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High-Risk Behavior: Who's Engaging in It?

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High-Risk Behavior: Who Is Engaging in It?*

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High-Risk Behaviors: Who Is Engaging in It?

Why are people engaging in dangerous behaviors, putting themselves and society at risk, despite the detrimental consequences? I propose that with more years of education completed, an individual is less likely to participate in high-risk behaviors; and also, that those who lived in a two-parent household at age 16 are less likely to engage in these behaviors as well. In this research we analyze 345, unmarried respondents, from the 2004 General Social Survey, all whom have answered questions about their educational attainment, strength in religion, familial formation at age 16, employment status and age through an interview process. The data rejects both hypotheses: those with more years of education completed, and who are employed, are likely to visit a bar more often than those with fewer years completed, and there is not any statistically significant relationships to support that those who lived in a two-parent household at age 16 are less likely to participate in high-risk behavior. There is a strong relationship among the drug variables, implying that respondents who are using drugs are typically using more than one. This research shows significant relationships between these variables, but there is a need for future research.

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Sociologist James H. Frey (1991: 138) defines "risk" as: "Uncertainty about the outcome of an event or action...associate risk with an uncertain outcome in which the possibility of significant loss or gain is present. The loss or gain has a permanent character and the person will have to redefine self in some way as a consequence." Risk can be related to any sort of action or event in one's life, big or small, but the term "high-risk" relates to activities, that can result in injury, infection, mortality and more. High-risk behavior is somewhat of a general phrase or term that labels and categorizes specific behaviors as dangerous and unpredictable; but in this research high-risk behavior is specifically related to drug and alcohol use. Engagement in high-risk behavior has been seen to be caused by many factors including an individual's immediate family and community, self-esteem, past experiences, physical and mental health, religiosity, education and more. Risk and the participation in high-risk behavior are present in multiple areas of sociology that are more closely related to economics, criminology, delinquency and social psychology. Because this type of behavior is considered a lifestyle for some, it will have some substantial impact on society, making it relevant for society and a hot topic for sociological research. This is a sociological issue because there appears to be a population of people who engage in risky behaviors, so it would be beneficial for the well being of the individual and for the future of these societies to see what or who is driving this behavior and how we can eventually cut back.

High-risk behavior will always be a constant occurrence in society because populations continue to grow and change. This kind of behavior will continue to be present throughout time, even when people phase out or if there are limitations. Despite possible restrictions, risky behavior has the potential to evolve and reach new and larger audiences due to technological and cultural advancements. Because there are small communities of people who live high-risk

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lifestyles throughout the world, it is important to recognize this behavior and consider the motives in order to reduce the number of participants. In some cases high-risk actions are caused by mental or physical illness or disability, but for the cases that do not, I do think there are external influencers playing a role.

As stated above, I believe that in our society there is a population of people who participate in high-risk activities, opening the door for dangerous and costly repercussions, not only for the participant, but for society as well. Generally, most adolescents and adults engage in risky activities at some point in their lives, however this behavior tends to end due to a variety of circumstances. Every individual is different, so there are a variety of reasons and motives why people participate in this kind of behavior, but I believe there are societal influencers that have an impact on whether one engages or not. In this research, I will be looking at two different variables potentially impacting one's participation in high-risk behavior; the first variable is educational attainment, so whether or not the amount of years of education completed affects their lifestyle choices, and the second is about whom the respondent was living with when they were 16 years old; it seems as if there is a potential relationship between familial structure during adolescence and whether or not one will participate in risky activities. I hypothesize that the more years of education the respondent has completed, the fewer risky behaviors he or she will engage in; and respondents who lived in a two-parent household at age 16 will engage in fewer risky behaviors.

THEORETICAL FRAMEWORK

Rational Choice Theory (RCT) is a sociological perspective that theorizes that individuals make choices based on the costs and benefits of the outcome of their actions. This

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theory implies that many individuals are selfish, and their decisions are self-motivated, so despite the action, if the benefits outweigh the costs, that will govern the individual's actions. One of the ways an individual weighs these decisions is through social interaction and experience, so based on their interactions with other people and/or institutions, they can then evaluate the costs and benefits and make a decision from there. Again, RCT is self-motivated, so if an outcome of an action attains a goal for the individual, they are likely to go through with the action despite the costs.

RCT is a common theory used in sociology, economics and politics, but more recently has been used as a perspective within criminology. Paternoster et al. (2017: 849) discuss RCT in terms of criminology and writes, "The decision to commit a crime is rational and involves the weighing of perceived costs and benefits...and the decision to offend is influenced by immediate contextual characteristics." Not all high-risk behaviors involve crime, but in this research, some are, and could lead to serious injury, infection or death to the individual and/or their society.

RCT is a perspective where one weighs the costs and benefits to help guide their actions, so this theory can be used in everyday activities by anyone. This is a common procedure for individuals, but when the costs are detrimental, that is when we begin to question an individual's rationale. Individuals who are engaging in high-risk behaviors are aware of the potential detrimental costs, like injuries, infection (HIV transmission), overdose and even death, but yet continue to participate. These individuals who engage in risky activities are making decisions that they consider rational, when really these choices have the potential to open the door for costly repercussions.

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LITERATURE REVIEW

There is a higher potential for the number of participants to increase due to the increase in population size, the ongoing development of technological and cultural advancements, urbanization, policy change and more; which is why certain societal facets have the potential to influence an individual and even a population on their involvement in risky activities. An example about the popularity and new visibility of high-risk behavior in our society is the current heroine epidemic, which can lead to addiction, HIV transmission, overdose and death. So now more than ever it is crucial to see how and what societal factors are promoting this behavior and how we can eventually reduce the number of participants.

There is a variety of literature and empirical studies that capture different areas of high-risk behavior and how different personal and societal influencers can impact and be a driver of one's engagement. In this research I look at texts that present ideas, theories and data (both qualitative and quantitative) about high-risk behaviors, their participants and how education, familial formation during adolescence, strength in religion, age, and employment status correlate. It can be assumed that certain societal facets can promote or discourage one's participation in risky behavior. In most regions there are small populations of people who uphold high-risk lifestyles, not only endangering themselves, but those around them, so being able to learn about them, their motivations and their influencers will give us the opportunity to come up with a solution on how to reduce participants.

