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Emotional, social, and behavioural changes in the adolescence stage in Riyadh and its governorates: Parents' perspectives.

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Abstract

Background: Adolescents are more vulnerable to emotional and social problems than others because they face multiple changes during their development. Parental attitudes, perceptions, and beliefs may influence help-seeking behavior concerning adolescent mental issues. This study aims to assess parents' perceptions, beliefs, and attitudes toward dealing with changes among adolescents.
Method: A cross-sectional study was conducted in Riyadh over three months (January to April 2021). The participants were recruited through convenience sampling. A structured questionnaire was designed by a previous study and modified by the researchers to fit Saudi culture.
Results: The results showed that the most prevalent problem from a parental perspective was bring nervous in new situations and easily loses confidence (43%).
Furthermore, more than half (67%) of the parents disagreed that their teenager complained based on the problem "Does not have a good friend." The most prevalent category of complaints about adolescents from a parental perspective was emotional problems, followed by social problems, hyperactivity, and conduct problems. A high percentage of parents believed that too much coddling were the primary cause of emotional, social, and behavioral changes in adolescents. However, more than half of the participants disagreed, ignoring these changes. Furthermore, there is a significant association between income level and parents' perceptions of adolescents' complaints.

Keywords: Adolescence, Parents, Changes, Social, Emotional, Behavioral.

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Introduction

Adolescence is the transition period between childhood and adulthood, ranging from 10–21 years old [1]. It is a critical stage for both adolescents and their parents in developing and maintaining social habits and emotional well-being [2]. Adolescents experience many biological and emotional changes simultaneously [3]. It may not be shocking that an adolescent's mood is unstable and more complex than people in other life stages [4].

Changes in adolescence

Adolescence is a time of rapid and significant change in physical appearance. Adolescents also experience cognitive, social, emotional, and behavioral changes [5]. Every teenager is an individual with different personalities and interests, and each one suffers from problems and challenges during adolescence in some way [6], such as hyperactivity, conduct, emotional and social problems. Because most adolescents have mood swings, and most mental disorders appear in adolescence or childhood, it is difficult to differentiate between whether a teenager has a mental illness or only normal mood swings [7].

Emotional changes

During adolescence, children's emotional concerns change. In early adolescence, the central concern is belonging. In middle youth, the main problem is uniqueness. In later adolescence, this is worthiness [6]. Compared with children and adults, adolescents experience more intense emotions in both positive and negative domains [4]. Adolescents have been observed to transition through emotional states more rapidly and are likely to react to situations with a mix of positive and negative effects compared to children. For example, it is common for parents to note that their children become moodier and irritable during this period. This moodiness is often attributed to sudden and fluctuating hormonal levels, or "raging hormones." During puberty, the body adjusts to these changes, creating mood swings [7]. However, several other causes account for increased moodiness, such as a desire for greater autonomy, pressure to conform to peers, exploration of sexual identity, and increased access to and use of technology [2].

Emotional problems increase during adolescence and can become chronic for a considerable number of adolescents. In general, girls have more emotional issues to cope with than boys [8]. Although a typical adolescent is overall happier than

unhappy, the evidence suggests that adolescents experience frequent and intense emotions that accompany a marked increase in their risk of mental disorders characterized by problems with emotion regulation [4]. Social and emotional changes show that the child is forming an independent identity and learning to become an adult. For this reason, mental health issues often first emerge in adolescence. Younger children and those with fewer social and emotional resources may find this phase difficult, which increases their risk of subsequent mental health difficulties [9].

Social changes

Adolescence is marked by significant changes in one's social environment, which are typically adaptive and cheerful but may also be aversive or overwhelming. It is also a crucial stage for developing and maintaining social patterns and mental well-being [4]. Individuals' social networks evolve and become more complex during adolescence, and they experience frequent changes in identity and status and increased social appraisal issues. As a result, external influences, such as parents, friends, culture, religion, school, and the media begin to influence adolescents [8]. In terms of the community environment, community engagement, identified as the adolescent's inclusion and interest in his or her community, is a crucial factor in his or her transition and reinforcing support and friendship networks [10].

