

## Chapter #18

### ARE THE 5CS OF POSITIVE YOUTH DEVELOPMENT RELATED TO RISKY BEHAVIOURS: ANALYSIS ACROSS COUNTRIES

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#### ABSTRACT

The Positive Youth Development approach views youth development from a broader perspective by emphasizing strengths rather than deficits. If youth strengths are aligned with the resources in their environment, positive youth development outcomes (5Cs: Competence, Confidence, Character, Connection, and Caring) will be more probable, and risky behaviours less frequent. It is crucial to understand the relationship between possible protective factors (e.g., 5Cs) and risky behaviours to provide support for at-risk youth. An emphasis was put on the national contexts of Kosovo, Norway, and Slovenia in investigating the research questions: 1) Does the experience of 5Cs differ across countries? and 2) Does the relation between 5Cs and risky behaviours vary across countries? The sample included 916 participants from Kosovo (66.3% girls;  $M_{age} = 16.32$ ), 220 participants from Norway (47.7% girls;  $M_{age} = 17.30$ ) and 218 participants from Slovenia (70.6% girls;  $M_{age} = 17.18$ ). Results show that the 5Cs differ across countries, revealing that participants from Slovenia reported the lowest scores of the 5Cs in comparison with participants from other countries. In addition, a series of Factorial ANCOVAs revealed that relation between alcohol use and 5Cs varies across countries for Competence, Confidence, and Connection. Guidelines for interventions and future research are discussed.

*Keywords:* positive youth development, 5Cs, risky behaviours, country comparison.

#### 1. INTRODUCTION

Research on youth has long focused on their deficits rather than their strengths. As a reaction to the deficit perspective, strength-based approaches such as the Positive Youth Development (PYD) perspective have emerged during the last two decades (Lerner, 2017). PYD is based on the Relational Developmental System Theory, which views positive development as an outcome of the interaction between an active, engaged and competent individual and a supportive and nurturing context (i.e., family, school, community; Damon, 2004). Thus, in this interaction, positive youth development outcomes (e.g., 5Cs) are more probable while risky behaviours (e.g., substance use and truancy) are less frequent (Lewin-Bizan et al., 2010). PYD has been mostly researched in the United States (e.g., Geldhof et al., 2014), but also in Europe (e.g., Kozina, Wium, Gonzalez, & Dimitrova, 2019). To design effective interventions with the PYD perspective, it is important to understand the relation between positive youth development outcomes and risky behaviours. Moreover, since positive development outcomes depend on the interaction between the individual and his or her context, it is of great significance to consider the characteristics of one's context in research and youth programmes. Empirical

research investigating the relation between positive development outcomes and risky behaviours among youth in different European countries is scarce. Our aim was to address this relation across three countries: Kosovo, Norway, and Slovenia, to get a deeper understanding of the relations between positive youth development outcomes, substance use, and truancy.

Adolescence is a phase of human development in which major biological, psychological and social changes occur (Sawyer, Azzopardi, Wickremarathne & Patton, 2018). In addition, it is a period of increased risk-taking and is associated with risky behaviours, such as substance use, truancy and bullying. Risky behaviours tend to coexist (Hair, Park, Ling, & Moore, 2009) and may lead to mental health problems (Arbour-Nicitopoulos, Faulkner, & Irving, 2012). The Positive Youth Development framework proposes a negative association between positive development outcomes, such as the 5Cs and risky behaviours, where higher scores on the Cs are associated with lower scores on risky behaviours.

The 5Cs represent Competence (i.e., a positive view of one's actions in specific areas), Confidence (defined as an inner sense of positive self-worth and self-efficacy), Character (described as possession of standards for appropriate behaviour with respect to societal and cultural norms), Connection (i.e., positive bonds with friends, family, and institutions) and Caring (i.e., a sense of sympathy and empathy for others). Earlier research indicates that the 5Cs are positively related to adolescents' contribution to self, family and society (e.g., Lewin-Bizan et al., 2010) as well as negatively related to risky behaviours and emotional difficulties (e.g., Jelacic, Bobek, Phelps, Lerner, & Lerner, 2007).

