Barriers to the Quality of Parent–Adolescent Communication in Thailand: An Ecological System Analysis

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Abstract

Thailand has undergone rapid socioeconomic changes in the past three decades. These changes have been accompanied by an increase in the prevalence of behavioral and mental health problems among Thai adolescents. Some studies have indicated that poor quality of communication between parents and adolescents is associated with an increase in behavioral and mental health problems among Thai adolescents. The socioeconomic changes of the past three decades, such as mothers' changing roles, adolescents' increased consumption of technology, parents' migration for employment, the increase in the number of single parents, divorce, and skipped generation households, may have created a barrier for quality communication between Thai parents and adolescents. In this review paper, we explored published studies from six databases between 2007 and 2017. Using Bronfenbrenner's ecological system as a framework, we reviewed how Thai socioeconomic changes in the past three decades may influence the quality of communication between Thai parents and adolescents (age range 10-24 years). The approaches to increase and sustain the quality of parent-adolescent communication at microsystem, mesosystem, exosystem, and macrosystem levels are discussed. This review calls for family-oriented researchers to investigate further the impact of these changes on the quality of Thai parent-adolescent communication.

Keywords: Parent-adolescent communication, Youth, Ecological

Introductions

The quality of communication between parents and adolescents is a foundational factor for adolescents' growth, development, and health (Weichold, Buttig, & Silbereisen, 2008). Several studies in the United States, Europe, and Australia have found that open communication, characterized by reflective, active listening and supportive statements, and accepting and not criticizing, encourages more cohesion and flexibility for solving problems within the family (Olson, 2011) and contributes to adolescents developing healthy behaviors and preventing participation in health-risk behaviors (Houck, Rodrigue, & Lobato, 2007). In contrast, closed communication has been shown to be a factor in adolescents' risk behaviors and mental health problems (Houck et al., 2007).

Open parent-adolescent communication has also been associated with positive parent-adolescent relationships (Elgar, Craig, & Trites, 2012) and, in turn, a positive relationship between parents and adolescents has been associated with a decrease in risk behaviors and mental health problems among adolescents (Desha, Nicholson, & Ziviani, 2011). Much of the research focusing on the quality of parent–child communication has been conducted in the United States (Shanahan, McHale, Crouter,

& Osgood, 2007) and European countries (Van Doorn, Branje, & Meeus, 2011). Few studies have explored the factors that influence the quality of parent-adolescent communication in eastern and southeastern Asian countries (Lai Kwok & Shek, 2010; Rhucharoenpornpanich et al., 2012). Thus, it remains unclear whether the socioeconomic changes in Thailand have affected youth and families in a similar way to other cultures. Guided by Bronfenbrenner's ecological model, this paper aims to review how the socioeconomic changes of the last three decades in Thailand may have influenced the quality of Thai parent - adolescent communication. Family-oriented scholars and researchers may apply suggestions from this paper to further investigate the association between the quality of Thai parent-adolescent communication and adolescent problems; and may create interventions to improve the quality of parent-adolescent relationships in Thai families.

Table1: Important Empirical Studies Supporting this Review

Author/Year	Country/Racial Ethnic Group	Sample	Age/Grade	Aims
Assana et al., (2017)	Thailand/Thai	1,112	students grade 10th-12th	-To describe the quality of life (QOL), mental health, educational stress, well-being and determine factors associated with QOL
Bendezú et al., (2016)	USA/White, Black, others	753	students grade 9th (16 years old) & parents	-To explore bidirectional longitudinal relations among three aspects of monitoring (parental discussions of daily activities, parental curfew rules, and adolescent communication with parents), parental knowledge, and youth delinquency
Byrnes et al., (2011)	Thailand/Thai	420	13-14	-To examine the associations of neighborhood constructs with Thai adolescents' substance use and delinquency. -To determine which neighborhood aspects are particularly important.
Desha et al., (2011)	USA/European American/African American/Hispanic or another minority group	729	13–18	-To examine adolescent depressive symptoms and the quantity and quality of time spent with parents and siblings
Dreby, (2015)	USA and Mexico/ Latin	N/A	children and immigrant parents	-Qualitative study using interviewing to assess the meanings of separations and the potential impacts for children's well-being.
Elgar et al., (2012)	Canada/Canadian	26,069	11-15	- To examine the association between the frequency of family dinners and positive and negative dimensions of mental health in adolescents. -To determine whether this association isexplained by the quality of communication between adolescents and parents.

