

**TRANSITIONS FROM CHILDHOOD TO
YOUTH AND ADULTHOOD**

***A SUPPLEMENT TO:*
THE WELL-BEING OF BRITISH COLUMBIA'S CHILDREN AND
YOUTH**

by

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**Background Paper for
First Call: the BC Child and Youth Advocacy Coalition
Spotlight on Children and Youth Campaign**



First Call: the BC Child and Youth Advocacy Coalition is a coalition of over forty provincial organizations and hundreds of community groups and individuals. Our mission is to create greater understanding of, and advocacy for, legislation, policy, and practice to ensure that all children and youth have the opportunities and resources required to achieve their full potential and to participate in the challenges of creating a better society.

First Call is funded by the Vancouver Foundation, BC's Children's Hospital, and the Office of the Child, Youth, and Family Advocate.

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Published by First Call: 1999

ISBN 0-9683600-2-5

Printed in Canada

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Funding for this part of The Spotlight on Children and Youth Campaign was provided by Health Canada. The opinions expressed in this publication do not necessarily reflect the official views of our funders.

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SECTION I: INTRODUCTION

Transitions

Adolescence is a critical stage of life. During these years of transition, roughly between age 10 and the early 20's, many behaviours that influence well-being in adult life are initiated or firmly set in place. Youth is also a crucial time for the development of skills that may determine future success or failure in school, work and the ability to form meaningful, lasting relationships. Puberty brings physical, social and emotional changes whose impact is mediated by many factors, including the youth's socio-economic situation, education, culture, gender and family environment. Awareness of these mediating factors can help to support positive development and to enhance healthy transitions towards adulthood.

While youth spans an extended period of change, two specific areas of transition have been shown to be particularly crucial in the successful movement from childhood to adulthood:

- the transition from elementary to high school, and
- the transition of older youth to adult roles, including employment, forming family units of their own, and becoming active members of the community.

It is in these areas that effective programming is most vital. Policy makers and the public both must become aware of the needs of young people and what can be done to support them.

First Call is publishing "Transitions: from Childhood to Youth and Adulthood" in order to increase understanding of and action around the critical transition times for young people. "Transitions" also acts as a supplement to the previous First Call publication, "The Well-Being of British Columbia's Children and Youth: A Framework for Understanding and Action." This publication has served as a foundation document for the Spotlight on Children and Youth Campaign, examining research, especially in the population health field, that supports policy change for child and youth well-being. It is hoped that "Transitions: from Childhood to Youth and Adulthood" will take off where the "Well-Being" document left off, expanding upon the unique circumstances of youth and making suggestion for policy that would improve their health and well-being.

This document is divided into several sections, each exploring a different component of the transition experience. Section II investigates the transition from Elementary to High School, while Section III explores the transition out of high school and into adulthood. Section IV and V diverge into the particular processes of building healthy relationships and promoting healthy life choices. The paper concludes with a call for collaborative planning and effective programming to support young people in their transition from childhood to youth, adulthood and beyond.

SECTION II: THE TRANSITION FROM ELEMENTARY TO HIGH SCHOOL

Introduction

For the majority of young Canadians, the movement from elementary to high school is the first major transitions of adolescence. Many factors will influence the outcome of this transition and are particularly important to address in order to prevent the development of complex and costly social, economic and health problems. Education is probably the most influential force in this time. Positive identity development, sound socioeconomic circumstances and a holistic continuity with one's culture of origin act as influential factors in this process. Parental involvement, positive media interaction and the development of healthy social skills are also imperative. Fortunately, research indicates to us that even when youth experience adverse circumstances they can flourish if certain keys to resiliency are in place. Of course, these resiliency factors should not sway us from working on the bigger issues, but they can assist us in the move to better transitions from childhood to adolescence.

Education

Because the majority of youth spend many hours in school, schools are likely to exercise influence in a number of important areas, including identity development, career aspirations, social relationships, moral development and sense of community. Of course, education is a major factor in intellectual development. However, approximately a third of BC high school students leave school between Grades 8 and 12 (Premier's Youth Forum, 1996). Drop-out rates for Aboriginal students are up to four times that of non-Aboriginal students (Warry, 1991).

