Iranian Journal of Health Psychology
Vol. 4, No.2, Serial Number 8, p.29-46, Summer 2021

Received: 12/21/2021
Accepted: 04/06/2021
Paper Type: Research Paper

Investigating the Role of Gender Moderator in the Effectiveness of the Iranian Positive youth Development Package on the Components of Social- Emotional Health

Sahar Pahlavanneshan[1], Shahla Pakdaman[2]*, Saeed Ghanbari[3], Shahriar Shahidi[4], Omid Shokri[5]

Abstract

Objective: This study aimed to investigate the role of gender moderators in the effectiveness of the Iranian positive youth development package (IPYD) on the components of social-emotional health.

Method: For this purpose, in a quasi-experimental design with pre-test, post-test, and follow-up stage, 60 male and female adolescents aged 15-17 years studying in the academic year 2009-2010 were randomly selected in Isfahan. First, all members of the experimental and control groups completed the Zhou and Ee (2012) Emotional-Social Competency Questionnaire, and then the experimental groups were trained with a researcher-made package for 16 sessions of 45 minutes. In the meantime, the control group benefited from the daily training of the school. At the end of the sessions and 40 days later, all groups completed the questionnaire again.

Result: Findings showed that the package of the positive development of Iranian adolescence in the short term has led to an increase in the dimensions of social and emotional health in self-awareness, self-management, social awareness, relationship management, and responsible decision-making in both genders, and in long term has caused an increase in all dimensions in girls ($p<0.05$).

Conclusion: It seems that the Iranian adolescent positive development package is a suitable package to strengthen the components of positive development, achieve emotional-social health, and reduce problems and issues in different areas of developmental periods and the subsequent costs for adolescents, their families, and society.

Keywords: Development, Emotional Health, Gender, Positive Psychology, Social Health.

Introduction

Adolescence, as one of the most important developmental periods and the link between childhood and adulthood, begins with physiological changes such as puberty and ends with the acceptance of social roles (Newman & Newman, 2009, quoted in Jabbari; Shahidi & Mutabi, 2014). Entering adolescence and how to go through it is often known as a turbulent time for adolescents, their families, and all those who are in contact with them, because in this period, adolescents simultaneously encounter different situations such as access to various social networks, increased expectations, and conflict with parents, the experience of independence, understanding difficult academic subjects, stress management, confusion due to physical and psychological changes during adolescence, identity crisis, and the emotions arising from these situations (Berk, 2002). All of these in amount, type of experience or reaction to them, the role of individual differences, skills, abilities, received training, etc. are highlighted more than ever, and in this process, adolescents who do not have well-developed and appropriate strategies are frequently and specifically exposed to the consequences of maladaptive mental

1.PhD student in Educational Psychology, Shahid Beheshti University
2.Associate Professor of Psychology, Shahid Beheshti University- Author
3. Assistant Professor of Psychology, Shahid Beheshti University
4. Professor of Psychology, Shahid Beheshti University
5. Assistant Professor of Psychology, Shahid Beheshti University
*Corresponding Author: Shahla Pakdaman , Email: pakdaman.shahla@gmail.com

health, such as anxiety, depression, aggression, isolation, and many problems in interpersonal relationships with peers, family, community, and education (Lerner et al., 2017). This can lead to increased stress, negative emotions, and emotional instability and at the same time, even provide the ground for many physical and psychological problems with irreparable consequences for mental health problems for them and society, so changes can threaten opportunities or create them.

Development in adolescence is very important because it affects the later stages of life and its role in adulthood is critical. One of the strata whose health is at risk are adolescents, the largest and youngest growing population of any society in the future. It seems that in the path of achieving positive development, in addition to individual differences, education has an effective role in promoting adolescents' health in both physical and mental dimensions (Princhi, Delavar & Farrokhi, 2020). For this reason, in recent years, with the emphasis on strengthening some special skills and abilities for adolescents, many efforts and emphasis have been considered as the most basic factors in the success of adolescents' daily lives by parents, teachers, professionals, and education systems on nurturing and strengthening components such as intelligence, cognition, memory, and academic achievement (Khorami, Seif, Kiamanesh & Dortaj, 2019). But research results show that many adolescents with high IQ scores and academic and cognitive achievements have been subjected to negative experiences and emotions and inability to face, cope with, and even manage them. They are not satisfied with themselves and their possessions and in many areas, especially emotional, social, and behavioral ones, they suffer from fundamental defects that can affect the performance of adolescents in other areas where they have even had successful performance and prevent them from achieving positive development in other dimensions as well and physical and mental health (Rebecca & Perry 2019; Denham, 2020; Bowers et al., 2010).

According to the recent research findings, about 80% of success in the everyday life of individuals, especially adolescents, is explained by emotional and social competencies. Therefore, the IQ and academic aptitude of people will not give us enough prognosis about how adolescents will behave in ups and downs or struggles with life's adversities and taking advantage of desirable opportunities (Casel, 2015). While, the need for emotional balance, self-awareness, decision-making, choosing realistic goals, acquiring social skills to communicate with others, and learning effective ways to deal with everyday life challenges (emotional-social health) are among the most important skills needed for adolescents. Taking this path to achieve healthy development and successful adaptation to the environment, events, and emotions that result from it is not cognitive but an emotional-social nature (Zhu & Shek, 2020; Nasiri, Dabiripour & Moradi, 2021; Bridgland, Bruce & Harry Haran, 2013; Seligman, 2019; Worker, Iaccopucci, Bird & Horowitz, 2019). Emotional-social health underlies the growth and development of individuals to identify and manage emotions, set up healthy relationships, choose positive goals, meet social needs, and make responsible and moral decisions (Paulou, 2010). Therefore, adolescents develop their attention and thinking towards others, create, and keep up positive relationships, and learn how to make responsible decisions and effectively manage difficult situations in practice and in a practical way (Emamgholi Vand, Kadivar & Pashasharifi, 2018). This makes them feel more competent and efficient in accepting daily responsibilities and life challenges, acquiring skills such as stress management, problem and conflict resolution, decision making, self-management, leadership, conscientiousness, and behaviors (Hejzen & Karabenick, 2016).