Table1: Important Empirical Studies Supporting this Review (Cont.)

Author/Year	Country/Racial Ethnic Group	Sample	Age/Grade	Aims
Gordon et al., (2012)	USA/Black African-Americans	7	over 21 /male father living with biological son	-Phenomenology qualitative study using interviewing to describe the perceptions of what current Black fathers learned from their parents, family, and society about education, male roles, and success.
Gray et al., (2013)	Thailand/Thai	905	15–18	-To explore family and non-family factors contributing to happiness among students.
Houck et al., (2007)	USA/European American/African American/Hispanic or another minority group	38 families	Adolescents 12 -17 years old and their parents	-To examine the psychological adjustment of adolescents living with a chronically ill parent. - To examine the relationship between psychological symptoms and communication with both their healthy and ill parents.
Isarabhakdi & Pewnil, (2015)	Thailand/Thai	1,074	15–19/ high school students	-To explore the correlation of the engagement in family activities, engagement in peer activities, Internet use, and mental well-being.
Jirapramuk pitak et. al., (2011)	Thailand/Thai	1,052	16–25	-To examine the association between migration status and the history of childhood sexual, physical, and emotional abuse among young Thai people in an urban community.
Jirapramuk pitak et. al., (2008)	Thailand/Thai	1,052	16–25	-To examine the prevalence of risky behaviors among Thai young adults. -To describe the association between their migration status and their risky behaviors.
Lai Kwok & Shek, (2010)	Hong Kong / Chinese	5,557	students in secondary school	-To study the relationships among perceived hopelessness, family functioning, and suicidal ideation in students.
Marsiglia et.al., (2014)	USA/ Hispanic Americans	189	children age average 12.23 years/parents	-To examine the effects of parental communications and involvement to substance use in adolescents.
Mazzucato et al., (2015)	Ghana, Nigeria, and Angola/Black African	Ghana 2,760; Angola 2,243; Nigeria 2,168	11-21	-To compare psychological well-being of children who live in transnational families (migration) and to those living with their parents in their country of origin.
Naz & Kausar, (2012)	Pakistan/ Pakistani	300	13-19/50% somatization 50% general medical conditions	-To investigate parental rejection and comorbid disorders in adolescents in relation to somatization disorder.

Table1: Important Empirical Studies Supporting this Review (Cont.)

Author/Year	Country/Racial Ethnic Group	Sample	Age/Grade	Aims
Rowe et al., (2016)	Australia/ Australian	3,797	10-11	-To investigate the correlates of changes in early adolescents' emotional, conduct, social and academic difficulties for over 2 years.
Shanahan et al., (2007)	USA/White	201 families	12,13, 16, and 17 years old adolescents/ siblings and their parents	- To examine siblings' dyadic and differential experiences of parental warmth from 7 to 19 years of age across a 5-year period.
Smokowski et al., (2014)	USA/American Indian/Native American, Caucasian, African, Hispanic/Latino, and as Mixed race or Other	4,321	Grade 6th- 8th	-To examine individual, social, and school level characteristics influencing symptoms of depression and self-esteem among adolescents.
Songsiri & Musikaphan, (2011)	Thailand/Thai	1,200	14-16/secondary and vocational students	-To describe characteristics of the sample and cyber-bullying experience.
Tapanya, (2011)	Thailand/Thai	88 Thai families	mothers and fathers of students in elementary schools	-To test for differences between Thai mothers' and fathers'attributions regarding successes and failures in caregiving situations and parenting attitudes. -To examine correlations between mothers' and fathers' attributions and attitudes.
Van Doorn et al., (2011)	Netherlands/Dutch	314 families	13-14 years old/ both parents	-To examine changes in three conflict resolution styles in parent–adolescent relationships in 4-year longitudinal study.
Weichold et al., (2008)	Germany/ N/A	32 families	Girl 9–13 at T1/ and 17–22, at T2 and their mothers	-To explore the association between pubertal timing, communication behaviors, and stress reactivity assessed during young females' conflict discussions with their mothers at two time points.
Weisz et al., (1987)	USA/White, Black, others Thailand/Thai	760 (Thai 376 & USA384)	Parents of 12-16 years old child who was referred to clinical treatment	-To explore behavioral and emotional problems of adolescents (referred to clinical treatment) in the United States and in Thailand based on parents' perception.
Weisz et al., (1993)	USA/White, Black, others Thailand/ Thai	800 (Thai 300 & USA 500)	Parents of 12-16 years old child (living in household)	- To explore behavioral and emotional problems of adolescents in the United States and in Thailand based on parents' perception.

