Introduction

A nickname is an informal, often humorous name for a person that is connected with their real name, their personality or appearance or with something they have done (Oxford Advanced Learners Dictionary). It often replaces an individual’s name as a form of identification and may signify what a person is known for or a reputation that somebody has. A nickname may not always be humorous or considered desirable. When a nickname is desirable, it may symbolise a form of acceptance and indicate the individual’s popularity. It can often be a form of ridicule which may not be pleasant to the individual and this may result in name calling. No one is exempted from being given nicknames, famous and popular members of the society may also have kind or unkind names.

A nickname becomes an issue when it is not desirable, and could evoke different kinds of reactions from individuals whether adults or children.

Not all nicknames are related to the real name of an individual and sources may vary from appearance to actions that an individual does or has done in the past. Children particularly at risk are those with differing beliefs and feelings, distinctive personality traits or obvious physical differences from the group norm [Vessey et al., 1995].

Dental features may be a source of nicknames and many patients seeking for correction of malocclusion have reported teasing by peers [Baldwin and Barnes, 1965]. An unacceptable dental appearance may have a significant impact on an individual’s well-being, especially children who may be stigmatised or ridiculed by their peers and come to view themselves as inadequate [Shaw et al., 1979]. Kerosuo et al. [1995] also found that subjects with malocclusions might be...

Abstract

The aim of this study was to assess the incidence of nicknames and name-calling among a sample of Nigerian schoolchildren, to examine the relationship of the nicknames to dental appearance and the impact of such nicknames on the children. Subjects and methods A sample consisting of 506 randomly selected children from secondary schools in Ile-Ife, Nigeria, were invited to participate in the study. Self-administered pre-tested questionnaires were completed independently by the children in their schools. The questionnaire related to the incidence of nicknames and teasing, nature, frequency, relationship to physical appearance and the effect of such names on the children. Results The incidence of nicknames was found to be high among the schoolchildren (77%) with no significant difference between boys and girls. Eighty eight percent were called by their nicknames on a daily basis. The majority of the nicknames were derived from the children’s names (34.9%), while others related to their appearance, body features, and personality. The nickname was appearance-related in about one third of the children and more often this related to the weight of the child (26.77%). The teeth were the source of nickname in only 6 (4.7%) of the children with equal occurrence rate in boys and girls. Conclusion The results of this study show that being given nicknames is a common occurrence in Nigerian schools, one third of which may be appearance-related with most children indifferent to these nicknames. Dental appearance may not be a significant contributor to such names.

Key words: Children; Nicknames; School.

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attributed unfavourable personality traits by others, and this may disturb the self-perception and self-efficacy of such individuals. There is no doubt that social responses conditioned by the appearance of the teeth can severely affect an individual’s whole adaptation to life [Proffit, 1993].

Although teasing is often seen as innocent and playful by the teaser, it tends to be construed as considerably more malicious by the target [Kruger et al., 2006]. While some may be well equipped, physically or psychologically to cope with different forms of insult and to disregard them without undue concern, others may not [Shaw, 1980]. For adolescents with high needs for peer approval, perceived peer standards are important, while self-reliant adolescents are less influenced by parental and peer approval. For them, reality factors predominate [Lewit and Virolainen, 1968; Stricker, 1970].

Investigations on nicknames and teasing have been carried out among schoolchildren in different parts of the world [Shaw et al., 1980; Crozier and Dimmock, 1999; Eisenberg et al., 2003; Ronning et al., 2004], in Nigeria no previous report has been published on the subject. The aim of this study was to assess the incidence of nicknames and name-calling among a sample of schoolchildren to examine the types of names reported by the children, the relationship of the nicknames to dental appearance and to examine the impact of such nicknames on the children.

Subjects and methods

The study population consisted of a group of 506 Nigerian schoolchildren, randomly selected from the first 4 years of secondary school in Ile-Ife, Osun state Nigeria. Approval to conduct the study was sought from the appropriate school authority. All the children were invited to participate after obtaining informed consent from them and their parents.

Self-administered pre-tested questionnaires (Fig. 1) were completed independently by the children in their schools. The questionnaire related to the incidence of nicknames and teasing, nature, frequency, relationship to physical appearance, and the effect of such names. Where the questions related to enquiring about the names used and what they referred to, they were open ended. Others were closed, and ended with a list of possible responses and an ‘other’ option where necessary, which was coded separately. A pilot study of an independent population of children was carried out. This gave an incidence of nicknames of 75% among the schoolchildren, the majority of which occurred at school (86.6%), 20% of which were appearance-related.

Data entry and analysis were done on an IBM-compatible personal computer. The SPSS version 11.0 was used. Descriptive statistics was used to determine the frequency distribution and percentage ratio for each of the variables. Chi-square test was used to compare the responses between boys and girls.

