

DEVELOPING ADOLESCENTS IN 21ST CENTURY: AN ISLAMIC AND WESTERN META-ETHNOGRAPHIC SYNERGY FOR MUSLIM PARENTS

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Abstract

Introduction: The current study was the result of four major theory and practice-driven research gaps identified: firstly, 'Pakistan Education Policy 2017's Islamic values and holistic development of child-related gap; secondly, Pakistan's latest Single National Curriculum, 2020's lack of connecting parenting and schooling gap; thirdly, Pakistan National Professional Standards for Teachers, 2009, standard 2 and standard 3 of 10 standards lacking up-to-date Islamic and Western blended parenting and teaching guidance gap, and fourthly, lack of any research based blended parenting or guidance program in concerned government departments.

Aims: In this regard, the study explored Islamic and Western versions of adolescent developmental characteristics, principles, milestones, common challenges and their remedies.

Methodology: Methodologically, the study was delimited to the qualitative research domain only with Qualitative Historical Synthesis of the literature concerned and Meta-ethnography for synergetic approach and conceptual insight.

Results: The study resulted in meta-ethnographic synergy of Islamic and Western parenting guidelines for Muslim parents. Synthesis revealed highly important and sensitive issues pertaining to adolescent development with up-to-date guidance for parents and researchers.

Scientific novelty: This study utilized, first time, qualitative meta-ethnography as a research method to explore the given scenario.

Practical Significance: The findings of the study have revealed new insights into the area explored. Previously, an available single module for child development at Federal Education level of Pakistan may be replaced with a newer and up-to-date blended Islamic and Western version for parenting, curriculum and course module development and trainings of both parents and teachers.

Keywords: Parenting, Meta-ethnography, adolescent, child development, blending

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Introduction:

For parents and teachers, adolescence, the age of stress and storm (Chatterjee, 2013), is one of the toughest stages to deal with; it's the 'storm and stress' period where "the wisdom and advice of parents and teachers is overtopped, and in ruder natures may be met by blank contradiction" (Hall, 1904, Hall, 2004). It is not the age zero of an individual's life but a progressive combination of body and soul covering around nine to twelve years; starting with the first penetration of male cell (sperm) into female cell (ovum) till the menstruation in females and nocturnal emissions in males (Kelly, 2012; Al-Quran, 2001, 53: 45-46). During the development period, parents prepare their children to be capable enough to survive and flourish (Bornstein, 2016). Locke, a famous British philosopher and educationist, opines that "The well Educating of Children is so much the Duty and Concern of Parents, and the Welfare and Prosperity of the Nation so much depends on it." (Locke, 1887). In terms of all its all-pervasiveness, parenting is considered the single largest variable associated with school disruption, child abuse, juvenile crimes, employability, child illnesses, underachievement, mental illness and truancy (Kolvin et al., 1990).

In legal terms, Islam refers to adolescent child as *bāligh* (adult) or *mukallāf* (responsible) or *muhallāq* (tendrill, mentally matured) or *murāhiq* (adolescent) or *muhtalim* (pubescent), i.e. Adolescent (*baligh*) has been defined in Islam and the West as a transitional stage between childhood and adulthood i.e. ten to fifteen years of age respectively (Amanat, et al., 2007; Richard, 2013; Judith, 1998; Elementary education and motivation in Islam, 2010). The Holy Qur'an guides us about puberty and its related aspects in the chapters and verses of the Holy Quran (Al-Quran, 6:152; 12:22; 17:34; 18:82; 22:5; 28:14; 40:67; 46:15; 24:31; 24:58; and 24: 59). The study was directed by the following research questions: What physical, sexual, cognitive, psychosocial, emotional, and linguistic characteristics for adolescents' development do Islam and the West provide guidance about? What adolescent characteristics and milestones can be discovered for parents and other stakeholders considering the blended Islamic and Western research literature? What are the common challenges faced by adolescents, and what general remedies can be suggested in this regard?

Adolescence – Islamic and Western Perspective

Man, before adolescence, passes through various stages as he is the combination of body and soul (Thomas Aquinas cited in Garcia, 2017; Nadwi, 2011), body, in light of the Holy Quran, in

terms of its chemical combination, has evolved after seven stages of processing; first of the seven stages is turab i.e. dry inorganic matter (Holy Qur'an, 2001, 40: 67), second stage is maa i.e. water (Holy Qur'an, 2001, 25: 54), third stage is tween i.e. clay (Holy Qur'an, 2001, 6: 2), fourth stage is tween laazib i.e. sticky mud (Holy Qur'an, 2001, 37: 11), fifth stage is salsaal min hamaen masnun i.e. old physically and chemically altered mud (Holy Qur'an, 2001, 15: 26), sixth stage is salsaal kalfakh-khar i.e. dried and tinkling purified clay (Holy Qur'an, 2001, 55: 14), and seventh and final stage is salala min tween (finest and purified extract of clay (Holy Qur'an, 2001, 23: 12-16) (Janbaz, 2015). To reach adolescence, following this sequential development, the body and soul pass through prenatal, early childhood, and middle childhood developmental periods (Newman & Newman, 2012).

