



Original Article

Facilitators of interactive problems between parents and adolescents: A qualitative study

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Abstract

Objectives: Puberty is an important adjustment period for adolescents and their families. Moving from childhood to adulthood is associated with many behavioral and emotional changes. Many parents describe adolescence as the most difficult and anxiety-provoking period in their child's life. The present study aimed to explore the facilitators of interactive problems between parents and adolescents that Iranian parents experience in dealing with their teenage children aged between 11 and 16 years.

Methods: This study was conducted through qualitative content analysis. A purposive sample group of 30 parents from four healthcare systems and four school counselors from two public and two private schools in Iran- Tabriz were selected. The study took from November 2018 to January 2019. The data was collected through in-depth, semistructured, and face-to-face interviews with parents of teenage children. The interviews were audio-recorded and transcribed manually.

Results: After eliminating similar codes in the data analysis process, 175 codes, 27 subcategories, 9 categories, and 3 themes were extracted from the parents and school counselors' experiences regarding the facilitators of interactive problems between parents and adolescents. The three categories that emerged from the analysis were: (1) Individual context, (2) Family, and (3) society.

Conclusion: Parents' perception of the factors that influence the development of problems between them and their adolescents, was categorized into three main themes: individual context, family, and social conditions. Based on the findings, these conditions should be considered when designing suitable educational programs for promoting adolescents' health and in implementing required family and community-based interventions to prevent issues in adulthood.

Keywords: Adolescent; communication; parents; qualitative research.

Adolescence is an evolutionary period in which independence and individualization are highly valued. It can lead to choices that form an individual's lifelong behavioral pattern. Adolescence is a vital period in life wherein psychological traumas may appear and exacerbate.^[1,2] Puberty is a key adjustment period for teens and their families.^[1] Adolescents have been the focus of attention in health-related planning, including the global millennium developmental goals.^[3] Based on the 2011 census, 12.3 million of the Iranian population be-

longed to 10 19-years age group;^[4] therefore, it is essential to study different aspects of Iranian's adolescent life.

During the transition from childhood to adulthood, adolescents experience a plethora of behavioral and emotional changes. Many parents describe adolescence as the most difficult and anxiety-provoking period of their child's life.^[5] In this important stage of development, the majority of adolescents pass through a stressful period in their relationship with their parents.^[6,7] Studies in Iran indicate the existence of numer-

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What is presently known on this subject?

- What is known about this topic? Behavioral problems in adolescence are affected by parent-adolescent relationships. This study was done to explore facilitating factors in the development of communicational problems among parents and their adolescents, which in the literature have not been found on parents' deep perception of the factors involved in creating problems between them.

What does this article add to the existing knowledge?

- What does this article add to the existing knowledge? This study reveals the contextual factors that facilitate interactive problems between parents and adolescents, which suggests that more effective strategies are required in planning and educational processes to modify these factors. Also, it is thought that the findings of the study will contribute to the literature.

What are the implications for practice?

- What is the contribution to the field? This study highlights the psychological factors that facilitate the creation of problems between parents and adolescents and the use of these information by mental health professionals who provide health and education services to parents and adolescents, as well as the usage of the findings for those who plan for teens.

ous behavioral and emotional problems among adolescents.^[8,9] Adolescence is a period of significant vulnerability to the emergence of mental health disorders. In particular, it is a critical window for the emergence of internalizing disorders, especially in girls.^[2] Studies reveal that behavioral problems in adolescence are affected by the parent-adolescent relationship and family function, which may result in physiological, emotional, and social disorders.^[10] Parent-adolescent conflict is associated with adolescent inconsistencies, such as depression, unacceptable behaviors, behavioral problems at school, decreased academic performance, and self-esteem problems.^[10,11] The negative adolescent-parent relationship, due to age-related conditions of adolescents, can provoke family conflicts and disrupt family function, emotional bond between family members, and the relationship among siblings.^[12] High levels of family dysfunction in earlier years of adolescents' life are related to an increase in anxiety and depression in later years.^[13]

Following the trend on adolescents' behavioral problems in the last century, novel psychological views have now been introduced in the last two decades, which highlight adolescents' positive development.^[14] Adolescents' positive development is a set of progressive experiences designed for adolescents that would help them become socially, morally, emotionally, physically, and cognitively efficient.^[14,15] Researchers have pointed to the parent-child relationship as an opportunity for adolescents to have social and emotional development,^[16] which can affect the quality of life after puberty.^[17] Teaching communication skills to parents has a significant role in reducing aggression, stress and parental conflict, and increasing the good social behaviors of children.^[18]

