The Interplay of 5C Components, Emigration Tendencies, and Youth Mental Health

La interacción de los componentes de las 5C, las tendencias a la emigración y la salud mental de los jóvenes

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Abstract:

This study examines the interplay between the five core components of Positive Youth Development (PYD)—Competence, Confidence, Connection, Caring, and Character—and their impact on emigration tendencies and mental health among Albanian youth. Focusing on a sample of 527 individuals aged 16 to 24, the research employs instruments such as the Intention to Emigrate questionnaire, the Mental Health Continuum Short Form, the Health Behavior in School-Aged Children survey, and the Five Cs of Positive Youth Development scale. The study finds a substantial link between the 5Cs and mental health outcomes, with emigration patterns impacting the association between PYD components and mental well-being. Stronger PYD characteristics result with better mental health and less somatic disorders, whereas emigration inclinations raise psychological and somatic problems. The study emphasizes the need of focused interventions.

Keywords:

5Cs components, positive development, emigration tendencies, mental health, youth well-being, Albania.

Resumen:

Este estudio examina la interacción entre los cinco componentes básicos del Desarrollo Positivo de los Jóvenes (DPJ) -competencia, confianza, conexión, compasión y carácter- y su impacto en las tendencias a emigrar y la salud mental de los jóvenes albaneses. Centrándose en una muestra de 527 individuos de entre 16 y 24 años, la investigación emplea instrumentos como el cuestionario de Intención de Emigrar, el Formulario Corto del Continuo de Salud Mental, la encuesta de Comportamiento de Salud en Niños en Edad Escolar y la escala de las Cinco Cs del Desarrollo Positivo Juvenil. El estudio encuentra un vínculo sustancial entre las 5 Cs y los resultados de salud mental, con patrones de emigración que afectan a la asociación entre los componentes del DPJ y el bienestar mental. Unas características de DPJ más fuertes se traducen en una mejor salud mental y menos trastornos somáticos, mientras que las inclinaciones a la emigración aumentan los problemas psicológicos y somáticos. El estudio subraya la necesidad de intervenciones específicas.

Palabras claves:

Componentes 5Cs, desarrollo positivo, tendencias a la emigración, salud mental, bienestar juvenil, Albania.

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Introduction

In recent years, Albania has witnessed an increasing trend of youth leaving the country to emigrate to high-income countries, raising concerns about the challenges the remaining young population faces (de Bruijn *et al.,* 2015). Albanian populations, like the Western Balkans, are declining due to low birth rates, aging, and migration, with various patterns emerging in the 1990s, including irregular labor movement, family reunion, and skilled migration (Gëdeshi, 2021).

Unemployment in Albania, particularly among young people, has been in double digits for the past 30 years, with 27.2% of those aged 15 to 24 unemployed (Gëdeshi, 2021).

In addition to high unemployment, low salaries, job informality, job insecurity, and poor working conditions contribute to poverty and dissatisfaction, motivating youth to seek opportunities abroad. Dissatisfaction with public services, corruption, and limited merit-based career advancements further exacerbate migration tendencies (Begović et al., 2020; Gashi & Adnett, 2024). Youth often perceive migration as a means of securing better economic prospects and professional fulfillment (Zulfiu Alili, King, & Memeti, 2023).

Beyond economic concerns, psychological and social factors significantly contribute to emigration intentions. Social alienation, lack of institutional trust, and limited opportunities for personal growth can make youth feel disconnected from their country, fostering an increased desire to migrate. Research indicates that individuals with low social integration and weak ties to their home country often experience higher psychological distress, which in turn fuels migration aspirations (Murashcenkova et al., 2022). Additionally, studies highlight associations between migration intentions and exposure to risky behaviors, including substance use, suggesting that broader psychosocial patterns accompany emigration considerations (Marsiglia et al., 2011).

Albania's population in 2021 was 2,829,741, a small decrease from 2020. The age group composition varies, with 5.1% aged 0-17 and 6.7% aged 15-19. The young dependency ratio fell from 24.6% in 2020 to 24.2%, while the old-age dependency ratio rose. The sex ratio at birth is 107, which exceeds the normal ratio. Albania's demographic trend reflects urbanization, with rural populations declining by 2.4% in 2017. Tirana prefecture today accounts for 32.2% of the total population (Byrne, Gëdeshi, & Kulluri, 2021).

Existing research suggests that pre-migration stressors, including economic hardship and social discontent, significantly shape post-migration mental health outcomes. Migrants often face additional stress due to visa restrictions, employment barriers, and cultural adaptation challenges (Thartori & Ismail, 2024). Studies on Albanian university students highlight how low subjective well-being, dissatisfaction with life, and distrust in state institutions correlate with higher migration aspirations, reinforcing the connection between mental health and migration tendencies (Likaj et al., 2024). Additionally, migration aspirations have been linked to increased exposure to risky behaviors such as substance use, highlighting the broader socio-emotional consequences of contemplating emigration (Marsiglia et al., 2011). Conversely, research on actual migrants suggests that those who successfully relocate may experience improvements in mental health, particularly when migration leads to greater economic stability and personal fulfillment (Stillman et al., 2009). However, the psychological toll of merely intending to migrate remains underexplored, despite its significant impact on youth populations in socio-economically challenged regions like Albania.

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To better understand how migration tendencies and mental health interact, the Positive Youth Development (PYD) framework provides valuable insights. PYD emphasizes young people's potential and the role of personal strengths in shaping their well-being (Lerner & Lerner, 2013; Dervishi *et al.,* 2022). The five core components of PYD—competence, confidence, connection, caring, and character—serve as protective factors that can mitigate the negative effects of migration stress (Lerner et al., 2005; Geldhof et al., 2015; Fernandes et al., 2021).

According to this model, young people have remarkable potential that should be recognized (Ettinger et al., 2022; Wiium et al. 2021). Each young person has unique strengths that, when identified and developed via education and mentoring, allow them to be empowered and attain their full potential (Sheehan et al., 2022).

