INTRODUCTION

Several ethnic groups in developing countries wear facial marks. In Nigeria, the main reasons for wearing facial include identification of royal lineage or ethnic origin, enhancement of beauty and as component of ritual to ward off evil spirits (1, 2). In parts of southern Nigeria, facial marks engraved for identification of persons are often elaborate (Figure 1).

Some marks run as parallel grooves from the forehead, through the temple and cheek to the chin and complimented with accessory marks from the medial canthus of the eyes downward to join the mainstream (Figure 2).

Although the reasons for wearing facial marks are evident, the authors have encountered some people who want their facial marks removed, because the scars constitute an embarrassment. It seems therefore, that some do not like their facial marks and are unhappy with it. However, the literature is devoid of articles on the attitude of people in our environment, to facial marks. The purpose of this study therefore, is to investigate the attitude to facial marks and to contribute to knowledge on the subject.

MATERIALS AND METHODS

The study was conducted in Oyo and Akinyele local governments in western Nigeria. Three communities were randomly selected from each of the local governments. The areas were chosen because of the prevalence of the culture of having facial marks (4) and ease of access. Three hundred questionnaires were distributed equally but randomly to both sexes in each community. All respondents have facial marks and their ages ranged from 10 to 98 years. The questionnaire was designed to elicit response to their facial marks. Among other questions, respondents were asked if they liked their facial mark or not. They were asked the reason for having facial marks and their feelings about the marks. Respondents that did not like facial marks were asked if they would like the marks removed, and to state their reasons. The data gathered was analysed and statistical significance was determined at 5% level using the Chi square test.

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RESULTS

There were 1800 respondents aged between 10 and 98 years (mean 39.8, median 37.0 standard deviation 17.5). The age and sex distribution are represented in Table I.

Table I: Age group and gender distribution

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>10-19</td>
<td>80 (4,44 %)</td>
<td>97 (5,39 %)</td>
</tr>
<tr>
<td>20-29</td>
<td>197 (10,95 %)</td>
<td>206 (11,44 %)</td>
</tr>
<tr>
<td>30-39</td>
<td>193 (10,72 %)</td>
<td>190 (10,56 %)</td>
</tr>
<tr>
<td>40-49</td>
<td>214 (11,89 %)</td>
<td>190 (10,56 %)</td>
</tr>
<tr>
<td>50-98</td>
<td>216 (12,00 %)</td>
<td>217 (12,05 %)</td>
</tr>
<tr>
<td>Total</td>
<td>900 (50,0 %)</td>
<td>900 (50,0 %)</td>
</tr>
</tbody>
</table>

The age range of 10-19 years had the lowest respondents of 177 (9.83 %) because fewer people in this group were seen with facial marks. The age group of 50-98 years had 433 (24.05 %) respondents. The distribution of respondents for other age groups, ranged from 21.28 % to 22.45 %.

A total of 838 (46.56 %) had facial marks because it was the tradition or culture of their people, while 529 (29.39 %) had facial marks because it identified their royal lineage. Other reasons for having facial marks include facial decoration to enhance beauty 157 (8.72 %), claim of ownership of child where paternity was in dispute 99 (5.50 %), and naturalisation because the immigrants want to be identified with the people 18 (1.00 %) (Table 2).

Table 2: Reasons for having facial marks

<table>
<thead>
<tr>
<th>Reasons</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tradition</td>
<td>838</td>
<td>46,56</td>
</tr>
<tr>
<td>Royal lineage</td>
<td>529</td>
<td>29,39</td>
</tr>
<tr>
<td>Facial decoration to enhance beauty</td>
<td>157</td>
<td>8,72</td>
</tr>
<tr>
<td>Family decision</td>
<td>128</td>
<td>7,11</td>
</tr>
<tr>
<td>Claim of ownership of child</td>
<td>99</td>
<td>5,5</td>
</tr>
<tr>
<td>Naturalization</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>None</td>
<td>31</td>
<td>1,72</td>
</tr>
<tr>
<td>Total</td>
<td>1800</td>
<td>100</td>
</tr>
</tbody>
</table>

The age groups and response to facial marks is presented in Table 3.