Individual Choice

People who engage in high-risk activities give reasons and motivations for their participation, but it's important to remember that they are aware of the costs and benefits, and make a conscious decision despite possible repercussions. These individuals are evaluating

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certain behaviors, typically with peers, and deciding whether or not it is deemed risky, so their participation, and the reasons behind it, is solely their choice. Most of these people know the consequences and repercussions of their actions, but despite that, they are still making the conscious decision of putting themselves and others at risk. Pilkington (2007: 375) talks about how modernity, globalization and individualism play into decision making and she adds, “Because individuals have greater recourse to expert knowledges in late modernity – they are considered more able to assess and manage risk for themselves.” Because of societal advancements, more resources are becoming widely available; higher education, employment opportunities and other aids give people the information and experience to make a rational choice about their actions. Douglas and Calvez (1990) agree with Pilkington (2007) and continue this discussion about repetitive engagement despite awareness, and that at this stage in an adult’s life, it is not about a “weakness of understanding,” but rather a thought out decision these individuals are making.

High-Risk Participants: Placing Blame

Some believe that the population of high-risk participants is extremely small and all have common lifestyles or characteristics, but that is not the case. Because there are numerous behaviors considered high-risk, the range of participants can vary across all ages, races, regions, and more, making their strongest commonality risk taking. Balsa and colleagues (2014) present findings about one source of motivation: people who frequently engage in risky behavior are people who are stressed. They argue stress is caused by their job, which is why they resort to drugs and alcohol as a coping mechanism. This information implies that the people who are engaging in risky drug and alcohol behavior (within this research) are people with more years of education completed, employed, and typically have higher SES statuses.

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In addition to Balsa et al. (2014), Cooper et al. (1990) and Martin et al. (2003) created similar studies looking at the relationship between stress and alcohol consumption, and find that those who are stressed, whether it is induced by work or other external influences, excess alcohol consumption is seen to be a coping mechanism. Cooper et al. (1990: 260) explains that the “tension reduction theory proposes that alcohol reduces tension and...that people drink alcohol for its tension-reducing properties.” In Balsa’s et al. (2014) research, tension is directly related to work, but Martin et al. (2003) argues that tension can be caused by anything, in his research more specifically related to discrimination, but a universal coping method is alcohol consumption. It can be assumed that a common coping practice for stressed individuals is alcohol consumption. Balsa et al. (2014), Cooper et al. (1990) and Martin et al. (2003).

One commonality among those who participate in any high-risk activities is that they do not consider their behaviors to be high risk. Because their actions have not harmed them or someone else, they feel invincible and will continue to do so. Participants also believe that people who engage in risky behavior think that they have control over it because they have not been harmed, which eases their anxiety and disregards the consequences. Peretti-Watel and Moatti (2006) give the example of a marijuana user who was worried that he developed an addiction, so he stopped for a week, which was surprisingly easy, and then continued to smoke without worry. This example reaffirms the idea that because these individuals have only experienced the benefits of risky behavior, so they will continue to participate.

McCoy and Khoury (1990) agree that many participants believe that their behavior is casual and harmless, but add that because of their perspective they are more inclined to be engaging in more than one risky behavior. Pilkington (2007: 378) discusses:

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The notion of the individualisation of risk and suggests that, for young people, risk management has become routinised to such an extent that ‘drug users are essentially extending the same decision making processes to illicit drugs as others do in respect of cigarette smoking or drinking alcohol or indeed horse riding, hang gliding or mountaineering

This reiterates the point that because these individuals have participated in activities that have detrimental consequences and have both survived and enjoyed, they begin to believe that they are invincible, and continue to engage in this kind of behavior.

In addition to the idea that people believe that their behaviors are under control, McCoy and Khoury discuss that many participants are aware of the possible consequences of their actions, but continue to engage, similar to Pilkington’s (2007) theory of invincibility. “Almost all study subjects (98 percent) knew that the AIDS virus can be transmitted by sharing needles with an AIDS-infected person or by sharing needles with someone who has shared with others” (McCoy and Khoury 1990: 422). Peretti-Watel and Moatti (2006) make a claim that these participants are “sensation seekers;” meaning that they are trying to enhance their performance, performance of any kind by participating in risky behaviors despite the dangers attached.

Consequences of High-Risk Behavior

HIV Transmission via Drug Injection

One of the biggest reasons why drug use (via injection) is considered high-risk is because of the potential for addiction, HIV transmission, overdose and death. Chitwood and Comerford (1990: 469) use a sample of respondents who are all previous or current drug users to see patterns and theme, and they emphasize the fact that sharing needles and/or cookers is very high-risk and dangerous behavior because it can easily transmit HIV; “Three in four (75.7 percent)

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cocaine and opiate injectors had shared a cooker.” These numbers claiming that these respondents are aware of HIV transmission, and yet continue to share paraphernalia with others, who also share with others, increasing the risk of transmission.

HIV Transmission: Adolescent Education and Awareness

It has been assumed that if an individual begins risky behavior during adolescence, there is the possibility that it can continue into adulthood, and Stanton et al. (1999) tackles this assumption and found that respondents who said they participated in premature substance use and intercourse were found to continue participation in these behaviors as well as even riskier activities later on in life. The motivation behind early engagement in this behavior is the sense of freedom one gains during the transition from adolescence to early adulthood; so they will take advantage and engage in activities they have not or were not allowed to before. Similar to Pilkington (2007), most kids feel invincible, that bad things will not happen to them, which could be a possible motivator for them.

Since there is a connection between delinquency and risky behavior in adulthood, people believe that individuals should be educated during adolescence about the potential repercussions of their actions. Stanton et al. (1999) argues that maybe with more information or stronger reinforcement, there will be lower participation rates in these kinds of activities.

HIV Transmission: Spread Across Reasons

The HIV epidemic was once assumed to be connected with one specific population within our society, but over the years it has spread across communities and regions. Richard Crosby et al. (2012) studies the risk of HIV transmission in rural communities and how age comes into play. Crosby and contributors (2012: 778) give background and characteristics of people who live in rural areas, and argue that they are are typically less educated than those in

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urban areas, have lower SES statuses, unemployed and are more isolated. One issue about risky behavior in a rural community is that because of the small population, the odds for something to spread much faster are high. “Nearly 1 of every 5 (18.3 percent) reported they had used a ‘dirty needle’ in the past 6 months. More than one-third (36.0 percent) reported never being tested for HIV (before study enrollment)” (Crosby et al., 2012: 780). This is from a small sample, which included people in a rural area, ages 18-65 who has used drugs within the past year, but regardless, these numbers are big for this small rural town. Facets of a rural area like high unemployment rates, low educational attainment and low SES create an environment that fosters engagement in high-risk activities, and because this is such a small population there is a risk of rapid HIV transmission.

Religion: Promoter or Preventer?

