Between the ages of 13 and 25, youth go through major psychosocial changes—forming their own identity, becoming independent of their parents, establishing intimate friendships and relationships, struggling with academic goals, and eventually starting a career and even a family. During this time, they can experience difficulties adjusting to these changes and the stresses that accompany them, and as a result, make behavioral choices that are dangerous and even life destroying. To avoid destructive choices, young people need support from significant others throughout this stage of their lives. What can educators, parents, and church and community leaders do to help prevent dangerous health-risk behaviors in youth?

This article will examine the extent and consequences of two major health-risk behaviors among youth—adolescent sexual activity and alcohol consumption—and focus on factors that may protect young people from such behaviors. We will review and summarize the available research, including our own, that has been found to protect youth from health-risk behaviors. In addition, the article will also examine what parents, the faith community, and church schools can do to play an active role in the prevention of these behaviors.

Young people may consider risk-taking as normal, but some risks like excessive alcohol consumption and sexual promiscuity can lead to lifelong social problems, severe health risk, and even death. Not only do these behaviors affect the risk taker, but also his or her family, school, and community. Because these behaviors negatively affect students’ ability to do quality academic work, schools inevitably become involved with discipline and/or providing counseling services for these individuals. When young people engage in health-risk behaviors such as alcohol abuse, this can also increase the amount of negative peer group influence in the school and jeopardize the safety of other students.

**Youth Sexual Behaviors**

Statistics indicate that a majority of young people today indulge in premarital sex, partly because of the modern trend of postponing marriage to the late 20s to early 30s for economic and/or educational reasons. In the U.S., for example, 70 percent of youth have had sex by their 19th birthday. Similar sexual-activity rates occur in European cultures. In fact, the World Health Organization (WHO) has estimated that a majority of the world’s youth are sexually active in middle adolescence. A majority of unmarried U.S. college-age students are sexually active, with about 71 percent saying they had sex in the 12 months prior to the survey, which was conducted in 2012. The increasing time gap between first sexual intercourse and marriage often means that young people have a large number of...
sex partners, which exposes them to a variety of risks.

Risky sexual behaviors include unprotected sex, having sex while under the influence of alcohol and/or drugs, and multiple and/or unfamiliar partners. 

Unintended pregnancy and the spread of a variety of sexually transmitted diseases are common outcomes. The United States has the highest rate of teen pregnancy of any developed country. According to the Centers for Disease Control and Prevention, in 2009, the number of births to mothers aged 15-19 was 34.2 per 1,000 women in the U.S. Compare this with the rate of 26 per 1,000 in the United Kingdom, which has the highest rate of teen pregnancy in Western Europe. According to a 2010 WHO report, girls age 15 to 19 give birth to 16 million babies each year, about 95 percent of whom are born in the economically developing world. On a global basis, the issue of teen pregnancy is complex because of cultural values and early marriage. However, WHO notes that teen mothers are four times more likely to die than women in their 20s, and the death rate for newborn babies of teen mothers is five times that for women in their 20s. Even with the abundance of teen pregnancy prevention strategies and programs implemented in many countries worldwide, there appears to be little evidence of widespread success.

Teen sex also increases the risk of contracting a variety of diseases. More than 19 million new cases of Sexually Transmitted Infections (STI), apart from HIV, occur each year in the United States, with 48 percent of victims being between the ages of 15 and 24. On a global basis, almost 500 million new STI infections (apart from HIV) are diagnosed each year, with 15- to 19-year-olds being the second-highest incidence group. Although the U.S. Centers for Disease Control reported that the total number of new HIV cases decreased in 2005 compared with the figures for 2001, new cases for 15- to 24-year-olds have shown an increase. UNAIDS reports that 40 percent of all new HIV infections occur among 15- to 24-year-olds. Among the U.S. population, individuals between the ages of 15 and 29 comprised 39 percent of all new HIV infections in 2009.

**Alcohol Consumption Among Youth**

Alcohol abuse is the leading public-health hazard among high school- and college-age youth worldwide. In the United States, young people age 12 to 20 account for 11 percent of all alcohol consumption, and within this group, 90 percent binge drink on multiple occasions. Experimentation with alcohol and other drugs, which frequently starts in adolescent years, often expands during the college years. A U.S. college-age research sample showed that 73-81 percent drank regularly, with about one-third meeting the criteria for binge drinking in the previous month. Unfortunately, many college students believe heavy drinking is a part of college culture. Not only is consuming alcohol considered normal, but often the amount consumed increases during college years, making these years a peak time for substance experimentation and abuse. According to WHO, youth alcohol use is a primary cause of violence—from assault to rape to murder—as well as a wide variety of other problems ranging from STI to fetal alcohol syndrome, accidents, and suicide attempts.

These behaviors do not occur in isolation; there is a connection between sexual behavior and alcohol use. Alcohol use decreases inhibition and increases sexual risk taking. Youth under the influence of alcohol are more likely to take sexual risks than those who are sober.