High levels of 5Cs can help people comprehend their life purpose and plan for the future (Dervishi, Canollari-Baze, & Wiium, 2024). According to research, these components have a good impact on young people's growth, quality of life, overall well-being, and psychological health. A supportive climate that encourages these elements can provide good mental health conditions for youth (Martin-Barrado & Gomez-Baya, 2024; Novak *et al.,* 2023; Dervishi *et al.,* 2022).

The Positive Youth Development (PYD) model, with its 5Cs (competence, confidence, connection, character, and caring), promotes positive aspects of adolescents' development. It emphasizes identifying and supporting strengths rather than preventing or treating deficits, which enhances positive development and resilience (Martin-Barrado & Gomez-Baya, 2024). The model focuses on positive resources that optimize well-being, personal development, and life experiences. The PYD 5Cs model is widely used and flexible in different contexts, making it suitable for investigating differences in positive youth development between students with and without a migrant background (Martin-Barrado & Gomez-Baya, 2024; Dervishi, Miconi, & Wiium, 2021).). This research focuses on adolescent students with a non-migrant background in Albania, examining self-assessed competencies, characteristics, and skills based on the model.

The Personality and Developmental (PYD) paradigm is founded on Relational Developmental System Theory, which emphasizes the interaction of individual qualities and environments (Kozina &Wiium, 2023). It implies that youth develop favorably when their strengths complement the resources of their surroundings, resulting in more likely and less frequent dangerous actions. These trajectories are consistent, with low Cs trends likely to remain throughout adolescence (Kozina &Wiium, 2023). According to a longitudinal study conducted in the United States, more females were on an optimum and problematic trajectory, with higher overall PYD ratings than males (*cit in* Kozina &Wiium, 2023). According to the paradigm, internal and external developmental assets influence youth growth (Novak *et al.,* 2023). Manrique-Millones and colleagues (2023) investigated the impact of the five Cs of PYD on mental health problems among youth. Low self-esteem is linked to depressed symptoms, and high efficacious and socio-emotional Cs scores may indicate emotional hypersensitivity, a risk factor for depression (Manrique-Millones, Gómez-Baya & Wiium, 2023). Males scored higher on Competence and Confidence than females on Caring and Character. Confidence and Caring in Peruvian students appear to be protective against depressed symptoms, implying partial mediation of PYD indicators on the relationship of mental health issues. According to the study, nurturing and strengthening Confidence and Connection in young adults can help prevent depressive symptoms. The study also discovered a positive but weak relationship between Caring and depression symptoms, which could be attributed to the COVID-19 pandemic's widespread infections and fatalities (Manrique-Millones, Gómez-Baya & Wiium, 2023).

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Sociodemographic trends of migration in Albania

Albania is one of the countries with the highest migration rate in Central and Eastern Europe, with around 710,000 persons living outside the country from 1989 to 2001 (Institute of Statistics of Albania, 2001; International Organization for Migration, 2005; Vullnetari, 2012). with the fall of the communism regime in 1990, the country has experienced significant internal and foreign migration, with the first wave occurring in 1991-1992 and the second wave in 1997-1998 as a result of a socioeconomic crisis and civil upheaval. The third wave occurred during the Kosovo War of 1998-1999 when around 100,000 Albanians fled the country.

The third decade (2011-2020) saw an increase in emigrant outflows, diversification of movement categories, and a shift in destination preferences (Gjinko, 2019). In 2019, Italy and Greece got almost 75% of Albanian emigrants (Gëdeshi, 2021; Kolleshi, 2023). The number of Albanian emigrants in Germany has tripled, while the US got around 8% of all Albanian emigrants in 2019 (Arapi-Gjini, 2022; Kolleshi, 2023). According to Kolleshi (2023) and Gëdeshi (2021), return migration rose throughout this period, although not for the appropriate reasons.

The Albanian international migration typology is characterized by push factors such as unemployment and poverty, alongside pull factors like opportunities for education, work, and an improved quality of life in destination countries (Gëdeshi & Xhaferaj, 2016; IOM, 2024; Dragoti & Ismaili, 2018).

Albania's foreign migration mainly relies on remittances, which can be transferred via numerous channels such as banks, Western Union, and family (Kolleshi, 2023; Gëdeshi, 2021).

Albania's net migration rate from 1950 to 2023 stands at -4.896 per 1,000 people, showing a slight increase compared to previous years (United Nations, Department of Economic and Social Affairs, Population Division, 2000; IOM, 2022).

Interaction of Migration, Human Capital, and the Labor Market in Albania

Desire to emigrate is highest among those in their 20s, the more educated, and those with average to high incomes (Gëdeshi, 2021). This shift suggests dissatisfaction among educated individuals with employment prospects in Albania, a reversal from a decade ago when migration desire was prevalent among less educated youth. Albanian migration continues to exhibit characteristics of brain drain, with 25.3% of emigrants being youth under 19, 46.3% aged 20-44, and only 5.4% older than 65. The correlation between migration and education is evident, with higher-educated individuals aiming for advanced countries, while lower-educated individuals opt for traditional destinations in Greece and Italy. In a broader sense, Albanian emigration exposes structural weaknesses in the economy and socio-political system, emphasizing the need for policies promoting private sector development, foreign direct investments, and economic diversification.

Albania's population is rapidly aging, with projections indicating a significant increase in the elderly population. The International Labour Organization estimates a growing need for long-term care for those aged 65 and above, requiring proactive steps to enhance access to affordable and quality care services. Sustainable resources must be mobilized for increased investments in care services, addressing the geographical inequality in access and prioritizing service provision over cash benefits. In summary, Albanian migration presents both challenges

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and opportunities, requiring a comprehensive approach to address its root causes and consequences.

In conclusion, this study aims to shed light on the critical importance of understanding the interrelation of the 5C components, emigration tendencies, and mental health issues in the context of Albanian youth.

