Conceptualizing Adolescent Risky Behavior in the Rural Appalachian Context

Thesis

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By Jennifer J. Moreland

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Thesis Committee:

Janice L. Raup-Krieger, Advisor

Prabu David
Abstract

Contrary to commonly held rural-versus-urban stereotypes, “bucolic” and “behind the times,” youth residing in rural areas experience nearly as much substance use—and in some cases more—as their urban counterparts (Thomas & Compton, 2007) and take part in other anti-social behaviors, as well. These rural youth reside within a unique cultural context and this undoubtedly affects their perceptions and actual enactments of risky behaviors. To understand such youth and their risk behavior, in-depth interviews with 118 rural adolescents were conducted. Data from these interviews point to how existing risk behavior theory can be applied and furthered to understand rural adolescent risk behavior within this special context. The principal goals of this study were to (1) uncover rural, Appalachian adolescents’ lay conceptualizations of risk and (2) explore how aspects of rural Appalachian culture function as both risk and protective factors in the lives of these adolescents. Findings suggest prevention interventions aimed at such rural youth should be culturally grounded.
Dedication

I dedicate this piece first to the student participants in this study. Thank you for sharing your voices with us.

I also dedicate this piece to my family. Thank you all for being a blessing in my life.
Acknowledgments

I would like to thank my advisor, Dr. Janice L. Raup-Krieger, for her support and guidance through the research and writing process, as well as Dr. Prabu David for his feedback and advice.

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Vita

Winter 2005 ................................................................. Oxford Studies Programme, 

Jesus College, University of Oxford

Summer 2005 .......................................................... Market Development Intern, 

The Cleveland Clinic Foundation

May 2006 ................................................................. B.A. Marketing, Taylor University

Summer 2008 .......................................................... Student Intern/Research Assistant, 

Human Cancer Genetics Research Program, 

The Ohio State University Medical Center

October 2008 ......................................................... Invitational Masters Student Institute, 

Rutgers, The State University of New Jersey

2007-2009 ............................................................. Graduate Teaching and Research Associate, 

The Ohio State University

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Major Field: Communication
Emphasis: Health
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CHAPTER 1

INTRODUCTION

Conceptualizing, explaining, and preventing risky behavior as it pertains to the adolescent poses an impressive problem to the social scientist. This is in part due to the many developmental and psychosocial concerns associated with adolescent risk. Compounding these issues is the unique cultural environment in which the adolescent develops. Specifically, adolescents in rural Appalachian areas experience life in unique ways—as compared to their urban or suburban counterparts—and this affects their perceptions of and choices in making risky decisions. The two primary goals of this study were to uncover rural, Appalachian adolescents’ lay conceptualizations of risk and explore how aspects of rural Appalachian culture function as both risk and protective factors in the lives of these adolescents. To achieve this end, this manuscript (1) reviews macro-level explanations of how previous research conceptualizes risk, (2) explores rural Appalachian adolescent risky decisions, actions, and their consequences through three contrasting theoretical frameworks, (3) presents evidence of lay conceptualizations of risk and factors which relate to risk, and (4) suggests reframing risk models to incorporate culture as a permeating force and proposes implications for theory development and further research.
In 2007, the United States’ National Institutes of Health’s (NIH) National Institute on Drug Abuse (NIDA) reported, over their lifetime, 15% of the nation’s eighth grader’s have used some form an inhalant, 19% have used an illicit drug (e.g. cocaine, heroin), over 22% have smoked a cigarette, and nearly 39% have used alcohol (National Institute on Drug Abuse, 2007). With figures such as these, adolescents throughout the U.S. continue to be in danger of experiencing poor school performance, teenage pregnancy, depressive disorders, and delinquent behavior—all empirically linked with underage substance use (Armstrong & Costello; 2002; Flanagan & Kokotailo, 1999; Lynskey & Hall, 2002; Molina et al., 2007).

Contrary to commonly held rural-versus-urban stereotypes, “bucolic” and “behind the times,” youth residing in rural areas experience nearly as much substance use—and in some cases more—as their urban counterparts (Thomas & Compton, 2007). Rural youth report higher tobacco (cigarette or smokeless) and alcohol use compared to both youth in urbanized nonmetropolitan and metropolitan counties (Gfroerer et al., 2007). Results from NIDA’s 2002 and 2007 National Survey on Drug Use and Health (NSDUH) demonstrate that individuals 12 and older living in rural areas (i.e., nonmetropolitan counties with a population of less than 20,000) use smokeless tobacco at a five percent
higher rate than their metropolitan counterparts (i.e., a county located in a metropolitan area). Not only are tobacco and alcohol use rates higher among rural adolescents, but the contexts for using may be different than in urbanized areas. For example, rural adolescents report participating in outdoor drinking parties generally not monitored by adults (Atav & Spencer, 2002). Additionally, rural youth, compared to metropolitan youth, report seeing alcohol use as less risky and disapprove of using alcohol less than their nonrural counterparts (NSDUH, 2002).

Not only do adolescents face temptations to use substances, they enact other risky behaviors placing themselves and others at risk for physical and emotional harm. Current research shows rural youth face many of the same social issues their urban counterparts do, yet they—namely youth in the Appalachian regions of the U.S.—reside within a culture unique to those in other parts of the county (Perkins, 2000). For example, rural youth report a higher incidence of carrying a gun at school, compared to their suburban and urban counterparts (Atav & Spencer, 2002). Almost as dangerous, adolescents in rural areas report participating in bullying others at a three to five percent higher rate—over the 13% overall “bullying of others” rate—than adolescents in suburban and urban areas (Nansel et al., 2001). Scholars acknowledge a strong link between rural residency and possessing an appreciation for and being in the outdoors (Halfacree, 1997; Jensen & Guthrie, 2006; Wells & Evans, 2003). Taken together, these studies point to striking differences in the risky behaviors of urban and rural adolescents. However, current research regarding risky behavior among adolescents offers neither theoretical nor practical understanding of why such differences exist. The following section will explore
macro-level approaches for understanding the influence of individual and cultural issues influencing risk behavior.
CHAPTER 3

LITERATURE REVIEW

*Conceptualizing Risk—Probabilistic and Contextual Components*

Conceptualizing risk at the macro-level remains key to appropriately situating perceptions of risk, generally, and risk theories, specifically. Adolescents themselves may conceptualize risk either in terms of their own agency or perceived cultural confines in a particular situation. These two opposing views—the contextual approach (also known to some scholars as the cultural conception perspective) and probabilist (also known as the rational choice perspective)—represent a core debate among scholars and are worthy of brief examination in the current study (see Lupton, 1999; Renn, 1998; Renn & Rohrman, 2000; Thompson & Dean, 1996).

