

The Role of Dimensions of Parental Marital Satisfaction in Predicting Symptoms of Conduct and Oppositional Defiant Disorders in Primary School Students in Qom, Iran



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Abstract:

Introduction: Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) are prevalent disruptive behavior disorders among children and adolescents. Early diagnosis and intervention for these mental health issues are essential, as behavioral and emotional patterns established in childhood can become deeply ingrained in adulthood. This study aimed to predict the symptoms of conduct disorder and oppositional defiant disorder in children based on dimensions of parental marital satisfaction.

Materials and Methods: This descriptive-correlational study involved primary school students from district 3 of Qom, Iran. A total of 200 students were selected through convenience sampling. Parents completed questionnaires, including the Enrich Marital Satisfaction (EMS) scale and the Child Symptom Inventory (CSI-4). Data were analyzed using IBM SPSS Statistics (version 24, IBM Corporation, Armonk, NY).

Results: Multiple regression analysis indicated that satisfaction with personality issues [$\beta = -0.20$, $p = 0.04$] and religious orientation [$\beta = -0.23$, $p = 0.003$] were significant negative predictors of ODD symptoms. Additionally, satisfaction with financial issues [$\beta = -0.25$, $p = 0.002$] and religious orientation [$\beta = -0.23$, $p = 0.005$] were significant negative predictors of CD symptoms.

Conclusion: The findings underscore the importance of assessing personality, financial, and religious dimensions of marital satisfaction in predicting symptoms of conduct and oppositional defiant disorders in children. Given the significance of religious orientation, the unique religious context of Qom should be taken into account in future research.

Keywords: Marital satisfaction, Conduct disorder, Oppositional defiant disorder, Enrich Marital Satisfaction, Child symptom inventory, Variance inflation factor.

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Cite as: Adib F, Shahyad S, Saadat S, Hushmandi K. The Role of Dimensions of Parental Marital Satisfaction in Predicting Symptoms of Conduct and Oppositional Defiant Disorders in Primary School Students in Qom, Iran. Open Public Health J, 2025; 18: e18749445353615. <http://dx.doi.org/10.2174/0118749445353615250313170102>



Received: September 01, 2024

Revised: January 11, 2025

Accepted: January 15, 2025

Published: March 26, 2025



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1. INTRODUCTION

The Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) outlines Conduct Disorder (CD) as a condition characterized by a persistent and repetitive pattern of behavior that involves violating the basic rights of others and disregarding age-appropriate social norms. This disorder appears in children and teenagers (under 18 years old) through behaviors, such as aggression, dishonesty, theft, damaging property, and significant violations of rules. These behaviors are not limited to specific settings or circumstances but are evident across various environments, including home, school, community, and peer interactions [1]. The prevalence of CD in pediatric populations has been reported to range from 3% to 14%, with a notably higher occurrence in males, who are affected three times more often than females. This disorder is associated with a variety of negative outcomes, including difficulties in problem-solving, low self-esteem, aggressive and maladaptive behaviors, poor academic performance, and deficits in both verbal and non-verbal social skills. Many children with CD struggle to adhere to societal expectations and often exhibit behaviors that are considered socially inappropriate.

Consequently, they are frequently perceived by peers, adults, and the wider community as delinquent or troublesome rather than as individuals facing mental health issues. These children are at a heightened risk of social exclusion, academic difficulties, and increased aggression. Furthermore, they are more likely to develop mood disorders, substance abuse issues, delinquent behavior, and antisocial personality disorder as they grow older [2].