Research Questions

1. How do the components of Positive Youth Development (Competence, Confidence, Connection, Caring, and Character) individually and collectively influence mental health outcomes among youth?

This question aims to understand the specific impacts of each 5C component on various dimensions of mental health.

2. What is the relationship between intention to emigrate and mental health, and how does this relationship vary in the context of the 5Cs of Positive Youth Development?

This question explores how the intention to emigrate (assessed through the modified scale by Leong & Soon) interacts with mental health outcomes and whether this relationship is moderated by the components of the 5Cs. It seeks to determine if higher intentions to emigrate correlate with changes in mental health and whether the presence of positive youth development attributes (such as Confidence or Connection) influences this relationship.

Method

Participants

The total sample consisted of 527 participants selected through random convenience sampling. The participants completed an online survey and ranged in age from 16 to 24 years. The sample included high school students from the cities of Tirana, Durrës, Krujë, and Burrel, as well as university students from both public and private institutions in Tirana, Durrës, Vlora, and Elbasan. The age distribution was broad, with the largest cohort being 16-year-olds (17.5%) and the smallest being 19-year-olds (5.7%). Gender distribution showed a predominance of females (58.8%) over males (41.2%). Regarding living arrangements, 72.1% of participants resided with their parents, 14.0% lived with other relatives, and 13.9% lived alone. The socio-economic status (SES) of the participants was primarily medium (79.9%), with smaller proportions classified as high (12.1%) and low (8.0%) SES.

Inclusion and exclusion criteria:

- Participants aged 16-24 years old.
- Participants have to give their consent to participate in the study.

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Data Collection

The demographic data includes age, gender, living arrangements, and socioeconomic status (SES). Age was recorded as a continuous variable, allowing for the analysis of age-related trends and patterns within the data. Gender was categorized as male, female, and non-binary, ensuring inclusivity and enabling gender-specific analyses. Information on living arrangements included categories such as living with parents, living alone, living with roommates, or other arrangements, providing insight into the participants' household environments. Socioeconomic status (SES) was assessed using a combination of self-reported income.

Intention to Emigrate was assessed using a modified version of the Intention to Emigrate scale developed by Leong and Soon (2011). This scale comprises five items that evaluate the frequency of thoughts about leaving the country for various purposes, including studying abroad, seeking better employment, starting a business, long-term residence (more than three months), and permanent relocation. Participants responded on a five-point Likert scale ranging from 1 (never) to 5 (all the time), with higher scores indicating a greater intention to emigrate. The scale demonstrated high internal consistency reliability, with a Cronbach's Alpha of 0.931.

The Mental Health Continuum-Short Form (MHC-SF) was utilized to measure well-being across three dimensions: Emotional Well-being, Social Well-being, and Psychological Well-being. This instrument has shown high internal consistency reliability, with the overall Cronbach's Alpha being 0.938. The scale's reliability coefficients for each dimension are as follows: Emotional Well-being (α = 0.948), Social Well-being (α = 0.868), and Psychological Well-being (α = 0.910). The MHC-SF has been validated to indicate that the summary score is more informative than individual dimension scores (Yeo & Suárez, 2022).

The Health Behavior in School-aged Children (HBSC) Symptom Checklist was employed to measure non-clinical health complaints. The checklist includes eight symptoms, with participants rating the frequency of these symptoms over the past six months on a scale from 0 (rarely or never) to 4 (almost daily). The total score ranges from 0 to 32 points, with subscales for somatic complaints (headache, abdominal pain, back pain, dizziness) and psychological complaints (depression, nervousness, irritability, difficulty sleeping). The HBSC Symptom Checklist demonstrated high reliability, with a Cronbach's Alpha of 0.907. The subscales also exhibited adequate reliability: somatic complaints (α = 0.876) and psychological complaints (α = 0.777).

The 5Cs Components of Positive Youth Development (PYD) short form, consisting of 34 items, was used to measure five constructs: Competence, Confidence, Connection, Caring, and Character. Participants ranked their responses on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The Cronbach's Alpha for the subscales indicated acceptable reliability: Competence (α = 0.816), Confidence (α = 0.905), Connection (α = 0.915), Caring (α= 0.956), and Character (α = 0.908). The total scale reliability for the 5Cs of PYD was exceptionally high, with a Cronbach's Alpha of 0.967.

These reliability coefficients underscore the robustness and internal consistency of the instruments employed in this study, ensuring reliable measurement of the constructs under investigation. The project received ethical approval from the Ethics Committee of the University of Tirana, which applies to all EU member states and allied countries.

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Data analysis

The distribution and descriptive statistics for the demographic data, including age, gender, living arrangements, and socioeconomic status (SES), were analyzed using the Statistical Package for the Social Sciences (SPSS) version 24. The data were screened for outliers, and assumptions for parametric tests were checked to ensure the validity of subsequent analyses. To explore the first research question, "How do the components of Positive Youth Development (Competence, Confidence, Connection, Caring, and Character) individually and collectively influence mental health outcomes among young adults?", Pearson's product-moment correlation coefficients were used to examine the associations between the 5Cs components and various dimensions of mental health. Following this, multiple linear regression analyses were conducted to determine the proportion of variance in mental health outcomes explained by each 5C component. Pearson's correlation coefficients were used to assess the relationship between the intention to emigrate and mental health for the second research question, "What is the relationship between intention to emigrate and mental health, and how does this relationship vary in the context of the 5Cs of Positive Youth Development?". Multiple linear regression analyses were then performed to investigate the moderating effects of the 5Cs components on this relationship, determining how much variance in mental health outcomes could be attributed to the interaction between intention to emigrate and the 5Cs components.

Results

The sample comprises 527 participants with ages ranging from 16 to 24 years. The age distribution is as follows: 16 years (17.5%, n=92), 17 years (10.8%, n=57), 18 years (11.8%, n=62), 19 years (5.7%, n=30), 20 years (10.8%, n=57), 21 years (11.2%, n=59), 22 years (13.5%, n=71), 23 years (11.0%, n=58), and 24 years (7.8%, n=41). The gender distribution indicates that 58.8% (n=310) of the participants are female, while 41.2% (n=217) are male.