In addition, adolescents thrive in environments that experience components such as meaningful relationships, self-confidence, and autonomy

(Hamilton & Hamilton, 2009), and strengthening these competencies can help teenagers feel motivated to succeed, believe it, communicate well with peers and teachers, set realistic goals for themselves, plan to achieve these goals, identify obstacles along the way and not be afraid to face them, overcome obstacles, and finally, experience a positive development in both dimensions. Meanwhile, adolescents who have problems in recognizing and managing their and others emotions and do not have the required abilities to regulate their emotions are not well controlled in stressful situations and cannot understand the nature of stress with greater intensity and psychological adjustment, which by itself is a prelude to experience multiple physical and psychological disorders (Eccles & Roeser, 2009 In fact, the inability to properly regulate emotions often leads to internalizing behavioral problems such as depression, anxiety, embarrassment, isolation, anxiety, fear, and externalized problems including verbal or physical aggression, bullying, behavioral and antisocial disorders, hyperactivity, and anger in adolescents, which not only cause a delay or lack of positive development in education and everyday life but also provide fundamental problems and mental health for adolescents (Pekrun, Elliot, & Maier, 2008).

Emotional-social health plays an essential role in fostering adjustment to stressful experiences and events, managing stress, and predicting desirable goals in the future. Among these, research results showed that the component of high emotional-social health in adolescents has a direct relation with better communication with peers, positive development, emotional stability, stronger social connection, mental health, and adjustment in the future life, and inversely is related to incompatibilities such as addiction, alcohol consumption, and running away from home (Balsano, Theokas, Lerner, Phelps & Lerner, 2005). To this end, over the years, many educational programs and therapeutic interventions designed and implemented to improve and enhance emotional competencies. Among these programs we can refer to Resilience Training Program (Ahmadi & Sharifi Daramadi (2015), Rational-Emotional-Behavioral therapy (Turner & Barker, 2010), Emotional-social learning program (Ahrari, 2018), Positive Psychotherapy Program (Jabbari, Shahidi & Mutabi, 2014), Pennsylvania Mental Immunization Program based on Seligman's pattern of prevention (Seligman, 2005), Art Therapy Interventions - Theater Therapy (Forouzande, Delaram, Solati, Aien & Deris, 2003), Constructive Thinking App, Play therapy based on cognitive-behavioral approach, and Emotion-focused therapy. In order to flourish the potential capabilities of adolescents and give a platform for optimal development in all dimensions, many programs with the title or content of positive development have been used and many studies have confirmed the effectiveness of these programs on the prevention of addictive and high-risk sexual behaviors, drug use, socializing behaviors, academic achievement, peer coordination, effective communication with school and family, moral adequacy, competency, academic proficiency, and self-indicators such as self-regulation, self-concept, self-control and self-efficacy) (Shek & eu, 2011, Murry et al., 2014; Martin & Alacaci, 2014; Taylor et al., 2017; Milot Travers & Mahalik, 2019, McDonough, Ullrich-French & McDavid (2018); Stephens, Bowers & Lerner, 2018).

A review of the mentioned programs and interventions showed that most of these programs have been done with an emphasis on a few limited components, and generally, with a special approach and a specific target groups, i.e. adolescents with physical and psychological pathology experiences. In most of these interventions, education, content, and components have been designed and implemented based on theories with the strongest history of effectiveness or taken from approved models (generally, Lerner model, 2005). However, in developing the Iranian Positive Youth Development Package, attention to native culture

and exploring its components based on cultural context along with reviewing existing backgrounds and theories have been considered as important points in designing the package while examining the opinions of parents, teachers, psychologists, and adolescents of both genders. Another point is that in most of these interventions derived from Lerner's model, the target population was adolescents who had an experience of psychological or physical disorders, and attempted to prevent the severity of symptoms through these interventions so that the person could return to normal life, but in this study, the target group was normal adolescents without any physical or psychological disorders because this group may also lack the skills and abilities to enter successful adulthood or pass the current stage in the best way and are lack of experience of positive development (emphasis on dynamics of individual during development).

Research evidence showed that to date, many interventions and models under the title of positive development have been implemented on adolescents and the effectiveness of these programs on various variables, such as the prevention of high-risk and addictive sexual behaviors, drug use, socializing behaviors, academic achievement, peer coordination, effective communication with school and family, emotional and moral adequacy, self-efficacy, mood and eating disorders, happiness, psychological well-being, reducing anxiety and stress, reinforcing many positive values such as openness, kindness, honesty and cooperation, reducing depression, creating positive moods, hope, positive emotions, improving social relationships, and motivation for progress, have also been approved (Murry et al., 2014; Martin & Alacaci, 2014; Taylor et al., 2017; Milot Travers & Mahalik, 2019; Stephens, Bowers and Lerner, 2018, Catalano et al., 2019; Ma, 2019).

Although this level of effectiveness in disorders makes it necessary to design interventions and conduct clinical research, according to Bulak (2012), differences in methods of component exploration, definitions, and measurement result in many differences in the development of models and the design of intervention and training packages in each field, and this can be influenced by time, technology, culture, gender, etc. and affect the efficiency and applicability of tools, models, and packages. Therefore, recognizing the components of each phenomenon and using research knowledge proper to each context (native-based) in terms of careful attention to historical dimensions, cultural processes, and specific characteristics of each region, and even taking into account factors such as target population, age, and gender of samples are significant, which has been considered in designing and measuring the positive development package. According to the researcher's studies so far, the package of the positive development of adolescence in accordance with Iranian culture in this way has not been designed yet. Designing and measuring the effectiveness of such a package on emotional-social health, the most important element of success in daily life, was the goal of the researcher in the present study.

Method

Participant

The present study was a quasi-experimental study with a pretest-posttest and follow-up stage and a control group. The statistical population of the study was all female and male adolescents aged 15-17 in high school in the academic year 2020-2021 in Isfahan. In order to select the research sample to test the effectiveness of the researcher-made adolescence positive development education package, Cohen's proposed method (Sarmad, Bazargan & Hejazi, 2017) was used. Accordingly, the present study had two experimental groups and a control group (four groups in total) with an acceptance of $\infty = 0.05$ and an effect size of 0.05 with an approximate choice of 15 adolescent students for each group in each gender. A test power of over 0.88 was achieved. Considering the possibility of dropping some

members of the sample group in different stages of the research, in the initial selection stage, 5 people more than the desired number (based on the sample volume formula) was considered for each group in each gender. The selection and appointment of the sample groups was random (a total of 80 people and 20 for each group in the two sexes).