Oppositional Defiant Disorder (ODD) is a comparatively contemporary diagnostic classification for children who do not fulfill the complete criteria for CD [3]. Behaviors linked to ODD are typically milder compared to those seen in CD. In contrast to CD, ODD does not include aggressive actions toward people or animals, property destruction, or theft and deceit. ODD is primarily defined by persistent patterns of anger and irritability, argumentative and defiant behavior, and a tendency for vindictiveness. Key characteristics of ODD include frequent temper outbursts and irritability, which are essential aspects of the disorder and are generally absent from the diagnostic criteria for CD in later stages of life [1]. The prevalence of CD is notably higher in males, being three to four times more common than in females; however, ODD shows less significant gender differences. Some studies have even reported minimal differences in incidence rates between genders. Estimates suggest that the occurrence of ODD ranges from 1% to 11%. The Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders [DSM-5] defines ODD as a disorder characterized by a persistent pattern of irritability, anger, argumentative behavior, defiance, and vindictiveness, which must be present for at least six months, with symptoms occurring at least once a week. Children and adolescents with ODD typically display a consistent tendency toward anger, irritability, defiance of rules, and a deliberate inclination to cause distress to others [4]. Children who are diagnosed with ODD often exhibit restricted social skills, which can lead to challenges in their

relationships with parents, teachers, and peers. As these children grow older, they may face obstacles in their academic and career achievements, making them more vulnerable to issues related to substance abuse. Furthermore, the presence of an irritable mood in children with ODD has been shown to predict an increased likelihood of experiencing anxiety and depression later in life [4].

Studies conducted in the past have indicated that there is a link between marital satisfaction and externalizing issues like CD and ODD [2, 3]. Satisfaction in marriage is the degree to which an individual's present circumstances correspond with their marriage-related hopes. It involves an overall and mental assessment of the marriage, indicating how well a person's requirements, hopes, and wishes are met [5]. Marital satisfaction fosters a nurturing emotional environment that not only enhances the well-being of children but also shapes the dynamics of parental interactions. According to emotional security theory, conflicts between parents can jeopardize a child's emotional well-being, increasing their susceptibility to adjustment difficulties. To elucidate the effects of marital discord on children and adolescents, four models have been introduced. The "Cognitive-Contextual Model" examines how a child's perception of conflict influences their emotional and behavioral reactions, taking into account the frequency, intensity, content, and resolution of disputes. The "Triangulation Model" posits that when children are drawn into parental conflicts, it can lead to adverse outcomes, particularly if one parent uses the child as a means to convey animosity towards the other. The "Spillover Model" highlights how negative emotions and behaviors stemming from marital strife can permeate parenting practices, potentially resulting in similar negative behaviors directed at children, which may lead to emotional and behavioral challenges. Lastly, the "Inter Parental Conflict-Parental Psychopathology Model" connects marital discord to both internalizing and externalizing behaviors in parents, suggesting that internalizing behaviors may serve as a mediator in the relationship between marital conflicts and children's behavioral outcomes [6].

The fulfillment experienced in a marriage can be shaped by a variety of elements, including the extent to which partners comprehend each other's behaviors and characteristics, their views on the significance of communication within the relationship, and their approaches to conflict resolution. Additionally, a couple's contentment may be affected by their satisfaction with financial management, consensus on financial priorities, and their capability to manage resources effectively. Other critical aspects encompass the quality of their sexual and emotional intimacy, mutual agreement regarding the decision to have children and its implications for their relationship, alignment in emotional and social interests with friends and peers, satisfaction with their individual roles within the marriage, and shared religious beliefs and practices that contribute to their bond [7]. The aspects of marital satisfaction that correlate with the symptoms of CD and ODD must be clearly defined for their integration into educational and therapeutic initiatives. Children represent

a vital segment of the population across all nations, particularly in our society, where they play an essential role in contributing to the economic, social, and cultural advancement of the country. Altering behavioral and emotional patterns in adults can pose significant challenges, underscoring the necessity for early identification and intervention regarding mental health concerns in children, as highlighted by mental health professionals. Thus, it is imperative to scientifically identify the elements that influence and threaten children's mental well-being. As a result, the present study aims to forecast the symptoms of CD and ODD in children by examining the dimensions of parental marital satisfaction.