Regarding living arrangements, a significant majority of participants (72.1%, n=380) live with their parents, 14.0% (n=74) live with other relatives, and 13.9% (n=73) live alone. Socioeconomic status (SES) reveals that 8.0% (n=42) of the respondents belong to the low SES category, 79.9% (n=421) are in the medium SES category, and 12.1% (n=64) are classified as high SES.

The descriptive statistics (see Table 1) for the emigration tendency questions reveal that participants' average responses range from 2.76 to 3.17 on a five-point Likert scale. Specifically, the item "I will move abroad to live for my entire life" yielded the lowest mean score of 2.76 (SD = 1.40), reflecting a moderate level of agreement regarding the intention for permanent relocation. In contrast, the item "I will leave to work abroad" produced the highest mean score of 3.17 (SD = 1.26), suggesting a somewhat stronger inclination towards considering employment opportunities abroad. The observed standard deviations, ranging from 1.21 to 1.40, indicate a moderate degree of variability in responses. This variability suggests that while there is a discernible trend towards emigration, individual responses differ considerably concerning the specific reasons and intentions for considering emigration. Descriptive statistics for emigration tendency indicate that scores span from a minimum of 5 to a maximum of 25, with an average score of 14.68 (SD = 5.66). This distribution suggests a relatively high overall propensity for emigration among the participants.

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Table 1

Descriptive Statistic for Emigration Tendency Questions

	N	Mean	Standard Deviation
1. I will move abroad to live for my entire life.	527	2.76	1.40
2. I will start my own business abroad.	527	2.79	1.23
3. I will leave my country to study abroad.	527	2.90	1.21
4. I will live and work abroad for an extended period.	527	3.07	1.28
5. I will leave to work abroad.	527	3.17	1.26

The results of the study for mental health well-being show the average score for Emotional Well-Being is 3.01 (SD = 1.09), with scores ranging from 0 to 5 (see Table 2). This indicates that participants exhibit a moderately positive level of emotional well-being. The mean score for Social Well-Being is 2.34 (SD = 1.20), with scores ranging from 0 to 5. This reflects a comparatively lower level of social well-being relative to the other dimensions assessed. The mean Psychological Well-Being score is 2.90 (SD = 1.15), with scores ranging from 0 to 5, suggesting a moderate level of psychological well-being. The overall Mental Health mean score is 2.73 (SD = 1.03), with scores spanning from 0 to 5, indicating a generally moderate level of overall mental health among participants. These results reveal notable variations in mental health across different dimensions, with emotional well-being being the highest and social well-being being the lowest.

Table 2

Descriptive Statistics for Mental Health Well-being

	N	Minimum	Maximum	Mean	Standard Deviation
Emotional Well-being	527	0	5	3.01	1.09
Social Well-being	527	0	5	2.34	1.20
Psychological Well-being	527	0	5	2.90	1.15
Total Mental Health	*525*	*0*	*5*	*2.73*	*1.03*

The descriptive statistics for the Health Behavior in School-aged Children (HBSC) Symptom Checklist are as follows (see Table 3):

Psychological Factors: The mean score is 9.65 (SD = 4.09), with scores ranging from 4 to 20. This suggests a moderate level of psychological symptoms reported by participants.

Somatic Factors: The mean score is 10.90 (SD = 4.87), with scores ranging from 4 to 20. This indicates a moderate level of somatic symptoms among participants.

Overall HBSC Symptom Checklist: The mean score is 20.55 (SD = 8.55), with scores spanning from 8 to 40. This reflects a generally moderate level of non-clinical health complaints among the participants.

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Table 3

Descriptive Statistics for HBSC Health Factors

	N	Minimum	Maximum	Mean	Standard Deviation
Psychological Factors	527	4	20	9.65	4.09
Somatic Factors	527	4	20	10.90	4.87
Total HBSC	527	8	40	20.55	8.55

The descriptive statistics (see Table 4) for the 5Cs of Positive Youth Development (PYD) offer insights into the perceived levels of each component among participants. The average score for Competence is 3.47 (SD = 0.86), indicating a moderate level of perceived capability. This suggests that participants generally view themselves as competent, although there is some variability in their self-assessment of abilities. Confidence, with a mean score of 3.72 (SD = 0.93), reflects a moderate to high level of self-assurance, revealing that participants predominantly feel confident, albeit with notable individual differences. The Character component scores an average of 3.73 (SD = 0.86), suggesting that participants perceive themselves as possessing a strong character, which indicates positive self-perceptions regarding moral and ethical standards.

The highest mean score is observed for Caring, at 4.19 (SD = 0.96), reflecting a high level of perceived empathy and concern for others among participants. Conversely, Connection has a mean score of 3.51 (SD = 0.95), which indicates a moderate level of perceived social connectedness, showing that participants generally feel a sense of belonging and support, though perceptions vary somewhat.

Overall, the mean score for the 5Cs of PYD is 3.73 (SD = 0.79), suggesting that participants, on average, perceive a moderate to high level of positive youth development across the five components. The relatively low standard deviation reflects a consistent perception of PYD attributes among the sample. These findings highlight variations in the 5Cs among participants, with the highest levels of Caring and the lowest of Competence. The general consistency across the components indicates a predominantly positive self-assessment of PYD attributes, although individual differences are apparent.