Measuring tools

The emotional-social competency questionnaire was used to assess emotional-social health. This questionnaire was developed in 2012 by Zhou and E. This questionnaire has 25 items that measure the five dimensions of self-awareness, self-management, social awareness, relationship management, and responsible decision making. It is scored on a five point Likert scale (from absolutely true to me). This questionnaire was administered by Gargari et al. (2016) on 444 fourth grade students and the obtained data were analyzed by confirmatory factor analysis (RMSEA = 0.048, CFI = 0.89, IFI = 0.89). CFI = 0/89, IFI = 0/8)). Also, confirmatory and structural factor analysis of this scale was calculated with the help of Amos software and performed on 560 fifth and sixth-grade students. The results showed that this questionnaire has an acceptable fit (X2 = 474/848, DF = 265, P <0/001 and X2 / DF = 1/792, RMSEA = 0/038, CFI = 0/849, IFI = 0/89). With a pilot study on 67 students, its reliability with Cronbach's alpha was obtained 0.79, which was acceptable.

Procedure

After randomly selecting and assigning the members of the samples in the experimental and control groups separately, some explanations about the purpose, the necessity of the research, and the general structure of the sessions were explained and the consent forms for participating in the study were obtained from participants and their parents, and following the health actions of the Ministry of Health and Medical Education regarding coronavirus was emphasized. Then, all members of the experimental and control groups replied to the questionnaire regarding the demographic information and emotional-social competency based on Zhou and E (2012). The members of the experimental groups were trained with the package for 16 sessions of 45 minutes and the members of the control groups were provided the daily training of the school. At the end of training and 40 days later, to assess the stability of the results, all groups completed the emotional-social competency questionnaire again. Descriptive (mean and standard deviation) and inferential statistics (mixed analysis of variance) were performed using SPSS software version 19 to analyze the data.

Ethical statement

Obtaining written consent to participate in the research from adolescents and their parents due to the prevalence of Coronavirus, observance of health procedures approved by the Ministry of Health and Medical Education by the researcher and all adolescents and the use of masks, gels, hygienic materials, and disinfectants individually and collectively in the training environment and during the implementation of the package, confidentiality of information obtained from participants (using codes instead of the names of respondents), freedom of participants to leave the research in the case of their reluctance to continue cooperation, declaring catching the corona virus to others and leaving the sessions during the implementation phase of the package if any case was observed, assuring research participants about the absence of physical, psychological, and financial losses following participation or non-participation in the research, commitment of the researchers to maintain the dignity, respect, and health of participants, presenting the research results in the form of general indicators by the researcher to the education officials and the relevant schools and individually to the parents in case of the consent of the adolescents, appreciating the participants for their cooperation in the research, and implementing the program for the control group in the case of its efficacy, were

among the ethical issues that were considered in the research. According to the inclusion criteria and after matching the sample groups, half of the male and female students were randomly selected into two experimental groups and the other half in the control group. All selected samples answered to the Zhou and Ee (2012) Emotional-Social Health Questionnaire in the pre-test stage and then the two experimental groups attended 16 sessions of positive development training for adolescents (once weekly and each session for 45 minutes), and the control group received the usual and daily training of school. At the end of the sessions, each group completed Emotional-Social Health Questionnaire in the post-test and 40 days-follow-up stages. The summary of the program is provided in the next part.

Summary of researcher-made adolescence positive development training

Session 1: Familiarity of adolescents with each other and reducing the sense of resistance, explaining the structure of sessions, course content, and educational goals; measuring adolescents' self-awareness along with analyzing their feelings and perception of adolescence age with emphasis on identifying opportunities and challenges of this developmental period.

Session 2: *Who am I?* – self-familiarity (identification), recognizing positive identity and its requirements along with recognizing the appearance in adolescence, and choice of a real positive ideal ego.

Session 3: Analyzing the phenomenon of mirror perception in the category of identity and familiarity with sexual and cultural identity.

Session 4: Recognizing the character abilities and obtaining a profile of the adolescent's individual abilities.

Session 5: Recognizing the top five-dominant capabilities and applying the abilities in the challenges along with identifying the cases of extremes.

Session 6: Analyzing the concept of communication, recognizing its components and elements, communication circles, recognizing dysfunctional communication, and examining these cases in the communication of the adolescent's daily life.

Session 7: Familiarity with obstacles and bridges of communication and one of the most common and popular forms of communication, i.e. virtual communication.

Session 8: re-friendship with happiness and its components along with the experience of enjoyment in today's life in the true sense.

Session 9: Relaxing the body and mind by using yoga.

Session 10: Familiarity with the component of hope and thinking factors.

Session 11: The ability to posttraumatic growth along with purposeful thinking and foresight, and learning optimism.

Session 12: Familiarity with the meaning and attachments and its components in adolescent life.

Session 13: The experience of altruism and collective benevolence along with achieving meaningful achievements.

Session 14: Familiarity with health, body, and maturity literacy.

Session 15: Psychological immunization (optimistic attributions and problem solving).

Session 16: The five steps to problem solving and social skills

To investigate the effect of the designed package on the emotional-social health of adolescents, the mixed analysis of variance and Bonferroni test were used applying SPSS version 19 and the results were presented in the form of descriptive and inferential indicators.

Results

In this study, in order to analyze the data, first, descriptive statistics indices, including mean and standard deviation, were calculated and separately reported for control and experimental groups in the pre-test, post-test, and follow-up stages (Table 1). Then, the mixed analysis of variance was used in the inferential statistic part.

Table1. Mean and standard deviation of the total score of emotional-social health of adolescents of the three groups

Variable	Group	Gender	Pretest		Posttest		Follow-up	
			M	Sd	M	Sd	M	Sd
Self-awareness	experimental	girl	16,53	4.1	21	1.88	18.13	2.99
		boy	18	4.84	23.6	2.69	23.13	2.2
	control	girl	17.8	4.66	17.8	3.74	17.33	5.57
		boy	18.53	5.04	16.53	2.42	16.53	1.68
Self-management	experimental	girl	13.33	4.57	17.53	2.44	20.06	2.63
		boy	18.46	5.05	22.13	4.64	23.13	2.95
	control	girl	17.2	4.84	14.66	4.28	16.93	5.61
		boy	16.13	4.56	18.07	4.01	17	3.72
Social Awareness	experimental	girl	13.2	4.79	19.13	2.13	18.53	2.97
		boy	18	4.5	23.2	3.84	22.2	3.17
	control	girl	17.4	4.33	14.26	4.64	16.13	4.63
		boy	14.86	3.83	16.27	3.45	16.67	3.81
Communication management	experimental	girl	13.33	4.57	17.53	2.44	20.06	2.63
		boy	18.47	5.05	22.13	4.64	23.13	2.95
	control	girl	17.2	4.84	14.67	4.29	16.93	5.61
		boy	16.13	4.56	18.07	4.01	17	3.72
Responsible decision making	experimental	girl	13.93	5.52	18.8	3.01	19.26	3.41
		boy	18.33	5.37	22.86	4.67	20.6	4.34
	control	girl	18.13	5.3	14.86	5.78	18.13	5.9
		boy	15.73	4.04	18.86	3.39	15.2	3.07
Emotional-social competency	experimental	girl	70	19.08	100.13	7.23	93.8	12.11
		boy	89.86	20.36	116.8	15.15	111.86	12.03
	control	girl	86.86	22.59	77.07	20.92	85.13	25.58
		boy	81	17.22	86.86	10.51	82.27	6.15

