

The Family Role in Adolescents Protection: Evidence from Pre and Amid Covid-19 in Qatar

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Abstract

Evidence from different regions confirms that parents are playing a larger role in protecting their children from behavioral deviations. The family unit, when functioning well, represents a responsible and healthy environment for child development. Despite the importance given to this relational nexus, evidence from the MENA region remains limited in this regard, especially among the adolescent age group. Through quantitative evidence collected from adolescents themselves, this article explores the role that parents play in adolescent protection, investigating the risk and protective factors before and during Covid-19 in Qatar. Periodical comparative analysis is meant to provide scientific measurement on how Covid-19 positively and negatively impacted parental functions and adolescents' attitudes. Results confirm enhanced quality parenting, reduced domestic violence, better relational ties and parental emotional support, yet evidence raises concern on digital addiction and fatherhood engagement.

Keywords: family role, adolescent protection, parenting, Covid-19, Qatar

Highlights:

- Periodical comparative analysis is meant to provide scientific measurement on how Covid-19 positively and negatively impacted parental functions and adolescents' attitudes in Qatar.
- Results confirm enhanced quality parenting, reduced domestic violence, better relational ties, and parental emotional support, yet evidence raises concern on digital addiction and fatherhood engagement.

1. Introduction

Since the declaration of the coronavirus disease (COVID-19) a pandemic by the World Health Organization (WHO) on 11 March 2020, people all around the world have had to alter their day-to-day routines virtually overnight and adopt social distancing measures (World Health Organization, 2020). As a way to reduce the spread of COVID-19, governments worldwide adopted mandatory closing of communal public spaces, enforced restrictions on peoples' movement, and obligated a full lockdown in some countries. These immediate changes in the daily lives of families in all corners of the world have created new realities for some, in which working, learning and spending time recreationally are occurring in close proximity to other family members living in the same space (Janssen et al., 2020).

Adolescents are especially impacted by this sudden change in their daily routines as they are experiencing a transition period in which they are increasingly expressing their independence while spending time with their friends instead of their families (Janssen et al., 2020). Challenges resulting from the outbreak of COVID-19 on adolescents include inconsistent schooling and developmental learning, discontinuities in the provision of health services, and lost celebratory milestones in life such as graduation (Centers of Disease Control and Prevention, 2020). At the same time, outside of the family dynamic, adolescents are unable to physically be around school friends and other acquaintances during COVID-19 which affects their developmental growth and emotional needs, including social learning and identity formation (Volkin, 2020). As a result, adolescents are living in an unprecedented time in which concerns such as monetary instability, physical and mental wellbeing concerns, stress over the amount of time spent social distancing from others, reduced rates of social and physical activities, as well as boredom and anxiety are heightened and experienced daily. Families that are quarantining together are exposed to more stress and arguments, increasing chances

of physical and emotional abuse (Janssen et al., 2020).

Newfound pressures in life can lead adolescents and their families to experience increased tension that impacts their mental wellbeing and associated coping mechanisms (Prime et al., 2020). One coping method includes adolescents' engagement in harmful behaviors such as substance misuse (Miller, 2021). According to the United Nations Office on Drugs and Crime (UNODC), early (12-14 years old) to late (15-17 years old) adolescence is considered to be the most susceptible age range for substance usage (2018). On a global scale, one in every ten girls between the ages of 13 and 15 and one in every five boys between the ages of 13 and 15 smoke tobacco, as of 2014. In fact, most tobacco smokers start during their teenage years (Office of the Secretary General's Envoy on Youth). Meanwhile, sporadic substance use develops much faster into harmful dependence among adolescents than adults (Miller, 2021). Overall, the use of substances among adolescents is prevalent and must be targeted by limiting risk factors and heightening protective factors, including parental engagement and family cohesion (United Nations Office on Drugs and Crime, 2018).

Risk factors can be defined as biological, mental, familial, community level, or cultural features that can lead to and be affiliated with a greater chance of negative impacts on a person; while protective factors refer to favorable features and circumstances that can be affiliated with lessening negative results or limit a risk factor's influence on an individual (Substance Abuse and Mental Health Services Administration, 2019). From an ecological perspective, adolescent functioning is affected by an array of interdependent risk and protective factors on an individual level (risk factors include genetic propensities to substance use for example, while protective factors include favorable self-esteem), in relationships (risk factors include having parents who utilize substances and engage in violence, while parental involvement is a protective factor), in communities (risk factors include impoverishment and violent practices, while protective factors involve extracurricular activities as well as faith based support initiatives), and in society at large (risk factors can include everyday practices that enable substance use such as discrimination, while protective factors include policies and programs that protect against crime). Indeed, the more risk factors a person is exposed to, the less protective factors they will experience. This indicates the importance of early intervention programs as well as interventions that address more than one factor at a time (Substance Abuse and Mental Health Services Administration, 2019).