Table 4

Descriptive Statistics for the 5Cs of Positive Youth Development (PYD)

	N	Minimum	Maximum	Mean	Standard Deviation
Competence	527	1.0	5.0	3.47	0.86
Confidence	527	1.0	5.0	3.72	0.93
Character	527	1.0	5.0	3.73	0.86
Caring	527	1.0	5.0	4.19	0.96
Connection	527	1.0	5.0	3.51	0.95
Total 5Cs of PYD	527	1.0	5.0	3.73	0.79

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The correlation analysis (see Table 5) examining the relationship between emigration tendency and the components of Positive Youth Development (PYD) yields several significant insights. The Pearson correlation coefficients between emigration tendency and various dimensions of Positive Youth Development (PYD) among a sample of 527 individuals. The results indicate that competence has no statistically significant correlation with emigration tendency ($r = -0.078$, $p = 0.073$. Confidence shows a stronger negative correlation (-0.172) and is statistically significant at the 0.01 level ($p = 0.001$), suggesting that higher confidence is associated with a lower tendency to emigrate.

The results indicate that character does not show a statistically significant correlation with emigration tendency ($r = -0.040$, $p = 0.361$), and similarly, caring does not exhibit a statistically significant correlation ($r = -0.012$, $p = 0.787$).

Connection has a moderate negative correlation (-0.282) and is statistically significant at the 0.01 level ($p = 0.000$), indicating that stronger social connections are associated with a lower tendency to emigrate. The total 5Cs of PYD show a weak negative correlation (-0.190) and is statistically significant at the 0.05 level ($p = 0.009$), suggesting that overall positive youth development is associated with a lower tendency to emigrate. These findings highlight the importance of confidence and connection in reducing the emigration tendency among youth, while other dimensions of PYD show weaker or non-significant relationships.

Table 5

Pearson Correlation between Emigration Tendency and Positive Youth Development

		Emigration Tendency
Competence	Pearson Correlation	-.078
	Sig. (2-tailed)	.073
	N	527
Confidence	Pearson Correlation	-.172
	Sig. (2-tailed)	.001
	N	527
Character	Pearson Correlation	-.040
	Sig. (2-tailed)	.361
	N	527
Caring	Pearson Correlation	-.012
	Sig. (2-tailed)	.787
	N	527
Connection	Pearson Correlation	-.282**
	Sig. (2-tailed)	.000
	N	527
Total 5Cs of PYD	Pearson Correlation	-.190*
	Sig. (2-tailed)	.009
	N	527

Correlation is significant at the 0.01 (2-tailed) and at the 0.05 level (2-tailed), respectively.

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Table 6 presents the Pearson correlation coefficients between various dimensions of mental health and the five Cs of Positive Youth Development (PYD): Competence, Confidence, Character, Caring, and Connection. These coefficients provide insights into the strength and direction of the linear relationships between each dimension of mental health and the PYD constructs, with all correlations being statistically significant at the 0.01 level ($p < 0.01$). Competence shows a moderate positive correlation with emotional well-being (r = .390), social well-being (r = .389), psychological well-being (r = .474), and overall mental health well-being (r = .474), suggesting that higher levels of perceived competence are associated with better mental health across these domains. Confidence exhibits the strongest correlations among the 5Cs, particularly with psychological well-being (r = .585) and mental health well-being (r = .576), and also substantial correlations with emotional well-being (r = .545) and social well-being (r = .420), highlighting confidence as a crucial factor in promoting mental health. Character is positively correlated with emotional well-being (r = .436), social well-being (r = .378), psychological well-being (r = .521), and mental health well-being (r = .504), indicating that stronger character traits are linked to better mental health outcomes. Caring shows the weakest but still significant correlations with mental health variables, particularly with social well-being (r = .213). The correlations with emotional well-being (r = .333), psychological well-being (r = .343), and mental health well-being (r = .330) suggest that while caring is important, it may play a slightly less pivotal role compared to the other Cs. Connection has strong correlations with all dimensions of mental health, particularly with social well-being (r = .479) and mental health well-being (r = .537), and also with emotional well-being (r = .406) and psychological well-being (r = .518), highlighting the importance of social connections for mental health. The composite measure of the 5Cs of PYD shows strong correlations with emotional well-being (r = .489), social well-being (r = .435), psychological well-being (r = .565), and mental health well-being (r = .561), underscoring the collective positive impact of the 5Cs on mental health well-being. In summary, the data from Table 6 illustrate that the five Cs of PYD are significantly positively correlated with various dimensions of mental health, with Confidence and Connection showing particularly strong associations. These findings suggest that fostering these PYD constructs can be beneficial for enhancing the mental health and well-being of youth.

Table 6

Pearson Correlation between Mental Health and the 5Cs of PYD (Positive Youth Development)

		Emotional Well-being	Social Well-being	Psychological Well-being	Mental health well-being
Competence	Pearson Correlation	.390**	.389**	.474**	.474**
	Sig. (2-tailed)	.000	.000	.000	.000
	N	527	527	527	525
Confidence	Pearson Correlation	.545**	.420**	.585**	.576**
	Sig. (2-tailed)	.000	.000	.000	.000
	N	527	527	527	525
Character	Pearson Correlation	.436**	.378**	.521**	.504**
	Sig. (2-tailed)	.000	.000	.000	.000
	N	527	527	527	525
Caring	Pearson Correlation	.333**	.213**	.343**	.330**
	Sig. (2-tailed)	.000	.000	.000	.000
	N	527	527	527	525

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Connection	Pearson Correlation	.406**	.479**	.518**	.537**
	Sig. (2-tailed)	.000	.000	.000	.000
	N	527	527	527	525
5Cs of PYD	Pearson Correlation	.489**	.435**	.565**	.561**
	Sig. (2-tailed)	.000	.000	.000	.000
	N	527	527	527	525

The correlation is significant at the 0.01 level (2-tailed).

The Pearson correlation coefficients between various dimensions of positive development (Competence, Confidence, Character, Caring, and Connection) and HBSC (Health Behaviour in School-aged Children) metrics, including psychological and somatic factors, were analyzed to explore the relationships between these constructs.

The correlations provide insights into the strength and direction of the relationships between positive development constructs and health outcomes, with significance levels noted.

