

FACTORS THAT INFLUENCE FAMILY INTERACTION IN FAMILIES WITH ADOLESCENTS

Fatores que influenciam a interação familiar em famílias com adolescentes

Factores que influyen en la interacción familiar en familias con adolescentes

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ABSTRACT

Background: adolescence is a stage in the family life cycle that is full of challenges, causing significant changes for both the adolescent and the family. Consequently, it requires the family to constantly readjust and adapt both its members and the family system as a whole, becoming a central point of nursing care for the family. **Objectives:** to understand the perceptions of families with adolescents regarding strengths and difficulties in family interaction. **Methodology:** qualitative, descriptive, cross-sectional study. Fifty families with adolescents (10-13 years old) from a Family Health Unit participated. Information was collected through interviews with two essay questions. Content analysis was based on Bardin and categories were based on the Dynamic Model of Family Assessment and Intervention. **Results:** families identified more facilitating factors than challenges in their family dynamics, with the interaction pattern being the factor most recognized as a facilitator, while circular communication was identified as the main difficulty. **Conclusion:** when family health nurses are aware of the factors that facilitate or hinder interaction between family members, they will be better able to guide their interventions in order to promote nursing care for families, contributing to the achievement of gains in family health.

Keywords: family; adolescent; family relationships; family nursing

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RESUMO

Enquadramento: a adolescência é uma etapa do ciclo vital familiar repleta de desafios provocando mudanças significativas para o adolescente e para a família. Por conseguinte, exige da família um constante processo de reajuste e adaptação dos seus membros e do sistema familiar como um todo, tornando-se um ponto central dos cuidados de enfermagem à família.

Objetivos: conhecer a percepção de famílias com adolescentes sobre pontos fortes e dificuldades na interação familiar. **Metodologia:** estudo qualitativo, descritivo, transversal. Participaram 50 famílias com adolescentes (10-13 anos) de uma Unidade de Saúde Familiar. Recolha de informação foi obtida por entrevista com duas questões de resposta aberta. A análise de conteúdo baseou-se em Bardin e as categorias no Modelo Dinâmico de Avaliação e Intervenção Familiar. **Resultados:** as famílias identificaram mais fatores facilitadores do que desafios na sua dinâmica familiar, sendo o padrão de interação o fator mais reconhecido como facilitador, enquanto a comunicação circular é apontada como principal dificuldade. **Conclusão:** o enfermeiro de saúde familiar ao conhecer fatores que facilitam ou dificultam a interação entre os membros da família, estará mais apto a orientar as suas intervenções de modo a promover cuidados de enfermagem às famílias contribuindo para a obtenção de ganhos em saúde familiar.

Palavras-chave: família; adolescente; relações familiares; enfermagem familiar

RESUMEN

Marco contextual: la adolescencia es una etapa del ciclo vital familiar llena de desafíos, que genera cambios significativos tanto para el adolescente como para la familia. En consecuencia, exige que la familia se reajuste y adapte constantemente, tanto a sus miembros como al sistema familiar en su conjunto, convirtiéndose en un punto central de la atención de enfermería. **Objetivos:** conocer la percepción de las familias con adolescentes sobre las fortalezas y dificultades en la interacción familiar. **Metodología:** estudio cualitativo, descriptivo y transversal. Participaron cincuenta familias con adolescentes (de 10 a 13 años) de una Unidad de Salud Familiar. La información se recopiló mediante entrevistas con dos preguntas de desarrollo. El análisis de contenido se basó en Bardin y las categorías en el Modelo Dinámico de Evaluación e Intervención Familiar. **Resultados:** las familias identificaron más factores facilitadores que desafíos en su dinámica familiar; el patrón de interacción fue el factor más reconocido como facilitador, mientras que la comunicación circular se identificó como la principal dificultad. **Conclusión:** cuando las enfermeras de salud familiar conocen los factores que facilitan o dificultan la interacción familiar, podrán orientar mejor sus intervenciones para promover la atención de enfermería a las familias, contribuyendo así al logro de mejoras en la salud familiar.

