



Oro-Facial Piercings and Depression amongst University Students in the United Arab Emirates

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Abstract

The aim of the present study was to investigate the relationship of depression with both piercing incidence and perception amongst university students in the United Arab Emirates (UAE). This cross sectional study was carried out during the academic year 2015 - 2016 in different emirates of UAE including Abu Dhabi, Ajman, Dubai and Sharjah. A sample of a total 110 students aged 18 - 27 of different academic years were selected. A self-administered questionnaire with Beck's Depression Inventory was used to assess the subjects. There was a significant correlation between the subjects desire of having a piercing with depression with p-value 0.037. Students who desired body piercing are 2.4 times more likely to have moderate depression compared to those who did not (O.R = 0.41, 95% CI: 0.21 - 0.82). The results of the present investigation showed a significant correlation between piercing desire and depression. So, subjects who desired to have a piercing were 2.4 times more likely to have moderate depression. However, there was no correlation between subjects who presently have orofacial piercings, and depression

Keywords: Oro-Facial Piercings; Depression; University Students; United Arab Emirates

Introduction

Body piercing is one of the body modification forms which are designed to change the body appearance [1]. In today's society, piercings are considered to be a form of self-expression and body art. Oro-facial piercing is an invasive procedure of puncturing different regions of the face including ears, nose, eyebrows, chin or any facial/oral tissues for the insertion of various objects such as rings, needles, studs, or zippers. It also involves oral piercings including the gums, frenum, uvula, tongue, labiomental groove, lip and cheek, or a combination of these sites [2]. Of these areas, tongue piercings are the most commonly presented to dental practitioners [3,4].

Body and facial piercings have been performed for thousands of years [5,6]. Those who decided to mark their bodies permanently are experiencing preventable pain and stigma, which differs depending on the personality and mood of those who do not prefer such experiences [1]. Recently, old traditions are becoming the new trend. An increased amount of people have gained rapid interest in such 'body art', particularly young adults [6]. Studies have shown

that this may be due to a multitude of influencing factors. They include the fashion industry, religion, traditions, psychological status, or other various social factors. Furthermore Stirn., *et al.* [7] stated other contributing factors like self-expression [8], expression of independence of spirit, enhancement of the body and sensuality, or a form of rebellion. They also stated that it is a form of healing depression.

Throughout several countries, invasive body modifications have been considered as a taboo due to the controversial issues that have been brought up continuously. During the 1980s, the punk and gay society started a movement to involve piercings as a protest against the norms of the conservative middle class [9]. Even until today, these body modifications still continue to be a provocative part in many subcultures [9,10]. Hence, employment discrimination in most workplaces, still exists against men in having piercings, and women having piercings anywhere else other than the earlobes [11]. Some companies even banned facial piercings because of its inappropriateness in the workplace [12]. West-

erfield., *et al.* (2012) also reported that practitioners with piercings other than earlobes were deemed less approachable and professional. They were even viewed less favorably when compared to their counterparts with no piercings in terms of accessibility, professionalism, thoughtfulness, confidence, competence, reliability, and cooperation.

Other controversies include whether piercings are considered a form of body art or an act of self-harm. Some may view piercings as form to express self-creativity, others like psychologists view piercings as a sign of distress and self-mutilation [13].

Furthermore, in 2007 the study by Suris., *et al.* [14] supported the correlation between the practice of piercing and deviant behavior. Results showed that subjects with multiple piercings had a higher frequency of self-harm behavior, and higher percentage of suicide attempts. This 'sensation-seeking' trait in these subjects, was a predisposing factor to self-mutilation and body modification. Self-mutilators are more prone to major depression and symptoms of depression [15,16].

