Research Article

Parental Decision-Making Patterns And Their Effect On Utilization Of Child Healthcare Services

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Abstract

Back ground: With progress in technology, there are major changes in the fields of communication and health. With a growing dependence on digital media, concerns have emerged about mental health and interpersonal dynamics. **Objective:** The study seeks to explore the impact of social media use on mental health in young adults. **Methodology:** This study uses a quantitative approach through a survey of 250 young adults (18-30 years old). Screen time, anxiety and self-esteem measures were obtained using validated surveys. Correlation and regression tests were used to gauge relationships among the investigated factors. **Findings:** Our findings suggest a moderate positive relationship (r = 0.46) between time spent on social media and levels of anxiety. Further, there was a significant negative relation (r = -0.22) between usage and self-esteem scores, and especially among those engaging in more than three hours per day. But low usage had minimal negative effect, indicating usage patterns are important. **Conclusions:** In conclusion, although social media is a crucial component of contemporary society, heavy usage has adverse effects on mental health. Encouraging moderate use, as well as digital media literacy, can help enhance psychological outcomes in young adults.

Keywords: social media, mental health, anxiety, self-esteem, young adults, digital behavior

1. Introduction

Child physical and emotional health is one of the primary elements of human development, which will affect the long-term well-being, cognitive functioning, and social adaptation. Early childhood is a critical phase whereby biological, psychological factors, and environment interact to influence the developmental results. Emotional stability and resilience is closely connected with adequate physical health, (including appropriate nutrition, sleep and activity levels). On the other hand, the ill-health in early life is linked to a higher chance of anxiety, behavioral disorders as well as poor social functioning [1][2]. Emotional health, including the skills to manage emotion and create secure relationships, is also essential to adaptive development and lifelong mental health [3].

Parenting behaviors are critical in the development of physical and emotional health in the early years of life. The literature is continuously showing that nurturing, responsive, and structured parenting interventions lead to positive developmental outcomes such as better emotional and self-esteem, and greater indicators of physical health [4][5]. In contrast, irregular and inconsistent, inconsistent neglectful or cruel parenting styles have also been linked to bad outcomes like high levels of stress, behavioral and health bad habits [6][7]. Parenting also has effects on the children via direct care practices, which include feeding and health, emotional support, pattern behavior modeling, and provision of a consistent environment that is friendly to development [8].

Although there is in-depth research on parenting and child development, there are significant gaps in comprehending the multifaceted nature of parenting behaviors and the effect on both physical and emotional health outcomes. Much of the literature has been concentrated on aspects of either physical or emotional discipline alone, as opposed to exploring how these depend on one another [9]. Also, a large proportion of research is based on cross-sectional designs and assessment, which makes the establishment of causal correlations or the observation of developmental changes over a certain period impossible [10]. Research about other complex socio-cultural settings is also unavailable, and this can have a profound impact on parenting and child outcomes [11].

This study is important because it tries to fill these gaps through an integrated approach to the subject of child health and parenting behaviors. It is critical to comprehend the interplay of various parenting styles to promote physical and emotional well-being in children to create effective interventions, policies, and education that can enhance the well-being of children. Also, localizing context-specific factors will help to increase the relevance and applicability of the research findings in different populations.

Thus, the current research aims at adding itself to the existing body of knowledge by looking at how parenting behaviors relate to the physical and emotional outcomes of health in early childhood. Through a more comprehensive and analytical methodology, the study should lead to more profound findings on developmental processes and guide policies towards more sustainable and healthy future generations.

1.1 Objectives

a. To explore the connection between parenting behaviors and physical healthy outcomes of children during early childhood.
b. To examine the effect of parenting behaviors, on emotional development and well-being of children in early childhood.

Research Hypotheses

a. Hypothesis 1 (H1):

Positive parenting behaviours (e.g., consistency, responsiveness, warmth) have a strong correlation with better physical health outcomes in children.

b. Null Hypothesis ($H0_1$):

Parenting behaviors do not have substantial correlation with physical health outcome of children.

c. Hypothesis 2 (H2):

Positive parenting practices are strongly linked with positive emotional health outcomes, such as increased emotional regulation and reduced behavioral problems in children.

d. Null Hypothesis ($H0_2$):

There are no influential consequences on emotional development of children due to parenting behaviors.