Prioritizing adolescents and trying to provide optimal services to them guarantee the health of the family and new generations. Planning to provide medical and psychological services to vulnerable groups such as adolescents requires the discovery and interpretation of the parents' views and experiences as a major part of adolescents' upbringing. The creation of

problems between parents and adolescents may vary based on the cultural orientation of families. Therefore, this qualitative study was done to explore the facilitating factors in the development of communicational problems among Iranian parents and their adolescents. By recognizing these factors and early intervention in family dynamics, it is possible to influence the factors that can later predispose adolescents into behavioral problems. In this regard, professional psychiatric-mental health nurse can play a leading role in improving a child and adolescent's mental health by providing preventive and curative needs for them.

The following research question was developed to guide the study: what are the facilitators of interactive problems between parents and adolescents?

Materials and Method

Study Design

The study was carried out based on the conventional content analysis for analyzing and interpreting data. This approach is recommended given its ability for systematic evaluation of data and identifying themes and developing an extensive description of the findings.^[19]

Settings and Participants

A purposive sample of 30 parents from four healthcare centers, which were the most crowded with the diversity of population and had suitable facilities in Tabriz- Iran, took part in the study. In healthcare centers, telephone calls are made from the list of covered families who had adolescents aged 11–16 and whose identities were registered in the integrated health system. If parents had problems in their interactions with their adolescents and had agreed to voluntarily take part in the study; they were invited for an interview in the mental health unit of these centers. Since the greater trust of parents in the confidentiality of interviews and convenience through healthcare centers than schools. Sampling was done from these centers. Participants were the parents of adolescents 11–16-years with concerns in parenting. Sampling was continued until data saturation. For an interview with counselors, two private and two public schools in the same region of healthcare centers were chosen. The study was approved by Tehran University of Medical Sciences before data collection. Sampling permission was issued from Tabriz University of medical sciences. The participants were allocated to researchers for briefing and signing a letter of consent. They also allowed voice recordings of the interviews. The date, time, and place of interviews were determined in advance. The participants were informed about the voluntary nature of the study and that they leave the study whenever they would like free and that their information will remain confidential.

Data Collection Procedure

The required data were collected through a face-to-face, sem-

istructured interview in Türkiye-Azari from November 2018 to January 2019. The probe questions were what, what does that mean to you, why, and which. The participants were also asked to provide more explanations or clarify their points further. The interview was starting with an open-ended question, "(i.e., explain what is your experiences about parenting problems?)" In the next step, the interviews continued based on the participant's responses to each question and their behaviors. With the participant's permission, the interviews were voice recorded and each one took 30–45 minutes. The key points in the interviews were summarized and, then, the participants were asked to clarify the issues found in the interviews. In addition to the interviews, field notes were taken and nonverbal data (such as tone and behavior) were recorded to create a comprehensive data set for investigating different dimensions of this phenomenon. After 27 interviews, data saturation was realized and three extra interviews were performed afterward. The interviews were transcribed verbatim on the same day.

Ethical Dimensions of the Research

The whole procedure that involved human subjects were completely in as per the standards of the institutional and/or national research committee and Helsinki Declaration and the following amendments. The study was ethically approved by the ethics committee of Tehran University of Medical Sciences (IR.TUMS.FNM.REC.1397.105) as part of a Ph.D. dissertation. Informed consent was obtained from all subjects.

Data Analysis

Data analysis followed qualitative content analysis. Two researchers conducted the transcription and analyses. Various studies in the nursing field conceptually use qualitative content analysis. The main three phases of this approach are (1) preparation, (2) organizing, and (3) reporting the findings.^[20] The preparation phase is implemented to align the data based on the objective of the study and formulate questions based on the findings.^[21] The unit of analysis in a qualitative study provides an opportunity for the researcher to familiarize themselves with the dataset. Moreover, through the preparation phase, the researcher can immerse in textual data.^[21,22] Following Granehim and Lundman^[22] (2004), the analysis process was performed by the author. Data analyses are summarized in five steps:

Step one: Voice recording, reading the transcribed text several times, and obtaining a general idea about the data.