While adolescence is understood as a transition period between childhood and adulthood in which youth experience changes in their neurological, cognitive and sociopsychological development, effective parenting can influence development during adolescence by nurturing their physical and mental health, enabling them to tackle life's challenges well and transition to adulthood effectively. Parents can support their children and adolescents' mental health by encouraging active lifestyles, eating well, allowing them to engage in extracurricular activities, living in a cohesive and well-functioning family, attending a school that cares for its students' health, and providing them with positive reinforcement and emotional support (National Mental Health Program, 2018). Parents also influence their adolescents' development through secure attachments (Moretti and Peled, 2004). According to the World Health Organization (2020), during this transition adolescents make choices pertaining to eating habits, exercise, substance misuse, and sexual practices that can either be protective or risky and destructive to their health as well as others' wellbeing. When adolescents and parents share a secure and emotional relationship, they feel more at ease to ask for help when needed from their parents and caregivers, while feeling comfortable and protected enough to find their independence (Moretti and Peled, 2004).

Secure attachments between parents and their children contribute to maximizing protective factors and lowering risk factors. John Bowlby's (1969) attachment theory directly illustrates the importance of the adolescent-parent relationship on overall adolescent wellbeing. Attachment theory highlights the relationships and connections between individuals, including those between parents and their children, and how they affect them mentally and emotionally (Monaco, Schoeps, and Montoya-Castilla, 2019). The main risk factors associated with the family include learned negative social behaviors from parents and other family members, genetic dispositions towards substance use and other harmful behaviors, dysfunctional parenting methods such as extreme disciplinary measures, limited parental surveillance, a lack of family cohesion, and frequent fights among family members (United Nations Office on Drugs and Crime, 2018). Nonetheless, families also provide significant protective benefits (Cleveland et al., 2008; Public Safety Canada, 2008). Protective parenting methods include strict and continuous rule setting, conscious surveillance, support and allowing open channels of communication between parents and their children. In fact, to maximize protective factors and limit risk factors, family-based prevention programs for adolescent substance use have been proven useful. The approaches that target both parenting methods and family cohesion show the most promise in limiting or eliminating the use of substances and other harmful behaviors among adolescents (Griffin and Botvin, 2010).

Towards exploring the influence of the parental relationship on adolescent wellbeing self-reported functioning including their susceptibility to harmful behaviors, this paper describes and analyzes the role of parents in adolescent wellbeing prior to and during COVID-19 using data from a cross-sectional quantitative study that was conducted by the Doha International Family Institute in Qatar. Specifically, this periodic comparative study explores the risk and protective factors influenced by the role of parents prior to and during the outbreak of COVID-19 in Qatar and show how

COVID-19 impacted parenting functions and adolescent attitudes. The risk and protective factors include the role of parental support and parental control, the benefits of sharing meals together, the importance of strong bonds between family members, and the impacts of family violence on adolescent wellbeing. The structure of this paper includes the following: first, an exploration of the literature on family relations and adolescent wellbeing and their susceptibility; second, a closer look on the state of adolescents' wellbeing in the onset of COVID-19; third, the methodology used to attain evidence; fourth, findings and discussion; followed by a conclusion and policy implications.

This study offers an opportunity to explore the risk and protective factors leading to substance misuse among adolescents in light of the growing focus on adolescent wellbeing in Qatar. Building on the eight sectors of the Qatar National Development Strategy (QNDS) 2018-2022, and the human development pillar of the Qatar National Vision (QNV) 2030 that work towards achieving a population that is mentally and physically healthy, the National Health Strategy (NHS) 2018-2022 was set up to develop the country's health sector (Ministry of Public Health, 2020). Specifically, of the 7 priority areas of the health strategy, 3 of them make explicit reference to the importance of wellbeing in general and the wellbeing of adolescents, in particular, such as "mental health and wellbeing," "health and wellbeing for people with special needs" and "healthy children and Adolescents." (Ministry of Public Health, 2020). The NHS aims to achieve these priority areas using a population health approach which "aims to achieve health improvement through addressing the health needs of population groups rather than individuals, recognizing that factors such as gender, geography, employment status and age have a large impact upon individual health needs" (Ministry of Public Health, 2020). Therefore, realizing the intersectionality of health and wellbeing is a core component of achieving the health strategy of Qatar.

