



Katia Garcia Reinert

Youth

ALIVE.

Building Resilience Against At-risk Behaviors

The world contains roughly 7.7 billion people.¹ Around 1.2 billion of them (1 in 6) are adolescents aged 10 to 19.²

Many of these young people engage in healthy behaviors and enjoy good health, but there are thousands who suffer premature death, substantial illness, and injury. Good health encompasses not only physical, but also mental and spiritual well-being, which impacts not only the individual but also the people in one's life. Premature death and illness are often related to at-risk behaviors. According to the World Health Organization (WHO), alcohol or tobacco use, unprotected sex, and/or exposure to violence can adversely impact young people not only during adolescence, but also throughout their lives, and can even affect the health of their children. Among the top at-risk behaviors are the following:

- *Substance use and process addictions* (e.g. alcohol, tobacco, cannabis, opioids, pornography, gambling, gaming). Addictions are a major cause of young people's physical and mental-health problems, poor cognitive de-

velopment, violent behavior, victimization, learning difficulties, low rates of economic advancement, and impaired social development.³

- *Sexual activity.* Early onset of sexual activity relates to many sexually transmitted illnesses (e.g., HPV, chlamydia, gonorrhea, HIV/AIDS), teen pregnancy, fractured relationships, and poverty.⁴

- *Dropping out of school.* The lack of education correlates to lack of opportunities for economic stability and impaired social relationships.⁵

- *Youth violence and bullying.* Interpersonal violence is among the top 10 leading causes of death in adolescents worldwide.⁶ Gangs recruit vulnerable youth in poverty-stricken areas and engage them in violent behavior, sexual harassment, and assault. In addition, gang membership often results in poor learning outcomes and premature death, not only for the individual, but also for those living within the community.⁷ A young person who is bullied may experience depression, anxiety, loneliness, impaired ability to make friends, and higher levels of substance abuse. Youth who bully others report high rates of smoking, excessive drinking,

and fighting; and, bullying behavior may be an indicator of future marital aggression, difficulty keeping a job, child abuse, and elder abuse.⁸

- *Suicide.* Around the world, suicide is a major risk among youth and a major cause of premature death.⁹

Unfortunately, Seventh-day Adventists are not exempt from many of these problems, nor are Adventist schools. Research by the Institute for the Prevention of Addictions (IPA) at Andrews University (Berrien Springs, Michigan, U.S.A.) has shown that some students in Adventist schools (K-20) in the U.S., use harmful substances, though at much lower rates than students in non-faith-based schools. The general culture impacts everyone, including Adventist youth.¹⁰

Promoting healthful behaviors during adolescence and taking steps to better protect young people from health risks are critical to preventing health problems in adulthood. Unfortunately, the higher rates of drug and alcohol use in the general population will continue to exert a powerful influence on Adventist youth and, tragically, simply sharing "the right infor-

mation” does not ensure that our youth will make the best choices or abstain from at-risk behaviors. Many educators and parents feel powerless to do anything about the rapid changes that have occurred in society since they were young. The question remains, what can educators do to help youth live their faith and be fully alive, free from addictions and other damaging behaviors?

Promising Research

In spite of the many changes within our global society, some things have remained the same:

- The need for relationships with peers and with adult mentors;
- The desire for a personal connection with God;
- The search for values that matter and count;
- The importance of having fun and sustaining the human desire to play;

Research has also shown that students who have a religious affiliation and who embrace spiritual values are much less likely to use drugs.¹¹ Recent addiction research has revealed that treatment and prevention programs succeed better when they contain a “values” component.¹² These values are essential in promoting a society free from dangerous and illegal drugs. Therefore, we need to treat the underlying causes of drug use such as hopelessness, depression, feelings of worthlessness and separation, a need to belong, or any other emotion that might contribute to negative self-concept. Coming into the arms of God and promoting Christian values are a great place to start.

Research has identified several resilience factors that protect youth and empower them to say “No” to at-risk behaviors. According to the data, a commitment to the belief that the body is the temple of God, and a personal connection to God does make a difference.¹³

Resilience

Behavioral research typically explores what puts young people at

risk to become involved in at-risk behaviors. The concept of resilience has inspired hope among researchers, including educators. Resilience is the ability to adapt well in the face of adversity, trauma, tragedy, threats, or significant sources of stress such as family and relationship problems, serious health problems, or workplace and financial stressors. It means the ability to “bounce back” from difficult experiences.¹⁴ Resilient individuals are more likely to have several characteristics, including the following:

- A deep religious faith¹⁵;
- A strong commitment to self

and/or their God and willingness to act and deal with problems;