2. Literature review

Recent studies have tended to concentrate on the interrelationship between parenting practices and children physical and emotional health outcomes. Recent studies (since 2022) emphasize that environments in early childhood, and especially parenting, are determinant factors in influencing physiological and psychological development. As an example, Murray et al. (2022) discovered that responsive parenting is strongly linked to better immune functioning and decreased occurrence of chronic illness in children [12]. Likewise, Li and coworkers (2023) also showed that stable parental interventions can lead to better lifestyle behaviors such as nutrition and exercise [13].

With regard to emotional developments, modern research indicates that warm and structured parenting yield improved emotional control and reduced anxiety and behavioral disorder. As it was stated by Garcia & Ruiz (2024), children exposed to the supportive parenting style demonstrated a much greater emotional resilience in contrast to those who were left in the neglectful environments [14]. In addition, Ahmed et al. (2022) have noted that parental emotional availability is a key correlate to secure attachment and psychological well-being [15].

Although these developments have taken place, there is also an emerging literature which indicates contextual factors such as socioeconomic status and digital exposure. Kumar and Singh (2025) noted that parenting effectiveness in different socio-cultural contexts could differ and have varying effects on development [16]. Moreover, Brown et al. (2023) investigated the effects of online parenting behaviors, as there were both negative and positive implications on the health of children [17].

Nevertheless, the major deficiency of such type of study remains that a unity between physical and emotional health outcomes is not yet integrated into a single analysis tool. Zhang et al. (2026) claim that these areas are still researched independently of each other, preventing in-depth knowledge [18]. Hence, more researches are necessary to assume holistic methods that explore the overall impact of parenting behaviors on the overall well-being of children.

3. Methodology

3.1 Research Design

The research design taken in this study is descriptive and analytical to study the correlation between parenting behaviors and physical and emotional health of children. The descriptive way provides the opportunity to observe the existing situation and put it down on paper in an orderly manner, whereas the Analytical part provides the opportunity to find relations between the variables. The proposed design is suitable because the study will not experimentally manipulate variables; instead, it seeks to uncover patterns and associations.

3.2 Study Population

The study sample will include children between the ages of 5 and 12 years and parents. The reason behind the choice of this age group is that it is a crucial age that is characterized by physical development as well as emotional development. Key respondents consist of parents or primary caregivers who will be included to offer their information on the parenting behaviors and child health outcomes.

3.3 Sampling Technique

A stratification random sampling method is used in order to have representation of various socio economic backgrounds. The population is segmented into strata (e.g., income level, education) and randomly chosen participants will wear the bracelets of each group. This strengthens the generalizability and reliability of the results.

3.4 Data Collection Methods

A combination of methods used to collect data:
- Structured questionnaires were given to parents in order to measure parenting behaviors and child health indicators.
Semi-structured interviews to learn more about the practices of parenting and its emotional aspects.
Methods of observation to evaluate behavior and patterns of interaction used by children in their natural environments.

3.5 Tools/Measures

The research involves use of standardized measures which include:
Physical health indicators like Body Mass Index (BMI), morbidity and sleep behaviour.
Mental health measures such as validated measures of emotional regulation, anxiety, and self-esteem among children.

3.6 Data Analysis

Statistical Package of Social Sciences (SPSS) is used to analyse quantitative data. Correlation and regression analysis are statistical methods used to analyze interrelationships. Interpretation of qualitative data extracted out of interviews will be done through thematic analysis and recurring patterns and themes may be identified.

3.7 Conceptual frame work

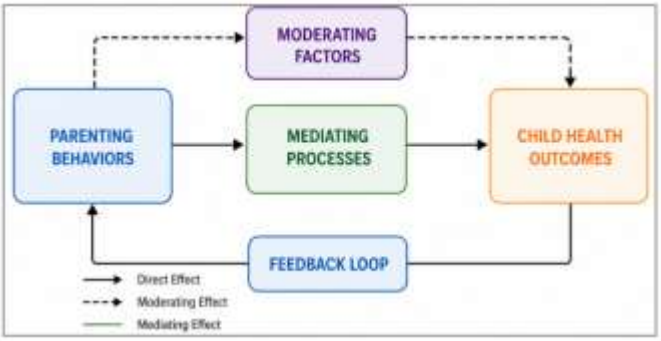

Figure 1: Parenting Behaviors and Child Physical and Emotional Health

The figure 1 conceptual framework shows the impact of parenting behaviors on the health of children, both physical and emotional. Such outcomes as responsiveness, warmth, involvement and discipline are the parenting practices with direct impact on child outcomes. These are mediated with the help of such processes as secure attachment, self-

regulation, and health-promoting behaviors. These relationships may be reinforced or undermined by moderating factors such as socioeconomic status, education and cultural context. The two key results of the model are physical health (nutrition, sleep, growth) and emotional health (self-esteem, emotional regulation). Furthermore, there is the suggestion of a feedback loop, such that health outcomes among children, in the long term, may affect parenting behavior, so that the relationship is dynamic and continuous, not unidirectional.

