Contemporary College Students and Body Piercing

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Abstract:
Student (N = 450) demographic characteristics (parental composition and relationships, and religious participation) were documented in those with body piercings (32%) and those without body piercings (55%), yet many risky behaviors were present, including tattooing (22%). Major piercing purposes were self-expression and identity, rather than deviancy or rebellion. © Society for Adolescent Medicine, 2004

KEY WORDS:
Body piercing
College students
Religion
Risk behaviors

Almost a quarter of all 18–24-year-olds in the United States are enrolled in colleges and beginning to make career decisions, with many moving from their family for the first time [1,2]. College students (as well as college-aged individuals) frequently drink alcohol and smoke cigarettes, use marijuana, and engage in sexual activity, with limited use of precautions to prevent pregnancy or sexually transmitted disease [3]. There is also the lure of body art with the potential risk of bloodborne diseases [4,5].

Perceptions about people who are pierced abound in the literature [2,4–9]. The public media tends to portray body art procurement as risqué and carefree behavior. Professional literature typifies the negative stereotyping as “socially marginal,” doing poorly in school, coming from broken homes, having an unhappy childhood, rarely attending church, using poor judgment, impulsively obtaining body art while intoxicated, and pressured by their friends. Is this the case?

The purpose of this study was to obtain demographic, decision-making, and risk behavior information from college students with, and without, body piercings. Body piercing was defined as “creating an opening through which decorative ornaments such as jewelry may be worn” [2].

Methods
The sample consisted of 450 students who were attending sociology classes in a large state-supported university located in a predominately conservative political and religious community of a rural part of the southwestern area of the United States. The Armstrong Team Piercing Attitude Survey (ATPAS), with a 10th-grade reading level was used, based on previous studies, review of literature, and field study [2,8–10]. All respondents were asked 104 attitudinal questions (Likert-type scales, range of 1–5 and 1–7) about piercing, as well as 48 demographic questions. Students with piercings, other than earlobes (both genders), answered 30 additional questions for their procedural experience and decision-making.

Of the respondents, 55% had never been pierced and 32% had current piercings. Another group not reported here (13%), had removed their piercings within the year. Significant gender differences were present (28% M/72% F): $\chi^2(5, 33.3, p = .00), t(2.9, p = .045)$. Females were significantly more interested (33%) in body piercing than males (19%), $\chi^2(1, 7.9, p$
Students Never Pierced

Of those never pierced (Table 1), many came from natural parent households, with positive home relationships, and over one-half of their parents possessed an undergraduate degree. They attended church frequently in childhood and, during college enrollment, about half still did. Their strength of faith was “moderate to very strong,” they felt close to God, and prayed at least daily (Cronbach alpha .82). Women often prayed more (47% M/63% F), \( \chi^2(5, 20.5, p = .001) \). Risk behaviors were low to moderate level.

Students Presently Pierced

Of those pierced, most were female, from natural parent households, and reported positive home relationships (Table 1). Many obtained their piercings after entering college and as lower classmen. Almost all (99%) still like their piercing(s), and many would have the piercing again (62%). They had wanted their piercing for a long time (46% M/49% F), then just took a few minutes for the decision. A smaller portion were impulsive, only taking “a few minutes” for their decision (21% M/12% F). Religious activities aligned with the never-pierced group, although not as strongly.

The major piercing purposes were “uniqueness” and “be myself, I don’t need to impress anyone anymore.” New and exciting experiences were sought, as compared with the never-pierced students, \( \chi^2(20, 34.1, p = .025) \), even if the situation was a little unconventional and illegal \( \chi^2(20, 38.2, p = .008) \). Additionally, overall risk-taking behaviors for sexual partners, alcohol consumption, cigarette smoking, drugs, and tattoos were increased from the never-pierced group, as well as their self-perception of riskiness. Yet, little (15%) alcohol or drugs were reported before the piercing, a finding similar to other body art studies [2,10].

A total of 234 piercings (range 1–5) were reported. High ear cartilage (53%) were the most frequent of the 98 visible piercings. Semi-visible piercings included the tongue (13%) and navel (38%). Intimate piercings (14 nipple/6 genital, 9%) were also present. Students cited 157 (69%) piercing problems. Compli-
cations included skin irritation (42%), site sensitivity (27%), site infections (23%), keloids (6%), and allergies (3%). “Other” concerns (6%) included embedded jewelry, rips/tears, and mouth problems with tongue piercings. Psychosocial concerns included unhappiness (11%) with at least one of their piercings and reports of not getting another piercing (26%).

**Total Respondent’s Risk Behavior**

Several questions were asked about risk-behaviors (Cronbach alpha .70). Differences were significant regarding sexual activities, alcohol consumption, drug use, and tattooing (Table 2). Tobacco use was lower than the national average (29%) for college students [11]. Both those never pierced and those pierced had lower numbers of sexual partners than the national average (35%).