Table 2. Results of Mauchly's Sphericity Test

Variable	Mauchly's W	X^2	Df	Sig.
Self-awareness	0.964	1.779	2	0.732
Self-management	0.982	1.02	2	0.621
Social Awareness	0.877	1.63	2	0.122
Communication management	0.851	2.41	2	0.211
Responsible decision making	0.996	0.22	2	0.894
Emotional-social competency	0.881	1.97	2	0.284

Results of table 1 show that subject scores of experimental group in the posttest and follow-up phases increased compare to pretest. This means that the training has been effective in improving positive components. Prior to performing mixed analysis of variance, the assumption of homogeneity was tested

and confirmed through Mauchly's sphericity test (Table 2).

The results of Table 2 show that for the effect of the within-group factor, the assumption of Mauchly's sphericity was established. Therefore, the results of this test provide evidence in observing the homogeneity of variances and the equality of variable pair correlation coefficients for the within-group effect.

normal distribution of the data was established.

In the first part, the statistical results of mixed analysis of variance showed that the main effect of within-group factor on the overall score of socio-emotional health ([F(2 &55)=7.495, P<0.05, η^2=0.214]) and subscales of self-awareness ([F(2 &55)=5.69, P<0.05, η^2=0.17]), self-management ([F(2 &55)=7.78, P<0.05, η^2=0.22]), social awareness ([F(2 &55)=5.92, P<0.05, η^2=0.18]),

Table 3. Results of Levin and Mbox tests to evaluate the homogeneity of covariance within the group (n = 60)

Variable	Levin			Mbox		
	F	df	Sig.	F	df	Sig.
Self-awareness	0.185	58 & 1	0.668	1.9	18	0.212
Self-management	1.601	58 & 1	0.211	1.7	18	0.278
Social Awareness	1.211	58 & 1	0.276	1.1	18	0.404
Communication management	3.07	58 & 1	0.085	2.8	18	0.072
Responsible decision making	0.789	58 & 1	0.378	1.2	18	0.239
Emotional-social competency	0.904	58 & 1	0.346	2.6	18	0.089

Table 3 shows the results of the Mbox and Levin test. The Mbox test was used to evaluate the equivalence of the observed covariance matrices of the dependent variables between groups. In this table, because the value of F is not significant at the level of 0.05 (P > 0.05), the null hypothesis is not rejected. This means that the observed covariance matrices are equal between groups. Levin test also confirmed the homogeneity of error variances for the variables of self-awareness, self-management, social awareness, relationship management, responsible decision-making, and the total score of emotional-social health.

To investigate the assumption of normality of the scores, the results of Shapiro-Wilk test have been done and reported in Table 4. Based on the results, the values obtained for these tests in two groups are not significant at the level of 0.05, so the condition for equality of the within-group variance and the

communication management ([F(2 &55)=11.43, P<0.05, η^2=0.29]), and responsible decision making ([F(2 &55)=3.93, P<0.05, η^2=0.12]) was statistically significant. In the second part, the results related to the interactive effect of within-group and between-group factors (group effect) on the overall score of emotional-social health ([F(2 &55)=9.44, P<0.05, η^2=0.256]) and subscales of self-awareness ([F(2 &55)=10.5, P<0.05, η^2=0.28]), self-management ([F(2 &55)=5.97, P<0.05, η^2=0.18]), social awareness ([F(2 &55)=8.14, P<0.05, η^2=0.23]), communication management ([F(2 &55)=10.97, P<0.05, η^2=0.28]), and responsible decision making ([F(2 &55)=4.4, P<0.05, η^2=0.14]) was statistically significant. In the third part, the results related to the interactive effect of within-group and between-group factors (gender effect) on the overall score of emotional-social health ([F(2 &55)=0.62, P=0.54, η^2=0.022]) and subscales of self-awareness

([F(1 &56)=0.962, P=0.389, η^2=0.034]), self-management ([F(2 &55)=2.06, P=0.136, η^2=0.07]), social awareness ([F(2 &55)=0.711, P=0.496, η^2=0.025]), and communication management ([F(2 &55)=0.771, P=0.467, η^2=0.027]) was insignificant P<0.05, η^2=0.283]), responsible self-management ([F(1 &56)=13.22, P<0.05, η^2=0.191]), responsible social awareness ([F(1 &56)=35.110, P<0.05, η^2=0.385]), communication management ([F(1 &56)=27.02, P<0.05, η^2=0.325]), and responsible

Table 4. Investigation of normality of data distribution in research variables using Shapiro-Wilk test

Variable	Group	Shapiro-Wilk		
		value	df	Sig.
Self-awareness	expriment	0.977	30	0.750
		0.960	30	0.315
	control	0.952	30	0.186
		0.966	30	0.426
Self-management	expriment	0.958	30	0.274
		0.956	30	0.247
	control	0.937	30	0.077
		0.976	30	0.705
Social Awareness	expriment	0.963	30	0.360
		0.963	30	0.362
	control	0.938	30	0.080
		0.945	30	0.121
Communication management	expriment	0.977	30	0.750
		0.960	30	0.315
	control	0.952	30	0.186
		0.966	30	0.426
Responsible decision making	expriment	0.958	30	0.274
		0.956	30	0.247
	control	0.937	30	0.077
		0.976	30	0.705
Emotional-social competency	expriment	0.963	30	0.360
		0.963	30	0.362
	control	0.938	30	0.080
		0.945	30	0.121

and on the scale of responsible decision making ([F(2 &56)=4.21, P<0.05, η^2=0.07]) was significant. In the next section, the results related to the effect of the first within-group (group effect) on the overall score of responsible emotional-social health ([F(1 &56)=33.01, P<0.05, η^2=0.371]) and the subscales of responsible self-awareness ([F(1 &56)=22.113, decision making ([F(1 &56)=9.71, P<0.05, η^2=0.148]) were statistically significant. In the next section, the results related to the effect of the second between-group (effect of gender) on the overall score of responsible social-emotional health ([F(1 &56)=15.66, P<0.05, η^2=0.219]) and the subscales of responsible self-awareness ([F(1 &56)=5.25,