Parents play an essential role in their children's behavioral, mental, and cognitive developments and changes. Children who receive enough care, attention, and support from their families are likely to enter social relationships with warmth and trust. Children, who have experienced emotional coldness and rejection from close individuals, such as parents and other significant family members, are likely to be emotionally cold and distraught in social settings [11]. Furthermore, adolescents feel tension and emotional arousal in social environments more than in others, so they start making more autonomous choices about navigating society based on a minimal experience base [4].

Behavioral changes and conduct problems

Adolescence is marked by a growing desire to control effect and action in compliance with long-term expectations and outcomes, often directed from a distance by adults who offer regulatory frameworks and support during adolescence, such as parents [12]. Since adolescence is a time of risk-taking and impulsiveness, carefree and reckless behavior may have long lasting negative consequences [13].

When a family is affected by disease or parental separation, the likelihood of unsafe behavior rises [14]. Substance misuse, alcohol consumption, and reckless driving are the most common risky behaviors during adolescence [15]. In childhood and adolescence, conduct issues such as violence, defiance, disruptive behavior, rule-breaking, and deception are among the most common problems, especially among boys [8,16]. At the beginning and middle of adolescence, behaviors that harm social interactions are more noticeable [8]. Peers significantly affect nearly every area of teenagers' lives, from seemingly insignificant, such as music and wardrobe preferences, to more extreme, such as illegal substance usage [17]. These riskier activities could have long-term effects on individuals and result in substantial societal costs [18].

Beliefs and perceptions of parents

Since parental beliefs are determinants of parenting behaviors and affect children's growth, they are essential for adolescent life [19]. These values, norms, and beliefs, on the other hand, are not exclusively constructed by each parent; they are, to a large extent, often built by each generation and cultural community, depending on the importance put on childhood and adolescence in the construction of society.

Many studies currently link adolescent-rearing beliefs and mental health, intending to recognize similarities and differences within various cultural contexts [20]. Indeed, parents' awareness, perceptions, and attitudes about mental disorders are significant predictors of early detection and treatment of adolescent mental disorders [21].

The connection between the beliefs and perceptions of parents and their attitudes toward dealing with the emotional, social, and behavioral changes of adolescents

Family is the basis for the development of a healthy adolescent and most of the family challenges that happen to the parent's relationships with adolescents [22]. Essentially, adolescents feel secure when their parents have a safe, consistent, supportive, and responsible attitude toward them [23]. When dealing with adolescents, three different styles of parental attitude (democratic, authoritarian, and protective) exist. First, the democratic parental perspective involves both supervising adolescents and giving them what they need. Parents who follow a democratic attitude take actions that are stable, determined, and responsible. With this attitude, adolescents may engage in decision making, thus contributing to their sense of responsibility. Second, an authoritarian mindset, adolescents grow without parental supervision of their characteristics and needs, and parents assume their children behave in the way the parent's desire. Furthermore, children are punished when they do not act accordingly. Finally, the protective parent's attitude, lead parents to overprotect and monitor their adolescents [24].

Mental disorders are not rare in young people, but anxiety about seeking psychological counseling can be related to negative views about therapeutic improvement and a lack of parental support. Therefore, parents should engage in the mental health care of their adolescents who are suffering from mental illnesses because parents have a strong influence on motivating their children to seek help and determine the right way to manage their psychological changes [25]. Parents' beliefs and attitudes significantly affect their teenagers' mental, psychological, and emotional well-being. Parents should actively participate in their adolescents' lives, providing guidance and motivation as appropriate.

Parental beliefs about the causes of their adolescents' mental health conditions can affect their ability to recognize and diagnose different psychopathologies as a mental health problem, influencing their therapeutic preferences and help-seeking behavior [25-27]. Promoting adolescent mental health is essential to preventing mental problems that may remain throughout adulthood [28]. Changes in emotion, thinking, or behavior during adolescence, if not managed appropriately, may develop into disorders such as anxiety disorder, depression, eating disorders, and Post-Traumatic Stress Disorder (PTSD) [29].