Method

Method of Literature Search and Selection

This review is based on published studies from six database sources between 2007 and 2017: CINAHL Plus, PsycInfo, PubMed, Web of Science, ProQuest Research Library, and Google Scholar. Empirical and review studies written in Thai and English languages were selected. The search included the following combinations of keywords: "parent" or "adolescent" or "youth" or "student" or "family" or "communication" or "parent adolescent relationship" with the word "Thai" or "Thailand" or "Bangkok". Since there are a limited number of studies regarding Thai parents and adolescents relationships, we included two studies published before 2007 to retrieve more relevant studies. In addition, we also added 10 studies from other countries (USA, Canada, Netherland, Germany, Australia, Ghana, Nigeria, Angola, Pakistan, and Hongkong) to support and strengthen findings from Thai studies. Studies related to laws or the rights of Thai adolescents were excluded. In this review, adolescence is defined as the period of human development from ages 10 to 19, in accordance with the World Health Organization (2016) definition. A youth is defined as a person who is between 15 to 24 years of age based on the United Nations (UNESCO, 2016) definition. Thus, the target sample for the reviewed studies was adolescents and youth in the age range of 10 to 24.

Background: Socioeconomic Trends in Thailand and the Potential Impacts on Behavioral and Mental Health Problems among Thai Adolescents

Thailand, a Southeast Asian country, is undergoing socio-economic transformation which may have influenced the relationships between Thai adolescents and their parents. In the past three decades, the Thai economy has changed from primarily agricultural - to industry-based (The National Economic and Social Development Board (NESDB) and the United Nations Population Fund (NESDB and UNFPA, 2011). This industrial shift has compelled more Thai adults to move to urban areas, thereby contributing to the decline in the average family size. NESDB and UNFPA Thailand (2011) reported that the higher number of parental migrations from rural to urban areas to find jobs has been the primary contributor to the decline in the average Thai family size, an increase in couples' separation and divorce, and a decline in fertility between 2000 to 2010. According to the (National Statistical Office Kingdom of Thailand, 2009), the average household size declined from 5.7 persons in 1970 to 4.4 in 1990, and from 3.9 in 2000 to 3.2 in 2010. While the average household size of Thai families has declined, the number of rural children who do not live with their parents due to parental migration has increased. This type of family is known as a skipped generation household, which means that the grandparents (1st generation) raise their grandchildren (3rd generation) in place of the parents (2nd generation) (Rothausen-Vange, 2005). In Thailand, the percentage of skipped generation households increased from 29% in 1995 to 38% in 2007 (NESDB and UNFPA, 2011). As a result, children have fewer opportunities to spend time and communicate with their parents. Another social change that has affected Thai family size and potentially the quality of parent-adolescent communication is the increase in the rate of separation and divorce. From 1999 to 2009, the divorce rate in Thailand doubled compared to the rate in the previous decade. In 2009, about 2.5 million adolescents were from divorced families and lived with a single parent (Population Information Center College of Population Studies, 2011). Thailand's socio-economic changes in the past three decades and the increase in the rate of migration, skipped generation households, separation, and divorce have been accompanied by an increase in the rate of mental and behavioral problems among Thai adolescents (Assana, Laohasiriwong, &