$P<0.05$, $\eta^2=0.086$]), responsible self- management ([$F(1 \& 56)=14.201$, $P<0.05$, $\eta^2=0.202$]), responsible social awareness ([$F(1 \& 56)=15.828$, $P<0.05$, $\eta^2=0.220$]), communication management ([$F(1 \& 56)=10.73$, $P<0.05$, $\eta^2=0.161$]), and responsible decision making ([$F(1 \& 56)=4.21$, $P<0.05$, $\eta^2=0.07$]) were statistically significant. In the next section, the results related to the interaction effect between the first group (group) and the second between-group (gender effect) on the overall score of responsible emotional-social health ([$F(1 \& 56)=14.51$, $P<0.05$, $\eta^2=0.206$]) and the subscales of self-awareness ([$F(1 \& 56)=9.5$, $P<0.05$, $\eta^2=0.145$]), responsible self-management ([$F(1 \& 56)=6.64$, $P<0.05$, $\eta^2=0.11$]), responsible social awareness ([$F(1 \& 56)=15.828$, $P<0.05$, $\eta^2=0.220$]), communication management ([$F(1 \& 56)=6.71$, $P<0.05$, $\eta^2=0.107$]), and responsible decision making ([$F(1 \& 56)=7.27$, $P<0.05$, $\eta^2=0.115$]) were statistically significant. It was also shown that the results related to the interactive effect of within-group and between-group factors (group effect) and second between-group factors (gender effect) on the overall score of emotional-social health ([$F(2\&55)=35.110$, $P=0.54$, $\eta^2=0.022$]) were insignificant, and the subscales of self-awareness ([$F(1 \& 56)=1.215$, $P=0.304$, $\eta^2=0.042$]), self-management ([$F(2 \& 55)=1.1$, $P=0.339$, $\eta^2=0.039$]), social awareness ([$F(2 \& 55)=1.43$, $P=0.248$, $\eta^2=0.049$]), communication management ([$F(2 \& 55)=2.21$, $P=0.120$, $\eta^2=0.074$]), and responsible decision making ([$F(2 \& 55)=2.02$, $P=0.13$, $\eta^2=0.069$]) was not statistically significant.

The report of simple effect results relate3d to the interaction of within-group and between-group effects (group *gender) is provided in the following section. The results showed that the total score of emotional-social health in girls was higher than in boys (in both experimental and control groups). The self-awareness scores of girls increased and changed more than boys in the experimental group. In the social awareness variable, the mean score of girls in experimental groups increased and changed in the posttest stage more than boys in the same groups and girls in the control group. In the follow-up stage, the difference between the means showed that the girls in the experimental group have a higher social awareness than the girls and boys in the control group. Regarding the management variable in the experimental group, the mean score of girls was more than boys (both in the experimental group and compared to the control group) and increased and changed in the posttest phase compared to the girls in the control group. The responsible decision-making increased in girls more than in boys in the experimental group and both genders in the control group. The results also showed that in the follow-up phase, the mean scores of girls in the experimental group were higher than the girls and boys in the control group. Finally, the results of the Benferoni test (Table 5), which was performed to determine the statistical significance of pairwise comparisons in within-group factors, showed that the self-awareness variable increased in posttest scores compared to pretest. The decrease in follow-up scores is also significant compared to the pretest. In self-management, self-awareness, and responsible decision-making variables, the mean scores in the posttest were significantly reduced compared to the pretest, and the follow-up scores compared to the pretest. Finally, in the total score of emotional-social health, the difference between the mean scores of participants in the pretest stage with their mean scores in the post-test and follow-up stages was statistically significant and the results related to pairwise comparisons of mean posttest scores and follow-up was not statistically significant (Table 5).

To investigate the simple effects on the interaction of time* gender and the trend of changing data points for the values attributed to the dependent variable according to the levels of interaction in the within-group factor and the group and gender, the main lexical command was used in the syntax window. Based on the results showed in Table 6, which examines the variable levels of self-awareness in the

experimental situation, the scores of boys increased only in the posttest, whereas in girls, their scores test. The mean score of girls in the follow-up and post-test stages increased compared to the pre-test.

Table 5. Benfroni test results for pairwise comparisons of the mean scores of research variables in the three stages in the experimental group

Variable	Compare of scores	Mean difference	Standard Error	Sig.
Self-awareness	Pretest-posttest	*-5.03	0.831	0.001
	Pretest-follow up	*-3.4	0.990	0.002
	Posttest-follow up	*1.66	0.674	0.019
Self-management	Pretest-posttest	*-3.93	1.02	0.001
	Pretest-follow up	*-5.7	0.924	0.001
	Posttest-follow up	*-1.76	0.728	0.022
Social Awareness	Pretest-posttest	*-5.56	1.06	0.001
	Pretest-follow up	*-4.76	1.08	0.001
	Posttest-follow up	0.800	0.811	0.332
Communication management	Pretest-posttest	*-9.3	1.2	0.001
	Pretest-follow up	*-4.76	0.998	0.001
	Posttest-follow up	*4.53	0.861	0.001
Responsible decision making	Pretest-posttest	*-4.7	1.05	0.001
	Pretest-follow up	*-3.8	1.35	0.009
	Posttest-follow up	0.9	1.06	0.405
Emotional-social competency	Pretest-posttest	*-28.53	4.24	0.001
	Pretest-follow up	*-22.4	3.95	0.001
	Posttest-follow up	6.13	2.9	0.043

increased in the posttest compared to the pretest and in the follow-up compared to the posttest. The mean score of the self-management variable in boys increased significantly in the posttest and follow-up stages compared to the pre-test, and in girls, the mean scores in follow-up were higher compared to the pre-test stage. In social awareness variable, in both genders, the mean scores in the post-test and follow-up stages increased compared to the pre-test. In communication management, only the scores of boys increased in the post-test compared to the pre-

The responsible decision-making mean score of the experimental group increased in the follow-up phase compared to the pre-test. Also in the post-test, boys showed a significant increase in their scores in the post-test and follow-up stages compared to the pre-test stage. Finally, based on the results of the analysis in table 6, which examines the total score levels of the emotional-social competency variable in the experimental group, the difference between post-test and follow-up compared to the pre-test showed an increase in boys' scores. In girls, mean scores in

the follow-up and post-test stages show an increase compared to the pre-test.