Stigmatization, inequality, living conditions, rejection, or loss of access to resources and quality care may increase the risk of mental health problems in some adolescents [2]. Globally, psychiatric illness forms a significant burden of disease for adolescents [30]. In Saudi Arabia, the percentage of mental disorders is 45% of the disease burden in 10-24 year olds [31].

Objectives

- Assess the emotional, social, and behavioral compliance of adolescents from the parental perspective.
- Assess parents' beliefs and perceptions regarding adolescents' emotional, behavioral, and social compliance.
- Assess parents' attitudes toward dealing with the emotional, social, and behavioral complaints of adolescents.

Materials and Methods

Study design and place of study

A cross-sectional study was conducted in Riyadh from January to April 2021.

Study population inclusion and exclusion criteria

The study population consisted of Saudi parents living in Riyadh and its governorates, which have offspring at the adolescent stage. Exclusion criteria were Saudi parents who had adolescent children diagnosed with mental disorders.

Sampling

The participants were recruited through convenience sampling. The sample size was calculated to be 385 based on the total population >10,000, the prevalence of factor understudies 50%, the level of confidence=1.96, and the degree of accuracy (0.05) using the application of N4 studies [32]. The number of participants reached 305 in Riyadh and its governorates, with a response rate of 79.2%.

Data collection tool

A structured questionnaire was designed by a previous study [27] and modified by the researchers to fit Saudi culture. The questionnaire was distributed through a social media platform. The questionnaire to assess parents' perceptions, beliefs, and attitudes toward dealing with these changes in adolescents, was presented on a three-point Likert scale. The questionnaire was composed of 5 sections. The first section consisted of 8 questions about socio demographic data characteristics. The second section included one question regarding parents' perceptions of adolescents' changes. The third section was concerned with parents' perspective of adolescents' complaints includes four components:

- Emotional problems (four questions)
- Social problems (10 questions)
- Hyperactivity problems (three questions)
- Conduct problems (four questions)

The fourth section consisted of 12 questions about parents' beliefs toward causes of emotional, social, and behavioral change. Finally, the fifth section included six questions about the parents' attitudes toward dealing with these changes.

A pilot study was conducted on 25 participants to test the questionnaire's clarity, and modifications were made accordingly.

Data management

The data were analyzed, coded, and entered through JMP software version 14.2 [33]. Data were presented in descriptive statistics (*i.e.,* frequency tables and percentages). The association between parents' attitudes toward dealing with the emotional, social, and behavioral compliance of adolescents and demographics was tested using the Pearson Chi-square test. A p-value of 0.05 was considered significant. Questions that represented the adolescents' complaints from the parents' perspectives and questions regarding the parents' perceptions were categorized into two groups, moderate and major. The cut-off was taken at 50%.

Ethical considerations

Before conducting the study, ethical approval was obtained from the princess nourah Bint Abdurrahman university institutional review board (H-01-R-059). Participants were informed that they had the right to withdraw from the study at any time. They could also refuse to answer any questions if they did not feel comfortable. Their data were anonymous, confidential, and used for research purposes only.

Results

The study included 305 participants, of which 250 were females (mothers) and 55 were males (fathers). As shown in Table 1, 93% of the participants lived in Riyadh. About 87% of the participants lived in a nuclear family, while only 1% lived in a stepfamily. Most participants (83%) had a middle-income level. Sixty percent of mothers had bachelor's degrees, compared to 48% of fathers. Of the fathers, 77% were employees, while of the mothers, the figure was 51%. The rate of married participants among fathers and mothers was 93% and 92%, respectively. However, the rate of divorced parents was higher in females (7%) than in males (3%).