The results indicate that competence does not have a statistically significant correlation with psychological factors ($r = -0.067$, $p = 0.123$), somatic factors ($r = -0.075$, $p = 0.086$), or overall HBSC ($r = -0.075$, $p = 0.086$). Similarly, confidence does not exhibit a statistically significant correlation with psychological factors ($r = -0.066$, $p = 0.131$), somatic factors ($r = -0.097$, $p = 0.126$), or overall HBSC ($r = -0.087$, $p = 0.146$). Character also does not show a statistically significant correlation with psychological factors ($r = 0.074$, $p = 0.090$), somatic factors ($r = 0.073$, $p = 0.094$), or overall HBSC ($r = 0.077$, $p = 0.077$).

Caring exhibits significant negative correlations with psychological factors ($r = -.192$, $p < .001$), somatic factors ($r = -.202$, $p < .001$), and overall HBSC ($r = -.207$, $p < .001$), suggesting higher levels of caring are associated with lower health scores. Connection also shows significant negative correlations with psychological factors ($r = -.155$, $p < .001$), somatic factors ($r = -.198$, $p < .001$), and overall HBSC ($r = -.187$, $p < .001$), indicating that stronger social connections might be linked to poor health outcomes.

The composite measure of the 5 Cs of PYD does not show a statistically significant correlation with psychological factors ($r = -0.005$, $p = 0.917$), somatic factors ($r = -0.022$, $p = 0.619$), or overall HBSC ($r = -0.015$, $p = 0.739$).

In summary, the data highlight significant negative correlations between caring and connection with both psychological and somatic health factors, while competence, confidence, and character show weak and non-significant correlations, indicating minimal associations with the health outcomes measured.

The Pearson correlation coefficients between the tendency to emigrate and various dimensions of mental health—emotional well-being, social well-being, psychological well-being, and overall mental health well-being—provide insights into the strength and direction of these relationships. Emotional well-being has a very weak, non-significant negative correlation with the tendency to emigrate ($r = -.018$, $p = .675$), indicating little to no association. Social well-being exhibits a moderate, significant negative correlation ($r = -.235$, $p < .001$), suggesting that a higher tendency to emigrate is associated with lower social well-being. Psychological well-being has a weak, non-significant negative correlation ($r = -.081$, $p = .064$). . Overall mental health well-being shows a weak, significant negative correlation ($r = -.141$, $p = .001$), suggesting that

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a higher tendency to emigrate is associated with poorer overall mental health. In summary, while emotional and psychological well-being show weak, non-significant correlations with the tendency to emigrate, social well-being and overall mental health well-being exhibit significant negative correlations, indicating that individuals with a higher tendency to emigrate may experience lower social well-being and overall mental health.

The data reveal significant moderate positive correlations betweenpsychological factors ($r = .238$, $p < .001$), somatic factors ($r = .261$, $p < .001$), and the overall HBSC score ($r = .263$, $p < .001$). These findings indicate that a higher tendency to emigrate is associated with elevated scores in both psychological and somatic health factors, as well as an overall higher HBSC score. Consequently, the results suggest that individuals with a greater propensity to emigrate are likely to exhibit increased levels of psychological and somatic health-related factors.

The Pearson correlation analysis between emigration tendency and socioeconomic status reveals a significant negative correlation ($r = -.174$, $p < .001$). This indicates that a higher tendency to emigrate is associated with lower socioeconomic status. The significance level confirms that this relationship is statistically robust, suggesting that individuals with lower socioeconomic status may have a stronger inclination towards emigration.

The t-test analyses across various measures reveal nuanced gender differences. For emigration tendency, no significant gender difference was found ($t = -1.375$, $p = .170$), indicating that emigration tendency is not significantly influenced by gender. Regarding mental health, a significant difference was observed only in social well-being, with females scoring higher than males ($t = 2.684$, $p = .008$). No significant differences were noted in emotional well-being, psychological well-being, or overall mental health (all p-values > .05). For HBSC metrics, there were no significant gender differences in psychological factors, somatic factors, or overall HBSC scores (all p-values > .05). In the domain of positive development, a significant gender difference was found in competence, with males scoring higher than females ($t = -3.141$, $p = .002$). No significant differences were detected in confidence, character, caring, connection, or overall positive development (all p-values > .05). These findings suggest that while gender differences are present in certain areas like social well-being and competence, most other aspects, including emigration tendency, mental health, HBSC metrics, and broader positive development, are not significantly affected by gender.

Table 7 presents the results of the moderation analysis examining how various predictors influence mental health, including emigration tendencies, psychological and somatic factors, competence, confidence, character, caring, and connection. Additionally, the interaction terms between connection and other predictors were included to explore potential moderation effects. The regression model shows that the constant term is statistically significant ($B = 0.491$, $p = .024$), indicating the baseline mental health level when all predictors are at zero. Among the main effects, **emigration tendencies** ($B = -0.141$, $p = .001$) have a significant negative association with mental health, suggesting that youth with higher emigration tendencies report poorer mental health outcomes. **Confidence** ($B = 0.399$, $p < .001$) and **connection** ($B = 0.239$, $p < .001$) emerge as strong positive predictors, indicating that individuals with higher levels of confidence and social connection experience better mental health. Other predictors, including **psychological factors** ($B = -0.020$, $p = .191$), **somatic factors** ($B = 0.006$, $p = .677$), **competence** ($B = -0.002$, $p = .982$), **character** ($B = 0.157$, $p = .084$), and **caring** ($B = -0.092$, $p = .121$), do not show significant associations with mental health in this model. Although character has a positive coefficient, its effect does not reach statistical significance. Examining interaction terms,

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connection moderates the relationship between emigration tendencies and mental health ($B = 0.057$, $p = .010$), indicating that social connection buffers the negative impact of emigration tendencies on mental health. This suggests that youth with strong social connections may experience less of a decline in mental health due to emigration tendencies. The moderation effects of **connection on psychological factors** ($B = -0.016$, $p = .346$), **somatic factors** ($B = -0.021$, $p = .122$), **competence** ($B = 0.004$, $p = .960$), **character** ($B = 0.026$, $p = .407$), and **caring** ($B = 0.001$, $p = .937$) are not statistically significant. **Connection × confidence** ($B = 0.050$, $p = .050$) approaches significance, suggesting a potential moderating role of connection in enhancing the positive impact of confidence on mental health.

