College Tattoos: More Than Skin Deep

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Nontattooed (n=423, 81%) and tattooed (n=97, 19%) college students report their cues, purpose, reason, risks, barriers, and customer criteria for tattooing; some psychosocial risks were documented. Challenges are posed and suggestions made for developing applicable health education.

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Nurses working with dermatology clients ascribe to broad perspectives of health that focus on both the physical and psychological well-being of their clients. Although the superficial condition often represents the physical nature of the situation, the professional looks at the holistic picture of the client beyond these physical markings to adapt patient practices to meet the challenges of care. With tattooing becoming increasingly popular today, college students have questions about tattooing and may present for care of their tattoo. The purpose of this article is to report attitudinal findings from a recent study conducted in 2000 with college students (N=520) regarding (a) their cues, reason, and purpose for the tattoo; (b) what they believe are the risks of tattooing; (c) the barriers that would stop them from obtaining (or getting another) tattoo; and (d) their ideas of customer skills regarding the tattooing procedure. This information could be helpful to prepare health education for the upper levels of high school and college-level students regarding informed decision making about tattooing.

The Current Tattoo Picture

Tattooing is an "invasive procedure where the studio artist uses an electrically powered, vertically vibrating instrument to inject tattoo pigment 50 to 3,000 times per minute up to or into the dermis at a depth of 1/64th to 1/16th of an inch" (Armstrong & Pace Murphy, 1997, p. 183). Interest and popularity about tattooing are growing. Dermatology health professionals might be asked questions, such as how many people are tattooed? Several studies over the past decade provide documentation of an increasing rate of tattooed people from all types of occupations, ages, and social classes (Armstrong, 1991). While Sperry's estimate in 1991 seemed quite high, his rate of 15% to 25% is now reflective of today's young adult tattooed population, ages 15 to 25. Certainly on a warm, summer day when you can see exposed body areas, many people are tattooed. While one unpublished poll conducted in 1990 by a laser manufacturer found a 3% rate of tattooing in the general population and a 5% rate of tattooed men (Anderson, 1992), recent studies reflect higher rates when examining samples of specific groups of tattooed people.

In 1994, Armstrong and McConnell reported an 8.6% rate among high school adolescents (N= 642) and 3 years later a 10% rate was documented in a larger national sample (N=2,101) of adolescents (Armstrong & Pace-Murphy, 1997). Military recruits in basic training were queried (N=1,835) with "37% of that population tattooed. Of the tattooed subjects, 64% entered the military with tattoos, having obtained them between the ages of 15 and 21 years" (Armstrong, Pace-Murphy, Sallee, & Watson, 2000, p. 137). Drews, Allison, and Probst (2000) queried 20% of the college students in a small private Northeastern school and found a 16% rate of tattooing. Recently, Mayers, Judelson, Moriarty, and Rundell (2002) documented a 23% prevalence of tattooing at Pace University in New York and Forbes (2001) reported 18% at a large, rural Southwestern university.

Tattoos: Fad or Fashion?

Is this generational rebellion or collective behavior? Sociologically, trends can become a part of our everyday societal picture of life. According to Turner and Lewis (1987), collective behaviorists regard fads as examples of relatively short-lived behavior which is usually associated with objects (hula hoops), ideas ('Red scare'), behavior (streaking), or people (Elvis). Fashion trends are often much more enduring and tattooing is more a fashion statement than fad. This is demonstrated by the wide array of cultures and time periods within which tattooing is found.

Tattooing has been documented in every culture and people have had indelible markings applied to their body for thousands of years (Greif, Hewitt, & Armstrong, 1999). While support for tattooing has waxed and waned over the years, there are now television shows with story themes around getting or removing tattoos (Anderson, 2001), greeting cards that incorporate ideas and jokes about getting a tattoo, and more states are implementing legislative regulations regarding the procedure. As with other cultural traits, as more people are tattooed, more studios open in response to the business, and the more people who are seen with tattoos, the more future generations become comfortable with tattooing as an everyday phenomenon. People also could be taking their "cues" from the marketing of temporary tattoos and role models such as tattooed sport and movie stars, all of which seem to propel the trend into normalcy.