Interestingly, a higher rate were tattooed (22%) than in a previous tattoo study in the same school (19%), one year earlier [10]. Those tattooed in this study represented different demographic characteristics with natural parent households, parents with undergraduate degrees, and religious participation. Family relationships were significantly different $\chi^2(30, 53.7, p = .00)$. Drug use (marijuana, nationally 14%) was higher in the tattooed groups [11]. Additionally, they were higher risk-takers regarding sexual activity, alcohol consumption, drugs use, cigarette smoking, and risk perception (Table 2).

**Discussion**

Although these college students were risk-takers, the negative stereotypical perspectives did not surface in the general demographic characteristics of pierced students [8–9], similar to Forbes’ and Mayer et al.’s findings. College church attendance, strength of faith, closeness of God, and daily prayer were similar, regardless of piercing status.

Deliberate decision-making was present with their body art. As Forbes said, “they liked them, found them attractive, and [it was] a valued means of self-expression” (p. 784). Of those pierced, one in three had a piercing(s) for self-expression and identity, rather than deviancy or rebellion [2,7–9]; more women were pierced; they averaged 1–2 piercings; many were satisfied and were considering more [2,4,8]; similar demographic characteristics aligning with the nonpierced college students were present [8]; the pierced (and especially the tattooed) students tended to be higher risk-takers [2,7–10]; many local physical risks were present from the piercings [2,9]; and psychosocial risks such as unhappiness, those who would not repeat the procedure, and a group that had removed their jewelry, were reported [8–10]. Further research on the differences among individuals with different types of body art is suggested.

Body art popularity continues to be documented [2,4–9]. Rather than using body piercings as a marker for screening deviant behavior [6], establish dialogue with college students regarding their body art [2,4].

### Table 2. College Students and the Most-risky Behaviors

<table>
<thead>
<tr>
<th>High Risk</th>
<th>Never Pierced (n = 247, 55%)</th>
<th>Presently Pierced (n = 145, 32%)</th>
<th>Tattooed (n = 100, 22%)</th>
<th>Tattooed and Pierced (n = 99)</th>
<th>Tattooed, Removed Piercing (n = 24)</th>
<th>$\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Range 5–7 on Scale of 1 ≤ 7)</td>
<td></td>
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<tr>
<td>Unprotected sex* (without condom)</td>
<td>34 (14)</td>
<td>21 (14)</td>
<td>14 (38)</td>
<td>34 (87)</td>
<td>12 (50)</td>
<td>$\chi^2(30, n = 448), 76, p = .000$</td>
</tr>
<tr>
<td>Sexual partners (6 or more)</td>
<td>35 (14)</td>
<td>37 (26)</td>
<td>13 (35)</td>
<td>12 (31)</td>
<td>10 (42)</td>
<td>$\chi^2(25, n = 448), 76, p = .000$</td>
</tr>
<tr>
<td>Drink alcohol* (very often)</td>
<td>71 (29)</td>
<td>66 (46)</td>
<td>14 (38)</td>
<td>18 (46)</td>
<td>11 (46)</td>
<td>$\chi^2(30, N = 450), 56.8, p = .002$</td>
</tr>
<tr>
<td>Yes, drank 5+, past month</td>
<td>91 (36)</td>
<td>91 (63)</td>
<td>23 (62)</td>
<td>24 (62)</td>
<td>15 (63)</td>
<td>$\chi^2(5, N = 450), 17.3, p = .004$</td>
</tr>
<tr>
<td>Yes, drank 5+, past week</td>
<td>59 (24)</td>
<td>43 (30)</td>
<td>13 (35)</td>
<td>10 (26)</td>
<td>10 (42)</td>
<td>Not significance</td>
</tr>
<tr>
<td>Drugs* (very often)</td>
<td>14 (5)</td>
<td>17 (12)</td>
<td>9 (24)</td>
<td>7 (18)</td>
<td>5 (21)</td>
<td>$\chi^2(30, N = 450), 60.6, p = .001$</td>
</tr>
<tr>
<td>Tobacco* ½ pk + daily 5–7</td>
<td>20 (8)</td>
<td>29 (20)</td>
<td>9 (24)</td>
<td>9 (23)</td>
<td>6 (25)</td>
<td>$\chi^2(20, n = 449), 33.6, p = .030$</td>
</tr>
<tr>
<td>Tattoos* 1–2</td>
<td>36 (13)</td>
<td>33 (22)</td>
<td>36 (92)</td>
<td>22 (92)</td>
<td>19 (75)</td>
<td>$\chi^2(10, N = 450), 451.1, p = .000$</td>
</tr>
<tr>
<td>Cautious/risky (range 5–7)</td>
<td>21 (9)</td>
<td>29 (20)</td>
<td>10 (27)</td>
<td>10 (26)</td>
<td>9 (38)</td>
<td>$\chi^2(30, N = 450), 61.7, p = .001$</td>
</tr>
</tbody>
</table>

* Probability at .05 level.
Provide realistic, applicable information to assist them with decisions and risk behavior at a time with career development, self-concepts, and general well-being are utmost on their mind.

The authors gratefully acknowledge Pam Prosser for article development and the partial funding by the Texas Tech University Health Sciences Center School of Nursing Research and Practice committee.

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