Table 7

Results of the Moderation Analysis with Interaction Terms for Moderation

Predictor	B (SE)	p	B (SE)	p	B (SE)	p
Constant	0.491 (0.216)	.024	2.268 (0.024)	.024	1.88 (0.74)	.010
Emigration tendencies	-0.141 (0.007)	.001	-0.058 (0.010)	.001	-0.141 (0.007)	.001
Psychological factor	-0.020 (0.015)	.191	-0.080 (0.010)	.191	-0.020 (0.015)	.191
Somatic factor	0.006 (0.013)	.677	0.026 (0.010)	.677	0.006 (0.013)	.677
Competence	-0.002 (0.069)	.982	-0.001 (0.070)	.982	-0.002 (0.069)	.982
Confidence	0.399 (0.073)	.000	0.359 (0.080)	.000	0.399 (0.073)	.000
Character	0.157 (0.091)	.084	0.131 (0.090)	.084	0.157 (0.091)	.084
Caring	-0.092 (0.059)	.121	-0.086 (0.060)	.121	-0.092 (0.059)	.121
Connection	0.239 (0.064)	.000	0.220 (0.060)	.000	0.239 (0.064)	.000
Connection × Emigration tendencies	0.057 (0.022)	.010	-0.047 (0.029)	.094	0.057 (0.022)	.010
Connection × Psychological factor	-0.016 (0.017)	.346	-0.039 (0.022)	.082	-0.016 (0.017)	.346
Connection × Somatic factor	-0.021 (0.013)	.122	-0.015 (0.014)	.286	-0.021 (0.013)	.122
Connection × Competence	0.004 (0.080)	.960	-0.003 (0.077)	.969	0.004 (0.080)	.960
Connection × Confidence	0.050 (0.026)	.050	0.063 (0.034)	.062	0.050 (0.026)	.050
Connection × Character	0.026 (0.031)	.407	0.012 (0.028)	.677	0.026 (0.031)	.407
Connection × Caring	0.001 (0.014)	.937	-0.005 (0.016)	.748	0.001 (0.014)	.937

Note. Significant p-values ($p < .05$).

Discussion

The findings from this study provide valuable insights into how various components of 5Cs Positive Youth Development (PYD)—specifically Competence, Confidence, Connection, Caring, and Character—interact with mental health outcomes among Albanian youth and how these components relate to the intention to emigrate. Our analysis reveals several key findings that are consistent with and expand upon existing research.

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Firstly, Confidence and Connection emerge as significant predictors of mental health. Confidence, in particular, demonstrates a robust positive correlation with all dimensions of mental health, including emotional, social, psychological, and overall well-being. This aligns with previous research that underscores the role of confidence in promoting mental health (Acoba, 2024; Gautam *et al.,* 2024; Huppert, 2009; Nogueira & Sequeira, 2024; Jean-Berluche, 2024; Martin-Barrado & Gomez-Baya, 2024). The significant positive association between Confidence and mental health suggests that higher levels of self-assurance are linked to better mental health outcomes. Similarly, Connection—reflecting social integration and support—shows strong correlations with various mental health dimensions, particularly social well-being and overall mental health. This finding supports prior studies emphasizing the importance of social connections in enhancing psychological well-being (Liu *et al.,* 2021; Huang *et al.,* 2023; Manrique-Millones *et al.,* 2023; Novak *et al.,* 2023).

In contrast, other 5Cs of PYD components such as Competence, Character, and Caring exhibit less pronounced effects on mental health. Competence shows only weak positive correlations with mental health dimensions, suggesting that while a sense of capability is beneficial, its impact is less pronounced compared to Confidence and Connection. This is consistent with some studies indicating that while competence is a critical developmental attribute, its direct influence on mental health may be more nuanced (Lerner et al., 2012; Olurin, 2024; Novak *et al.,* 2023; Abdul Kadir, & Mohd, 2021; Dervishi, Hysi & Canollari-Baze, 2023; Krasny et al., 2024; Gómez-Baya *et al.,* 2023). Character and Caring, although positively related to mental health, do not reach statistical significance in the regression analysis. These findings suggest that while these attributes are valuable, their direct impact on mental health may be less significant compared to Confidence and Connection.

The study also reveals a significant negative relationship between emigration tendencies and mental health. Higher tendencies to emigrate are associated with poorer mental health outcomes, particularly in social well-being and overall mental health. This finding is consistent with research indicating that migration-related stressors and uncertainties can negatively affect mental health (Hasan et al., 2021; Bhatia, McLaren, & Huang, 2024; Brance, Chatzimpyros, & Bentall, 2024; Ermansons, Kienzler, Asif, & Schofield, 2023). The negative correlation between emigration tendency and social well-being suggests that those contemplating emigration may experience lower levels of social integration and support, further contributing to their mental health challenges.

Interestingly, the study finds that the component of Connection moderates the relationship between emigration tendencies and mental health. Higher levels of perceived connection are associated with a reduced tendency to emigrate, suggesting that individuals with stronger social ties are less inclined to consider leaving their current environment. This finding underscores the protective role of social support in mitigating the negative impacts of emigration tendencies on mental health, consistent with the buffering hypothesis proposed by social support theory (Andrade, Roca & Pérez, 2023; Bekteshi & Bellamy, 2024; Dennison, 2022).

In terms of health behavior metrics, Caring and Connection show significant negative correlations with both psychological and somatic factors. This implies that higher levels of Caring and social Connection are associated with fewer psychological and somatic health complaints, reinforcing the importance of these PYD components in promoting overall well-being. However, Competence, Confidence, and Character show weak or non-significant correlations with these health factors, indicating that their direct impact on health symptoms might be less influential.

