Supplementary Table 1: Summary of the included studies

Reference number	Author name and Publication year	Population	Main findings
10	Gibson et al., 2020	European parents and 3-5-year-old child dyads (n = 5185) in a kindergarten-based study.	Parental snacking was associated with their children's snacking ($p < 0.0001$). Making healthy snacks available to children was associated with increased healthy snack intake ($p < 0.0001$). Parental practices related to unhealthy snacking were associated with increased intake of unhealthy snacks and decreased intake of healthy snacks by children ($p < 0.0001$). Parents having more education and nutritional knowledge of snack food recommendations had children who ate more healthy snacks (all $p < 0.0001$) and fewer unhealthy snacks ($p = 0.002$, $p < 0.0001$, respectively).
11	Zhang et al., 2022	9686 Chinese students in grades 3-12 and their caregivers.	Family Food Environments (FFE) score (≥ 60) was associated with increased consumption of fruits (OR = 1.578, 95% CI: 1.428, 1.744) and vegetables (OR = 1.402, 95% CI: 1.263, 1.556) and decreased consumption of sugared soft drinks (OR = 0.592, 95% CI: 0.526, 0.667). Family food availability ($\beta = 0.137$), caregivers' nutritional literacy ($\beta = 0.093$), meal practices ($\beta = 0.079$), and food rules ($\beta = 0.050$) were associated with a healthier food consumption behavior ($p < 0.05$).
12	Hammons and Fiese, 2011	A meta-analysis of 182,836 children and adolescents (age: 2.8-17.3 years).	Sharing family meals ≥ 3 times/week was associated with a normal weight range, healthier dietary and eating patterns, and less disordered eating.
13	Richardson et al., 2020	1010 US child-wave observations from the Military Teenagers Environments, Exercise, and Nutrition Study, collected between 2013 and 2015.	Unhealthy item availability was associated with purchasing any sweets (OR, 1.30; $p < 0.01$), snacks (OR, 1.23; $p < 0.01$), and sugar-sweetened beverages (OR, 1.19; $p = 0.01$).
14	Sim et al., 2021	812 children from 39 schools in Canada.	Every 10% increase in the proportion of unhealthy food outlets was associated with a 4.1 decrease in the Youth Healthy Eating Index (Y-HEI) score and 0.9 fewer daily vegetables and fruit.
15	Mc Carthy et al., 2022	26 studies were included in this systematic review.	Unhealthy food and beverage marketing via social media and advergaming was associated with pestering behaviors, food choice, and food intake of children.
16	Hinnig et al., 2018	40 studies were included in this systematic review.	Education was negatively associated with unhealthy dietary patterns and positively associated with healthy dietary patterns.
17	Jakobsen et al., 2023	60 studies were included in this meta-analysis.	Increased intake of sugar-sweetened beverages (OR 1.20, $p < 0.05$), fast food (OR 1.17, $p < 0.05$), meat (OR 1.02, $p < 0.05$), and refined grains (OR 1.28, $p < 0.05$ (n:3)) was associated with an increased risk of overweight/obesity. Increased intake of whole grain (OR 0.86, $p = 0.04$) and sweet bakery (OR 0.59, $p < 0.05$) was associated with a decreased risk of overweight/obesity.
18	Fernández-Alvira et al., 2017	Participants (n = 8341) in the baseline (2-9 years old) and follow-up (4-11 years old) surveys of the IDEFICS (Identification and prevention of Dietary- and lifestyle-induced health EFfects In Children and infantS)	Children in the 'processed' cluster had increased BMI ($\beta = 0.050$; 95 % CI 0.006, 0.093), waist circumference ($\beta = 0.071$; 95 % CI 0.001, 0.141), and fat mass gain ($\beta = 0.052$; 95 % CI 0.014, 0.090) over time compared to children in the 'healthy' cluster. Being in the 'processed'-'sweet' cluster combination was associated with increased BMI ($\beta = 0.079$; 95 % CI 0.015, 0.143), waist circumference ($\beta = 0.172$; 95 % CI 0.069, 0.275), and fat mass gain ($\beta=0.076$; 95 % CI 0.019, 0.133) over time compared to the 'healthy' cluster.

		study in Italy, Estonia, Cyprus, Belgium, Sweden, Hungary, Germany, and Spain.	
19	Ogum Alangea et al., 2018	A cross-sectional sample of 487 urban-dwelling children (aged 9–15 years) from 24 schools (12 private and 12 public) in the Ga-East Municipality in Southern Ghana.	Energy-dense diet characterized by processed meat, fried foods, and sugary foods was positively associated with overweight/obese status in children. Starchy roots with a vegetable diet were negatively associated with overweight/obese status, private school attendance, and higher SES.
20	van den Hoven et al., 2015	2850 Dutch children participating in a population-based prospective cohort study.	Children in the highest quartile of the "dairy and whole grains" pattern had higher bone mineral density (BMD) (difference 3.98 mg/cm(2), 95% CI 0.36, 7.61) and area-adjusted bone mineral content (difference 4.96 g, 95% CI 1.27, 8.64) than children in the lowest quartile.
21	Suhett et al., 2023	12 observational studies were included in this systematic review.	7 studies showed significant associations between diet quality and bone health markers.
22	Thomas et al., 2020	Data were obtained from the New South Wales Child Population Health Survey, 2013-2014.	Meeting screen time recommendations was associated with a lower Strengths and Difficulties Questionnaire (SDQ) total difficulties score (5-10 years: -1.56 (-2.68, -0.44); 11-15 years: -2.12 (-3.11, -1.12)). Children and adolescents who met screen time recommendations were less likely to have any score in the at-risk range. Children and adolescents meeting vegetable intake guidelines had lower total difficulties scores (5-10 years: -1.54 (-3.03, -0.05); 11-15 years: -1.19 (-3.60, -0.39)), as did adolescents meeting discretionary food guidelines (-1.16 (-2.14, -0.18)) and children consuming the recommended fruit intake (-1.26 (-2.42, -0.10)).
23	Jacka et al., 2010	7114 adolescents, aged 10-14 years, who participated in the Australian Healthy Neighbourhoods Study.	Compared to the lowest category of the healthy diet score, the ORs (95% CIs) for symptomatic depression were: C2 = 0.61 (0.45, 0.84); C3 = 0.58 (0.43, 0.79); C4 = 0.47 (0.35, 0.64); and C5 = 0.55 (0.40, 0.77). Compared to the lowest quintile, the ORs (95% CIs) for symptomatic depression across increasing quintiles of the unhealthy diet score were: Q2 = 1.03 (0.87, 1.22); Q3 = 1.22 (1.03, 1.44); Q4 = 1.29 (1.12, 1.50); and Q5 = 1.79 (1.52, 2.11).
24	Gratão et al., 2022	71,553 Brazilian adolescents aged 12–17 years, from the Study of Cardiovascular Risk in Adolescents (Portuguese acronym, "ERICA").	Adolescents in the second (OR: 0.79; 95% CI 0.70, 0.89) or third (OR: 0.86; 95% CI 0.77, 0.96) tertile of the healthy dietary pattern were less likely to have common mental disorders. Eating breakfast sometimes (OR: 0.71; 95% CI 0.61, 0.83) or almost every day/every day (OR: 0.54; 95% CI 0.47, 0.62) and having the main meals with the family sometimes (OR: 0.69; 95% CI 0.57, 0.84) or almost every day/every day (OR: 0.50; 95% CI 0.44, 0.58) were associated with decreased common mental disorders.
25	Dahm et al., 2016	27,406 women free of clinical risk factors and 42,112 women free of CVD in 1998 were followed to June 2011.	The Alternative Healthy Eating Index (HS-AHEI) was negatively associated with risk factors (HR highest versus lowest quintiles 0.82; 95% CI, 0.77, 0.87 [P trend < 0.001]), was inversely associated with risk of developing ≥ 1 clinical risk factor in women with a low, medium, and high AHEI score during adulthood (HR high HS-AHEI/high adult AHEI versus low/low 0.79 [95% CI, 0.74, 0.85]).
26	Shi et al., 2014	435 healthy subjects (4-18 years).	Every 1 g/d increase in salt intake was associated with a 0.2 mmHg increase in SBP.
27	Honicky et al., 2022	A cross-sectional study involving 232 children and adolescents with congenital heart disease (CHD).	An increase of 10% in ultra-processed foods (UPF) intake was associated with central adiposity (OR = 1.90; 95% CI: 1.01, 3.58) and CHD clustered by high cardiovascular risk (OR=3.77; 95% CI: 1.80, 7.87).