Why Do People Want the Tattoo?

Numerous reasons have been suggested for tattoos including "expressing individuality, communicating rebellion, defining group membership, conveying spiritual meaning, or marking milestones such as life or death" (Christensen, 2000, p. 432). While tattoos can be often thought of as deviant and/or risqué behavior, there seems to be consistency in the various expressions of self-identity when tattooed people talk about their purpose and reason for the markings. Tattooed career-oriented women cited that the tattoo helped them "feel good, unique, and special" (Armstrong, 1991, p. 219). Tattooed adolescents (N=318) and college students (N=561) reported their major purpose for their tattoo as "expressing myself" (50%) and the reason for the tattoo was "I just wanted one" (48%) (Armstrong & McConnell, 1994a; Armstrong & Pace-Murphy, 1997; Greif et al., 1999, p. 368). Military recruits also stated their reason for the tattoo was "I just wanted one" (54%); their purpose for the tattoo was "be myself, I don't need to impress people anymore" (76%) (Armstrong et al., 2000, p. 137). Forbes (2001) found similar findings of "self-expression" and "just like the looks of it" in his college sample (p. 778).

Are Risks Possible with Tattoos?

There are both physical and psychosocial risks documented with tattoos. The most common physical problems are localized skin infections and allergic responses to the various non-FDA regulated tattoo pigments which contain nonstandardized ingredients (Duke, Urioste, Dover, & Anderson, 1998; Long & Rickman, 1994). In a recent editorial, Anderson (2001) has even called for the "creation of safe, removable tattoo inks to counter the many problems that seem to develop from the unknown, impure substances injected by people with little or no medical training" (p. 121).

Additionally, the potential of bloodborne diseases exists. A small to moderate amount of serosanguinous fluid is released during each tattooing procedure so hepatitis B and C could be transmitted either to or by the tattoo artist or the client (Sperry, 1991). Yet, while there are not many reported cases of hepatitis in the medical literature, Armstrong and Kelley (2001) believe the problem seems to be a lack of reporting rather than lack of cases. One college student self-reported a case of hepatitis from tattooing in the Greif et al. study (1999) and Haley and Fischer (2001) reported "a sample prevalence rate of a 6.9% seropositive response for HCV" from a 1991-1992 patient population of 629 tattooed clients being evaluated for spinal surgery. The HCV population-standardized prevalence is 2.8% (pp. 137, 148).

Psychosocial risks such as embarrassment (61%) and low self-esteem (26%) have also been documented causing people to hide their markings with adhesive bandages, make-up, and jewelry (Armstrong, Stuppy, Gabriel, & Anderson, 1996) or request for tattoo removal. Additionally, "clothing (47%) has been used to hide tattoos, with some people doing this for as long as 25 years" (p. 414). Those who can afford the expensive personal costs and time for the repeated dermatology office visits often request laser removal.

College Students and Tattooing

Recently a convenience sample of college students (N=520) living in a predominantly conservative political and religious community were queried about their interests and attitudes about tattooing (Armstrong, Owen, Roberts, & Koch, 2002; Koch, Roberts, Armstrong, & Owen, 2002a & b). Although it is understood that self-reporting is subject to bias, inaccurate recall, or inflation, it was concluded that this was perhaps the only way to obtain information on their views of tattooing and to what extent tattooing is present in this population.

Methodology

The university review board approved the study as exempt and a pilot study was conducted (n=19) to test the survey instrument. Next, a consent form providing information about the purpose, benefits, and request for their voluntary participation in this study was distributed, as well as the survey, in several college general sociology classes. The Armstrong Tattoo Attitude Survey (ATTAS) instrument was used and consisted of a three-section questionnaire, with 134 questions, and a reading level of 10th grade. All of the participants, whether tattooed or nontattooed, were asked to complete the general demographic questions about age, ethnicity, gender, school classification, religious activities, and hometown population, as well as the 86 general attitudinal type questions. If the student was tattooed he/she was asked to complete 30 additional tattoo procurement and experience questions.