In a research conducted by Ventä., *et al.* [17] with the aid of Beck's Depression Inventory questionnaire, the results showed that there was a positive correlation between Beck's depression score and prevalence of students with oral piercings. Another study carried out by D'Ambrosio., *et al.* [18] confirmed the positive correlation between patients who had piercings or tattoos, and increased self-harm behaviors tendency (49%) and psychiatric disorders too ($P = 0.000$). Using PGWBI "Psychological General Well-Being Index", D'Ambrosio found that the standard deviation of the control group was not placed within the range of any distress, while people with piercings had theirs in the range of severe stress. They also stated that from their 36 subject with piercings; 95% consumed alcohol, 70% used substances, 53% drive recklessly, 45% abused drugs, prevented their wounds healing, and ignored therapeutic prescriptions. It was also found that females without body piercings were less engaged in violent activities than those with piercings as reported by Carroll., *et al* [19]. Several other studies found a positive correlation between piercings and psychotic traits. They suggested that the higher the body modification score, the higher the depression, hostility and anxiety scores will [19,20].

Unfortunately this form of art can cause a major risk to the health of the individual and can be fatal as reported by several studies, such as: tetanus, endocarditis, cerebral abscess, Ludwig's angina, glomerulonephritis, extensive bleeding, and airway obstructions [21]. Despite all these risks Cingi., *et al.* [6] found that only 13% of his sample had their procedure done in a pharmacy, doctor's office or tattoo studio and only 35% had it performed by a professional personnel.

From our research we found that between January 1992 and August 2007, more than 11 articles were published on oro-facial piercings prevalence. However, these articles focused on the multiple complications and various side effects. Three of which reported the prevalence of oral piercings, ranging from 3.4% to 20.3% but none of them were conducted in UAE [3,17]. Additionally, no studies have reported the specific reason for getting the piercing, of each interviewed individual, and very few were done regarding the perception of piercing of those not having any. Hence in this study, we'll target university students with and without oro-facial piercings to identify the level of depression of those having piercings as well as the complications they had and the perception of those without. Our aim is to assess the relationship between piercing incidence, perception, and depression, amongst university students in UAE.

Materials and Method

This cross-sectional study was carried out within different emirates of the United Arab Emirates including: Abu Dhabi, Ajman, Dubai and Sharjah during the academic year 2015 - 2016. It was conducted on a sample of 110 university students of different academic levels (undergraduate and master students) within the age range of 18 - 27 years old (72.9% under 22 years); including 51 subjects with oro-facial piercings and 56 without ($N = 107$; 3 subjects were excluded due to lack of critical information in their surveys). The majority of the subjects were females (86%).

The target sample included students from different universities of each state such as University of Sharjah (46.7%), Zayed University (9.3%), Higher Colleges of Technology (8.4%), Ajman University of Science and Technology (5.6%), American University in Sharjah (3.7%) and others (26.2%). An examiner had to explain to each subject the aim of this study, and the subjects who consented to volunteer were asked to fill a questionnaire.

The questionnaire consists of Beck’s Depression Inventory which is a self-report inventory including 21 multiple choice questions used for measuring the severity of depression. However, it is important to note that two questions have been excluded due to cultural and religious reasons. The following scores were used in our study for the results of Beck’s Depression Inventory: 0 to 10 = no/minimal depression, 11 to 16 = mild depression, 17 to 20 = borderline clinical depression, 21 - 30 Moderate depression, 31 - 40 = Severe depression and over 40 = Extreme depression [22].

In addition to Beck’s Depression Inventory, data were directly collected from a self-administered questionnaire consisting of 25 questions. The information collected included age, gender, marital status, presence of oro-facial piercings, material of piercings, number and location of piercings, complications, and willingness to have a piercing [3,6,7,23-25]. Approval from the Ethics Committee was obtained before conducting the survey, and bilingual versions of the questionnaires were made to accommodate for both Arabic and English speaking subjects.

IBM SPSS Statistics 21 software was used for data analysis. Chi-square test along with logistic regression analysis was conducted to identify the presence of any correlation between the different variables.