28	Kuwahara et al., 2022	1721 Japanese people.	Receiving nutrition education at elementary school and middle school was associated with a more positive attitude toward nutrition education. Family conversations on foods during elementary school years were associated with nutritionally balanced eating behavior.
29	Zaltz et al., 2020	112 children from 34 early care and education (ECE) centers in South Carolina and 90 children from 30 ECE centers in North Carolina.	The policy of promoting healthy food was associated with increased Healthy Eating Index-2015 (HEI scores) for whole fruits, total fruits, and lean proteins, but decreased scores for dairy.
30	Micha et al., 2018	91 interventions (55 in the US/Canada and 36 in Europe/New Zealand) were included in this meta-analysis.	Direct provision policies, which largely targeted fruits and vegetables, increased consumption of fruits by 0.27 servings/d (95% CI: 0.17, 0.36) and combined fruits and vegetables by 0.28 servings/d (0.17, 0.40); with a slight impact on vegetables (0.04 (0.01, 0.08)), and no effects on total calories (-56 kcal/d (-174, 62)). In interventions targeting water, habitual intake was unchanged (0.33 glasses/d (-0.27, 0.93)). Competitive food/beverage standards reduced sugar-sweetened beverage intake by 0.18 servings/d (-0.31, -0.05); and unhealthy snacks by 0.17 servings/d (-0.22, -0.13), without effects on total calories (-79 kcal/d (-179, 21)). School meal standards (mainly lunch) increased fruit intake (0.76 servings/d (0.37, 1.16)) and reduced total fat (-1.49% energy; (-2.42, -0.57)), saturated fat (-0.93%energy (-1.15, -0.70)) and sodium (-170 mg/d (-242, -98)); but not total calories (-38 kcal/d (-137, 62)).
31	Kelly et al., 2023	Narrative review.	Monitoring strategies differ based on the stage of advancement in policy implementation, encompassing resource considerations and opportunity costs. Factors to weigh include preferred media, evaluation of marketing tactics, methods for categorizing foods, study methodology, and whether exposure assessments rely on media content analysis or estimates derived from observed children's media use.
32	Sacks et al., 2021	Narrative review.	Assessments of taxes on unhealthy foods and beverages have revealed declines in the buying of specific unhealthy items and nutrients. Likewise, evidence from various origins indicates that when prices of unhealthy foods and beverages rise, the quantity purchased decreases.
33	Raj et al., 2022	489 parent−child dyads from 9 government health clinics in Petaling district, Selangor, Malaysia.	Associations with screen time were Malay ethnicity (OR 3.56, 95% CI 1.65, 7.68), parental age of $\geq$ 30 years (OR 3.12, 95% CI 1.58, 6.16), parental screen time > 2 h/d (OR 2.42, 95% CI 1.24, 4.73), moderate self-efficacy to influence a child's physical activity (OR 2.29, 95% CI 1.01, 5.20), and the positive perception on the influence of screen time on a child's cognitive wellbeing (OR 1.15, 95% CI 1.01, 1.32).
34	Hawai and Rupert, 2015	3,141 Lebanese children aged 7–11 years old.	Children whose parents employed screen devices as disciplinary measures had higher screen time compared to children whose parents did not utilize such methods.
35	González et al., 2022	4503 preschoolers, 5333 school-aged children, and 6623 adolescents from the Colombian National Survey of Nutrition 2015.	Recreational screen time was positively associated with the availability of TV in the child's bedroom, the availability of video games at home, and eating while using screens, but negatively associated with living in rural areas.
36	Mozafarian et al., 2017	14,880 Iranian students aged 6–18 years.	Age, SES, junk foods, and urban residence were associated with screen time, watching TV, and computer use ($P < 0.05$). Obesity was associated with increased TV watching ($P < 0.001$).
37	Guerrero et al., 2019	11,875 US children aged 9-10 years from the Adolescent Brain Cognitive Development study.	Watching TV was associated with rule-breaking behavior (incidence rate ratio [IRR]=1.059), social problems (IRR=1.050), aggressive behavior (IRR = 1.040), and thought problems (IRR = 1.037). Playing mature-rated video games was associated with somatic complaints (IRR = 1.041), aggressive behavior (IRR = 1.039), and reduced sleep duration (IRR = 0.938).
38	Qu et al., 2023	101,350 US children	Excessive screen time was associated with behavioral and conduct problems,

		aged between 0 and 17 years old from the 2018 to 2020 National Survey of Children's Health.	developmental delay, speech disorders, learning disability, autism spectrum disorders (ASD), and attention deficit hyperactivity disorder (ADHD).
39	Hamshari et al., 2024	1140 Palestinian adolescents enrolled in governmental secondary schools located in Nablus, Ramallah, and Hebron districts.	Anxiety was associated with female sex [OR = 3.8, 95% CI: 2.5, 5.9], lower academic performance [OR = 3.4, 95% CI: 2.1, 5.4], and smoking [OR = 1.9, 95% CI: 1.1, 3.0]. Depression was associated with female sex [OR = 2.0, 95% CI: 1.3, 3.1], lower academic performance [OR = 3.4, 95% CI: 2.1, 5.4], and smoking [OR = 1.9, 95% CI: 1.3, 2.8]. Using electronic devices for shorter durations was associated with decreased depression [OR = 0.49, 95% CI: 0.32, 0.76] and anxiety [OR = 0.47, 95% CI: 0.32, 0.69].
40	Zoromba et al., 2023	560 children from 10 nurseries in El-Mansoura, Egypt.	The duration of media exposure was correlated with the hyperactivity index, learning problems, hyperactivity/impulsivity, conduct problems, anxiety, and psychosomatic problems (r = 0.372, 0.356, 0.323, 0.306, 0.298, 0.291, and 0.255, respectively).
41	Robinson et al., 2017	Narrative review.	Exposure to screen media contributes to obesity among children and adolescents through several mechanisms: increased eating while viewing, exposure to marketing of high-calorie, low-nutrient foods and beverages that shape children's preferences, requests for purchases, and consumption habits, as well as decreased duration of sleep.
42	Wu et al., 2022	A systematic review and meta-analysis.	Children and adolescents in the highest screen time category had higher BMI (WMD = 0.703; CI = 0.128, 1.278; P < 0.016; I^2 = 95.8%). Children and adolescents with obesity had a mean value of 0.313 h higher screen time compared with children and adolescents without obesity (WMD: 0.313; OR = 0.219, 0.407; P < 0.001; I^2 = 96%).
43	Haghjoo et al., 2022	A systematic review and meta-analysis.	Adolescents in the highest category of screen time were more likely to develop overweight/obesity (OR = 1.273; 95% CI = 1.166, 1.390; P < 0.001; I^2 = 82.1%).
44	Chu et al., 2023	1508 Hong Kong Chinese school-aged children aged 8-14 years old.	Smartphone usage of 241+min/d was associated with a total digital eye strain score (DES) compared to those with smartphone usage of 0–60 min/d (2.44 vs 3.21, P < 0.001). Smartphone usage of 181–240 min/d had a higher 1-year follow-up total DES score than those with smartphone usage of 0–60 min/d (2.80 vs 3.50, P = 0.003).
45	Arafa et al., 2019	469 school students aged 12-14 years from Beni-Suef, Egypt.	Students with refractive errors reported more hours/day watching TV.
46	Alvarez-Peregrina et al., 2020	7497 children, aged 5-7 years, from Spain.	Children with myopia have more screen time use and shorter outdoor activity time when compared to those without myopia (p < 0.01).
47	Lee et al., 2022	314 caregivers of children aged 4−7 years from three cities in Korea.	The frequency of smartphone screen use was correlated with bedtime resistance (r = 0.067, p = 0.009), sleep duration (r = 0.089, p <0.001), nighttime awakening (r = 0.066, p = 0.010), and daytime sleepiness (r = 0.102, p < 0.001).
48	Lund et al., 2021	49 studies were included (3 randomized controlled trials, 2 quasi-experimental studies, 15 prospective cohort studies, and 29 cross-sectional studies).	Electronic media use was associated with shorter sleep duration.
49	Cheung et al., 2021	200 early adolescents (52 male and 148 female) aged 10-14 years in Hong Kong.	Computer use was associated with trunk asymmetry in early adolescents (OR = 1.63, 95% CI [1.23, 2.14]).
50	Torsheim et al., 2010	31,022 adolescents from Denmark, Sweden, Norway, Finland,	Computer use, computer gaming, and TV viewing were associated with weekly backache and headaches.