For many students, dropping out of school is the last step in a long process of disengagement from the academic environment (Finn, 1989). Research has found that those students who do not complete high school are more likely to be from an ethnic minority, to be male, to have lower grades, and to experience disciplinary problems, low self-esteem, and lower educational expectations than those who complete high school (Goertz, Ekstrom, and Rock, 1991, cited in Santrock, 1996, p. 259). This knowledge is especially important when considering that early academic achievement for students leads to better attitudes about school, positive self-perceptions, reduced incidence of juvenile offences in young men, and, perhaps most importantly, later academic achievement (Hertzman, 1994).

The transition from elementary to high school can have a profound effect on a student's grades, attendance and peer relations. A learning atmosphere which fosters problem solving and stress management helps to create a more successful environment in

which learning can occur (Hertzman, 1994). Some key factors associated with successful transition and integration into high school include:

- Comprehensive, proactive guidance in elementary and through secondary school.
- Guidance that focusses on career aspirations in secondary school.
- Clear, relevant and purposeful communication throughout the school system.
- School staff who are available, accessible and sensitive to the needs of students.
- Opportunities for students to achieve academic success.
- Opportunities to participate in peer and social activities.
- A school system that provides an environment based on egalitarian principles.

Identity Development

Each life transition entails tasks that are central to the completion of the former stage of development. With the myriad of changes occurring for adolescents, a primary task of the transition to high school is the achievement of a positive sense of identity. One of the major determinants of identity development is self-esteem; research has shown that levels of self-esteem decrease in adolescence, particularly among girls (Commonwealth Fund, 1997; Edwards, 1993). Other factors that influence identity development include culture, support systems, media, and socioeconomic circumstances as discussed below.

Socioeconomic circumstances

Socioeconomic status is an important determinant in healthy development, and those factors often associated with poverty may have the greatest impact (Steinhauer, 1995). The health of an individual increases with improved socioeconomic circumstances (Kunst & Mackenbach, 1992; Kunst, Guerts & Berg, 1992; Hertzman, 1990, cited in Hertzman, 1994), and socioeconomic deficits may contribute to a variety of difficulties for adolescents. For example, poverty has been linked to adolescent smoking, drug and alcohol use, suicide, dropping out of high school, and juvenile offences. It does appear that the earlier intervention to combat socioeconomic deficits occurs, the more effective that intervention may be. Interventions during adolescence are likely to be more challenging than those initiated at an earlier age (Hertzman, 1994).

Culture

As with students from low income backgrounds, minority students may experience difficulties in school. This may be due in part to the teacher's lack of understanding of varying cultural attitudes and values (Asamen, 1990; Chavlin, 1993; Gibbs & Huang, 1989). Culture impacts upon healthy development in other ways at this stage. Lack of continuity with their culture of origin can lead youth to feel isolated and to have difficulties in identity development (Health Promotion Directorate, 1993). This may be a contributing factor to a suicide rate among Aboriginal youth that is seven times greater than the national average (Warry, 1991). The impact of these conditions on healthy development is extensive. Not only do they contribute to suicide rates; they also diminish

academic achievement and are linked to higher rates of involvement with services such as mental health, justice and child protection (Mustard & Frank, 1991).

Parenting

Research has shown that parental involvement in schools is an important factor in encouraging academic achievement (Connors & Epstein, 1995; Epstein 1987; Falbo & Romo, 1994; Menaghan, Mott & Jones, 1994, in Santrock, 1996). Participation in school has been closely linked to the values a family places on education (McGrath, 1996). Schools can help parents to understand and deliver appropriate messages to their children around the importance of education. Communities can also play a role by supporting parents so that they have an optimal environment in which to raise their children.

Media

Because most adolescents spend considerable time watching television and engaged with other media (videos, computer games and the internet), the influence of the media on youth is extensive. The messages youth receive, particularly on issues of violence, sex, and gender depiction, may be especially significant. Media images that depict youth in positive roles and support positive values and beliefs can have a major impact on adolescence (Cairns & Cairns, 1994).