Results
Descriptive Analysis

Out of the 107 subjects, 56 had body piercings and 51 of those had it in the oro-facial area. The number of piercings ranged from 1 to 5 but most of the students had single piercing (70.5%). Multiple oro-facial piercing locations were noted with the nose being the most common (64.8%) followed by the tongue (20.4%), eyebrow (20%), lips (16.7%) and others (7.4%). The duration of having the piercings varied, ranging from one year to four years, in which all subjects were happy and satisfied with their piercings. In our study, 69.2% of the participants wanted to have piercings but only 28.4% of those confirmed that they would actually have it done. There were several reasons behind the desire to have/not have the piercings. These included liking the way it looks, to be fashionable, to catch attention and to make personal statement (65.4%), to be daring and to fit in (15.9%) and some of them did it for religion reasons, parental approval\disapproval and friends approval and encouragement(4.3%). The depression levels observed among our participants based on Becks depression inventory were minimal 61.7%, mild 20.6%, moderate 11.2% and severe 6.5% (Table 1).

		N	%
# of Piercings	1	36	70.5
	2	10	16.4
	3	2	3.3
	4+	6	9.8
Location	Nose	35	64.8
	Lips	9	16.7
	Tongue	11	20.4
	Cheeks	0	0
	Eyebrow	11	20
Duration	Others	4	7.4
	0-12 months	14	25.5
	13-24 months	17	30.9
	25-36 months	10	18.2
	36-48 months	5	9.1
Happy	48+ months	9	16.4
	Yes	56	100
Do it	No	0	0
	Yes	21	31.3
Where	No	37	68.7
	Nose	5	72.2
	Eyebrow	2	5.6
	Belly	3	8.3
	Lips	3	8.3
Attitude	Tongue	2	5.6
	Interested	19	41.1
	Not interested	12	17.6
	Do not want	10	14.7
	Do not like	15	22.1
Want	Do not approve	3	4.4
	Yes	74	69.2
Apperance	No	33	30.8
	Yes	70	65.4
Attitude 2	No	37	34.6
	Yes	17	15.9
Others	No	90	84.1
	Yes	26	24.3
Beck's Depression Inventory	No	81	75.7
	minimal	66	61.7
	Mild	22	20.6
	Moderate	12	11.2
	Severe	7	6.5

Table 1: Sample of the Descriptive Analysis done.

Chi-Square Test

Pearson Chi-square tests were used to find a correlation between the different variables included in this study to each other. The only correlation worth mentioning is the one between depression and the desire to have a piercing (P value = 0.037). The P value was < 0.05 which means that the null hypothesis can be rejected and there is a significant correlation between the level of depression the desire to have a piercing. The severe depression cases were excluded from the analysis because their numbers were insignificant (7 cases) (Table 2 and 3).

Relationship between Beck's Depression Inventory and the desire to have piercings			
Want to get a piercing	Becks Depression Score		
	Minimal	Mild	Moderate
Yes	40 (54.1%)	17 (23.0%)	17 (23.0%)
No	26 (78.8%)	5 (15.2%)	2 (6.1%)

Table 2

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.619 ^a	2	→ .037
Likelihood Ratio	7.342	2	.025
Linear-by-Linear Association	6.520	1	.011
N of Valid Cases	107		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.86.

Table 3: Relationship between depression and desire to have piercings.

Other than that no significant correlation was observed between any other variables including the correlation between the presence of piercings and depression which was our main aim (P value= 0.569) (Table 4).

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.127 ^a	2	→ .569
Likelihood Ratio	.985	2	.611
Linear-by-Linear Association	.056	1	.812
N of Valid Cases	56		

a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is 1.07.

Table 4: Relationship between depression and presence of piercings.

Logistic Regression Analysis

Following the Chi-square test, logistic regression analysis was done to study the strength of the correlation between the desire of having oro-facial piercings and the depression. Some of the variables were tested to see if they have any confounding effect on the correlation. These variables included gender, age and nationality which showed slight correlation with depression while using chi-square test but it was not significant to be noted.

The logistic regression results showed that regardless of gender, age and nationality piercing desire is significantly associated with depression. Students who desired body piercing are 2.4 times more likely to have moderate depression compared to those who said no (O.R = 0.41, 95% CI: 0.21 - 0.82) (Table 5).