		Iceland, and Greenland, as part of the Health Behavior in School-aged Children 2005/06 (HBSC) study.	
51	Guerra et al., 2023	9 Brazilian cross-sectional studies were included in this systematic review.	Screen time was associated with non-specific low back pain in adolescents using screens ≥ 3 h/d.
52	Yue et al., 2023	A systematic review and meta-analysis.	Daily computer (OR = 1.32, 95% CI, 1.05, 1.60), mobile phone (OR = 1.32, 1.00, 1.64), and TV watching (OR = 1.07, 1.04, 1.09) were associated with low back pain. Each 1 hour of daily computer use was associated with an 8.2% increase in low back pain.
53	Jones et al., 2021	A systematic review and meta-analysis.	Screen time interventions were effective (SDM = 0.116, 95% CI 0.08, 0.15), especially programs including the Goals, Feedback, and Planning behavioral techniques (SDM = 0.145, 95% CI 0.11, 0.18).
54	Lewis et al., 2021	A systematic review.	Several behavioral change techniques, including "behavior substitution" and "information about social and environmental consequences" were effective.
55	Zecevic et al., 2010	102 preschool-aged children in Canada.	Children who received greater parental support for activity (B = 0.78, P < 0.10) and parents who rated PA as highly enjoyable (B = 0.69, P < 0.05) were more likely to engage in ≥ 1 h/d of PA. Being an older child (B = -0.08, P < 0.01), having older parents (B = -0.26, P < 0.01), and watching > 1 h/d of television/videos (B = 1.55, P < 0.01) were negatively associated with PA. Children who received greater parental support for PA were more likely to be highly active (B = 1.44, P < 0.05).
56	Hosokawa et al., 2023	717 third-grade students (8–9 years old) and their caregivers in Nagoya, Aichi, a major metropolitan area in Japan.	Direct parental assistance for PA, such as logistic support, encouraged children to engage in moderate-to-vigorous PA.
57	Maric et al., 2020	651 children (14 years old) from Bosnia.	Parental education was associated with PA at baseline (OR [95% CI]; 1.38 [1.15, 170], 1.35 [1.10, 1.65]), and follow-up (1.35 [1.11, 1.69], 1.29 [1.09, 1.59], for maternal and paternal education, respectively). Parents with higher education had better knowledge about the importance of PA on health status.
58	Gunter et al., 2012	136 children (2-5 years) from the US.	Family child care home characteristics and practices were associated with PA (min/h; p < 0.05) including the provision of sufficient outdoor active play [32.2 (1.0) vs. 28.6 (1.3)], active play using portable play equipment [31.7 (1.0) vs. 29.3 (1.4)], the presence of a variety of fixed play equipment [32.2 (1.0) vs. 28.9 (1.3)], and suitable indoor play space [32.2 (1.0) vs. 28.6 (1.3)], engaging in active play with children [32.1 (1.1) vs. 29.6 (1.2)], and receiving activity-related training [33.1 (1.2) vs. 30.3 (1.1)].
59	Peralta et al., 2022	A systematic review of 14 studies with 128 Oceania with Non-European, Non-Asian (ONENA) children and adolescent participants across the four qualitative studies; 156,581 ONENA children and adolescents across the seven	Facilitators were more prevalent at individual and interpersonal levels, whereas barriers were most pronounced at the community level, with both facilitators and barriers being equally represented at the policy level.

		quantitative studies; 801 parents, children, and adolescents in one quantitative study; and 642 parents in two quantitative studies.	
60	Bhargava et al., 2016	1266 schoolchildren from private and government schools in urban and rural Indian areas.	Overweight/obese status was associated with decreased PA related to passive transport to school, missed opportunities for play during lunch breaks, lack of participation in household work, and excessive TV watching.
61	Gerber et al., 2022	1090 South African children.	Reduced moderate-to-vigorous PA was associated with increased overweight/obese status, higher relative body fat, and lower relative fat-free mass, bone mass, muscle mass, and body water ($p < 0.001$).
62	Almaqhawi et al., 2022	688 children (6-16 years) from Saudi Arabia.	Increased daily food consumption was associated with obesity. PA was negatively associated with obesity in children and adolescents.
63	Nagata et al., 2022	5115 Black and White women and men aged 18-30 years at baseline.	Lower PA scores (per 100 exercise units) in 18-year-olds were associated with elevated premature CHD (OR 1.14, 95% CI 1.02, 1.28), heart failure (OR 1.21, 95% CI 1.05, 1.38), stroke (OR 1.20, 95% CI 1.04, 1.39), and CVD (OR 1.15, 95% CI 1.06, 1.24) events. Each 1-unit/y reduction in PA score was associated with increased heart failure (1.07, 95% CI 1.02, 1.13), stroke (1.06, 95% CI 1.00, 1.13), and CVD (1.04, 95% CI 1.01, 1.07) events. Meeting the minimum (OR 0.74, 95% CI 0.0.57, 0.96) and twice the minimum (OR 0.55, 95% CI 0.34, 0.91) Department of Health and Human Services PA guidelines through follow-up was protective against CVD events.
64	Wyszyńska et al., 2017	568 children with intellectual disability (ID) aged 7 to 18. The control group matched for age and gender consisted of 568 students without ID.	Hypertension was associated with decreased PA and increased screen time.
65	Kallio et al., 2021	This study population was distributed as follows: 1) persistently physically inactive (n = 246), 2) decreasingly active (n = 305), 3) increasingly active (n = 328), and 4) persistently active individuals (n = 1082).	Persistent PA was associated with a lower risk of adult clustered cardiometabolic risk (RR = 0.67; 95% CI = 0.53, 0.84; Harmonized criteria), obesity (RR = 0.76; 95% CI = 0.59, 0.98), high waist circumference (RR = 0.82; 95% CI = 0.69, 0.98), and high triglyceride (RR = 0.60; 95% CI = 0.47, 0.75), insulin (RR = 0.58; 95% CI = 0.46, 0.74) and glucose (RR = 0.77; 95% CI = 0.62, 0.96), and HDL-C (RR = 0.78; 95% CI = 0.66, 0.93).
66	Rodriguez-Ayllon et al., 2019	A systematic review and meta-analysis.	PA was associated with better mental health in children and adolescents aged 6-18 years (effect size 0.173, 95% CI 0.106, 0.239).
67	Peng et al., 2022	A systematic review and meta-analysis.	PA was associated with moderate improvements in autism spectrum disorder (ASD) (SMD = -0.50, 95% CI: -0.87, -0.14), depression (SMD = -0.68, CI: -0.98, -0.38) among children and adolescents, and obesity (SMD = -0.58, 95% CI: -0.80, -0.36), but not attention deficit hyperactivity disorder (ADHD) (SMD = -0.29, CI: -0.59, 0.01).
68	Johnstone et al., 2018	A systematic review.	Active play interventions may increase the total volume of PA.
69	van Sluijs et al., 2007	A systematic review.	Effective interventions resulted in increases from 2.6 minutes to 283 minutes per week of PA. Limited evidence exists for interventions targeting children from low SES and