Adolescence is a time when Allah Almighty's sent law is implemented on both boys and girls to train them to live a clean, pious, and peaceful life here and after death. Adolescence starts with the arrival of pubertal changes and ends with high school age, or around eighteen years of age; it is the age of rapid physical modification and substantial mental and emotional development that bring with it invigorated sexual curiosity, intensified sensitivity to peer associations, alienation versus group identity in the initial years, and role confusion versus individual identity around 18 years of age (Newman & Newman, 2012). Growth in early adolescence, as evident from various research studies (Kellough & Kellough, 2008; Manning, 2002; Scales, 2010; Wiles, Bondi, & Wiles, 2006), is uneven but rapid and fast-paced. The characteristics of adolescence have, further, been divided into physical, moral, socio-emotional, cognitive, spiritual, and language-related characteristics. This period is marked by physical changes in height, increased muscle strength, and the redistribution of the weight gained before adolescence.

The Convention on the Rights of the Child (CRC)

The Convention on the Rights of the Child is a treaty by the United Nations (UN) to set out the social, civil, cultural, economic, and political rights of children. Some key aspects of the CRC pertaining to adolescence are: First, Article 2: Non-Discrimination: adolescents have the right not to be treated based on sex, race, religion, disability, or any other status; second, Article 3: Best Interests of the Child: adolescents' best interests should be the main focus in all the decisions and actions that influence them; Third, Article 12: Participation: They have the right to freely express their viewpoints, consider their views in matters that influence them, including school, family, and society; Article 13: Freedom of Expression: They have the right to impart information, ideas and seek

and receive information of all kinds, including various forms of media; Article 19: Protection from Violence: They have the right to be protected from all forms of mental, physical abuse, violence, neglect, or exploitation; Article 28: Education: They have the right to free, compulsory, and quality education, including access to relevant and age-appropriate information; Article 39: Health and Healthcare: They have the right to enjoy the highest possible standard of health and access to well-being and healthcare services; Article 39: Protection from Harmful Practices: They possess the right to be protected from any type and form of abuse, harmful practices, or exploitation to prevent them from mental, social, or physical well-being (Berrick et al., 2023; UNICEF, 1989).

Pakistani Child Rights Laws

Pakistan has a vast body of child rights laws, from federal to provincial levels and from ministries to individual organizations; following are the key articles, acts, and organizations in this regard: first, Constitution of Pakistan, article 4: protection of individual rights, including adolescents; second, Constitution of Pakistan, article 25: equal protection law for all citizens, including adolescents; third, Punjab Destitute and Neglected Children Act, 2004; fourth, Sindh Child Protection Authority Act, 2011; fifth, Balochistan Child Protection Act, 2016; sixth, Khyber Pakhtunkhwa Child Protection and Welfare Act, 2010. Along with laws, the Ministry of Human Rights, Government of Pakistan, and the National Commission on the Rights of the Child (NCRC) are the leading establishments in this regard (Ministry of Human Rights, 2023, June 24).

Research Methodology:

The study, undertaken, comprised of both interpretive and integrative in its essence wherein under the umbrella of qualitative research it's two sub-types i.e. qualitative historical synthesis and qualitative meta-ethnographic synthesis was utilized as focus lenses in order to reach specific type of synthesis (Sandelowski & Barroso, 2007; Toye et al., 2014; Tort-Nasarre et al., 2021). The study dealt with developmental stages of human with key focus on adolescence (Newman & Newman, 2012) through utilizing synergy of Islamic and Western parenting guidelines.

Qualitative Historical Synthesis and Qualitative Meta-ethnography

Qualitative Historical Synthesis is an investigation process to investigate past documents, or events etc. systematically to understand a particular context in terms of what took place till

present, interpret it and or reconstruct it by using various points of views. Generally, it follows five key phases: researchable topic identification and formulation of a research question or problem; literature review or collection of data; evaluation of the materials; synthesis of the reviewed data; and preparation of a report.