- Positive attitude toward their environment, a strong sense of purpose, and a strong internal locus of control that enables them to see life’s obstacles as challenges that can be overcome¹⁶;
- A strong commitment to helping others¹⁷;
- A belief that adversity can be overcome, that there is life beyond the obstacles of today; and
- The ability to identify factors that account for success rather than focusing on shortcomings such as academic failure, drug use, or other at-risk behaviors.¹⁸

Building Connections and Healthy Relationships

Independent of race, ethnicity, family structure, and poverty status, adolescents who are connected to their parents, to other family members, and to their school community (a healthy horizontal relationship) are protected from many at-risk behaviors such as premarital sex, violence, emotional distress, suicide attempts, and drug use.¹⁹ No one is an island. We all long to be accepted and connected with one another for support and encouragement (horizontal relationship). This is biblically supported in Romans 14:7: “For none of us lives for ourselves alone, and none of us dies for ourselves alone” (NIV).²⁰ As individuals connect with God, they value others as children of God, making it easier for them to connect with other youth and adults.

The School as a Protective Community

Schools can provide several protective factors for young adults such as opportunities for involvement in school decision making, high but realistic expectations for their performance, and a caring, supportive atmosphere. According to the WHO, having a positive school experience has a favorable influence on a person’s health and well-being, while a negative experience becomes a risk factor can affect students’ mental and physical health.²¹ If the student “likes” the school he or she attends, that is considered a protective factor against bullying; sexual risk-taking; use of tobacco and alcohol, and drug abuse. On the other hand, students who dislike school or feel disconnected from other people in school are more likely to fail academically, drop out, and have mental-health problems.

Thus, when students believe that their school is a “community,” a place characterized by supportive and caring relationships, where opportunities are provided to participate in

school activities and decision making, and a place where norms are shared, they will enjoy school more and be more academically motivated, attend more regularly, engage in less disruptive behavior, have higher academic achievement, use drugs less, and be less likely to engage in delinquent behavior.²² In one study using student survey data from 508 U.S. communities, it was noted that adult-supervised after-school activities were associated with lower incidences of cigarette smoking, alcohol use, and binge drinking in the past 30 days. In addition, community activities to reduce substance use, including student organizations to prevent alcohol abuse, were associated to lower binge drinking.²³

Therefore, schools can function as protective communities. Educators and other mentors can positively affect children’s and adolescents’ health and well-being by creating positive experiences and after-school programs that can enhance the students’ experience in the classroom and have a lasting impact.²⁴ *Youth Alive* is one of the programs that incorporates evidence-based strategies for prevention of at-risk behaviors that has been shown to make a difference when implemented in Adventist schools.²⁵ It has been developed by the Seventh-day Adventist Church targeting not only Adventist youth, but also other teens and young adults in the community.

The Youth Alive Program

Youth Alive is a program that incorporates the factors for resilience mentioned above. It has been used for several years in Asia, Africa, America, and Europe to build resilience and prevent at-risk behaviors among teens and young adults aged 15 to 22 in schools, churches, and communities. It incorporates the faith-values associated with resilience, namely having Jesus Christ—the highest Power—at the center of all their activities and facilitates connectedness among youth and be-

tween youth and adults. These key perspectives and actions have a major impact in protecting young people from at-risk behaviors.

All About Discipleship

In essence, *Youth Alive* is a youth program designed to build resilience against at-risk behaviors such as violence, pre-marital sexual activity, the consumption of alcohol and illegal drugs, and the misuse of legal drugs. It focuses on intergenerational mentorship for spiritual growth, leadership empowerment, service, and connectedness. The program involves a collaboration of several church ministries including Health, Youth, Family, Education, Public Campus Ministries, and Global Mission.

Youth Alive is critical to helping young people live a healthy, purpose-driven life by modeling an evidence-based **Positive Peer Prevention Program**.

Positive: The *Youth Alive* program focuses on positive alternatives in Christ, resulting in positive interpersonal relationships. Participants treat one another with **Respect, Dignity, and Honor**, valuing each person as a child of God and not engaging in racism, prejudice, or put-downs. This attitude promotes a feeling of complete acceptance.

Peer: In this program, youth and adults reach out to other youth, children, and adults to encourage them to make healthy choices so they can be free from at-risk behaviors, use of dangerous substances, and harmful habits. The connectedness among youth and with adults provides a natural sense of satisfaction that increases self-esteem and provides an uplifting experience through Christ. Thus, the use of illegal drugs, alcohol, and tobacco; misuse of prescription drugs; or other behaviors that result in addictions, become less desirable.