Palabras clave: familia; adolescente; relaciones familiares; enfermería de la familia

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INTRODUCTION

The family, as the fundamental foundation of all society, allows for the transmission of values, learning, development, and training of the individual. To this end, it is necessary to accompany the family to meet their needs and prepare them to deal with issues related to individual health and/or the balance of the family system. Understanding the family as a unit of change is essential for the consolidation of advanced family nursing practice, as it requires a deep understanding of family dynamics and their influence on the health of each of its members (Figueiredo, 2023). Family Health Nursing (FHN) promotes the well-being of families, with nurses playing a crucial role in their lifelong care. Throughout the transition processes, family dynamics undergo significant changes, which can expose families to various risks that can affect their health and well-being. According to Figueiredo and Fonseca (2023), family health encompasses the health of each individual member and aspects of family functionality, since patterns of family interaction have an impact on the health of each member and the family as a whole, capable of weakening or strengthening family health. The ability to adapt to health transitions and the way members support each other are determining factors in ensuring the well-being and quality of life of all family members. Adolescence as a developmental transition involves a series of significant changes that affect family life. Although this transition is expected, parenting in families with adolescents requires important adjustments in family dynamics due to the biological, emotional, and social changes of this phase. Balancing freedom and responsibility, redefining rules and transforming communication are essential steps to

strengthen family ties and build a healthy balance within the family context. The family, as a support in adolescent development, is recognized as a care unit that transmits ethical, normative and behavioral values which are important for the promotion of social and health behaviors (Fernandes, 2023). Nurses play a fundamental role in facilitating the normative transitions that families experience throughout their life cycle. The challenges facing Family Health Nursing today call for specialized practice that is effectively oriented towards the strengths, problems and challenges of families (Carvalho et al., 2022). Therefore, it is important to understand the factors that facilitate and hinder families with adolescents in the interaction between their members, to provide a more targeted intervention, involving the family in decision-making and thus achieving health gains. The main objective of this study is to understand the perceptions of families with adolescents in early adolescence (10-13 years) about the strengths and difficulties that can influence family interaction and thus contribute to the construction of knowledge in the area of Family Health Nursing, in order to improve the practice of specialized care for families with adolescents.

BACKGROUND

The family is a vital component for the physical and emotional health of its members. It acts as a safe haven and a space for growth, fundamental to human development. According to Figueiredo (2023), the family is the matrix for the development of its members, constituting, as a co-evolutionary system, a unit granted with energy and the competence to maintain its functioning. In families, there is a pattern

of regularity in their developmental processes, with family transitions promoting their growth. The family's ability to cope with changes and transitions throughout development or in the face of significant life events, and the time it will take to return to its new point of equilibrium, will depend on the type of event (Silva et al., 2023). Transitions generated by developmental processes require changes in family dynamics and the ability to adapt, which may expose families to situations of health vulnerability.

According to the World Health Organization (WHO, 2021), adolescence represents the transitional phase between childhood and adulthood, covering the period from 10 to 19 years of age. This is a unique period in human development, which is fundamental for laying the foundations for healthy growth. During this stage, adolescents experience rapid physical, cognitive, and psychosocial changes that directly impact how they feel, think, make decisions, and relate to their surroundings. According to Fonseca (2012), adolescents go through a transitional process, leaving childhood behind and entering adulthood, where the previously established connection with their parents, characterized by greater dependence, transitions to a greater need for autonomy. It is, therefore, a period marked by great challenges for both adolescents and their families. In this sense, the family plays a fundamental role in helping adolescents develop the skills to deal with life's adversities, while remaining influential in their well-being and balance (Beckwith et al., 2024; Fonseca, 2012). This stage of the family life cycle is recognized as a period of great vulnerability for the family system, requiring the family to constantly adapt to parental roles and to the restructure of family dynamics. Health policies and the development of

health plans and programs have highlighted the need to intervene in this area to raise awareness, promote and protect the health of adolescents. Interventions aimed at promoting the family health of families with adolescents seek to increase protective factors and create alternatives to reduce risk behaviors. Considering adolescence to be a stage of family development with particularities that require special attention, it is important to invest in healthcare for these families to provide benefits for future generations. Adolescents are generally healthy, but multiple physical, emotional and social changes can make them vulnerable to mental health problems (WHO, 2021).