Results

The 506 schoolchildren sampled in this study duly completed the questionnaire. There were 240 boys and 266 girls. The age range was 10-16 years with a mean age (± Standard Deviation) of 13.17 ± 1.31 (Table 1).

About 77% of the children had nicknames (Table 2), three-quarters of which occurred within the ages of 12-14 yrs. There was no significant gender difference in occurrence of nicknames among the group (p > 0.05). About three quarters of the nicknames originated from the schools (74.9%), while the remaining 25.1% originated from their homes. Eighty-eight percent were called with their nicknames on a daily basis. In most children (89%), the nickname was used by many people but for about 10% of them, the nickname use was peculiar to only one person. The
Questionnaire

Name ................................................................................................................................................
Sex .................................... DOB ........................................................................
Father’s occupation ......................... Mother’s level of education .........................

1. Have you ever been given a nickname?
   a) yes
   b) no

2. If yes, where?
   a) at home
   b) at school
   c) other places (please specify) .................................................................

3. What is/are the name(s)? .................................................................

4. How often are you called this name?
   a) everyday
   b) every week
   c) once a month

5. Is it only one person or many people that call you by this name?
   a) one person
   b) many people

6. Who are these people?

7. What does the name mean or refer to?

8. Is the nickname related to your appearance?
   a) yes
   b) no

9. If yes which part of your body does it refer to?
   a) head
   b) height
   c) weight
   d) teeth
   e) other (please specify) ................................................................................................

10. How do you feel when you are called by this nickname?
    a) good
    b) bad
    c) not bothered

11. If it makes you feel bad what do you think the reason is?

12. Are you happy to show your teeth when you smile?
    a) yes
    b) no

13. Are you concerned about how people feel about your teeth?
    a) yes
    b) no

14. How do you feel about the appearance of your teeth?
    a) happy
    b) unhappy
    c) indifferent

15. Do you like your teeth in photographs or in the mirror?
    a) yes
    b) no
    c) indifferent

16. Have you ever been teased (made fun of) about the appearance of your teeth?
    a) yes
    b) no

Fig. 1 - The questionnaire administered to the children.
majority of the nicknames were derived from the children’s names (34.9%), others related to their appearance, personality, public figures like footballers, actresses, religious inclination, and food consumption. Two of the nicknames were derived from animal names and in some instances the nicknames had no traceable origin.

Table 3 shows the distribution of gender and physical appearance-related nicknames among Nigerian children. The nickname was appearance-related in about one third (32.6%) of the children; more than a half of this group was composed by females (58.3%) while 41.7% were males. Appearance-related nicknames were most often related to the weight of the child (26.8%). This also occurred more often among females than males. Other names referred to the child’s height (21.2%) and head (19.7%). Teeth were the source of nickname in only 6 of the children (4.7%) with equal occurrence in boys and girls. The children were allowed to specify other features of their appearance to which reference was made by peers and these included buttocks, complexion, glasses and clothing including footwear. These constituted 20.5% of all the appearance-related nicknames.

There was no significant gender difference in physical appearance-related nicknames among the children. Most the nicknames related to dental appearance were in “Yoruba language” the local language of the study location. Examples include “eyin” meaning teeth, and “feinmusu” meaning smiling to avoid exposure of ones teeth. One of the nicknames was the name of a former public office holder in Nigeria who has incompetent lips.

Only about 9% felt bad about the names, others either liked the name or were not bothered or indifferent (Table 4). There was no significant gender difference in the response to the names. The majority of the children were happy about the appearance of their teeth, only 7.3% of them were unhappy about it (Table 5). About half (45.3%) of the whole sample were concerned about how others felt about their teeth. There was no significant gender difference on self-perception of dental appearance or perception by others.

Table 6 shows the relationship between teasing and self-perception of dental appearance or perception by others. Majority of the children who experienced teasing were also concerned about the opinion of others about the appearance of their teeth. More than half of those who were teased were also concerned about how others felt about the appearance of their teeth.

**Discussion**

Nicknames and name-calling may affect the psychological well-being of an individual resulting in

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**Table 3 - Distribution of appearance-related nicknames to physical characteristics.**

<table>
<thead>
<tr>
<th>Physical characteristic</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face</td>
<td>6</td>
<td>3</td>
<td>9 (7.1%)</td>
</tr>
<tr>
<td>Head</td>
<td>10</td>
<td>15</td>
<td>25 (19.7%)</td>
</tr>
<tr>
<td>Height</td>
<td>18</td>
<td>9</td>
<td>27 (21.2%)</td>
</tr>
<tr>
<td>Weight</td>
<td>21</td>
<td>13</td>
<td>34 (26.8%)</td>
</tr>
<tr>
<td>Teeth</td>
<td>3</td>
<td>3</td>
<td>6 (4.7%)</td>
</tr>
<tr>
<td>Others</td>
<td>16</td>
<td>10</td>
<td>26 (20.5%)</td>
</tr>
</tbody>
</table>

