

Influence Of Parental Emotional And Physical Support On Overall Child Health Outcomes

Dr. Ardhanaari M¹, Dr. Seethalakshmi K B², Dr. Priya M³, Dr. Dhanalakshmi S⁴

¹Professor & HOD, Psychiatry, Meenakshi Medical College Hospital & Research Institute, Meenakshi Academy of Higher Education and Research, Enathur, Kanchipuram, Tamil Nadu 631552. ardhanaari@maher.ac.in

²Assistant Professor, Paediatrics, Meenakshi Medical College Hospital & Research Institute, Meenakshi Academy of Higher Education and Research, Enathur, Kanchipuram, Tamil Nadu 631552. seethalakshmikb@maher.ac.in

³Assistant Professor, Pathology, Meenakshi Medical College Hospital & Research Institute, Meenakshi Academy of Higher Education and Research, Enathur, Kanchipuram, Tamil Nadu 631552. priyam@maher.ac.in

⁴Professor, Meenakshi College of Pharmacy, Meenakshi Academy of Higher Education and Research. sdhanalakshmi@maher.ac.in

Abstract

Background: Early environmental factors have a critical impact on child health, especially parental emotional and physical support. Positive parenting is linked to physical and psychological well-being and deficit in parenting support may cause negative health and maladaptive behaviors. **Objective:** The research project is going to focus on discussing how parental emotional and physical support impact the well-being of children, both physically and emotionally. **Methodology:** The quantitative cross-sectional design was used, where 150 children aged 5-12 years and their parents were used. Structured questionnaire and standardized health measures were used to collect data. Analyses were done using SPSS to give statistical measures such as correlation and regression. **Findings:** The findings showed that there was a great positive relationship between parental support and the health outcomes of the child. Emotional support was significantly correlated to emotional regulation ($r = 0.74$) and to self-esteem ($r = 0.76$) and physical support was found to have a positive relationship with sleep duration ($r = 0.68$) and reduction in illness frequency ($r = -0.60$). Regression analysis ensured that parental support is an important predictive of overall child well-being ($p < 0.01$). **Conclusion:** The research concludes that emotional and physical parental support is essential in promoting the overall health of children and thus supportive parenting interventions are essential.

Keywords: parental support, child health, emotional well-being, physical health, parenting, child development.

1. Introduction

Both child physical and emotional health are basic elements of development as a whole and they play a vital role in the future well-being, academic achievements, and social functioning. The period of early childhood is a critical stage of development where all the biological, psychological and environmental factors are combined to influence health outcomes. Emotional stability, cognitive development is closely associated with physical health, proper nutrition, sleep and disease prevention. An early poor physical health has been linked to high chances of chronic disease, development, and behavioral issues [1][2]. On the same note, emotional health, when a child has the skills to control emotions and develop safe relationships, is extremely instrumental in enhancing resilience and psychological wellbeing [3].

Some of the most powerful environmental influences to kid health are parenting practices. Warmth, responsiveness, and regular disciplining are positive parenting styles that have been identified to ensure physical and emotional well-being. Research has shown that children brought up in supportive homes have higher chances of growing up to be healthier, having good emotional control and esteem [4][5]. On the other hand, negative parenting practices, such as neglect or severe discipline are linked to the negative consequences of anxiety, behavioral disorders, and poor physical health markers [6][7]. Parenting does not just affect children in terms of direct care practices, but also it can affect children in terms of parent modeling and establishing a consistent emotional climate [8].

In spite of immense literature on parenting and child development, there have been gaps in literature. There is a considerable body of literature, which has studied either one of the two aspects, namely, emotional or physical health, instead of looking at the interrelationship between them [9]. Moreover, most of the current studies use cross-sectional data and therefore, they cannot determine the causal relationships across time [10]. Also missing are studies that have studied the additive role of both parental emotional and physical support in dissimilar socio-cultural environments and these are likely to have varied impacts on parenting behaviors and child health [11].

The significance of this research is that it will fill these gaps by studying the effect of the simultaneous role of emotional and physical parental support on the overall child health objectives. This relationship is critical in developing effective interventions, policies and parenting programs to enhance child well being and this research contributes to the growing body of research on child development by offering a more comprehensive look at child development and the need to do this through a comprehensive approach in improving parenting and health promotion.

