



Original Research

A qualitative exploration of the health awareness and social challenges facing Pakistani youth engaging in body piercing and tattooing

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Abstract

Background: The practice of body piercing and tattooing in youth is increasing in Pakistan, and there is fear that awareness of the associated health risks is low. The aim of this study is to try and understand: (i) youth awareness of health risks associated with body piercing and tattooing, and (ii) the social challenges facing youth who engage in such practices, which might also impact their health and wellbeing. The findings are aimed to inform improved health and social policy support for population groups engaging in body modification. **Methods:** Scholars agree that qualitative research is vital to explore health challenges and guide health policy. This study adopted a qualitative design and used purposive snowball sampling technique. A semi-structured questionnaire was developed through a literature review. **Setting:** Participants were sampled in a private and confidential space on university campus or online, based on willingness and convenience. **Participants:** Eight university students from different urban cities of Punjab were sampled through in-depth interviews. **Findings:** Sixteen sub-themes were identified under five main thematic areas, including: 1) Limited Awareness of Health Risks; 2) Reason for body modifications; 3) History of emotional and physical neglect by parents; 4) Social difficulties faced after body modification; and 5) Association with other deviant activities. **Conclusion:** The youth of Pakistan need health and social interventions to improve preventive and screening support from practitioners, family-level counseling for improved social support, therapy for mental health, and surveillance and support for suicide ideation, intoxicant abuse, addiction, dealing with parental neglect, and identity formation.

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Introduction: Globally, a significant number of youth have been evidenced to engage in body modification, including body piercing and permanent tattooing ^[1]. Despite the conservative culture, body piercings and tattoos are also on the rise in the youth of Pakistan ^[2]. Primarily, piercing and tattoos are known to be attractive to the youth for portrayal of unique individuality and identity ^[3]. Other research suggests that much of the influence on youth and choice to engage in body piercing and tattooing is due to peer pressure ^[4]. A significant concern however is that much of the youth practice piercing and tattooing with low health literacy and awareness about risks and take impulsive decisions without considering preventive measures ^[5]. Due to the pressures of academic achievement, peers, and developing a unique identity, university students are especially known to engage in risk-taking practices without consideration of adverse health events ^[6]. In Pakistan, and other developing countries the youth is even more vulnerable to health risks due to low health literacy and awareness. This is because the primary and secondary education sector of Pakistan does not significantly cover health syllabus or health literacy ^[7].

Pakistan has very high rates of hepatitis and one of the major reasons for prevalence and disease burden is inefficient public health measures for awareness and risks ^[8]. One of the most common risk factors for the transmission of viral hepatitis is the non-implementation of international best practices for needle use for piercing and tattoos ^[9]. In some cases, body piercing and tattooing can even lead to adverse events such as septic shocks and mortality ^[10]. There is very little awareness in the general population of Pakistan about how Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), hepatitis, and other infectious diseases can be transferred ^[11], let alone the relationship with body piercing and tattooing ^[12]. There is also very little awareness in youth about hygienic rules and sanitation associated with body piercing and tattooing or the professionalism of the artist providing the service for piercing and tattooing ^[13]. The frequency of health complications and the risk of adverse health effects can be reduced by ensuring sanitary tattoo parlors, needles, and inks, and having certified and trained artists for service delivery ^[14]. Apart from the health concern, in societies where there is low social acceptance for body piercing and tattooing, youth who choose to engage in these practices can face numerous social difficulties and challenges ^[15]. These challenges may include estrangement from family, rejection by employers, and inability to make friends or develop relationships. Some scholarship suggests that youth who engage in body piercing and tattooing already occupy low social status and thus engage in body modification as a form of protest and rebellion ^[16]. They may also face significant prejudice, shaming, and stigmatization due to body modification, which further isolates them from society, causing social and mental health problems of personality and mental health ^[5].