Variable	N	%	
Residence			
Riyadh	283	93%	
Riyadh governorates	22	7%	
Type of family			
Nuclear family	265	87%	
Extended family	19	6%	
Stepfamily	4	1%	
Single-parent family	17	6%	
Number of children in adolescence			
One child	100	33%	
Two children	104	34%	
Three or more children	101	33%	
Adolescent gender			
Male	146	48%	
Female	159	52%	
Income level			
Low	12	4%	
Middle	254	83%	
High	39	13%	
Variables according to type of parent	**Father**		**Mother**
	N	**%**	**N**	**%**
Educational level				
Less than high school	20	6%	25	8%
High school	80	26%	61	20%
Bachelor degree	147	48%	181	60%
Postgraduate studies	58	19%	37	12%
Employment status				
Employed	235	77%	156	51%
Unemployed	22	7%	132	44%
Freelancer	47	15%	15	5%
Marital status				
Married	283	93%	280	92%
Divorced	10	3%	21	7%
Remarried	11	4%	0	0%
Widow	0	0%	4	1%
Total	55	18%	250	82%
	305	100%		

Table 1. Sociodemographic characteristics.

Table 2 shows the adolescents' complaints from the parents' perspective, starting with emotional problems; the most prevalent problem was "nervous in new situations, easily, loses confidence" (43%), while the least prevalent problem was "Many fears, easily scared" (33%). Most parents (45%) agreed that the most prevalent social problem was "Gets along better with adults than with other youth." Still, a minority (12%) agreed that their adolescents complained about "Generally, not liked by another adolescent." Furthermore, more than half (67%) of the parents disagreed that their teenager complained, "Does not have a good friend." Furthermore, fewer parents believed that hyperactivity problems were more prevalent than other problems. The most common complaint was "Poor attention span does not see work through to the end" (33%), and the most disputed problem from parents' perspectives was "Restless, overactive, cannot stay still for a long time" (46%). Finally, in regard to conduct problems, two were highlighted the most by parents who were bullying and not behaving well.

Question	Agree		Neutral	Disagree		
	N	%	N	%	N	%
Emotional problems						
Often unhappy, depressed, tearful	87	29%	122	40%	96	31%
Many fears, easily scared	82	27%	121	40%	102	33%
Nervous in new situations, easily loses confidence	131	43%	100	33%	74	24%
Many worries or often seem worried	96	31%	111	36%	98	32%
Social problems						
Picked on or bullied by other youths	90	30%	65	21%	150	49%
Would rather be alone than with another adolescent	93	30%	90	30%	122	40%
Generally, not liked by another adolescent	38	12%	77	25%	190	62%
Does not have one good friend	52	17%	49	16%	204	67%
Gets along better with adults than with other youths	138	45%	99	32%	68	22%
Not considerate of other people's feelings	55	18%	78	26%	172	56%
Not kind to younger adolescents	78	26%	93	30%	134	44%
Not helpful if someone is hurt, upset, or feeling ill	39	13%	73	24%	193	63%
Refuses to share readily with other youths (e.g., books)	54	18%	105	34%	146	48%
Often does not offer to help others (parents, adolescents)	67	22%	87	29%	151	50%
Hyperactivity problems						
Restless, overactive, cannot stay still for a long time	83	27%	81	27%	141	46%
Poor attention span, does not see work through to the end	101	33%	80	26%	124	41%
Easily distracted, concentration wanders	96	31%	93	30%	116	38%
Conduct problems						
Quarreling	102	33%	94	31%	109	36%
Bullying others	61	20%	74	24%	170	56%
Often lies or cheats	70	23%	104	34%	131	43%
Generally not well-behaved, usually does not do what people request	62	20%	76	25%	167	55%

Table 2. Adolescents' complaints from the parents' perspective.

Table 3 demonstrates parents' beliefs and attitudes toward the causes of change in adolescents. Regarding beliefs, the table highlights that the most agreed-upon reason for changes was "coddled too much" (44%) compared to the "evil eye," which was the least agreed cause (16%). Moreover, a considerable percentage (64%) of parents disagreed that drug abuse could be due to these changes. The most prevalent was religious attitude, especially advising adolescents to be closer to God (76%), followed by reading the Quran (57%). "Nothing to be done" was the least prevalent attitude (52%).