Religion as an institution has been seen to impact an individual’s life and the choices they make, so sociologists have researched the relationship between behavior and religious involvement. Wigfall and colleagues (2012) create a study looking at the relationship between religious affiliation and high-risk behaviors among young women in college. They have found that women who are religious or consider themselves to be religious practice safe sex, specifically using a condom. This article adds another component that can influence one’s behavioral choices and that is familial structure; most of these respondents who grew up in a two-parent household were more likely to be religious, which also means that they were more likely to have sex with a condom. This research concludes that a person who considers himself or herself as religious is less likely to participate in a high-risk lifestyle.

Miller and Stark (2002) present ideas about how levels of religiosity between genders are different and how it can influence future endeavors. These researchers conclude that women are

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more religious compared to men, and that in general men are more likely to engage in risky activities.

It is well-known that men have a greater propensity to engage in risky behavior and that this difference in risk preference has long been considered the best explanation for gender differences in crime and delinquency, as well as other 'risky' behaviors such as drinking, drug use, smoking, adultery, and the like (Gottfredson and Hirschi 1990; Grove 1985).

(Miller and Stark 2002: 1400)

This text argues that because men are considered riskier compared to women, they are more likely to be irreligious, deviant and participate in high-risk behaviors.

Similar to Miller and Stark (2002), Watkins Jr. and contributors argue that if one is considered to be more religious, than they will be less likely to engage in risky behavior. Watkins Jr. et al. (2016: 545) created a study evaluating the relationships between religious affiliation, high-risk behaviors, HIV and HPV transmissions and homosexual intercourse with black men. They found: "increased levels of spirituality corresponded to decreased levels of certain risky behaviors." This research agrees that involvement in religion reduces the likelihood of participation in high-risk activities. (Wigfall 2012 and Miller and Stark 2002).

In a meta-analysis done by Kelly et al., (2015) they found similar findings to Wigfall (2012) and Watkins Jr. (2016) and conclude that if someone is religious, frequently attends religious services or finds strength in religion, they are less likely to engage in dangerous or high-risk behaviors. "Religious involvement tends to decrease delinquency in part because it is likely to increase the levels of fear of punishment, social bonds, and self-control, while decreasing delinquent learning and strain-related negative emotions" (Kelly et al., 2015: 520).

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Those who are religious are typically concerned about sinful behavior, so an increase in religiosity will most likely lead to a decrease in delinquent and dangerous behavior.

Familial Formation and Transition from Adolescence into Early Adulthood

Kuhl and contributors (2016) study how parental involvement can influence delinquency, specifically how parents socioeconomic status and their emphasis on education, marriage and their future, influences their behavior.

Delinquency is not normative in adulthood, but given the changes in likelihood and timing of different types of family formation for adults today, and the heterogeneity of positive role transitions by social class and neighborhood context, we may continue to see prolonged delinquent activities for select groups of emerging adults (Kuhl et al., 2016: 360).

The study follows up on this point discussing that familial and residential structure plays a role on a family's SES and educational attainment, which are two components that can govern ones behavior.

In most cases children will participate in risky or dangerous activities (Stanton 1999), but eventually will phase out by young adulthood, so this research conducted by Aiyer and colleagues (2013: 409) discuss the transition of delinquents from adolescence to early adulthood. "Low parental involvement, weak family cohesion, and poor parent-child communication increase risk for delinquency." This emphasizes and agrees with Kuhl et al. (2016) that a weak familial structure, such as a disconnect between a parent and child, can lead to delinquent behavior in adolescence and potentially carry over to high-risk behavior in adulthood.

Adolescence and Development

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Booth, Farrell and Varano (2008: 440) explain delinquency can transition from youth to adulthood. In contrast to Kuhl et al. (2016) and Aiyer et al. (2013), their study found: “parental attachment was not a significant predictor of risky behavior.” Despite the fact that this study found an insignificant relationship, you can see that findings can vary based on samples.

Many may think that other institutions or activities like sports, theatre, church, and others can influence the prevention of participating in risky activities, but Booth and colleagues (2008: 446) disagree. “Although involvement in activities may help keep young people away from serious delinquency, they do less to protect them from risky behavior such as heavy drinking, drunk driving and smoking.” This finding presents the idea that as many measures people take to protect children in the hopes of postponing their engagement in these activities, people are still able to find other ways to participate in risky behaviors.

Impact of Education

There is conflicting research about whether or not the amount of years of education completed can influence one’s engagement in high-risk behaviors, but Montez, Hummer, and Hayward (2012) present the idea that more education leads to a lower chance of early mortality. This literature’s goal was to see if an individual with more years of education completed, or having a higher degree, would decrease their chances of early death; and yes, this research found that each year of additional education will lower one’s chance of early mortality.

Olasupo and Idemudia (2017) continue the discussion on the relationship between educational attainment and engagement in high-risk behaviors, and they also conclude that if a person has more years of education completed, they are less likely to engage in risky activities, specifically due to their awareness. Olasupo and Idemudia (2017: 70) write, “Education affords people the opportunity to know the danger involved in using drugs. Through education, most

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people are exposed to life skill training, drug prevention program, counseling, etc.” Pilkington et al. (2017) would agree, and claim that educated people have the knowledge and resources to make the safer decision. Rogers et al. (2013: 473) reaffirms the idea stated above and how certain years of education can influence and predict one’s engagement. “Those with 13-15 years experience a 38% increased risk (or a hazard ratio of 1.38), those with 12 years, a 59% increased risk, and those with 0-11 years, a 75% increased risk of death over the follow up period.” This finding reiterates the idea that those with less years of education have a higher chance of early mortality compared to those with 15 years or more of schooling. In conclusion, those with more years of education completed are less likely to engage in risky activities, and are more likely to live longer. (Montez et al. 2012, Olasupo and Idemudia 2017 and Rogers et al. 2013).

In contrast to the research presented above, Kuhl and colleagues (2016) create a study looking at similar variables like educational attainment, family formation and socioeconomic status (SES) in relation to engaging in delinquent behavior after adolescence. One finding that these authors were surprised about was that they found that people who were more “privileged,” meaning more years of education completed and a higher SES, were more likely to engage in delinquent behavior. They say that this is because privileged people are not necessarily worried about consequences since they have an education and a high SES to fall back on. (Balsa et al. 2014).

These activities mentioned above in the literature review are all dangerous and potentially detrimental to not only the individual, but also to their society; many of these sociologists have reason to believe that there are societal conditions and institutions that influence one’s behavior. Facets of everyday life like education, religious practice, familial structure and more can govern

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one's actions; the lack of or the increase of any one of those variables can likely reveal those who engage in high-risk activities.

