture the skin with a needle and inject the ink by hand. But nowadays a tattoo machine is used. A tattoo machine is a handheld electric instrument that uses a tube and a needle system. On one end is a needle, which is attached to tubes that contain ink. A switch is used to turn on the machine, which moves the needle in and out while driving the ink about 1/8 inch (about 3 millimeters) into your skin. A tattooing machine can puncture the skin 3,000 times a minute and every one of those thousands of punctures creates a hole 1/64 to 1/16th of an inch into the dermis that literally invites infection and disease.
Tattoo shop operators do not generally work in a clean environment, wear clean clothing, face masks, or sterile gloves. Even when some of them do use disposable instruments, just by talking and touching a variety of objects while actually doing a tattoo, practically guarantee contaminating their customers’ skin, which in essence has hundreds of tiny open wounds caused by the tattooing needles. There exists no or very little federal or state laws enforcing any serious sterilization regulations.

Since there is little regulation of tattoo artists, however, it is important to recognize that, as in any field, there may be unscrupulous or incompetent practitioners. Recently tattooing and piercing have gained increasing popularity worldwide, through all social classes and age groups. Unfortunately, with this higher demand, the number of unprofessional tattooists and piercers has increased creating more complications due to frequent procedures carried out without any knowledge of health and hygiene rules. The scientific literature shows a wide range of health consequences both infectious (e.g. HIV, HBV and HCV, mycobacterial infections, abscess, endocarditis, tetanus) and non-infectious (e.g. dermatitis, hemorrhage, allergies) because most tattoo pigments are derived from metals, and these metals may cause some people to have an allergic skin reaction.

1.2 STATEMENT OF THE PROBLEM:

Burning or swelling at the tattoo site, granulomas, or nodules of inflamed tissue, around the tattoo site. keloids, or overgrowths of scar tissue. bloodborne diseases, such as hepatitis B, hepatitis C, HIV, and tetanus (they can be contracted via contaminated, unsanitary needles)

Tattooing poses health risks because the process exposes to blood and body fluids. These bloodborne diseases include hepatitis B, hepatitis C, tetanus and HIV. Hepatitis can be transmitted with as little as 0.00004ml of blood and can live on blood contaminated surfaces such as needles, tattoo machine, tables etc. for over two months. Tattoos can cause chronic skin disorders such as sarcoid, keloid scarring, allergic dermatitis, photosensitivity reactions, and psoriasis. Many people experience infection and allergic reaction to tattoo ink. Health risks associated with piercings include infections, scar tissue, uncontrolled bleeding, swelling and draining wounds.
1.3 SCOPE OF THE STUDY

The study’s one of the aims is to find out the perception towards Tattooing and body piercing. The study is by ascertaining the factors that influencing by someone friends or family. The study focused on the problems faced by the adolescents and remedial measures for this problems i.e the adolescents have enough knowledge about tattooing and body piercing and The culture of tattooing and body piercing is developed or not.

1.4 OBJECTIVES OF THE STUDY:

- To assess the knowledge of adolescents on effects of tattooing and body piercing.
- To assess the attitude of adolescents on effects of tattooing and body piercing.
- To find the correlation between the knowledge and attitude of adolescents regarding effects of tattooing and body piercing.

1.5 METHODOLOGY:

1. The research approach was a qualitative survey in which the design was descriptive correlation design.

2. The setting of the study was in a college and the population consisted of adolescents of age 16-18 years. The sample size was 100 adolescents. The sampling technique was simple random sampling technique using random number table.

3. The research variable was knowledge and attitude of adolescents on the effects of tattooing and body piercing. The demographic variables were age, gender, religion, income of the family, educational status of father, educational status of the mother, occupation of the father, occupation of the mother, family members or friends with tattooing or body piercing and leisure time activities.

1.6 SOURCE OF DATA

SAMPLING SIZE

A sample of 110 respondents from the different locations from in and around of Coimbatore district. Samples for the purpose of the study are selected systematically.
SAMPLING DESIGN

Both primary and secondary data were used in the study for analysis purpose. For collecting primary data, field survey technique was employed in Coimbatore district.

1.7 STATISTICAL TOOLS

The following statistical tools are used in the study

- Percentage Analysis

REVIEW OF LITERATURE

The development of Sociology of the body has been described, especially in England, as linked to the development of Sociology of Medicine, developing a distinctive core of Research taking distance with the traditional anthropological approach to these issues (Turner, 2000). Later, most research has focused on the body as a social construct, paying attention especially to the body as a tool for the building of identities by the articulation of gender and sexuality with the body itself, being the work of Joanne Entwistle (2015) the cornerstone of a wide range of research on body representation. Modern social theory has been based on this later paradigm in order to approach tattooing with works linked to tattooing and sexual identity activity (Swami, 2012), religious identity (Koch et al, 2004) and more recently on corporate logo tattoos (Orend & Gagné, 2009). It is surprising, in this sense, the scarce attention pay to a popular phenomenon as it is the sports team crest tattooing, particularly among Argentinian and Brazilian football fans (Zambaglione, 2008).