Within the general attitudinal questions, several sets of Likert-type scales with a choice range of 1 (low

Table 1.
The Purpose for Having (or Obtaining) a Tattoo

High-Purpose Items	χ^2	Agreed	
		% Tattooed n = 97	% Nontattooed n = 423
In your opinion, having a (or obtaining another) tattoo would help you:			
Express myself	$\chi^2(4, N = 520), = 20.5, p = 0.00)$	70%	52%
Feel unique	$\chi^2(4, N = 520), = 33.8, p = 0.00)$	70%	50%
Be myself, I don't need to impress anyone anymore	$\chi^2(4, N = 520), = 17.9, p = 0.00)$	58%	41%
Feel independent	$\chi^2(4, n = 518), = 19.1, p = 0.00)$	50%	38%
Distinguish from life experiences	$\chi^2(4, N = 520), = 6.4, p = 0.17)$	36%	27%

agreement) to 5 (strong agreement) were included in the survey. One set of questions (13 items) were combined as the Purpose scale to examine the intention for having a tattoo. Reliability of the Purpose scale in previous research has ranged from 0.86 to 0.90 (Armstrong & Pace-Murphy, 1997; Armstrong et al., 2000) using Cronbach's alpha. Other scales in the questionnaire included:

1. Fourteen questions about *risks* or consequences of a tattoo such as negative comments from family and the public or a chance of infections and allergies.
2. *Customer awareness* questions (n=10) about safety and cleanliness issues before procuring the tattoo.
3. Ten questions about *barriers* that might stop them from getting a tattoo, including items such as costs, parents, pain, and disease.
4. Seven questions inquiring about "cues" when considering or obtaining a tattoo.
5. Major *reasons* to get a (or obtain another) tattoo (five questions).

The students were assured of anonymity in order to increase their candidness and to decrease possible bias. After the questionnaires were completed and returned to the investigative team statistician, data analysis was initiated using the Statistical Package for the Social Sciences (SPSS, version 10).

Findings

Data were obtained from 520 college students in a large state-supported university in a rural, Southwest region of the United States; 423 stated they were nontattooed (81%) and 97 (19%) declared they were tattooed. In general, the average participant in this study was female, Anglo, between 18 to 22 years of age, a freshman or sophomore, with a close friend who was tattooed, had an interest in tattoos, and knowledge of health risks with tattooing. Additionally, they grew up in a town of 50,000 or less, had parents with an undergraduate degree, their religious faith was moderately strong, and they prayed at least once a day. Of those who were tattooed, over half (56%) had obtained them while in college, usually as a lower classmen but all of the various levels of undergraduate student classifications were represented. Most (78%) still liked their tattoo and 65% would do the tattooing again. The following results are presented according to the six separate scales/questions put forth in the purpose of this article.

A reason for the tattoo. All of the participants, tattooed or nontattooed, were asked what, in their opinion, would be a reason for a tattoo. Five responses were provided ranging from a tattoo being forcefully applied, just for the heck of it, being part of a group, just wanting one, to friends making the suggestion for the tattoo. A strong response centered on the item "I just want one" (77%). Most students, whether nontattooed (76%) or tattooed (83%), agreed and strongly agreed that there was no underlying reason for the tattoo, but that it was, or would be, a form of their self-expression $\chi^2(2, n{=}518), = 2.6, p{=} .273)$. Again, there was no difference in the views of those with a tattoo and those without. The total respondents then rated their second reason for having a tattoo as "I want the tattoo for the heck of it" $\chi^2(2, n{=}519), = 1.1, p{=}0.57)$.