Meta-ethnographic synthesis, on the other hand, comprises seven steps, with the following sequence: Step 1: Interest in some issue, topic or opportunity (Noblit and Hare, 1988), step 2: the researcher identifies appropriate studies of interest. As Noblit and Hare in Toye et al. (2014) opine, two to six studies to examine are commonplace; there is no defined sampling procedure in meta-ethnography. It neither put the whole body of literature into summary on a particular topic nor it delimits it to some studies. Rather, it focuses 'conceptual insight' or 'sufficient familiarity' (Britten et al., 2002). Step 3: beginning through reading, rereading to determine highly relevant concepts or ideas in studies. Step 4: Looking for repeated and common concepts in various studies through the use of metaphors, concepts or list of phrases. Step 5: translating the selected studies into each other; this step 5 distinguishes meta-ethnographic synthesis from traditional approaches of literature review (Britten et al., 2002). Step 6: generating 'whole' from research studies of the parts to develop new conceptual understandings i.e. both Islamic and Western perspectives on child rearing practices into a newer whole. Step 7: reporting the findings generated through synthesis (Campbell et al., 2011; France et al., 2014; Dahl et al., 2020).

Research Findings:

Physical and Sexual Development Guidance

In terms of physical characteristics, adolescence is a period of rapid sexual maturation and skeletal development; adolescents in this period are preoccupied with body image. However, girls with late maturation are more satisfied with their body image than girls with early maturation. For girls, the spurt begins between 10 and 11 years of age on average, while the menstrual cycle starts around 12 and a half years of age on average. Though changes may begin as late as fifteen and a half years of age. Girls with early maturation are more susceptible to issues like eating disorders, negative self-image, loneliness, submissive behavior, depression, etc. Contrary to girls, boys' growth spurt starts around twelve and a half years of age; however, similar to girls, changes in boys may begin as late as fifteen and a half years of age. Pubic hair begin to grow, but it occurs earlier in girls than in boys. Boys' voice gets thicker, their moustaches begin to grow, and their muscles start to strengthen. Simultaneously,

physical development helps brain development, where memory starts to modify, emotionality begins to increase, and brain connections begin to improve steadily to help support regulation of judgment, impulse control, and emotionality (Spear, 2000; Brownlee, 1999; Newman & Newman, 2012). Increased secretion of adrenal hormone results in the growth of hair and changes in the skin and skeletal system (Dahl, 2004). These changes vary among individuals in adolescence as compared to middle childhood. Such physical modifications also make adolescents uncomfortable (Simmons & Blyth, 2008). Physical growth and development lead to brain development, which further leads to sexual development. In the brain, the hypothalamus starts the secretion of a hormone called ‘gonadotropin-releasing hormone, which signals the pituitary gland for the secretion of ‘luteinizing’ and ‘follicle-stimulating hormone, which paves the way for sexual development. This troika of the hypothalamus, gonads, and pituitary glands produces and regulates sex hormones, and the maturation of sexual organs results. (Manning & Bucher, 2012, NICHD, 2007); in terms of sexual development, girls, however, mature earlier than boys (Caissy, 2002).

Physical and sexual development rates differ in adolescents due to their culture, exposure, diet, social life, and many other factors; however, a general picture is presented here. In terms of physical development, particularly in years 10 and 11, girls’ height spurts and boys’ growth of testes occur, while year 11 usually accompanies breast bud development initiation in girls and pubic hair development in boys. Years 11 and 12 bring oil and sweat gland activity in both boys and girls, where acne can appear in both groups. Moving ahead, year 12 accompanies pubic hair development in girls and the growth of the penis in boys. Years 12 and 13 are the onset of the menstrual cycle in girls, while boys observe a height spurt. Year 14 brings the earliest normal pregnancy in girls, for it brings thickness and depth of voice in boys. Year 15 and 16 carry with them the completion of breast development in girls and nocturnal emissions and facial and underarm hair development in boys. Year 17 and 18 finally bring maturation of the skeletal system for both boys and girls and the development of chest hair in boys only (National Academies of Sciences, Engineering, and Medicine, 2019). The given characteristics in terms of sex are divided into two categories: primary sex characteristics, which include the menstrual cycle and earliest normal pregnancy in girls, and growth of the testes, penis, and nocturnal emissions in boys; the rest of the characteristics mentioned above are called secondary sex characteristics. (Newman & Newman, 2012; Smith, 2016).