			environmental interventions. School-based interventions involving family or community interventions have strong evidence for increasing PA.
70	Ma et al., 2022	179 Chinese children.	The children's PA pattern was associated with the environmental characteristics of size, sports, and playground proportion ($p < 0.001$).
71	Neshteruk et al., 2018	496 preschool-aged children from the US.	Indoor play space associated with children's moderate-to-vigorous PA ($\beta = 0.33$; $p = 0.034$)
72	Vrinten et al., 2022	8944 children from the UK Millennium Cohort Study.	Smoking was associated with caregivers smoking (13.6% vs 5.0%, $p < 0.001$) or friends smoking (12.6% vs 4.3%, $p < 0.001$), and reporting >5 hours/day of social media use (9.8% vs 4.1%, $p = 0.006$).
73	Roble et al., 2021	341 adolescents in the Godey administration of the Somali Region, Eastern Ethiopia.	Having smoker parents [OR = 2.57, 95% CI: (1.32, 5.02)], whose friends smoke cigarettes [OR = 4.78, 95% CI: (2.12, 10.76)], and currently chewing khat [OR = 6.01, 95% CI: (2.96, 12.23)] were associated with current cigarette smoking.
74	Mahabee-Gittens et al., 2013	Longitudinal data from the National Survey of Parents and Youth of 8 nationally representative age cohorts (9–16 years) of never-smokers in the U.S. were used (n = 5705 dyads at baseline).	Smoking initiation was positively associated with peer smoking, but negatively associated with parent–youth connectedness, parental monitoring, and punishment for smoking.
75	Cavazos-Rehg et al., 2021	11,279 US adolescents from the PATH study.	Passive social media use linked to starting electronic nicotine delivery systems and tobacco products. Active use was linked to initiating and persisting tobacco use.
76	Itanyi et al., 2020	4332 eighth to tenth-grade students in rural and urban secondary schools in Enugu State, Nigeria.	Higher weekly allowance, secondhand smoke exposure, tobacco ads exposure, smoking parents/friends/classmates, and nearby cigarette sales linked to current tobacco smoking.
77	Chido-Amajuoyi et al., 2021	38,313 youth from Sub-Saharan African countries (mean age = 14.3 years).	Cigarette smoking prevalence was higher among males than females and > 75% of youths who smoked initiated smoking before the age of 15 years
78	Finan et al., 2019	A systematic review and meta-analysis.	Tobacco outlet density around homes was associated with past-month smoking behavior: OR=1.08 (95% CI 1.04, 1.13; $P < 0.001$; $I^2 = 0\%$).
79	Thacher et al., 2018	2295 Swedish adolescents.	Exposure to maternal smoking during pregnancy was associated with reduced forced expiratory volume in 1 s (FEV1)/forced vital capacity (FVC) ratio of −1.1% (95% CI −2.0, −0.2%). Adolescents who smoked had reduced FEV1/FVC ratios of −0.9% (95% CI −1.8, −0.1%) and increased resistance of 6.5 Pa·L–1·s (95% CI 0.7, 12.2 Pa·L–1·s) in R5–20.
80	Saracen et al., 2017	3108 high school students (15-19 years) from the Mazovian Region in Poland.	Smokers had a higher prevalence of chronic bronchitis (71% vs. 21%, $p < 0.001$).
81	Gilliland et al., 2006	2609 US children with no lifetime history of asthma or wheezing who were recruited from fourth- and seventh grade.	Regular smoking was associated with an increased risk of new-onset asthma. Children who reported smoking 300 or more cigarettes/y had an RR of 3.9 (95% CI, 1.7, 8.5) for new-onset asthma. The association was stronger in allergic children and those who were exposed to maternal smoking during gestation.
82	Flouris et al., 2008	119 adolescent smokers, compared to an age-matched sample of non-	Smoking was positively associated with BMI and relative body fat, but negatively associated with aerobic fitness.

		smokers from Greece.	
83	Whitley et al., 2012	28,236 men (mean age 18 years) from the Harvard Alumni Health Study.	Men who smoked in early adulthood showed a 30% (26%, 35%) increase in all-cause mortality, especially smoking-related cancers (HR: 1.91; 95% CI: 1.72, 2.12), and CVD 20% (14%, 27%).
84	Retnakaran et al., 2005	236 youths aged 10–19 (mean 14.9) years in the Oji-Cree community of Sandy Lake, in northwestern Ontario, Canada.	Current cigarette exposure was associated with SBP and plasma homocysteine levels.
85	Odiase, 2009	102,098 Kenyan and Nigerian women (30-50 years).	Women who smoked for at least 20 years and who smoked 10 cigarettes or more daily had an RR of 90%for breast cancer.
86	Jones et al., 2017	102,927 UK women from the Generations Study.	The HR of breast cancer was 1.14 (95% CI 1.03, 1.25; P = 0.010) for ever smokers, 1.24 (95% CI 1.08, 1.43; P = 0.002) for starting smoking at ages < 17 years, and 1.23 (1.07, 1.41; P = 0.004) for starting smoking 1–4 years after menarche. Women with a family history of breast cancer (ever smoker vs never smoker HR 1.35; 95% CI 1.12, 1.62; P = 0.002) had a larger HR about ever smokers (P for interaction = 0.039) than women without (ever smoker vs never smoker HR 1.07; 95% CI 0.96, 1.20; P = 0.22).
87	Hara et al., 2010	40,897 Japanese people aged 40 to 69.	People who started smoking before the age of 17 years had a higher risk of lung cancer. The HRs in men and women were 1.48 (95% CI, 1.11, 1.96) and 8.07 (2.34, 27.85), respectively.
88	Simon et al., 2015	Review article.	Smoking cessation interventions targeted at adolescents have yielded modest outcomes, underscoring the necessity for innovative and effective approaches tailored to this vulnerable group.
89	Joffe et al., 2009	407 students from the US.	In the conservative analysis (students with missing follow-up data classified as smokers), participants were 1.92 times (95% CI: 1.09, 3.40 times) more likely to self-report quitting at 1 month. In the Bayesian analysis (missing follow-up data imputed by using all available data), participants were significantly more likely than control subjects to self-report quitting (RR: 1.26 [95% CI: 1.10, 1.43]), 1 month (RR: 2.07 [95% CI: 1.68, 2.56]), and 12 months (RR: 1.58 [95% CI: 1.22, 2.04]).
90	Minary et al., 2013	1814 students (mean age = 16.9 years).	By 12-month follow-up, with participants lost to follow-up considered non-abstinent, 10.6% of smokers in the intervention group had become abstinent versus 7.4% in the control group (OR = 1.8; 95% CI 1.05, 3.0); considering lost to follow-up as missing data, 17% of intervention group participants were abstinent versus 11.9% in the control group (OR = 2.1; 95% CI 1.2, 3.6).
91	Fanshawe et al., 2017	A systematic review and meta-analysis.	There was evidence of an intervention effect for group counseling (RR 1.35, 95% CI 1.03, 1.77), but not for individual counseling (RR 1.07, 95% CI 0.83, 1.39) and mixed delivery methods (RR 1.26, 95% CI 0.95, 1.66). Pharmacological interventions were not effective (nicotine replacement therapy, RR 1.11, 95% CI 0.48, 2.58; bupropion, RR 1.49, 95% CI 0.55, 4.02).
92	Scherphof et al., 2014	Participants (N=257, age: 16.7±1.13 years) attended an information meeting followed by a 6- or 9-week treatment.	Nicotine replacement therapy (NRT) was effective in promoting abstinence rates after 2 weeks (OR = 2.02, 95% CI = 1.11, 3.69), but not end-of-treatment abstinence. End-of-treatment abstinence rates were associated with high compliance (OR = 1.09, 95% CI = 1.01, 1.17).
93	Scherphof et al., 2014	Adolescents aged 12-18 years, who smoked at least seven cigarettes a day and who were	NRT had no impact on abstinence rates after 6 months (OR = 1.54, 95% CI 0.57, 4.16) and validated abstinence rates after 12 months (OR = 0.64, 95% CI 0.21, 1.93).