2. Family Factors Influencing Adolescents' Use of Substances

This section outlines the major family factors that generally influence adolescents' use of harmful substances prior to and during the outbreak of COVID-19. The following section will illustrate the key links between the abovementioned risk and protective factors and how they correlate with adolescents' use of substances using examples from studies around the world. Namely, the protective and risk factors provided include the role of parental support and parental control, the benefits of sharing meals together, and the impacts of family violence on adolescent wellbeing.

The relationship between parents and their adolescents has a significant impact on their overall wellbeing, reducing risk factors and strengthening protective factors. The role of parents is imperative to the provision of emotional care, which promotes a deeper understanding of social values and meanings, practical advice and provides direction in life. These values directly impact adolescents' socially acceptable behavior positively, raising their self-esteem and lowering rates of depression (Liu et al., 2019). A study that measured the impact of risky behaviors among Chinese adolescents on the parent-adolescent relationship found that for adolescents with lower levels of self-control, both increased levels of parent-adolescent conflict and decreased levels of parental support were associated with more risky behaviors among adolescents. Overall, the connection between parental relations and adolescents' likelihood of partaking in risky behavior is mutually dependent (Liu et al., 2019; Cleveland et al., 2008).

Similarly, in a longitudinal study on the influence of family factors on substance use in early adolescence, the relationships between mothers and fathers and their children impacted the rate and variation of substance use among Chinese students in Hong Kong. Particularly, the study found that mothers' and fathers' behavioral control, including the rules and expectations set by parents for their children, as well as the quality of the relationship between the parent and their child showed negative correlations with substance use among children. In other words, increased rates of behavioral control by mothers and the quality of the relationship between adolescents and their mothers indicated a reduced rate of adolescent substance use. The study found that overall effective parenting strategies affect adolescents' growth and maturity. The mothers' impact was more prevalent than the fathers' impacts on substance use due to the deeper influence that mothers have on the "socialization process" (Shek et al., 2020, 72). The study reports that "as mothers are emotionally more expressive and sensitive, they would be more attentive to the negative emotions of their children which are commonly regarded as contributors to children's maladaptive coping strategies such as substance consumption" (Shek et al., 2020, 72). Overall, this study highlights the prevalent role that parents play on influencing their adolescents' use of substances.

Moreover, families that share their meals together are less likely to engage in risky behaviors such as substance misuse. A longitudinal study on the benefits of shared family meals on strengthening the mental wellbeing of teens to reduce their susceptibility for harmful activities and substance misuse, found that the more often teens share meals with their families, the less susceptible they are to substance use such as smoking, consuming alcohol or using drugs (National Center on Addiction and Substance Abuse at Columbia University, 2005). The study finds that, "compared to teens who have five or more family dinners per week, teens who have two or less are: three times likelier to try marijuana, two and a half times likelier to smoke cigarettes, and more than one and a half times likelier to drink alcohol" (National Center on Addiction and Substance Abuse, 2005, i-ii). Adolescents that share meals with their families experience protective factors that limit

their chances of engaging in substance misuse. Regular family mealtimes present opportunities for better conversations between adolescents and adults, advice provision from parents, increased positive reinforcement, higher rates of family cohesion and less conflict between family members (Hamilton and Hamilton Wilson, 2009).

Meanwhile, the United Nations International Children's Emergency Fund (UNICEF) (2006) reports that domestic violence has negative impacts on children's physiological and mental wellbeing as well as their social growth. Violence in the household can cause delinquent behavior among children that can increase chances of substance use, teen pregnancies and illegal behaviors unlike among youth that not exposed to violence. According to a study on the use of illegal and legal substances in Brazil, adolescents who experience domestic violence were prone to smoking tobacco and the use of illicit substances. In fact, the study found that adolescents who experience domestic abuse in their early years were over five times more likely to utilize illegal substances (Madruga et al., 2012). Further, child abuse increases the likelihood of substance misuse on its own and in addition to other disorders. The more abusive the physical violence experienced, the stronger the likelihood of substance misuse (Tonmyr et al., 2010).

Nonetheless, families and parent-adolescent bonds are not homogenous, and they differ across and between cultures (Bornstein et al., 2011). As such, enhancing and strengthening these bonds must be approached differently. Dwairy et al. (2006) show that the level of individualism and interdependence between adolescents and their parents differs between collective and individualistic cultures. In Western countries, for instance, adolescents are encouraged to be independent, develop their own opinions and perspectives on issues. However, in collective cultures such as those in Africa, South America and in the Middle East, adolescents are encouraged to continuously share a familial identity, including emotional and financial connectedness (Dwairy et al., 2006). Still, variations among collective cultures exist. For example, adolescents and youth in Lebanon are strongly guided by their parents in major life decisions, including social behavior and connectivity, transitions to adulthood such as work and marriage, and political viewpoints (Dwairy et al., 2006). Indeed, adolescent-parent relationships as well as the types of influence that parents have over their children's lives illustrate the importance of family factors in their protection as well as their deviation away from risky behaviors.