Cognitive Development Guidance

Cognitive development, in synergy with physical development, is usually the time around sixth grade through ninth grade; at this stage in early adolescence, i.e., years 11 to 15, less concrete and more abstract thinking with logical and idealistic thinking emerge, where an adolescent solves complex problems and begins to think critically. At this stage, he or she becomes more interested in social issues, ideas, and values, with an understanding that is narrow and opinions that are dogmatic; tries to interpret others personalities; and takes an interest in the hair, clothes, and personal appearance of the opposite sex. At this stage, adolescents are usually egocentric but are able to understand the viewpoint of others; however, they think of themselves as unique and no one can understand them. They have a greater attention span and possess the ability to focus; they pretend indifference, yet they want to do well in school and social activities. Adolescents ages 15 to 19 usually attend grades ten through twelve. They continue formal operations through thought, hypothetical deductive reasoning, and solving complex problems. They may enjoy arguing with each other and debating issues. They may be harsh or disapproving if they see their peers making unfair decisions. The prefrontal cortex in the brain gets fully myelinated in late adolescence, where an adolescent gets a newer ability through which he or she can find faults in his or her reasoning and can revise the strategies for solving problems (Galotti, 2016; Moshman, 2011; Piaget, 1972a; The Cambridge Handbook of Cognitive Development, 2022).

Psychological and Emotional Development Guidance

Adolescence is the onset of identity formation; they start to prepare themselves for adulthood, where conflict between adolescents and parents appears despite the fact that they value their family highly. Adolescents pass through two main stages of identity formation: industry versus inferiority and identity versus role confusion (Erikson, 1968). At this stage, they are more interested in their peers as compared to family. They are quite anxious about their peers' acceptance. At this stage, girls begin to develop emotional bonds and are under pressure to follow their peers. On the emotional side, same-sex relationships, romantic thoughts and dating desires, mood swings, and becoming defensive and demanding are quite common. Adolescents are egocentric and can be worried about body image, personality, embarrassment, social position, tests, grades, and other results, etc. At this stage, they become capable of understanding that differences exist based on prejudice, class, colour,

caste, ethnicity, poverty, etc., within and between groups. Identity formation begins around 11 to 15 years of age and continues throughout; parent-adolescent relationship levels affect autonomy due to parenting styles, i.e., permissive, authoritative, authoritarian, etc. Boys are more interested in girls' physical features, while girls are more interested in interpersonal qualities. Both boys and girls are anxious about their own lives, ideas, opinions, and thoughts.

Language Development Guidance

Adolescents enjoy talking with their peers and are more interested in social matters. They may be seen complaining that others do not understand. They are not interested in grammar, may not like to converse with adults, may question the rules and authority of adults, and may use a loud voice. They tend to argue more often than discuss things. In terms of grammatical construction, many adolescents have well-developed grammar skills. They continue to grow their vocabulary; they are capable of figuring out contextual meaning, though unable in the true sense to understand; they are unable to comprehend jargons, idioms, legal phrases, and unfamiliar and commonly misunderstood structures; they also do not fully understand the tag questions; they have difficulty with complex forms of negation; they are unable to have full command of passive voice; they may have confusion with metaphors and idioms; and they often misconceive long and complex questions (Nippold, 2016).

Following are the milestones regarding above mentioned developmental domains, extracted by the researcher, from the notable research of child development field (Abbot, 2011; CDC, 2023; Kaneshiro & Dugdale, 2003; LeBeau et al., 2022)

Table 1

Milestones for Early Adolescence (ages 10-14 Years)

Domain	Developmental Milestones
Physical Development Milestones	Rapid growth period, Appearance of Secondary sexual characteristics, girls' breast buds development around 9 to 12 years of age, pubic and armpit hair around 9 to 10, boys' scrotum, pubic and other hair and testicles development around 9 to 10 years of age, girls' periods may start
Intellectual Development Milestones	"Here and now" thoughts dominate, Cause-effect notion less developed, Socially less aware than stronger 'self'
Individuality and Freedom related milestones	Family and parents as barriers, Isolation, Psychological mood swinging, Rejection of childhood matters, Aggressive and noncompliant
Body Image related milestones	Obsession with bodily modifications and worrying of external look, Concerns about secondary sexual characteristics modifications, Peers as model for external look, compares self to peers
Peer Group related milestones	Strong bond with same sex peers, serves peer happily and in competition
Identity vs role confusion	Daydreamers, Repeatedly changing vocational goals, Start creating own value system, Emerging sexual feelings and sexual exploration, Imaginary listeners, Longing for isolation, "no one understands me" intensify own issues

(Abbot, 2011; CDC, 2023; Kaneshiro & Dugdale, 2003; LeBeau et al., 2022)

Table 2

Milestones for Middle Adolescence (ages 15-17 Years)