Corroborating Fonseca (2012) and Fernandes (2023), the arrival of a child at adolescence results in changes in the entire family dynamic, leading to changes in parent-child relationships and the need to adjust roles. According to the authors, this stage of the life cycle involves two major tasks, namely the construction of autonomy and identity, which emphasizes the importance of being aware of the increasingly significant consequences that family life has on adolescent development, seen as a fundamental foundation both emotionally and economically. Thus, interactions between family members play a crucial role in the psychological development of adolescents. According to the WHO (2021), it is important to promote health based on a salutogenic paradigm, starting as early as possible, in order to achieve health gains for this population. Therefore, the early stage of adolescence, between the ages of 10 and 13, is a crucial time to establish, within the family system and according to Barbosa et al. (2022), a readjustment between subsystems, particularly the parental and

filial subsystems, as well as the expansion of individual spaces and greater flexibility of boundaries, in order to promote autonomy, independence and the construction of adolescent identity.

The practice of family nursing, by keeping the family as the focus of care, aims to promote its strengthening and, given the requirements and particularities of its development, mobilize resources (internal and external) that encourage new ways of interaction, thus reinforcing both family health and autonomy (Figueiredo & Fonseca, 2023).

METHODOLOGY

A qualitative, descriptive, cross-sectional study was conducted. The population considered consisted of 84 families with adolescents of ages between 10 and 13 years, registered in a Family Health Unit (FHU) located in the central region of Portugal. Families were enrolled opportunistically during scheduled contacts with the FHU. The inclusion criteria were defined as follows: families with at least one adolescent aged between 10 and 13 years; families with at least one parental member (father/mother) and consent to participate in the study. Families residing abroad, families with no contact with the FHU for more than 5 years, and families who did not respond to the contact attempt were excluded.

Information was collected through interviews, consisting of questions regarding the sociodemographic characteristics of the family (type of family, age, educational qualifications and profession) and two open-ended questions addressed to the family about the strengths and challenges they recognize, and which may influence interactions between members. The interviews were conducted during nursing

consultations at the FHU. Privacy, comfort and flexible schedules were guaranteed, according to the availability and preference of the participating families.

The data relating to the open-ended questions allowed participating families to use their own words, reflecting their personal views. The responses were coded and categorized. According to Bardin (2020), coding is the process by which raw data is systematically transformed and grouped into units that provide an accurate description of the characteristics of the content. The responses from the families analyzed were then classified, giving them a specific order number. In the analysis, each keyword reported by the family is considered a unit of record. The information was organized based on previously defined categories, according to the Dynamic Model of Family Assessment and Intervention (MDAIF) (Figueiredo, 2023), referring to facilitating and hindering factors in family interaction. According to Bardin (2020), these categories are established before the analysis, based on theoretical references or conceptual models, with the title of each category defined before beginning the work of separating the elements to be analyzed. Ethical and deontological procedures were followed, and informed, free, and informed consent was requested from the families participating in the study. The study was approved by the Ethics Committee of the Health Sciences Research Unit: Nursing (P. 907/2022) and the Ethics Committee of the Center Regional Health Administration (P. 144/2022).

RESULTS

Of the 84 families with adolescents aged between 10 and 13 years enrolled in a FHU in the central region, 50

met the criteria and agreed to participate in the study. Most are nuclear families with two or more children. In terms of age, most parents are in the 40-50 age group. They are mostly graduates and their professional activity is concentrated in the intellectual and scientific sectors.

A total of 202 responses were collected from 50 families (137 correspond to facilitating factors and 65 correspond to hindering factors).

Throughout the deductive analysis of the results and considering the categories established previously (Bardin, 2020), each category led to several subcategories and recording units (whose words and/or key expressions are related to the experiences of the participating families) with their respective frequency (number of times each family mentions a specific experience). The entire process of analyzing the results was confirmed by two independent researchers and specialists in the field of family health

nursing research to reduce bias. The results obtained from the analysis of the families' responses reveal factors that influence the interaction between their members. Three categories common to the aspects perceived by families as facilitating and hindering factors were identified: *Family Communication*; *Family Coping*; *Dynamic Relationship*.