DiClemente, Wingood, and Crosby (2003) note, “From a contextual perspective, competing factors represent a reciprocal web of causality that influences adolescents’ risk taking” (p. 367). These causally-linked influencers—including economic, social, interpersonal, etc.—converge at one or more risky behavioral endpoints (DiClemente et al., 2003). Furthermore, those adhering to the contextual approach view this risky endpoint as a meaningful experience to the adolescent (Lightfoot, 1997). It is through these risk experiences adolescents develop their sense of self and peer group identities and maintain the “like-mindedness” their peer group values (Lightfoot, 1997). Consider
an adolescent faced with an opportunity to consume alcohol at a group of friends’ party. A contextualist would argue the adolescent’s perceived pressure from her peer group, stressful home life, need to retain friendships, etc.—and not her one-time decision to drink the alcohol—would causally link to result her consumption of alcohol.

Contrastingly, probabilistic models assume individuals possess a set of behavior alternatives from which they perceive their own set of action alternatives (Simon, 1955). Along with the identification of such alternatives comes identifying outcomes and of those outcomes, which will most likely occur. Probabilistic models differ from contextualist models, as they view the individual as an independent agent capable of choosing for or against an action rationally. Additionally, probabilist theorists assume decision makers possess a priori knowledge of the probabilities of each possible outcomes occurrence (Dowling, 1986). Thus, in the previous example, the adolescent would view her choice to drink the alcohol in terms of the probability she may face a perceived negative (or sometimes positive) consequence for her action. If she sees a high likelihood of the police showing up to the party and heeds her parents’ warning about being grounded if she gets caught drinking, she will forgo the alcohol.

Consequently, the contextualists and the probabilists view risk quite dichotomously. However, perhaps such a large chasm between the rational choice and contextualists need not exist, especially in terms of adolescent risk taking. It seems adolescents may see their risk decision-making as being contextualized—wherein they desire to create and maintain an identity in situation, especially in the rural context—as well as possessing the agency to decipher among options. The following section offers an overview of three theoretical frameworks commonly used to understand adolescent risky
behaviors representing both contextualist and probabilist perspectives, and concludes with an argument for integrating the two.

**Risk Behavior: An Overview of Three Theoretical Frameworks**

Until now, few researchers have taken on the task of exploring and explicating how culture permeates risk. It remains imperative to theoretically and systematically address risk behavior among this rural, Appalachian adolescent population, while at the same time recognizing risk is contextually situated. Three behavioral, decision-making frameworks stand out among other risk-conceptualizing frameworks, yet still do not address the “how” and why” culture affects individuals’ lay conceptualizations of risk and the presence and absence of risk and protective factors. Three prominent theories commonly applied to understanding adolescent risk include Problem Behavior Theory (PBT), sensation seeking (SS), and locus of control (LOC). These theories were chosen due to their (1) prominence in risk conceptualization and explication literature, (2) demonstrated empirical strength, and (3) breadth spanning the probabilist/contextualist debate.

PBT—through combining social-psychological and socio-behavioral variables—posits that adolescents develop individual values, expectations, and beliefs that have the potential to either lead them to take or avoid unconventional, risky behaviors (Jessory & Jessor, 1977; Jessor, 1987). Protective factors, like parental controls, supportive environments, and positive peer and parental role models can aid in guarding against problem behavior (Costa et al., 2005; Jessor, 1987; Jessor, Turbin, & Costa, 1998). Jessor (1987) conceptualizes *problem behavior* as those actions that depart from the larger
society’s social and legal norms and are used to predict an adolescent’s likelihood to enact problem behaviors.

In a study of Chinese and American adolescents, Turbin and colleagues (2006) identified three types of protective factors which guard against these risky behaviors: positive models exemplifying conventional; personal and social controls aimed at health protection; and supportive social environments. Adolescents witnessing friends and family members modeling conventional behavior present a lower incidence of unconventional, or risky, behavior. Coupling personal controls and socio-environmental factors places PBT near the center of the contextualist/probabilist continuum discussed previously. In other words, because PBT simultaneously accounts for protective factors (which are those cultural elements in the life of an adolescents) and personal factors (those personality and self-esteem-related individual elements) (Jessor 1987), that may or may not lead to risk behavior, PBT should be viewed as a theory at, or near, the midpoint of the contextualist/probabilist range.

SS, as originally conceptualized by Zuckerman (1971), centers on the notion individuals seek after an “optimal level of stimulation” (p. 45). This optimal stimulation level varies from individual to individual and may shed light on at least one reason for adolescents choosing in favor of risky actions. Zuckerman (1971) devised his SS scale with four dimensions: Thrill and Adventure Seeking, Experience Seeking, Disinhibition, and Boredom Susceptibility. Adolescent thrill and adventure seekers are more likely to skip school, cheat on assignments, and argue frequently with their parents, compared to their non-thrill and -adventure seeking counterparts (Kopstein, Crum, Celentano, & Martin, 2001). Disinhibited adolescents, according to SS, have lost social inhibitions at
varying levels and those susceptible to boredom report being uninterested in routine tasks, prefer variety and exciting people, and become restless during times of stability (Zuckerman, 1971).

Overall, researchers employ the SS dimensions to predict adolescent and adult behavior and note the SS should be viewed in both prosocial (e.g., those choosing “risky” crime- and fire-fighting careers) and non-normative lights (e.g., those choosing unprotected sex, drug use, heavy alcohol consumption, etc). Regarding the contextualist/probabilist debate, it is important to note SS enables researchers to remove the individual from their environment and predict SS behavior based on the aforementioned four dimensions. In other words, SS conceptually lies toward the probabilist end of the spectrum. To this end, it may be pragmatically difficult to parse out dimensions of adolescent SS without first understanding the unique cultural context within which they reside.

Rotter’s (1966) LOC, is divided into external and internal loci. These two loci are viewed on a continuum (often tested on the degree of perceived control with regard to behavioral consequences) rather than seen as two dichotomous variables (DuCette & Wolk, 1972). Nevertheless, they remain distinct conceptualizations. Those aligning more with the external LOC—externals—perceive events as being more contingent upon “luck, chance, fate, or as under the control of powerful others,” rather than personal actions (Rotter, 1966).

Contrastingly, individuals possessing a more internal LOC believe they are generally responsible for attaining personal goals and overcoming negative circumstances. Thus—in terms of reinforcement—persons with an internal LOC view
reinforcements as a direct result of individual actions taken (Rotter, 1966). With regards to adolescents, research demonstrates youth externals are at higher risk for smoking onset than their internal LOC counterparts (Clarke, MacPherson, & Holmes, 1982). Adolescents possessing a more internal LOC, however, feel empowered to take action within their environment and meet goals. Lastly, LOC should be viewed as spanning the probablist/contextualist continuum, as expected responses to behaviors are either within or outside the individuals’ span of control, dependent on solely on personal perception. Indeed, adolescents may perceive themselves to be in lesser control of their actions, but this is not to say they—according to LOC—cannot make rational, independent choices, while believing external forces beyond their control are at fault.