Question	Agree		Neutral	Disagree		
	N	%	N	%	N	%
Beliefs						
Genetic susceptibility	90	30%	94	31%	121	40%
Spiritual causes	74	24%	103	34%	128	42%
Financial problems	88	29%	94	31%	123	40%
Relationship problems	118	39%	97	32%	90	30%
Coddled too much	133	44%	99	32%	73	24%
Academic stress	120	39%	109	36%	76	25%
Drug abuse	64	21%	45	15%	196	64%
Mental disorder	73	24%	65	21%	167	55%
Evil eye	50	16%	79	26%	176	58%
Lack of social support	118	39%	86	28%	101	33%
Childhood trauma	117	38%	77	25%	111	36%
Chemical imbalance	65	21%	79	26%	161	53%
Attitudes						
Religious attitude						
Taking him/her to a faith healer	45	15%	75	25%	185	61%
Reading the Quran	174	57%	81	27%	50	16%
Using holy water (Zamzam)	149	49%	89	29%	67	22%
Advise him/her to be closer to God	232	76%	57	19%	16	5%
Medical attitude						
Seek medical help	145	48%	81	27%	79	26%
Nothing to be done	63	21%	83	27%	159	52%

Table 3. Parents' beliefs and attitudes toward causes of emotional, social, and behavioral change in adolescents.

Only 30% of the participants considered changes occurring in adolescents as a serious problem. Table 4 shows a significant association between social problems and family type (p=0.02). However, no significant association was found between emotional, conduct, or hyperactivity problems and any of the socio-demographic factors. Table 5 shows a significant association between parents' perceptions of adolescent change and income level (p=0.02); no other socio demographic factors were significantly associated with parents' perceptions.

Variable	Emotional problems				p-value	Social problems				p-value	Conduct problems				p-value	Hyperactivity problems				p-value
	Major		Mode rate			Major		Mode rate			Major		Mode rate			Major		Mode rate		
	N	%	N	%		N	%	N	%		N	%	N	%		N	N	%	N	%
Place of residence																				
Riyadh	205	72.4	78	27.6	0.9	66	23.3	217	76.7	0.6	81	28.6	202	71.4	0.1	146	51.6	137	48.4	0.8
Riyadh governorates	16	72.7	6	27.3		4	18.2	18	81.8		3	13.6	19	86.4		12	54.5	10	45.5	
Type of family																				
Nuclear family	193	72.8	72	27.2	0.2	65	24.5	200	75.5	0.02	76	28.7	189	71.3	0.5	140	52.8	125	47.2	0.7
Extended family	17	89.5	2	10.5		0	0	19	100		5	26.3	14	73.7		9	47.4	10	52.6	
Stepfamily	2	50	2	50		1	25	3	75		1	25	3	75		1	25	3	75	

Single parent	9	52.9	8	47.1		4	23.5	13	76.5		2	11.8	15	88.2		8	47.1	9	52.9	
Number of children in adolescence																				
One child	71	71	29	29	0.9	24	24	76	76	0.7	27	27	73	73	0.8	52	52	48	48	0.6
Two children	76	73.1	28	26.9		21	20.2	83	79.8		31	29.8	73	70.2		50	48.1	54	51.9	
Three or more children	74	73.3	27	26.7		25	24.8	76	75.3		26	25.7	75	74.3		56	55.5	45	44.6	
Adolescent gender																				
Male	101	69.2	45	30.8	0.2	33	22.6	113	77.4	0.8	41	28	105	72	0.8	79	54.1	67	45.9	0.4
Female	120	75.5	39	24.5		37	23.3	122	76.7		43	27	116	73		79	49.7	80	50.3	
Income level																				
Low	7	58.3	5	41.7	0.9	1	8.3	11	91.7	0.06	2	16.7	10	83.3	0.4	7	58.3	5	41.7	0.7
Middle	118	74	66	26		55	21.6	199	78.4		74	29.1	180	70.9		129	50.8	125	49.2	
High	26	66.7	13	33.3		14	35.9	25	64.1		8	20.5	31	79.5		22	56.4	17	43.6	

Table 4. Association between socio demographic characteristics and emotional, social, conduct and hyperactivity problems. **: p>0.05.