Rangseekajee, 2017; Department of Mental Health, Ministry of Public Health, 2007). In 1987, the prevalence of most mental health outcomes and anti-social behaviors in Thai adolescents was reported to be less than 10%, such as aggressive behaviors (11.7%), somatic complaints (6.3%), anxiety and fear (3.4%), and worry (2.6%) (Weisz, Suwanlert, Chaiyasit, & Walter, 1987). However, a 2005 report by the Thai Department of Mental Health, Ministry of Public, shows that the prevalence of most behavioral and mental health problems in Thai adolescents was above 20%, such as delinquency or rule breaking behavior (25.2%), verbal aggression/immaturity (24.0%), aggressive behavior (15.5%), somatic complaints (25.2%), depression/suicidal ideas (24.4%), and depressed/anxiety (23.8%) (Department of Mental Health, Ministry of Public Health, 2007). The prevalence of these mental health problems of Thai adolescents is still increasing. Another major problem among Thai female adolescents is teenage pregnancy and abortion. Since the 1990s, heterosexual trends among young people in Thailand have shifted toward intercourse before marriage (NESDB and UNFPA, 2011; UNFPA, 2014) Although it is difficult to obtain accurate information about the age of first intercourse, estimates suggest that male adolescents have their first sexual intercourse at age 16 and female adolescents at age 18 (NESDB and UNFPA, 2011; UNFPA, 2014). Thailand ranks second in teenage pregnancy among Southeast Asian countries and the proportion of teenage pregnancy is increasing (UNFPA, 2014). In 2013, 53.8 out of every 1,000 live births in Thailand were from teenage mothers under age 20, whereas in 2000, it was 31.1 out of 1,000 live births (UNFPA, 2014). Half of the induced abortions in Thailand between 1996-1997 and 2003-2004 were from adolescent females (NESDB and UNFPA, 2011). Adolescent females who become pregnant at such a young age are highly likely to have an abortion (UNFPA, 2014).

Although time of interaction and quality of communication between Thai adolescents and their parents were found to influence behavioral and mental health problems among Thai adolescents (Assana et al., 2017; Department of Mental Health, Ministry of Public Health, 2007) determinants of the quality of communication between adolescents and parents among Thai families are not yet known. Using Bronfenbrenner's ecological model (Figure 1), we reviewed how the socioeconomic changes of the last three decades in Thailand may have influenced the quality of Thai parent-adolescent communication.
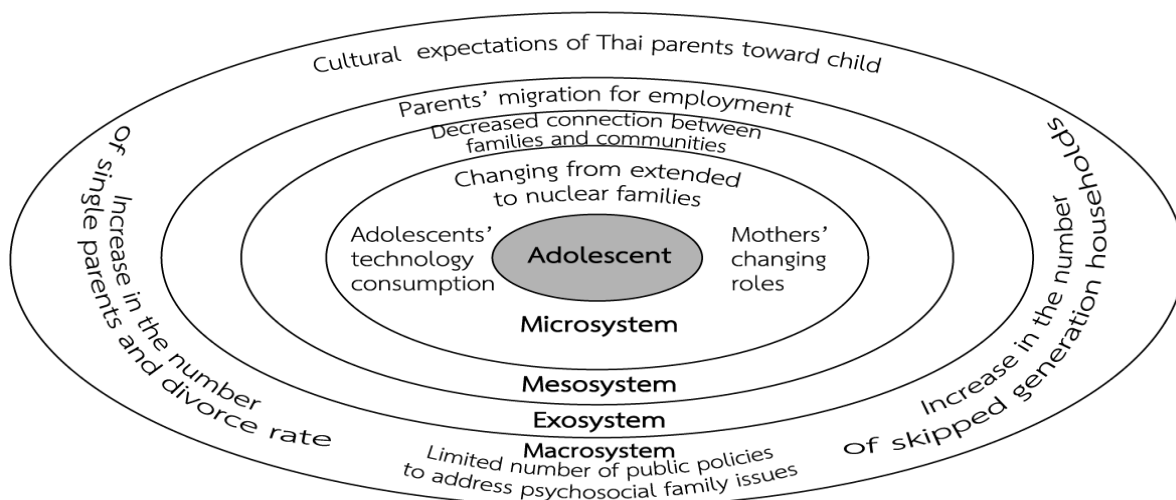