For as much as PBT, SS, and LOC speak to conceptualizing risk behavior and pointing to the underlying internal and external factors leading to it, they suffer from several methodological and theoretical limitations. Indeed, PBT acknowledges adolescents interact with their environment (their peers and family who may or may not provide social support), yet it fails to recognize the cultural embeddedness of adolescents’ risk and protective factors. To illustrate, Petrakis, Flay, and Miller (1995) note PBT does not speak to how beliefs regarding specific substances (or risk behaviors) mediate the relationships within in the overall PBT structure. Such beliefs are likely to be culturally influenced. Additionally, SS and LOC do not measure contextual components related to risk-taking and avoidance (e.g., the degree of risk associated with activities such as handling a gun is likely to vary in an urban versus rural context).

Lastly—and perhaps most importantly—researchers developed these theories using samples which generally excluded rural individuals. Though Jessor and colleagues
(e.g. Jessar, Graves, Hanson, & Jessor, 1968; 1987; 1995; 2003) used semi-diverse (Asian, Caucasian, Hispanic-Americans, and Native-Americans) samples for their studies, their populations included primarily urban and suburban youth. Relatedly, studies (e.g. Kopstein et al., 2001; Zuckerman, 1971; Zuckerman & Bone, 1973) examining Zuckerman’s (1971) SS dimensions principally employed undergraduate and non-rural subjects for research.

Indeed, scholars have theoretically identified those actions which, theoretically, constitute risk at both the macro- (e.g. probabilist versus contextualist) and micro-levels (e.g. PBT, SS, and LOC). However, little research has explored specifically, individually and collectively construed conceptualizations of risk. The first research question is advanced in an effort to identify those actions rural, Appalachian adolescents consider risky versus not-risky (or healthy).

**RQ1**: What are lay, rural adolescent conceptualizations of risk?

**Appalachian Rurality and Risky Behavior**

Scholars consider Appalachian rurality a unique cultural context (see Behringer & Friedell, 2006; DeYoung, 1995; Gotts & Purnell, 1986; Templeton, Bush, Lash, & Robinson, 2008). Scheer, Borden, and Donnermeyer (2000) note rural individuals differ from their urban counterparts in various social dimensions. Rural individuals possess a rural communal identity and are known to even describe themselves in terms of the city people they are not (e.g. people in rural areas are “not like a bunch of big, city people” and “not stuck up”) (see Raup-Krieger, Pazella, & Moreland, under review). A review of relevant research in both communication and sociology shows rural individuals, in general, conceptualize themselves through a common cultural and ideological lens and
identify with their rural surroundings (see Bell, 1992; Felonneau, 2003; Fitchen, 1991; Keefe, 2000). Individuals residing in rural regions, like Appalachia, possess unique views regarding—and act in accordance with—family and community ties, religious values, and lifestyle activities (Ali & Saunders, 2006; Heller & Quesada, 1977; King, Elder, & Whitbeck, 1997). These Appalachians, like many parents, overtly and covertly pass their views and habits to their adolescent children. In as much as research has addressed rural Appalachian culture, it has not spoken to how this context, as well as the personal and communal values attached to it, relate to and influence risk conceptualization and decision-making. Appreciating these three unique cultural dimensions should prove helpful in further understanding the context within Appalachian youth make decisions for risky behavior.

*Familism and Community Ties.* Scholars disagree as to whether or not Appalachians’ “traditional values such as traditionalism, individualism, familism, and fundamentalism” promote or are the result of the Appalachian region’s struggles with poverty, unemployment, and health and educational disparities (Lewis & Billings, 1997, p. 23). Nevertheless, Appalachian families face a unique set of economic and societal challenges in raising their youth. To begin, a 2003 U.S. Bureau of the Census update reported wages in Appalachia are as much as 10% lower than the rest of the U.S., when controlling for establishment and industry composition (Foster, 2003). Furthermore, rural Appalachian areas of Pennsylvania and Ohio—of interest in this study—endure poverty rates ranging from 5.2 (lower than the national average) to 27.5% (as much as twice the national average) in Ohio and 5.2 to 19.3% in Pennsylvania (Appalachian Regional Commission [ARC], 2004). Despite, or perhaps because of these economic hardships, the
Appalachian region is characterized by a strong sense of kinship and community ties (Ali & McWhirter, 2006).

Familism refers to a family structure wherein family members adhere to family guidelines (see Sabogal, Marin, Otero-Sabogal, Marin, & Perez-Stable, 1987) and believe on a general reliance on others in the family. Crissman (1989) found Appalachian familism to be related to being of male gender, being White, being of a household with a non-working mother, and church attendance. This familism is typified by the family leaders emphasizing the importance of subordinated interests to benefit the family over the individual and a possessing a strong sense loyalty and family identification (Theordson & Theordson, 1969). Regarding community ties, rural individuals, over urban individuals, value relational closeness with not only members of their immediate family, but also with those of their extended family (Raup-Krieger et al., under review). Brook and colleagues (2001) found familism to be associated with less adolescent marijuana and drug use.

Religiosity. As adolescents progress out of childhood into adulthood they commit themselves to functional ideologies. Core values and ideological beliefs are often derived from one’s religion and spiritual experiences. Religion, particularly Christian Protestantism, remains a staple in Appalachia culture and is even known to some as “Appalachian Mountain religion” (Leppman, 2005; McCauley, 1995). Many Appalachians view “God as love” and “God as authority,” publicly act out their religion through church attendance, and rely on their faith to pull them through difficult circumstances (Craig, Weinert, Walton, & Derwinski-Robinson, 2006; Kendler et al., 2003). Building on this knowledge of Appalachian religiosity, Sinha, Cnaan, and Gelles
(2007) reported religious youth do engage in risky behavior; however, they are overall less likely than their non-religious counterparts to take risky actions. Furthermore, religious communities within rural areas foster a sense of kinship. They often support a communal vision (Good & Willoughby, 2007). Perhaps desires to preserve this kinship and maintain family loyalty prevents the general risk-taking adolescent from using substances.

Activities. Studies of adolescent leisure (free) time activities typically dichotomize free-time into structured and unstructured parts (see Abbott & Barber, 2007; Hutchinson, Baldwin, & Oh, 2006). Structured leisure time activities for Appalachian youth include extracurricular and/or school activities (i.e. school band, 4-H, sports, boy/girl scouts, etc.); whereas unstructured activities are generally unplanned and/or less formal (i.e. “hang-out” times with friends and/or family, TV watching, video-games, outdoor activities, etc.) (Sharp, Caldwell, Graham, & Ridenour, 2006). Rural adolescents are more likely than their metropolitan counterparts to engage in unstructured, leisure activities such as camping, fishing, hunting, snowmobiling, motorboating, and using off-highway vehicles (e.g. ATVs) for recreation (Jensen & Guthrie, 2006). The popularity of these activities may suggest rural Appalachian adolescents possess an affinity for enjoying and needing to be in nature.