The results regarding the facilitating elements in family interaction are presented below, using categories based on the MDAIF. According to the perception expressed by families, it is noted that in relation to the number of registration units (RU) mentioned, the following stand out: in the *Family Communication* category, the *Verbal Communication* subcategory; in the *Family Coping* category, the *Internal family resources* subcategory; in the *Dynamic Relationship* category, the *Interaction pattern* subcategory, represented in Table 1.

Table 1

Distribution of facilitating factors by categories, subcategories, and registration units

Theme	Category	Subcategory	Registration unit (RU)	N
Facilitating factors	Family Communication	Emotional Communication	“Demonstration/Expression of feelings” (F2, F10, F11, F13, F16, F31, F33, F35, F37, F40, F42)	11
		Verbal Communication	“Clarity of speech” (F7, F11, F14, F15, F16, F17, F18, F20, F26, F29, F31, F33, F34, F35, F38, F40, F43, F45, F46, F48, F49, F50)	22
		Circular Communication	“Openness and freedom of expression” (F1, F2, F3, F4, F5, F6, F12, F14, F18, F22, F27, F43, F45, F48, F50)	15
	Family Coping	Internal family resources	“Understanding” (F4, F8, F13, F19, F25, F28, F37, F44, F50); “Concessions” (F28); “Support in problem solving” (F7, F9, F17, F31, F39); “Emotional stability/tranquility” (F32, F34); “Great affinity between siblings” (F21); “Sense of humor” (F10, F17, F32) “Sincerity” (F23); “Creativity” (F10)	23
			“Joint activities/moments of sharing” (F4, F5, F6, F7, F9, F11, F13, F15, F17, F20, F22, F24, F25, F26, F27, F30, F34, F35, F38, F39, F41, F44); “Availability” (F20); “Common interests” (F3, F9, F10, F11, F21, F36, F45); “Union” (F7, F10, F12, F25, F30, F34, F37, F39, F41, F44, F45, F47); “Love” (F3, F7, F8, F13, F25, F28, F36, F43, F44, F49, F50); “Friendship” (F2, F3, F6, F23, F44); “Honesty” (F3, F13, F26); “Justice” (F38); “Respect” (F7, F28, F29); “Trust” (F39)	66
	Dynamic Relationship	Interaction pattern		
			Total	137

Regarding the elements that hinder family interaction, the same categories were identified in relation to the difficulties faced by participating families in the interaction between their members. It can be seen that, in terms of the number of registration units (RU) mentioned as hindering factors, the following stand

out: in the *Family Communication* category, the *Circular Communication* subcategory; in the *Family Coping* category, the *Fragilities/Weaknesses* subcategory; in the *Dynamic Relationship* category, the *Interaction Pattern* subcategory, as shown in Table 2.

Table 2

Distribution of hindering factors by category, subcategory, and registration unit

Theme	Category	Subcategory	Registration unit (RU)	N
Hindering factors	Family communication	Emotional communication	Difficulty in "expressing feelings" (F6, F7, F16, F44)	4
		Verbal Communication	Lack of clarity in speech (F8, F9, F17, F18, F26, F32, F37)	7
		Circular Communication	Dissatisfaction with the way they communicate: "Not knowing how to listen" (F33); "Tone of voice" (F36); "Use of technology" (F1, F3, F13, F15, F17, F19, F21, F24, F26, F27); "Impulsiveness" (F3, F30, F36, F42, F50); "Stubbornness" (F13, F14, F15, F28, F35, F39, F50); "Different priorities" (F10)	25
	Family Coping	Vulnerabilities/Weaknesses	"Tiredness/Lack of patience" (F3, F9, F20, F38); "Lack of time" (F10, F12, F22, F24, F34, F38, F41, F45); "Time management" / "Schedule management" (F4, F12, F49); "Accepting family norms and rules" (F4, F31); "Level of demands" (F20); "Different opinions sometimes generate conflict" (F22)	19
	Dynamic Relationship	Interaction pattern	"Little collaboration in tasks" (F8, F21, F46); "Balancing the interests of all family members" (F5); "Exaggerated concern for the family" (F2); "Discussing certain issues with daughter" (F29, F47); "Sense of responsibility" (F11); "Not respecting others' space" (F8, F43)	10
				Total 65

DISCUSSION

According to Figueiredo (2023), the functional dimension encompasses family functioning, emphasizing interactions between family members.