Some literature also suggests that people who engage in body piercing and tattooing, and other forms of body modification, are involved in other deviant behaviors, such as self-injury and suicide ^[17, 18], use of intoxicants

^[19], eating disorders ^[20], illegal sexual activities ^[21], and aggression and violence ^[22]. Significant research also highlights that youth engaging in body modification may be suffering from diverse mental health challenges, such as depression, stress, anxiety, and mood disorders ^[23]. Overall, there is concern that youth engaging in body piercing and tattooing may face several social challenges which negatively impacts their health and wellbeing over their life-course. Body piercing and tattooing is not a recent phenomenon and in fact evidence of tattoos and piercing have been found by archaeologists as early as 30,000 BCE ^[24]. In some cultures, piercing and tattooing, is symbolic for higher social status and prosperity or indicative of allegiance ^[25]. Contrarily, in some cultures body piercing and tattooing has been associated with criminals and slaves ^[26]. Some research has also identified that youth later want to remove their tattoos or stitch their pierced holes ^[3]. This may be because youth face immense social stigma and lower opportunities for social integration and thus they regret getting their bodies modified. It is thus that social acceptance of piercing and tattooing within a region and reasons for getting it done, can be indicative of the mental health and wellbeing of people who engage in such practices. This is why for each region and culture there needs to be research to understand why different youth groups engage in practices of body piercing and tattoos, what their experiences are, and what kind of challenges they may face.

Theoretical framework: This study uses the Risk Information Seeking and Processing (RISP) Model as a theoretical framework ^[27]. The RISP Model suggests that people engage in activities that may involve risk based on their position in society, how much awareness and education they have, and their psychological and personality background. At times people may engage in risky behaviours that jeopardises their health due to lack of information or inability to process information correctly ^[28]. Inability to process information can be influenced by gaps in knowledge and the perception of what people think they need to know. As more and more people engage in a certain behaviour, and a practice becomes commonplace, as is the case with body piercing and tattooing, people's confidence increases and their perceived risk decreases. The RISP model also refers to subjective norms and social support which can contribute to risk-taking ^[29]. When people are not made aware of significant health and social risks associated with a particular behaviour or practice, they do not consider it to be deviant behaviour. Less information and communication about a practice and less affiliation or attention from significant others and legitimate healthcare providers or other authority figures, can mean there is less social pressure to avoid body piercing and tattooing in youth. People who have more social support and feel pressure from their significant others and authority figures to stay informed and engage in socially deviant behaviour, will not engage in body piercing and tattooing or they will take care of mitigating risks if they do choose to engage in such practices.

Research questions: In lieu of the above, the present study aims to explore: (i) The extent of awareness in youth about the health risks associated with body piercing

and tattooing; and (ii) The social challenges faced by youth after body piercing and tattooing, which may affect their health and wellbeing.

Significance of study: The youth of Pakistan stand at 64% of the population. This research is important to help identify health sector and educational sector priorities and to inform decisions about future investment in programs for the youth to educate them about the risks associated with body piercing and tattooing. Youth who choose to engage in body piercing and tattooing may have different socio-cultural reasons driving them to this practice, which involve issues of low social support and other challenges. This study's findings may also help to highlight the need for family, and social support for youth, and practitioner attention to prevent deviant behaviour in youth. Ultimately, efficient health policy is incomplete without partner recommendations for improved social interventions^[30].

Methodology:

Ethics: This study received ethics clearance from the Institutional Review Board of the Forman Christian College University (FCCU) (IRB-391/05—2022). The interview participants were provided an informed cover letter explaining the study aim and objectives, and they were also told that their participation is completely voluntary. The right to withdraw from the interview at any point was also communicated. Participants were also asked for consent to audio record the interview to help the researcher recall data for analysis and theme generation. They were also assured that their anonymity and confidentiality would be secured and that the audio recordings and transcribed interviews would be stored safely with the authors. Only students from FCCU were sampled so they could be referred to and provided free counselling and health support if they needed it.