The purpose for the tattoo. Thirteen, Likert-type questions inquired about their opinion of what a purpose would be for having or obtaining a tattoo. The major purpose of the total respondent group was "to express myself" (55%), followed by wanting to "feel unique" (54%). Another frequently commented statement reported in other studies (Armstrong & Pace-Murphy, 1997; Armstrong et al., 2000) was "be myself, I don't need to impress anyone, anymore;" in this study 44% of the total respondent group agreed or strongly agreed with that statement. When respondents considered a tatoo to honor a festive occasion, there were significant gender (29% male/18% female) differences $\chi^2(4, n{=}514), =12.5, p{=}0.014)$ as in Forbes (2001) study.

When the tattooed and nontattooed groups were viewed separately, they both had selected the same five items of purpose yet their intensity of responses produced significant

Table 2.
Risks for Having a (or Obtaining) Tattoo

N = 520; df = 4

Highest Risk Items	χ^2	Strongly Agree/Agreed % Tattooed	% Nontattooed
		(n = 97)	(n = 423)
In your opinion, if you were to get (or obtain another) tattoo you would:			
Get negative comments from family	$\chi^2 = 4.4$, $p = 0.35$	71%	79%
Bleed during the procedure	$\chi^2 = 16.9$, $p = 0.00$	79%	60%
Develop skin irritation	$\chi^2 = 20.6$, $p = 0.00$	68%	73%
Get sun sensitivity	$\chi^2 = 10.2$, $p = 0.04$	52%	53%
Regret tattoo later	$\chi^2 = 81.8$, $p = 0.00$	40%	72%
Lowest-Risk Items			
Develop allergies	$\chi^2 = 64.6$, $p = 0.00$	16%	10%
Develop enlarged lymph nodes	$\chi^2 = 52.6$, $p = 0.00$	6%	5%
Develop hepatitis	$\chi^2 = 37.8$, $p = 0.00$	10%	15%
Develop health problems	$\chi^2 = 81.2$, $p = 0.00$	1%	11%

differences (see Table 1). The exception to this was the item "distinguish you in your other life experiences" where no differences were noted between the groups. The Cronbach's alpha for this scale was 0.90. Over half (58%) of the tattooed student group agreed and strongly agreed to the independent sounding statement "be myself, I don't need to impress anyone, anymore" although the other two responses of "express myself" (70%) and "feel unique" (70%) were higher.

Attitudes towards risks of the tattoos. Another scale of 14 questions (Cronbach's alpha 0.84) inquired about possible risks or consequences of a tattoo. Items in this question set included such concerns as negative comments from the family or the public, encountering risks, or developing allergies. Table 2 illustrates what their opinion was as to the top five highest risk items and the lowest four risk items. Again, while there were significant differences in four of the listed items noted between the two groups, the same top five risk items were chosen by both the tattooed and nontattooed groups, just in different order (see Table 2). Both groups had mutual low agreement for questions related to risks of hepatitis, enlarged lymph nodes, allergies, and possible health problems. All of these low-ranked items were under 16%, reflecting a minimal concern to those health situations of tattooing as compared to the higher concern of the top five risk items.

Perceived barriers to a tattoo. Ten questions asked about what would stop them from getting, or obtaining, a tattoo. The internal consistency (Cronbach's alpha) of this scale was 0.83. Three factors were repeatedly placed in the top four barriers. The total group stated that deterrents to obtaining a tattoo would be the permanent marking (80%), cost (65%), parents (62%), and hepatitis (61%). When the two groups were separated, there were significant differences in their responses. The nontattooed group strongly agreed or agreed with such items as permanent marks (88%), parents (70%), hepatitis (66%), and costs (66%), whereas the tattooed group had less-intense feelings about these items. The tattooed group strongly agreed with the barriers of costs (63%), permanent marks (43%), comments from significant others (41%), and hepatitis (40%). Parents were rated sixth on their list and their more influencing social group was significant others.