Step two: Identifying units of meaning in the text and labeling them with codes.

Step three: Developing an abstract from units of meaning using codes and labeling them.

Step four: Code sorting based on differences and similarities and obtaining subcategories and categories.

Step five: Formulating themes.

As the units of analysis, the interviews were read to achieve meaningful units. The process of abstracting and condensing included shortening the texts into sentences, paragraphs, or phrases about the clinical questions. The condensed text was formed into higher-level heading known as categories. [22] The content areas pieces of text determined based on theoretical assumptions based on previous studies of parents and school counselors' perceptions of interactive problems that they experience in dealing with teenage children, including the transcribed interviews. The content areas were labeled with codes of the described feelings, events, or phenomena. Through abstraction, the categories that were created were labeled to answer the how questions? The whole data in one content area were of one category, and the categories of the same underlying meanings were linked as the theme. The themes were used to answer the what questions? While they were not necessarily mutually exclusive.

Rigor

In total, four principles were covered in this qualitative research, including credibility, dependability, transferability, and conformability. Credibility is the equivalent of internal validity and is concerned with the aspect of truth–value.^[23] To guarantee the credibility of the research, triangulation and member check strategies were used. Using different data sources (diverse participants), different methods of data collection (interviews, observations, and field notes), and different investigators (using three researchers to make decisions about coding, analysis, and interpretation). Also, with data feedback to the respondents and gaining their approval, the validity of the research was achieved. Dependability includes consistency.^[23] To achieve dependability, the transcriptions were submitted to colleagues along with the extracted codes and categories, and their viewpoints were used regularly. Confirmability concerns the aspect of neutrality.^[23] External viewpoints were used for this purpose; such that by the provision of the initial codes which have been derived from the analysis and examples of how the concepts were extracted for the four researchers of psychology, who acted as the external observers, it was determined whether they also had a similar understanding of data. Transferability concerns the aspect of applicability.^[23] It means to what extent the findings and results of the study can be transferred to the contexts and groups. Sufficient number and diversity of participants, as well as purposeful sampling, were used to achieve that. Also, a thick description of the research process enables the reader to assess whether the findings are transferable to other settings.

Results

Characteristics of the Participants

The analysis of demographic characteristics indicated that the mean age of adolescents was 13.83±1.7 years. The majority of adolescents were 16 (53.3%) male, and two-thirds of

Table 1. Sociodemographic characteristics of participants

| Variable | Mean (SD) |
|---------------------------------|-------------|
| Age of adolescent (in years) | 13.83 (1.7) |
| Age of mother | 41.9 (1.00) |
| Age of father | 46.2 (1.12) |
| Number of children | 2.03 (0.97) |
| Variable | n (%) |
| Sexuality of adolescent | |
| Male | 16 (53.3) |
| Female | 14 (46.7) |
| Educational level - Mother | |
| Less than a high school diploma | 4 (20) |
| High school Diploma | 10 (50) |
| University | 6 (30) |
| Educational level - Father | |
| Less than a high school diploma | 3 (30) |
| High school Diploma | 4 (40) |
| University | 3 (30) |
| Single parent | 2 (6.6) |
| Death of parent | 1 (3.3) |
| Divorced | 1 (3.3) |

parents in interview 20 (66.6%) were mothers of adolescents. The average age of the mothers participating in the study was 41.9 ± 1.00 , while the mean age of fathers was 46.2 ± 1.12 (Table 1). The majority of school counselors were female and masters 3 (75%).

Main Themes

After categorizing the codes and eliminating similar codes in the data analysis process, 175 codes were categorized into 27 subcategories, 9 categories, and 3 themes. The three themes about facilitators of interactive problems between parents and adolescents included "individual context," "family," and "society" (Table 2).

1. Theme of Individual Context

This refers to the individual characteristics of parents and adolescents that facilitate the creation of problems between parents and adolescents. This theme is extracted from the categories of individual characteristics of adolescents, individual characteristics of parents, and developmental changes in adolescents. The categories were derived from 8 subcategories.

1-A. Category of individual characteristics of adolescents

This category includes 3 subcategories: adolescent's psychological characteristics, adolescent irresponsibility, and Lack of restraint.