While under reported, risky behaviors such as substance use exist among Arab youth and are due to many factors including strained relationships with family members. In Bahrain for example, possible explanations for overdosing on substances among youth include family issues as well as other factors such as romantic relationships, job insecurity, and under achievement at school (United Nations Development Programme, 2016). Strengthening internal qualities such as critical self-reflection and positive attributes, as well as external qualities such as healthy connections and constant support from social groups including parents and peers, are significant to the reduction of substance misuse and other harmful behaviors, including smoking tobacco cigarettes, engaging in violent behavior, harming one's health, and negatively affecting the relationship with parents, as seen in Lebanon for instance (United Nations Development Programme, 2016).

3. Adolescents in the Onset of COVID-19

Given the abovementioned factors influencing the relationship between parents and their adolescents, recent research has shown that the onset of the COVID-19 pandemic has affected the relationship between adolescents and their parents, influencing their vulnerability to substance misuse (Dumas et al., 2020).

At the outset, it is critical to recognize that not all families are affected by the enforced social distancing protocols due to the outbreak of COVID-19 in the same way. Many children have varying responses to confinement due to differences in their social lives, changes in their social relationships with family members, and increased tensions experienced by caregivers and parents. In some cases, families are more susceptible to the ramifications of social distancing measures than others due to existing financial instabilities, low mental wellbeing, care responsibilities for persons with disabilities, as well as systemic structural discrimination (Prime et al., 2020). Moreover, in line with family systems theory (Kerr and Bowen, 1988), due to the daily proximity of family members, when one family member struggles and experiences tension, this feeling is reverberated onto other members of the family and influences their wellbeing (Prime et al., 2020; Lander et al., 2013). Therefore, the lockdown impacts the overall functioning of the family differently.

Due to the new reality shared between parents and their adolescents and its resulting consequences, their familial cohesion is a source of strength. Parental support for adolescents' growth, the provision of safety and security as well as general direction are important to offset the challenges of not only living in close quarters with each other every day, but also to reduce the challenges of forgoing previous routines that occurred outside the home (Prime et al., 2020). Behavioral science experts have guided parents to regularly use timetables to give their children daily structures, continually advocate for acceptable manners and appropriate behaviors, improve the positive reinforcement tools used, and replicate the kind of behavior that they wish to see in their children through prosocial attitudes (Szabo et al., 2020). It is also imperative for parents and families to acknowledge the consequences of the pandemic on missed celebratory moments such as graduations and community events, and to converse with their children about this kind of loss and

ways to better their lifestyles to remain physically and mentally well (John Hopkins Medicine, 2020). Engaging adolescents and reducing their free time leaves them with little time to try substances or act on peer pressure through social media channels in order to deal with the tension and unpredictability of the COVID-19 pandemic (John Hopkins Medicine, 2020). Overall, this new reality affects the nurturing behavior of parents as they may be suffering from mental wellbeing difficulties themselves and may be engaging in coping strategies such as substance misuse. This context can lead to negative parenting styles that are harsh or even avoidant (Prime et al., 2020). As such, family relations must be reinforced in order to positively protect the wellbeing of adolescents and deviate them away from harmful substances.

Overall, parents are role models to their children and their behaviors, both positive and negative, influence their children's tendencies and outcomes. A study exploring the use of substances by adolescents in Norway during the pandemic found that 20% of 15-16-year-old Norwegian adolescents drank alcoholic beverages with their parents during their last alcohol use. The consumption of alcohol that adolescents engage in with parents was found to be less regular than binge drinking and other substance use such as cannabis use or vaping (Dumas et al., 2020). This trend shows that although their alcohol drinking rate is lower, parental use of alcohol is a major influence on adolescents' alcohol use. Alternatively, a study exploring family functioning and substance misuse in Canada found that 15 year old adolescents whose parents misuse substances are twice as prone to using substances (McVie and Holmes, 2005). Therefore, parental behavior matters, and role modelling influences adolescents' daily actions and learned values.

As a result, exploring the impact of COVID-19 on parental relationships with adolescents and adolescents' susceptibility to substance misuse in Qatar fills a knowledge gap. By outlining the risk and protective factors influenced by the role of parents prior to and during the outbreak of COVID-19 in Qatar, this study explores parental functions and adolescent attitudes towards substance misuse.