Facilitating and hindering factors were found in family interaction. Communication, in the opinion of the participants, is seen as one of the most important dimensions in family life, as it is through communication that family members express their needs, desires and concerns. Regarding *Family Communication* and *Emotional Communication*, it was observed that the ability to "demonstrate/express

feelings" was considered a facilitating factor by families. Regarding *Verbal Communication*, most families consider using appropriate language, opting for simple and clear speech, with "*clarity of speech*" seen as a facilitating element in family interactions. Regarding *Circular Communication*, families recognize "*openness and freedom of expression*" as fundamental to satisfaction with the way they communicate within the family. Several authors highlight that the modes of communication determined among family members, and in the various subsystems, have a lasting impact on family development, influencing the formation of a

functional interaction pattern. Establishing a constructive communication pattern directly affects the psychological and emotional development of children, making the most effective family system for promoting healthy growth among adolescents (Figueiredo, 2023; Milanez et al., 2019).

Concerning *Family Coping*, the resources available within the family are perceived as positive aspects of family dynamics, contributing to maintaining the functioning of the family in stressful situations. Among intrafamilial resources, "*support in problem solving*" and "*understanding*" stood out as crucial elements in managing tensions, helping families to deal with challenges and resolve issues arising from the various demands that arise throughout life (Braga et al., 2021). According to Figueiredo (2023), self-awareness of internal resources enables families to mobilize their potential, highlighting the importance of recognizing and valuing family skills and resources in problem solving. Families that support each other and mobilize resources favor the maintenance of family health and balance.

Regarding the *Dynamic Relationship* category, families perceive the importance of "*joint activities/moments of sharing*" and "*unity*" as significant elements in the satisfaction of their members about the way they express this unity, thus reflecting a more appreciative perspective of the pattern of family interaction, which is a source of strength for the family. The balance and intensity of interpersonal relationships are essential for individual growth and the development of family health as an interactive unit (Figueiredo, 2023).

Regarding hindering factors within *Family Communication*, *Circular Communication* stood out as the subcategory recognized by families as the most

fragile dimension in family dynamics. According to the results, the "*use of technologies*" is pointed out by families as the most perceived difficulty. Thus, the time spent using technology becomes a source of discord in the family environment, corroborating the findings presented in the literature, as we can see from the study conducted in Portugal on family functioning and the influence of the internet on adolescents, in which 73,1% of adolescents between the ages of 14 and 18 are users with mild to moderate dependence (Rodrigues et al., 2022). Concerning the views of parents and children on the negative effects that the use of technology has had on family relationships, the authors found that communication within the family was the only variable in the functioning of the family unit that was found to have a predictive role in internet addiction. Difficulties in family functioning, especially in communication within the household, seem to play a crucial role in the development of online addiction. Piccini et al. (2020) point out that the use of technology influences parent-child relationships, but its impact tends to be negative if the family is fragile and dysfunctional. Other studies reveal that distancing between family members is an undesirable consequence, leading to a growing impact on the family unit. Parents (57,1%) report that their children often prefer to connect with technology rather than spend time with the family, while 50,0% of children mention that on some occasions parents choose technology over family life (Neumann & Missel, 2019).

The *Family Coping* category includes the subcategory of *Vulnerabilities/Weaknesses*, with 19 RU. When asked about the challenges they face, families highlight "*lack of time*" as the most common RU (8), followed by "*tiredness/lack of patience*" (4) and "*time*

management/schedule management" (3). Balancing work, personal and family life is undoubtedly a challenge for families. Given the results, it is noted that mothers value aspects related to balancing family and work life more highly. Mothers identify more difficulties in this area, as they are required to make a greater effort. According to the National Survey on Time Use (2016), there is a clear gender disparity in the amount of time spent on unpaid work between working women and men. Women feel that they do not have the necessary time to complete all their tasks, resulting in tension, conflict and discomfort, which can lead to greater difficulties in managing daily activities and affect family life (Perista et al., 2016). Abreu and Amaral (2023) recognize the difficulties in balancing the responsibilities associated with different roles within and outside the family, which can generate conflicts in both contexts (professional and family). The lack of time compromises the quality of family interactions, affecting communication, emotional support and family cohesion, which can have a negative impact on the emotional and social development of adolescents (Sousa et al., 2022).