$X^2 = 4.95, df = 5, p = 0.425$

**Table 4 - Impact of nicknames on schoolchildren.**

<table>
<thead>
<tr>
<th>Impact on child</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liked name</td>
<td>85 (21.8%)</td>
<td>100 (25.6%)</td>
<td>185 (47.4%)</td>
</tr>
<tr>
<td>Disliked name</td>
<td>19 (4.9%)</td>
<td>16 (4.1%)</td>
<td>35 (9.0%)</td>
</tr>
<tr>
<td>Indifferent</td>
<td>96 (24.6%)</td>
<td>74 (19.0%)</td>
<td>170 (43.6%)</td>
</tr>
</tbody>
</table>

$X^2 = 4.07, df = 2, p = 0.131$

**Table 5 - Self-perception of dental appearance and response to perception by others.**

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-perception of dental appearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Happy</td>
<td>235 (46.4%)</td>
<td>210 (41.5%)</td>
<td>445 (87.9%)</td>
</tr>
<tr>
<td>Unhappy</td>
<td>18 (3.6%)</td>
<td>19 (3.7%)</td>
<td>37 (7.3%)</td>
</tr>
<tr>
<td>Indifferent</td>
<td>13 (2.6%)</td>
<td>11 (2.2%)</td>
<td>24 (4.8%)</td>
</tr>
</tbody>
</table>

$X^2 = 0.26, df = 2, p = 0.877$  

<table>
<thead>
<tr>
<th></th>
<th>Concerned</th>
<th>Not concerned</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perception by others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerned</td>
<td>114 (22.5%)</td>
<td>115 (22.7%)</td>
<td>229 (45.2%)</td>
</tr>
<tr>
<td>Not concerned</td>
<td>152 (30.0%)</td>
<td>125 (24.7%)</td>
<td>277 (54.7%)</td>
</tr>
</tbody>
</table>

$X^2 = 6.90, df = 1, p = 0.253$

**Table 6 - Relationship of teasing with self-perception of dental appearance and perception by others.**

<table>
<thead>
<tr>
<th></th>
<th>Teased</th>
<th>Not teased</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-perception of dental appearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Happy</td>
<td>108 (21.3%)</td>
<td>337 (66.6%)</td>
<td>445 (87.9%)</td>
</tr>
<tr>
<td>Unhappy</td>
<td>20 (4.0%)</td>
<td>17 (3.4%)</td>
<td>37 (7.3%)</td>
</tr>
<tr>
<td>Indifferent</td>
<td>14 (2.8%)</td>
<td>10 (2.0%)</td>
<td>24 (4.8%)</td>
</tr>
</tbody>
</table>

$X^2 = 26.45, df = 2, p = 0.000$

<table>
<thead>
<tr>
<th></th>
<th>Concerned</th>
<th>Not concerned</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perception by others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerned</td>
<td>87 (17.2%)</td>
<td>142 (28.1%)</td>
<td>229 (45.3%)</td>
</tr>
<tr>
<td>Not concerned</td>
<td>55 (10.8%)</td>
<td>222 (43.9%)</td>
<td>277 (54.7%)</td>
</tr>
</tbody>
</table>

$X^2 = 20.43, df = 1, p = 0.000$
low self-esteem and body image. It may be one of the reasons for seeking orthodontic treatment. Most orthodontic patients are children or adolescents. Haynes [1991] reports that about 10% of children seeking orthodontic treatment complaining they are frequently teased about the appearance of their teeth [Baldwin and Barnes, 1965].

This study investigated the incidence of nicknames and name-calling among a sample of Nigerian schoolchildren. It is obvious from this study that three out of every four children will get a nickname while in school, and the finding is similar to previous reports [Shaw, 1980; Crozier and Dimmock, 1999]. Unlike the study by Crozier and Dimmock, in our sample there was no significant difference between boys and girls in reporting nicknames.

Most nicknames originated from school rather than the children’s homes, probably because of the influence of peer groups. This is particularly relevant when the nicknames cause emotional and psychological harm to the children. The school is a place where children spend an appreciable part of their time and it is important that children are comfortable and do not develop a dislike for school. Similar to a previous study by Hayden-Wade et al. [2005] peers in general, rather than a specific peer, perpetuated the use of the nicknames. This may display the innocent or playful intention of these children.

Seventy-five percent of nickname-calling occurred within the age of 12-14 yrs. Since nicknames were most often used by peers, the older adolescents were probably more mature than their younger counterparts and may have understood the psychological impacts that nicknames could have on individuals.