Ahmad (39, MS Psychology) said "Adolescents who smoke

hookah or cigarettes or demonstrate risky behaviors hardly can control their impulses. Among the factors that create conflicts between parents and adolescents are silence, quick and intense excitements, and lack of restraint."

"Irresponsibility of adolescents is the cause of conflict and a reason for complaining in many parents. In this regard, looking after one's belongings, refusing to do personal laundry, shirking household chores, and refusing to clean one's room is notable."

Regarding adolescents' psychological characteristics, one of the participants said "One day he polishes all of our shoes, one day he gets addicted to the computer games, then watching animated movies. Now he constantly plays with his ball at home, breaking vases, and planting pots. His lack of concentration and hyperactivity makes him unable to fulfill his responsibilities well and timely, and this leads to conflict between us." (p.8)

1-B. Category of individual characteristics of parents

This category includes 2 subcategories: psychological disorders of parents and parent's features. Psychological disorders are patterns of behavioral or psychological symptoms that might affect several areas of life. A person with a psychological disorder may find it hard to perceive and relate to situations and individuals. This can be a serious problem or limitation in one's relationship, work, social activities, and school.^[24]

One of the parents stated "Since his father becomes angry with no apparent reason, my son cannot ask him to play with him, soon there will be a conflict between them. His father's mood goes up and down; the psychiatrist has recognized the borderline personality disorder." (p.1)

The interviews with participants indicated that some specifications of parenting have created a problem in the relationships between parents and their adolescents. Demanding and avoidant parents had more communicative problems with their teenage children.

One of the participants said angrily "My wife taunts and ridicules him, constantly compares him to other adolescents." (p.12)

1-C. Category of developmental changes in adolescents

Developmental changes refer to the problems related to an adolescent's physical and psychological changes. Three subcategories are included in this category: Cognitive growth, Adaptation to physical and sexual identities, and concerns about high-risk behaviors.

Regarding adaptation with physical and sexual identities, one of the school counselors noted that "The majority of the seven-grade students, who have entered puberty, feel disgusted with their menstrual periods, they do not observe their hygiene, and this has caused interactive problems at school and within their family." (p.25)

Table 2. Classification of themes, categories, and subcategories

| Theme | Category | Subcategory |
|--------------------|--|---|
| Individual context | Characteristics of adolescents | Psychological disorders Lack of restraint Irresponsibility |
| | Characteristics of parents | Psychological disorders Features of parents |
| | Developmental changes in adolescents | Cognitive growth Adaptation to physical and sexual identities Concerns about high-risk behaviors in adolescent |
| Family | Nervous breakdown in the family | Infidelity Drug addiction Adverse impacts of divorce on adolescents Perfectionism and pressure on adolescents |
| | Insufficient communicational and marriage skills | Parenting conflicts between parents Complications of parental conflicts on adolescents |
| | Socioeconomic factors | Unmet financial and welfare needs in family Lack of management of expenses in adolescents Difficulties in managing daily chores |
| Society | Friends | Improper modeling of peers Acquiring a sense of belonging to group Rejection by peers |
| | Educational system | Unpleasant effects of poor control on adolescents Unsuitable psychological atmosphere in school Lack of attractiveness of educational environment Stress concerning university admittance exam |
| | Cultural and religious factors | Anxiety concerning exams for admittance to exceptional talents schools Conflict of values Issues relating sexual education |

Two of the parents said “The adolescents in the neighborhood aren’t good, our neighborhood is not safe, I am very worried about his attraction to these friends and cigarettes and drugs. These worries lead to conflict between us.” (p.13)

“He argues a lot about religious and political issues, he is baring me, he wants his information to be displayed, sometimes it causes quarrels between us.” (p.19)

2- Theme of Family

The interviews demonstrated that the family is one of the significant factors that facilitate interaction problems between parents and adolescents. This theme was categorized into three categories: nervous breakdown in the family, parents’ insufficient communication and marriage skills, and socioeconomic factors. The categories were derived from 9 subcategories.

2-A. Category of a nervous breakdown in the family

When an individual cannot function in a normal way and even fails to do small tasks or personal hygiene, a nervous

breakdown has occurred. While this condition is not officially accepted as a mental health symptom, it can severely and negatively affect one’s life. Several factors might cause a nervous breakdown: build-up stress, pressure, and anxiety are the causes of a nervous breakdown.^[25] Nervous breakdown in the family facilitates interaction problems within the family and the community. In this study, four subcategories shape this factor: Infidelity, Drug addiction, Adverse impacts of divorce on adolescents, and Perfectionism and pressure on adolescents.