4. Methods

4.1 Participants

Following the receipt of approval from the QBRI Institutional Review Board (IRB) in Doha, Qatar on 25 November 2019, the research team at the Doha International Family Institute (DIFI) implemented a survey on 1157 participants pre-COVID-19 and 442 participants during COVID-19 between the ages of 12-15. The pre-COVID-19 sample included the following age groups: 38% were 12 years old, 36% were 13 years old, 20% were 14 years old, and 6% were 15 years old. Meanwhile, the sample during COVID-19 included 26% were 12 years old, 38% were 13 years old, 23% were 14 years old, and 13% were 15 years old. The sample was collected from 5 private (4 Qatar Foundation private schools, 1 other non-Qatar Foundation private school) and 2 public schools in Qatar. Pre-COVID-19, 52% of students belonged to public schools, 12% to private schools and 36% to Qatar Foundation schools, while during COVID-19, 75% of students belonged to public schools, 2% to private schools, and 23% to Qatar Foundation schools.

The convenience sample includes the following key characteristics: participants were selected per school locations in different geographical areas in Qatar (Al-Rayyan, Al-Wakra, Ain Khalid, Al-Khor, Izghawa), assorted nationalities (65% Qataris and 35% Non-Qataris pre-COVID-19, and 53% Qataris and 47% Non-Qataris during COVID-19), and both genders (60% male and 40% female pre-COVID-19 and 57% male and 43% female during COVID-19). The sample was not compensated in anyway for their participation in the study.

The statistical analysis of the questions in the questionnaire was based on the use of frequencies, percentages, and comparison of the findings from the pre- and during COVID-19 questionnaires. The post questionnaire sample is representative to the pre sample, as the Margin of Error (MOE) was calculated according to the formula: $MOE = z * \sqrt{p * (1 - p) / \sqrt{(N - 1) * n / (N - n)}}$. Specifically, $z = 2.576$ for a confidence level (α) of 99%, $p =$ proportion (expressed as a decimal), and $N =$ population size, $n =$ sample size. Moreover, $z = 2.576$, $p = 0.5$, $N = 1157$, $n = 440$, $MOE = 2.576 * \sqrt{0.5 * (1 - 0.5) / \sqrt{(1157 - 1) * 440 / (1157 - 440)}}$, $MOE = 1.288 / 26.635 * 100 = 4.836\%$. The margin of error (with finite population correction) is $\pm 4.836\%$.

4.2 Materials

The research employs the quantitative method in an online questionnaire format. Quantitative Impact Assessment applies a deductive approach in designing the questionnaire based on reading the body of knowledge, produced evidence, and theoretical foundations. The questionnaires provide quantifiable data that can be used in the descriptive analysis as well as regressions, such as Paired T-test and structural equation modeling (SEM) (Lei and Wu, 2007).

The study on adolescent wellbeing in Qatar is an exploratory study that captures the risk and protective factors affecting adolescents in Qatar. A quantitative approach was chosen for this study due to its strengths in providing valid evidence. Quantitative methodologies are useful in producing generalizable results, using precise measures and collecting data from large samples over time (Hernandez, 2020). They also explore and compare the combined impacts of multiple

independent variables (Yang, 2007), including the aforementioned factors. The main benefit of utilizing a quantitative methodology is the adoption of a questionnaire that includes validated questions that can capture the views of the targeted sample of adolescents on the four major factors (Choy, 2014).

The tool used to collect data from students was an online questionnaire offered in both Arabic and English using the Survey Monkey application in schools on laptops or tablets (pre-COVID-19) and using electronic devices at home (during COVID-19). The 86-question questionnaire was drawn from the validated population-based survey called *Youth in Iceland* implemented in secondary schools to measure the prevalence of adolescent substance usage in Iceland (Sigfudottir et al., 2008). The scale was tailored to the Qatari culture by not making reference to illicit substances and alcohol and instead specifying substance usage as cigarette smoking, explicitly including Arab social activities, and editing the language of the questions for better understanding among the students.

The questionnaire on adolescent wellbeing in Qatar aimed to explore the main risk and protective factors affecting adolescent wellbeing, including the impact of family relationships on adolescents' harmful behaviors. The first section included questions on nationality, gender, age, grade, type of school and general data concerning parents and families. The second section explored the relationships between adolescents and four overarching factors. First, *family factors* including time spent between adolescents and their parents, rule setting by parents, parents' knowledge about their children's whereabouts and family violence; second, *peer factors* such as time spent with peers, emotional support from peers, peer influence and pressure, and peer perspectives on smoking; third, *general wellbeing* including internet use, as well as eating and sleeping habits; and lastly, *extracurricular activities and sports*, such as how often adolescents engage in sports and other activities and with whom.