Prevention: *Youth Alive* focuses on the theme “MY CHOICE—FULLY ALIVE,” presented through all components of the program. This encourages a commitment to healthy living by all the participants, including those who may have already casually experimented with drugs or other at-risk behaviors.

Program: The program involves various activities and events focusing on the **growth and discipling** of youth. It is intergenerational. That is, it includes not only qualified adult presenters and facilitators, but also young people as mentors and participants. The program components are listed below.

Program Components

An important way to equip youth and adult leaders for mentoring youth is through **Facilitator Training**. Working in collaboration with church youth leaders, school leaders can invite youth enrolled in Adventist schools (whether or not they are church members) to attend large conference gatherings or retreats to experience *Youth Alive*. These gatherings often occur at the start of a school year or at another convenient time, such as a school break or holiday. The *Youth Alive* program also includes regularly scheduled gatherings through local clubs held in the school. Such meetings take place weekly in a small-group setting called friendship groups. At these meetings, the youth gather to learn, share, play, worship, and serve. This proactive initiative promotes youth living an abundant life through healthful lifestyle choices.

Youth Alive offers an online portal and app that give young people free access to information such as books, articles, and classes on various issues relevant to living a happy, healthy, and fulfilling life committed to God in mission. A ***Youth Alive Leaders Portal*** connects teachers and administrators, as well as local church leaders, to various *Youth Alive* resources, including a calendar of events, discus-

sion boards, media files, and best practices on how to conduct successful *Youth Alive* programs. To access these materials, select the “Register” icon on the *Youth Alive* Leaders Portal Website (<https://leaders.youthaliveportal.org/en>), and create a profile and login.

Ongoing learning opportunities for both young adults and leaders are available at larger conferences, local club meetings, friendship groups, and

online, which focus on spiritual growth and empowerment for leadership in mission activities such as church planting.

Implementing *Youth Alive* in Schools

Because of the positive impact of the *Youth Alive* program in local churches, it is highly recommended that our schools launch their own *Youth Alive* conference and then establish a *Youth Alive* club co-led by a teacher and a student leader. Such

Box 1. *Youth Alive* Pledge and Motto

The *Youth Alive* participants are encouraged to sign the following pledge:

Youth Alive Pledge

I pledge to choose Jesus Christ as my Highest Power
I want to be healthy and happy
I will say NO to alcohol
I will say NO to tobacco
I will say NO to illegal drugs
I will say NO to pornography
I will say NO to compulsive gaming
I will say NO to pre-marital sex
I will say NO to any unhealthy behavior
I will help my friends to say NO to these things also
I pledge to stand up for what I know is right
My Choice, Fully alive!

Participants are also encouraged to live by the following motto, which is built around the goals of the program:

Youth Alive Motto

“Fully Alive! Healthy Youth Connected for Service!”

clubs can involve youth with regular activities oriented toward building resilience through strengthening the protective factors mentioned above.

How to start? First, schedule a *Youth Alive* conference.²⁶ It is best to hold this at the beginning of the school year. (This can be combined effectively with the school's orientation program.) Another option is to schedule it during a school break. During the conference, introduce the idea of the *Youth Alive* club, and invite students to participate. Then, following the conference, launch the *Youth Alive* club and schedule weekly, biweekly, or monthly *Youth Alive* friendship group meetings during the school year when students can discuss topics related to at-risk behaviors, find peer support, enjoy cooperative games, participate in service opportunities, and grow spiritually (see Box 1).

What Makes *Youth Alive* Effective?

Youth Alive is guided by research on protective factors among youth and by the iCOR (Intergenerational Churches of Refuge) model and values.²⁷ As it turns out, what protects youth against at-risk behaviors also fosters discipleship. The iCOR model focuses on relationships, spiritual growth, mission, and empowerment. As such, the program accomplishes its goals by:

- Nurturing positive relationships with adults and other youth through a mentoring process;
- Inspiring youth to connect to God, grow in their spiritual journey, and find their own purpose for living;
- Engaging youth in service and mission opportunities through the *Youth Alive* activities; and
- Empowering youth to become leaders of vibrant *Youth Alive* clubs and friendship groups.

Getting Involved

If you as an educator would like to make a difference in the lives of your



students by becoming involved with *Youth Alive*, here is how to get started:

1. Get in touch with a *Youth Alive* coordinator at youthalive@gc.adventist.org for more information and consultation. They will connect you with the necessary resources.
2. Register at the *Youth Alive* Leaders Portal²⁸ by clicking the "Register" icon. Once registered, you can download *Youth Alive* materials and check the calendar for any upcoming facilitators' training near you.
3. Download the "*Youth Alive* Facilitator Manual" and the "*Youth Alive* Participant Manual" from the Leaders Portal.
4. Plan on organizing a training conference in collaboration with the local union *Youth Alive* leaders or register to attend a scheduled training conference near you.
5. Mentor a young student leader to co-lead the *Youth Alive* club and friendship group meetings in your school. Sample programs are available in the "*Youth Alive* Facilitator Manual" and Leaders Portal.