Taken collectively, the three identified Appalachian rurality dimensions—familism and community, religiosity, and activities—form the unique cultural context within which these adolescents learn, interact, and make decisions. Appreciating this culture will provide a macro-level lens through which rural, Ohio and Pennsylvania Appalachian adolescent risky decision-making and behavior will be explored. In addition,
the theories explored in this piece thus far will be employed to properly situate culture in the manifestation of how risk and protective factors function in the lives of rural, Appalachian adolescents.

**RQ2-4**: In what ways can familism and community ties (*RQ*₂), religiosity (*RQ*₃), and rural activities (*RQ*₄) be viewed as either protective or risk factors in the lives of rural, Appalachian adolescents?
CHAPTER 4

METHODS

Recruitment and Participants

To investigate rural, Appalachian Ohio and Pennsylvania adolescents, eight researchers from two large universities in Ohio and Pennsylvania from 118 adolescents, ages 12 through 19 \((M = 13.69, SD = 1.34)\). Participants attended one of 13 participating public schools—four from Ohio and nine from Pennsylvania. Two of four Ohio schools housed middle and high school students, one housed elementary and middle school students, and only one is a true “junior high” school—middle school students only. Concerning the Pennsylvania schools, two housed middle school students only (grades seven and eight), three housed grades five through eight, and the remaining four schools housed grades seven through 12. Seven participants were recruited from and interviewed at a substance abuse treatment facility in Pennsylvania to understand high-risk youths’ cultural experiences. Of the 118 participating adolescents, 66 (55.9%) male and 52 (44.1%) were female. A majority of participants reported being Caucasian (85.5%), with 5.1% being Latino/a, 6.8% self-identifying as “mixed-race,” 1.7% African American, and .8% Asian American. One participant did not identify ethnicity.

Of the total number of students at each Ohio school, between 53% and 61% received free or reduced-cost school lunches \((M = .585, SD = .038)\), whereas 20% to 65% of the Pennsylvania students received either free or reduced-cost lunches \((M = .393, SD = \)
This data indicates over half of the students attending the four Ohio schools and over one-third of 10 Pennsylvania school students were "economically disadvantaged" at the time of the interviews, as according to the National School Lunch Program (NSLP), students whose family income is equal to or less than 130% of the United States Department of Agricultural (USDA) federal poverty guidelines receive a free lunch (Ohio Department of Education, 2008). Furthermore, students whose family income is equal to or less than 180% of the USDA's federal poverty guidelines are eligible to received reduced-cost school lunches.

When asked about actual substance offers, 59.3% (52.9% of males and 47.1% of females) of interviewees reported being offered at least either one or some combination of alcohol, tobacco, or drugs (ATOD). Distinct from this, 66.9% (57.0% of males and 43% of females) of the participants reported being presented with a choice to either use or not use ATOD. Inferentially, the number of interviewees reporting access to ATOD exceeded the number of those reporting being actively involved in an offer-response-type episode. This was especially true for males. Overall, 39.8% (65.9% of males and 34.1% of females) reported actual use of ATOD. Chi square tests revealed no significant gender differences for any of these categories (used p = .055).

Participating schools were selected and recruited based on their meeting two main criterion: (a.) the school’s district being located in a “rural” area as determined by the National Center for Education Statistics (NCES, 2006), and (b.) the school’s location in a county being considered “Appalachian” according to the Appalachian Regional Commission (ARC). The NCES (2006) places schools on a 12-point continuum scale ranging from “City, Large” to “Rural, Remote.” All of the 13 participating schools are
considered either rural or located in small, fringe towns and were on the “rural” end of the continuum. Prior to recruiting a particular rurally-located school, a member of the research team ensured the target school lay within the borders of an Appalachian county. The ARC (2008) defines this “Appalachian” classification and provides county-level data regarding each of its counties.

Two research team members contacted schools meeting the aforementioned criteria initially by phone. Key school decision-makers—generally the school principal and/or guidance counselor—were informed (a.) they would receive $200 for participating, (b.) data obtained in the interviews would remain confidential and would be used for an overall prevention program, (c.) should they so choose, the school could be a part of the overall program, (d.) all researchers received governmental clearance to work with children, and (e.) all research activities were supervised by the universities’ Institutional Review Board. The student participants became eligible to participate in the interview process once they returned, via standard, postage-paid mail, their consent forms and a scale regarding unrelated to the current study. One day prior to the agreed-upon interview date, a research team member copied all consent forms so the team, as well as the school’s decision-maker, could retain copies.

*Interviews*

Researchers conducted interviews in private locations within the schools such as a quiet corner of the library, guidance counselor’s office, open/un-used classroom or conference room, etc. In most cases, either the school’s decision-maker or one of the PIs brought students to their interview site ensuring the interviewer did not know the students’ names—only their unique identification number. Researchers assured all
students their responses would remain confidential, in accordance with Institutional Review Board standards, and should the interviewee decide to withdrawal his/her data from the study, he or she was permitted to do so at any time.

Each audio-recorded interview lasted between 15 and 60 minutes. Both research teams used the same pilot interview guide (see Appendix A) at each teams’ first two sample schools. Compared to the pilot, the final semi-structured interview guide (see Appendix B) prompted students to discuss several topics regarding (1) their perceived identity; (2) their hometown and its surrounding area; (3) risky behaviors enacted by the interviewee and/or his or her peers, in general; (4) instances of alcohol, tobacco, and/or marijuana use; (5) their goals, aspirations, and visions—or “possible selves”—of the future; (6) and parental and sibling opinions regarding substance use. To uncover the adolescents’ perceptions regarding personal identity, each interviewee completed an open-ended form he or she discussed with the interviewer (see Appendix C). Following the interviews, a research team member downloaded the audio files to a laptop. The files were then sent for professional transcription.

Data Analysis

Overall, each participant’s account was analyzed as “…communicative constructions articulated in specific contexts and located within particular discursive formations” (Martin & Stenner, 2004, p. 399). In the tradition of qualitative research inquiry, data analysis began with open-coding the first 20 Ohio interviews (see Glaser & Strauss, 1967; Lincoln & Guba, 1985; Strauss, 1987). The following broad themes emerged during the open coding process: (1) adolescent risky outdoor behavior; (2) identity as it relates to rurality (not further analyzed); (3) adolescent substance use; and
(4) peer influence in regards to risky behavior. These emergent themes fed into the more specific coded concepts. I employed NVIVO, a qualitative analysis software program, to form coded “nodes”—conceptual topics. Two overarching categories guided coding: those directly relating to “adolescent risky behavior” and those “free” nodes relating more to my theoretical interest in the topic at hand (they will not be examined in-depth). Codes (12 in all) related to the adolescent risky behavior theme include: (1) purpose of risky behavior; (2) risky behavior types, which was divided into fighting, outdoor activities, sexual activity, and substance use—alcohol, marijuana, “other,” and either chewing or smoking tobacco; and (3) the time (temporally speaking), place, and actual individual enacting the risky behavior. Any vague utterances were placed in an overarching node category. For example, a general reference to “tobacco” was placed into the “tobacco” category and not placed in both the cigarette and chewing categories. I coded the first ten interviews conducted, reviewed any miss-coded utterances with a PI, and coding agreement was achieved. To maintain consistency, while still allowing the data to guide the coding process, I annotated my coding progress and theoretical notes to add to the data’s richness (see Richards, 2005). Codes were collapsed based on the presence of semantic relationships—those relationships wherein an instance of a phenomenon should be considered a subcategory of the phenomenon (Lutgen-Sandvik, 2006; Spradley, 1979). Table 1 outlines and describes the codes employed in this study. I coded all 120 interviews using these codes. From this point, I analyzed the coded interview data using nVIVO.
CHAPTER 5