**Protective Factors**

Education and awareness are insufficient to deter youth from participating in these risky behaviors. Research has identified several protective factors, such as individual personality characteristics, religion, parental relationships, adult mentoring, school involvement, and service learning.

- **Individual personality characteristics.** In a well-known study on the island of Kauai, Hawaii, a team of researchers conducted a longitudinal study on subjects from age 1 to age 40. They concluded that children who received positive responses from caregivers for their attitudes or behavior were more responsive to adults, developed increased motor and intellectual skills, and had improved self-concept. Children who received more attention reacted positively to their caregivers, a trend that continued throughout adolescence. These studies show how important it is to comment positively to youth and to recognize genuinely and enthusiastically their successes and strengths. Young people who receive positive reinforcement from their teachers and other adults will also learn to be affirming when their turn comes as caregivers (parents and teachers).

- **Religion as protection.** Horton, et al. found an inverse relationship between religious attendance and health-risk behaviors among youth in the United States. Another study found that the most common reason teens (age 13-18) gave for not having sex was that it was against their religion or morals. Religiosity also positively shapes choices about alcohol use for youth. A study of at-risk youth in Hawaii found that even troubled young people could experience positive outcomes when they joined a faith that provides structure and a sense of community.

Another study of young adults at state colleges and religious colleges in the U.S. found that the state schools had 27 times more heavy alcohol users and nine times more moderate users than religious colleges. A study done on a Seventh-day Adventist college campus found a statistically significant inverse relationship between vaginal sex and alcohol use in the 12 months prior to the survey among those who were religious (attending church services, having personal prayer, having family worship, and feeling “God wants me to take care of my body”) versus those who were not. This means that the more the college students participated in these religious behaviors and felt that God wanted them to take care of their bodies, the less likely they were to have had sex or consumed alcohol in the 12 months prior to the survey. Anything we can do to strengthen faith will be highly protective.

- **Parents as protection.** Parents have significant influence on their children's health-risk behaviors. International research on a wide variety of populations has found that youth who describe their overall relationship with both parents as great are significantly less likely to use alcohol or be sexually active. Parental influence occurs through monitoring, attachment, parenting style, communication, and involvement. Such monitoring during the adolescent years has been associated with...
less alcohol and drug use, which indirectly helps to curb high-risk drinking in the college years. According to Arria and colleagues, the monitoring parents provide throughout the teen years leads to less alcohol and drug use during that time in the child’s development and continues to reduce alcohol use through the college years. The opposite is also true: Alcohol and drug-use behaviors increase when there is less parental supervision. In her study of several Caribbean countries, Flow- ers found that parental bonding and monitoring had a primary effect of reducing sexual-risk behavior and a secondary effect relating to fewer sex partners and higher rates of condom use for those young people who did become sexually active.

Attachment is an important aspect of parental influence. A longitudinal study in the U.S. measuring parental involvement and alcohol-related risks during the first year of college found that greater maternal attachment was associated with lower alcohol risk. Weaker attachment to the mother was associated with greater alcohol risk taking and with greater health and behavioral consequences by the end of the year. The male students with weaker attachments to parents had more alcohol-related consequences than males or females with stronger attachments.

Parenting style also has an influence on alcohol use by college students. A study of U.S. college students revealed some gender differences in those who perceived their parents to be permissive. Permissive parenting was associated with less monitoring and a higher incidence of impulsive behaviors, which were linked with more alcohol-related problems. Authoritative parenting was linked with more monitoring and fewer impulsive behaviors associated with risky alcohol-related behavior by young people. Authoritative parenting is defined as parents being firm but warm, and setting clear behavioral expectation boundaries. Such parents encourage their adolescent children to be more independent, but still maintain rules and limits. They have open discussions with their children and listen to their point of view, but retain ultimate authority.

Clear communication of parental expectations about substance use is also protective. In a study of how parents of first-year college students in the U.S. communicate regarding substance use, the majority reported that their parents told them to just use their own judgment about alcohol and drug use. However, this advice was found to be generally ineffective and led to high levels of substance use. Miller-Day recommends at least some parental engagement in order to implant anti-alcohol/drug attitudes. A clearly stated no-tolerance rule by parents inhibited all forms of drug use in the past 30 days for first-year college students. Opposite-sex parent/child relationships had a stronger association between parenting style and alcohol-risk behavior.

Feeling that parents care for them is also important to youth. Youth who postpone sexual activity have greater support, supervision, and parental involvement in their lives. Various studies of first-year college students in the U.S. have found that students who perceived themselves as having high levels of parental and peer awareness and caring engaged in less sexual activity. A feeling of bonding with parents had a statistically significant inverse relationship with alcohol use in 7th- to 9th-graders in a U.S. study. At one Seventh-day Adventist university in the U.S. with an international student population, positive parental involvement and open communication had a statistically significant inverse relationship with alcohol use and sexual behavior in the 12 months prior to the study.