Research design and sample: The data for this manuscript has been extracted from the thesis of the first author. This study is a qualitative research design using purposive snowball sampling technique. Scholars agree that qualitative research is important to explore health challenges and guide health policy³¹. In-depth interviews have been conducted with the support of a semi-structured questionnaire (**Appendix A**), developed through literature review and meetings between the authors. The selection criterion was FCCU university students who were approached based on prior contact and those who had engaged in body piercing and permanent tattoos. The researcher knew two FCCU university students who have permanent tattoos and body piercing, and they were asked to share contacts of others at the university through a snowball sampling approach.

Data Collection and setting: The data was collected between July and August 2022. The participants were given a choice to select the time and place for interviews on the campus. They were also told that the option of online interviewing is available and that the interviews can be conducted through Skype or WhatsApp. The interviews took place in a private and confidential space on campus or online. A final eight participants comprised the sample for this study and four participants were interviewed once, whereas four participants were interviewed twice. Each interview lasted between 35-60 minutes. Four participants were interviewed online as the

participants were either not in Lahore city and travelling to their home districts or the second author was unable to travel. Six participants were interviewed by the first author and two participants were interviewed by the second author.

Data Analysis: The data was analysed using thematic analysis. The first author transcribed the data from the audio recordings and notes into Microsoft Word. The transcribed data was shared with the second author and both authors independently generated and grouped themes before having meetings to reach consensus for final themes. To secure reliability the findings were shared with two participants who were willing to read the themes. Participants confirmed the findings of the study.

Results:

Demographic data: The demographic data of the study participants is presented in Table 1. There were six male and two female participants. Six participants were between the age of 21 to 23 years. Majority of the participants were in their third year of study (n=05) and belonged to the city of Lahore (n=05). There was no representation from rural areas or post-graduate students.

Themes: Five main thematic areas were found, along with 16 sub-themes, including: 1) Limited Awareness of Health Risks: (i) Impulsive Decision; (ii) Limited awareness and belief that healthcare advancement will support any possible infection; (iii) Perceived social gains outweigh perceived health risks. 2) Reason for body modifications: (i) Depression, anxiety, and stress – tattoos as a coping strategy or way to take control of body; (ii) Using tattoos as a form of rebellion against society; (iii) Influence of Western rock music; (iv) Fascination from young age due to social media; (v) Peer pressure. 3) History of neglect by parent: (i) Physical neglect by parents; (ii) Emotional neglect by parents. 4) Social difficulties faced after body modification: (i) Hiding tattoos from family – shame and ‘passing’; (ii) Society's stance that it is not allowed in Islam; (iii) Regret for permanent tattoos; (iv) Fear about job opportunities and career advancement. 5) Association with other deviant activities: (i) Use of intoxicants; (ii) Low school attendance.

1) Limited Awareness of Health Risks

(i) *Impulsive Decision*: Most participants shared that getting their bodies tattooed or pierced was an impulsive decision. They didn't really think it through carefully and they made the decision without much reflection about health or any other social consequences. Most of the participants didn't care about discussing the health risks associated with tattoos and piercings and did not feel the need to get consent from their parents. One of the male participants shared:

“It was much more of an impulsive thing for me to go and just get it done. At this age, it is not like our parents will notice what is on our back or legs, as it is all covered... and so we don't need their (parents) permission.”

(ii) *Limited awareness and belief that healthcare advancement will support any possible infection*: All the participants believed that body piercing and tattooing was associated with limited health risks that could be easily managed by the advanced healthcare available in contemporary days. There was limited awareness about any significant health risks or irreversible health

conditions such as HIV, AIDS or transmission of Hepatitis B or Hepatitis C. Most participants were very confident in their belief that the only health risk would be a mild infection, which could be dealt with easily and quickly by an ointment or an antibiotic. There was also limited understanding or awareness about the importance of the hygiene, sanitation, and professionalism of the agents delivering piercing and tattooing services. One male participant shared:

“The most that can happen is an infection or a skin burn which can be managed with creams or antibiotics. There is nothing to worry about. Everyone is getting them (piercing and tattoos).”