Domain	Developmental Milestones
Physical Development Milestones	Advancement of Secondary sexual features, girls' late periods start years, maximum adult height milestone touched
Intellectual Development Milestones	Abstract thinking starts, return to concrete thinking due to stress, better able to understand cause and effect connection, highly self-centered
Individuality and Freedom related milestones	Ambivalent feelings and inconsistency, Family conflicts due to desired autonomy
Body Image related milestones	Highly interested in personal appearance, high energy level or lethargy, high active or lethargic
Peer Group related milestones	Trendy behaviour, high level of peer commitments, high sexual drive, search for partner, try to attract others especially as partner
Identity vs role confusion	Busy in experimentation through friends, jobs, risky behaviours and sexual acts

(Abbot, 2011; CDC, 2023; Kaneshiro & Dugdale, 2003; LeBeau et al., 2022)

Table 3

Milestones for Late Adolescence (ages 18-21 Years)

Domain	Developmental Milestones
Physical Development Milestones	Bodily gets matured, level even reproductive growth, girls' breast fully develop, end of reproductive growth, boys' genitals of adult shape and size, boys' pubic and other hair reach adult level
Intellectual Development Milestones	Established abstract thinking, concerned with future life, interested to follow long range aims, idealistic and philosophical approach to life, capable to understand plans and try to plan goals of life
Individuality and Freedom related milestones	Freedom liking to choose academic discipline or job/work
Body Image related milestones	Generally easy with body image, busy in life goals usually
Peer Group related milestones	Less influenced by peers in values or decisions, more interested in individuals as compared to groups, partner selection based on personal preference and not of peers
Identity vs role confusion	Better capable for complex relations, roles, moral and ethical values set for self, sexual activity is common, sets sexual identity, understands personal limitations, follow career or vocational goals and act as adult in family

Islamic Rights of the child

In Islam, protection of lineage involves more than rearing a righteous child; as part of nature before nurture, it starts before the child's birth and deputizes a man and a woman to be virtuous believers. Both sides of families have the duty to choose a pious man *for the woman and a pious woman for the man. Adolescence is not* the start of life but a next chain of early and middle childhood periods whereby parents have the duty to rear a child as a believer, obedient to Allah, his parents, and a righteous member of the Muslim society, as children are either a trial or reward from Allah almighty. Your riches and your children may be but a trial, but in the Presence of Allah, they will be the highest reward (Al-Quran, 64:15). The following are the ten major rights of a child from the womb onward: first is the right of selection pertaining to child's mother based on righteousness (Bukhârî 5090 and Muslim 1466); second, right of selection pertaining to child's father based on sound character (Al-Tirmidhî, 866); third, the right to protection from Satan before conception (Holy Quran, 23: 97; Bukhârî, Fathul-Bari, 138); fourth, the right to be wished for and wanted by parents (Al-Quran, 18: 46; 21: 89; 3: 38-41; 19: 2-15; 25: 74); fifth, the right to raise a child up sincerely for Allah (Bukhârî, 1); sixth, the right to life i.e. Islam forbids taking life of any child for any reason (Al-Quran, 17:31);

seven, the right to protection and medication (Bukhârî, 5466); eight, the right to provision/food/cloth/shelter/education i.e. meeting necessities of wife and children are the basic responsibilities of husband (Al-Quran, 2: 233; 4:4; 4:19; 4:34); nine, the right to lineage i.e. the right of child to carry the good name of parents as it is a sin to disconnect or preventing a child from doing so (Al-Quran, 33: 5) and ten, the right of inheritance (4:11). Following are the key aspects of Islamic developmental domains, extracted by the researcher, from the notable research and reference books (Al-Quran; Al-Muslim, 1955; Bukhari, 1966; Rizwan, 2010; Suwaid, 2009; Tirmidhi, 1970).

Table 4

Islamic Development Tasks: Beliefs

S. No.	Development Task
1.	Believe in Allah
2.	Believe in angels
3.	Believe in heavenly books
4.	Believe in prophets
5.	Believe in judgement day
6.	Believe in fate (good and bad) from Allah
7.	Believe in life after death

Table 5

Islamic Development Tasks: Through Worship

S. No.	Development Task
1.	Practising individual and group prayers
2.	Practising Juma, Eidain, and Istikhara prayers
3.	Practising masjid etiquettes
4.	Practising Ramadhan and non-Ramadhan fasting
5.	Performing Umrah and Hajj (Pilgrimage)
6.	Giving Alms to the deserved

Table 6

Islamic Development Tasks: Social Development Training

S. No.	Development Task
1.	Joining Elders' gatherings (only honest and pious elders)
2.	Performing important home and outside chores
3.	Practising salaam and other greetings
4.	Paying visit to sick relatives, neighbors, friends etc.
5.	Selecting good friends
6.	Performing selling and purchasing tasks
7.	Participating in healthy and positive events
8.	Spending night at virtuous relatives' home
9.	Following Prophet (PBUH) acts, manners, habits, style