Table 6. Benferoni test results for pairwise comparisons of the mean scores of variables in the three stages in experimental group by gender using the main lexical command in the syntax window

Variable	gender	Comparison of stages	Mean difference	Standard deviation	Sig.
Self-awareness	boy	Pretest-posttest	*-4.47	1.33	0.004
		Pretest-follow up	-1.6	1.61	0.975
	girl	Pretest-posttest	*-5.6	1.33	0.001
		Pretest-follow up	*-5.13	1.61	0.007
Self-management	boy	Pretest-posttest	*-4.2	1.67	0.044
		Pretest-follow up	*-6.73	1.55	0.001
	girl	Pretest-posttest	-3.66	1.67	0.097
		Pretest-follow up	*-4.67	1.55	0.012
Social-Awareness	boy	Pretest-posttest	*-5.93	1.59	0.001
		Pretest-follow up	*-5.33	1.54	0.003
	girl	Pretest-posttest	*-5.2	1.59	0.006
		Pretest-follow up	*-4.2	1.54	0.025
Communication management	boy	Pretest-posttest	*-10.67	1.99	0.001
		Pretest-follow up	-3.8	1.77	0.109
	girl	Pretest-posttest	*-7.93	1.99	0.001
		Pretest-follow up	*-5.73	1.77	0.006
Responsible decision making	boy	Pretest-posttest	*-4.87	1.68	0.017
		Pretest-follow up	*-5.33	1.72	0.009
	girl	Pretest-posttest	*-4.53	1.68	0.028
		Pretest-follow up	-2.27	1.72	0.580
Emotional-social competency	boy	Pretest-posttest	*-30.13	6.98	0.001
		Pretest-follow up	*-22.8	6.61	0.003
	girl	Pretest-posttest	*-26.93	6.98	0.001
		Pretest-follow up	*-22	6.61	0.005

Discussion and Conclusion

This study aims to evaluate the effectiveness of the Iranian positive development package on adolescents' emotional and social health. The results showed that this package was effective in all components of emotional-social health in both girls and boys and the results were stable after 40 days, but the rate of this stability in girls was higher than boys. In reviewing the research background, various studies indicated the effectiveness of the adolescents' positive development programs in various studies on various variables, including prevention of high-risk and addictive sexual behaviors, drug and tobacco use, socializing behaviors, academic achievement, peer coordination, effective communication with school and family, emotional and moral adequacy, mood and eating disorders, happiness, psychological well-being, reducing anxiety and stress, reinforcing many positive values such as openness, kindness, honesty, and cooperati o n, reducing depression, creating mood Positive , hope, positive emotion, improving social relat i onships, and motivation for

progress (Shek & Ee, 2020, Martin & Alacaci, 2014, Murry et al., 2014; Milot, Travers & Mahalik, 2019; Stephen, Bowers & Lerner, 2018).

Explaining the research findings, it can be stated that in the package of the positive development of Iranian adolescence in this study, the adolescents were helped to experience less stress by increasing self-attention and more control over themselves, and in this regard, by successfully coping with stressors and difficult situations, their resilience has increased in the best possible way in addition to active and constructive participation in the environment. Happiness is another element in this package that led to reducing the symptoms of depression and increasing positive communication, well-being, and life satisfaction in adolescents. According to Fredrickson's (2004) theory, positive emotions that emerge after adolescence following a positive identity, happiness, and positive communication are known as ascending rings that are the opposite of depression. When adolescents have positive emotions, they experience a wide and non-tunnel vision, which often leads to positive and optimistic thinking and both of them can bring the person more positive emotions and more emotional-social competencies (Collie & Perry, 2012; Behzadi pour, sadeghi & sepah mansour, 2019).

Other components used in this training package were meaning, hope, and optimism, which cover components such as contentment, appreciation, and gratitude. In this regard, the adolescents experience fewer unpleasant emotions by learning them, and by emphasizing and learning thinking factors, they experience more motivation along with helping to achieve their goals or benevolence to achieve a collective good. Familiarity with principles such as forgiveness to eliminate anger and other negative emotions, receiving congratulations and praise, and experiencing commitment and meaning through a positive relationship with others, in addition to creating and strengthening bonds, can help adolescents experience emotional-social health (Qamrani et al., 2010).

Another part of the researcher-made package, by trying to maintain health and sexual, physical, and mental safety, along with training the personal abilities, reminds the adolescents of their strengths, achievements, and abilities. It grants their feeling of satisfaction and happiness, followed by experiencing positive emotions because the person has a positive attitude towards himself, the past, and others, and attempts to experience emotions by teaching methods such as problem-solving and social skills (Seligman et al., 2006).

Since it seems that the package of the positive development of adolescents has been made by emphasizing the individual abilities, positive identity, physical and mental health, and gender, first individually, and then by teaching personal abilities and components of positive psychological interventions such as meaning, happiness, and hope, teaching social skills such as the right experience of emotions and the correct management of expressing and controlling them, increasing the sense of pleasure, and applying the abilities in daily life and things with collective good for others, ultimately, reduce the experience of unpleasant emotions and increase emotional-social health

Since adolescence is the most important period of development in which people can acquire the skills, attitudes, and abilities they need in adulthood, equipping adolescents with abilities appropriate to their gender, personality, age, environmental context, circumstances, and changes in the society and the world in other dimensions is an unavoidable research priority. Therefore, in recent years, significant attention has been paid by mental health professionals, especially psychologists, to expand positive and empowering approaches with an emphasis on cultivating adolescents' capabilities, capitals, and virtues (Lerner et al., 2005). The increasing population of Iran and rejuvenation of the population that are the future makers of the country and deficiencies that this research faced in the positive

development, models, measurement tools, etc. in this field (the existence of eight research papers as far as the researcher knows) can be the evidence of the importance of positive development of adolescents as one of the most important concerns for researchers and professionals in various fields related to adolescents, including education and treatment. Adopting this view can take an empowering view along with equipping and strengthening adolescents in other aspects of life can greatly reduce the costs of treatment and serious problems of adolescents, families, and related authorities.

The positive developmental package of adolescence has led to an increase in emotional-social competence in all its dimensions in adolescents of both genders. Despite the effect size related to the components of self-awareness and self-management with close differences for both genders and to the same extent, this effect has been greater in some dimensions such as responsible decision-making and self-management in boys and relationship management in girls. As Lerner (2005) noted, girls seem to seek more relationship management from childhood because of their more emotional decision-making and communication experience in a variety of roles. Girls are very interested in communication, and friendship and intimacy are two signs of strong emotions and feelings in women. Girls also feel the emotional changes of others better and faster, and it is easier for them to adapt and take care of their thoughts and feelings. Dialogue and exchange in girls are also more than a tool for emotional communication and empathy. They are more emotional and more careful in controlling and hiding emotions (relationship management), but boys, on the other hand, are more selective and goal-oriented as the person who makes up a life. The proportion of girls in life is more selective in situations such as military service, entrance exam, entering the labor market, choosing a spouse, choosing a place of residence, etc., which makes them away from any responsibility and helps them cope with them more emotionally. In addition to the specific view of society, logic can have irreparable consequences for them. But since both girls and boys are human beings, and essentially social beings, the component of self-awareness and social awareness as two essential elements in the category of communication as a precondition for being social in both genders are equally affected.