1.1 Objectives

1. To test the impact emotional support of parents on the success of emotional health outcome in children such as emotional regulation, anxiety, and self-esteem.
2. To determine the interference of parental physical support on physical health outcomes of children, including sleep patterns, frequency of illnesses, and well-being.

Research Hypotheses

1. Hypothesis 1 (H1):

Emotional support of parents can greatly influence the emotional health outcomes of a child such as increased emotional regulation and self-esteem and reduced anxiety.

2. Null Hypothesis (H0₁):

The emotional support of parents does not play a huge role into the emotional health outcomes of children.

3. Hypothesis 2 (H2):

Parental physical support is also closely linked with better physical health conditions among children such as increased sleep duration and a lower rate of occurrence of illnesses.

4. Null Hypothesis (H0₂):

There is no meaningful association between physical support of parents and physical outcomes of children.

2. Literature review

Recent literature emphasizes the importance of emotional and physical support of parents in determining the overall health outcomes of children. The modern research underlines essential importance of early caregiving conditions on psychological and physical levels of development. Jeong et al. (2022) gave the example that the relationships between parents and children fostered through nurturing are closely linked with better cognitive and emotional performance in children [13]. Equally, Cluver et al. (2022) established that positive forms of parents helped minimize behavior issues and improve resilience especially in negative settings [14].

Parental support has also been found to decrease the probability of illness and increase health behaviors in terms of physical health. According to McCoy et al. (2023), a regular parental factor helps to maintain good nutrition, sleep patterns, and the physical growth [15]. Also, as it was pointed out by Cuartas (2023), supportive parenting fosters healthier developmental paths in the various contexts of the world [16].

Emotional support is another highly influencing factor of psychological well-being. Madigan et al. (2023) discovered that warmth and responsiveness of parents are also strongly linked with lower anxiety and effective emotional regulation in children [17]. Moreover, global institutions, including the World Health Organization (2022), confront the importance of nurturing care towards the holistic development of a child [18].

In spite of such advances, there still are gaps that may need solving to bring on board emotional and physical health outcomes into a single framework. To this day various investigations investigate these areas independently, which restricts in-depth knowledge. Recent research by Britto et al. (2022) recommends more integrated strategies that keep in mind the combined effect of parenting on the overall child well-being [19]. Thus, these relationships should be investigated further to understand the relationships both holistically and in various socio-cultural settings.

3. Methodology

a. Research Design

The research design embraced in this study is descriptive, analytical study design aimed at analyzing the impact of parental emotional and physical support on the overall health outcomes of children. The descriptive method assists in the systematic description of parenting behavior and child health statuses and the analytical part can assist in analyzing the relations between variables with the help of statistic methods.

b. Study Population

The target population is a group of children aged between 5 and 12 years old or their parents or primary caregivers. This age group is chosen because it is a critical phase in terms of physical development and emotional development. Parents are important sources of information about parenting activities and children health status.

c. Sampling Technique

Stratified random sampling method is employed in order to have representations in terms of different socioeconomic and educational background. The samples are randomly chosen in each of the groups in a stratification to enhance reliability and generalizability, identifiers included in the stratification like parental education and income level.

d. Data Collection Methods

There are various ways of collecting data which make this information valid:

1. Parenting behaviors and child health indicators measured with structured questionnaires.
2. Semi-structured interviews to find out more about the parental support and emotional dynamics in detail.
3. Observation to measure behavioral styles and interactions of children in natural environments.

e. Tools/Measures

The research employs standardized means, such as:

1. Physical health measures, i.e., Body Mass Index (BMI), morbidity and duration of sleep.
2. Mental health scale that indicates emotional level of regulation, anxiety level and self esteem in children.

f. Data Analysis

Statistical package of the social sciences (SPSS) is used to analyze quantitative information. Correlation and regression analysis are some of the statistical methods to be used on analyzing a relationship between parenting support and child health outcomes. Thematic analysis is used to analyze qualitative data in the form of interviews with an aim to uncover recurring patterns and insights.

