BODY PIERCINGS:
Epidemiological study on a representative sample of 5,000 French subjects.
Nicolas Kluger¹,²  Laurent Misery³,⁴  Sophie Seité⁵  Charles Taieb⁶,⁷

¹Dermatologie, CHU d'Helsinki, Finlande ²Consultation “tatouages”, CHU Bichat Claude Bernard, Paris, France ³Service de dermatologie, CHU de Brest, Brest, France ⁴Laboratoire de neurosciences, Université de Bretagne Occidentale, Brest, France ⁵La Roche-Posay Laboratoire Dermatologique, Levallois Perret France ⁶Directeur Scientifique, EMMA ⁷Santé Publique, Hôpital Necker, Paris, France

Background:
Body piercing (BP) is a common form of body modification, and it is as popular as tattooing. In the United States, in 2012, an estimated 49% of adults had an ear piercing, 7% had a piercing on their torso, and 4% had a facial piercing other than an ear piercing. We are not currently aware of any equivalent study in France based on robust methodology.

Objective:
The aims of this study were to measure the prevalence of BP in the French population, evaluate the motivations for getting a BP, and record any dermatological complications related to body piercing.

Method:
A polling institute (HC Conseil, Paris, France) conducted the survey in France between 03/04 and 04/08/2017. A representative sample of the general population, aged 15–80 years, was recruited using the stratified random sampling method. Based on a database with the e-mail addresses of over 1,000,000 Internet users who agreed to participate in surveys, fixed quotas of subjects fulfilling predefined socio-demographic criteria were recruited. Drawing on national population data, these quotas were based on the following aspects: sex, age, socio-professional status and regional distribution (9 regions), thereby ensuring accurate representation of the French sample population. The target size for the entire sample was 5,000 people.

Results:
Nearly 12% of the French participants aged 15 years or over reported at least one BP (8.4% of men (M) and 19.4% of women (W)). Of these participants, 49.8% had only one BP. The mean age at 1st piercing was 20.6 years for M vs. 18.9 years for F (p<0.05). The most common body parts for piercings were the external ear (42%), the navel (24.3%), the tongue (15%), and the nose (11%). Among intimate piercings, 5.8% of the M had a piercing on a genital area, with 4.4% reporting a testicle piercing, and 2% of the women declared that they had a piercing on the clitoris. Notably, 45.1% of French persons with a single BP had an ear piercing.

The most commonly reported motivations included embellishment of the body (53.1%) and individuality (31.1%). Erotic motivations and sexuality were more commonly cited by M (4.7%) than by W (2.3%), p<0.05, and the same was true for body reappropriation (M 6.5% vs. W 3.7%, p<0.05).

A total of 40.8% of persons with BP had skin problems with at least one of their BPs. These problems resolved in 30.4% of cases, were recurrent for 8.2% of the respondents, and were chronic and persistent for 2.2% of them. The complications included infection (44%), scarring (37.9%), irritation (29.7%), and itching (15%).

Discussion:
To the best of our knowledge, this is the largest epidemiological study on BP in France to date. The practice of body piercing appears stable, unlike tattooing, which increases with time. Our results are similar to those results available in the literature. Unsurprisingly, more women have piercings than men. This study also confirmed that infectious complications are common after a piercing.

Conclusion:
The availability of this objective dataset, based on significant sample sizes and robust methodology, allows us to draw a more precise description of the profile of French individuals with BPs and enables us to more effectively prevent and manage the complications associated with body piercing.