Logistic regression for the relationship between desire for piercing and Beck's Depression Inventory

Variable		B	O.R	95% CI
Gender	Female	-0.54	0.58	0.17, 1.90
Age	23-27	0.72	2.06	0.80, 5.26
Nationality	Non-Arab	-0.17	0.84	0.31, 2.27
Beck's	Mild	0.88	0.41	0.21, 0.82

Table 5: *Reference category a. Male, b. 18-22, c. Arab, d. Moderate.

Discussion

In this region of the world, oral piercing is relatively a new phenomenon. To the best of our knowledge, this is the first look into the presence and perception of oro-facial piercings and it's relation to depression in the region. It should be added that there is not enough subjects and restricted to a geographical population i.e most of the sample were Arabs. Therefore, the data should be interpreted appropriately and not extrapolated to other populace. Based on our findings, we would like to discuss several points associating the presence and perception of the piercings to depression.

Before going into the correlation of pierced subjects to depression we need to know the main reasons behind having the piercing itself. Millner, *et al.* [26] stated that the main reasons as to why their subjects decided to obtain piercings were due to individual expression (62%) and art (43%), which was echoed by Willmont FE [27]. Armstrong ML [28] had different reasons, concluding that body piercings are a form of celebration, uniqueness, or "being myself". These findings were similar in the current study, as our subjects wanted to have piercings for appearance (65.4%) attitude and self expression (15.9%) and social approvals (4.3%) i.e whether parents or friends approve of the piercing.

In Finland, Ventä conducted a study in 2005 among first year university students and reported a 3.4% prevalence of oral piercings. According to their results, a significant percentage of the subjects with oral piercings had elevated scores in Beck's Depression Inventory. On the other hand, in our study we did not find any significant correlation between the presence of piercings and elevated scores in Beck's Depression Inventory (P value = 0.569). However, piercing desire was significantly associated with depression. Stu-

dents who desired body piercing were 2.4 times more likely to have moderate depression (O.R = 0.41, 95% CI: 0.21 - 0.82) (Table 5). The prevalence of oro-facial piercings in UAE is not reported due to lack of studies related to this topic.

Carroll, *et al.* [19] stated that piercings are not necessarily associated with psychological status, but rather as a proclamation against the attitude and perception of society to piercings. This was consistent with Tate, *et al.* study (2008) in the United States where they found no difference between pierced and non pierced subjects in relation to mood or psychological status which agrees with our results. However, in Italy D'ambrosio, *et al.* [18] stated that psychological pathologies were more prevalent in patients with piercings compared to those without. Moreover, Zanetti, *et al.* (2008) and Stirn, *et al.* [7] concluded that individuals with piercings, or body alterations expressed more self-destructive behaviors, eating disorders, alcohol dependency, negative QOL or reduced social interactions.

In our study a significant correlation was found between having the desire to obtain piercings and elevated levels of depression. Most studies usually focused on the prevalence of the piercings and the complications associated, or its relation with depression. There has been no further exploration on the topic as to whether non-pierced subjects had a desire to get a piercing, and if the subjects who desired piercings had depression. This present study opens up the possibility that depression is not strictly correlated to pierced subjects, but rather the desire to have one might be correlated to depression; as illustrated by our study's results.

Several limitations were encountered during conducting this study. The main limitation is that the sample population is small which reduces the strength of the statistical analysis. Moreover, the sample size involved more females than males and was not diverse enough to catch any possible racial or ethnic differences in the perception of piercings. The characteristics of this population cannot be extrapolated to others; however it gives some insight into the relation of oro-facial piercings to depression in the region. Also, data about piercings and their perception was based on self-report instead of objective evaluations. It would be preferable for further studies to have a larger and ethnically diverse sample size.

Conclusions

In conclusion, the results of our study are simply small steps towards a better understanding of the inclination towards orofacial piercing and its relation with depression in this region. Although there was no correlation between pierced subjects and depression,

there was a significant correlation between the desire of getting a piercing and depression. Subjects who had an inclination towards orofacial piercing are 2.4 times more likely to have moderate depression. Although the study sample was small, this was a good insight into the growing world of piercings and its multi-factorial etiology.