Garcia, Lopez et al. (2008) have tried to show the importance and explanation of the gender factor in the process of transformation, emotions, and interpersonal difficulties, and in this regard, they have emphasized the important and pivotal role of the socialization process of sexual role. Sexual role theory discusses the reasons for the differentiation of the pattern of exciting experiences, especially negative and anxious emotions in interpersonal interactions between the two genders and in different cultural contexts. Sexual roles refer to different cultural expectations that can be used for individuals based on their membership in a particular sexual group. According to gender role theory, people in different cultural contexts learn the dominant behaviors, attitudes, and values appropriate to gender through the process of socialization, which can be the experience of life, communication, education, employment, and transformation. In general, it influences them in all dimensions, and even teaches family, schools, the media, and groups of friends based on expectations of sexual roles, ways of interacting, situations, and experiencing emotions in the same way. For example, according to these training, sexual stereotypes and expectations arising from sexual roles cause characteristics such as success, self-confidence, intelligence, competition, and greater independence from males.

On the other hand, girls are usually asked to be conciliatory and compromising to forgive and even to resolve disputes by talking rather than fighting, to be kind and caring, and to teach boys to develop skills. According to Mead's holistic theory, part of a person's perception of their strengths, characteristics,

and even weaknesses is the product of these equal sexual stereotypes and, more importantly, the social instructions on sex. It is dedicated to the individual's attitude and self-awareness in this direction. In both cases, the combination of these cases with the overcoming of expectations and social teachings can affect the development of adolescents in different dimensions. Sexual role theory emphasizes that individuals internalize sexual roles related to social pressures in order to adapt to the role of sexual role in line with their sexual pattern. This theory describes the traditional assumptions about sexual roles and expected behaviors of girls and boys in different social contexts. According to gender role theory, girls are expected to report higher levels of emotional expression, mood swings, dependence, care, kindness, and dominance than boys, and are identified as more aggressive, pragmatic, and ambitious compared to boys (Kidder, 2002). Thus, according to sexual role theory, most of the differences in experiencing different levels of development, interpersonal difficulties, and experiencing negative emotional outcomes in both sexes can be due to situational and sex-dependent demands and expectations of adolescents in different ways. It seems that facing the expectations and demands related to sexual roles as a situational factor in explaining the different levels of sharing arousing situations and emotions in both sexes is more important in female adolescents compared to male adolescents, so in this case, adolescent girls' and boys' perceptions of sexual role expectations cause them to experience different levels of emotion or different dimensions of development in the context of interpersonal and even intrapersonal interactions.

According to the findings of Engels, Lagarca, Marzo, Garcia, Lopez and Garcia Fernandez (2010), in areas such as emotional trust experience, social skills, verbal ability, academic achievement, etc., girls score lower. Compared to boys, they have acquired a major part that shows the importance of socializing people according to sexual stereotypes and cultural teachings appropriate to it in the form of society and its subgroups. Although the mentioned differences as a result of sexual roles can affect the experience of positive development and emotional and social competencies of adolescents, the role of gender differences in the occurrence of differences in the experience of situations and emotions can be observed. But Al-Kain's cognitive-social theory holds that during adolescence, and especially in the transition from early to late stages, behaviors such as impulse control, responsibility, and self-awareness are developed in all adolescents, regardless of gender, through which the positive development and strengthening the emotional-social competencies can be experienced (Taghilou, Tolabi, Shokri & Taqvaeinia, 2011). Therefore, it provides training to equip and strengthen individual capabilities and the acquisition of facilitating components. Positive transformation along with increasing age and experience can play an important role in enhancing emotional and social health and adolescent self-awareness, smoothing their positive development, and even changing sexual stereotypes and teachings, regardless of gender or stereotype.

One of the limitations of the present study was the prevalence of Coronavirus at the time of the experiment. Because of physical restrictions, adolescents' interaction with their peers using masks and hygiene materials, the concern of adolescents and parents for group education, finding a space outside the school, restrictions on the use of virtual education due to the nature of work, dynamism, and group activity of adolescents, a large drop in sample size and the work process has occurred. Since this research has been done on adolescents in Isfahan, more care should be taken in generalizing the results to adolescents in other cities of Iran, especially with different cultural backgrounds.

Finally, in future research, it is suggested that: 1) using other methods, including systematic observation and clinical interview to confirm the data obtained from the pencil-paper tool of emotional-social

health, 2) using adolescent positive development program as an educational and intervention program in the education system, clinical centers, training centers, etc., 3) in order to equip and strengthen the components of positive development in adolescents and facilitate their achievement, introduce the concept, components and positive development package of adolescence and its role in various aspects of adolescent life to people involved with adolescents, such as education specialists, teachers, and parents, 4) designing and implementing positive development package for other developmental periods of childhood, adulthood, middle age, and in different age groups in order to evaluate its impact in a comparative way in these periods and developmental stages, 5) given the role of culture and environment in adolescent development, it seems to teach positive development and study it on different ethnic groups in Iran (Kurds, Lor, Turks, etc.) and immigrants living in Iran (from other countries or from rural to urban) can achieve important results, and 6) comparing the impact of this package on adolescents with and without psychological trauma.

References

Ahmadi, R., Sharifi Daramadi., P. (2015). To evaluate the effectiveness of resilience training on mental health of people with opioid dependence alder Center in Tehran. *Journal of Clinical Psychology*,16(4),78-89.(Persian).

Badri Gargari, R., Fathi Azar, S., Mirnasab, M. M., & Ahrari, Q. (2016). The Effect of Integrative Social and Emotional Learning Program on Students' Psycho-social Competencies. *Education Research*, *11*(48), 1-20.

Balsano, A., Theokas, C., Lerner, J. V., Phelps, E., & Lerner, R. M. (2006). Participation heterogeneity and change in early adolescent after-school activities: Implications for positive youth development. Unpublished manuscript. Institute for Applied Research in Youth Development. Medford, MA: Tufts University.

Bazargan, A., Sarmad., Z., & Hejazi, E. (2018). *Research methods in behavioral sciences*. Tehran, Agah press, 4th edition.