Table 7

Islamic Development Tasks: Moral Training

S. No.	Development Task
1.	Teaching / performing manners related to parents
2.	Teaching / performing manners related to Islamic Scholars
3.	Teaching / performing manners related to Scholars' children
4.	Teaching / performing manners related to siblings, friends, neighbors
5.	Teaching / performing manners related to taking permission
6.	Teaching / performing manners related to guests
7.	Teaching / performing manners related to eating/table manners
8.	Teaching / performing manners related privacy, trustworthiness
9.	Teaching / performing manners related avoiding bias

Table 8

Islamic Development Tasks: Emotional Development Training

S. No.	Development Task
1.	Parents' kissing their child
2.	Playing and fun making with child
3.	Warm Welcome of the child
4.	Regular monitoring of the child and dialogue with child
5.	Giving gifts to the child
6.	Caress child through hand on his/her head/hair
7.	Special attention and care for orphans and girls
8.	Equality/moderation among children

Table 9

Islamic Development Tasks: Reading and thinking/language training

S. No.	Development Task
1.	Accepting child's right for education
2.	Developing love for education/knowledge/learning
3.	Inculcating manners/etiquettes for knowledge/learning
4.	Memorizing Quran and Understanding Quran
5.	Developing pure intent for Allah only (<u>Ikhlas-e-niyat</u>)
6.	Selection of best teacher
7.	Selection of best school
8.	Arabic language focus to think and do research in Quran
9.	Other languages skill development
10.	Care for child aptitude
11.	Narrating stories of the elders
12.	Library setting at home

Table 10

Islamic Development Tasks: Physical Development Training

S. No.	Development Task
1.	Exercises and sports
2.	Oral hygiene (<u>miswak</u>)
3.	Cleanliness of all body parts
4.	Following Sunnah in eating habits
5.	Following Sunnah in sleeping habits
6.	Following early to bed early to rise principle
7.	Developing self-massage skill
8.	Caring children against diseases
9.	Protecting children through Quranic <u>avats</u> , prayers (<u>dua</u> etc.)

Table 11

Islamic Development Tasks: Sexual Development Training

S. No.	Development Task
1.	Permission to enter home/room etc.
2.	Protecting sexual organs from misuse
3.	Separate bed arrangement
4.	Avoiding co-gatherings
5.	Following Sunnah in sleeping habits and sexual manners
6.	Following Sunnah in bath (normal bath and bath after wet dreams)
7.	Understanding Surah-e-Maida and Surah-e-Noor about adolescence
8.	Marriage at appropriate time/in-time
9.	Treatment and care for sexual diseases
10.	Avoiding obscenity and vulgarity/bad company

Parenting and common challenges for adolescents and their general remedies

Research literature has identified some potential areas related to adolescent problems such as pubertal issues (Medline Plus, 2014; Children Health, 2016), depression, anxiety, grooming, and good hygiene practices (Raising Children Network, 2016), peer pressures, hormonal changes in the body, changes in the body, goal setting, and discipline (Pickhardt, 2011), physical, emotional, verbal, and cyberbullying, general anxieties, panic, intense fear, homesickness, separation from care-givers, social phobia, specific phobia, etc. (Palo Alto Medical Foundation, 2015).

Adolescents face various types of physical, psychological, socioemotional, intellectual, sexual, academic, and linguistic problems. In general, they may face physical problems such as eating disorders (anorexia, bulimia, etc.), decreased or increased energy level, obesity or decreased weight, lack of concentration, substance abuse (tobacco, drug use, alcohol, etc.), sleep problems (irregular sleep, insufficient sleep, etc.), and physical inactivity.

Besides, early puberty, late puberty, or even timely puberty may cause many problems for adolescents, such as sexual and reproductive health problems, uneasiness due to physical changes, illegitimate and unsafe sexual activity, sexual abuse and violence, pubertal hygiene, emotional and psychological difficulties, helplessness, loneliness, social pressures at this young age, body image disappointment, social pressure to observe adult-like appearances, low socio-economic status, and difficulty in managing peer relationships due to child-adolescent differences or adolescent-adult differences. Additionally, lower self-esteem due to late puberty and different feelings from their peer group, along with age-appropriate activities and lower self-efficacy, peer pressure towards risky behaviors (skipping class, cheating, illegitimate sex activities, drug use, etc.), sexually transmitted diseases, negative use of social, print, and electronic media, suicidal thoughts, worthlessness, boredom, bullying, cyberbullying, mood swings, impulsivity, anxiety, depression, conflicts with family members, confusion and distress due to identity exploration, and last but not least, the performance as compared to the peers already matured.