Figure 1: Bronfenbrenner's Ecological Model and Barrier to Quality of Parent-Adolescent Communication in Thailand

Ecological System

Bronfenbrenner's (Bronfenbrenner, 1979) ecological system emphasizes a two - way relationship between an individual and the environment in shaping the individual's behavior. Factors affecting the quality of parent-adolescent communication are complex and multi - faceted and Bronfenbrenner ecological system is well suited to explore these factors. Many studies have applied the ecological system to explain social phenomena that occur among adolescents, such as school bullying (Patton, Hong, Williams, & Allen-Meares, 2013), depression (Smokowski, Evans, Cotter, & Guo, 2014), and conduct behaviors (Rowe, Zimmer-Gembeck, & Hood, 2016). The ecological system is not specific to one culture and has been used in various countries and cultures. In addition, researchers can use the different layers of the model in accordance with their needs and interests. In this review paper, there are four environmental levels based on the ecological system that may influence the quality of communication between Thai parents and adolescents: a microsystem, mesosystem, exosystem, and macrosystem (Bronfenbrenner, 1979).

Microsystem

A microsystem refers to an individual's nearest environment, such as family, peers, neighborhood, school and church (Bronfenbrenner, 1979). An individual in this paper refers to Thai adolescents. Relevant factors in a microsystem that may reduce time for interaction and communication between parents and adolescents in Thai families are mothers' changing roles, adolescents' technology consumption, and the trend from extended to nuclear families.

Mothers' changing roles

The socio-economic transformation of the last three decades in Thailand has directly affected families' needs and has significantly changed mothers' roles (Tapanya, 2011). Thai mothers, who have traditionally engaged mostly in household work such as cooking, cleaning, washing, ironing, and taking care of children exclusively, are now often employed outside the home (Tapanya, 2011). As a result, Thai mothers now seldom have time to engage with their children compared to previous generations and this change has the potential to alter the time spent on interaction and communication with their children. In contrast, Thai fathers' roles have changed minimally with fathers continuing to work outside the home and being involved in few activities with their children (Tapanya, 2011).

Adolescents' technology consumption

The increase in, and ease of, access to information technologies, particularly computers and the Internet, among Thai adolescents can decrease the time they spend interacting and communicating with their parents. Adolescents like new technology and rapidly adopt it. In Thailand, adolescents are the greatest consumers of technology, particularly the Internet and mobile phones. In one study, most of Thai adolescents 14-16 years old owned mobile phones (96%) and used their internet at home (78.3%) (Songsiri & Musikaphan, 2011). Another study found that the duration of time that adolescents spend on online communication increases engagement with friends' activities but decreases engagement with family activities (Isarabhakdi & Pewnil, 2015). Thus, use of technology could consume time that previously may have been devoted to conversations and activities between Thai parents and adolescents.

Changing from extended to nuclear families

Changes in the Thai family in the past 3 decades from extended families (children live with parents and grandparents) to nuclear families (children live with parents only) have had a direct impact on quality of parent-adolescent

communication at microsystem level. Current empirical evidence from minority groups in Western countries with a family pattern of still living in extended families, suggests that their children tend to become successful adults because of the valuable time spent interacting and communicating with parents and grandparents (Gordon, Nichter, & Henriksen, 2012).

Mesosystem

A mesosystem refers to interrelations or connections between two or more microsystems that affect an individual's behavior such as, school and family, community and family, church and family (Bronfenbrenner, 1979). In the past three decades, the connection between Thai families and communities has been decreasing and may have indirectly affected the time available for communication and quality of communication between Thai parents and adolescents.