The study results are also similar to that of Shaw et al. [1980] in that the majority of nicknames derived from the children’s names (34.9%), although they had a much higher percentage (63%), but different from that by Crozier and Dimmock [1999] where the majority of the nicknames related to the appearance. Most appearance-related nicknames referred to the weight of the children (26.8%). A previous work among overweight children has shown that appearance-related teasing is frequent and prevalent often involving nicknames that focus on the weight [Hayden-Wade et al., 2005]. More girls than boys had appearance-related nicknames, and for many of them the nickname was related to their weight. Both obese and underweight children were teased in this study. In Nigeria, similarly to other developing countries, the average household income is low, therefore malnutrition rather than obesity may be the issue with children.

The teeth were the source of nicknames in only six of the children. This is similar to the report by Shaw et al. [1980], where only three of the 531 children studied had dental characteristics as the clear origin of their nicknames. The low figures reported in these studies could be due to the fact that dental irregularities could be concealed by the lips and may not be readily visible.

Only about one-tenth of the children disliked being called nicknames, while others either liked the names or were not bothered or indifferent. Fifty seven percent of those that felt bad had appearance-related nicknames. Only one of the children with dental appearance-related nicknames disliked the name, and was also unhappy about the appearance of his teeth. The others were indifferent and considered it a joke. In one of the children with teeth-related nicknames, the father was the teaser. Although studies have found paternal teasing a significant contributor to body dissatisfaction, poor self-esteem and depression [Kerry et al., 2005], this child was apparently indifferent to the nickname given. This differs from the UK report, where comments about the teeth appeared to be more hurtful than those about other features, with 60% of the group teased about teeth admitting that they disliked it or were upset about it. The reasons may be due to the peculiarities of our environment. The sample population was from a suburban city where the level of sophistication among the children is quite low due to their level of exposure. They are less exposed to print and electronic media, unlike children in developed countries where ideal figures, including dentition, are regularly portrayed on TV and magazines. In our sample the level of dental awareness and the uptake of dental services remains low.

It appears that in our environment more children experienced teasing compared with studies conducted in the UK. While almost one third of the UK subjects experienced teasing regarding their dental appearance, only about 1% derived nicknames from this. Teasing may have occurred without the use of names in the form of being laughed at, joking about the appearance of their teeth or just grinning.

Although almost half of the children were concerned about how others felt about their teeth, only about one third of them were teased about this feature. The majority of those concerned did not experience teasing, while some of those that were teased were unconcerned about the opinion of others. Being adolescents who may have high needs of acceptance and approval, especially from their peers, they could have been genuinely worried about the opinions of others, although their dental appearance may not have been deviant enough to initiate teasing. Those concerned could also have felt they had orthodontic treatment need.

The majority of the children were happy about the appearance of their teeth. Previous studies have found only about one tenth of Nigerian school children to be in great need of orthodontic treatment [Otuyemi et al., 1997; Kolawole et al., 2008]. It is however interesting to note that some children who were concerned about the opinions of others and who experienced teasing
about the appearance of their teeth were also happy about their dental appearance. Concern about the opinions of others and the teasing experience did not affect their self-perception of their teeth. Self-judgment of dental appearance can be imprecise especially in young individuals. Studies on individual perception of one’s own occlusion indicated that children have limited ability to perceive their teeth accurately [Shaw, 1981; Holmes, 1992]. Another possible reason may be the cultural and religious beliefs of people in our environment that all things are wonderfully created and should be accepted as beautiful and flawless. Many people in Nigeria are also unaware of the possibility of corrections of dental irregularities. They may have conditioned themselves to be happy with their dental appearance if they assumed they had to live with these irregularities for life.

**Conclusion**

The results of this study show that being given nicknames is a common occurrence at school, one third of which may be appearance-related but the dental features don’t seem to represent a significant contributor to such names. The majority of the studied children were indifferent to the nicknames they were called. Shaw [1980] concluded that while some children may be well equipped, physically or psychologically, to cope with different forms of insult and to disregard them without undue concern, others may not. The majority of these Nigerian children appear to fall into the former category, i.e. those who disregard these names without undue concern.

Although this study does not report a high incidence of upsetting nicknames, routine screening in schools may be necessary to ensure that nicknames and teasing, which may also be precursors to bullying, do not become a form of peer harassment. Peer harassment has been associated with school connectedness and academic achievement. [Eisenberg et al., 2003]. Early interventions may be required for children whose academic performance is affected by peer harassment.

Further work with valid instruments such as the Physical Appearance Related Teasing Scale-Revised (PARTS-R) [Vessey et al., 2003], which can objectively assess teasing in children, may be necessary in our environment. Where the nicknames do occur and are related to conspicuous dentofacial deviation, orthodontic treatment should be offered as early as possible as this can greatly improve the self-esteem and social interaction of such children.

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