(iii) *Perceived social gains outweigh perceived health risks*: Most participants believed that the social gains outweighed the health risks of body piercing and tattooing. Some of the social gains were described by participants as gaining more confidence, generally feeling better about themselves, gaining some control over their body and life, and belonging to their peer group. Comparatively, participants believed the health risks were minimum and easily managed and thus they preferred to take the risks to gain perceived social and personal benefits. A male participant shared:

“The risk of infection is small...and the infection will be temporary. The initial tattooed on my arm is of my friend who died two years ago. This tattoo is very important to me. I feel that he (friend who died) is close to me... and always with me.”

2) Reasons for body modifications

(i) *Depression, Anxiety and Stress – Tattoos as a Coping Strategy or Way to Take Control of Body*: Most of the participants held the view that body modification is the coping mechanism to combat negative emotions such as depression, anxiety, and stress. They believed that getting tattoos or piercings is a way to be in control of their body, gain confidence, connect with themselves, and communicate with the world. In many ways body piercing and tattoos was a coping strategy for participants to take control of their lives. A male participant shared:

“So, basically, I was going through very tough times 2 years ago. I was having family issues and I was dealing with anxiety and depression. So, I thought getting piercing would help distract me and make me feel better. I wanted to take control over what I could change. After the piercing, I felt better, so the next year I also got tattoos.”

(ii) *Using tattoos as a form of rebellion against society*: Several participants had a common narrative on not becoming what society wants them to be. They didn't want to be defined by the general rules assigned by the society they lived in or accept traditional social norms. In order to be different or to have their own identification, they opted for piercing and tattoos. One male participant described:

“A permanent tattoo fits into my nature. I am known to be a rebel in my family and amongst friends. My tattoos help me to find a rhythm to life and to find comfort. I am able to make my own rules and dance my own rhythms. The tattoo further confirms to everyone who meets me for the first time, that I am a social rebel. I will raise a voice against all social evils and social norms that harm people. What do you think is worst? Tattooing my body, or hitting someone because she is a woman? Our society

needs to change its definitions for what is acceptable and what is not...this is what my tattoo represents.”

(iii) *Influence of Western Rock music*: Two interviewees stressed that they had been inspired by Western rock music and that rock musicians had inspired him to get tattoos. They also explained that body modification and permanent tattoos are not condemned in the Western culture and in fact are considered to raise the social status and identity of a person. To have the personality and appeal of a rockstar in society, they had opted for tattoos. A male participant disclosed:

“The main reason and the motivation behind having these permanent tattoos was Western rock music culture. I play rock music from a long time, starting from my O level days. I was really fascinated by these rockstars from the West and their lifestyles, and I wanted to adopt their habits myself... starting with these tattoos.”

(iv) *Fascination from young age due to social media*: Few of the participants claimed that they had been fascinated by piercings and tattoos from a very young age. They were always absorbed by ideas and pictures about what color they could get their hair dyed, where they could get the next piercing, and what image to get tattooed. They could not remember a time when they had not been fascinated by changing their bodies and engaging in piercing and tattooing. A female participant shared:

“The reason that I opted to get tattoos and piercings is due to my own personal interest. I have always been into these things since I was around 12 or 13 years old. My personality is reflected through this... my tattoos and my piercings.”

(v) *Peer pressure*: Peer pressure was a major factor driving participants to engage in body piercing and tattoos. Majority of the participants shared that they had pressure or influence from their friends, and they felt compelled as they did not want to be excluded from their group. The need to belong to their group took precedence over the health risks of body modifications or the risk of social rejection and family disapproval. One male participant revealed:

“Of course, it (the tattoo) does have meaning. A few years ago, a friend of mine died, so my other friends decided to get a tattoo of his name on their arm. I went with them and got a tattoo done too. I might get another one in the future if my friends decide to.”

3) History of neglect by parent

(i) *Physical neglect by parents*: Some of our participants shared that they were physically neglected by their parents while they were growing up. This physical neglect was described as not being available to provide support for adequate food and clothing, mainly because parents were working and busy and had little time to understand the needs of their children, and in some cases because of limited funds. One male participant shared:

“My parents love me...as do all parents. But when I was growing up they were never home. Both were at work till around 6pm and we didn't have three meals together as families do, just breakfast and dinner. This is why no one noticed my piercing and tattoos. I had very few clothes growing up, just the necessities. Now that I am university and work part-time I buy the clothes I need. It is my body to dress and mine to tattoo if I want to.”