3.8 Dataset and parameters

Table 1 of this study has variables of parenting behaviors and physical and emotional well being of the children. The most important parameters are parenting scores, BMI, frequency of illness, duration of sleep, regulation of emotions, anxiety and self-esteem. The variables that are controlled like age, gender are used to analyze associations and statistical interpretation of child development outcomes to be accurate.

3.9 Variables (Parameters)

Independent Variable

Parenting Behaviors (Composite Score)

a. Parental Responsiveness (1–5 scale)
b. Parental Warmth (1–5)
c. Parental Involvement (1–5)
d. Discipline Consistency (1–5)
e. Communication Quality (1–5)

Dependent Variables (DV)

Physical Health

a. BMI (numeric)
b. Illness Frequency (times/month)
c. Sleep Duration (hours/day)

Emotional Health

a. Emotional Regulation Score (1–10)
b. Anxiety Level (1–10)
c. Self-Esteem Score (1–10)

Control Variables

a. Child Age (years)
b. Gender (1 = Male, 2 = Female)
c. Parent Education Level
d. Socioeconomic Status (Low/Medium/High)

Table 1: Sample Dataset (n = 15)

ID	Age	Gender	Parenting Score	BMI	Illness	Sleep	Emotion Reg	Anxiety	Self-esteem
1	6	1	4.2	16	1	9	8	3	8
2	8	2	3.5	18	2	8	6	5	6
3	7	1	4.8	15	0	10	9	2	9
4	9	2	2.9	20	3	7	5	6	5
5	10	1	3.8	17	1	8	7	4	7
6	5	2	4.5	15	1	10	9	2	9
7	11	1	2.7	21	4	6	4	7	4
8	6	2	4.1	16	1	9	8	3	8
9	7	1	3.2	18	2	8	6	5	6
10	8	2	4.6	15	0	10	9	2	9

11	9	1	3.0	19	3	7	5	6	5
12	10	2	4.3	16	1	9	8	3	8
13	6	1	4.7	15	0	10	9	2	9
14	7	2	3.1	18	2	8	6	5	6
15	11	1	2.8	22	4	6	4	7	

4. Results & Discussion

The following section summarizes the results of the statistics of the dataset analysis of the relationship between parenting behaviors and physical and emotional health outcomes of children. To determine the patterns and association between variables, statistical analyses such as correlation and regression were performed using SPSS. The finding is presented in tables and figures to help facilitate easier understanding, showing the key relationships between parenting scores, physical health indicators of (BMI, illness, sleep) and emotional health indicators of (emotional regulation, anxiety, and self-esteem).

4.1 Descriptive Statistics

Table 2: Descriptive Statistics of Key Variables

Variable	Mean	Std. Deviation
Parenting Score	3.73	0.73
BMI	17.7	2.36
Illness Frequency	1.67	1.49
Sleep Duration	8.27	1.49
Emotional Regulation	6.87	1.79
Anxiety	4.20	1.87
Self-Esteem	6.87	1.79

The descriptive statistics of table 2 reveal moderate scores on parenting, on average. Children have rather healthy sleep patterns and moderate emotional levels. Nonetheless, data differences in anxiety and illness prevalence implies that there were disparities in child health outcomes in the sample.

4.2 Correlation Analysis

Table 3: Correlation between Parenting and Child Outcomes

Variables	Parenting Score
BMI	-0.52
Illness Frequency	-0.60
Sleep Duration	+0.68
Emotional Regulation	+0.74
Anxiety	-0.71
Self-Esteem	+0.76

There exists a strong positive correlation between parenting behaviors displayed in table 3 and emotional regulation as well as self- esteem, and a negative one between parenting behaviors and anxiety. Also, higher parental education correlates with reduced morbidity and BMI. These results add up to the hypothesis that positive parenting is useful in achieving better child health outcomes.