METHODS

The data set I am using is the 2004 General Social Survey, Ballot C, with a sample of 345 respondents. The General Social Survey collects data from randomly selected households in the United States and all of their questions are asked during a conducted interview. All respondents are residents in the United States, can speak either English or Spanish and are 18 years or older. For more information on this data set, please visit the 2004 General Social Survey. I have reduced my sample by selecting only unmarried cases, meaning this subset includes only respondents who are single; never married, divorced or widowed, which made the sample size 345 people. I believe that people who are single typically have less familial and financial responsibilities, having more free time to participate in risky behaviors. The units of analyses of this research are single individuals.

Variables

I use two independent variables for my research, which are educational attainment, which is the "education", variable in the GSS and the other is whom the respondent lived with at age 16, known as "family 16." The questions in the survey read as follows: "Ask all parts of question about respondent before going on to ask about R's Father; and then R's Mother; then R's spouse, if R is currently married. A. What is the highest grade in elementary school or high school that (you/your father/ your mother/ you [husband/wife]) finished and got credit for? CODE EXACT GRADE. B. IF FINISHED 9th-12th GRADE OR DK*: Did (you/he/she) ever get a high school diploma or a GED certificate? C. Did (you/he/she) complete one or more years of college for

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credit—not including schooling such as Business College, technical or vocational school? (IF YES: What degree or degrees?) CODE HIGHEST DEGREE EARNED.” (The General Social Survey, 2004). For this research, the focus is solely on the answers about the respondents’ years of education completed, which can range from 0 to 20 years..

The second variable that relates to the respondents familial residential structure at age 16, which asks, “Were you living with both your own mother and father around the time you were 16? (IF NO: With whom were you living with around that time?) (IF R. MARRIED OR LEFT HOME BY AGE 16, PROBE ‘BEFORE THAT.’)” This variable is coded as “0= other, 1=mother & father, 2=father & stepmother, 3=mother & stepfather, 4=father, 5=mother, 6=male relative, 7=female relative, 9=m and f relatives, -1=N/A, 9=no answer.” This variable has been recoded so a two parent household =1, which includes mother and father, father and stepmother and mother and stepfather, and anything other would =0. This recode is intended to see if and how living in a two-parent household at age 16 influences a respondents engagement compared to other arrangements.

I use four dependent variables that are all different high-risk activities, which will hopefully separate those who participate in this kind of behavior and those who do not. There are three variables having to do with drug use that will be added together and put on a scale, and the other will be measured and evaluated on its own.

The first questions read as follows: “Would you use this card and tell me which answer comes closest to how often you do the following things...go to a bar or tavern?” This is measured as 1=almost daily, 2=sev. times a week, 3=sev. times a month, 4=once a month, 5=sev. times a year, 6=once a year, 7=never, 8=don’t know, 9=no answer and 0=N/A. This variable has

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been reverse coded so “almost daily” =7, making it the higher number, which helps make the interpretation more intuitive. (The General Social Survey, 2004).

The following three variables are all drug related and then combined to be put on a scale to see how many drug related behaviors these respondents are engaging in. The scale will range from zero to three, indicating whether or not a respondent participated in none, or all three of these drug related activities. All three variables were dummied, so 0= no, they have never used, and 1= yes, they have used. The drug injection question asks, “Have you ever, even once, taken any drugs by injection with a needle (like heroine, cocaine, amphetamine, or steroids). Do not include anything you took under a doctor’s orders.” This variable is measured as 1=yes, 2=no, 8=don’t know, 9=no answer and 0=N/A. The second drug variable asks, "Have you ever, even once, use 'crack' cocaine in chunk or rock form?" and the options read as follows, "1=yes, 2=no, 8=don't know, 9=no answer and 0=N/A." The final drug related question reads as: “Now, I’m going to ask you about various events and conditions that happen to people. I’m interested in those that happened to you during the last 12 months, that is since (CURRENT MONTH), (1990/2003). First, thinking about health related matters, did any of the following happen to you since (CURRENT MONTH, 1990/2003)? Used illegal drugs (e.g. marijuana, cocaine, pills). This variable is measured as 1=yes, 2=no, 9=no answer and 0=N/A. Once again, these three variables will be put on a scale and each respondent will be scored to see their participation rates. Even though the alcohol variable is not on the scale, it is still another risky behavior that people participate in, and has the potential to correlate with the other variables.

Reasoning for Control Variables

I will be using three different control variables to see what else is driving people to engage in these kinds of behaviors. Religion as an institution is known to have an opinion against

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risky activities, so one's strength in religion could discourage them from participating.

Employment status will be used as a control variable because it shows whether or not the respondent has a consistent income, and the amount of free time and flexibility they have, their stress level and their interaction with surrounding networks. The lack of employment could mean these participants have the time and less responsibilities, so they can spend their time engaging in risky behaviors. The last variable that will be used as a control variable is age; I believe that most people participate in risky activities at some point in their lives, but eventually phase out as they get older and more settled, so it would be interesting to see if that is true.

For this research I have added three control variables that have the potential to show motivation or prevention for people who participate in high-risk activities. The first variable is strength in religion, which is labeled in the GSS as "relsprt1." The question reads as: "I find strength in my religion or spirituality" and the answers are listed as follows: "1=many times a day, 2=everyday, 3=most days, 4=some days, 5=once in a while, 6=never or almost never, 8=don't know, 9=no answer and 0=N/A." This variable has been reverse coded, so "many times" =7, the higher number, and as mentioned earlier, so the interpretation is more intuitive. The second control variable is employment status; the question reads as "Last week were you working full time, part time, going to school, keeping house, or what?" The answers read as follows: "1=working full time, 2=working part-time, 3=temp. not working, 4=unemployed, laid off, 5=retired, 6=school 7=keeping house, 8=other and 9=no answer." This variable was also recoded into 1=working, school or keeping house and 0=not working. 1 combines the answers of working full time, working part-time, school and keeping house. 0 combines the rest of the answers and excludes the missing data. The last control variable is "age," which is coded in years.

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FINDINGS

Univariate Findings

Table 1 presented below shows the means, medians and standard deviations for all variables starting with independent, dependent and control variables respectively.

TABLE 1 ABOUT HERE

When looking at Table 1, an important thing to note is the mean for education. The mean is 13.55, which means that on average the respondents within this subset have completed about 13 years of education, with a standard deviation of two years. 13 years of education means a respondent has a high-school diploma, so this can highlight how more or less years of education completed can be an influence.

For this study I created a scale to see how many respondents are engaging in high-risk drug behaviors, if any at all. The scoring for this scale ranges from zero to three, meaning a respondent will receive a one if they have participated in one of these behaviors. The more behaviors they participate in, the higher their score will increase. Figure 1 presents the frequencies for this scale, showing exactly how many respondents are engaging in high-risk drug related behaviors.