2. METHODS

2.1. Study Design and Sample Size

This descriptive-analytical cross-sectional study was conducted from March, 2021 to July, 2021. The target population included all primary school students in district 3 of Qom city. The selection of this study area was intended to control for variables related to economic and social levels. The sample size was determined using Green's formula, ensuring a statistically significant representation of the population [8]. For the regression analysis, the formula $8m+508m + 508m+50$ was utilized, where m represents the number of predictor variables. Given the 12 subscales of marital satisfaction, a minimum sample size of 146 was required. To account for potential participant attrition, the target sample size was set at 200 individuals. Two hundred students were selected from district 3 of Qom using a convenience sampling method. After providing necessary explanations regarding the research, a link to the questionnaires was shared with the student's parents via the WhatsApp virtual network. Parents were asked to report on their marital satisfaction as well as the symptoms of CD and ODD in their children through the questionnaires. Ultimately, 200 parents (49 fathers and 151 mothers) completed the questionnaires.

2.2. Statistical Analysis of Data

Descriptive statistics, including frequency, mean, and standard deviation, were utilized to summarize the data. Multiple regression and stepwise regression analyses were conducted for inferential statistics. The data were analyzed using SPSS software version 24.

2.3. Ethical Consideration

Participants were informed that they should refrain from including their names on the questionnaires to ensure anonymity. They were assured that all responses would be collected and analyzed while maintaining confidentiality. This study is part of a research project coded IR.IAU.SRB.REC.1399.208, which received approval on February 14th, 2021, from Islamic Azad University.

2.4. Instruments

2.4.1. Children Symptom Inventory (CSI-4)

In order to measure the symptoms of CD and ODD, the Children's Symptom Inventory was used. This inventory

was developed by Sprafkin and Gadow in 1984 to screen behavioral and emotional disorders in children aged 5 to 12 years. This questionnaire has two checklists for parents and teachers; the parent checklist was used in the current research. The parent checklist has 112 questions that measure 18 disorders, with questions [19 to 26] of ODD and questions [27 to 41] of CD. In this research, scoring was obtained by adding up the number of statements answered with never, sometimes, most of the time, and most of the time. CSI-4 has been examined in several research studies, and its validity and reliability have been calculated. In Iran, the validity of this questionnaire for the parent form has been determined using the split-half method as 0.85 and the reliability through retesting has been determined as 0.90 [9]. In the present study, Cronbach's alpha for the CD subscale and ODD subscale was 0.84 and 0.83.

2.4.2. Enrich Marital Satisfaction Questionnaire

The Enrich Questionnaire was created by Olson *et al.* in 1989 with the aim of evaluating and identifying potentially problematic areas and identifying areas of strength and fruitfulness in the marital relationship. This questionnaire has 115 items and consists of 12 subscales. The short form of this questionnaire has 47 questions and includes the same 12 subscales. For each of the items of this questionnaire, five options (I completely agree, I agree, I have no opinion, I disagree, and I completely disagree) are provided on a Likert scale, which is scored as 0, 1, 2, 3, 4, respectively. Its 12 subscales are: "1- idealistic distortion; 2- marital satisfaction; 3- personality issues; 4- communication; 5- conflict resolution; 6- financial management; 7- leisure activity; 8- sexual relationship; 9- children and parenting; 10- family and friends; 11- equalitarian roles; 12- religious orientation". In this research, a form with 47 questions was used. The scoring method of the Enrich marital satisfaction questionnaire is as follows: for questions 9, 7, 5, 3, 2, 1, 29, 28, 27, 26, 25, 17, 10, 33, 34, 36, and 44, the scoring is direct; the option "I totally agree" is scored as 5 and "I totally disagree" is scored as 1. Moreover, questions 15, 14, 13, 12, 11, 8, 6, 4, 42, 41, 40, 39, 38, 37, 35, 32, 31, 30, 24, 23, 22, 21, 20, 19, 18, 16, 47, 46, and 45, are scored in the reverse way, i.e. "I completely agree" is scored as 1 and "I completely disagree" is scored as 5. The overall satisfaction score for marriage is obtained from the sum of all questions, and a higher score indicates greater marital satisfaction [10]. Olson has reported Cronbach's alpha coefficients of the Enrich questionnaire in its subscales from 0.48 to 0.90. The validity and reliability of this questionnaire have been approved by Soleimanian in Iran [11]. In the present study, Cronbach's alpha for subscales of marital satisfaction is between 0.36 and 0.88, and for the overall score of marital satisfaction, it is 0.92.