Table 3: Age group and response to facial marks

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Likes facial marks</th>
<th>Dislikes and would like to remove facial marks</th>
<th>Indifferent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-19</td>
<td>16 (9,04 %)</td>
<td>154 (87,01 %)</td>
<td>7 (3,95 %)</td>
<td>177</td>
</tr>
<tr>
<td>20-29</td>
<td>83 (20,60 %)</td>
<td>226 (56,08 %)</td>
<td>64 (23,32 %)</td>
<td>403</td>
</tr>
<tr>
<td>30-39</td>
<td>92 (24,02 %)</td>
<td>102 (26,63 %)</td>
<td>189 (49,35 %)</td>
<td>383</td>
</tr>
<tr>
<td>40-49</td>
<td>125 (30,94 %)</td>
<td>68 (16,83 %)</td>
<td>211 (52,23 %)</td>
<td>404</td>
</tr>
<tr>
<td>50-98</td>
<td>342 (81,29 %)</td>
<td>15 (3,46 %)</td>
<td>76 (17,55 %)</td>
<td>433</td>
</tr>
<tr>
<td>Total</td>
<td>658 (36,56 %)</td>
<td>565 (31,39 %)</td>
<td>577 (32,06 %)</td>
<td>1800</td>
</tr>
</tbody>
</table>

The respondents that would like to remove their facial marks were 565 (31.39 %), while 577 (32.06 %) were indifferent to facial marks. A total of 658 (36.56 %) like facial marks and out of this number, 321 (48.78 %) were males and 337 (51.22 %) were females. Table 4 shows gender and the response facial marks. The reasons give n by respondents who would like to remove their facial marks were:

* the marks were embarrassing 351 (62.12 %), and,
* the marks made them unhappy 214 (37.88 %).

Table 4: Gender and response to facial marks

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dislikes and would like to remove facial marks</td>
<td>215 (30,08 %)</td>
<td>136 (24,07 %)</td>
<td>351 (62,12 %)</td>
</tr>
<tr>
<td>Embarrassing</td>
<td>91 (16,11 %)</td>
<td>123 (21,77 %)</td>
<td>214 (37,88 %)</td>
</tr>
<tr>
<td>Unhappy</td>
<td>306 (64,16 %)</td>
<td>259 (45,84 %)</td>
<td>565</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>577</td>
</tr>
<tr>
<td>Indifferent to facial marks</td>
<td>98 (16,98 %)</td>
<td>186 (32,24 %)</td>
<td>284 (49,22 %)</td>
</tr>
<tr>
<td>Nothing can be done to remove facial marks</td>
<td>175 (30,33 %)</td>
<td>118 (20,45 %)</td>
<td>293 (50,78 %)</td>
</tr>
<tr>
<td>Not bothered</td>
<td>273 (47,31 %)</td>
<td>304 (52,69 %)</td>
<td>577</td>
</tr>
</tbody>
</table>

Among the respondents that were indifferent to facial marks, their reasons for being so were:

* the marks are permanent and nothing can be done to remove them 248 (49,22 %), and,
* those that were just not bothered about the marks (50.78%).

The relationship between the age groups and response to facial marks was significant (p<0.01), but no correlation was established between gender and response to facial marks.

**DISCUSSION**

Generally, people want to be associated with accepted norms and practices of in their society, be it for the purposes of identification, enhancement of beauty, or other reasons (5). It is therefore understandable that 1466 (76.95%) of the respondents had facial marks because they wanted to be identified with the tradition of the people (including those that were naturalised) or their royal lineage. However, our investigation revealed that 248 (15.78%) of the respondents were indifferent because they believed that the marks were permanent and nothing could be done to remove them and were therefore resigned to fate. It is therefore likely that more respondents would have opted to remove their facial marks if they were aware that marks could be removed. This is an indication of ignorance among some members of the communities.

Of interest is the use of facial mark to claim ownership of child when paternity is in dispute. Our study revealed that in such situations, the male contestant who has access to the child would ensure that the child was given the same design of facial marks as himself. It would appear that the mother had little say on the matter.

A close scrutiny of the number of respondents, their reasons for having facial marks, and the number that would like to remove their facial marks, suggest that some respondents had a change of mind after having facial marks. Traditional norms and practices or the concepts, change with time either within the society or the individual, thereby giving rise to attitudinal change. Perhaps, some of these respondents were too young to really decide what they wanted. For those who were unhappy and embarrassed, their social well being would be affected. Problems of this nature have been associated with the traditional practice of female genital mutilation as reported by EL SAADAWI (6), BAASHER (7) and KOSO-THOMAS (8).

There is therefore the need to improve the awareness that facial marks can be removed. There are various methods for treating facial scars. Treatment options depend on some factors, which include facilities available, extent and severity of scar, surgeon's skill and patient's preference. The use of non-invasive camouflage technique has been advocated (9). Other treatment modalities include dermabrasion alone or in combination with scar revision, chemical peeling and the application of laser beams (10, 14). Dermal micrografts have also been reported to be successful (15).