4.3 Procedures

All participants were told that this study aims to promote adolescent wellbeing in Qatar. The participants were informed that this is an anonymous questionnaire. Participants were asked not to state their name or any other information that may identify them, and they were told that all data gathered will be kept confidential (students were assigned codes to insert in order for the researchers to track which students filled out the pre and post questionnaires). Participants were also informed that their participation was voluntary and that they can withdraw anytime from completing the questionnaire and that their data will then be disregarded and destroyed. Participants were also informed that if they required help or had any questions, they could raise their hand and a project team member would be able to assist them.

While participants were informed that their parents were aware they were taking part in this study (through communication sent by the school to the parents asking if they agree to their child's participation in the study), consent was attained from students (aged 12-15) in the questionnaire using a question that asks for their approval to proceed. The pre COVID-19 questionnaires were conducted between 26 January 2020 and 12 February 2020 on school premises, and the questionnaire held during COVID-19 was implemented between 23 April 2020 and 17 May 2020 at the participant's home due to COVID-19 lockdown restrictions.

5. Findings and Discussion

The below findings are thematically clustered to cover 1) relationships with parents and emotional support, 2) quality parenting time, 3) parental Monitoring and surveillance, and 4) risk factors: family violence and smoking

5.1 Relationships with Parents and Emotional Support

5.1.1 Relationship with Mothers

In general, recent research has found that during COVID-19 lockdowns, many parent-child relationships are improving. These findings are aligned with our research, which shows that most respondents (94% from the pre-questionnaire; 96% from the post-questionnaire) are satisfied with their relationship with their mother, and there is a slight increase of about 2% in the post-questionnaire.

However, an estimated 2% are dissatisfied with their relationship with their mother. This percentage includes those who see that mother is not present or those who are not satisfied at all. This minor percentage cannot be explained without looking at the evidence of wellbeing of mothers during Covid-19. Mothers cannot be taking the whole blame of being disengaged during the lockdown as they also were subject to depression and stress for the layers of care they have to provide which affected their psychological wellbeing (Molgora, 2020). In fact, there is a line of research confirmed that the relationship quality with adolescents was negatively associated with irritability and loneliness and buffered against the increase in loneliness for both fathers and mothers (Janssens et. al., 2021).

5.2 Receiving Emotional Support from Their Mother

When asked a question on can I easily receive emotional support from my mother? most of the study sample expressed in both the pre-questionnaire (76.06%) and the post-questionnaire results (80.71%), that they always receive emotional

support from their mother. It can also be noticed that a 5% increase in the “almost always” response can be seen in the post-questionnaire result, while a decrease is evident in the rest of the categories.

The percentage of the total (those who “almost never” and those who “seldom”) receive emotional support decreased from 5% in the pre-questionnaire to 3% in the post-questionnaire results. McCracken surveyed 500 families, completing ethnographic interviews with 50 of them. The study confirmed that especially mothers and daughters appear to be experiencing more benefits to their relationships than any other family pairing (Campbell, 2020).

5.2.1 Relationship with Fathers

The relationship with the father is strong and slightly strengthened. Most respondents (90% in the pre-questionnaire; 92% in the post-questionnaire) are satisfied with their relationship with their father, and there is a slight increase of about 2% in the post-questionnaire results.

An estimated 2% of respondents are dissatisfied with their relationship with their father (in both the pre- and post-questionnaire results). It is noted that the percentage of those who described his/her father as not present was estimated at 2.07% before the interventional program and 1.70% in the post-questionnaire results. This opens a future research question on the causes of dissatisfaction among adolescents, even if the percentage is low.

5.2.2 Receiving Emotional Support from Their Father

When asked, can I easily receive emotional support from my father? most of the study sample expressed in both the pre-questionnaire (64.48%) and the post-questionnaire results (64.13%), that they always receive emotional support from their father, showing a negligible difference between the pre- and post-questionnaire results. That means the research is confirming the alarming call on the future of fatherhood, in terms of their absence and the fragmented fatherhood modeling which impacts negatively the quality childhood development (Collier, 2008).

Yet, optimistically, the findings show that the percentage of the total (those who “almost never” and those who “seldom”) receive emotional support from their father decreased from 11% in the pre-questionnaire to 8% in the post-questionnaire results.