3. RESULTS

The demographic characteristics of the children studied in the present study are summarized in Table 1. Most of the participants were boys (51%) and second graders (39%).

Table 1. Demographic characteristics of the studied children.

-	Variable	Frequency [%]
Gender	Boy	102 (51)
	Girl	98 (49)
Age [years]	8-9	78 (39)
	9-10	60 (30)
	10-11	62 (31)
Academic grade	Second grade	78 (39)
	Third grade	60 (30)
	Fourth grade	62 (31)

In Table 2, in order to check how the research variables are related and validate the subsequent analysis, their correlation was calculated. As presented in Table 2, all the dimensions of marital satisfaction have a significant negative relationship with the symptoms of ODD and CD, except for equalitarian roles, which do not show a significant relationship with the symptoms of CD. To address the first and second objectives of the research, regression analyses were conducted to examine the relationship between the dimensions of marital satisfaction and the symptoms of ODD, as well as the relationship between the dimensions of marital satisfaction and the symptoms of CD (Tables 2 and 3). Of course, the condition of establishing the defaults of the regression test, including the existence of the assumption of the variance inflation factor (VIF) and the tolerance coefficient, was examined. The normality of the distribution of the variables was checked and confirmed using the Kolmogorov-Smirnov test ($P>0.05$).

Table 2. The results of Pearson's correlation test between the dimensions of marital satisfaction with the symptoms of ODD and CD disorders.

Variables	ODD Symptoms	CD Symptoms	Mean \pm Standard Deviation
Idealistic Distortion	**-.041	*-.016	9.28 \pm 2.44
Marital Satisfaction	**-.041	**-.019	2.11 \pm 4.60
Personality Issues	**-.049	**-.022	9.51 \pm 2.49
Communication	**-.045	*-.017	12.14 \pm 2.78
Conflict Resolution	**-.042	**-.018	14.50 \pm 2.66
Financial Management	**-.041	**-.034	10.72 \pm 2.13
Leisure Activities	**-.040	*-.018	12.36 \pm 2.15
Sexual Relationship	**-.028	**-.025	12.24 \pm 2.40
Children and Parenting	**-.048	**-.044	12.83 \pm 2.55
Family and Friends	**-.041	**-.027	12.63 \pm 2.34
Equalitarian Roles	**-.023	-.011	5.96 \pm 2.11
Religious Orientation	**-.040	**-.045	14.17 \pm 2.36

Note: *significance level <0.05 , **significance level <0.01 .

As mentioned in Table 3, among the 12 dimensions of marital satisfaction, two dimensions of satisfaction with personality issues [$P=0.04$, $\beta=-0.2$] and satisfaction with religious orientation [$P=0.003$, $\beta=-0.23$] predict symptoms

of ODD inversely [$P<0.001$, $F=6.79$]. The regression results of the dimensions of marital satisfaction and CD symptoms demonstrated (Table 4) that the two dimensions of satisfaction with financial management [$\beta = -0.25$, $P = 0.002$] and satisfaction with religious orientation [$P = 0.005$, $\beta = -0.23$] predict CD symptoms inversely [$P<0.001$, $F=4.59$]. It was also found that the dimensions of marital satisfaction explain 30% of the variance of ODD symptoms [$R^2=0.3$] and 22% of the variance of CD symptoms [$R^2=0.22$].

Table 3. Regression results of marital satisfaction and ODD.

Variables	Dimensions	β	S. E	T	P value
Marital Satisfaction	Idealistic Distortion	-0.13	0.09	-1.38	0.17
	Marital Satisfaction	0.09	0.05	0.8	0.42
	Personality Issues	-0.2	0.09	-2.06	0.04*
	Communication	-0.02	0.08	-0.18	0.85
	Conflict Resolution	-0.08	0.08	-0.82	0.41
	Financial Management	-0.11	0.08	-1.52	0.13
	Leisure Activities	-0.03	0.08	-0.37	0.71
	Sexual Relationship	-0.03	0.08	-0.35	0.73
	Children and Parenting	-0.04	0.09	-0.45	0.65
	Family and Friends	-0.11	0.09	-1.23	0.22
	Equalitarian Roles	0.12	0.14	1.25	0.21
	Religious Orientation	-0.23	0.08	-2.97	0.003**

Note: $R=0.55$; $R^2=0.3$; $F=6.8$, P value <0.001 .