(ii) *Emotional neglect by parents*: Most participants also shared that they suffered from emotional neglect of parents, especially their mother. Emotional neglect was described by participants as parents not being available timewise, not being willing to listen or understand their point of view, not showing affection or approval, and not showing support when things did not go as planned. One of the male participants gave an example of the latter:

“My mother has always been strict and uncaring with me. Her behavior got worst when I was unable to continue with sciences and pursue medicine as they (parents) wanted. This is why I don’t talk to them about my personal things... like my tattoos or body piercing. I know fathers are distant and busy, but it upsets me that my mother is also not there for me.”

4) Social difficulties faced after body modification

(i) *Hiding tattoos from family – shame and passing*: Nearly all the participants explained that they never talked about their tattoos and piercings with their parents or anyone from their families. They never got permission from parents before getting their body modified. Two of the participants shared that they still had not told their parents about their tattoos. The reasons for not telling their parents included fear of facing their anger, backlash, and shaming. The female participants mentioned that they faced more shaming compared to males for body modifications. It was thus that participants found it convenient to adopt ‘passing’ or hide their tattoos. One of the female participants explained:

“I had to hide the tattoos from my parents but later when they found out-after 6 to 7 months... they thought the tattoos are the temporary one’s and they wanted me to get them removed. When they found out that the tattoos are permanent, I had to deal with a lot of backlash. You know the character assassination girls have to deal with, for example people say *achi larki nahi hai agr tattoos hai* (any girl who has tattoos is not a decent girl).

In our society if boy’s have a tattoo, it is still acceptable. So, these are the things that I had to deal with. My parents are ashamed of me and scared that other relatives will find out about my tattoos.”

A male participant shared:

“They (our parents) still don’t know exactly who we are becoming and what we are dealing with in life. To cope with all the problems and stress we get piercings and tattoos... academics and sports are not enough to keep us going. But because they (our parents) don’t understand our lives, we also don’t share our activities (body modifications) with them.”

(ii) *Society’s stance that it is not allowed in Islam*: Majority participants shared that family and parents used religion to claim that tattoos are *haram* (illegal in Islam). Participants shared that family stigmatizes them for not being good Muslims because of their tattoos. One male participant shared:

“My family got to know after I got the tattoo. They asked different questions about why I got it done and stated that this was *haram* in Islam and also not part of our culture. They have also told me not to tell anyone about it and to hide it.”

Another male participant revealed:

“My friends usually shame me by saying that I can’t do *wazoo* (ablution before prayer), and because my namaz (prayer) is not accepted I will go to hell.”

A female participant disclosed:

“My family is not okay with it because they think it (tattoos) is antireligious and un-Islamic.”

(iii) *Regret for permanent tattoos*: Two of the participants wanted to change or modify their already existing tattoos. Their regret was due to the permanency of the tattoo and inability to change the design or placement, and they agreed that they wanted the tattoo changed but not gone all together. One female participant claimed:

“I didn’t think about the consequences of this being permanent. I want to get my tattoo removed or then covered up with something better which holds some meaning.”

(iv) *Fear about job opportunities and career advancement*: Four of the participants shared that they feared that their body piercing and tattoos would affect their chances for passing initial stages of recruitment interviews and gain employment. They also discussed that if they got jobs, they might be less likely to gain advancement and promotions as Pakistani society was less accepting towards body modification and there was cultural shame associated with body piercing and tattooing. A few participants shared that they planned to cover or hide their tattoos and not make them visible when going for interviews. One male participant shared:

“Pakistan is a very regressive society. Abroad employers and organizations will hire you based on merit and they will not judge you based on body piercing and tattooing. I am sure this (body piercing and tattooing) will be held against me when I go for interviews.”