Risky behaviours, such as substance use, truancy, unprotected sexual activity, and violence may adversely affect adolescents' health and well-being whereas adolescents who engage in risky behaviours are more likely to have negative outcomes later in life. Alcohol use and smoking have been related to adverse short- and long-term consequences, such as car accidents, risky sexual behaviour, increased likelihood for substance use in adulthood, lower academic achievement, emotional distress, and mental health problems (e.g., Arbour-Nicitopoulos et al., 2012).

Regarding the relation between PYD and risky behaviours, findings from the United States have shown a complex pattern of positive and negative developmental pathways towards risky and problem behaviours (Lewin-Bizan et al., 2010). For instance, Phelps et al. (2007) assessed the relations between the 5Cs and risky and problem behaviours among early adolescents in the United States. Only one-sixth of the participants manifested a negative relation between PYD indicators and risky and problem behaviour, where increases in PYD indicators were related to decreases in risky and problem behaviours. Other youth remained stable in their risky and problem behaviours over time or even showed increases in both trajectories. Similarly, Lewin-Bizan et al. (2010) found that youth who scored high on the 5Cs were also more likely to engage in risk behaviours. Thus, both positive and negative associations have been found between PYD outcomes and risky behaviours. However, Schwartz and colleagues (2010) indicated that PYD outcomes as a whole (i.e., the 5Cs) were protective against smoking and marijuana use for girls and against hard drugs for both genders. In contrast, PYD outcomes were positive predictors of drinking for boys. The authors speculated that higher levels of PYD may lead to engaging in more positive social relationships, which might be the reason for the increase in alcohol use.

More research is needed on the role of PYD in reducing risk behaviours (Bonell et al., 2016). Although several findings have been made on the protective role of the positive outcomes, some specific associations regarding the PYD outcomes have not been thoroughly researched. Bonell and colleagues (2016) proposed that positive assets might serve as buffers or compensators. Buffering relates to a lesser influence of the risk factors (i.e., risky behaviour) if positive assets (e.g., 5Cs) are present while compensation is having more positive assets and therefore being able to engage in risk-taking behaviours without adverse outcomes (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004).

It has been argued that future research should focus on individual PYD outcomes to understand their separate influence on risk behaviours in order to design effective youth programmes or interventions (Schwartz et al., 2010). Moreover, the authors pointed out that the different Cs may be protective against different risk behaviours, indicating that diverse risk behaviours should be included in future research. Based on Schwartz and colleagues' (2010) recommendations, our aim is (1) to examine the differences in the 5Cs across countries; (2) to explore the relation between PYD outcomes and risky behaviours across countries (controlling for age, gender and parents' educational background).

## 2. METHOD

### 2.1. Participants

The sample included 916 participants from Kosovo with age range 14–19 (Albanians living in Kosovo; 66.7% girls;  $M_{age} = 16.32$ ;  $SD = 1.67$ ), 220 participants from Norway with age range 16–20 (47.7% girls;  $M_{age} = 17.30$ ;  $SD = 1.12$ ) and 218 participants from Slovenia with age range 15–20 (70.6% girls;  $M_{age} = 17.18$ ;  $SD = 1.36$ ). About 47% of participants in Kosovo reported that the highest educational level of their father was vocational, technical, polytechnic or university, while 38% reported that their mothers gained the same level of education. In Norway, the respective percentages were 75% and 79% and in Slovenia, the percentages were 43% and 54%.