FIGURE 1 ABOUT HERE

The numbers on the Y-axis indicate the number of activities each respondent is participating in, and the X-axis is the percent of people in my sample who are participating in these behaviors. It is important to note that 12 percent of this subset is participating in one of these drug related activities.

Figure 2 represents how often a respondent visits a bar or tavern; this is the other dependent variable to indicate whether or not an individual is participating in high-risk

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behaviors. 21.8 percent of this sample is visiting a bar or tavern frequently, which ranges from everyday to several times a month. A majority of the respondents said they never visit a bar or tavern.

FIGURE 2 ABOUT HERE

The following graph below, Figure 3, represents years of education completed by respondents.

FIGURE 3 ABOUT HERE

As mentioned in Table 1, respondents in the sample have completed an average of 13 years of education, but 24 percent of this sample has completed 16 or more years of education, which is at least a college degree or more, indicating that the majority of these respondents have at least a high school diploma.

This next chart shows the difference in a respondent's religious strength, which has been noted in the literature review that religiosity can discourage participation.

FIGURE 4 ABOUT HERE

Figure 4 shows that 59.7 percent of this sample, more than half, finds strength in religion, whether it is daily or weekly.

Bivariate Findings

TABLE 2 ABOUT HERE

In Table 2, the bivariate results are presented showing whether or not there are statistically significant relationships between any of these variables. In this table all of the high-risk variables are listed to be compared individually, and in Table 3, the Drug Behavior Scale is added into the bivariate analysis.

TABLE 3 ABOUT HERE

First, there is no problem with multicollinearity, meaning there are no correlations that are greater than .7. In the first line, there is a positive, moderate relationship between visits to a bar and education, meaning that the more years of education completed, the more visits you make to a bar or tavern. There is a positive, moderate relationship between employment and visits to a bar, meaning that if you are employed you are likely to visit a bar or tavern more often. There is a strong, negative relationship between visits to a bar and age, meaning that the older you are, the less visits you make to a bar or tavern. There is another negative, weak relationship between religious strength and visits to a bar, meaning that if you find strength in religion frequently, the less visits you make to a bar or tavern.

There are multiple relationships between the drug variables: the first is a positive, moderate relationship between marijuana use and injection of drugs, meaning if you use marijuana, cocaine or pills, then you are likely to also be injecting yourself with drugs. There is a positive, moderate relationship with marijuana use and crack use, similar to the previous relationship, if you are using those drugs, you are more likely to be using crack as well; which is telling about patterns of drug users. There is a weak, negative relationship between the drug scale and age, meaning the older you are, the less likely you are to use drugs.

In terms of the independent and control variables, there is a positive, moderate relationship between two-parent households and education, meaning if you lived in a two-parent household at age 16, then you are likely to have completed more years of education. There is a strong, negative relationship between age and employment, meaning the older you are, the less

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likely you are to be employed. There are no statistically significant relationships between living in a two-parent household and any of the high-risk behaviors.

Multivariate Findings

TABLE 4 ABOUT HERE

Table 4 presents the results from the regression analysis of the dependent variables, the high-risk drug scale and visits to a bar or tavern on the independent and control variables: (education, two-parent household, age, employment status and strength in religion).. For the second model, a visit to a bar or tavern, this equation is statistically significant at the .05 level. In Model 1, “ R^2 ” indicates that 4.9 percent of the variation for the drug scale is explained by the independent and control variables. In this model, there is only one significant relationship between age and the drug scale, meaning the older you are, the less likely you are to participate in these drug behaviors. In Model 2, the “ R^2 ” is statistically significant, indicating that 22.1 percent of the variation for visits to a bar or tavern is explained by the independent and control variables. The regression coefficients in Model 2, visits to a bar or tavern are more significant than those in the other.

Because there are two dependent variables, Table 4 only shows the standardized coefficients, which are intended to compare across and down to see which one has a greater effect on the dependent variable. Educational attainment ($\beta=.191$) also shows a positive, moderate relationship between these variables, meaning that the more years of education completed, you are to go to a bar or tavern more often compared to those with fewer years. Age ($\beta= -.310$) has the greatest effect on visits to a bar or tavern, meaning the older an individual is, the less often they will visit a bar or tavern. The variable strength in religion ($\beta= -.183$) also

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shows a significant relationship that means that if a person finds strength in religion frequently, they are less likely to visit a bar or tavern. The “F” for Model 2 (19.239) is significant, meaning that this equation with these variables is a good fit with which to predict bar behavior. The first model’s equation is not a good fit, and it cannot predict drug behavior.

DISCUSSION

Rational choice theory emphasizes the idea that individuals are weighing the costs and benefits of their potential actions to see how the outcome will affect them and their end goal. These choices are made based on the costs and benefits for the individual, but also the social interactions, experiences and opinions surrounding that action. This is when we see how systems like education, religion, and employment influence one’s participation in these activities. The interaction between an individual and these institutions, and the people apart of these institutions, can influence the costs and benefits of the outcome and in the end help decide whether or not one will engage in this kind of behavior. Even though these behaviors can lead to detrimental consequences, people are rationalizing the costs and benefits, and most frequently, going through with the action. (Douglas 1990 and Peretti-Water 2006).

The first hypothesis, that those with more years of education completed are less likely to engage in high-risk behaviors has been rejected, which can be seen in Tables 2, 3 and 4; those with more years of education are likely to make more visits to a bar than those with less, but they are less likely to participate in drug activities. There is conflicting research about the influence of how educational attainment correlates with engagement in these activities; some literature (Rogers 2013, Olasupo 2017 and Montez 2012) says that those with more years of education completed have been given enough information and have had enough experience to know about

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the consequences of this kind of behavior, which we assume would influence them to not participate. In terms of drug use, this literature and rational choice theory supports the hypothesis; these individuals are using their resources (education) and weighing the costs and benefits of dangerous behaviors and making a choice to not participate.

The idea that more education would discourage individuals from engaging in these behaviors also connects with the age variable. In Table 3, you can see that the older one is, the less likely they are to participate in high-risk behaviors. Similar to the reasons above, I believe that those who are older typically have more years of education completed and have more life experience, so they understand and have potentially seen and encountered the dangerous consequences, which leads them to make a rational decision about their behavior. (Montez et al. 2012, Olasupa and Idemudia 2017, and Pilkington 2007).