5) Association with other deviant activities

(i) *Use of intoxicants*: All participants shared that they did engage in the use of intoxicants. Six participants claimed they consumed cigarettes and two shared that they consumed alcohol. One participant shared that they did ‘other risky behavior’ but did not want to share what it exactly was. They explained that since they had got their tattoos and piercing, they had sealed their identity as social rebels. Thus, they were now more easily able to indulge in intoxicants, as they were already not accepted as traditional or conservative youth by society and family. One male participant shared:

“After my tattoos, my friends and I became permanent cigarette smokers. Whereas before the tattoos, we were occasional smokers. It goes well together, you know...smoking with the tattooed arms.”

(ii) *Low attendance*: All participants shared they had problems with low attendance in courses. Their explanations extended to having low motivation and commitment for their courses and not understanding the value of the current teaching style. Some also mentioned that early morning classes were difficult to attend as they slept late and had trouble reaching university campus early. A male participant shared:

“I just don’t know if course attendance will help me in anyway. We just have to meet a minimum requirement. I know the transcript grades are important...but attending each and every class has no value. We don’t learn much in class. Our teaching system needs to change to keep us committed and involved.”

Discussion: There is limited evidence about the number of youth engaging in body piercing and tattoos in Pakistan. However, it is certain that this is a rising phenomenon, despite the conservative nature of Pakistani society. Other scholarship confirms that due to the influence of Westernization, social media, increased travel, urban youth in developing and conservative regions have become pluralistic, with many choosing to adopt practices of body modification that are not approved traditionally^[32]. This study aimed to explore the extent of health awareness in youth about body piercing and tattooing and also understand the social factors driving them to engage in these practices and if they encountered any social challenges due to body modification. We found that there is limited awareness in youth about the health risks associated with body piercing and tattooing. Youth believe that the health risk is minimum and restricted to mild infections or scarring. They are not aware of the association between needle use and adverse health outcomes such as permanent nerve damage, transmission of blood borne infections such as Hepatitis B, Hepatitis C, and risk of getting HIV and AIDS, or Herpes. It is thus, that youth in Pakistan are in critical need for health awareness about the risks associated with piercing and tattooing, which can be done through health and social officers, educational seminars on campus, and even media or telephonic communication^[33]. Our findings suggest that university youth in the country make impulsive and uninformed decisions, without reflection for the health and social consequences of their actions. International scholarship suggests that youth in contemporary days need interventions for critical thinking^[34] and informed health decisions^[35].

We also find that youth are engaging in body piercing and tattooing due to social factors such as influence of Westernization, use of social media, and due to peer pressure. Other research confirms that body modification in youth is primarily because of the cultural exchange characteristic of the global society we live in with social media playing an important role in influencing practices of the youth and Western practices being considered more popular^[36]. There are other personality and socio-psychological factors influencing choice for piercing and tattooing in youth, which are of concern. Youth are suffering from mental health challenges, are not happy with their society rules, and have identity issues- all of which compel them to turn to body modification. Suffering from depression, anxiety, and stress, and perceiving themselves to live in an unjust society, and not have an important self-identity leads them to adopt coping strategies through body modification. Other research confirms that body piercing and tattoos is used by youth to give them back control of their lives^[37] and to protest against social evils or an unjust society^[38]. Other findings in our study suggest that youth engaging in piercing and tattoos have a history of parental neglect, both emotional and physical. International scholarship confirms that youth who suffer from parental neglect may turn to body modification to attract attention from their parents and protest against the disregard and inattention they have faced during their critical growing years^[39]. We also found that youth suffer from significant social challenges after their piercing and tattoos. Not only do they have to