### 2.2. Instruments

The short form of the PYD questionnaire (Geldhof et al., 2013) was used to measure the 5Cs. It consists of 34 items answered on a 5-point Likert scale (with responses ranging from 1 = *strongly disagree* to 5 = *strongly agree*, for example). Sample items that measure the 5Cs are: Competence (e.g., I do very well in my classwork at school); Confidence (e.g., All in all, I am glad I am me); Character (e.g., I hardly ever do things I know I shouldn't do); Connection (e.g., My friends care about me); and Caring (e.g., When I see another person who is hurt or upset, I feel sorry for them). Reliability measures (Cronbach's alphas) of the 5Cs are adequate: Competence (Kosovo: .68; Norway: .86; Slovenia: .65); Confidence (Kosovo: .67; Norway: .93; Slovenia: .89); Character (Kosovo: .64; Norway: .83; Slovenia: .68); Connection (Kosovo: .75; Norway: .88; Slovenia: .73); Caring (Kosovo: .85; Norway: .90; Slovenia: .83).

Additionally, the participants answered several questions about risky behaviours, from which substance abuse (i.e., Have you used alcohol once or more in the last 30 days? and Have you smoked a cigarette once or more in the last 30 days?), as well as truancy (i.e., Have you skipped school once or more in the last 4 weeks?), were included in the analysis. Response categories were yes and no.

### 3. RESULTS

In Table 1, a frequency distribution of the demographic variables and risky behaviours is presented. The majority of participants both in Kosovo and Slovenia were females (66.7% and 70.6%, respectively), while in Norway most of the participants were males (52.3%). The countries differed in age as participants from Kosovo ( $M_{age} = 16.32$  years) were younger on the average than participants from Norway ( $M_{age} = 17.30$  years) and Slovenia ( $M_{age} = 17.18$  years). In Kosovo, most of the parents had secondary school or lower education and in Norway, most of the parents had post-secondary school. However, in Slovenia, there were some differences among education of parents since the majority of mothers had post-secondary while fathers had mostly secondary school or lower education. To address the differences in economic status across all included countries, the analyses controlled for parents' educational background as an indicator of socio-economic status since Kosovo has an upper-middle-income economy while Norway and Slovenia have high-income economies (World Bank, 2020).

Some differences among countries in risky behaviour are visible as well. In Norway and Slovenia, the majority of the participants drank alcohol in the last 30 days, while in Kosovo only 12% of the participants engaged in alcohol use in the last 30 days. The proportion of youth who smoked a cigarette in the last 30 days was similar in all three countries. As for truancy, a third of the participants from Norway reported skipping school in the last month, while almost half of the participants from Slovenia had done the same. On the contrary, only 7% of participants from Kosovo reported they have skipped school in the last month.

*Table 1.*  
*Descriptive Analysis of Study Variables among Youth in Kosovo, Norway, and Slovenia.*

Study variable	Kosovo <i>n</i> = 916	Norway <i>n</i> = 220	Slovenia <i>n</i> = 218	Total <i>N</i> = 1354
<i>Mean age (SD)</i>	16.32 (0.99)	17.30 (1.12)	17.18 (1.36)	16.62 (1.16)
Gender %				
Male	33.3	52.3	29.4	35.8
Female	66.7	47.7	70.6	64.2
Father's education %				
Post-secondary	40.8	74.5	43.8	46.8
Secondary school or lower	59.2	25.5	56.2	53.2
Mother's education %				
Post-secondary	23.6	79.0	54.2	37.5
Secondary school or lower	76.4	21.0	45.8	62.5
Alcohol use in the last 30 days %	12.1	67.4	59.6	27.7
Smoking cigarettes in the last 30 days %	20.7	23.7	21.5	21.2
Truancy in the last 30 days %	7.4	33.9	45.4	17.4

To examine the differences in PYD outcomes (i.e., the 5Cs) across countries, MANCOVA was employed ( $\Lambda = 0.88$ ;  $F = 16.31$ ;  $p < .001$ ;  $partial \eta^2 = 0.06$ ). In Table 2, the means of the 5Cs are presented together with standard errors. The post hoc tests revealed that examined countries significantly differed in all 5Cs, except for Character. Participants from Slovenia reported lower levels of Competence and Caring in comparison with participants from Norway and Kosovo (all  $ps < .001$ ), lower levels of Confidence with regard to participants from Kosovo ( $p < .001$ ), and lower levels of Connection compared to participants from Norway ( $p = .029$ ). The participants from Norway and Kosovo differed only in Confidence ( $p < .001$ ), where participants from Kosovo reported higher levels of Confidence.