5.3 *Quality Parenting Time*

5.3.1 Spending More Time with Family Members

Research differentiates between parenting time and quality time. Children and adolescents need quality time with parents which have a positive effect on them as they grow (O'Hara, 2019). Our research shows the increase in time, which is logically due to the lockdown measure, however, we cannot claim the quality parenting time, except through few indicators like eating together. The percentage of those who spend more than 30 hours a week with their families increased from 29% to 45%, showing an increase of almost 16%.

This increase was also logically reflected in the decreased percentage of those who spend fewer hours with their families. For example, the percentage of those who spend only 6-9 hours/week with their families changed from 19% to 13%, showing a decrease of 6%.

5.3.2 Eating Together, and Parents Participating in Playing/Reading

According to evidence, eating together is one of the key indicators of quality parenting. The purpose of gathering for a family meal may differ from family to family. In one family, good table manners might be the most important thing parents want to teach; in another, it might be communicating with one another, learning how to listen, and learning to respect each other (Stanford, 2021).

When asked on “How many times per week do you eat with your family?” an overall positive relationship can be seen in the post-questionnaire findings, especially in the “everyday” category in which there is an increase of 18% in the post-questionnaire.

The percentage of those who never eat with their families decreased from 3% in the pre-questionnaire to 2% in the post-questionnaire results.

When asked whether “My mother and father read books with me/ to me” 22% (in the pre-questionnaire) and 29% (in the post-questionnaire) of parents read books with their adolescents, showing an increase of about 7% in the post-questionnaire results.

Meanwhile, 59% (in the pre-questionnaire) and 49% (in the post-questionnaire) of parents (the majority) do not read books with their children, showing a decrease of about 10% in the post-questionnaire.

5.4 *Visiting Relatives*

The percentage of respondents that join their parents when visiting relatives (the sum of “almost always” and “often”)

decreased from 82% in the pre-questionnaire to 80% in the post-questionnaire. The percentage of respondents that do not join their parents when visiting relatives increased from 6% in the pre-questionnaire results to 7% in the post-questionnaire results.

These findings are in fact grounded in logic. Although the family caregivers to older persons is essential in the Qatari context (Doha International Family Institute, 2017), yet older persons all over the globe felt more isolated due to the lockdown measures, which worsened home caregiving from family members (Turner, 2021)

5.4.1 Using the Internet for Leisure

Globally, there has been an increased prevalence of technology usage in adolescents and children during lockdown leaving its impact on their lives either in a positive or negative aspect. The overall documented percentage increase of technology usage in children was about 15%, of which smartphone usage has 61.7% of prevalence (Limone & Toto, 2021).

The number of respondents who use the internet for recreational activities almost everyday increased from 67.26% in the pre-questionnaire result to 74.11% in the post-questionnaire result, showing a 7% increase in the post-questionnaire.

Meanwhile, the percentage of those who never use the internet for recreational activities decreased from 7.58% in the pre-questionnaire to 5.65% in the post-questionnaire results, showing a decrease of 2%.

5.2 Parental Monitoring and Surveillance

5.5.1 Following Up on Evening Activities

When asked “my mother and father know where I am in the evening”, 75.5% of the respondents asserted that their parents knew where they were in the evening in the pre-questionnaire results compared to 84.24% in the post-questionnaire result, showing an increase of about 10%. As a result, a decrease is observed in the remaining groups, with an average of 2.4%.

The percentage of those who confirmed that their parents always knew who they were with during the evening increased from 64% (in the pre-questionnaire results) to 72% (in the post-questionnaire results), showing an almost 8% increase.

Meanwhile, it was noted that the percentage of parents who “almost never” and “seldom” know who their children are spending time within the evening, shifted from 12% in the pre-questionnaire results to 8% in the post-questionnaire results, showing an almost 4% decrease.

5.5.2 Setting Definite Rules about What Can/Cannot Be Do at Home

The percentage of those who confirmed that their parents “almost always” set definite rules at home increased from 25.76% in the pre-questionnaire result to 31.52% in the post-questionnaire result, showing an increase of almost 6% in the post-questionnaire result.

Moreover, the percentage of parents that “sometimes”, “seldom” and “almost never” set rules in the home decreased at an average difference of almost 3%.

It can be observed that there is a significant increase in the number of rules set by parents for adolescents outside the house from the pre-questionnaire result to the post-questionnaire result. Specifically, the percentage increased in the “almost always” category from 28.78% to 44.84%, showing an increase of almost 16%. These findings resulted in the decline of the percentages of the rest of categories.

5.5.3 Parents' Knowledge of Their Children's Friends

When asked “my mother and father know who my friends are”, most parents (66% in the pre-questionnaire results and 70% in the post-questionnaire results) know their children's friends, showing an increase of 4% in the post-questionnaire results.