This data rejects my hypothesis indicating that those with more years of education completed participate in high-risk activities, more specifically visits to a bar or tavern. (Kuhl 2016 and Balsa 2014). Some literature implies that this behavior is considered a coping mechanism for stress induced by education or work. This reason can also connect with the control variable, employment status; that if you are employed, you are likely to visit a bar or tavern more than those who unemployed. Balsa (2014) argues that people use alcohol and drugs to manage stress, and that even though it is dangerous they would consider it a coping mechanism. In this case individuals are recognizing their behavior, knowing that they are stressed, and self-medicating, thinking that will relieve their stress, and use alcohol and drugs to cope.

In contrast, I initially believed that going to a bar or tavern is a risky activity because of potential alcohol abuse, but for educated people it is a social activity. There is not anything risky

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about going to a bar, but it is when people drink to excess. People who are educated are typically employed and have a higher SES compared to others, which means they probably have a larger network of people, which opens the door for more socializing, and because they are more likely to be employed and have an income, they can afford to go to a bar or tavern. (Kuhl 2016).

Despite these findings and the social aspect of going to a bar, it raises the question, at what point does this behavior become risky?

The second hypothesis that those who lived in a two-parent household at age 16 are less likely to participate in these activities was rejected. (Booth 2008). Previous literature does support the idea that if one is engaging in high-risk behaviors at a young age, premature drinking and intercourse, then they are likely to continue that behavior when they reach adulthood. (Aiyer 2013 and Kuhl 2016). I believe this could relate to the limitations of the sample and the study itself; if there was a longitudinal study from adolescence to adulthood, looking more specifically at familial formation and to see if delinquency transitions into high-risk behavior in adulthood.

Religion as an institution is known to discourage people from participating in behaviors that may be considered sinful, and the data agrees; respondents who have said that they find strength in religion are less likely to engage in high-risk activities. Religious services and groups can and do give information regarding the consequences of dangerous behavior, and in some cases have an opinion against these behaviors, which could discourage people from participating. Most research concludes that those who consider themselves religious are less likely to engage in high-risk behaviors. (Wigfall 2012 and Miller and Stark 2002).

Awareness is the biggest theme in both previous literature and rational choice theory; those who are engaging in high-risk behaviors are most likely aware of the potential dangers attached but either blame it on stress, or just continue to do so despite knowing. (McCoy 1990

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and Douglas 1990). Literature explains the numerous motivations behind one's participation, such as substance abuse as a coping mechanism (Balsa et al. 2014), sensation seeking and the feeling of invincibility (Perreti-Watel et al. 2006). The data shows that those with more years of education completed and those who are employed are making more visits to a bar or tavern compared to others, which now leads me to believe that because of their education and employment, they are exposed to more people and networks, and a bar or tavern is just a place to socialize. In Table 2, you can see that those who are participating in one drug activity are more likely to be participating in another, which relates to the motive of invincibility; because they have used one drug at one time and have survived and enjoyed, they can use another drug and assume that there will be a similar outcomes. (McCoy 1990). In this research, despite the small sample size, people are engaging in activities that are putting themselves and their society at risk, despite information about the detrimental consequences attached to their actions.

CONCLUSION

High-risk behavior is a term that categorizes dangerous and unpredictable behavior. What makes a behavior high-risk is that the outcome can be harmful to the individual and their society; many of these outcomes can lead to injury, infection and even death. There are countless behaviors that can be labeled as high-risk, some include drug injection, alcohol abuse, eating patterns, online use and more; in this research the behaviors being evaluated are drug and alcohol use. Now, in the United States and around the world, information is widely accessible about the potential detrimental outcomes of this kind of behavior, so why are people continuing to engage? In this research I used the 2004 General Social Survey to see how an individual's education, familial formation in adolescence, strength in religion, employment status, and age influence or

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prevent someone from engaging in high-risk behaviors. There are 345 respondents in this sample, all of which are single. My first hypothesis regarding educational attainment is rejected. The other hypothesis, living in a two-parent household at age 16 is also rejected; there is no statistically significant data to explain any relationships between these variables. Despite the rejections, this data and this research gives substantial information about who engages in this kind of behavior and potential reasons why.

This first hypothesis is rejected by the data, but previous literature and theory give explanations on why people with more years of education completed participate in these activities. Individuals with more years of education completed are more likely to be employed and have a higher SES, which has the potential to cause stress, so a common excuse for drug and alcohol users is that their dangerous behavior is a coping mechanism for their stress; which is a similar excuse for employed respondents. (Balsa et al. 2014) In addition, as I mentioned earlier, a bar or tavern can be considered a social activity, rather than a risky one for educated and employed individuals.

There is no significant relationship between people living in a two-parent household at 16 and participation in high-risk behaviors. (Booth et al. 2008). This data does tell a story about drug users' patterns; I found that those who use any kind of drug that was tested in this research are more likely to also be using another substance. This relates back to the idea of sensation seeking and invincibility, that many high-risk participants feel that if they survive and enjoy participating in one dangerous activity, they will engage in multiple. (Perreti-Watel et al. 2006).

The data and previous research agree on the point that the older one gets, the less likely they are to engage in high-risk activities; this is can be influenced by family formation, employment opportunities, maturation and general gain of awareness about the detrimental

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consequences of these behaviors. Some may argue that because the population of people engaging in these kinds of behaviors is extremely small that it is not a major burden for society, but in reality these behaviors are accessible and intriguing to the larger community. Because these people are putting themselves and their society at risk it is crucial to understand what is driving that behavior. Rational choice theory is reiterating the idea that these individuals are making the conscious decision of engaging in these actions, despite being aware of the repercussions, so there must be a motive behind their behavior. In order to reduce the number of participants, we need to recognize this behavior, starting with the influencers and predictors, and continue to inform and educate people about the detrimental consequences.

Limitations

There are limitations to all sociological research, variables could be added and a different population could be sampled, but despite those restrictions, most empirical studies have enough information about their population in question to draw a conclusion from their findings. My first limitation was my sample size; I chose a very small subset, which did show some significant findings, but I do not believe that it is an accurate representation of the population of people who are engaging in these kinds of behaviors. The General Social Survey only surveys non-institutionalized individuals, meaning they exclude students in college, incarcerated individuals, individuals in rehabilitation centers and more. People within these groups, specifically college students, incarcerated individuals and individuals in rehab are more likely to be engaging in these activities, which could have an impact on the results. For instance, I think among college students there would be an increase in drug and alcohol use, and the incarcerated population has the potential to add data and insight since some high-risk behaviors are illegal, so it is possible that some of this population is in prison.

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An additional limitation to this research is the questions and relevancy of data asked in the GSS; high-risk behaviors are only asked in 2004, and only few questions are raised about drug and alcohol use. Criminology and delinquency are popular topics in sociology, so I believe future research for this topic is crucial for our society, especially in 2017 when we are facing a heroine epidemic. So adding more questions and sampling more people could help find what is driving this generation of people to engage in risky drug activity.