The remedies and suggestions presented here are general recommendations and do not deal with any individual case, as it's necessary to consult a licensed field professional for individualized advice. Parents, to help adolescents address physical problems, may promote a balanced diet, encourage regular exercise or at least a positive physical activity, and provide awareness about healthy choices in terms of lifestyle (Ayala-Marin et al., 2020). Eating

disorders may be addressed through multidisciplinary approaches such as awareness and counseling about nutrition and therapy. Early detection and regular medical monitoring with early intervention are essential (Nagata et al., 2020). Sleep-related issues in adolescents may be addressed through sleep hygiene, setting a regular sleep schedule, and limiting the use of electronic devices such as mobiles, laptops, etc. before sleep time (Kothare & Scott, 2016; Kansagra, 2020). The issue of physical inactivity may be addressed through reducing screen usage time, regular exercise, and participating in sports activities (Kohl & Cook, 2013).

In terms of puberty related challenges, awareness and counselling relating to reproductive health, sexual issues particularly sexually transmitted diseases, confidence development practices and easy access to parents and healthcare services can play pivotal role in addressing sexual and reproductive health problems. Moreover, preventive support and monitoring can help both parents and adolescents stay away from such issues (Lawrence et al., 2009; Wilkins et al., 2022).

In terms of psychosocial and emotional challenges due to early or late puberty, the provision of counseling sessions, emotional support, and easy and confident access to school and community-led awareness programs can help adolescents address such issues (Cesario & Hughes, 2007; Mendle et al., 2019).

In terms of socioemotional challenges, motivating adolescents to have open communication, training them in confidence, and helping them promote positive peer relationships lead to steering peer pressure efficiently (Campbell et al., 2008). Training adolescents to have an open discussion about bullying issues, teaching them confidence, and coordinating with the school in implementing anti-bullying policies with counseling support and peer group intervention address such issues effectively. (Frisen & Holmqvist, 2010).

Emotional regulation skills such as watchfulness and mindfulness with to-do lists and teaching adolescents cognitive-behavioral techniques can help them understand their feelings and emotions and manage them efficiently. Moreover, provision of mental health literacy, open discussion at home with children, access to mental health services, and coordination with school-based prevention programs can support need assessment and address psychological and socio-emotional concerns (Extremera et al., 2019). Furthermore, Adolescents need a supportive environment, need guidance, and require self-reflection opportunities in the journey of their identity formation and self-exploration (Miller & Campo, 2021).

Contrary to middle childhood, a unique difference of adolescence is its age of independence and autonomy; adolescents

may come across family conflicts; therefore, they may be encouraged to have friendly relationships with parents, facilitate open communication, conduct family therapy activities, and engage in active listening to get them near and build inter-confidence (Leung et al., 2021). In terms of substance abuse, illegitimate sexual activities and misuse of media may be handled through preventive and positive engagement activities, early intervention, and friendly access to treatment services to address such issues. An encouraging environment, a positive peer group, and friendly parents may prove substantial support for them (Abdul Hamid et al., 2020; Johnson et al., 2022; Robinson, 2004).

Body positivity and self-acceptance can help reduce body image concerns; literacy in this regard can help adolescents develop a healthy body image. Both early and late maturing adolescents can be supported through teaching and identifying their qualities and skills to gain confidence in themselves (Scully et al., 2023). Peer pressure can be navigated through social skills training, promoting empathy, and teaching and training confidence. Provision of support networks, training them in flexibility, and promoting individuality, particularly 'how to say no, can better help early and late maturing adolescents in terms of steering their peer pressure (Zhang et al., 2021). Adolescents, in terms of performance, can be supported through encouraging a growth mindset, self-confidence training, and supporting them in academic and social difficulties (Sahil & Hashim, 2011).