Meanwhile, the percentage of those who do not know their children's friends at all decreased from 10% in the pre-questionnaire to 7% in the post-questionnaire, showing a decrease of 3% in the post-questionnaire result.

5.3 Risk Factors: Smoking and Family Violence

5.6.1 Domestic Violence

Globally, even before the COVID-19 pandemic began, 1 in 3 women experienced physical or sexual violence mostly by an intimate partner. Emerging data shows an increase in calls to domestic violence helplines in many countries since the outbreak of COVID-19. Survivors have limited information and awareness about available services and limited access to support services (UN Women, 2021; Usher et al., 2021) argue that the COVID-19 pandemic presents the ‘perfect storm’ for family violence, where a set of rare circumstances combine, resulting in a significant aggravation of the

resulting event based on the facts of increased violence in the west. The interpretation to the increased violence is based on cabin-fever theory and the association with intensified pressure. (Snell, 2020).

In contrast, our findings prove the concepts of family solidarity theory, as the family harmonize and function better in crisis (Daatland, 1990). When asked “my family members argue with each other in a scary way”, most respondents said that their families did not argue in a scary way in front of them. This percentage increased from 76% in the pre-questionnaire results to 86% in the post-questionnaire results.

The percentage of family members who argue in a scary way “almost always”, “often” and “sometimes” decreased from 25% in the pre-questionnaire results to 15% in the post-questionnaire results, showing an overall decrease of 10%.

Regarding physical violence, same results were found. When asked “My family members may hit each other during arguments”, most the respondents said that their parents did not hit each other during arguments, and this percentage increased from 82% (in the pre-questionnaire results) to 91% (in the post-questionnaire results).

The percentage of those who said that their family members “almost always”, “often” or “sometimes” hit each other during arguments decreased from 18% (in the pre-questionnaire) to 9% (in the post-questionnaire) (combined), which may indicate a decrease in the rates of physical violence.

5.6.2 Parents Smoking Cigarettes and Adolescents Perceptions

The global evince shows that during the COVID-19 pandemic, some smokers have increased their use of cigarettes while others have quit. Those who believed that smoking increases the risk of getting COVID-19 or having a more severe case were more likely to quit, while those who perceived more stress tended to increase their smoking (Cunningham, 2021). In our study when asked “Does your father smoke cigarettes of shisha/hookah?” the percentage of non-smokers among fathers increased from 67% in the pre-questionnaire results to 70% in the post-questionnaire results. The percentage of those who smoke “almost always” and “often” decreased from 23% in the pre-questionnaire results to 20% in the post-questionnaire results, showing a decrease of 3%.

When asked “Does your mother smoke cigarettes of shisha/hookah?” most mothers of the respondents did not smoke, and the percentage of those who said that their mothers “almost never” smoked increased from 94% in the pre-questionnaire results to 95% in the post-questionnaire results.

The percentage of those who smoke “almost always” and “often” decreased from 3% (in the pre-questionnaire results) to 2% in the post-questionnaire results, showing a decrease of 1%.

When asked “how do you think your parents would react if you smoked cigarettes? the respondents believe that most of their parents will take a clear and strong stance against their smoking of cigarettes: 94% of respondents in the pre-questionnaire results checked “totally against” as compared to 97% in the post-questionnaire results, showing a 3% increase in the post-questionnaire results.

While almost 5% of respondents in the pre-questionnaire results believed that parents would not care or would be “rather much against” smoking, this percentage decreased to 3% in the post-questionnaire results.

6. Conclusion and Policy Implications

Using a quantitative impact assessment, the study aimed at exploring the impact of the lockdown measures with covid-19 on the adolescents’ wellbeing. The study emphasized the family as the unit of analysis and operationalized the protection concept into protective factors related to quality parenting, support, and surveillance, in addition to the risk factors associated with violence and smoking. The results confirmed the concepts of family solidarity theory in crisis. The overall indicators show enhanced parent-adolescent relations, much quality time translated in more quality engaged activities, better parental monitoring and surveillance, and less risk associated with reduced violence. Yet, there are two alarming calls from the results, which are related to absent and disengaged fathers as well as digital addiction. While the percentage of adolescents that do not receive emotional support from their parents, particularly fathers is still low, but this might raise many risk factors. Also, children tend to spend more time with the digital devices and prioritize it over the family time is another alarming call that needs careful consideration from parents. The research recommends expanding the scope to a more national representative sample to have a better rigorous evidence for policy development. The evidence should inform an intervention program with the adolescents, their parents, schools and communities, which should be backed up with benchmark analysis of best practices with contextual relevance.

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