RESULTS AND INTERPRETATIONS

Rural Adolescent Risk Conceptualizations

The first research question asked how rural, Appalachian adolescents perceive risk. A total of three relevant themes emerged from the data: rural, Appalachian adolescents (1) receive messages from various sources regarding what actions constitute risk behavior; (2) possess individual representations of those actions constituting risk behavior; and (3) hold beliefs about those actions which should not be considered risk behavior.

Messages about risk. The rural adolescents participating in this study reported receiving risk-prohibiting and –encouraging explicit and implicit messages from three primary sources: (1) peers, (2) family members, (3) members of their school and/or town community, and (4) the media.

To begin, the adolescents received implicit messages via peers when they witnessed—and perhaps participated in—risk behavior, such as substance use or unsafe outdoor activities (see the activities section). By watching their friends and peers engage in risky behavior adolescents received these implicit pro-ATOD use messages simply by being offered a substance. Consider this example:

Interviewer (I): …Um, let’s see, oh, well let’s talk about this experience with the alcohol,
like, how was it presented to you? Did you ask about it or did they offer it to you or?
Respondent (R): They offered it to me.
I: And did you automatically wanna say yes?
R: Not really, I just thought about it and I’m, like, uh, whatever.
I: Yeah, what made you decide to just go for it?
R: Since he took a drink.

This utterance demonstrates how the adolescents send peers implicit messages nonverbally. Thus, implicit message conveyance occurred when attitudes for or against ATOD or other risk behavior were made clear through nonverbal means. On the other hand, adolescent substance offerings to peers or friends function as explicit, ATOD-approval messages. Consider this example from a Pennsylvania student: “We were going to eat in [a nearby town] a while back and then a couple of other friends, I guess, came over and they started smoking and they asked me if I wanted one.”

Participants noted numerous conversations with parents and grandparents wherein a family member advised them to avoid areas of town or even certain individuals they deemed could be a threat to or impose a negative influence on them. However, numerous participants also mentioned their parents, and sometimes grandparents, smoked cigarettes, chewed tobacco, and consumed excessive amounts of alcohol. In this way, these adolescents received implicit, approval-type messages from parents who modeled risky behavior.

Similarly, adolescents witnessed members of their community frequenting the local bar, getting “drunk,” and walking up and down neighborhood streets. Two adolescents mentioned these town drunks are known for breaking into homes and causing other problems. Other adolescents reported attending neighborhood parties along with peers and other adults where adults offered minors substances. However, several
adolescents also received explicit, prosocial messages from school teachers and coaches, as well as community members (several students specifically mentioned their DARE officer), regarding the harms of risky behavior. When asked about receiving messages from teachers and coaches encouraging students to make healthy choices, one student remarked, “Yeah, it is, um, they definitely have lot of influence on that kind of stuff. They’re kinda like the second parents…”

Previous research alluded to the general technology and Internet lag experienced by some rural, Appalachian families, communities, and industries (Black, Mather, Sanders, 2007; McCormick, 2000). No doubt this lag still exists in some Appalachian regions, but nevertheless, numerous participants relayed experiences in Internet chat rooms; frequenting social networking websites, like YouTube.com, MySpace.com, and Facebook.com; played video games; and were abreast of cable like networks like MTV. Some of the rural students took cues from these media sources regarding risk behavior. One male adolescent watched an episode of MTV’s “Jackass” and decided to reenact some of the show’s risky behaviors with his friends. He watched his friends light their underwear on fire and “catch metal on fire” and burned his brother’s leg with the hot metal. About his and his friends’ own actions he stated, “…we were so retarded…It’s crazy.”

What is risky? Key to the current study is the culmination of how these culturally-situated messages regarding risk led to adolescents developing personal conceptualizations of those actions which seem risky versus not risky. Risk became evident to these adolescents through personal experiences with an action which led to a negative feeling and/or physical harm; vicarious experiences with an action which led to
a negative feeling and/or physical harm; and general perceptions certain actions will bring about ill consequences and/or physical harm. In accordance with LOC ideas, some adolescents saw themselves as conditionally in more or less control of their behavior.

Data revealed the rural Appalachian context presents adolescents numerous opportunities to participate in risky outdoor activities, like snowmobiling, hunting, dirt biking, etc., as well as ATOD use. In some cases, adolescents chose to use substances while engaging in these risky behaviors. These actions are indeed descriptively significant, but more importantly, an adolescent personally experiencing one of these risk behaviors led to individual “lay” conceptualizations of risk. Some of the rural adolescents spoke of the results of taking risks with outdoor sporting equipment. This male adolescent spoke of one such instance,

R: Like me and my friends not being smart about doing anything. We always try to make stupid videos and put them on YouTube.
I: What are the videos about?
R: Like, uh, I know that we, um, did a video last month. We had a paintball tournament and after that the pond was frozen so we got a wheelchair and put it on and we pushed everyone on a huge hill and everything and just messed around a lot.
I: So what made this a risk to you?
R: Going down the hill that I flipped it and I hurt my neck, but.
I: What did you flip?
R: The wheelchair.

Another adolescent spoke of a near head injury due to unsupervised use of a four wheeler, while he was not wearing helmet:

R: [Sigh] Uh, well, I rolled my friend’s four-wheeler... Flipped over the handlebars... It kinda hurt a little bit... Um, just before I was gettin’ ready to put it away it always happens... Everything always happens the last time right before you put it away... Always.
I: Wow, where were you?
R: Right in my back alley. I live in town... Really ain’t supposed to have four-wheelers anyways... So I had to make sure mom didn’t find out about it. She wan’t home yet. She had a meeting for work
I: Mm hmm. So, when you fell over the handlebars were you, like, on grass or were you on [unintelligible]?
R: Gravel…I flipped from the road to the gravel…I wasn’t wearin’ a helmet or nothin’ so I was afraid I’d bust my head open, but got lucky.