		motivated to quit smoking were recruited at schoolyards and randomly assigned to either a nicotine patch (n = 182) or a placebo patch (n = 180) condition according to a computer-generated list.	
94	Kuijpers et al., 2019	A systematic review.	Scientific evidence on the tobacco policy process is scarce.
95	Forney et al., 1989	3,017 sixth, eighth, tenth, and twelfth-grade students in the US Southeast.	Moderate to heavy drinkers were more likely to be white, male, with higher scores on alcohol knowledge tests, more liberal in their attitudes toward alcohol use, initiated drinking at an earlier age, and with friends who drank.
96	Hung et al., 2009	1183 Taiwanese children.	Parental alcohol use, reduced parental support, and increased family conflict were notable predictors of sixth graders' initial alcohol consumption.
97	Pramaunururut et al., 2022	413 Thai adolescents.	Alcohol consumption was associated with females (adjusted prevalence ratio (APR): 1.19; 95% CI 1.01, 1.41), age ≥ 16 years (APR: 1.28; 95% CI 1.09, 1.50), having close friends consuming alcohol (APR: 1.75; 95% CI 1.43, 2.14), night out (APR: 1.93; 95% CI 1.53, 2.45), being a current smoker (APR: 1.39; 95% CI 1.15, 1.69), and having relationship problems (APR: 1.18; 95% CI 1.01, 1.38).
98	Finan et al., 2020	A systematic review.	Alcohol marketing exposure was associated with alcohol use.
99	Smith et al., 2009	A systematic review.	Exposure to alcohol advertising was associated with subsequent alcohol consumption in young people.
100	Gupta et al., 2016	A systematic review.	Exposure to alcohol-related content on the Internet could potentially influence young people to adopt alcohol consumption patterns by portraying alcohol as a normal and essential aspect of life.
101	Anderson et al., 2009	A systematic review.	Exposure to media and commercial communications on alcohol was associated with initiating alcohol intake.
102	Azar et al., 2016	A triennial survey of Australian adolescents (aged 12-17 years); 44,897 from urban settings and 23,311 from regional settings.	Off-premises outlet density and club density were associated with risky drinking among adolescents in urban but not in regional areas. General and on-premises density was associated with alcohol use and risky drinking among all adolescents.
103	Komro et al., 2007	1388 US students, and their parents (aged 12 years).	Parental provision and home availability of alcohol at age 12 linked to increased adolescent alcohol use and intentions from ages 12-14. Student reports of parental alcohol provision or access at home were the strongest predictors of alcohol use and intentions over time.
104	Hegerich et al., 2016	1111 youth/parent pairs from the US.	Positive parent and peer relationships, along with school connectedness, lowered the probability of engaging in both drinking and driving, as well as riding with a drunk driver, about a year later.
105	Mayhew et al., 1986	A systematic review.	Driving after drinking was associated with crash involvement, especially among young drivers.
106	Hingson et al., 2009	4021 ever-drinkers from the US (aged 18-39 years).	Compared with persons who started drinking at age 21+, those who started at ages <14, 14–15, 16–17, and 18–20 had, after drinking, respectively greater odds: 6.3 (2.6, 15.3), 5.2 (2.2, 12.3), 3.3 (1.5, 7.3), and 2.2 (0.9, 5.1) of having been in a motor vehicle crash; 6.0 (3.4, 10.5), 4.9 (3.0, 8.6), 3.7 (2.4, 5.6), and 1.9 (1.2, 2.9) of ever being in a fight; and 4.6 (2.4, 8.7), 4.7 (2.6, 8.6), 3.2 (1.9, 5.6), and 2.3 (1.3, 4.0) of ever being accidentally injured.

107	Noh et al., 2011	Data from the 'Development of a model for an in-depth injury surveillance system based on the emergency department' surveillance in Korea.	Among traffic accidents, motorcycle-related injuries were strongly associated with alcohol use in adolescents (OR 2.52, 95% CI 1.09-5.83). Alcohol-related injuries in adolescents showed poor outcomes (OR 2.36, 95% CI 1.47, 3.81) as compared with those in adults (OR 1.42, 95% CI 1.26, 1.59).
108	Mota et al., 2013	89 university students from Spain	Binge drinking (BD) subjects performed less well on the Wechsler Memory Scale-III Logical Memory Subtest (immediate theme recall, $P = 0.034$; delayed theme recall, $P = 0.037$; and percent retention, $P = 0.035$) and committed more perseverative errors on the Self-Ordered Pointing Task ($P = 0.021$) than non-BD.
109	Sullivan et al., 2020	Magnetic resonance imaging tracked developmental volume trajectories of 10 cerebellar lobule and vermis tissue constituents in 548 no/low drinking youths aged 12 to 21 years at induction into this 5-site, NCANDA (National Consortium on Alcohol and Neurodevelopment in Adolescence) study. Over the 3- to 4-year longitudinal examination yielding 2043 magnetic resonance imaging scans, 328 youths remained no/low drinkers, whereas 220 initiated substantial drinking after initial neuroimaging.	Normal growth trajectories derived from no/low drinkers indicated that gray matter volumes of lobules V and VI, crus II, lobule VIIB, and lobule X declined faster with age in male youths than in female youths, whereas white matter volumes in crus I and crus II and lobules VIIIA and VIIIB expanded faster in female youths than in male youths; cerebrospinal fluid volume expanded faster in most cerebellar regions of male youths than female youths. Drinkers exhibited accelerated gray matter decline in anterior lobules and vermis accelerated vermin white matter expansion and accelerated cerebrospinal fluid volume expansion of anterior lobules relative to youths who remained no/low drinkers.
110	Jones et al., 2017	116 healthy male and female US adolescents (ages 10–19).	There was a significant interaction effect of binge-drinking status and familial alcoholism (FHD) on impulsive choice across age ($b = 1.090$, $p < 0.05$, $\beta = 0.298$). In adolescents who remained alcohol-naïve, greater FHD was associated with a steeper decrease in discounting rates across adolescence ($b = -0.633$, $p < 0.05$, $\beta = -0.173$); however, this effect was not present in binge drinkers. Furthermore, total lifetime drinks predicted escalated impulsive choice ($b = 0.002$, $p < 0.05$, $\beta = 0.295$) in binge-drinking adolescents.
111	Hoel et al., 2004	828 Norwegian tertiary school students in Forde.	Depressive complaints and psychosomatic problems were associated with increasing frequency of alcohol intoxication.
112	Charakida et al., 2019	1266 participants (425 males and 841 females) from the ALSPAC study (13, 15, and 17 years).	Current smokers had higher pulse wave velocity (PWV) ($P = 0.003$). Higher smoking exposure was associated with higher PWV [5.81 ± 0.725 vs. 5.71 ± 0.677 m/s, mean adjusted difference 0.211 (0.087, 0.334) m/s, $P = 0.001$]. Participants who stopped smoking had similar PWV to non-smokers ($P = 0.160$). High-intensity drinkers had increased PWV [HI 5.85 ± 0.8 vs. LI 5.67 ± 0.604 m/s, mean adjusted difference 0.266 (0.055, 0.476) m/s, $P = 0.013$]. There was an additive effect of smoking intensity and alcohol intensity, so 'high' smokers who were also HI drinkers had higher PWV compared with never-smokers and LI drinkers [mean adjusted increase