Sociologists should consider doing a longitudinal study, looking at individuals from adolescence to adulthood to see if their delinquent behavior transitions into adult high-risk behavior. In order to get more of a view on who is engaging in these activities, a new sample should include college students, incarcerated people and people in rehabilitation programs. And finally, I think a qualitative component, by interviewing drug users would enhance this research. I think because of societal advancements: technology, urbanization and more, that there is more of an opportunity to engage in in these behaviors, so future research, both quantitative and qualitative, is necessary to help protect our society.

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Table 1. Means, Medians and Standard Deviations for Variables (N=345)

Variable	Mean	Median	Standard Deviation
Education	13.55	13.00	2.818
Two-Parent Household	2.20	1.00	0.454
Condom Usage	0.32	.00	0.467
Drug Scale	0.22	.00	0.558
Visits to a Bar or Tavern	2.79	2.00	1.818
Religious Strength	3.75	4.00	1.677
Age	41.10	40.00	17.495
Employment Status	2.73	1.00	0.424

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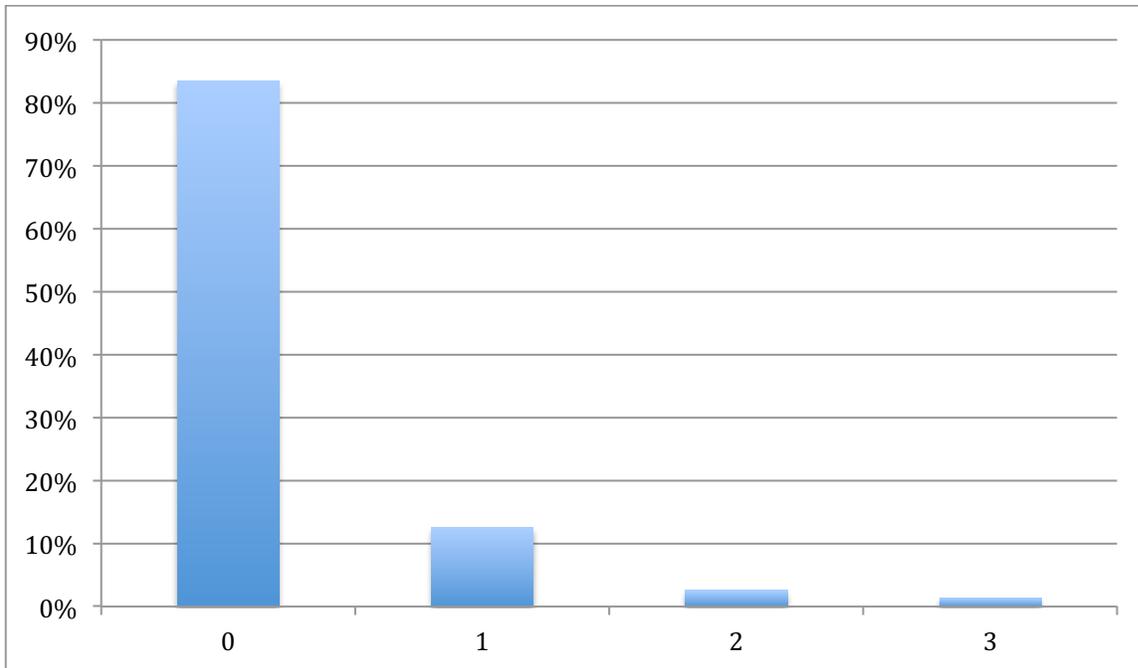