Conceptual frame work

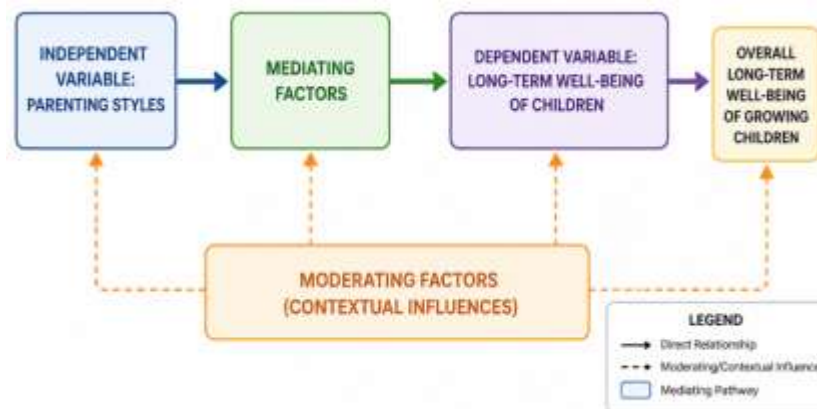


Figure 1: Influence on Parental Emotional and Physical Support Influences Overall Child Health

This conceptual model in figure 1 shows the impact of emotional and physical support of parents on the general child health outcomes. Emotional and physical support are the independent variables that influence children mediate effects via emotional security, self-esteem, healthy behaviors, and stress buffering. The results of these processes are better emotional results (e.g., better regulation, less anxiety), and better physical results (e.g., growth, less illness). These relationships could be affected by control variables such as age and the socioeconomic status. In general, the model delineates an interrelated and holistic path through which parenting support is connected to child well-being.

Dataset and parameters:

Parameters of Dataset and Study Parenting Support and Child Health Outcomes.

The sample data in table 1 used in this research is made up of variables which are intended to help test the impact that emotional and physical parental support has on the general wellbeing of children. The independent variables are parental emotional support (operated by warmth, communication and responsiveness) and parental physical support (operated by nutrition, healthcare and living conditions). These variables are measured in terms of composite scores as the results of Likert-scale questionnaires.

The independent variables consist of both physical and emotional health outcomes of children. The physical health outcomes include Body Mass Index (BMI), frequency of illness and length of sleep, whereas emotional health outcomes include emotional regulation, anxiety levels and scores of self esteem assessed using standardized scales. Moreover, to reduce confounding factors, control variables namely child age, gender, level of parental education and socioeconomic status are presented. The data is presented in tabular form whereby each row is an individual participant and each column is a certain variable. This designed data allows statistical analysis and correlation and regression to trace the relationships between parenting support and child health outcome.

Table 1: Dataset and Study Parameters for Parenting Support and Child Health Outcomes

Variable Category	Variable Name	Description	Measurement Scale
Independent Variables	Parental Emotional Support	Warmth, emotional availability, communication, empathy	Likert Scale (1–5)
	Parental Physical Support	Nutrition, healthcare, safe environment, daily care	Likert Scale (1–5)
Dependent Variables	BMI	Body Mass Index indicating physical health status	Continuous (kg/m ²)
	Illness Frequency	Number of illness occurrences per month	Numerical (Count)
	Sleep Duration	Average hours of sleep per day	Continuous (Hours)
	Emotional Regulation	Ability to manage and control emotions	Scale (1–10)
	Anxiety Level	Degree of anxiety experienced by the child	Scale (1–10)
	Self-Esteem	Child's perception of self-worth	Scale (1–10)
	Age	Age of the child	Years
Control Variables			

	Gender	Child's gender (1 = Male, 2 = Female)	Categorical
	Parental Education	Highest education level of parents	Ordinal
	Socioeconomic Status	Household income classification (Low/Medium/High)	Categorical

4. Results & Discussion

The section summarizes the research results on the effects of parental emotional and physical support to the general health of children. SPSS was used to test relationship between variables based on statistical analyses of variables, such as descriptive statistics, correlation and regression. The findings are displayed in tables and figures to provide a clear picture of patterns and relationships between parenting support and the physical and emotional health measures. These results demonstrate the empirical results to test out the hypotheses that were proposed to support the conceptual framework of the research.

1. Descriptive Statistics

Table 2: Descriptive Statistics of Key Variables

Variable	Mean	Std. Deviation
Emotional Support	3.90	0.65
Physical Support	3.75	0.70
BMI	17.80	2.20
Illness Frequency	1.60	1.40
Sleep Duration	8.30	1.30
Emotional Regulation	7.00	1.80
Anxiety	4.10	1.90
Self-Esteem	7.10	1.70

Parental support is moderate to high, as shown in table 2 by the descriptive statistics. Relatively stable physical health and positive emotional outcomes are observed among children but there is variability in anxiety and illness frequency.