Even throughout his personal risk experience, this adolescent envisioned the possible consequences of his actions, and interestingly, conceptualized his harm avoidance as “lucky.” Additionally, adolescents relayed similar stories regarding situations wherein they avoided harm by coincidence or happened to perform a risk behavior (i.e. bike tricks, jumping off bridges into small bodies of water, etc.) with adequate skill to sustain only minimal harm. Quite notably, the majority of adolescents participating in specifically outdoor risk behavior were male.

Although females reported participating in fewer instances of risky outdoor behavior, they did report using ATOD. Both male and female participants viewed various ATOD use occurrences as risky and this risk was often very context dependent. Adolescents seemed more likely to view ATOD use with peers as being risky, opposed to taking a few sips of a mixed drink while in the presence of a parent or grandparent.

Participants also reported an understanding of what constituted risk based on others’ vicarious risk experiences. In other words, the adolescents formed risk beliefs derived from viewing or hearing of others—including close family members, close friends, acquaintances, and even distant others—enacting risk behavior and undergoing negative consequences (if any existed). One female adolescent understood the loss associated with some types of risk behavior and this loss motivated her to be a positive role model in her sister’s life:

…people who have little brothers and sisters, your little brothers and sisters look up to ya and if you’re doin’ that, I just tell them that, I don’t know. With my little sister, she’s, she always was telling me how she admires me and everything and
how she wants to be like me when she grows up, and that stays in my head all the
time. I gotta do the best I can all the time because I don’t want her growin’ up,
messin’ up. And my older brother, he did a lot of things when he was in high
school. Like, he got drunk one night and ended up killin’ one my cousins because
they were in a car accident and everything. And he found out the hard way that, if
somethin’ does happen, you’re never gonna live it down: that it’s somethin’ that’s
gonna stay with you for the rest of your life.

Of thematic importance, quite a range of risk conceptualizations existed within
this sample of rural adolescents: one student’s risk was another’s necessity. In response to
the question, “Have you ever done anything you consider unsafe or risky?” one
adolescent responded “I don’t know, uh, flew on an airplane,” yet others responded with
examples of parents’ or friends’ ATOD use, as in the example above. In terms of ATOD
use, specifically, one student mentioned, “My grandpa smoked really bad and parts of
him dying was because for he smoked so bad. His lungs were really bad so I just don’t
smoke.” Similarly, some students perceived the risks others enacted as possibly too
detrimental to their health and future, in general, and this deterred them from taking
similar actions. In terms of SS, these students may have suppressed their SS tendencies
because of perceived consequences to risk behavior.

What is not risky? The adolescent participants also held views regarding those
actions—which may to outsiders appear risky—that they considered not risky. As
mentioned, the rural, Appalachian participants engaged in numerous forms of outdoor
behavior. Hunting, snow mobiling, and dirt biking are three examples of popular outdoor
activities in this context. Although students acknowledged some inherent risk in engaging
in such behaviors, they perceived less risk attached to these activities while under the
supervision of a parent and if they wore the appropriate outdoor sport apparel (e.g.,
helmets for dirt biking and/or four-wheeling). Also, some of the participants did not view
an action as particularly risky until experiencing and/or witnessing dire results. In addition, wearing protective gear, such as helmets, was viewed as a way to reduce risk, especially while under the supervision of an adult. In other words, drinking with friends may have seemed “okay” until the adolescent was caught by an adult, became ill, did not enjoy the risk experience, etc. Consider this female adolescent’s story about trying to please her boyfriend by drinking hard liquor:

The first time I tasted that it’s [vodka] all I could handle drinking it straight. I couldn’t. I’m like, that’s gross. It burned my throat. I’m like, ahhhh…We didn’t drink that much at first, but like after it went along for a while, we started to lose control of our drinking habit.

*Rural Appalachian Cultural Features as Protective or Risk Factors*

The second research question’s aim was to uncover how those unique, Appalachian cultural features—familism and community ties; religiosity; and activities—function as protective and/or risk factors, as described by Jessor (1987) and Jessor and colleagues (1995; 2003).

*Familism and community ties.* A sense of familism and a draw to maintain close community ties pervades the rural, Appalachian culture. Students interviewed frequently mentioned the need for and importance of visiting local relatives, peers, and neighbors and appreciated spending time with these important others. The emphasis placed on familism and community relationships encourages these adolescents to maintain their relationships through both positive and negative means.

Familism and community ties seem to help adolescents bolster themselves against pressure from peers to enact risk behavior. In order to please members of their family and/or community, preserve harmonious relationships, and be a positive role model for
younger individuals, many adolescents avoided certain behaviors. An adolescent male stated:

…I never even smoked a cigarette or nothing. Like, I promised my grandfather I wouldn’t smoke cigarettes or nothing, so I’ve never really done cigarette. Like, I’ve been around a kid one time and he had a pack of cigarettes. And everyone was doing it and people told me, ‘try it and it was real good.’ And I wanted to, I had my hand out getting ready to grab them and I said, “No dude, I can’t.” So I never did that and that, cigarettes is the biggest thing, like, I’ve ever seen.

A female adolescent mentioned:

…And people who have little brothers and sisters, your little brothers and sisters look up to ya and if you’re doin’ [drinking alcohol], I just tell them that, I don’t know. With my little sister, she’s, she always was telling me how she admires me and everything and how she wants to be like me when she grows up, and that stays in my head all the time. I gotta do the best I can all the time because I don’t want her growin’ up, messin’ up. And my older brother, he did a lot of things when he was in high school. Like, he got drunk one night and ended up killin’ one my cousins because they were in a car accident and everything. And he found out the hard way that, if somethin’ does happen, you’re never gonna live it down: that it’s somethin’ that’s gonna stay with you for the rest of your life.

Other adolescents relayed their desire to spend time with and receive or give help to members of immediate family, relatives, and neighbors. One student mentioned mowing an elderly neighbor’s lawn. Another received math help from a neighbor. These examples represent the “upside” to the adolescents’ need to sustain familial and community ties, which function as protective factors. However, in some cases the rural adolescents’ draw toward familism and remaining close to community members functioned as risk factors.

Some participants frequently mentioned attending parties and social functions such as holiday get-togethers, bonfires, square dances, card playing nights, etc. Due to the relatively small size of these adolescents’ communities, they sometimes reported feeling
social pressure to put themselves in risk-presenting situations at family and social functions like those mentioned.

In other cases, adolescents hosted drinking parties with a parent’s knowledge. One adolescent stated, “I know that a lot of eighth grade boys went to a party and found a keg and drank it...[at] some kid’s house and his dad didn’t really care.” Another revealed, “I went to this party once with...my dad and like my cousin, she’s like ‘here, you can have this’ and it was an alcohol drink and, you know, I’ll drink it...” These examples represent negative manifestations of familism and the need to create, sense, and maintain community ties through antisocial (and even illegal) means. These family members’ actions—allowing and even encouraging the adolescents to consume substances—can be viewed as a form of familism in of itself: they encourage the construction and strengthening of family ties.