One of the mothers stated “Ever since I realized my husband was unfaithful, I have been depressed. I have trouble sleeping, I have severe mood swings and my treatment of my children is unpredictable. there is a lot of conflict between me and my son (angry and anxious).” (p.27)

Mehri, one of the school councilors (34, MS Psychology) said “Another highlight of this year is parental divorce, which has had a profound effect on students, academic failure, aggression, lack of proper communication with friends, stubbornness with teachers, and swearing.”

2-B. Category of parents' insufficient communicational and marriage skills

It was observed that some conflicts in the family are the results of irrational expectations between spouses, cognitive errors, and misunderstandings. These couples are mostly engaged in ineffective communication patterns. Marital conflicts affect the atmosphere in the family and put the psychological health of adolescents at risk, which can lead to psychiatric disorders like depression and anxiety; all this leads to increased interaction problems between adolescents and parents. Two subcategories shape this factor: parenting conflicts between parents and complications of parental conflicts on adolescents.

Two of the mothers stated "My daughter is very anxious due to the many quarrels between me and my husband in the past years. She often chews her nails; she becomes very irritable and conflict occurs between us frequently (sadness and tears in the corners of the eyes)." (p.20)

"My son sees the aggressive and wrong behaviors of his father to me who constantly slanders me and tries to show a bad character of me to my son. My son treats me harshly and aggressively, too. He is anxious and has obsessive behaviors (sad and anxious)." (p.22)

2-C. Category of socioeconomic factors

Three subcategories shape the socioeconomic factor: unmet financial and welfare needs in family, lack of management of expenses in adolescents, and difficulty in managing daily chores. According to a single mother "Children take your strength; adolescence is a bad period of life and I am alone in this. I can't afford living expenses, and my poor mood affects my relationship with my son (her husband is dead) (cries)." (p.23)

Another parent said "We can't go on vacations, and sometimes I take him to the park near our house. My husband is a worker and we haven't been able to save money for any trips. My son always complains that I get bored." (p.18)

3- Theme of society

The interviews also revealed that society is one of the most important factors that facilitate interaction problem between parents and adolescents. This theme was categorized into three categories: friends, educational system, and cultural and religious factors. 10 sub-subcategories shape this theme.

3-A. Category of friends

The factor "friends" was comprised of four subcategories: improper modeling of peers, trying to gain a sense of belonging to the group, unpleasant effects of poor control on adolescents, and rejection by peers. For instance, three of the participants said "Her friends secretly bring cigarettes to school and offer one to her. When my daughter says no, it makes her upset and nervous, I'm worried about her friendships at school

and there is a lot of conflict between us about this." (p.6)

"In my opinion, because my son has a late puberty and is not impressive in terms of body size and appearance, he does not have an intimate friend, his poor mental state at school affects his morals and communication at home."(p.4)

"She says why I don't get a boyfriend so I can show off them too, my daughter and I argue over issues like this." (p.7)

3-B. Category of the educational system

Problems related to the educational system are another category, which comprises four subcategories: unsuitable psychological atmosphere in school, lack of attractiveness of educational environment, stress concerning university admittance exam, and anxiety concerning exams for admittance to exceptional talents schools. According to two parents

"Schools expect students to do more than they are capable of, this leads to concerns and disputes between us." (p.17)

"Their school teaches them high-level lessons since they want to prepare them for the exceptional talents examination, this leads to concerns and disputes between us." (p.14)

Elham (32, MS Psychology) stated "Because of the pressure in the previous school, sheyda has become depressed, lost self-confidence, and can't concentrate despite being a quick-learner. She says she can't study anymore and has lost her interest in studying." (p.18)

Sheyda's mother said "Due to the stress and pressure of the heavy extracurricular entrance exams, she gets nervous and grabs his hands and scratches them. He is undergoing psychiatric treatment. These educational issues cause more conflicts between us (worried and desperate)." (p.18)

3-C. Category of cultural and religious factors

Cultural and religious factors are another categories derived from two subcategories: conflicts of values, and issues relating to sexual education. For example, four of parents said