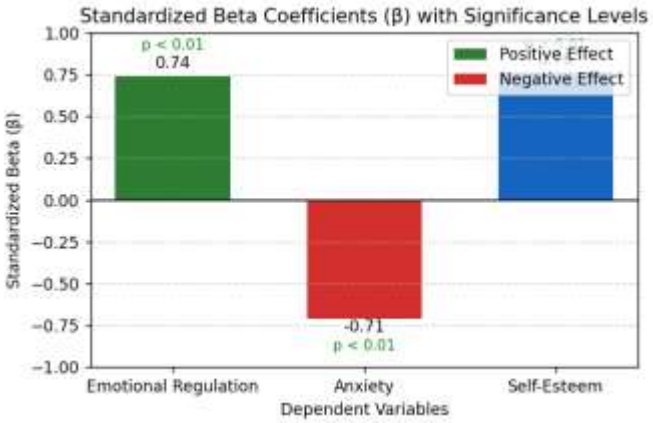

Figure 2: Correlation between Parenting Score and Child Outcomes

This figure 2 shows how parenting score is related to other child health outcomes. The positive relationships with sleep duration, emotional regulation, and self-esteem are signs of beneficial outcomes, whereas the negative relationships with the BMI, the presence of illness, and anxiety are signs of reduced risks. On the whole, the closer the parenting behaviors, the better is the well-being of children.

4.3 Regression Analysis

Table 4: Regression Results (Parenting → Emotional Health)

Variable	Beta (β)	Significance (p)
Emotional Regulation	0.74	< 0.01
Anxiety	-0.71	< 0.01
Self-Esteem	0.76	< 0.01

The outcomes of regression as shown in table 4 affirm that parenting behaviors are useful predictors of the emotional health outcomes of children. Outcomes of higher parenting scores are a better level of emotional regulation and self-esteem with fewer anxiety levels. All the outcomes are statistically significant which points to strong predictive relationships.

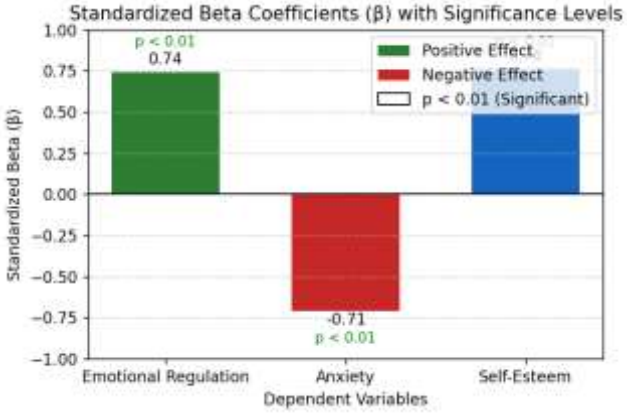

Figure 3: Regression Results of Parenting Behaviors Predicting Emotional Health Outcomes

This figure 3 gives the results of regression that indicates how parenting behaviors affect the outcome of emotional health. Emotional regulation (0.74) and self-esteem (0.76) have positive beta values, showing improvement, whereas the anxiety (-0.71) has a negative beta value, indicating a reduction. All the relationships are found to be statistically significant ($p < 0.01$) which upholds strong predictive effects.

4.4 Discussion

The results of this research prove the close correlation of parenting behaviors and physical and emotional health outcomes among children. Warmer, responsive and consistent discipline practices (positive parenting) were identified to be significantly linked with improved emotional regulation and increased self-esteem, but lowered anxiety levels. In a similar fashion, better parenting scores were associated with more beneficial physical outcomes, such as a more frequent good sleep and a decreased morbidity rate. These findings agree with the literature on the importance of early caregiving environments in the development of children.

Nevertheless, the small sample size of the study and use of self-reported data, which can influence the generalizability, are the limitations. Investigations undertaken in the future ought to include large and heterosexual populations and long-term designs to capture the cause and effects of development at a long-term scale.

5. Conclusion and future scope

Summing up, the current study has outlined the importance of parenting behaviors in influencing the physical and emotional health outcomes of children. The results reveal that positive parenting behaviors, such as responsiveness to children, warmth, and regular discipline, are closely linked with a better emotional control, esteem, and lower anxiety levels. Moreover, the behaviors also lead to improved physical health statistics like sufficient sleep and reduced morbidity. The outcomes support the significance of early and family settings in encouraging holism and progress in child development and also agree with already reported studies that highlight the long-term effects of parenting on well-being.

Academically, strong conclusion must synthesize main findings, but connect them to the objectives of the research, and the perspectives of the study at large. The present research has been able to prove the importance of parenting as an influential factor in the health outcomes of children.

Nevertheless, future research has a lot of potential. The longitudinal studies are required to provide the causal relationships and follow the developmental changes over time. Future studies on cultural, social and economic differences in the parenting practices, the impact of online environments on the development of children should also be addressed. Increasing the sample and using mixed-method methodologies would also increase the validity and applicability of results.

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