Decreased connection between families and communities

Traditionally, the temple, called the Wat, has been the center for bringing Thai family members together around religious activities such as the Buddha's day. However, modern life encourages the younger Thai generation to participate less in religious activities with family members and to spend more time in private activities, such as, shopping or travelling without family members. In addition, schools seem to have become the focal point for adolescents' social gathering. However, schools have limited activities based on academics which encourage parents to be involved with children only at home (e.g., doing homework) and have less community activities. These changes may have decreased the power of connection between the family and community, which may ultimately reduce the opportunities for family members to communicate and socialize. One example of a program that supports the power of connection between the family and community is the Thai family program "Family Matter" (Byrnes et al., 2011). This study reported that parents who lived in a very great cohesive community (strong bonding, great sharing of experiences and activities together) have less engagement in the prevention program that focuses on strengthening parent-adolescent communication to prevent youth health risk behavior, compared to parents who lived in disorganized communities (less sharing of experiences and activities together). This finding might indicate that parents who perceived that they were less connected or involved in their communities may need more support to increase their quality of parent-adolescent communication to help prevent health/mental health problems in their youth children.

Exosystem

An exosystem refers to the social settings that indirectly influence individuals' behavior. For example, parents' migration for employment can influence the quality of communication between Thai parents and adolescents (Bronfenbrenner, 1979).

Parents' migration for employment

The socio-economic transformation in Thailand has not only affected the role of Thai mothers who now work outside the home, but it has also forced some parents to migrate and work in urban areas. As a result, parents leave their children with others such as grandparents or bring the children with them when they migrate to urban areas. The number of young working adults migrating from rural to urban areas increased steadily from 1997 to 2002 and has not shown a significant reduction since then (NESDB and UNFPA, 2011). The physical distance created due to this separation might increase the communication gap between adolescents and parents due to decreases in the opportunity to interact and communicate directly. Children who

migrate with their parents to urban areas may also experience challenges. Two studies have explored mental health problems of migrant adolescents who moved from rural to urban areas before 15 years of age and found that the migrant adolescents experienced more sexual abuse, emotional abuse, alcohol consumption, and drug abuse than non-migrant adolescents (Jirapramukpitak, Abas, Harpham, & Prince, 2011; Jirapramukpitak, Prince, & Harpham, 2008). These findings might indicate that parents' migration for employment may have a negative impact on the quality of parent-adolescent communication that in turn may contribute to mental health problems for the adolescents. Many empirical studies from other countries have reported the same results as Thai studies (Dreby, 2015; Mazzucato et al., 2015).

Macrosystem

A macrosystem refers to the broader social environment that influences individuals' behavior such as culture, economic circumstances, and public policies (Bronfenbrenner, 1979). We address three macrosystem factors that could affect the quality of communication between Thai parents and adolescents: (a) parents' cultural expectations; (b) increasing number of single parents, divorce, skipped generation households; and (c) limited public policies to address psychosocial family health issues.

Parents' cultural expectations

Children in Thai families are expected to obey and respect their parents. Thai adolescents of the previous generation were submissive and demonstrated compliance with parental directives. A study by Weisz and colleagues (Weisz et al., 1993) described Thai adolescents as being over-controlled compared to American adolescents. However, exposure to Western cultural influences through social media and social networks may have influenced Thai

adolescents to embrace more freedom of choice, thus conflicting with the traditional parental expectations of obedient and compliant behavior. Thai parents' expectations of loyalty and compliance remain the same but adolescents' desire for increased independence has promoted a generation gap which may be a substantial barrier for quality communication between Thai adolescents and parents. As Thai studies on the "generation gap" between traditional parents' expectations of the way youth should behave and youths' behavior is limited, there may be little support that it can have a direct impact on adolescent mental health. However, this generation gap may directly impact parents' parenting style and expression of communication with their youth child, which, in turn, could have an impact on the youth's mental health. Many studies from other countries support a direct effect of parenting style on youth mental health (Marsiglia, Nagoshi, Parsai, Castro, 2014; Naz & Kausar, 2012). Increase in the number of single parents, divorce, and skipped generation households. Another macrosystem factor that may affect the quality of communication between Thai adolescents and parents is the increase in the percentage of single parent families because of the high divorce rate in urban areas, and skipped generation households (Population Information Center College of Population studies, 2011). If this trend continues, it is likely that future Thai families will demonstrate less cohesion than that enjoyed by previous generations. One study conducted in Thailand explored the association between family structure and happiness in adolescents aged 15–18. The investigators found that adolescents who reported living in a two-parent family were happiest, followed by adolescents who reported living with a single parent (divorce), living with relative(s) or living alone, while those living with unmarried mother were unhappiest (Gray, Chamratrithirong, Pattaravan-