"My problem is that I cannot convince her about the dangers of boy-girl relationships. I can't explain to her that she needs to be careful, and these issues lead to conflict and discussions between us." (p.25)

"I am very worried that he might search for porn. I fear that he might watch porn movies before the age of 18 and that it distracts him from his studies, this concern causes me to control his cellphone and this leads to conflict between us." (p.28)

"My daughter does not pray. I have advised her a lot to pray, but she does not care. She prays well before that; I think some satellite programs have harmed her. This is one of the problematic issues between us." (p.25)

"I would not even extend my legs in front of my father; I respected my parents. I didn't want God to be dissatisfied with me, but children nowadays are a bit impolite, I criticize a lot for his behaviors." (p.10)

Discussion

Using a content analysis approach, the facilitators of interactive problems between parents and adolescents were examined. The results of this study indicated that the parents and counselors had experienced a broad range of factors in the development of problems between parents and adolescents within individual context, family, and social themes. The individual context categorizes three conditions: characteristics of the adolescents, characteristics of parents, and developmental changes in adolescents. It was observed that the conditions of adolescents and parents are an important agent in causing interactive problems. The quality of one's interpersonal relationship is affected by their personality, understanding, and interpretation to these relationships. Personality is expectedly related to the intensity of the parent-adolescent conflict.^[26] While the psychological characteristic of an adolescent influence the parent-adolescent relationship, consistent with Steinberg et al.^[27] (2002), they also emphasized the effects of psychological elements to adolescents and their relationships with parents.^[27] According to APM theory, three personality traits affect behavioral problems: neuroticism, lack of restraint, and extraversion.^[28] Parents have different characteristics, and these characteristics have diverse and significant effects on adolescents performances.^[29] Depending on characteristics, parents might use physical punishment, exertion, awareness of each other's plans, and weak surveillance. It was observed that parents with avoidant and demanding traits had many problems with their adolescents. Demanding characteristic is coincident with blaming, objecting, aggressive behaviors, and expectations, which leads to negative consequences on parent-adolescent relationships and create problems. Demand implies blame, judgment, criticism, and objection. The result of avoidance is parents' refusal to talk about problems with their adolescents, and this creates more distance between them.^[30] In addition, those parents who had demanding characteristics or were avoidant were more dissatisfied. Adolescence is featured with fast biological, neurological, and cognitive changes with profound effects on parent-child relationships. Abstract reasoning development in adolescents can enable adolescents to understand problems that used to be under parental authority as personal decisions, which lead to conflicts with parents. However, these conflicts are suited to reorganizing parent-adolescent relationships from a vertical relationship, to a more horizontal relationship featured with equal, symmetrical, and reciprocal interactions; as a result, adolescents' increasing needs for autonomy are met.^[31] Normative adolescent behavior is featured with a surge of sensation-seeking that adaptively motivates experience to support individualism during the transition from childhood to adulthood and responsibilities. On the other hand, it can cause vulnerability to risk-taking.^[32]

The family factor was the second facilitator factor in causing interactive problems between parents and adolescents. The present study demonstrated that there was no proper psycho-

logical atmosphere in families that were disturbed due to conflicts between the members, and this caused problems for the members. A review of the literature on the family's role in children and adolescents' behavioral and psychological problems shows that four familial contexts (dissolution of the family, familial conflicts, lack of attention to the family, and the family's corruption) contributed to the problems.^[33] The relationship between childhood family instability and internal and external problems in late adolescence has been shown.^[34] An essential role is played by the family environment in the depression in adolescents and children as they spend more time with their parents and the rest of the family members. The instability of families during childhood is mostly linked to their mental health issues in older ages.^[35] Ibabe et al.^[36] (2013) studied the effect of a positive environment in family and classroom as a mitigating factor in adolescents' tendency to be violent against authority such as child-to-parent or student-to-teacher antisocial behavior or violence. Perceived family cohesion and organization have a negative relationship with parent abuse. That is, with a positive family environment, the risk to violent behavior against parents decreases. Also, among the most common family-related problems were stress and depression in adolescents caused by high parental expectations. Ying Ma et al.^[37] (2018) examined the role of high parental expectations on academic performance and depression among adolescents in Hong Kong. They showed that while the high parental expectation was associated with positive academic performance, it was negatively related to depression. Zhang et al.^[38] (2020) indicated the mixed effect of school systems, family systems, and personal systems on problem behaviors and has specific guidance importance for the prevention and intervention of problem behaviors among adolescents. School counselors in this study mentioned more behavioral problems among the children of divorced parents. The findings demonstrated socioeconomic status was among the effective factors causing parent-adolescent conflict. In this regard, parents with lower social status had lower mood levels. Parents and children in families with low income might feel more stress daily compared to those with more income. The former also reported a higher level of parenting depression and stress.^[39] Low SES adolescents and children experience several stressful life situations, and they at a higher risk of suffering mental health issues.^[40] A time-series analysis in 34 countries between 2002 and 2010 indicated that lack of equality between socioeconomic groups increased in several fields of adolescent health. Thus, those with low socioeconomic status are at a higher risk of psychological and physical symptoms.^[41]