			0.603 (0.229, 0.978) m/s, P = 0.002].
113	Strøm et al., 2014	A systematic review and meta-analysis.	The effects of school-based preventive alcohol interventions on adolescent alcohol use were slight among studies reporting the continuous measures, whereas no effect was found among studies reporting the categorical outcomes.
114	Das et al., 2016	A systematic review of systematic reviews.	School-based alcohol prevention interventions were associated with reduced frequency of drinking, while family-based interventions have a small but persistent effect on alcohol misuse among adolescents. School-based interventions based on a combination of social competence and social influence approaches had protective effects against drugs and cannabis use.
115	Hennessy et al., 2015	A systematic review and meta-analysis.	School-based brief alcohol interventions (BAIs) were associated with significant improvements among adolescents ($\bar{g}$ = 0.34, 95% CI [0.11, 0.56]). Subgroup analyses indicated that whereas individually delivered BAIs were effective ($\bar{g}$ = 0.58, 95% CI [0.23, 0.92]), group-delivered BAIs were not ($\bar{g}$ = −0.02, 95% CI [−0.17, 0.14]).
116	Komro and Toomey, 2002	A review article.	Various strategies aim to prevent underage drinking, including school-based curricula, extracurricular activities, family involvement, policy changes like raising the legal drinking age, limiting access to alcohol, and community-wide efforts. Some programs integrate multiple strategies.
117	Harding et al., 2016	A review article.	Effective strategies for curbing underage drinking restrict alcohol access and prohibit <21-year-old drivers from driving post-drinking.
118	Chawłowska et al., 2022	2338 parents and caregivers of children from 167 kindergartens.	Children's oral hygiene and oral health status were found to be associated with parents' education and economic status. They were also strongly influenced by parental health literacy and behaviors. Concerning recommendations for preschoolers, the lowest adherence was found in the use of fluoride toothpaste and its age-appropriate amount, supervision of toothbrushing, and refraining from eating after the last toothbrushing.
119	Huew et al., 2011	791, 12-year-olds in 36 elementary public schools in Benghazi, Libya.	Dental caries were negatively associated with the father's education (P = 0.015).
120	Bramantoro et al., 2019	213 Indonesian children.	Toothbrush usage, soda consumption, and the educational level of fathers were associated with dental caries.
121	Suilana et al., 2015	400 Indian children.	Statistically significant risk indicators for a child having decayed, missing and filled teeth (dmft) > 0 were: Mother with low basic education (OR = 1.3), higher number of siblings (OR = 1.4), high snacking frequency (OR = 2.0), parental inability to control sugar consumption (OR = 1.0) parental laxness about the child's tooth brushing (OR = 1.5), parents brushing their teeth less than twice daily (OR= 2.0) and unassisted brushing by the child (OR = 1.8).
122	Anwar et al., 2022	A systematic review.	Family influences imparted a significant relationship and association towards the dental caries status of the demographic being studied. The influences on the children included tooth brushing behavior, parents' education level, parents' occupation level, diet pattern, dental visit, snacking frequency, parents' psychological status, family size, and parents' knowledge of oral health.
123	Carvalho Silva et al., 2021	Portugalete children (aged 4 years).	Children belonging to the "energy-dense foods" (OR = 2.19; 95% CI: 1.20-4.00) and "snacking" (OR = 2.19; 95% CI: 1.41-3.41) dietary patterns at 4 years old were associated with severe dental caries development three years later.
124	Arora et al., 2017	495 children aged 5–10 years old from all the six primary schools in Lithgow, a Non-Fluoridated Rural Community of New	The child's age (OR) = 1.30, 95% CI: 1.14, 1.49) and the mother's extraction history (OR = 2.05, 95% CI: 1.40–3.00) were associated with dental caries. Each serving of chocolate was associated with primary dentition caries (OR 1.52, 95% CI: 1.19, 1.93).

		South Wales, Australia.	
125	al Ghanim et al., 1998	446 Saudi pre-school children.	Debris index, use of sweetened milk in bottles, frequency of consumption of soft drinks, frequency of intake of sweets, and child's age at the first dental visit were associated with dental caries.
126	Almasi et al., 2016	698 schoolchildren aged 10 to 12 years from a random sample of primary schools in Kermanshah, western Iran.	Being in a caries-susceptible sub-group was associated with female sex 1.23 (95% CI: 1.08-1.51). Consuming fizzy soft beverages and sweet biscuits > 1/d were associated with dental caries 1.41 (95% CI: 1.19, 1.63) and 1.27 (95% CI: 1.18, 1.37), respectively.
127	Mahboobi et al., 2021	A systematic review and meta-analysis	Consuming 100% juice (daily), candy (> 1/w), soft drinks, and sweet drinks (at bedtime) were associated with dental caries in children.
128	Gibson et al., 1999	1450 British preschool children who took part in the National Diet and Nutrition Survey.	The social class showed twice the association with caries compared to toothbrushing and nearly three times compared to sugar confectionery. Sugar confectionery's association with caries was only significant for children brushing their teeth less than twice daily. Toothbrushing's impact on caries prevention was stronger in non-manual children. Household expenditure on confectionery related to caries only in the manual group.
129	Al-Mendalawi and Karam, 2014	684 children under the age of 6 years attended Al-Aulwyiah Pediatric Teaching Hospital in Baghdad, Iraq.	Residence, SES, parental education level, and tooth brushing frequency were associated with deciduous tooth decay (DTD). Gender, parental smoking, and pattern of feeding during infancy were not associated with DTD.
130	Biscaglia et al., 2019	12-year-old students at UNRWA schools in five fields of operation (Jordan, Lebanon, Syria, Gaza Strip, and West Bank).	Dietary habits, such as soft drink consumption, were associated with dental caries.
131	Ogawa et al., 2021	332 preschoolers (aged 3-6 years) and their parents in Chitose, Japan.	The children without caries slept significantly longer and their parents had a better Pittsburgh Sleep Quality Index (PSQI) score than those with caries experience. The sleeping status and the amount of caries in the children were significantly correlated. Health literacy was better in those without caries experience. Parents' PSQI was positively correlated with the amount of dental caries in children ($r = 0.19$, $p = 0.0004$). The children's sleep durations, screen time, and parental smoking status were associated with early childhood dental caries.
132	Moro et al., 2020	1589 schoolchildren aged 8-10 years enrolled in public schools from Florianópolis, Santa Catarina, Brazil.	Children with untreated dental caries (OR 1.32; 95% CI 1.05, 1.67) and clinical consequences from the PUFA/pufa index (OR 1.89; 95% CI 1.45, 2.46) were more likely to have trouble sleeping.
133	de Lima et al., 2024	793 schoolchildren were randomly selected from public and private schools in Northeast Brazil.	Sleep disturbance (RR = 1.38; 95% CI: 1.05, 1.83), general anxiety (RR = 1.71; 95% CI: 1.32, 2.21), obesity (RR = 1.48; 95% CI: 1.17, 1.86) were associated with dental caries.
134	Guarnizo-Herreño et al., 2012	The 2007 National Survey of Children's Health for 40,752–41,988 children in Colombia.	Children with dental problems were more likely to have problems at school (OR = 1.52; 95% CI: 1.37, 1.72) and to miss school (OR = 1.42; 95% CI: 1.23, 1.64) and were less likely to do all required homework (OR = 0.76; 95% CI: 0.68, 0.85). Dental problems were associated with shyness, unhappiness, feelings of worthlessness, and reduced friendliness.

