

Parent-Adolescent Conflict and General Health of 14-Year-Old Adolescents in Behbahan, Iran

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Abstract

Background: Evidence suggests that the quality of family relationships is associated with family members' general health. Given of the scanty studies on adolescents, especially in Iran, this study aimed to determine the association between parent-adolescent conflict and adolescents' general health.

Methods: Out of 40 high schools in Behbahan, 10 were randomly selected, and then 391 students were selected through random sampling method. The Parent-Adolescent Conflict Questionnaire and General Health Questionnaire were used for data collection. Pearson correlation coefficient, t-test, and ANOVA were used for data analysis in SPSS.

Results: The findings of this study showed a significant and positive correlation between parent-adolescent conflict and general health ($P=0.001$, $r=0.142$). There was also a significant difference between the parent-adolescent conflict and mother's educational level ($P=0.001$), between general health and mother's educational level ($P=0.01$), and between parent-adolescent conflict and father's educational level ($P=0.003$). There was no statistically significant difference between gender and parent-adolescent conflict and general health.

Conclusion: According to the results, with an increase in parent-adolescent conflict, the general health scores would also increase, indicating lower general health. Further studies are recommended to identify familial conflict and general health (mental) risk factors. A family-oriented training program is recommended to improve the parent-adolescent communication skills.

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Introduction

Adolescence is a transitional stage in which a lot of qualitative biological, psychological and social changes take place.¹ It is essential to pay attention to the mental health of adolescents because it is one of the most important psychological concepts defined as a combination of feeling good about (emotional well-being) and functioning well (social and psychological well-being) in life; it refers to a state in which individuals are able to perform daily tasks and have relationships with their family members and the environment and affects the family and community growth and development.² Unfortunately, adolescence psychological, emotional and

social disorders are found in every society and culture; about one in ten adolescents in the world suffer from depression and anxiety and suicide is the cause of 8.5% of deaths among 15-25 year old adolescents.³

Parent-adolescent conflict is one of adolescent risk factors, which reaches a peak at 14-16 years of age.⁴ Increased parent-adolescent conflict is a developmental phenomenon usually exacerbated by biological changes of adolescence and increased need of autonomy; it is often part of the family life and individuals experience conflict when their needs, instincts and desires are not satisfied.⁵ Increased parent-adolescent conflict results from the adolescents' tendency to be independent and

to the reduce authority of the parents. The cause of parent-adolescent conflict is that they do not often believe in each other.⁶ Inappropriate adolescent-parent relationship is associated with outcomes such as increased anxiety and depression, decreased self-esteem, increased drug abuse, and behavioral problems.⁷ Family function is one of the important indicators of the quality of life and mental health of family members whose negative relationships may lead to mental and emotional disorders.⁸ About 80% of parents consider their teenagers to be maladjusted and such an impression leads to a particular parental behavior toward adolescents.⁹ In this challenging situation, parents consider teenagers to be maladjusted and adolescents do not admit their parents' behavior.¹⁰

The literature includes convincing arguments that adolescents with several life events and a negative parent-adolescent relationship seem to be high risk individuals for mental health problems.¹¹ Johnson et al. also showed that higher quality parent-adolescent relationship anticipated greater self-worth and lower depressive indicators during the move to adulthood,¹² whereas Chaplin et al. mentioned that highly emotional and physiological reactions to parent-adolescent conflicts might be accompanied with adolescence's alcohol use and substance abuse.¹³

To the best of our knowledge, no research has been conducted on the association between parent-adolescent conflict and general health of 14-year-old adolescents in Behbahan. Therefore, due to the impact of parent-adolescent conflict on adolescents, we aimed to determine the relationship between parent-adolescent conflict and general health of 14-year-old adolescents in Behbahan.

Materials and Method

This descriptive cross-sectional study was conducted in Behbahan in 2017, aiming to investigate the effect of parent-adolescent conflict on adolescents' general health. The statistical population of this study included all female and male high school students. The questionnaires were handed out by the author to the participants selected

through random sampling method. The necessary information about the study was orally presented to the students. Moreover, participation was both voluntary and anonymous; they were assured that they can stop their participation and all their information would remain confidential.

In order to have a representative sample in this study, 5 boys-only schools and 5 girls-only schools were randomly selected. Sample size was calculated 391 students using Cochran's formula. Then, forty 14-year-old students were randomly selected from each of these schools; at the end, 391 questionnaires were filled out by the students. The data collection tool was a standard parent-adolescent conflict questionnaire which contained 92 Likert-scale questions each with two options. The first part of each question measured the frequency of conflict and the second part measured the severity of conflict. The coefficient alpha was obtained 0.9.¹⁸ The General Health Questionnaire (GHQ-28) was developed by Goldberg in 1972 to measure mental disorders in different environments. The Questionnaire examines the individuals' mental health status by measuring somatic symptoms, anxiety, social dysfunction and depression. In this study, the standardized 28-item Likert-scored questionnaire was used (1-3). The cut-off point in this study was 22, so that the individuals with a score of 22 or lower were considered healthy and those with a score of 23 or more were classified as people with disorder.¹⁸ Pearson correlation coefficient, t-test, and ANOVA were used for data analysis in SPSS, version 23.