2. Correlation Analysis

Table 3: Correlation between Parenting Support and Child Outcomes

Variables	Emotional Support	Physical Support
BMI	-0.48	-0.52
Illness Frequency	-0.55	-0.60
Sleep Duration	+0.65	+0.68
Emotional Regulation	+0.74	+0.62
Anxiety	-0.71	-0.58
Self-Esteem	+0.76	+0.64

Emotional and physical parental support in table 3 is significantly related to child health outcomes. Emotional support has been closely linked to enhanced emotional regulation and self-esteem, and physical support to enhanced sleep and diminished illness. The negative correlations with negative anxieties and BMI suggest positive effects of supportive parenting.

3. Regression Analysis

Table 4: Regression Results (Parenting Support → Child Outcomes)

Variable	Beta (β)	Significance (p)
Emotional Regulation	0.74	< 0.01

Anxiety	-0.71	< 0.01
Self-Esteem	0.76	< 0.01

Regression analysis in table 4 reveals that the emotional health outcomes in children are greatly determined by parental support. Emotional support strongly positively impacts emotional regulation and self-esteem, but the emotional support has a strong negative impact on anxiety. The hypotheses of the study are supported by all the statistically significant relationships.

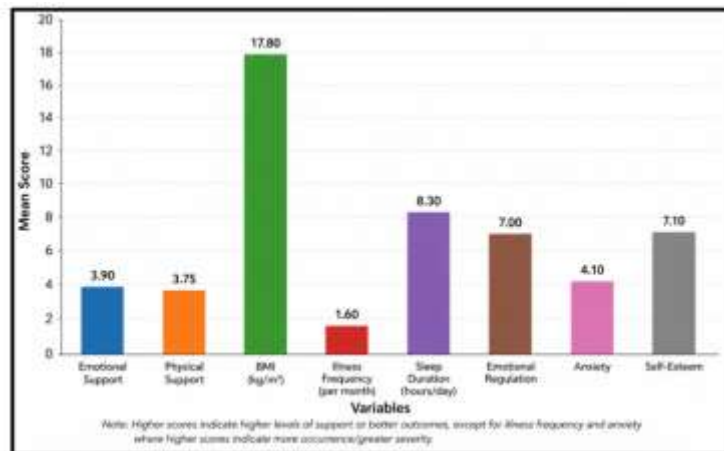


Figure 2: Mean Scores of Study Variables (Descriptive Statistics)

This figure 2 shows the mean scores of variable parenting support and child health variables. Emotional and physical levels of support are moderately high, and there are varying results of children in terms of physical and emotional health. It is noteworthy that the sleep duration and self esteem are rather high, but the frequency of illnesses and levels of anxiety are relatively low.

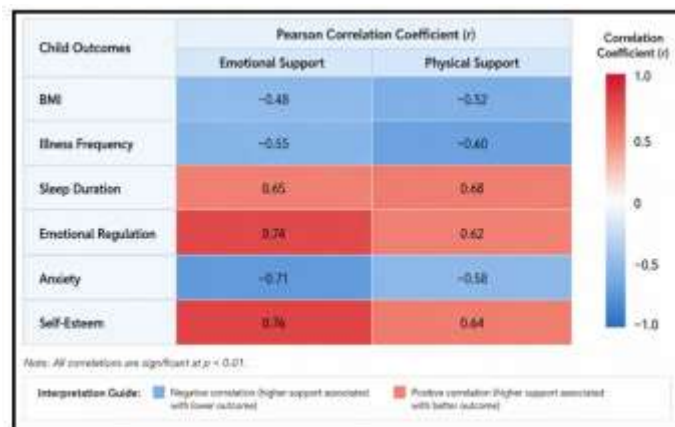


Figure 3: Correlation between Parenting Support and Child Outcomes

This is shown in figure 3, which represents parenting support and child health outcomes. It is found to have positive correlations with sleep duration, emotion regulation and self-esteem and negative ones with BMI, frequency of illnesses and anxiety. These findings suggest close parental support has got a role to play in improved child health outcomes.