Table 2.  
5Cs by Country: MANCOVA.

Variable	Kosovo <i>M (SE)</i>	Norway <i>M (SE)</i>	Slovenia <i>M (SE)</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>
Competence	3.57 (.02)	3.61 (.05)	3.37 (.05)	6.86	2	3.43	7.58*
Confidence	4.05 (.02)	3.74 (.05)	3.62 (.05)	32.15	2	16.08	36.53**
Character	3.87 (.02)	3.97 (.05)	3.89 (.04)	1.36	2	0.68	1.95
Caring	4.23 (.03)	4.37 (.06)	4.02 (.05)	11.94	2	5.97	11.61**
Connection	3.78 (.02)	3.87 (.05)	3.71 (.04)	2.67	2	1.33	3.37*

Note. Gender, age and parents' educational background were controlled for; *M (SE)*: Mean (standard error), *SS*: Sum of Squares; *MS*: Mean Square; \* $p < .05$ ; \*\* $p < .01$ .

Due to the differences in the 5Cs across countries, we expected the associations between the 5Cs and risky behaviours (i.e., alcohol use, smoking, and truancy) to differ across countries as well. A series of Factorial ANCOVAs were conducted to examine interaction terms between countries and risky behaviours on the 5Cs. In Table 3, we present only the interaction effects between countries and risky behaviours on the 5Cs. Similar to MANCOVA findings, country had a significant effect on all of the 5Cs, except for Character ( $ps < .05$ ). Among risky behaviours, the effect of Alcohol use, Smoking, and Truancy did not have a significant effect on Competence, Confidence, and Caring. However, Truancy had a significant effect on Character ( $F = 5.50$ ,  $p = .02$ ), and Caring ( $F = 6.15$ ,  $p = .01$ ), meaning participants that were engaged in truancy had lower Character or Caring.

Only one interaction effect (between countries and alcohol use) was observed on three of the 5Cs: Competence, Confidence and Connection. In particular, participants from Kosovo who were drinking in the last month felt less confident and less connected to their friends, parents, and society than those who did not drink alcohol. On the contrary, participants from Slovenia who have been drinking in the last month were more confident and connected to their society, friends, and parents than those who did not. Furthermore, participants from Kosovo who have been drinking reported feeling less competent than those who did not drink alcohol while participants from Slovenia and Norway who have been drinking in the last month felt more competent than those who did not drink alcohol.

Table 3.  
5Cs and Risky Behaviours by Country: Series of Factorial ANCOVA Analyses.

Factorial ANCOVA Summary				
Source	SS	df	MS	F
Competence				
Country*Alcohol	2.93	2	1.47	2.90*
Country*Smoking	0.80	2	0.04	0.09
Country*Truancy	1.34	2	0.67	1.47
Confidence				
Country*Alcohol	3.85	2	1.93	4.39*
Country*Smoking	0.28	2	0.14	0.32
Country*Truancy	2.15	2	1.08	2.45
Character				
Country*Alcohol	0.38	2	0.19	0.54
Country*Smoking	0.63	2	0.32	0.91
Country*Truancy	1.45	2	0.72	2.07
Caring				
Country*Alcohol	2.00	2	1.00	1.97
Country*Smoking	1.95	2	0.97	1.91
Country*Truancy	0.77	2	0.38	0.76
Connection				
Country*Alcohol	5.12	2	2.56	6.60*
Country*Smoking	0.03	2	0.01	0.03
Country*Truancy	1.07	2	0.54	1.39

Note. Gender, age and parents' educational background were controlled for; SS: Sum of Squares; MS: Mean Square; \* $p < .05$ ; \*\* $p < .01$ .