The *Youth Alive* facilitators have helped many students to commit to purpose-filled lives free from at-risk behaviors, use of dangerous sub-

stances, and harmful habits. More importantly, many found God and their calling. Here is how one student described his experience, "I know that I did drugs because of a lack of security and a lack of love and a need to belong. And I found that in my druggie circle, but it wasn't what I was really looking for. What I was lacking was God and support. And that's exactly what I got at the *Youth Alive* program."

May you feel God's leading as you consider becoming involved with *Youth Alive* at your school. You can continue to make a deep impact in the lives of the youth whom you are privileged to influence for eternity. ✍️

Katia Garcia Reinert, PhD, RN, FNP-BC, is an Associate Director for Health Ministries at the General Conference of Seventh-day Adventists, Silver Spring, Maryland, U.S.A. She serves as the *Youth Alive* Global Coordinator. Dr. Reinert earned her PhD in Nursing from Johns Hopkins University in Baltimore Maryland, U.S.A.

Recommended citation:

Katia Garcia Reinert, "Youth Alive: Building Resilience Against At-risk Behaviors," *The Journal of Adventist Education* 81:3 (July-September 2019): 40-45.

NOTES AND REFERENCES

1. Worldometers Current World Population: <https://www.worldometers.info/world-population/>.
2. World Health Organization, "Adolescents: Health Risks and Solutions" (December 2018): <https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>.
3. Ibid.
4. World Health Organization, "Sexually Transmitted Infections (STIs)" (November 4, 2016): <https://cdc.gov/std/general/default.html>; _____, "Sexually Transmitted Infections (STIs); Bahar Gholipour, "Hidden STD Epidemic: 110 Million Infections in the US," *Livescience* (October 6, 2014): <https://www.livescience.com/48100-sexually-transmitted-infections-50-states-map.html>.
5. Brandy R. Maynard, Christopher P. Salas-Wright, and Michael G. Vaughn, "High School Dropouts in Emerging Adulthood: Substance Use, Mental Health Problems, and Crime," *Community Mental Health Journal* 51:3 (April 2015): 289-299: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4655594/>.
6. Worldwide, interpersonal violence ranks in the top 10 and varies by region. See Kimberley Christaden, "More Than 1.2 Million Adolescents Die Every Year, Nearly All Preventable" (May 2017): <https://www.who.int/news-room/detail/16-05-2017-more-than-1-2-million-adolescents-die-every-year-nearly-all-preventable>; World Health Organization, "Adolescent Health Epidemiology," (2019): https://www.who.int/maternal_child_adolescent/epidemiology/adolescence/en/.
7. James C. Howell, "Gang Prevention: An Overview of Research and Programs," *Juvenile Justice Bulletin* (December 2010): <https://www.ncjrs.gov/pdffiles1/ojdp/231116.pdf>; awn Delfin McDaniel, "Risk and Protective Factors Associated With Gang Affiliation Among High-risk Youth: A Public Health Approach," *Injury Prevention* 18:4 (August 2012): 253-258: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3406611/>; George W. Knox, "Females and Gangs: Sexual Violence, Prostitution, and Exploitation," *Journal of Gang Research* 11:3 (Spring 2004): 1-15.
8. Dieter Woke and Suzet Tanya Lereya, "Long-term Effects of Bullying," *Archives of Disease in Childhood* 100:9 (September

2015): 879-885. doi:10.1136/archdischild-2014-306667.

9. Candace Currie et al., eds., "Social Determinants of Health and Well-being Among Young People" (2012): http://www.euro.who.int/__data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf; Brad Hinman, "The Tragedy of Child and Adolescent Suicide," *The Journal of Adventist Education* 81:3 (July-September 2018): 4-9: <https://jae.adventist.org/en/2018.3.2>.

10. Gary L. Hopkins et al., "AIDS Risk Among Students Attending Seventh-day Adventist Schools in North America," *Journal of School Health* 68:4 (April 1998): 141-145: <https://www.ncbi.nlm.nih.gov/pubmed/9644606> (First published online October 9, 2009); Herbert W. Helm et al., "Comparison of Alcohol and Other Drug Use Trends Between a Prohibitionist University and National Data Sets," *Journal of Research on Christian Education* 18:2 (August 2009): 190-205: <https://www.tandfonline.com/doi/abs/10.1080/10656210903046424>; Unpublished data from Institute for the Prevention of Addictions (IPA) presented to the IPA Board (2019). For more information, contact Duane C. McBride, principal investigator, at ipa@andrews.edu.