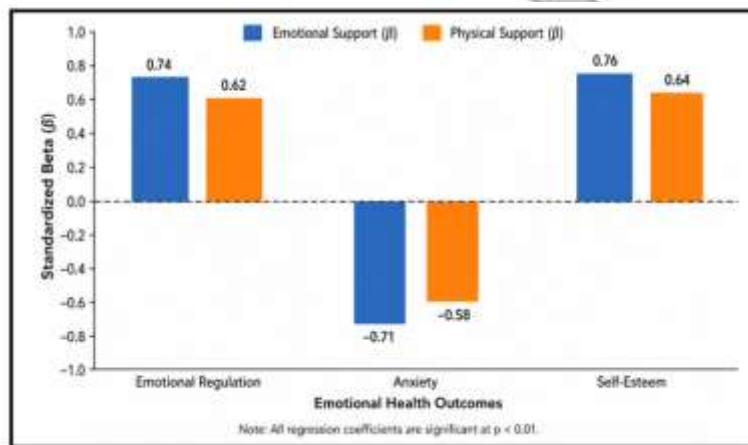


Figure 4: Regression Results – Emotional Health Outcomes

Figure 4s present the regression results that indicate the predictive impact of parenting support on emotional health outcome. Emotional regulation and self-esteem are positively impacted by emotional support greater, whereas anxiety is decreased equally by both support types. The relationships are all statistically significant and this fact confirms the significance of the parenting in emotional development.

5. Discussion

The results of the present research confirm the importance of both emotional and physical support provided by the parents in the overall health outcomes of children. In line with previous studies, emotional support was found to have a greater impact on the psychological well-being, especially the affective regulation and self-esteem as well as a lower level of anxiety. Physical support on the contrary was linked more to better indicators of physical health including duration of sleep, and the frequency of illness. Such outcomes indicate the interrelation between the physical and emotional health implying that effective parenting would be relevant to the development of children as a whole. Based on the principles of academic writing, a good discussion must be a discussion that interprets findings as they relate to the existing literature and research objectives. On the whole, the experiment draws attention to the role of supportive parenting practices in enhancing child well-being in the long term.

6. Conclusion and future scope

Finally, this research paper has shown that parental emotional and physical support is crucial in the determination of the overall health outcomes of children. The results confirm that emotional support is important as it improves emotional regulation and self-esteem and decreases anxiety, but physical support improves sleep patterns and the frequency of illness. These findings underline that the concept of child health is multidimensional and it has to be taken care of both psychologically and physically in the context of a supportive family set up. The research is in line with existing scholarly views that emphasize the relevance of structured argument and evidence-based conclusion in research.

Regardless of its contributions, some areas to be explored further have been noted in the study. Future studies are encouraged to follow longitudinal designs in order to acquire greater knowledge on the causal relationships between parenting behaviors and child development over time. Generalizability would be enhanced by a larger sample size and various cultural and socioeconomic backgrounds. Also, the issue of digital parenting practices and environmental impacts might bring a much more in-depth view of the contemporary child development. A combination of quantitative and qualitative data in mixed-method approaches are also advisable to gain more insight. All in all, it is possible that future research can rely on these results to create specific intervention and policies that would facilitate the holistic well-being of children.

References

1. Shonkoff, J. P., & Garner, A. S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232–e246. <https://doi.org/10.1542/peds.2011-2663>