#### 4. DISCUSSION

The aim of the chapter was to examine differences in the 5Cs across countries, as well as to explore how the associations between PYD outcomes and risky behaviours differed across countries. The results showed that youth in the different countries reported diverse levels of the 5Cs, in particular, participants from Slovenia reported lower levels of the 5Cs relative to participants from the other two countries. Participants from Norway and Kosovo differed only in Confidence, where Norwegians reported lower Confidence. However, the scores on the 5Cs were relatively high in all countries thus, indicating that the majority of the youth experienced competence in academic and social domains, for example, had a sense of positive self-image, had standards for appropriate behaviours in relation to societal and cultural norms, experienced mutual positive relations with significant others as well as had a sense of sympathy and empathy for others.

Regarding risky behaviours, participants who reported Truancy had lower Character. Since Character consists of having standards for appropriate behaviour according to cultural and societal norms, participants who reported lower levels of Truancy had higher Character scores as they know how to behave more suitable in school. Furthermore, participants with higher levels of Truancy had lower caring scores, an association, which has been scarcely researched. However, we predict that having higher empathy and sympathy for others lowers the risk of skipping schools since prosocial behaviour, which is highly associated with empathy, is an important protective factor of truancy (Veenstra, Lindenberg, Tinga, & Ormel, 2010). Regarding Truancy, there appears to be a difference among countries as well since participants from Kosovo reported only 7% of truancy in the last 30 days relative to Norway's 34% and Slovenia's 45%. The reason for this may relate to the age differences among countries as participants from Kosovo were younger than participants from Norway and Slovenia, thus, since elementary school is mandatory in Kosovo, their perception of first years of high school may differ as well.

The only significant interaction effect on the 5Cs occurred between country and alcohol use. The main differences were between Slovenia and Kosovo, since drinking alcohol in Slovenia is connected to higher levels of Confidence, Competence, and Connection, while participants from Kosovo reported exactly the opposite. Norwegians reported being more competent when drinking alcohol as well.

To our knowledge, studies reporting comparisons between countries and 5Cs are scarce, especially those regarding the relation between 5Cs, and risky behaviour across countries. As argued by Bonell and colleagues (2016), specific positive assets may protect against risky behaviours. In the case of Kosovo, being more confident, competent and connected to others may specifically protect against alcohol use although not against smoking or truancy. Our finding is consistent with previous findings (Benson & Scales, 2009) that indicate that social skills, connection with peers and school engagement can reduce substance use. However, as our analyses showed, participants from Slovenia who were drinking in the last month felt more confident, competent and connected to others and participants from Norway who were drinking also felt more competent. In an earlier study, Schwartz and colleagues (2010) found out that for boys, the accumulation of positive assets was predictive of alcohol use while it has been commented that especially in Western societies, alcohol use is part of adolescents' events and parties and is acceptable in different social contexts, sometimes including families (Power, Stewart, Hughes, & Arbona, 2005). Therefore, alcohol use may promote Connection and the social component of Competence as well. Moreover, using alcohol does not mean a young person will develop poorly, as Dworkin (2005) argued that experimentation with alcohol could actually be an opportunity for positive development, allowing youth to figure out who they are and where they belong.

Differences in alcohol consumption among adolescents in Kosovo, Norway and Slovenia appear to reflect cultural and religious contrasts between the countries. Accordingly, the findings on alcohol consumption and the associations with the 5Cs may reflect the liberal contexts of Slovenia and Norway that may be tolerant of the behaviour among adolescents, and the more strict Islamic context of Kosovo that perceives alcohol consumption as problematic and thus prohibit it. Nevertheless, previous research on alcohol use among adolescents in Kosovo showed that over one-third of late adolescents reported harmful drinking behaviours (Sajber, Tahiraj, Zenic, Peric, & Sekulic, 2016). As for Norway and Slovenia, the proportion of late adolescents who have used alcohol in the last month was quite similar to that reported in previous studies (Inchley et al., 2020; Pedersen & von Soest, 2015).