In the case of patients who require emergency room attention the protocols of identification are very important in order to provide with enough information to help the practitioner and improve the medical attention and the treatment length. In that sense, medical doctors advise patients to use a medical alert identification for several health condition, such as diabetes, allergies and epilepsy. In an emergency situation, the personnel will look for badges, bracelets or wristbands to facilitate a prompt reaction (Kluger and Alsaouqui, 2013).

In the pristine theoretical sociology the scope was limited to the understanding of social order and social change. In most works the fracture between “the social” and “the biological” was wide and, generally speaking little attention were paid either to genetics or psychology. Pioneer workson sociology focuses on the features of industrial urban societies, social order, individual (rational) actions, social structures or economic issues. The study of body was marginalized (Martínez Barreiro, 2004; Soley-Beltran, 2007; Planella 2006).

According to a report published in 2006 by the Food and Drug Administration (FDA), 150 cases of 'adverse reactions' in the United States were reported due to tattooing. In the United States, the Red Cross prohibits a person who has received a tattoo from donating blood for 12 months.
According to a Preventive Medicine Specialist and a former official from the Centre For Disease Control Infection, “commercially acquired tattoos accounted for more than twice as many Hepatitis C infections as injection drug use.”

A survey report was published in the Journal of school health in 2001, the results of the study revealed that 70% of 642 adolescents reported hemorrhaging while being tattooed.

A study recently published by University of Texas South Western Medical School in Dallas uncovered that the innocent commercial tattoo may be the number one distributor of Hepatitis C.

A study was conducted in Andhra Pradesh state of India on 890 individuals. The conclusions of the study revealed that 46 samples were positive for HBV and 18 were positive for HCV. One of the potential reasons were cultural practices such as tattooing and body piercing.

### Table 4.1
**Gender of the respondents**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>46</td>
<td>41.8</td>
</tr>
<tr>
<td>Female</td>
<td>64</td>
<td>58.2</td>
</tr>
<tr>
<td>Total</td>
<td>110</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: primary data

**INTERPRETATION**

From the above table out of 110 respondents, 46 (41.8) of the respondents are male and 64(58.2) of the respondents are female.

The majority 64 (58.2) of the respondents are belonging to the female.

### Table 4.2
**Marital status of the respondents**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>51</td>
<td>46.4</td>
</tr>
<tr>
<td>Unmarried</td>
<td>59</td>
<td>53.6</td>
</tr>
<tr>
<td>Total</td>
<td>110</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: primary data
INTERPRETATION

From the above table out of 110 respondents, 51 (46.4) of the respondents are married and 59 (53.6) of the respondents are unmarried.

The majority 59 (53.6) of the respondents are belonging to the unmarried.

Table 4.3
Age group of the respondents

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 20</td>
<td>36</td>
<td>32.7</td>
</tr>
<tr>
<td>21-30 years</td>
<td>67</td>
<td>60.9</td>
</tr>
<tr>
<td>31-40 years</td>
<td>7</td>
<td>6.4</td>
</tr>
<tr>
<td>Total</td>
<td>110</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: primary data

INTERPRETATION

From the above table out of 110 respondents, 36 (32.7) of the respondents are Below 20 years and 67 (60.9) of the respondents are 21-30 years and 7 (6.4) of the respondents are 31-40 years of the respondents.

The majority 67 (60.9) of the respondents are belonging to the 21-30 years.

Table 4.4
Religious of adolescents of the respondents

<table>
<thead>
<tr>
<th>Particular</th>
<th>Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hindu</td>
<td>89</td>
<td>80.9</td>
</tr>
<tr>
<td>Muslim</td>
<td>12</td>
<td>10.9</td>
</tr>
<tr>
<td>Christian</td>
<td>9</td>
<td>8.2</td>
</tr>
<tr>
<td>Total</td>
<td>110</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: primary data

INTERPRETATION

From the above table out of 110 respondents, 89 (80.9) of the respondents are Hindu and 12 (10.9) of the respondents are Muslim and 9 (8.2) of the respondents are Christian of the respondents.

The majority 89 (80.9) of the respondents are belonging to Hindu.
5.2 SUGGESTION:

1. The same study could be undertaken in large samples, where findings can be generalized.

2. A comparative study can be undertaken to compare the knowledge and attitude of adolescents on the effects of tattooing and body piercing between urban and rural adolescents.

3. A structured teaching program can be given to the adolescents on the effects of tattooing and body piercing.

4. Orientation programs could be planned, implemented and evaluated to find out the effectiveness on reducing the harmful effects of tattooing and body piercing.

5.3 CONCLUSION:

Based on the above findings of the study, implications and recommendations were drawn for nursing service, administration, education and research. The study concluded that the majority of College adolescents had inadequate knowledge and unfavorable attitude on the effects of tattooing and body piercing.

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