resort to hiding their body modification to avoid shaming and stigmatization from family, friends, and relatives, but they are perceived as un-Islamic. Other research confirms that in conservative and Muslim societies, youth face immense stigma and shaming for adopting body piercing and tattoos^[40]. Many youth fear that the employment industry will also discriminate against them and some regret getting permanent tattoos or tattoos in places which cannot be hidden. Other research confirms that youth have to hide body modifications from employers to avoid discrimination^[41], and that many are turning to physicians to have their tattoos removed and their piercing stitched^[42]. We also find in our study that youth engaging in body piercing and tattoos are also occupied in other deviant activities such as use of intoxicants and low university attendance. Other research highlights that youth engaging in body modifications must be identified for therapy sessions as a preventive measure since they are high risk groups for deviant activities like criminal behavior, suicide, violence, and mental health issues^[43]. Finally, with reference to the RISP theoretical model used for this study, our research is able to highlight that there is both low health awareness and social support in youth engaging in body piercing and tattooing in Pakistan. Not only is low social support driving youth to engage in body modification, but low health awareness is contributing to their risky choices. Furthermore, low social support and inefficient healthcare services means that youth who have already engaged in piercing and tattooing are at higher risk of more complicated health problems and adverse health events if left without interventions and policy support. This may include issues such as mental health challenges, suicide ideation, intoxicant abuse, and becoming passive carriers of infections which can lead to morbidity in later years, such as liver cancer or AIDS.

Limitations and potential for future research: This study is limited to university students and so the sample cannot be generalized to wider population who engage in body modification in Pakistan. We were also not being able to sample more than eight participants due to lack of willingness to participate in many youth who were approached for the study. This study is also limited to urban youth and we have no data about whether body modification is a practice in youth from rural areas of Pakistan. Also, there is a majority representation of males compared to females and we need more research in this area to confirm if more male youth engage in this practice compared to females. We also did not collect data on the socio-economic background and literacy of parents and as parental neglect was a finding of this study, we need more research in this area to ascertain if the demographic profile of parents, such as low literacy, has a relationship with deviant behaviour and mental health challenges faced by youth.

Concluding Recommendations: Based on this study, we have some critical recommendations for the health and education sector and the state. Pakistan's education sector must ensure that students are made aware of the health and social risks associated with body piercing and tattooing, through workshops and seminars, and this inclusion must be mandated and monitored by the Higher Education Commission. We also recommend that the health sector and healthcare providers must deliver

services to the population engaging in piercing and tattooing for their medical needs, offering preventive and tertiary interventions, and health awareness and screening for disease identification. There also needs to be a health database which collects data about the relationship between infectious diseases, HIV, AID, and other health issues with practice of body piercing and tattooing in patients. This will help identify statistics of association and inform better policy design for Pakistan to reduce high-risk groups and prevent adverse health outcomes.

The industry and private centers providing services for body piercing and tattooing needs to be identified and regulated by the state. Service providers must be provided certification and training for hygiene and sanitation, with strict surveillance on maintenance of international standards. Implementation of international best practices for needle use for piercing and tattoos is urgently needed in the country. Strong infection-control practices and regulation must be administered at state and provincial level to mitigate health risks and also the social challenges encountered by youth engaging in body piercing and tattooing. At the moment no province in Pakistan has any laws that regulate the piercing and tattooing industry or monitor its health and social impact on society. Health interventions are incomplete without partnered social interventions to support the health of youth in Pakistan. Important social interventions are needed for the youth of Pakistan which are driven to piercing, tattooing, and other deviant activities due to family negligence, peer pressure, and mental health issues. There is need for youth counseling at community level, in primary, secondary, and tertiary educational institutes and the need for social workers and social protection officers to work with families for improved integration and support to prevent emotional and physical neglect. The education sector must also provide workshops and interventions for critical thinking and informed health decisions for the youth. There is also need for mandatory therapy sessions and group membership interventions for youth engaging in body modifications, so that any adverse events or deviant activities, such as suicide ideation, intoxicant use, and low commitment and attendance at educational institute, is prevented.

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Table 1. The demographic characteristics of sample (N=08)

Demographic characteristics of sample (N=08)	f
Gender	
Males	06
Females	02
Age	
21-23	06
24-26	02
Year of undergraduate study	
Second year	02
Third year	05
Fourth year	01
Regional belonging/ Urban city	
Lahore	05
Sialkot	01
Gujranwala	01
Multan	01