The results clearly revealed differences in PYD outcomes (although not in Character), thus, supporting the guidelines for interventions based on Positive Youth Development perspective, which recommend contextualization of the youth programmes (Roth & Brooks-Gunn, 2016). Moreover, Bonell and colleagues (2016) suggest that PYD interventions should include a reflection of the behaviour the youth had to engage in, choosing personal goals and activities to achieve the behaviour, and using the resources that are available wisely. Thus, PYD interventions should allow adolescents to build on their intentional self-regulation skills and prosocial behaviour, which will in turn empower adolescents to develop PYD outcomes (i.e., the 5Cs).

Despite addressing important youth issues, our subsamples in Norway and Slovenia were smaller than the subsample in Kosovo. Again, the internal consistencies of the 5Cs were adequate in Kosovo and Slovenia while the scales had good or excellent reliability in Norway. This may be due to the translations into national languages or to differences in national contexts since the original scale was in English and adjusted to the US context. Moreover, our study was more exploratory, focusing on country differences with respect to the relation between positive youth development outcomes and risky behaviours; and the cross-sectional design did not allow us to explore the buffering or compensating effects of the 5Cs on risky behaviours as proposed by Bonell and colleagues (2016). In light of the above-mentioned limitations, larger representative samples and more rigorous procedures that ensure similarities of study scales and samples across groups as well as longitudinal research designs that will thoroughly examine the possible protective function of positive youth development outcomes on risky behaviours are recommended in future research. Furthermore, Contribution, considered as the 6th C of PYD, and which relates to contributing to the self, family, community, and institutions as a result of enhanced experience of the 5Cs can also be explored in future studies. A better understanding of the associations between PYD outcomes and risky behaviours, as well as the contexts in which they occur, will make intervention programmes more effective.

## REFERENCES

- Arbour-Nicitopoulos, K. P., Faulkner, G. E., & Irving, H. M. (2012). Multiple health-risk behaviour and psychological distress in adolescence. *Journal of the Canadian Academy of Child and Adolescent Psychiatry = Journal de l'Académie canadienne de psychiatrie de l'enfant et de l'adolescent*, 21(3), 171–178.
- Benson, P. L., & Scales, P. C. (2009). Positive youth development and the prevention of youth aggression and violence. *International Journal of Developmental Science*, 3(3), 218–234.
- Bonell, C., Hinds, K., Dickson, K., Thomas, J., Fletcher, A., Murphy, S., ... & Campbell, R. (2016). What is positive youth development and how might it reduce substance use and violence? A systematic review and synthesis of theoretical literature. *BMC public health*, 16(1), 135–168.
- Catalano, R. F., Berglund, M. L., Ryan, J. A., Lonczak, H. S., & Hawkins, J. D. (2004). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *The Annals of the American Academy of Political and Social Science*, 591(1), 98–124.
- Damon, W. (2004). What is positive youth development?. *The Annals of the American Academy of Political and Social Science*, 591(1), 13–24.
- Dworkin, J. (2005). Risk taking as developmentally appropriate experimentation for college students. *Journal of Adolescent Research*, 20(2), 219–241.