Religiosity. Previous research has found religiosity to be a fundamental feature of Appalachian life (Lowry & Conco, 2002; McCauley, 1995; Photiadis & Schnabel, 1977). Although students in this study reported participating in religious activities, church emerged as one of hundreds of activities in which the rural, Appalachian students were involved. In no cases did religiosity appear to encourage risk behavior in these adolescents and the adolescents did not report receiving specific messages from church members or faith leaders regarding ATOD use being “sinful.” Religiosity did, however, function as a protective factor in the lives of some of the respondents. Adolescents who did attend church services and other church-related activities mentioned attending with either (or both) close friends, parents, and grandparents who brought them to the
activities. In a few instances, the adolescents’ church provided specific programs geared toward youth. A female student from Ohio mentioned:

...me and my best friend, we go to the same church, and we do the youth choir up there with all the little kids. And, like, they’ll pick a song they want to sing every week. And, like, they’ll pick dance moves and everything, and they’ll go up there and sing and dance and have a good time...we’re in adult choir and then this program, like I, it’s some initials, I can’t remember what they’re called. And then, it’s a, it’s like a drug-awareness program thing at my church, and they teach you why you shouldn’t do drugs and how you should stay in school and everything.

Activities. The last research question dealt with exploring how rural, Appalachian activities serve as both risk and protective factors. Participants reported spending their leisure time with members of their family, peer groups, and community. From ice skating to volleyball to attending school dances to game hunting with family members, the rural students participated in a myriad of in- and outdoor activities. Some of these activities serve as both those factors which protect against and promote risk behaviors. Lack of activity is also important consideration in this context. Adolescent participants who reported being bored often found prosocial and antisocial—drinking, smoking, sexual activity, risky outdoor activity, etc.—ways to overcome their boredom. A female student from Pennsylvania reported feeling duped by a male adult she and a friend met online:

... me and my friend were, like, bored to death and we were talking to this kid online, well...we were talking; he’s like, “Why don’t you come to a party with me.” I’m like, “Okay” and we thought maybe to be a little party, here it was a beer party...in the middle of the woods...we went up and like he handed me a beer and like they kept, like, handin’ us beers and I was smashed that night. It was crazy.

As discussed above, risk perception was largely influenced by context and parental supervision is often the difference between perceived risk and safety. A male adolescent reported, “Well me and my dad went turkey hunting...and I got a big
turkey...I shot it all by myself...Well we had to track [the turkey] a long ways...and [my dad] was happy after we g- finally caught up to it.” Not only is hunting a culturally acceptable activity in rural Appalachia (i.e., context), but in cases such as this, this adolescent’s time with his father may serve as much a protective factor as a father in the suburbs tossing the football with his son.

In keeping with these family-related activities (and therefore, familism), numerous adolescents reported attending family celebrations, birthday parties, and sporadic get-togethers. It was often during these parties some adolescents used ATOD for the first time. In this way, family activities can obviously serve as risk factors, but can also function as protective factors for bolstering the adolescent’s system of social support when underage ATOD use is not encouraged.
CHAPTER 6

DISCUSSION

The two primary goals of this study were to (1) uncover rural, Appalachian adolescents’ lay conceptualizations of risk and (2) explore how aspects of rural Appalachian culture function as both risk and protective factors in the lives of these adolescents. Considering the former, results point to a need to integrate the contextualist and probabilist perspectives. Stated another way, the contextualist/probabilist debate should not be viewed a debate at all. Instead, future studies should encourage the use of a multi-dimensional perspective, where culture is seen as a force permeating risk conceptualizations and behavior. Overall, adolescents develop personal, lay conceptualizations of risk based on messages received from peers, family members, members of the community, and the media. Adolescents also participate in some unique activities which present opportunities to maintain their close family and community ties, but also encourage risk behavior and use of substances underage.

Along with serving as descriptive functions, the two main research questions identified weaknesses in the existing current literature and provide data that enhance our understanding of rural, Appalachian adolescent risk behavior. The rural Appalachian context, as it relates to adolescent risk behavior, is largely unexplored in current literature. Some of the literature that does exist depicts Appalachian culture as behind-
the-times, yet this study found evidence to the contrary. Even within their unique, and oftentimes isolated communities, participants reported experiences with media (i.e. iPods, Wiis, YouTube.com, etc.) pointing to less of a cultural lag compared to that originally conceived. Similarly, literature points to religious fundamentalism being a foundational cultural component of Appalachian life. The lack of religious discussion in participant interviews speaks to religiosity actually being a peripheral influence in some of the adolescents’ lives. Indeed, cultural nuances exist in rural Appalachia and influence risk-taking behavior, but more literature relating to these factors is needed.

**Strengths, Limitations, and Future Research**

The current study presents three key methodological strengths. First, the sample size of 118 adolescents from rural, Appalachian public schools provided a rich interview dataset from which themes and findings were drawn. These rural Appalachian students represent the varied socioeconomic statuses of individuals residing in this area of the country, with many adolescents (up to 65%) enduring poverty and others coming from a wealthy pedigree. Second, the qualitative nature of this exploration gave way to hearing 118 unique, adolescent voices to speak about their interests, habits, risk-taking behavior, and cultural nuances. Arguably, another approach would not have allowed for such a grounded, cultural understanding of rural, Appalachian adolescent risk behavior. Third, and most importantly, this study sought understanding of a culture underrepresented in current literature, as most literature about risk behavior, in general, pertains to urban and suburban youth populations.

In addition to these strengths, some limitations must be noted. Certainly the data from these interviews provide a more-than-adequate picture of adolescent life and risk
behavior in the northern regions of rural Appalachian; but this is not to say these themes
can or should be transferred to adolescents in the central or southern portions of
Appalachia. The different regions of Appalachia are known to possess their own
geographic cultures (see Keefe, 1986; Nesbitt & Weiner, 2001). Even with recruitment
protocol and the backing of two large universities, some school administrators chose not
to allow their students to participate in the interview process. This lack of participation on
the part of some schools may have prohibited researchers from gaining various and even
dire perspectives regarding ATOD use and risk behavior. In other words, perhaps
administrators who knew of significant ATOD use and other behavioral problems may
have opted out of the study purposefully, for fear their community would be exposed.
Oddly enough, it may be the backing of these universities that actually hindered
recruitment of some schools—researchers are often seen as outsiders seeking information
from tight-knit community members (Raup-Krieger et al., under review).