Other barriers such as being labeled a deviant (25%) and risk taker (16%) were of low concerns for both groups. When they were asked about any concern of being labeled a risk taker or deviant, there was no significant difference between the nontattooed and tattooed students regarding the label as risk taker yet, the nontattooed were more likely to be deterred if they would be labeled as deviant ($t[517] = -3.12$, $p = 0.002$).

Customer awareness skills. Considering the popularity of tattooing among college students and the physical and psychosocial risks that are present, knowledge of the customer skills needed for tattoo procurement are important. Ten items in the ATTAS asked about customer knowledge when purchasing a tattoo such as shopping around for a clean studio, reputable artist, and avoiding tattoo decisions during stress-filled times; this collection of questions had a Cronbach's alpha of 0.79. The total group felt it was important to know about health problems and risks (96%). They seemed to be knowledgeable consumers agreeing that there should be a clean studio, an artist who explains the procedure, that the studio/artist should be recommended, that they should shop around before selecting the best studio/artists, know what the health problems are, and that tattoo decisions should be avoided during times of stress.

Two items in this scale yielded significant differences of opinion between the nontattooed and tattooed respondents. These items

Table 3.
Cues that Stimulate Consideration and Procurement of a Tattoo

Cues	$\chi 2$	Agreed/Strongly Agreed % Nontattooed	Agreed/Strongly Agreed % Tattooed
		n = 423	n = 97
In your opinion, how likely are you to:			
Be interested	$\chi^2(4, N = 520)$, 150.8, $p = 0.00$)	63%	13%
Get a (or another) tattoo	$\chi^2(4, N = 520)$, = 49.2, $p = 0.00$)	32%	8%
Live for today	$\chi^2(4)$, $n = 519$), = 5.4, $p = 0.25$)	15%	17%
In your opinion, how likely are you to get a (or obtain another) tattoo if you:			
See a tattoo procedure	$\chi^2(4, n = 519)$, = 57.8, $p = 0.00$)	31%	9%
See famous tattooed people	$\chi^2(4, n = 519)$, = 13.7, $p = 0.00$)	22%	12%
See tattooed friends	$\chi^2(4, N = 520)$, = 27.2, $p = 0.00$)	29%	12%
Have tattooed family members	$\chi^2(4, n = 519)$, = 5.5, $p = 0.24$)	11%	9%

included watching a procedure $\chi^2(4, n{=}519)$, = 29.13, $p{=}0.00$) and taking plenty of time before making the decision for the tattoo $x^2(4, n = 519)$, 22.70, $p{=}0.00$). Both of these customer aspects (83% and 97% respectively) were rated as important/very important by the nontattooed group. The tattooed students did not report physical risks of hepatitis or allergies yet, over a third (35%) said they would not have it done again and 22% documented their unhappiness with the tattoo. The various reasons for their unhappiness included "the artist messed up, it looks stupid, and I just don't want it anymore." Additionally, some worried about taking their tattoos "too far" or "becoming addicted"(14%), and that their tattoo could prevent them from achieving a goal or promotion (15%).

What cues stimulate consideration and procurement? What seems to turn college students on to tattoos? There seems to be significant differences between the two groups regarding these questions (see Table 3). This seven-item scale had an internal consistency (Cronbach's alpha) of 0.83. Obviously, the tattooed group was very likely and definitely interested in tattooing as compared with the nontattooed group. The tattooed group also felt that they would "just get one" or see a tattoo procedure in contrast to the nontattooed group in which only a small group felt very likely or definitely that they would get a tattoo or obtain one because they had seen a tattoo procedure. Famous tattooed people and tattooed friends were only mentioned by a small group of nontattooed students and this was significantly different when compared with the tattooed students who mentioned these groups as influences.

In the nontattooed group, no one item seemed to turn them on to tattooing with only a small group of respondents (13%) declaring any interest in tattoos and only 9% reporting they would get a tattoo. Family members didn't seem to make a difference with either group as both agreed that this was an unlikely/strongly unlikely influence. Both groups seemed in agreement with the idea that the person should live for today rather than design long-term goals.