Behzadipour, S., Sadeghi, A., Sepahmansour, M. (2019). A Study on the Effect of Gratitude on Happiness and Well Being, *Biquarterly Iranian Journal of Health Psychology*. Vol. 1, No. 2, p. 65-72.

Csikszentmihalyi, M. & Rathunde, K. (1998). *The development of the person: An experiential perspective on the ontogenesis of psychological complexity*. In W. Damon (Series Ed.) & R. M. Lerner (Volume Ed.), Handbook of child psychology: Vol. 1 Theoretical models of human development (5th ed., 635-684). New York: Wiley.

Denham, S. A. (2006). *Emotional Health: Implications for Social Functioning.* In J. L. Luby (Ed.), *Handbook of preschool mental health: Development, disorders, and treatment* (p. 23–44). The Guilford Press.

Eccles, J.S., & Roeser, R.W. (2009). *Schools, academic motivation, and stage-environment fit*. In R.M. Lerner & L. Steinberg, Handbook of adolescent psychology: Vol. 1. Individual bases of adolescent development, (3rd ed., pp. 404 434). Hoboken, NJ: John Wiley & Sons.

Forouzande, N., Delaram, M., Solati, S., Aein, F., & Deris, F. (2003) Effect of cognitive behavioral therapy on depression of non-medical students of Shahrekord University of Medical Sciences . *J Shahrekord Univ Med Sci*, 4 (4) :11-17 (Persian).

Fredrickson, B. L. (2004). The broaden – and – build theory f positive emotions. Philosophical Transactions of the Royal Society of London. 359 (1449), 1367-1377. development programs that promote adolescent sexual and reproductive health. *Journal of Adolescent Health*, 46(3), S75-S91.

Gavin, L. E., Catalano, R. F., David-Ferdon, C., Gloppen, K. M., & Markham, C. M. (2010). A review of positive youth Fredrickson, B. L. (2001). The role of Positive emotions in positive Psychology: the broaden - and build theory of Positive emotions. *American Psychologis*. 56(3), 218-226.

Hamilton, S.F., & Hamilton, M.A. (2009*). The transition to adulthood: Challenges of poverty and structural* lag. In R.M. Lerner & L. Steinberg (Eds.), Handbook of

adolescent psychology: 2 (61). Contextual influences on adolescent development (3rd ed., pp. 492 526). Hoboken, NJ: John Wiley & Sons, Inc.

Imamgholivand, F., Kadivar, P., & Pasha Sharifi, H. (2019). Psychometric Indexes Students' of the Social Emotional Health Questionnaire ((SECQ). *Educational measurement,* 9(33), 79-101.

Jafari Tousi, S. Z. (2017). The effect of emotional social skills training on social adjustment of primary school students in Tehran. MA thesis, Alzahra universiry, pp 8-12.

Khorami, F., Saif, A. A., Kiamanesh, A. R., & Dortaj, F. (2018). The effectiveness of mindfulness and self-regulation training in reducing test anxiety and improving attitude towards school in11th grade student's at Tehran. *psychological science*, 17(69), 531-536.

Lerner, R. M., & Steinberg, L. (Eds.). (2004). *Handbook of adolescent psychology* (2nd ed.). Hoboken, NJ: John Wiley & Sons Inc.

Lerner, R. M., Wang, J., Hershberg, R. M., Buckingham, M. H., Harris, E. M., Tirrell, J. M., et al. (2017). *Positive youth development among minority youth: A relational developmental systems model.* In N. J. Cabrera & B. Leyendecker (Eds.), Handbook on positive youth development of minority children and youth (pp. 5–17). Cham: Springer.

Ma, C. M. (2019). The Relationship Between Social Support and Life Satisfaction Among Chinese and Ethnic Minority Adolescents in Hong Kong: The Mediating Role of Positive Youth Development. *Child Indicators Researc*h, 1-21.

McDonough, M. H., Ullrich-French, S., & McDavid, M. L. (2018). Helping kids connect: Participant and staff perspectives on facilitating social relationships in a physical activity-based positive youth development program for youth from lowincome families. Sport, Exercise.

Mousavi, S. F., Nasiripour, S., & Dabiri, S. (2020). The Prediction of Life Satisfaction in Adolescents based on Positive Youth Development and Psychological Capitals. *Frooyesh*, 9 (4) :1-12

Pekrun, R., Elliot, A. J., & Maier, M. A. (2009). Achievement goals and achievement emotions: Testing a model of their joint relations with academic performance. *Journal of educational Psychology*, 101(1), .511

Rebecca J. Collie & Nancy E. Perry (2019) Cultivating teacher thriving through social–emotional health and its development. *The Australian EducationalResearcher* volume 46, pages699–714

Sadri Damirchi, A., & Esmaili Ghazivaloii, F. (2016). Effectiveness of social- emotional skills training on cognitive emotion regulation and social skills in children with learning disabilities. *Journal of learning disabilities, 5*(4), 59-86.

Seligman, M. E. P. (2019). Positive Psychology: A Personal History. *Annual Review of Clinical Psychology*, 15, 1-23.

Seligman, M., Steen, T. A., Park, N., Peterson, C. (2005). *Positive psychology progress*: Empirical

Stephens, L. E., Bowers, E. P., & Lerner, J. V. (2018). Positive youth development and adolescent eating disorder symptomatology: The role of natural mentors. *Journal of Community Psychology*, 46(4), 473-488.

Sun, R. C. (2016). Student misbehavior in Hong Kong: The predictive role of positive youth development and school satisfaction. *Applied Research in Quality of Life*, 11(3), 773-789.

Taylor, R. D., Oberle, E., Durlak, J. A., & Weissberg, R. P. (2017). Promoting positive youth development through school -based social and emotional learning interventions: A meta -analysis of follow - up effects. *Child Development, 8*8(4), 1156 –1171.

Turner M, Barker JB., (2013). Examining the efficacy of rational-emotive behavior therapy (REBT) on irrational beliefs and anxiety in elite youth cricketers. *Journal of Applied Sport Psychology*. 2013 Jan 1;25(1):131-47.

Worker, S. M., Iaccopucci, A. M., Bird, M., & Horowitz, M. (2019). Promoting positive youth development through teenagers-as-teachers programs. *Journal of Adolescent Research*, 34(1), 30-54.

Xiaoqin Zhu and Daniel T.L.Shek. 2020, Children

and Youth Services Review. Volume 114, July 105022
. Impact of a positive youth development program on
junior high school students in mainland China: A pioneer
study panel.