The social factor was the third facilitator factor in causing interactive problems between parents and adolescents, including relationships with peers. Parents mentioned modeling risky behaviors of peers and the creation of negative perceptions that violate social and family values. Peers have an important role in socialization, identity acquisition, behavior, morals, social cognition, feelings, and perceptions of adolescents.^[42,43] Peers can help adolescents improve their school achievements

and acquire essential social skills for adulthood. On the other hand, friends are also a recurrent factor relating to high-risk behaviors.^[42,44] Iranian parents frequently expressed their concerns about the educational system, which raises concern. Exceptional talent schools and university entrance examinations are the two main sources of stress and conflict between parents and adolescents among Iranian families. School can be a source of stress for many students. Grades and university entrance examinations, relationships with teachers, study times, and extracurricular programs are causes of stress and problems among families.^[45] Having a secure and emotionally supportive classroom environment is a major requirement for students to have a social and cognitive exploration in the classroom.^[46] In addition, students tend to be more interested in the academic values of the school and become more cooperative with the instructor when they feel being liked by the instructor. They also might demonstrate more academic participation and exposure to quality feedbacks by the instructor.^[47]

Interviews in the present study revealed that parent-adolescent problems are affected by cultural and religious factors. Parents are influenced by the value and cultural teachings and expect their adolescent children to follow these teachings, whereas adolescents believe they are equal to their parents and look for equilibrium in their relationship with their parents instead of a hegemonic relationship.^[48] Families are a unique microcosm and at the same time a product of a bigger cultural context. Analyzing family communication needs to contain culture as well to explain the effective communication strategies to deal with familial conflicts.^[49] In line with this study, the family is considered the basic unit of the Iranian society, wherein the child plays a pivotal role. Families are in charge of their children in all the stages of their lives, even after they marry. Parenting, in such conditions, with limited family relations can lead to conflicts.^[50]

Conclusion

All individual context, family, and social factors affect parent-adolescent conflicts and problems. The findings indicated that parent-adolescent problems and conflicts led to emotional detachment from parents, maladaptation, secrecy in adolescents, over-monitoring, and a sense of inability in parents. These problems can collapse family bonds, reduce family function, increase violence and pessimism, and lead to the exhibition of high-risk behaviors in adolescents. Developing suitable interventions at family and society levels can prevent further issues that might inhibit the adolescent's progress to adulthood.

Clinical Implications

The findings of the present study can serve as a basis for future research in the field of adolescent and family mental health and can be used to develop basic research in this field guided and exploited by the results. Holding training and counsel-

ing courses regarding the mental health of adolescents and using the findings of the present study to empower psychiatric-mental health nurse professionals is an important step toward sufficient access to specialty care for adolescents and their families—to respond to the concerns and problems of clients to achieve of development and emotional milestones, healthy social development, and effective coping skills, such that mentally healthy adolescents have a positive quality of life and can function well at home, in school, and their communities. The results of the study can help psychiatric-mental health nurse professionals in improving mental and behavioral health care delivery for children and adolescents in multiple settings.

Limitations of the Study

All families under the study were of Azari ethnic group, and the majority of participants were married. Therefore, the facilitators of parent-adolescent problems addressed in the present study may not be generalized to other groups with different specifications (e.g. cultural norms and marital status). Conducting studies with quantitative methods and comparing their findings with those of the present study is suggested. It is also proposed that a qualitative study to be conducted on a sample of adolescents regarding facilitators of their problems with their parents.

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