ich, & Prasartkul, 2013). This finding may support that living in non-intact family structures (single parents, divorce, and skipped generation households) may affect the quality of family relationships, including parent - adolescent communication which is impacted by less happiness in adolescents. Limited study in Thailand has explored the association of not living in a two-parent family or with a biological parent, and the quality of communication between parents and adolescents. However, given the numerous studies outside Thailand that have explored parent-youth communication, it is reasonable to propose that adolescents who do not live with their parents are likely to have less interaction and communication with their parents, which in turn, has a negative impact on youth's behaviors (Mazzucato et al., 2015; Naz & Kausar, 2012).

Limited number of public policies to address psychosocial family issues.

Public policy is another macrosystem factor that may affect the quality of communication between Thai parents and adolescents. Over the past three decades, the public health policy in Thailand has shifted from addressing communicable diseases to non-communicable diseases, such as cardiovascular diseases, cancer and diabetes, injuries, and mental health disorders. Thai public policy seems to give little priority to psychosocial family health issues (Kaufman, Chasombat, Tanomsingh, Rajataramya, & Potempa, 2011). The vast cultural differences across Thailand may make it difficult to move toward national and universal policy to address the challenges associated with the rapidly changing family structure.

Discussions

Approaches to Increase the Quality of Parent-Youth Communication in Thai Families

We offer recommendations for interventions at four levels of Bronfenbrenner's ecological model that could have an impact and increase and sustain the quality of parent-youth communication in Thai families.

Interventions for the microsystem approach.

A mutual relationship between parents and adolescents at the microsystem level is complex. Thus, an alternative family system/theory is suggested for researchers by combining theories to explore and offer interventions to strengthen and sustain the quality of parent-youth communication within Thai families. The circumplex model of marital and family systems (Barnes & Olson, 1985) is suggested for application at the microsystem level, since this model focuses on relationships in marital and family systems, including family subsystems such as a parental subsystem (parents - adolescent), the same as Bronfenbrenner's microsystem. A suggested intervention should be developed from the study focusing on exploring the interrelationships within the parental subsystem (e.g., mother-son; mother-daughter; father-son; father-daughter) reflecting the quality of communication and health/mental health of adolescents. The circumplex model conceptualizes successful and efficient "communication" between family members as a critical facilitating factor that can help other factors, including "cohesion" (emotional bonding) and "adaptability" (ability to adapt or change) to achieve family functioning (Barnes & Olson, 1985). Thus, it examines the quality of parents-adolescent communication as perceived by adolescents or as perceived by parents, and may reflect or relate to the degree of cohesion and adaptability which leads to family functioning and youths' mental health. Few studies have applied this theory to Thai families, thus, family-oriented researchers should be encouraged to conduct more studies at the microsystem level by combining family system theories in order to create interventions to

support the relationship between parents and adolescents in Thailand.

Interventions for the mesosystem approach.

With respect to research design, community-based participatory research (CBPR) may be applied (Berge, Mendenhall, & Doherty, 2009). In Thailand, there are many researchers who work as university professors or nurses in hospitals and community settings; thus, university-community collaboration or hospital-community collaboration may create projects that strengthen parent - youth communication by applying CBPR. CBPR is an action research approach which emphasizes the cooperation between community members (i.e., members in the families), community organizations (i.e., school, temple, community leaders), health care providers (i.e., public health nurses), and researchers. CBPR can promote parent-youth communication in Thai families because it can help researchers work with each family member to understand their needs, rather than giving them a ready - made package of programs. Researchers can also be the key players to contact and address local concerns with community leaders, such as administrative teachers in schools or community leaders. Then the process to work with parents and youth in the family will be developed within the context of each culture in the community. We suggest a two-step process to understand the communities' needs and to develop community acceptable programs.