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Gender differences in this study reveal significant variations in social well-being and competence, with females scoring higher in social well-being and males scoring higher in competence. These findings are aligned with some studies showing gender differences in various aspects of mental health and positive development (Esteban-Gonzalo *et al.,* 2020; Nogueira & Sequeira, 2024). However, most other aspects, including emigration tendency and broader positive development, do not show significant gender differences, suggesting that the influence of gender on these variables may be limited.

Overall, this study highlights the critical role of Confidence and Connection in enhancing mental health among Albanian youth, while also noting the significant negative impact of emigration tendencies on mental health. The findings suggest that fostering these PYD components can be instrumental in improving mental health outcomes and mitigating the negative effects of emigration tendencies. Future research should further explore these relationships and consider additional contextual factors that might influence these dynamics.

Study limitation

Despite the valuable insights offered, this study is subject to several limitations that impact its generalizability and interpretation. The cross-sectional design constrains causal inferences regarding the relationships among the 5 Cs of Positive Youth Development (PYD) components, emigration tendencies, and mental health outcomes; longitudinal studies are necessary to elucidate these causal relationships. Reliance on self-reported data introduces potential biases, such as social desirability and response biases, which could compromise accuracy. Future research should incorporate objective measures or third-party assessments to corroborate the self-reported findings. The study's sample, primarily comprising Albanian youth aged 16 to 24 from a medium socioeconomic background, may limit the applicability of the results to other cultural or socioeconomic contexts. Additionally, the variability in emigration responses highlights diverse individual perspectives, warranting further investigation. The focus on the five PYD components—Competence, Confidence, Connection, Caring, and Character—does not encompass other potentially relevant factors, such as family dynamics or community support. The predominance of female participants introduces a potential gender bias, as gender differences observed in some variables suggest that gender may not uniformly affect PYD components and mental health. Measurement constraints, including the limitations of the emigration tendency scale, may not fully capture the complexities of emigration-related decision-making. Finally, the cultural specificity of the sample underscores the need for research across diverse cultural contexts to enhance the generalizability of the findings. Addressing these limitations in future studies could provide a more nuanced understanding of the interplay between PYD components, emigration tendencies, and mental health across various populations.

Implication of findings

The findings of this study underscore the critical role of the 5 Cs of Positive Youth Development (PYD)—Competence, Confidence, Connection, Caring, and Character—in promoting mental health among Albanian youth. The observed positive correlations, especially for Confidence and Connection, suggest that strengthening these PYD components could enhance mental well-being. Additionally, the association between higher emigration tendencies and poorer men-

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tal health highlights the need for interventions that foster local social connections to mitigate the adverse effects of emigration-related aspirations. The results advocate for the integration of PYD attributes into youth development programs and mental health strategies, alongside policies that support both local opportunities and psychological support. Addressing cultural and socioeconomic contexts in these interventions will be crucial for their effectiveness and inclusivity, ultimately contributing to more comprehensive support systems for young people.

Conclusion

This study provides valuable insights into the interplay between Positive Youth Development (PYD) components, emigration tendencies, and mental health among Albanian youth. The significant positive associations between the 5 Cs of PYD—Competence, Confidence, Connection, Caring, and Character—and various dimensions of mental health underscore the importance of fostering these developmental attributes to enhance overall well-being. Specifically, the strong relationships observed between PYD components and mental health suggest that youth who possess higher levels of competence, confidence, connection, caring, and character tend to experience better emotional, social, and psychological health outcomes. These findings point to the necessity of incorporating PYD principles into existing youth programs to promote mental health and overall development.

The study also revealed a notable link between higher emigration tendencies and poorer mental health, suggesting that emigration aspirations may reflect deeper psychological distress. This highlights the psychological challenges faced by youth who are considering emigration, signaling a need for targeted interventions to address these issues. The emotional, social, and psychological impacts of emigration aspirations could be mitigated by strengthening local social networks, which, in turn, can provide youth with a greater sense of belonging and community. Strengthening ties to their local environments may counterbalance the desire to emigrate by offering youth a more robust support system at home.

Policymakers must integrate PYD components into developmental programs targeting youth, particularly in regions where emigration tendencies are pronounced. Programs that enhance confidence, competence, and social connections could play a pivotal role in improving mental health outcomes and reducing the desire to emigrate. Mentorship programs, for instance, could provide young people with role models who offer guidance during pivotal moments of decision-making, such as the choice to emigrate.

Additionally, addressing the socio-economic push factors of emigration, such as unemployment and limited educational opportunities, could significantly reduce the external pressures driving youth to migrate. Enhancing youth employment opportunities, vocational training, and life skills workshops would not only improve mental health but also reduce the economic necessity of emigration.

Future research should continue to explore these relationships across diverse cultural contexts to deepen our understanding of how PYD and emigration tendencies impact mental health. Longitudinal studies would provide a clearer understanding of the causal pathways between PYD, mental health, and emigration tendencies. Researchers should also focus on investigating how community resilience and social capital buffer the negative effects of emigration tenden-

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cies on mental health, considering how local communities may shape youth attitudes toward migration.

In conclusion, this study underscores the need for a multifaceted approach to improving the mental health and well-being of youth, especially in relation to their emigration aspirations. Interventions designed to strengthen local social connections, promote positive youth development, and provide more comprehensive mental health support could significantly reduce the negative impact of emigration tendencies on youth well-being. Policymakers, community leaders, and program developers must collaborate to create environments that foster both the personal development and social connections that are critical for the overall health and success of young people.

Author Contributions

The primary author, ED, was responsible for the conceptualization, initial manuscript preparation, methodological design, formal analysis, and revision processes. MM was solely responsible for data collection. Both ACB and MM contributed significantly to the conceptual refinement, methodological structuring, and revision of the study. The final manuscript was reviewed and approved by all authors before submission for publication.

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