135	Lee et al., 2021	713,713 adolescents from the Korea Youth Risk Behavior Web-based Surveys.	Adolescents with oral symptoms showed an increase in suicide attempts, suicide ideation, and feelings of sadness and despair.
136	Gurav et al., 2022	A systematic review and meta-analysis.	Dental interventions in the form of lectures, albums, models, flipcharts, leaflets, E-programs, games, drawings, and presentations were effective: 0.05 (–0.17, 0.27), –0.37 (–0.74, 0.00), –0.20 (–0.33, –0.07), and –0.17 (–0.73, 0.38) for plaque status, Oral Hygiene Index-Simplified (OHI-S), debris status, and dental caries, respectively
137	Dadipoor et al., 2023	A systematic review and meta-analysis.	Educational interventions led to improved knowledge (SMD 3.31, 95% CI 2.52, 4.11; I^2 = 98; P < 0.001), attitude (SMD 1.99, 95% CI 0.43, 3.54; I^2 = 99; P < 0.001), behavior (SMD 4.74, 95% CI 3.70, 5.77; I^2 = 99; P < 0.001), plaque index (SMD -1.01, 95% CI -1.50, -0. 51; I2 = 97; P < 0.001) and Gingival index (SMD 0. 33, 95% CI -0.36, 1. 02; I^2 = 98; P = 0.34).
138	Rowan-Legg A and Canadian Paediatric Society, Community Paediatrics Committee 2013	Review article.	Preventive dental visits could improve oral health and reduce later costs. Fluoridation therapy could decrease the rate of dental caries, particularly in high-risk populations.
139	de Silva et al., 2016	A systematic review and meta-analysis.	Combining oral health education with supervised toothbrushing or professional care reduces child dental caries, albeit with low certainty. Interventions focusing on fluoride access, diet improvement, or oral education alone had limited impact.
140	Cruz et al., 2016	13 key informant interviews with representatives from early intervention agencies, advocacy groups, and oral health programs who provide services to children with special health care needs in Spokane County, Washington.	Oral health service barriers: resource constraints, restrictive policies, low parental demand. Education/preventive care hindered by community fluoride disagreement.
141	Alimoradi et al., 2017	A systematic review.	Factors contributing to high-risk sexual behaviors in girls could be divided into four general groups including personal, family, peer, school, and community.
142	Srahbzu and Tirfeneh, 2020	644 adolescents aged 15-19 years from governmental high schools in Aksum Town, Tigray, Ethiopia.	The prevalence of risky sexual behavior among adolescents aged 15-19 years was 17.2%. Poor social support (OR = 5.59, 95% CI: 2.71, 11.53), living out of the family (OR = 1.93, 95% CI: 1.21, 3.07), experiencing parental neglect (AOR = 1.87, 95% CI: 1.18-2.94), and drinking alcohol (OR = 2.55, 95% CI: 1.55, 4.20) were associated with risky sexual behavior.
143	Settheekul et al., 2019	397 adolescents in northern Thailand.	Males exhibited more pre-coital and sexual behaviors than females. Predictors of higher pre-coital behaviors: age, self-efficacy in sexual refusal, having partners, parenting style, parental approval, and perceived peer norms. Pre-coital behaviors correlated with sexual behaviors, predicted by age, parent-child communication, parental monitoring, peer norms, and school type.
144	Thepthien and Celyn, 2022	872 sexually active high school and vocational students from Bangkok, Thailand.	Smoking cigarettes (OR = 1.79; 95% CI 1.12, 2.88), using cannabis (OR = 2.84; 95% CI 1.23, 6.56), gambles (OR = 1.81; 95% CI 1.28, 2.55), having sex without contraception (OR = 2.74; 95% CI 2.91, 3.93), and having a history of childhood sex abuse (OR = 1.60; 95% CI 1.03, 2.56) were associated with risky sexual behaviors.

145	Skinner et al., 2015	A population-based birth cohort from The Western Australian Pregnancy Cohort [Raine] Study	Participants with clinically significant Child Behavior Checklist scores (T ≥ 60) were at increased risk for earlier first sexual intercourse (FSI) (< 16 years). Total and externalizing behavior problems from age 5 years onward were associated with earlier FSI for boys. In girls, externalizing problems from age 10 years were associated with earlier FSI. Internalizing problems at ages 8 and 10 were associated with early FSI for boys but not girls.
146	Monteiro et al., 2023	196 adolescents treated in a family planning outpatient clinic for adolescents in the western Amazon, Brazil.	Only 1.0% of the adolescents used condoms in all sexual relations, and 19.9% had a casual partner(s) in the last year. 32% of the adolescents had at least one STI; chlamydia (23%), trichomoniasis (5.6%), herpes simplex (4.6%), and gonorrhea (3.1%).
147	Ayerdi Aguirrebengoa et al., 2020	Adolescents, aged 10-19 years, were attended to for the first consultation between 2016 and 2018 in a reference STI clinic in Madrid.	The prevalence of STIs was as follows: gonorrhea at 21.7%, chlamydia at 17.1%, syphilis at 4.8%, and HIV at 2.4%. STI was associated with having first sexual relations at a young age and having a history of STIs.
148	Bonar et al., 2015	4389 youth (ages 14–20) from the US presenting to the emergency department (ED).	The prevalence of self-reported STI was 10%. Female gender, older age, non-Caucasian race, not being enrolled in school, medically related ED chief complaint, and inconsistent condom use were associated with increased self-reported STI history.
149	Berenson et al., 2001	Sexually active adolescent girls younger than 18 years (N = 517) from the US who presented for contraceptive care.	Adolescents who only witnessed violence were more likely to report using tobacco and marijuana, drinking alcohol, or using drugs before sex, and having intercourse with a partner who had multiple partners. Those who experienced, but not witnessed violence were at increased risk of these same behaviors. Individuals who witnessed and experienced violence had the greatest risk of adverse health behaviors.
150	Voisin et al., 2018	563 African American youth attending high school.	Exposure to community violence was associated with both sexual activity and risky sex, mediated by aggression and negative peer norms.
151	Hill et al., 2018	179 adolescent females from social service agencies.	Females who were physically assaulted and sexually victimized by their intimate partners did engage in more sex without condoms.
152	Obiyan et al., 2023	424 female adolescents aged 10-19 years in two urban cities in South-west, Nigeria.	64 respondents had a history of pregnancy, of which 38 (59.4%) gave a history of induced abortion of the last pregnancy. A history of school attendance was negatively associated with being pregnant (OR: 0.42, 95% C.I: 0.19-0.91).
153	Lameiras-Fernández et al., 2021	A systematic review.	A thorough evaluation of sexual education programs is needed, focusing on new technologies for cost-effective interventions. Blended learning, merging face-to-face and digital methods, shows promise, especially amidst the COVID-19 pandemic.
154	Betit and Kennedy 2022	A review article.	Sexual education, covering abstinence and contraceptives, should use diverse delivery methods alongside classroom instruction. For instance, healthcare settings like pediatric and obstetrics/gynecology offices should offer comprehensive sexual education.
155	Aventin et al., 2020	The Jack Trial is a UK-wide cluster randomized controlled trial recruiting over 8000 adolescents from 66 socially and religiously diverse post-primary schools.	Parents who utilized the materials responded positively; 87% rated them as 'good or excellent,' and 67% found them helpful for discussing SRH with their child. Web analytics showed that 27% of contacted parents accessed the digital materials, with 9% viewing the animated films. Only 38% of teachers assigned the homework exercise, primarily due to concerns that students might not complete it or that it could provoke parental backlash.
156	Nghipondoka-	A review article.	Parents' participation in the Sexuality Education of Their Children in Namibia is