Regarding *Dynamic Relationships*, the *interaction pattern* as a subcategory was identified with 10 RU. "*Little collaboration in tasks*" was the difficulty most noted by families (4 RU). According to the Commission for Citizenship and Gender Equality (Comissão para a Cidadania e a Igualdade de Género, 2024), gender inequalities persist in the use of time, with women devoting more hours to domestic tasks. Women spend an average of 4 hours and 23 minutes per day on unpaid work, while men devote only 2 hours and 38 minutes (Perista et al., 2016). This reinforces the reality that in family dynamics, the distribution of tasks and

the division of responsibilities between genders is still not equal, resulting in a greater burden on women. Carvalho and Melo (2019) point out that, although adolescents often question the female exclusivity of domestic tasks, the reality experienced in their families reflects an asymmetrical division of these responsibilities based on gender. Another difficulty was also mentioned by families, namely "*discussing certain issues with their daughters*," which suggests that in certain families, fathers, as male figures, have some reluctance to discuss issues related to sexuality with their daughters. Of the families participating in the study, four had a father present, with two of them expressing this difficulty. These findings are corroborated by Costa et al. (2021) and Vieira (2021), who indicate that fathers find it easier to have conversations with their children of the same sex than with children of the opposite sex. The most sensitive issues in raising children, especially those involving sexuality, seem to be more related to mothers, who are seen as more flexible regarding their children's gender than fathers. This evidence poses challenges for Family Health Nursing. The nurse's approach to sexuality involves systematically integrating this dimension into the process of assessment, intervention and follow-up of families, involving simultaneously adolescents and parents (Silva, 2025). A study by Sehnem et al. (2019) on sexual and reproductive health in adolescence - nurses' perceptions, shows that clinical practice should focus on the family as a unit of care, exploring parents' beliefs, values, communication patterns and difficulties in talking about sexuality with their children. Family involvement in the educational process consolidates support mechanisms and

promotes the adoption of healthy behaviors (Silva, 2025).

The family health nurse plays a collaborative role with the family, acting as an essential facilitator in supporting parents to talk openly, effectively and appropriately about sexuality with their children.

CONCLUSION

The results of the study show that, in terms of families' perceptions of the strengths and obstacles that can influence family interaction, families consider *clarity of speech, understanding and joint activities/moments of sharing* to be the most frequently identified facilitating factors. This suggests that families can identify their strengths, including verbal communication between members, means of interaction and internal resources, as well as their skills and abilities as a family unit to cope with changes throughout their children's adolescence. On the other hand, the most perceived hindering factors that condition family interaction were identified as: the *use of technology, poor collaboration in tasks, and lack of time*. Thus, it is hoped that the results achieved will be beneficial in understanding family dynamics, facilitating family interaction in terms of communication, vulnerabilities, and means of interaction, thereby helping to improve family well-being.

Some limitations of the study should be noted, namely the small size of the population, as it consists of families with adolescents between the ages of 10 and 13 from a clinical file of a FHU; the impossibility of applying the questions to all family members, restricting them only to those who attended the FHU consultation; and the case of some families presenting only one parent, with some family interaction issues

being treated differently depending on the gender of the adolescent child. Suggestions for future research include the need to extend the study to all members of the family unit to gain an even deeper insight into the family. It would also be interesting to extend the study to other stages of adolescence (middle and late adolescence) to promote an approach to the family that considers its potential, strengths and resources, thus enabling families to feel better prepared to make more informed decisions about the care of adolescents.

This study provides a deeper understanding of the importance of promoting evidence in the field of Family Health Nursing. In addition, it contributes to the production of knowledge that improves specialized practice aimed at families with adolescents, supporting the implementation of interventions based on factors that favor or hinder family interaction, with a view to achieving health gains for families.

CONFLICTS OF INTEREST

There are no conflicts of interest to report.

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