Variable	Parents' attitudes				
	Major		Moderate		
	N	%	N	%	p-value
Resident					
Riyadh	89	31.5	194	68.5	0.1
Riyadh governorates	4	18.1	18	81.8	
Type of family					
Nuclear family	77	29.1	188	70.9	0.5
Extended family	8	42.1	11	57.8	
Stepfamily	2	50	2	50	
Single parent	6	35.2	11	64.7	
Number of children in the adolescence stage					
One child	34	34	66	66	0.1
Two children	36	34.6	68	65.3	
Three or more children	23	22.7	78	77.2	
Adolescent gender					
Male	46	31.5	100	68.4	0.7
Female	47	29.5	112	70.4	
Income level					
Low	2	16.6	10	83.3	0.02
Middle	72	28.3	182	71.6	
High	19	48.7	20	51.2	

Table 5. Association between parents' perceptions of adolescents' changes and some socio demographic characteristics. **: p>0.05.

Discussion

The emotional, social, and behavioral compliance of adolescents from the parents' perspective

The study revealed a high proportion of parents agreeing that their adolescents complained about being nervous in new situations, easily losing confidence, and being considered an emotional problem. This could be because the teenager has passed from childhood and has become responsible for his or her actions. Similar findings were found in Ethiopia [27], where most participants agreed that their adolescents complained of having many fears and of being easily scared as emotional problems.

Regarding conduct problems, most parents disagreed that their adolescents did not behave well and usually did not do what people requested. Similarly in a study conducted in Palestine, more than half of the mothers complained of adolescent are disobedience. Finally, many parents disagreed with the social problem that their adolescents were not kind to others. This may be because most participating parents had female adolescents and were not characterized as aggressive. Likewise, a study conducted in India found that most of the parents complained that their adolescents were aggressive.

The beliefs and perceptions of parents regarding the emotional, behavioral, and social compliance of adolescents

The current study has found a low proportion of parents agreeing that spiritual causes are one source of emotional, social, and behavioral change in adolescents. In contrast, a study done in Malaysia showed that a high proportion of participants believed that spiritual causes were a common cause of mental changes.

In this study, most parents believed that a lack of social support was one of the causes of emotional, social, and behavioral change. On the other hand, a study done in California, United States, showed that the participants believed that sociological causes are one of the sources of mental problems. This finding might be justified by the fact that social support is necessary for improving adolescents' mental health.

Most parents in the current study perceived adolescent changes as not a serious problem. Similarly, in a study conducted in Abu Dhabi, United Arab Emirates, most parents agreed that changes to be normal as transitional period, while a minority perceived it as a serious problem.

The attitudes of parents toward dealing with the emotional, social, and behavioral complaints of adolescents

This study clarifies the attitudes of parents toward adolescent changes. A religious attitude, such as advising the child to be closer to God, was endorsed by most parents as a treatment for adolescent mental health problems. This may be due to the religion of Islam being crucial in all aspects of life in Saudi society. Parental rejection of mental health issues was also a concern in Pakistan which could have an impact on adolescence mental health.

Limitations

While this study achieved the desired objectives, it was limited by the scarce, literature about parents' perspectives toward emotional, social, and behavioral changes in adolescence in Saudi Arabia, leading to difficulty in identifying recommendations to solve this problem. Additionally, it was difficult to reach the participants of the Riyadh governorates leading to low number of participants.

Conclusion

The most prevalent complaints in adolescence, from the parental perspective, were emotional problems, followed by social problems, hyperactivity, and conduct problems. A high percentage of parents believed that coddling too much was the primary cause of emotional, social, and behavioral change in adolescents. Meanwhile, more than half of the participants disagreed, ignoring these changes. Furthermore, there is a significant association between income level and parents' perceptions of adolescents' complaints. Finally, the most common attitudes from parents were religious, followed by medical attitudes.

Based on the study findings, multiple recommendations are suggested. First, awareness campaigns are on managing the changes that occur in adolescents and differentiating between regular changes and changes that require medical consultation are needed. Second, there should be easily accessible services for adolescents' mental health consultations. Third, there is a need to conduct more studies about parents' perceptions of these changes in Saudi Arabia. Studies about the factors that influence parental attitudes toward adolescent change are also required.

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