Social skills

A key task for children and youth is the acquisition of suitable social skills. Aggression or antisocial behaviour is of great concern as it is linked to later difficulties. The earlier a child's antisocial behaviour begins, the more difficult the behaviour (National Forum on Health, 1996). Boys' aggression tends to be expressed more physically; girls' aggression, while often more passive, may be no less destructive. Aggressive or antisocial behavior is a factor in school problems and failure (Hinshaw, 1992). Often, teens who have aggressive behaviours are forced to associate with similarly adjusted teens after they experience rejection from peers. These associations become stronger in response to greater rejection (National Crime Prevention Council, 1995). For these reasons, it is ideal to address difficulties as early as possible (National Forum on Health, 1996).

One method that may be beneficial in combatting the cycle of rejection and aggressive behaviour is mentoring. Mentoring programs have been shown to improve social relationships among adolescents who lack positive role models otherwise (Human Resources Development Canada & Statistics Canada, 1996).

Resiliency Factors for Youth

Youth often tend to be viewed as problems in need of solutions. However, problem-driven youth programming, with its focus on deficits, such as violence, smoking, drug use, and suicide, has largely failed to result in lasting improvements in the social, health or economic status of youth in our society. The resilience model of youth development

places the emphasis on potential rather than on problem intervention (The McCreary Centre Society, 1999). In her classic longitudinal study, Emmy Werner (Werner & Smith, 1982) found that for those youth born into high-risk circumstances, a number of resiliency factors acted as mediators between risk factors and healthy development. A growing body of work on resiliency factors suggests that youth who overcome adversity have access to three kinds of protective support: a cohesive and stable family, external support and protective personal resources (Gottlieb, 1996). Such support can be provided in a variety of formats including mentoring programs, peer support programs, counselling and in the family environment.

Studies by the University of Minnesota indicate that youth who have a sense of “connectedness” to school and family are less likely to engage in risky behaviours during the important transition of adolescence (Blum, 1997). The Minnesota research demonstrates that youth with strong social connections were less likely to engage in activities such as drinking and driving, violence, early and unprotected sex, and drug use.

SECTION III: THE TRANSITION TO ADULTHOOD

Introduction

To navigate successful transitions to adulthood, young people need the tools to move from school to work and into families and homes of their own. This evolution will be shaped by many determinants significant to the successful negotiation of earlier life transitions, and the successful completion of secondary education. Additionally, once leaving their educational institution, youth today must contend with the difficult challenges of a changing labour market.

Education and Employment

Recent social and economic changes have affected job markets and education, altering the nature of the transition to adulthood. Now, young adults often work while completing their education, live at home longer, and marry later than in the past. Education, however, continues to be a critical determinant of occupational outcome. Studies show that the highest percentage of youth unemployment occurs among those with the least education and training (Labor Force Statistics, 1996). This situation is due to the shift in employment trends to demands for more highly skilled labour (Anisef, 1996). Even those young adults who do have training or education will often have difficulty finding work because of poor supports in making the school-to-work transition (Looker & Lowe, 1996).

Nearly sixteen percent of BC's youth are unemployed. Even more disturbing is the fact that youth unemployment has been rising while unemployment rates in other age categories have been falling (BC Stats, Stats Can, 1997). Although enhanced employment opportunities exist for those with more education, those who do find work often hold several part-time jobs rather than one full-time job (Betcherman & Leckie, 1997). Furthermore, these youth are earning less now than the comparable age group in 1984 (Scott, 1996). Eighty percent of low-paying jobs are held by young people. Although gender equity is now greater among youth, the wage gap has shifted to inequities in wages by age category. Three times as many youth aged 17 – 24 live in poverty as in the next age group (Premier and Minister Responsible for Youth, 1996).

The news about youth employment, however, is not all bad. While the highest unemployment occurs among those with the least education and training (Labour Force Statistics, 1996), the percentage of BC students who graduate from high school continues to increase. Unfortunately, the story is not as positive for the Aboriginal community. Aboriginal students are less likely to complete high school, and their average earnings (15 – 24 years) in 1996 was \$6,984 (Statistics Canada, 1996), a figure well below the poverty line.

High School Dropout

Behavioral conflicts and a basic dislike of school are often the cause of high school dropout (Evans, Cicchelli, Cohen & Shapiro, 1995). The next most common cause of dropout from school is economic reasons associated with growing up in poverty or leaving school to help support a family. Young men leave school at a faster rate than women for economic and behavioural reasons, while pregnancy is the most common reason for young women to leave school (Anisef, 1996).