• Mentoring by other responsible adults also offers protection. Some youth do not have stable relationships with their parents, but that does not inevitably predict high-risk behavior. In such cases, other people can play a major protective role (teachers, youth leaders, etc.). Having a close bond with at least one emotionally stable, competent adult who is sensitive to the young person’s needs has been found to be protective for at-risk youth. A study with a nationally representative sample of U.S. adolescents (ages 13-18) revealed that those who had mentors were more likely to finish high school and college, had higher self-esteem, and participated in healthy behaviors (including using birth control if they were sexually active). Resilient youth are good at recruiting substitute caregivers to provide them the support they need to survive life’s difficulties. Mentors, who can be any caring adult including teachers, ministers, youth leaders, and neighbors, facilitate resilience by giving youth positive role models to follow, engaging with them in individual and group activities, teaching them skills for success and monitoring their activities, and by showing they care and that the youth matters to them. Schools can solicit mature, caring members of the faith community to mentor struggling students.

• School involvement as protection. Feeling connected to school can play a role in developing positive attributes in youth, particularly self-esteem. In a nationally representative sample of adolescents (ages 13-18) in the United States, school connectedness was found to decrease substance use and the age of becoming sexually active. Even after-school activities can have a protective influence. In many cases, such programs (and the
responsible adults who lead them) provide primary support for youth. Such programs do require adequate supervision, without which youth risk behavior may increase.

- **Service learning as protection.** Service learning has also been found to be a protective guard against youthful participation in a wide variety of health-risk behaviors. A majority of schools in the U.S. require a certain number of volunteer hours as part of the curriculum. Surveys have found that almost 70 percent of U.S. K-12 schools have students engage in some form of community service. According to Zeldin, the decision-making involved in being engaged with service learning is associated with several positive outcomes: First, when service learning is integrated with educational objectives, youth are challenged with making decisions about how to serve their community. Second, youth can be encouraged to be reflective during and after classroom instruction, to think about their new knowledge and skills and how to apply them within the community. However, these positive outcomes occur only as the result of intentional planning by school administrators and teachers. This should include assignments for students to prepare reflective papers, and debriefing exercises by teachers and/or community service leaders, to ensure that students reflect on and process their service experience.

Kirby found a wide variety of positive results when youth engage in community service. These include lower rates of teen pregnancy and other problem behaviors, as well as an increase in pro-social behaviors. Nelson and Eckstein point out that service learning benefits both the student and the community and also provides youth with an opportunity to think about and discuss their experiences. Integrating service learning into the academic curricula of high school and college provides an excellent opportunity for young people to learn positive values while enriching their skills and competencies and reducing their engagement in high-risk behavior. Amanda Moore McBride and her colleagues have documented the international impact of service-learning initiatives that positively influenced youth pro-social behavior, and thus reduced high-risk behaviors.

Service learning is consistent with the core of Christianity. The judgment scene in Matthew 25 indicates that God judges His followers in terms of their positive impact on the lives of others in need. In the risk-behavior study of undergraduate and graduate students at a U.S. Adventist university with a high proportion of international students, researchers found that students who engaged in community service as a part of their Christian commitment were significantly less likely to engage in sexual activities or substance use. Quotes from students who took the Philosophy of Service class (a required general-education course that included academic material as well as community service) at Andrews University in the fall of 2012 revealed how the class helped them personally and motivated them to serve.

“I serve because I love Christ!”

“Serving benefits not only the people being helped but the person helping as well. This course helped me realize the importance of including service in my life.”

“This class made me realize how much service is needed in the world, and the class inspired me to be a better person.”

“I realize now how many opportunities I have missed to serve others. Now I know how to look for them.”

**Discussion and Recommendations**

Adults can make a positive difference in young people’s lives. This starts with parents being involved, caring, supportive, supervising, and communicating clear messages regarding health-risk behaviors. Ideally, parental involvement occurs in combination with mentoring by other responsible adults—pastors, teachers, extended family, caring church members, and youth leaders. When this occurs, there is a strong positive impact on youth decision making. These adults can provide positive role models and nurturing support.

Schools are an especially important factor in shaping young people’s lives because they provide structure, caring adults, opportunities to develop skills and confidence, a sense of community, and adult-supervised in- and after-school activities. Schools can also provide service-learning opportunities. Such strategies are especially effective when

- They are led by adults who play a mentoring role;
- They meet an actual community need;
- There is coordination between the school and the service organization;
- Students are required to reflect on their service activities, have opportunities to use their newly acquired educational skills, and a chance to practice service outside of the classroom; and
- The service-learning curriculum helps to foster in students a lifelong commitment to service.

Although the many protective ideas we have discussed in
this article have strong empirical backing, no program comes with a 100-percent guarantee. But the core point is that we must never give up on our youth. God never gives up on His people and welcomes back all those who return to Him. As He does not give up on us, it is important for us as parents and teachers to never give up on our youth!

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