Acknowledgement

We thank Prof. Manal A Awad for providing insight and expertise that greatly assisted this research.

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Descriptive Tables

UNiversity

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	50	46.7	46.7	46.7
2	4	3.7	3.7	50.5
3	10	9.3	9.3	59.8
4	9	8.4	8.4	68.2
6	6	5.6	5.6	73.8
7	28	26.2	26.2	100.0
Total	107	100.0	100.0	

nationality

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	69	64.5	64.5	64.5
2	29	27.1	27.1	91.6
3	9	8.4	8.4	100.0
Total	107	100.0	100.0	

age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	78	72.9	72.9	72.9
2	29	27.1	27.1	100.0
Total	107	100.0	100.0	

Table 6

gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	15	14.0	14.0	14.0
2	92	86.0	86.0	100.0
Total	107	100.0	100.0	

Table 7

marital

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	100	93.5	93.5	93.5
2	7	6.5	6.5	100.0
Total	107	100.0	100.0	

satsified

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	82	76.6	76.6	76.6
2	24	22.4	22.4	99.1
3	1	.9	.9	100.0
Total	107	100.0	100.0	

smoking

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	37	34.6	34.6	34.6
2	67	62.6	62.6	97.2
3	3	2.8	2.8	100.0
Total	107	100.0	100.0	

Table 8

sibling

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	7	6.5	6.5	6.5
2	18	16.8	16.8	23.4
3	82	76.6	76.6	100.0
Total	107	100.0	100.0	

sinor_sib

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	44	41.1	41.1	41.1
2	63	58.9	58.9	100.0
Total	107	100.0	100.0	

father_age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	25	23.4	23.4	23.4
2	82	76.6	76.6	100.0
Total	107	100.0	100.0	

Table 9

Mother_age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	54	50.5	50.5	50.5
2	53	49.5	49.5	100.0
Total	107	100.0	100.0	

Body_pierce

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	56	52.3	52.3	52.3
2	51	47.7	47.7	100.0
Total	107	100.0	100.0	

face_pierce

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	51	47.7	91.1	91.1
2	5	4.7	8.9	100.0
Total	56	52.3	100.0	
Missing System	51	47.7		
Total	107	100.0		

Table 10

number of pierce

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	7	6.5	11.5	11.5
1	36	33.6	59.0	70.5
2	10	9.3	16.4	86.9
3	2	1.9	3.3	90.2
4	6	5.6	9.8	100.0
Total	61	57.0	100.0	
Missing System	46	43.0		
Total	107	100.0		

location_nose

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	35	32.7	64.8	64.8
2	19	17.8	35.2	100.0
Total	54	50.5	100.0	
Missing System	53	49.5		
Total	107	100.0		

Table 11

Location_lips

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	9	8.4	16.7	16.7
2	45	42.1	83.3	100.0
Total	54	50.5	100.0	
Missing System	53	49.5		
Total	107	100.0		

Location_tongue

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	11	10.3	20.4	20.4
2	43	40.2	79.6	100.0
Total	54	50.5	100.0	
Missing System	53	49.5		
Total	107	100.0		

Table 12

Location_cheek

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 2	54	50.5	100.0	100.0
Missing System	53	49.5		
Total	107	100.0		

Table 13

Location_eyebrow

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	11	10.3	20.0	20.0
2	44	41.1	80.0	100.0
Total	55	51.4	100.0	
Missing System	52	48.6		
Total	107	100.0		

Location_other

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	4	3.7	7.4	7.4
2	50	46.7	92.6	100.0
Total	54	50.5	100.0	
Missing System	53	49.5		
Total	107	100.0		

Table 14

Piercing_duration

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	14	13.1	25.5	25.5
2	17	15.9	30.9	56.4
3	10	9.3	18.2	74.5
4	5	4.7	9.1	83.6
5	9	8.4	16.4	100.0
Total	55	51.4	100.0	
Missing System	52	48.6		
Total	107	100.0		