Step 1: begin early. Early adolescents have more involvement with the family than middle and late adolescents who tend to be more influenced by technology and peer groups (Weichold et al., 2008). Thus, strategies to maintain or strengthen parent - youth communication should typically begin with young early adolescents at ages 10-14 or earlier.

Step 2: aim to promote community health and policies. Knowledge gained in the future from developing programs within the community or from results of a particular intervention, should be addressed in an identified community, in order to extend the programs to other communities and develop new policies.

Interventions for the exosystem approach

The physical distance due to parents migrating to work from rural to urban areas may increase the communication gap between adolescents and parents, and may decrease the time for parents and adolescents to socialize. The policy towards these migrating employees, particularly parents who get their children to live with others in a different place, should be of more concern. Health care providers may recommend that parents, who have relocated to urban areas and have left their children with grandparents in rural areas, arrange for extended visits to their children, or for their adolescent to visit them in the city. Employers also need to understand the situation of each parent employee, and should do their best to accommodate extended employee leave. This recommendation has fiscal implications.

Interventions for the macrosystem approach.

The two steps to strengthen quality of parent-adolescent communication that can decrease the generation gap between parents' expectations toward their adolescent child, and the recommendation for public policy, are suggested as follows:

For researchers: The two steps to strengthen quality of parent-adolescent communication
Step 1: identify the factors. Culturally appropriate, empirically standardized measures are needed to assess the factors that influence the quality of parent - youth communication and the communication process itself. Instruments

to measure the factors and communication may need to be developed or translated from other languages. An important factor which researchers need to study is 'How Thai parents' traditional beliefs affect relationships with youth in families'. Other factors that need further investigation include family structures (extended vs. nuclear), family living arrangements (together in a household, separate households, urban, rural), economic status, parent employment status (both, one, or neither parent(s) working), parent partner status (married or single through divorce or death), parenting style (authoritative, authoritarian, permissive), and time spent together as a family. Research is also needed to explore youths' perspectives on communication with their parents. In particular, there are discrepancies between what researchers study and what youth are concerned about in Thailand. Thus, researchers may not be addressing the emerging needs of Thai youth. Participatory action research (PAR) and mixed methods research could provide a more in-depth understanding of youths' concerns.

Step 2: create technology based, universal interventions for parents and youth. Guided by the concepts of communication, researchers should utilize technology, such as the Internet and social media networks, which are very appealing to youth, by creating online interventions that aim to strengthen parent-youth communication. This strategy may match the needs and developmental stages of youth. However, other media, such as written materials or DVDs could be used to expand family interventions for both parents and youth to increase the quality of parent-youth communication in families.

For Policy Makers

Making policies regarding the problem of the increasing rate of single parent families, skipped generation households, particularly divorced mothers or fathers, should be of major concern. Increasing welfare, given in the form of remittances for these families, may be considered. Furthermore, policy makers could develop and implement policies at local and regional levels that encourage family members to spend time and perform activities together. More organizations, such as the Family Network Foundation, which provide guidance for Thai families, should be created to help Thai families, particularly on how to increase socialization time among family members, and improve the quality of parent-adolescent communication and relationships.

Conclusions

Thailand is undergoing rapid socio economic transformation that may influence the quality of communication between Thai parents and adolescents. Many Western countries have experienced a more gradual transition to industrialization over many years, giving families ample time to adjust to the new changes. However, Thai families may not have had enough time to adjust to the rapid socio-economic changes. We believe there is a crucial need to strengthen the quality of communication between Thai parents and adolescents because many studies have reported that it's a significant factor in parent-adolescent relationships and adolescents' mental health. Understanding the quality of communication between Thai parents and adolescents requires study of its association with the various social and environmental factors surrounding adolescents, such as cultural beliefs, economic transition, technology, gender roles, family-community interaction, and public policies. We also encourage family-oriented researchers to conduct appropriately designed studies to investigate the association between the quality of Thai parent-adolescent communication and relevant factors in each level of the ecological model. The future findings could help us to develop intervention programs to strengthen the quality of parent-adolescent communication.

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Declaration of Conflicting Interest

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