11. Jacquelyn N. Felt, Duane C. McBride, and Herbert W. Helm Jr, "Alcohol, Tobacco, and Marijuana Use Within a Religious Affiliated University," *Journal of Drug Issues* 38:3 (July 2008): 799-819: <https://journals.sagepub.com/doi/abs/10.1177/002204260803800307>.

12. Gary L. Hopkins et al., "AIDS Risk Among Students Attending Seventh-day Adventist Schools in North America"; Herbert W. Helm et al., "Comparison of Alcohol and Other Drug Use Trends Between a Prohibitionist University and National Data Sets"; Unpublished data from Institute for the Prevention of Addictions (IPA).

13. Ibid.

14. Helm et al., "Comparison of Alcohol and Other Drug Use Trends Between a Prohibitionist University and National Data Sets."

15. Felt, McBride, and Helm, "Alcohol, Tobacco, and Marijuana Use Within a Religious Affiliated University."

16. American Psychological Association, "The Road to Resilience" (December 2019): <http://www.apa.org/helpcenter/road-resilience.aspx>.

17. Dale D. Chitwood et al., "A Systematic Review of Recent Literature on Religiosity and Substance Use," *Journal of Drug Issues* 38:3 (July 2008): 653-688; Harvey J. Burnett et al., "Understanding the Relationship of Trauma, Substance Abuse, and

Resilience Among Religiously Affiliated University Students," *Journal of Research in Christian Education* 25:3 (September 2016): 317-334.

18. Gary L. Hopkins et al., "Developing Healthy Kids in Healthy Communities: Eight Evidence-based Strategies for Preventing High-risk Behaviour," *Medical Journal of Australia* 186:10 (May 2007): S70-S73: <https://www.mja.com.au/journal/2007/186/10/developing-healthy-kids-healthy-communities-eight-evidence-based-strategies>; Alina Baltazar et al., "Protecting Youth From Health Risk Behaviors," *The Journal of Adventist Education* 76:2 (December 2013/January 2014): 11-16: <http://circle.adventist.org/files/jae/en/jae201376021106.pdf>.

19. Hopkins et al., "Developing Healthy Kids in Healthy Communities: Eight Evidence-based Strategies for Preventing High-risk Behaviour."

20. New International Version (NIV). Holy Bible, *New International Version*, NIV® Copyright © 1973, 1978, 1984, 2011 by Biblica, Inc.® Used by permission. All rights reserved worldwide.

21. Currie et al., "Social Determinants of Health and Well-being Among Young People."

22. Ibid.

23. Curtis J. VanderWaal, "Community and School Drug Prevention Strategy Prevalence: Differential Effects by Setting and Substance," *Journal of Primary Prevention* 26:4 (July 2005): 299-320. <https://www.ncbi.nlm.nih.gov/pubmed/15995801>.

24. Hannah J. Littlecott, Graham F. Moore, and Sam M. Murphy, "Student Health and Well-being in Secondary Schools: The Role of School Support Staff Alongside Teaching Staff," *Pastoral Care in Education* 36:4 (October 2018): 297-312. doi:10.1080/02643944.2018.1528624; Donnah L. Anderson and Anne P. Graham, "Improving Student Wellbeing: Having a Say at School," *School Effectiveness and School Improvement* 27:3 (October 2015): 348-366. doi:10.1080/09243453.2015.1084336.

25. Hopkins et al., "Developing Healthy Kids in Healthy Communities: Eight Evidence-based Strategies for Preventing High-risk Behaviour."

26. See the "Youth Alive Handbook and Facilitator Manual" (General Conference Health and Youth Ministries), downloadable at <https://leaders.youthaliveportal.org/en> (accessible once registration has been completed).

27. Inter-European Division of Seventh-day Adventists (2014-2019): <https://eud.adventist.org/en/events/initiatives/icor/>.

28. Youth Alive Leaders Portal (registration required): <https://leaders.youthaliveportal.org/en>.

The Adventist Professionals' Network

is a global registry of Seventh-day Adventist professionals who holds a recognized college or university degree.



JOIN US

<https://apn.adventist.org>



Adventist
Professionals'
Network

With more than 23,000 users around the world, APN helps to locate candidates for positions, consultants with expertise, and volunteers for short mission assignments in Adventist institutions and agencies.