How did you pierce

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	1	.9	1.8	1.8
2	25	23.4	45.5	47.3
3	29	27.1	52.7	100.0
Total	55	51.4	100.0	
Missing System	52	48.6		
Total	107	100.0		

Table 15

Bleding

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	17	15.9	30.9	30.9
2	7	6.5	12.7	43.6
4	31	29.0	56.4	100.0
Total	55	51.4	100.0	
Missing System	52	48.6		
Total	107	100.0		

pain

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	29	27.1	52.7	52.7
2	13	12.1	23.6	76.4
4	13	12.1	23.6	100.0
Total	55	51.4	100.0	
Missing System	52	48.6		
Total	107	100.0		

Table 16

redness

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	28	26.2	50.9	50.9
2	7	6.5	12.7	63.6
4	20	18.7	36.4	100.0
Total	55	51.4	100.0	
Missing System	52	48.6		
Total	107	100.0		

happy

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	6	5.6	9.7	9.7
1	56	52.3	90.3	100.0
Total	62	57.9	100.0	
Missing System	45	42.1		
Total	107	100.0		

Table 17

doit

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	9	8.4	13.4	13.4
1	21	19.6	31.3	44.8
2	37	34.6	55.2	100.0
Total	67	62.6	100.0	
Missing System	40	37.4		
Total	107	100.0		

where

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	21	19.6	58.3	58.3
1	5	4.7	13.9	72.2
2	2	1.9	5.6	77.8
3	3	2.8	8.3	86.1
4	3	2.8	8.3	94.4
5	2	1.9	5.6	100.0
Total	36	33.6	100.0	
Missing System	71	66.4		
Total	107	100.0		

Table 18

attitude

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	9	8.4	13.2	13.2
1	19	17.8	27.9	41.2
2	12	11.2	17.6	58.8
3	10	9.3	14.7	73.5
4	15	14.0	22.1	95.6
5	3	2.8	4.4	100.0
Total	68	63.6	100.0	
Missing System	39	36.4		
Total	107	100.0		

want

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	74	69.2	69.2	69.2
2	33	30.8	30.8	100.0
Total	107	100.0	100.0	

appearance

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	70	65.4	65.4	65.4
2	37	34.6	34.6	100.0
Total	107	100.0	100.0	

Table 19

attitude2

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	17	15.9	15.9	15.9
2	90	84.1	84.1	100.0
Total	107	100.0	100.0	

others

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	26	24.3	24.3	24.3
2	81	75.7	75.7	100.0
Total	107	100.0	100.0	

bleeding2

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	73	68.2	68.2	68.2
2	34	31.8	31.8	100.0
Total	107	100.0	100.0	

Table 20

bacterial

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	82	76.6	76.6	76.6
2	25	23.4	23.4	100.0
Total	107	100.0	100.0	

fungal

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	32	29.9	29.9	29.9
2	75	70.1	70.1	100.0
Total	107	100.0	100.0	

celoid

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	4	3.7	3.7	3.7
2	103	96.3	96.3	100.0
Total	107	100.0	100.0	

Table 21

bruising

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	24	22.4	22.4	22.4
2	83	77.6	77.6	100.0
Total	107	100.0	100.0	

allergy

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	40	37.4	37.4	37.4
2	67	62.6	62.6	100.0
Total	107	100.0	100.0	

cyst

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	7	6.5	6.5	6.5
2	100	93.5	93.5	100.0
Total	107	100.0	100.0	

Table 22

teten

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	10	9.3	9.3	9.3
2	97	90.7	90.7	100.0
Total	107	100.0	100.0	

hepB

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	14	13.1	13.1	13.1
2	93	86.9	86.9	100.0
Total	107	100.0	100.0	

HIV

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	18	16.8	16.8	16.8
2	89	83.2	83.2	100.0
Total	107	100.0	100.0	

Table 23

EBV

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1	4	3.7	3.7	3.7
2	103	96.3	96.3	100.0
Total	107	100.0	100.0	

Others3

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0	83	77.6	77.6	77.6
1	1	.9	.9	78.5
2	23	21.5	21.5	100.0
Total	107	100.0	100.0	

Table 24

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