Gender

Gender is a factor that determines what academic programs students will enter. In high school, women account for approximately 50% of the student body but are under-represented in both the maths and sciences, although progress has recently been reported in this regard. In post-secondary schools, women outnumber men; however, they are less likely to enter “traditional male subject areas” and graduate studies than their male counterparts (Ministry of Education and the Minister Responsible for Multiculturalism and Human Rights, 1991).

Youth With Disabilities and Chronic Illness

Many young people face the challenge of chronic illness or disability (McCreary, 1994). Although the number of students with disabilities entering post-secondary education has increased, adolescents with disabilities in secondary school are in the lowest educational achievement level on average (Statistics Canada, 1990b, as cited in Hill, 1996). This may be the result of a number of factors, including the prevalence of lowered expectations for students with disabilities. Such expectations may send a message to these youth that they are less capable, while simultaneously eliminating their opportunities to compete on a level playing field (Michaels, 1994, as cited in Hill, 1996).

Recently, mainstreaming has been thought to be the most effective means of achieving a higher standard of education for adolescents with disabilities. Mainstreaming also can build awareness among able students of the challenges facing others (Santrock, 1996). Those with disabilities may face discrimination and lack of positive role models, which contribute to a lack of successful social integration (Gallagher, Trohans, & Clifford, 1989). These youth need more opportunities for a smooth transition, such as continued special education, enhanced skills training, and a system of advocacy within their educational settings (Hill, 1996).

Non College-Bound Youth

Canadians place much value on continuing education; however, many young people will not enter university or college. More attention should be directed towards this group of youth. Students graduating with a basic high school education are often perceived as being ill-prepared for work (King and Peart, 1996). Non-college bound youth would

benefit from a greater emphasis on school completion and increased opportunities for youth employment and community service.

Policy and action to promote a smoother transition in leaving high school should consider:

- A focus on work experiences (co-ops, apprenticeships, internships, and pre-employment training);
- Opportunities for community participation (voluntary service and youth initiatives);
- Provision of vocational education that would teach youth a wide range of generic skills, useful for many different lines of work;
- Equal access to continuing education, employment, and training;
- Career information and counseling that is accessible and available to all youth;
- Job creation strategies;
- Community partnerships;
- Employment and pay equity;
- Entrepreneurial programs for youth;
- Encouragement for employers to hire young people;
- Continued special education and skills training for those with special needs.

SECTION IV: BUILDING SUCCESSFUL RELATIONSHIPS

Introduction

Many factors impact the development of committed relationships. Successful attachment in early life has been shown to be a key determinant in negotiating successful intimate relationships in adulthood (Unrau & Krysik, 1996). A stable, positive, and encouraging family life during the adolescent years is also important. Positive parental relationships provide a secure base for identity development as well as an appropriate model for forming successful relationships (Ainsworth, 1979; Bowlby, 1969, 1989; Waters & others, 1995; Sroufe & others, 1993; Urban & others, 1992; Ostoja & others, 1995; Weinfield, 1994, as cited in Santrock, 1996). Other factors impacting the ability to form healthy relationships include sexual orientation, culture, gender, living in care, street life, disease, sexual abuse, teen pregnancy/parenting, and/or the presence of a disability.

Gender Socialization

Gender socialization plays a role in healthy relationship development. Egalitarian roles for young women will help in the formation and sustainability of successful relationships. In addition, young men, who have been shown to have more difficulty forming intimate relationships than young women, must have opportunities to develop the capacity for intimacy (Unrau & Krysik, 1996). This capacity is important, as difficulty and failure in forming intimate relationships has been linked to sexual aggression (Check, Perlman, & Malamuth, 1985, as cited in Unrau and Krysik, 1996) and sexually offensive behavior (Marshall, 1989, as cited in Unrau and Krysik, 1996).

Gay, Lesbian, Bisexual and Transgendered Youth

Gay, lesbian, bisexual and transgendered (GLBT) youth may have difficulty developing a healthy identity in the absence of suitable role models and in the face of discrimination and isolation. The factors affecting identity development in GLBT youth may hinder their ability to develop successful intimate relationships (Remafedi, 1994). Recently, the rights of gay, lesbian, bisexual and transgendered students to an education free of discrimination, harassment and violence has become a matter of public attention. Discrimination, harassment and violence lead to diminished self-esteem, which in turn is related to higher school dropout rates, suicide, unsafe sexual practices, and substance misuse (Dowler-Coltman, 1995). These factors also lead to a high incidence of street involvement, particularly for those youth whose sexual orientation has challenged acceptance from their family. Programming for GLBT youth needs to address discrimination, provide role models, provide support to youth and their families, and provide advocacy at both the provincial and federal levels.