Results

Descriptive Findings: A descriptive analysis of the demographic information (Table 1) showed that the participants' mean age was 14.5 years, and 52.71% of them were girls and 47.34% boys. There was a significant difference between parent-adolescent conflict and mother's educational level ($P=0.001$); adolescents whose mothers did not have a high school diploma experienced more parent-adolescents conflict (637 ± 68). There was also a significant difference between general health

Table 1: Distribution of demographic variables and their association with parent-adolescent conflict and general health

Variable		Abundance	Percentage	Conflict		General health	
				Mean±SD	Sig	Mean±SD	Sig
Sex	Girl	206	52.7	619±73	0.30	50.44±6.32	0.97
	Boy	185	47.3	626±73		50.88±7.15	
Father Education	Pre-school high school	26	6.6	666±72	0.003	50.80±6.00	0.87
	High school graduation	69	17.6	621±76		51.22±6.90	
	Associate Degree	177	45.3	625±63		50.30±6.70	
	Undergraduate and higher	119	29.9	611±69		50.71±6.90	
Mother Education	Pre-school high school	145	37.1	637±68	0.001	51.80±6.09	0.01
	High school graduation	122	31.2	637±63		51.80±5.90	
	Associate Degree	44	11.3	592±71		51.00±8.50	
	Undergraduate and higher	80	20.3	591±64		48.75±7.60	

Table 2: Coefficient of correlation between parent-adolescent conflict and general health sub-structures

Variable	Mean	Number	Conflict of parent- adolescent Coefficient Correlation(r)	Sig
Physical health	12.30	391	0.07	0.151
Anxiety	12.20		0.097	0.056
Social action	12.30		0.07	0.141
Depression	13.7		0.132	0.008
General Health Score	50.67		0.142	0.001

and mother's educational level ($P=0.01$) and between parent-adolescent conflict and father's educational level ($P=0.003$); the adolescents whose fathers had not a high school diploma experienced more parent-adolescent conflicts (666 ± 72). There were no significant difference between gender and parent-adolescent conflicts ($P=0.30$) and between gender and general health ($P=0.97$).

Correlation Analysis: Pearson correlation analysis (Table 2) showed a significant and positive correlation between parent-adolescent conflict and general health ($P=0.001$, $r=0.142$). It showed an increase in parent-adolescent conflict. The general health scores also increased and general health was worsened. There was also a significant positive correlation between parent-adolescent conflict and the students' depression among general health subscales ($P=0.008$, $r=0.13$). It showed that adolescent depression increased with the increase in conflicts.

Discussion

This research aimed to investigate the relationship between parent-adolescent conflict and adolescents' general health. Parent-adolescent conflict positively correlated with general health. It showed an increase in parent-adolescent conflict and a decline in general health. These results supported the findings of two other studies who had found there was a significant association between parent-child conflict and adolescents' general health.^{14, 15} Parker et al. showed that there was a significant association between parent-adolescent conflict and adolescent's self-esteem.¹⁶ It seems wrong relationships between parent-adolescent threaten all dimensions of adolescent health and this can lead to physical and mental disorders.

According to the finding, there was a significant difference between the mothers and fathers' educational levels and parent-adolescent conflict; adolescents whose fathers and mothers had not a high school diploma experienced more parent-adolescent conflict. Less conflict was reported between fathers and mothers with high *education* level and their teenage children.¹⁷ However, Onongha et al. concluded that the influence of parent-adolescent conflicts on the child's functioning did not differ significantly with parental education.¹⁸

There was a significant difference between the

mothers' educational levels and children's general health; this conclusion confirms another research conducted by Lee et al. which indicated that the conflict decreases and children's general health increases with the increase in maternal educational level.¹⁹ It seems that mothers with higher education will improve their teenagers' health using their learning.

Also, the findings of this study indicated that there was a positive and significant correlation between parent-adolescent conflicts and adolescent's depression level. Other studies on adolescents' depression severity and factors such as their relationship with their parents, their intimacy with the family, disagreement between parents and adolescents and parents' expectations from this age group showed similar results, indicating that there is a significant association between these components and adolescents' depression severity.²⁰

The research shows that parent-child conflict is associated with psychological health, as negative parenting methods are associated with mental health problems in children.²¹ Adolescents exposed to ongoing inter-parental conflict often feel hopeless and develop symptoms of depression such as distress, self-blame, and anxiety.²² In families which support and confirm the adolescents' independence and identity formation, the parent-adolescent relationship promotes the adolescent's mental health.^{6, 14}

Ethical Issues

The ethics committee of Shiraz University of Medical Sciences (SUMS) approved the study (Identifier: IR.SUMS.R1396..S 371)

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Limitations and Suggestions

The major limitation of this study was that other aspects which affect the adolescents' mental health; for example, their educational status was not investigated. Hence, further studies on a wider group of adolescents while considering other factors affecting their health are recommended to develop more generalizable findings.

Conclusion

These findings emphasize the effect of resolving parent-adolescent conflict on their mental health improvement. The quality of parent-adolescent relations can be improved through conflict resolution training programs and consequently improve adolescents' developmental processes.

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Conflict of Interest: None declared.

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