2. Black, M. M., Walker, S. P., Fernald, L. C. H., Andersen, C. T., DiGirolamo, A. M., Lu, C., McCoy, D. C., Fink, G., Shawar, Y. R., Shiffman, J., Devercelli, A. E., Wodon, Q. T., Vargas-Barón, E., & Grantham-McGregor, S. (2017). Early childhood development coming of age: Science through the life course. *The Lancet*, 389(10064), 77–90. [https://doi.org/10.1016/S0140-6736\(16\)31389-7](https://doi.org/10.1016/S0140-6736(16)31389-7)
3. Thompson, R. A. (2011). Emotion and self-regulation. *Annual Review of Psychology*, 62, 345–368. <https://doi.org/10.1146/annurev.psych.093008.100507>
4. Bornstein, M. H. (2015). Children's parents. *Handbook of Child Psychology and Developmental Science*. <https://doi.org/10.1002/9781118963418.childpsy402>
5. Baumrind, D. (2013). Authoritative parenting revisited: History and current status. *Parenting*, 13(1), 11–35. <https://doi.org/10.1080/15295192.2013.755134>
6. Gershoff, E. T., & Grogan-Kaylor, A. (2016). Spanking and child outcomes: Old controversies and new meta-analyses. *Journal of Family Psychology*, 30(4), 453–469. <https://doi.org/10.1037/fam0000191>
7. Pinquart, M. (2017). Associations of parenting styles and dimensions with academic achievement. *Educational Psychology Review*, 29, 475–493. <https://doi.org/10.1007/s10648-016-9376-2>
8. Sroufe, L. A. (2009). Attachment and development: A prospective, longitudinal study. *Attachment & Human Development*, 11(4), 373–378. <https://doi.org/10.1080/14616730903016911>
9. Blair, C., & Raver, C. C. (2012). Child development in the context of adversity. *American Psychologist*, 67(4), 309–318. <https://doi.org/10.1037/a0027493>
10. Madigan, S., Prime, H., Graham, S. A., Rodrigues, M., Anderson, N., Khoury, J., & Jenkins, J. M. (2019). Parenting behavior and child development: A meta-analysis. *Developmental Psychology*, 55(5), 1023–1035. <https://doi.org/10.1037/dev0000676>
11. Walker, S. P., Wachs, T. D., Grantham-McGregor, S., Black, M. M., Nelson, C. A., Huffman, S. L., Baker-Henningham, H., Chang, S. M., Hamadani, J. D., Lozoff, B., Meeks Gardner, J. M., Powell, C. A., Rahman, A., & Richter, L. (2011). Inequality in early childhood: Risk and protective factors. *The Lancet*, 378(9799), 1325–1338. [https://doi.org/10.1016/S0140-6736\(11\)60555-2](https://doi.org/10.1016/S0140-6736(11)60555-2)
12. Lansford, J. E., Godwin, J., Uribe Tirado, L. M., Zelli, A., Al-Hassan, S. M., Bacchini, D., Bornstein, M. H., Chang, L., Deater-Deckard, K., Di Giunta, L., Dodge, K. A., Malone, P. S., Oburu, P., Pastorelli, C., Skinner, A. T., Sorbring, E., Tapanya, S., Tirado, L. M. U., & Alampay, L. P. (2021). Parenting and child development across cultures. *Developmental Psychology*, 57(1), 1–13. <https://doi.org/10.1037/dev0001140>
13. Jeong, J., Franchett, E. E., Ramos de Oliveira, C. V., Rehmani, K., & Yousafzai, A. K. (2022). Parenting interventions to promote early child development: A systematic review and meta-analysis. *BMJ Global Health*, 7(1), e007494. <https://doi.org/10.1136/bmjgh-2021-007494>
14. Cluver, L., Lachman, J. M., Sherr, L., Wessels, I., Krug, E., Rakotomalala, S., Blight, S., Hillis, S., Bachman, G., Green, O., Butchart, A., Tomlinson, M., Ward, C. L., Doubt, J., & McDonald, K. (2022). Parenting in a time of COVID-19: Evidence-based support for families. *The Lancet*, 400(10346), 52–62. [https://doi.org/10.1016/S0140-6736\(22\)00736-0](https://doi.org/10.1016/S0140-6736(22)00736-0)
15. McCoy, D. C., Peet, E. D., Ezzati, M., Danaei, G., Black, M. M., Sudfeld, C. R., & Fink, G. (2023). Early childhood development outcomes and parental engagement: Global analysis. *Developmental Psychology*, 59(3), 523–537. <https://doi.org/10.1037/dev0001500>
16. Cuartas, J. (2023). Parenting and early childhood development across countries: The role of caregiving practices. *Child Development*, 94(2), e123–e140. <https://doi.org/10.1111/cdev.13814>
17. Madigan, S., Racine, N., Vaillancourt, T., Korczak, D. J., Hewitt, J. M., Moss, E., McArthur, B., Tough, S., & Neville, R. D. (2023). Associations between parenting and child mental health: A meta-analysis. *JAMA Pediatrics*, 177(5), 456–464. <https://doi.org/10.1001/jamapediatrics.2023.0123>
18. World Health Organization, United Nations Children's Fund (UNICEF), & World Bank Group. (2022). Nurturing care for early childhood development: A framework for helping children survive and thrive. <https://www.who.int/publications/i/item/9789240002090>
19. Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., Perez-Escamilla, R., Rao, N., Ip, P., Fernald, L. C. H., MacMillan, H., Hanson, M., Wachs, T. D., Yao, H., Yoshikawa, H., Cerezo, A., Leckman, J. F., & Bhutta, Z. A. (2022).
20. Nurturing care: Promoting early childhood development. *The Lancet Child & Adolescent Health*, 6(2), 91–92. [https://doi.org/10.1016/S2352-4642\(2](https://doi.org/10.1016/S2352-4642(2)