Discussion

In this study, both tattooed (n=423, 81%) and nontattooed (n=97, 19%) college students reported their opinions regarding cues to procure, as well as the purpose, reason, risks, barriers, and customer criteria for tattoos. Other reported components of this study can be found in (a) examining tattoo interest and/or procurement using the Health Belief Model (Koch et al., 2002a), (b) the relationship of religious beliefs, deviant behavior, and tattooing (Koch et al., 2000b), and (c) the influence of image, identity, friends, and family associated with tattooing (Armstrong et al., 2002).

In general review, the two groups of respondents (both nontattooed and tattooed) often seemed to be in agreement with many of the same opinions, as in Forbes' study (2001), although they varied in intensity, especially regarding the purpose, reason, and risks for getting a (or another) tattoo. There was high agreement with their customer skills for tattooing also. The reason given by these college students for a tattoo was "I just wanted one" followed by "for the heck of it" and their purpose was to "express themselves, feel unique, and be myself, I don't have to impress anyone, anymore." These findings were similar to previous studies (Armstrong et al., 2000; Armstrong & McConnell, 1994a; Armstrong & Pace-Murphy, 1997; Forbes, 2001; Greif et al., 1999). These reasons and purposes seem to illustrates Meyers' (2000) comments and Forbes' (2001) findings that body art for some people is attractive and a "meaningful part of human behavior, . . . whether we would make the same choices," it has value for the body art holder (p. 614).

Both groups agreed that they did not believe the major *risks* of hepatitis and allergies with tattoos were a problem and didn't seem to make the association of bleeding that accompanies a tattoo procedure with the threat of bloodborne diseases such as hepatitis. Social responses such as negative comments from parents and regrets about the tattoo seemed to be higher in their priority of risks as was the minor problems of sun sensitivity and skin irritation. Additionally, while the two groups agreed that

costs, permanent marks, and hepatitis would be barriers to them, different social groups affected their answers. Parent's reactions were much more concerning for the nontattooed group whereas comments from significant others mattered to the tattooed group and could stop them from obtaining a tattoo. Yet interestingly, both groups agreed that being a risk taker was not a big concern although the nontattooed group documented more concern about being labeled "deviant".

Regarding *customer awareness,* there were high levels of agreement regarding several important criteria when shopping for a tattoo by both groups. This knowledge is borne out in the actions of the tattooed students as there were no physical risks reported, similar to the Armstrong et al. (2000), Armstrong and McConnell (1994a), Armstrong and Pace-Murphy (1997), and Mayers et al. (2002) studies. Yet, the nontattooed group did document a significantly higher level of customer skills when they rated taking deliberate time for a decision and watching the artist/procedure as favorable steps.

Pyschosocial risks were documented at a higher rate than previous tattoo studies. Perhaps overlooking the importance of the above mentioned customer criteria could have produced more psychosocial risks. Mayers et al. (2002) reported no explanation as to why the 6% had removed their tattoos. One assumption could be that they were unhappy with their tattoo(s). In this study, no question about tattoo removal was asked, but of the tattooed students over one-fifth did document their unhappiness with their tattoo and over one-third said they would not do it again. Further research regarding the persistent documentation of psychosocial risks with tattooing is warranted.

Cues associated with tattoo procurement seemed to produce the most significant differences of the two groups. While the tattooed group had a lot of interest, might obtain one after they saw a tattooing procedure, and would be turned on to tattoos if their friends or famous people had them, often they would "just get one," as their interest or commitment to the notion was enough for the procurement. While the nontattooed group had similar feelings about the purpose, reason, risks, and customer criteria, there were only a small group of them who would actually get a tattoo, or were even interested in them.