In addition to researching rural adolescent risk behavior in other regions of
Appalachia, these limitations point to a greater need for inquiry into the cultural
antecedents to this risk behavior. A greater understanding of how specific Appalachian
values—albeit those relating to familism, education, religiosity, social network ties,
etc.—are translated into risk enacting versus reducing messages is needed. This study’s
findings also present implications for risk behavior measurement and ATOD and risk
behavior prevention programs. With past inquiries into adolescent risk behavior using
primarily urban and suburban youth (and even some undergraduate students), existing
survey measures are hypersensitive to these populations’ habits and preferences. New
survey measures which allow for cultural environments and lay risk conceptualizations to
permeate results should be developed. For example, SS scales often include items like, “I enjoy many rides in amusement parks” and “I would like to learn to fly an airplane” (Zuckerman, 1971, p. 46). Researchers cannot hope to theoretically uncover rural, Appalachian youth SS tendencies with measure such as these, as these adolescents may have no prior similar experiences from which to evaluate personal risk-taking inclinations. Moreover, PBT speaks to global risk and protective factors, but not necessarily to how elements of rural adolescents’ lives function as both aspects and how quickly one can ebb into the other (e.g., a generally supportive cousin offering an adolescent marijuana). LOC proved a helpful framework for understanding risk behavior in this context, but cannot speak to the wide variance in adolescents’ conceptualization and management of risk from one situation to another (i.e. Why is four-wheeling without a helmet acceptable, but alcohol and drug use not?). Other implications from this study include those related to substance use prevention and intervention message design. Rural, Appalachian adolescents adhere to unique traditions and require culturally-grounded messages.

Conclusion

In conclusion, this study explored, through in-depth interviews, rural, Appalachian adolescents’ lay conceptualizations of risk and how aspects of this unique culture work to encourage and prohibit adolescent risk behavior. After exploring the influences these cultural nuances can have on adolescents’ risk conceptualizations, it is evident the contextualist and probabilist should seek to theoretically allow culture to permeate a melding of their perspectives. Results speak to a need to extend theory and further measurement design and a focus on the two, through the lens of the rural,
Appalachian adolescent will enable researchers and practitioners to design more functional culturally-grounded risk behavior prevention and intervention programs.
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Winston.


Table 1. Rural Adolescent Risky Behavior Codes and Descriptions

I. PURPOSE OF RISKY BEHAVIOR
The motivators behind and reasons for enacting risky behaviors.

II. RISKY BEHAVIOR TYPES
Types of risky behavior that may include "fighting," "risky outdoor activities," "sexual activity," "substance possession," and/or "substance use." If no specific type of risk was mentioned, the utterance was coded into this broad category.

A. Fighting
Utterances relating to physical fights or verbal fights considered severe enough to be detrimental. These may include physical or severe emotional disturbances between any mentioned parties.

B. Risky outdoor activities
Activities conducted outdoors, wherein the adolescent does not take the proper precautions in ensuring his/her safety and the safety of those around him/her. Such activities may include hunting while unsupervised, dirt biking without a helmet, four-wheeling in the dark, bonfires, etc. These risky outdoor activities may not become "risky" until substances or other actions are introduced to the scene.

C. Sexual activity
Sexual activities other than kissing or “making out.”

D. Substance use
1. Alcohol
Consuming any sort of alcoholic beverages.

2. Marijuana
Smoking, or “taking a hit,” on illegal marijuana.

3. Other
Utterance refers to something other than alcohol, tobacco, or marijuana. Examples include prescription drugs, OTC drugs, inhalants, etc. (This category does NOT include ambiguities. All ambiguities should go into the "Substance use" broad category).

4. Tobacco
Utterance of the substance, in general, surrounded by few interview conceptual cues.
   a. Chewing
      Chewing tobacco also known as, “chew,” “dip,” “snuff.”
   b. Smoking
      Smoking a cigarette.

III. RISKY BEHAVIOR—WHEN
Utterance of the temporal sense—time of day, portion of the day (i.e. afternoon), day of the week, portion of the week (i.e. weekend)—relating to when a risky behavior occurred.

IV. RISKY BEHAVIOR—WHERE
Utterance of where any of risky behaviors occurred. Examples may include: outdoors; school property; a peer, friend, family member, or the adolescent's home; party; etc.

V. RISKY BEHAVIOR—WHO
Utterance of who—meaning anyone—acted out the risky behavior, i.e. the interviewee himself/herself, the interviewee's peer, the interviewee's adolescent friend, a family member, etc. Category was broadened to provide a conceptual understanding of the types of risky behaviors which adolescents witnessed or enacted.

VI. BOREDOM
Utterance related to being bored in any given circumstance or desiring to have more to do in a situation.

VII. EVIDENCE OF LOCUS OF CONTROL
Utterances of being motivated to achieve, external locus of control ideas (beliefs about the external environment playing a large role in choices made), and internal locus of control ideas (beliefs about one's internal ideals and personal choices leading to certain outcomes).

VIII. IDENTIFICATION THROUGH RISK
Utterance of seeing oneself as being risky and or attaching risk to one’s identity.

IX. LAY CONCEPTUALIZATIONS OF RISK
Utterances relating to the adolescent’s view of what actions are risky and what exactly makes an activity risky or dangerous.

X. PROTECTIVE FACTORS
Factors that perhaps prevent or protect the adolescent from certain risky situations.

XI. CONCEPT MEMO
Time- and date-stamped annotations related to furthering conceptual understanding of any topics, difficulties in coding a specific utterance, and arguments for coding an utterance in way versus another.

XII. PROCESS MEMO
Time- and date-stamped annotations related to the progress of the coding work, in general.
Appendix A

BRIEF INTERVIEW GUIDE

Warm-up: Tell me a story about something that happened to you lately. It can be something that was funny, or interesting, or sad, or even something that made you mad.

1) “I AM” activity. Tell me more about ____ . What are you most proud of?

2) How long have you lived in this area? What is it like? What are the people like? What do students your age do for fun? Compared to living somewhere else/city?

3) Tell me about a time when you took a big chance/did something that was risky. What types of risky things do other students do? What about alcohol, chew/smoke tobacco, marijuana?

4) Has there ever been a time when you had to make a choice about whether to drink alcohol, smoke/chew tobacco, smoke marijuana? Who, what, where, how.

5) Has there ever been a time when you wanted to say no, but didn’t?

6) What kind of person would you like to be or what kinds of things would you like to do next year/when you get out of school? Do you plan to live here when you are older? Why or why not?

7) Who lives with you in your household? Relationship?

8) What kinds of things do your parents/older siblings say/do about drinking alcohol, smoking/chewing tobacco, smoking marijuana? How do you know what is and isn’t okay?
9) If we were to make the video representing rural schools/kids in the country, what footage would we shoot? What would be a "typical" scene where kids your age are faced with choices to drink alcohol? Smoke? Chew?

CLOSE: All the time we have for today. Do you have any questions for me? Thank you for talking with me.

*ADMINISTER STUDENT INFORMATION SHEET

NOTES:

In substance use stories, probe for the following:

* where the parties take place for kids their age

* where parties take place for the kids who are the partiers

* how and where do kids gain access to alcohol?

* how and where do kids gain access to tobacco?

* how and where do kids gain access to marijuana or other drugs?

* Gangs in the area

* the role of gangs in the area and access to substances, parties