Table 4. Regression results of marital satisfaction and CD.

Variables	Dimensions	β	S. E	T	P value
Marital Satisfaction	Idealistic Distortion	-0.03	0.13	-0.35	0.73
	Marital Satisfaction	0.16	0.08	1.36	0.17
	Personality Issues	-0.16	0.12	-1.52	0.13
	Communication	0.08	0.12	0.74	0.46
	Conflict Resolution	0.07	0.11	-0.74	0.46
	Financial Management	-0.25	0.11	-3.18	0.002**
	Leisure Activities	0.04	0.11	0.44	0.66
	Sexual Relationship	0.11	0.11	-1.22	0.22
	Children and Parenting	0.09	0.13	-0.89	0.37
	Family and Friends	0.03	0.12	-0.36	0.72
	Equalitarian Roles	0.1	0.19	0.91	0.36
	Religious Orientation	-0.23	0.11	-2.85	0.005**

Note: $R=0.47$; $R^2=0.22$; $F=4.59$; p value <0.001 .

4. DISCUSSION

The conclusions derived from this investigation indicate that every facet of marital contentment exhibits a significant correlation with the manifestations of CD and ODD. Notably, the element pertaining to the parity of roles within the household did not reveal a substantial association with CD. These findings align with prior studies that emphasize the critical impact of family dynamics on the development of behavioral disorders [12,

13]. This observation implies that the dynamics of a parental partnership profoundly affect a child's capacity to engage and communicate effectively. When parents sustain a healthy and gratifying relationship, they cultivate an environment replete with affection and security, which is vital for children's growth. Positive parental exemplars motivate children to embrace a constructive approach toward establishing meaningful, enduring relationships. Conversely, when parents confront a deficit of intimacy within their marriage, it may undermine their perceived authority and influence their children's emotional well-being. The notion of emotional safety suggests that marital discord can impede parents' emotional availability, thereby diminishing children's trust in their family as a secure refuge. In contrast, parents who enjoy a fulfilling marital relationship are more inclined to convey positive emotions, which enhance their parenting strategies. This augmented emotional awareness enables them to comprehend their children's social behaviors more effectively, ultimately mitigating the risk of antisocial inclinations and behavioral challenges [2, 14].

The results obtained from the regression analysis indicated that satisfaction with a spouse's personality traits functions as a significant and negative predictor of ODD symptoms. This finding is consistent with established research that underscores the influence of parental mental health and personality characteristics on the manifestation of ODD symptoms [15, 16]. Studies have indicated that persistent and confrontational behaviors in children are strongly associated with adverse family interactions, including criticism, conflict, discord, punishment, or coercion. A considerable volume of literature concerning ODD underscores the pivotal role of family dynamics in its onset. Specifically, three parental factors are critical in increasing the likelihood of ODD in children and must be considered when developing treatment strategies: the psychological challenges encountered by parents, ineffective parenting approaches, and the existence of marital discord [17]. It is evident that individuals grappling with personality and psychological difficulties are at an elevated risk of experiencing marital discord and employing ineffective parenting methods. The presence of antisocial behaviors in parents, alongside insufficient supervision and lower educational levels, may serve as predictors for the emergence of ODD in both male and female children. Furthermore, parental conflict stemming from personality-related challenges can exert a direct influence on a child's behavior by presenting negative role models and fostering a stressful environment while also indirectly affecting behavior through alterations in the dynamics of the parent's relationship [6].