The relationship between age groups and response to facial marks suggest that those aged 50 years and above like facial marks, while those of 40-49 years were largely indifferent. The age groups of 10-29 years do not seem to favour facial marks more because facial marks were not readily seen among those aged 10-19 years. It does appear therefore that facial marks are going out of favour and are becoming less fashionable.

**SUMMARY**

A survey was conducted in three communities. A total of 1800 respondents of equal sexes were randomly selected, and their attitudes to facial marks were analysed. Of this number, 31.39% dislike facial marks and were unhappy or embarrassed by the scar, 36.56% were happy with the marks, while 32.06% were indifferent. The study revealed that those who were unhappy and embarrassed were predominantly within the age groups of 10-29 years representing 66.52% within the age groups. Those aged 40-49 years were largely indifferent (52.23%), while most of those aged 50 years and above were happy with facial marks (81.29%).

Of the 565 respondents that would like to remove facial marks, 54.16% were males while 45.84% were females. Among the 577 that were indifferent to facial marks, 47.31% were males while 52.69% were females. The relationship between the age groups and response on facial marks was significant (p<0.01), while the relationship between gender and response on facial marks, was not.

This study suggests that facial marking is becoming less fashionable, and that there is a relatively high level of ignorance about the treatment for the removal of facial marks.
Nous avons mené une étude dans trois communautés. 1800 personnes de même sexe, hasardeusement sélectionnées, étaient interrogées et leur attitude par rapport aux marques faciales était analysée. De ce nombre, 31,39 % n’aiment pas les marques faciales et étaient mécontents ou embarrassés par la cicatrice, 36,56 % étaient satisfaits de leurs marques, 32,06 % étaient indifférents. Ceux qui étaient embarrassés étaient plus nombreux entre 10-29 ans soit 66,52 % dans cette tranche d’âge. Ceux âgés de 40-49 ans étaient largement indifférents (52,23 %) quand à la majorité de ceux âgés de plus de 50 ans ils étaient satisfaits des marques faciales (81,29 %).

Des 565 personnes interrogées qui aimeraient enlever les marques faciales, 51,16 % étaient des hommes et 45,84 % étaient des femmes.

Parmi les 577 qui étaient indifférents aux marques faciales, 47,31 % étaient des hommes cependant 52,29 % étaient des femmes. La relation entre le groupe d’âge et l’attitude face aux marques faciales était significative, mais aucune corrélation n’était établie entre le sexe et l’attitude face aux marques faciales.

Cette étude suggère que les marques faciales se démodent. Il y a un degré d’ignorance assez élevé concernant le traitement pour l’enlèvement des marques faciales.

REFERENCES

1 - EVE DI NIGRI.
Tribal marks - decorative scars and painted patterns.
2 - UZO CHUKWU S.
The art of facial scarification among the Igbo people.
3 - JOHNSON S.
History of the Yoruba.
4 - FADIPE NA.
Sociology of the Yoruba.
Ibadan University Press. 1970 ; pp4952.
5 - WRIGHT J.
Female genital mutilation : an overview.
6 - EL SAADAWI N.
The hidden face of Eve.
7 - BAASHER TA.
8 - KOOS-THOMAS D.
The circumcision of women : a strategy for eradication.
9 - HELL B, FRANGILLO-ENGELER F, HEISSLER E, GATH HJ, KLEIN M, BIER J.
Camouflage in head and neck region: a non-invasive option for skin lesions.
10 - MOY RL, BUCALO B, LEE MH, WIEDER J, CHAIDER MD, OOSTAD A, DISHELL WD.
Skin resurfacing of facial rhytides and scars with the 90-microsecond short pulse CO2 laser : comparison of the 900-microsecond dwell time CO2 lasers and clinical experience.
11 - ALYAN S, BARAN CN, YAVUZER R, LATIFOGLU O., BARAN NK.
Combined chemical peeling and dermabrasion for deep acne and post traumatic scars as well as ageing face.
12 - NEHAL KS, LEVINE VJ, ROSS B, ASHINOFF R.
Comparison of high energy pulsed carbon dioxide laser resurfacing and dermabrasion in the revision of surgical scars.
13 - ELLITSGAARD V, ELLITSGAARD N.
Acne scars and keloids : a recurrent problem revisited.
14 - KYE YC.
Resurfacing of pitted facial scars with a pulsed Er : YAG laser.
15 - CHEN YR, YEOW VK.
Cleft lip scar camouflage using dermal micrografts.