Challenges and Suggestions for Developing Health Education

This study was a convenient, cross-sectional sample of students in one location of a large university so the results cannot be generalized. Yet the findings can assist us with clues when designing health education for young adults about tattooing. Obviously, there are a few challenges when developing health education for this age group, especially when building on the interesting finding that, other than a bit more risk-taking behavior in the tattooed group (Armstrong et al., 2002; Forbes, 2001), the demographic characteristics and attitudes toward tattoos, of both the tattooed and nontattooed students were similar. This description, of today's college students with tattoos was not full of negative stereotypes but of relatively good decision makers (Forbes, 2001). Thus, the first challenge is coming to terms with the *major intent of the health education* in the context of a behavior that is considered a positive, self-expressing behavior by the individuals deciding to get a tattoo.

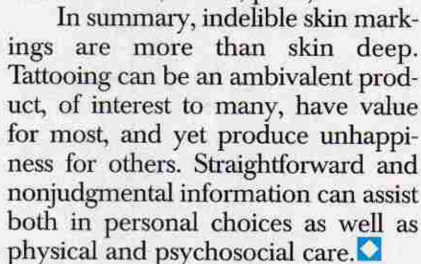
Nurses who are aware of the physical risks and have a long-term view of tattoos may want to develop material that overall says "don't get a tattoo because they are ugly, stupid, and you will get HIV or hepatitis from them." Instead, they should build the health education on the (a) review of the literature, (b) research, (c) input from the intended audience, (d) avoidance of the intention of saying "no," and (e) emphasis of the purpose of the education to inform and to help those who are interested in tattoos to become effective decision makers and make good personal choices, whether the outcome is for purchase, delay in decision, or dissuasion. This approach reflects a way education can help young adults associate their critical influences with their individual determinants of health, as emphasized in *Healthy People 2010* (U.S. Department of Health and Human Services, 2000).

From the various study results, not only does there appear to be a growing interest in tattooing and a sizeable group that wants to get a tattoo(s), they want it for what some could view as no reason ("I just want one and for the heck of it"), and a self-serving purpose ("helps me express myself, feel unique, and be myself"). Respondents found the tattoos attractive, with value and meaning attached to their indelible design(s). Thus, patient education should be developed so that it adheres to a calm, nonjudgmental piece of information and avoids the use of emotion and scare tactics (Armstrong & McConnell, 1994b). Most likely, it will be those who are interested in tattooing who will read the information because they want to learn more about tattooing before they finally make the decision to take the plunge into tattooing. Based on our research, those who are not interested, already know why they are not interested.

Education should be aimed at dissuading the prevalence and perceived value of the product in a matter-of-fact manner while incorporating the major barriers (permanent marks, costs, and hepatitis) in a young adult perspective for decision making. This is a challenge because while over one-third documented psychosocial risks, the findings also document that the image of having a tattoo, identifying with tattooed people, seeing a tattoo procedure, as well as the influence of having support from their tattooed friends also seems to play into their decision for wanting a tattoo (Armstrong et al., 2002; Forbes, 2001). One way to develop this type of applicable health education is to use an advisory group of tattooed and nontattooed young adults for assistance so their own language about the topic is incorporated into the content and the content is presented in such a manner that appreciates the belief that they have a right to have a tattoo yet risks can occur.

The information can still encourage young adults to think of themselves as "growing and changing" and to take some positive steps to avoid some of the pitfalls of tattooing such as encouraging (a) shopping around for a reputable artist, (b) placing the tattoo in a concealed body area for control of who sees it, (c)

talking to other people with tattoos, (d) carefully choosing the design, and (e) taking deliberate time before finally making the decision. This can help them make "decisions about the long-range impact of their actions at a time in their life when career development, self-concepts, and general well-being are being formed" (Armstrong & McConnell, 1994a, p. 28).



In summary, indelible skin markings are more than skin deep. Tattooing can be an ambivalent product, of interest to many, have value for most, and yet produce unhappiness for others. Straightforward and nonjudgmental information can assist both in personal choices as well as physical and psychosocial care.

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