The outcomes of the regression analysis indicated that marital satisfaction, specifically in relation to satisfaction with religious orientation, functions as a negative predictor for the symptoms associated with CD and ODD. This finding aligns with the research conducted by Schottenbauer *et al.* [18], which identified an inverse correlation between a mother's level of religiosity and the incidence of behavioral disorders in children. It is

imperative to recognize the significance of satisfaction with religious orientation when evaluating the potential for behavioral disorders and confrontational disobedience, particularly within the religious context of Qom city. Reinforcing this perspective, a study by Alami *et al.* [19] in Tehran highlighted that effective conflict resolution serves as a substantial predictor of CD symptoms, with marital satisfaction also playing an essential role. In the setting of Qom city, the degree of satisfaction with religious orientation among couples likely plays a pivotal role in their overall marital satisfaction, underscoring the necessity for further investigation in subsequent studies. Differences in religious orientation between partners can influence their beliefs, behaviors, parenting styles, and parent-child interactions, possibly resulting in conflicts that indirectly affect the child. Furthermore, the religious orientation of parents can significantly impact that of their children; in families where parents express contentment with their spouse's religious orientation, religion may serve to alleviate behavioral challenges in their descendants [20].

In the present research, it was found that dissatisfaction with financial management serves as a significant negative predictor of symptoms associated with CD. This observation aligns with the findings of a study by Piotrowska *et al.* [21], which indicated a correlation between parents' socio-economic status and the antisocial behaviors exhibited by their children. Financial disagreements between couples are a major contributor to marital dissatisfaction, highlighting the importance of compatibility in socioeconomic backgrounds for both partners. Conflicts often arise from issues related to income and expenditures, with factors, such as financial instability, low earnings, inadequate financial planning, and excessive spending, leading to a general sense of life dissatisfaction [22]. Although financial stability alone does not guarantee marital happiness, poverty can introduce various challenges that indirectly influence behavioral disorder symptoms by affecting parenting styles and the dynamics of parental interactions.

CONCLUSION

This study, like others in the field, encountered several limitations. Firstly, its focus was confined to the city of Qom, specifically at the primary school level, and it utilized a convenience sampling approach, which warrants caution when attempting to generalize the results. Secondly, the questionnaires were completed by only one parent, and the lower engagement from fathers hindered a distinct analysis of marital satisfaction between fathers and mothers. Future investigations should aim to broaden the geographical scope to include other cities, target the adolescent demographic, and adopt random sampling techniques. Furthermore, it would be advantageous to examine how different dimensions of marital satisfaction affect the symptoms of CD and ODD in both fathers and mothers. Despite these constraints, the findings of this research hold significant implications for counseling services directed at parents of children exhibiting

symptoms of ODD and CD. Consequently, it is essential to facilitate meetings for parents at educational institutions or counseling centers. These gatherings should focus on equipping parents with effective parenting techniques, strategies for resolving marital conflicts, and the importance of addressing personality traits and financial management issues.

AUTHORS' CONTRIBUTIONS

The authors confirm their contribution to the paper as follows: F.V.A.: Study conception and design; S.S.: Data collection; S.H.S.: Analysis and interpretation of results; K.H.: Draft manuscript. All authors reviewed the results and approved the final version of the manuscript.

LIST OF ABBREVIATIONS

ODD	=	Oppositional Defiant Disorder
EMS	=	Enrich Marital Satisfaction
CD	=	Conduct Disorder

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This study is part of a research project coded IR.IAU.SRB.REC.1399.208, which received approval on February 14th, 2021, from Islamic Azad University, Iran.

HUMAN AND ANIMAL RIGHTS

All human research procedures followed were in accordance with the ethical standards of the committee responsible for human experimentation (institutional and national), and with the Helsinki Declaration of 1975, as revised in 2013.

CONSENT FOR PUBLICATION

Informed consent was obtained from the parents of the participants.

STANDARDS OF REPORTING

STROBE guidelines were followed.

AVAILABILITY OF DATA AND MATERIALS

The data supporting the findings of the article is available within the article.

FUNDING

None.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

ACKNOWLEDGEMENTS

The authors would like to thank all the parents who participated in the research, their families, and the respected education officials of Qom and other professors and friends who helped them in this research. During the preparation of this work, the authors used ChatGPT to enhance the clarity and flow of the writing. After utilizing

this tool, the authors thoroughly reviewed, revised, and edited the content to ensure accuracy and originality, taking full responsibility for the final manuscript.

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