Youth In Care

Issues facing youth living in care include attachment issues (caused by repeated moves from home to home), and poor cultural fit, especially for First Nations youth, who represent 35% of the children in care (Office of the Child, Youth and Family Advocate, 1998). Attachment and identity issues make it difficult for youth to successfully negotiate the transition into adulthood. These issues can be addressed by providing quality care in homes that reflect cultural needs. The ability to do this may be difficult given limited available resources and funding. In BC, the number of children living in care has increased by 45% over the last five years to nearly 9,000. Unfortunately, the funding available to deal with this number of youth has not increased (Office of the Child, Youth and Family Advocate, 1998). Another difficulty for BC youth in care is lack of support for youth over age 19 who are making the transition to adulthood. While support does exist for youth in this category who pursue post-secondary education, support is limited for those for whom post-secondary schooling is not an option (Office of the Child, Youth and Family Advocate, 1998).

Street Youth

The numbers of street youth or homeless youth have increased in BC with an estimated 500 to 1000 youth on the streets each night and 10,500 youth annually reported as runaways from their families (McCarthy, 1996). This group is at risk for many health related difficulties, such as those caused by drug and alcohol use, and sexually transmitted diseases (McCarthy, 1996; McCreary, 1994). Once again, this group is over-represented by First Nations youth at approximately 36% (Premier's Youth Forum, 1996).

Teen Pregnancy and Parenting

According to the 1991 census, approximately 5,700 young people aged 15 - 24 in BC live as single parents--the majority of them young women (Premier's Youth Forum, 1996). Many young mothers live in poverty due to diminished employment and educational opportunities. These young people need opportunities to advance their education and move into the work force. They also require support and resources to cope with the difficulties of raising their children amid multiple stressors. Most importantly, it is necessary to provide more parenting education to all young people in order to prepare them for this important adult role.

SECTION V: PROMOTING HEALTHY LIFE CHOICES

Introduction

Most BC adolescents lead healthy and productive lives and maintain a positive outlook for the future. Most young people do not smoke, misuse alcohol or drugs, or engage in early or unprotected sexual activity. However, a proportion of youth do engage in risky behaviours that can endanger present and future health. The extent to which these practices occur varies with age, gender, socio-economic conditions, region of residence, cultural background and many other factors. Often, these factors are co-related. For example, some of the behaviours associated with a high risk of negative outcome (such as drinking and driving, drug use, smoking, eating disorders, and fighting) are related to low self-esteem, lowered school expectations, poor health status, negative body image and suicidal thoughts or intentions (McCreary, 1993).

Unintentional and Intentional Injury

A review of 54 fatalities of youth aged 13-18 years between September 1996 and September 1997 concluded that several factors were at play in the deaths of these young British Columbians. Alcohol and drug addiction, sexual exploitation, unpreparedness for the transition to adulthood, street life, the absence of mentors and role models, abuse and neglect, feelings of isolation and hopelessness, and unresolved mental health issues were all named as contributing factors (Barlow, 1997).

Injury-related deaths are a significant problem in BC and in Canada, with injury being the leading cause of death and hospitalization in the under-20 age category. In 1995, 74% of deaths in the 15-19 year age group were due to injury and 31% of those from suicide. These figures are similar in the 20-24 year age group, but in this category 38% of deaths result from traffic accidents. After traffic accidents and suicide, the leading causes of injury in BC are falls, fire, drowning, industrial/workplace accidents, and residential accidents. Some groups appear to be at greater risk. Impoverished youth, for instance, are at much greater risk (40% higher) than those from affluent neighborhoods (Advisory Committee on Population Health, 1998). Aboriginal youth are three times more likely to be injured and are five times more likely to commit suicide than all Canadian youth. The cost of injury in Canada is significant, in both human and economic terms, and research suggests that at least 50% of injuries are preventable with suitable interventions (Advisory Committee on Population Health, 1998).