	Lukolo and Charles, 2015		challenging. A conceptual framework, namely the context, agent, recipients, dynamics, procedure, and terminus, is needed.
157	Lee et al., 2022	314 caregivers of children aged 4−7 years from three cities in Korea.	Smartphone use was associated with children's sleep problems ($\beta = 0.328$, $p < 0.001$) compared to that of TV, PC, and tablet PCs. The frequency of smartphone screen use was correlated with bedtime resistance ($r = 0.067$, $p = 0.009$), sleep duration ($r = 0.089$, $p < 0.001$), nighttime awakening ($r = 0.066$, $p = 0.010$), and daytime sleepiness ($r = 0.102$, $p < 0.001$).
158	Hisler et al., 2020	Over 11,000 U.S. children aged 9-10 from the Adolescent Brain Cognitive Development Study (ABCD).	Greater screen media use, TV, video, and video game use was associated with short sleep duration, sleep onset latency, excessive sleepiness, insomnia, and overall sleep disturbance symptom severity. Screen use was associated with sleep problems.
159	Fadzil, 2021	A review article.	Various factors impact children's sleep quality, such as genetics, habits, health, parental influences, screen time, and environment. These factors are interconnected and dynamic. Consequences of inadequate sleep may include neurocognitive effects, mood issues, and certain health conditions like pulmonary hypertension, cor pulmonale, and obesity.
160	Mindell et al., 2009	405 mothers and their infant or toddler (ages 7-18 months, n = 206; ages 18-36 months, n = 199).	A bedtime routine was associated with reduced problematic sleep behaviors for infants and toddlers, improved latency to sleep onset, fewer night wakings, and better maternal mode.
161	Mindell et al., 2015	Mothers of 10,085 children (Australia-New Zealand, Canada, China, Hong Kong, India, Japan, Korea, Malaysia, Philippines, Singapore, Thailand, UK, and US).	A bedtime routine was associated with better sleep outcomes, including earlier bedtimes, shorter sleep onset latency, reduced night wakings, and increased sleep duration. Decreased parent-perceived sleep problems and daytime behavior problems were also related to the institution of a regular bedtime routine.
162	Lewien et al., 2021	855 4–9-year-old children (child sample) and 1047 10–17-year-old adolescents (adolescent sample) participated in 2011–2015 the LIFE Child Study, Germany.	In the child sample, bedtime resistance, sleep onset delay, sleep-related anxiety, night waking, and parasomnia were more frequent in younger than older children. In the adolescent sample, difficulties at bedtime were more frequent among the younger adolescents, while daytime sleepiness was more prominent in the older than the younger adolescents.
163	Kolip et al., 2022	6728 11- to 17-year-olds of the KiGGS baseline study (2003–2006) and 6072 young adults (age 18–31).	There were significant impacts of sex (female), single-parent households, and siblings on sleep difficulties. Risk increases with mental problems and pain. Among 18- to 31-year-olds, 19.6% reported sleep issues. Other influential factors included noise exposure, low education, job status, and living with children.
164	Xiong et al., 2022	21,857 Chinese children.	Children with abnormal sleep duration were more likely to have a low PF, body morphology, and motor ability levels: ORs (95% CIs) = 1.077 (1.023, 1.133), 1.077 (1.016, 1.142), and 1.035 (1.08, 1.062), respectively.
165	Fonseca et al., 2021	A systematic review.	Longer periods of sleep and better sleep quality were associated with higher levels of physical fitness.
166	Astill et al., 2012	A systematic review and meta-analysis.	Sleep duration was associated with cognitive performance ($r = 0.08$, 95% CI 0.06, 0.10), executive functioning ($r = .07$, 95% CI 0.02, 0.13), performance on tasks that address multiple cognitive domains ($r = 0.10$, 95% CI = 0.05, 0.16), and school performance ($r = 0.09$, 95% CI 0.06, 0.12), but not with intelligence.
167	Deng et al., 2021	A systematic review and meta-analysis.	Short (RR = 1.57, 95% CI: 1.36, 1.81, $P < 0.001$) and long sleep durations (0.83, 0.75, 0.93, 0.001) were associated with obesity. Short sleep duration was associated with significant changes in BMI z-score (mean difference = -0.06; 95% CI: -0.09, -0.04; P

			< 0.001).
168	Ruan et al., 2015	A systematic review and meta-analysis.	Compared with children having the longest sleep duration (~12.2 hours), kids with the shortest sleep duration (~10.0 hours) were more likely to be overweight/obese (OR: 1.76; 95% CI: 1.39, 2.23); and had relatively larger annual BMI gain (β: 0.13; 95% CI: 0.01, 0.25 kg/m^2). Every 1 h/d increment in sleep duration was associated with reduced overweight/obesity (OR: 0.79; 95% CI: 0.70, 0.89).
169	Kitsaras et al., 2018	50 families with children between 3 and 5 years.	Children in families with optimal bedtime routines showed better performance in terms of executive function, specifically working memory ($t(44) = -8.51$, $p \leq 0.001$), inhibition and attention ($t(48) = -9.70$, $p \leq 0.001$) and cognitive flexibility ($t(48) = -13.1$, $p \leq 0.001$). Children in households with optimal bedtime routines scored higher in their readiness for school ($t(48) = 6.92$, $p \leq 0.001$) and had better dental health ($U = 85.5$, $p = 0.011$). Parents in households with suboptimal bedtime routines showed worse performance on all measures of executive function including working memory ($t(48) = -10.47$, $p \leq 0.001$), inhibition-attention ($t(48) = -10.50$, $p \leq 0.001$), and cognitive flexibility ($t(48) = -13.6$, $p \leq 0.001$). Finally, parents with optimal bedtime routines for their children deployed a more positive parenting style in general (i.e. authoritative parenting) compared to those with suboptimal bedtime routines ($t(48) = -6.45$, $p \leq 0.001$).
170	Meltzer et al., 2021	A review article.	The socio-ecological system may influence the sleep-related behaviors of children.
171	Galland and Mitchell, 2010	A review article.	Children benefit from good sleep hygiene: consistent bedtime routine, darkened and warm bedroom, regular wake time, and daytime exercise. In challenging cases, sleep programs like extinction or scheduled awakenings are effective but demanding for parents.
172	Cummings and Canadian Paediatric Society, Community Paediatrics Committee, 2012	A review article.	While sleep could aid sleep issues, long-term melatonin use lacks sufficient data on safety and efficacy.
173	Felt and Chervin, 2014	A review article.	Pediatric sleep-related disorder management typically starts with behavioral methods. Though medications can complement treatment, they're off-label for pediatric sleep issues. When prescribed, medications should be selected carefully, targeting specific goals within a comprehensive management plan.