Research literature (Duckworth & Trautner, 2019; Children's Health, 2016; Morris et al., 2020; The Art of Parenting, 2013) cites strategies that have been found quite fruitful for parents to guide adolescents, particularly one's own child, which are as follow:

First of all, stay calm with your child and listen to him or her; avoid any overreaction, as adolescents want to be respected and heard and may narrate things a parent does not want to hear or like to hear. Acknowledging an adolescent's feelings, hearing him or her, and motivating him or her to produce his or her own solutions have been noted as very productive. Discuss with your child what makes a good and trustworthy friend (Al-Quran 9:119). motivate him or her to develop his or her own identity rather than following others; motivate him or her to say 'no' and model it; and teach such skills to enable him or her to not conform to peer pressure and demand what he or she does like to. Discuss, understand, and evaluate his or her interests (Watson et al., 2020) and his friends' interests by inviting them; find time for your child and let him or her trust you through your interest in him or her and his or her friends by investing time and discussing their lives. This may motivate the child to develop honest communication with parents. Never forget to motivate him or her

when he or she makes healthy choices in life. Guide him or her to pay attention to his or her feelings, explore emotions, understand them, and practice staying composed in challenging situations. Train him/her to find a friend who can say 'no' to missing school classes (Graves et al., 2020), smoking, misuse of time, and unethical activities (Chan et al., 2021); the more such friends you have, the better equipped your child will be to cope with demanding situations. In this context, the holy Quran guides us all to be friends with trustworthy and honest people (Al-Quran, 9:119). Moreover, educate him or her to talk to a friend, parent, teacher, or counselor if he or she feels pressurized or depressed (Kieling et al., 2019); find ways to discuss emotions or feelings with a trustworthy or reliable person; and always search for alternative solutions in your life. Some research-based key suggestions for parents and caregivers are as follow: Taking care of natural abilities of adolescents (Al-Adab Al-Mufrad, n.d); providing sports and refreshment opportunities to them (Al-Muslim, 1955); developing strong school-home-mosque teamwork and cooperation (Al-Muslim, 1955); strengthening relationship between parents/caregivers and adolescents (Tirmidhi, 1970); strictly following day-night parenting schedule (Al-Quran, 7:205; Bukhari, 1966; Al-Muslim, 1955); always providing beneficial cultural resources for them (Al-Mu'jam al-Kabir Al-Tabarani, 2007); motivating adolescents to become good readers (Al-Quran, 39:9, Al-Muslim, 1955; Tirmidhi, 1970); repeatedly recalling them their Islamic responsibilities (Al-Quran, 33:23; 24: 37); motivating adolescents to always be ready to fight against sins, vices and satanic acts (Al-Quran, 5: 54, 9: 41; 9:111) and last but not least motivating them towards healthy and respectable professions (Al-Quran, 11: 37-38; 34: 10-11; 67: 15; 62: 10).

Discussion:

The current research aimed to explore Muslim adolescent development through qualitative historical synthesis and qualitative meta-ethnographic synthesis; in detail, the physical, emotional, psychosocial, sexual, and linguistic perspectives were explored, and common problems adolescents face and their remedies were extracted from the data.

The findings imply that parental awareness of adolescent characteristics, principles of development, Islamic and legal rights of adolescence, common problems, and their remedies is of utmost importance, and a lack of it may result in directionless parenting. The findings, under meta-ethnographic treatment, are consistent with Islamic injunctions i.e. the Holy Quran (Al-Quran, 11: 37–38; 34: 10–11; 67: 15; 62: 10; 6:152; 12:22; 17:34; 18:82: 22:5; 28:14;

40:67; 46:15; 24:31; 24:58; and 24: 59) and hadith (Al-Muslim, 1955; Tirmidhi, 1970; Bukhari, 1966).

Similarly, the findings of the study were consistent with Western theoretical perspectives (Ayala-Marin et al., 2020; Erikson, 1968; Kansagra, 2020; Kothare & Scott, 2016; Nagata et al., 2020; Piaget, 1972a Wilkins et al., 2022).

However, this study was delimited to those Western perspectives that are not contrary to Islamic teachings and developing Muslim adolescents in the light of the teachings of the Holy Quran and the Sunnah of the Holy Prophet Muhammad (peace be upon him).

Conclusion:

The aim of this research was to explore Islamic and the Western versions of adolescent development particularly the characteristics, principles, milestones, common challenges, and their remedies.

In this direction, the findings produced categorized and sequential guidelines for parents wherein adolescents' physical, sexual, psychosocial, emotional, and linguistic development with common challenges and their remedies were suggested.

It can be concluded that this research has highlighted the importance of parental awareness of knowledge-based sequential and holistic Islamic development of their adolescents with past and latest research-based guidance.

This study has potential implications for parents, teachers, principals, counselors, curriculum and textbook developers, and policymakers.

Declarations:

Conflicts of Interest: The author declares no conflict of interest.

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Ethical Approval: The study, being a qualitative meta-ethnographic synthesis with no human involvement, just utilized previous research studies and published data; therefore, no ethical approval was needed from any committee. All the books, research articles, and print and online sources have been cited as per the Publication Manual of the American Psychological Association (seventh edition, 2020).

Author's Detail

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