Published literature and support on the type and severity of injuries, as well as research and injury control, may be sought from the BC Injury Research and Prevention Unit (website: www.injuryresearch.bc.ca). (The BC Injury Research and Prevention Unit also produces toolkits for regional practitioners and highlights resources, and innovative injury program interventions in BC.)

Smoking and Drinking

Smoking and drinking are also issues of concern in this age category. Smoking typically begins in adolescence (Hirschman, Leventhal & Glynn, 1984), and in BC, one in three adolescents smoke. Recent studies show increases in the number of young women who smoke. Twenty-six percent of young women in BC aged 15 to 19 years report being smokers as compared to 21% of young men. In the 10 to 14 year age group, 7% of males smoke and 6% of females (Ministry of Finance and Corporate Relations, 1996).

The decision to start (or stop) smoking, is influenced by advertising, parents, peers, and other individuals who act as role models in the youth's environment. Unfortunately, there is a lack of decisive evaluation of smoking cessation and prevention programs, especially for youth (Institute of Health Promotion Research, 1998). In addition to smoking, a minority of adolescents engage in problem behaviors related to alcohol and substance misuse (Hirschman et al., 1984; Chassin, Presson, Sherman, Corty & Olshavsky, 1986).

Sexually Transmitted Disease

Sexually transmitted diseases are all too prevalent amongst our youth. HIV is an STD of particular concern for youth in British Columbia. The proportion of youth aged 15-24 who report being HIV positive is growing alarmingly, especially among women, young gay men, and the Aboriginal community. Unfortunately, the numbers of youth affected by AIDS may be under-reported as their progression from HIV to AIDS tends to be slower than their older counterparts. Health professionals believe youth may be at greater risk of HIV than other groups due to their experimentation with drugs, alcohol and sex. Many youth living with HIV have come to be infected through intravenous drug use and the sharing of needles as well as through their sexual practices (The Canadian AIDS Society, 1998).

Education, training, ongoing support and community acceptance are all needed to reduce the incidence of STD's, such as HIV. Another strategy to reduce the number of cases is to address the factors that make youth vulnerable. The most prevalent of these factors is the youth's socio-economic situation as many of the risk factors for youth are connected to their economic reality. Socio-economic circumstance is also a key factor determining mortality rates for those who are infected with HIV (The Canadian AIDS Society, 1998). Those with lower incomes have been found to have mortality rates up to 60% higher than their higher income counterparts. A positive sign in the fight to reduce STD's is that the BC Centre for Disease Control (1998) reports that it continues to see slight increases in risk reduction practices.

Youth Participation

The right of youth to participate in decisions that affect them has been firmly endorsed through the United Nations Convention on the Rights of the Child (1989). This document

recognizes that children and youth are entitled to respect and are capable of contributing to their own well-being and to that of their communities. Youth participation offers young people the chance to acquire important decision-making and problem-solving skills, develop meaningful relationships, and bolster their self-esteem. These benefits are known to protect youth against risk-taking behaviour that impacts negatively on health both in the short and the long term.

Unfortunately, few young people have avenues for influencing those factors which have a direct impact on their development, such as education, employment, recreation, access to health care, and even personal safety. Youth who are disenfranchised or marginalized, including youth in care, Aboriginal youth, and sexually exploited youth, are even less likely than mainstream youth to have opportunities for participation in decisions affecting their lives. These youth often have little opportunity for meaningful involvement during this key transition period, with the consequence that they may become alienated and turn toward self-destructive activities (risk-taking) or maladaptive social behaviours. (Suicide Prevention Information and Resource Centre of BC)

SECTION VI: PROMOTING HEALTHY TRANSITIONS

Adolescent life choices are linked to the environment in which youth live. Clearly, the promotion of healthy life choices is a wise investment in the future well-being of today's young people. Some studies suggest that as little as 50 hours of effective programming could positively influence these choices and their outcomes; benefits increase further with collaborative planning of programs involving school and community resources (Canadian Association for School Health, 1991). Efforts to influence behavioural choices in youth must begin before high school, continue through the completion of education and into the workplace, and must take into account the systemic causes of health-related behaviors. Such efforts, undertaken in an environment of collaboration and respect for the positive potential of youth, can help to ensure successful transitions from childhood to youth and adulthood.

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