- Geldhof, G. J., Bowers, E. P., Boyd, M. J., Mueller, M. K., Napolitano, C. M., Schmid, K. L., ... Lerner, R. M. (2013). Creation of short and very short measures of the five Cs of positive youth development. *Journal of Research on Adolescence*, 24(1), 163–176.
- Geldhof, G. J., Bowers, E. P., Mueller, M. K., Napolitano, C. M., Callina, K. S., & Lerner, R. M. (2014). Longitudinal analysis of a very short measure of positive youth development. *Journal of Youth and Adolescence*, 43(6), 933–949.
- Hair, E. C., Park, M. J., Ling, T. J., & Moore, K. A. (2009). Risky behaviors in late adolescence: co-occurrence, predictors, and consequences. *Journal of Adolescent Health*, 45(3), 253–261.
- Inchley, J., Currie, D., Budisavljevic, S., Torsheim, T., Jåstad, A., A., C., & Al., E. (2020). *Spotlight on adolescent health and well-being. Findings from the 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada (Vol. 2)*. Denmark, DK: Copenhagen.
- Jelicic, H., Bobek, D. L., Phelps, E., Lerner, R. M., & Lerner, J. V. (2007). Using positive youth development to predict contribution and risk behaviors in early adolescence: Findings from the first two waves of the 4-H Study of Positive Youth Development. *International Journal of Behavioral Development*, 31(3), 263–273.
- Kozina, A., Wium, N., Gonzalez, J.-M., & Dimitrova, R. (2019). Positive youth development and academic achievement in Slovenia. *Child & Youth Care Forum*, 48(2), 223–240.
- Lerner, R. (2017). Commentary: Studying and testing the positive youth development model: A tale of two approaches. *Child Development*, 88(4), 1183–1185.
- Lewin-Bizan, S., Lynch, A. D., Fay, K., Schmid, K., McPherran, C., Lerner, J. V., & Lerner, R. M. (2010). Trajectories of positive and negative behaviors from early-to middle-adolescence. *Journal of Youth and Adolescence*, 39(7), 751–763.
- Pedersen, W., & Von Soest, T. (2015). Adolescent alcohol use and binge drinking: an 18-year trend study of prevalence and correlates. *Alcohol and Alcoholism*, 50(2), 219–225.
- Phelps, E., Balsano, A. B., Fay, K., Peltz, J. S., Zimmerman, S. M., Lerner, R. M., & Lerner, J. V. (2007). Nuances in early adolescent developmental trajectories of positive and problematic/risk behaviors: Findings from the 4-H study of positive youth development. *Child and Adolescent Psychiatric Clinics of North America*, 16(2), 473–496.
- Power, T. G., Stewart, C. D., Hughes, S. O., & Arbona, C. (2005). Predicting patterns of adolescent alcohol use: a longitudinal study. *Journal of Studies on Alcohol*, 66(1), 74–81.
- Roth, J. L., & Brooks-Gunn, J. (2016). Evaluating youth development programs: Progress and promise. *Applied developmental science*, 20(3), 188–202.
- Sajber, D., Tahiraj, E., Zenic, N., Peric, M., & Sekulic, D. (2016). Alcohol drinking among Kosovar adolescents: An examination of gender-specific sociodemographic, sport, and familial factors associated with harmful drinking. *Substance Use & Misuse*, 51(4), 533–539.
- Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. *The Lancet Child & Adolescent Health*, 2(3), 223–228.
- Schwartz, S. J., Phelps, E., Lerner, J. V., Huang, S., Brown, C. H., Lewin-Bizan, S., ... & Lerner, R. M. (2010). Promotion as prevention: Positive youth development as protective against tobacco, alcohol, illicit drug, and sex initiation. *Applied Developmental Science*, 14(4), 197–211.
- Veenstra, R., Lindenberg, S., Tinga, F., & Ormel, J. (2010). Truancy in late elementary and early secondary education: The influence of social bonds and self-control—the TRAILS study. *International Journal of Behavioral Development*, 34(4), 302–310.
- World Bank. (2020). *World Bank List of Economies* [Data file]. Retrieved from <http://databank.worldbank.org/data/download/site-content/CLASS.xls>

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Fitim Uka is lecturer at the Department of Psychology, University of Prishtina "Hasan Prishtina", Kosovo. He is director of Psycho-Social and Medical Research Centre. Uka is currently engaged in several research and intervention projects regarding the Positive Youth Development. Apart of PYD, his research is focused on the development of learning-related skills during the early childhood years, including children's intelligence, self-regulation and academic skills. He has published several articles in the field of early childhood education. Recent publications appear in Intelligence, Early Education and Development, and American Journal of Community Psychology.