Figure 1: Number of High-Risk Drug Related Behaviors Respondents Participate

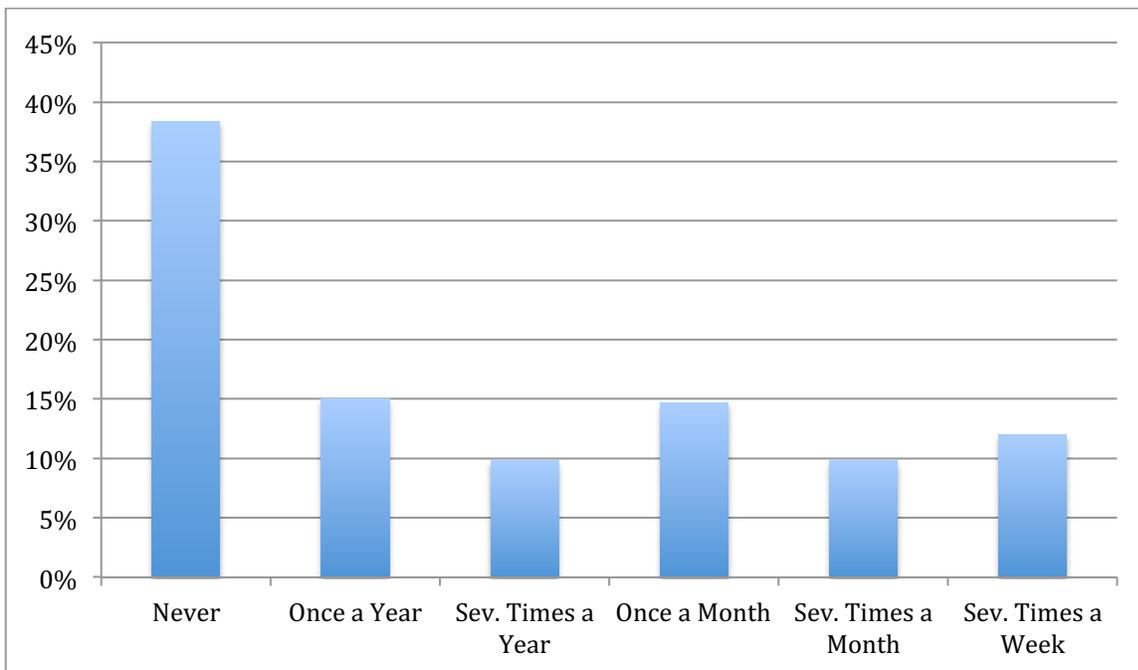


Figure 2. Bar Graph of Frequency of Visits to a Bar or Tavern

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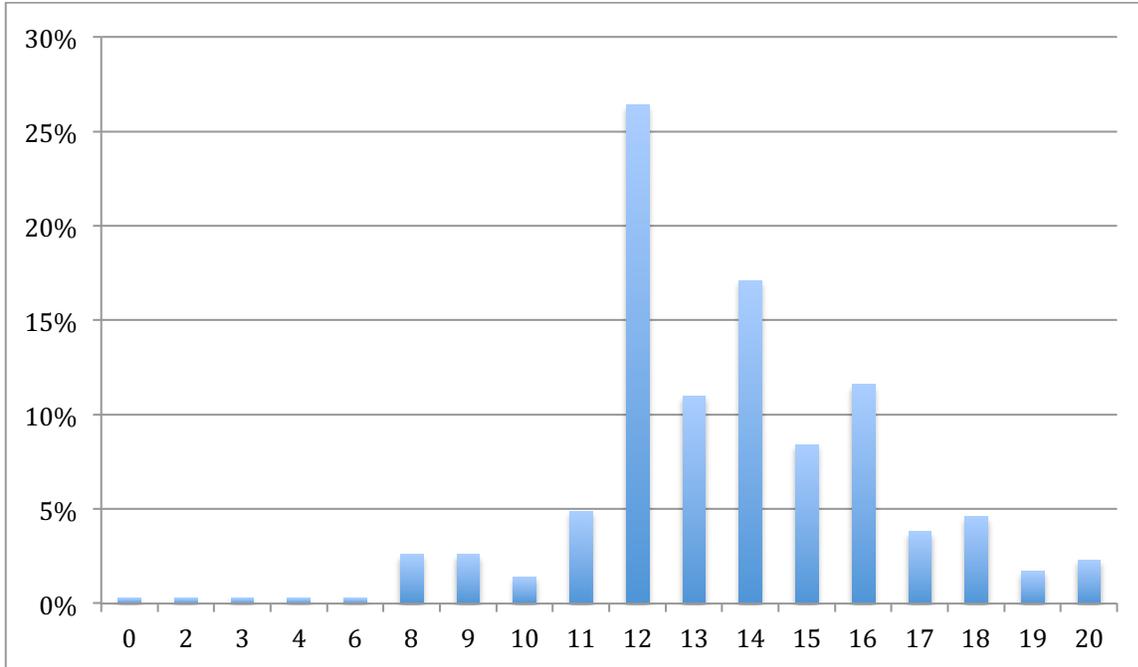


Figure 3. Bar Graph of Years of Education Completed

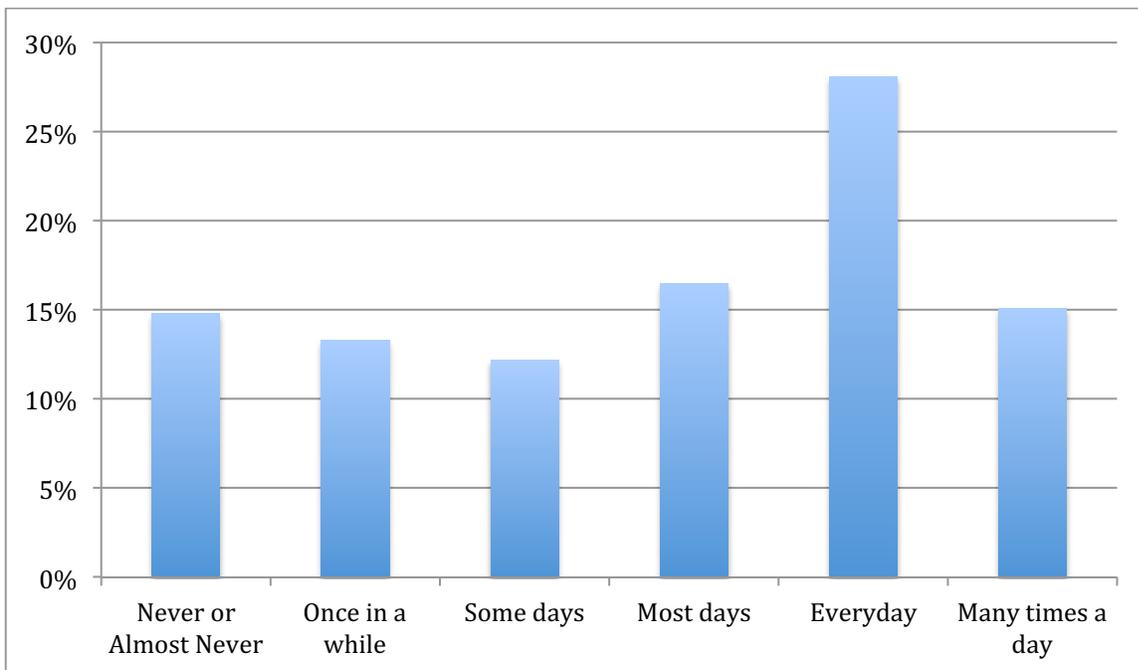


Figure 4. Bar Graph of If Respondents Find Strength in Religion

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Table 2. Correlations (*r*) between All High-Risk Behaviors and Five Variables (Listwise deletion, two-tailed test, *n*=345)

	Marijuana	Injection of Drugs	Crack Use	Two-Parent Household	Educ.	Age	Religious Strength	Employment
Visits to Bar	.105	.129*	-.030	-.050	.225**	-.381**	-.217**	.239**
Marijuana		.243**	.283**	-.068	-.035	-.177**	-.135*	-.034
Injection of Drugs			.395**	-.066	.000	-.008	-.003	-.094
Crack Use				-.068	-.114*	-.086	-.028	-.003
Two-Parent Household					.157**	.039	-.023	.098
Education						-.102	-.016	.169**
Age							.097	-.456**
Religious Strength								-.029

** *p* < .01; * *p* < .05

Table 3. Correlations (*r*) between the Drug Scale, Condom Usage and Bar or Tavern Visits and Five Variables (Listwise deletion, two-tailed test, *n*=345)

	Drug Scale	Two-Parent Household	Educ.	Age	Religious Strength	Employment
Visits to Bar	.087	-.050	.225**	-.381**	-.217*	.239**
Drug Scale		-.091	-.074	-.144**	.065	-.051
Two-Parent Household			.157**	.039	-.023	-.098
Education				-.102	-.016	.169**
Age					.097	-.456**
Religious Strength						-.029

** *p* < .01; * *p* < .05

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Table 4. Regression of High-Risk Drug Scale and Visits to a Bar or Tavern on Education, Two-Parent Household, Employment Status, Strength in Religion and Age. ($n = 345$)

Variable	Drug Behaviors β	Visits to a Bar or Tavern β
Education	-.064	.191*
Two-Parent Household	-.062	-.079
Employment Status	-.127	.068
Strength in Religion	-.051	-.183*
Age	-.201*	-.310*
R^2	.049	.221*
$F(5, 339)$	3.500	19.239*

* $p < .05$