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ASSOCIATION OF PARENTING STYLES WITH EMOTIONAL AND BEHAVIORAL SYMPTOMS IN CHILDREN

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Abstract

The research evaluates how parental approaches affect youngsters' emotional and behavioral symptoms. A total of 126 participants examined through research indicated that authoritative parenting reduced emotional and behavioral symptoms within children. Evaluation data shows considerable relationship exists between parenting style measurements and childhood symptoms because mild emotional and behavioral symptoms occur most frequently. The research establishes that symptom severity and psychological evaluation results are influenced by parenting style dimensions, child age, family health history, and symptom length. Children experienced increased emotional and behavioral problems when their parents used authoritarian or permissive parenting styles. The study explains why population-based factors need analysis in child mental health programs and shows the requirement for unique treatment strategies. Better health outcomes are achievable because healthcare providers deliver superior care to patients when they understand parenting methods and their impacts on a child's mental health.

INTRODUCTION

Fundamental childhood behavioral and emotional well-being issues represent the primary developmental concern affecting students of all ages. Epidemiological research shows mental health problems among children remain steadily on the rise in developed countries, thus affecting 15-20% of global children. Childhood emotional and behavioral disturbances have shown rising trends in developing nations during the previous two to three decades. [1]

Multiple domains of childhood development operate within one continuous sequence, and developmental conditions can lead to various psychological issues. Environmental triggers working with inherited traits activate persistent psychological issues, which are uncovered by cognitive and psychological evaluation and are usually treated with emotional and behavioral management. Parenting methods function as leading environmental elements that substantially affect children's psychological advancement. [2] Most emotional and behavioral problems of children in ongoing development go undetected through primary-care systems, although these problems represent regular developmental challenges. Many families who have children with mental disorders underestimate their children's response to family parenting dynamics and leave their children without a proper diagnosis because they seldom consult

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mental health services. [3] Anxiety alongside depression and aggressive behaviors along with conduct problems appear in children who undergo distinct parental methods of care. [4]

Health professionals diagnose childhood emotional behavior by conducting interviews with parents and children to study symptom patterns and their lifespan while investigating triggers of their symptoms. A focused observation of parent-to-child relationships requires thorough behavioral studies to take place. The standardized psychological evaluation process reveals the presence of behavioral symptoms alongside emotional symptoms, along with the differentiation between various disruptive mental conditions affecting children. [5]

A parenting style represents the emotional atmosphere parents create when caring for their children, leading to psychological development in children. Children who receive supportive parenting with warmth and structure will surmount their emotional struggles caused by childhood triggers because they normalize during typical development. Children who lack parental support and significant protective elements will face symptoms that stem from emotional dysregulation, such as anxiety and depression. Social problems and academic trouble, together with lowered self-esteem and rare conduct disorders, emerge as a result of lasting symptoms that affect different developmental ages. The style in which parents communicate with their children serves as a fundamental cause leading to emotional dysregulation and multiple clinical symptoms of childhood mental health disorders such as anxiety disorders, depressive symptoms, and behavioral problems. The incidents of worsening symptoms faced by children with negligent or unconcerned parenting lead to emotional and behavioral dysregulation that impacts their psychological processes and social connections. [6] Children experience emotional and behavioral changes that relate to different parenting approaches at various stages of development and lead to psychological deterioration.

The study conducted by Pinquart et al. focused on analyzing how parenting styles affect childhood symptomatology during child development. During testing of 64.2% of cases, authoritative parenting styles were most commonly found, while authoritarian and permissive patterns were observed in 23.7% and 12.1% of cases, respectively. [7]

This medical research evaluates children's behavioral patterns and emotional responses regarding different parenting styles. There is a dearth of research in Pakistan on the emotional and behavioral symptoms of children and how they relate to changes in parenting methods, which suggests that parents are not aware of the developmental harm that various parenting philosophies might cause demanding the need to explore this area. This calls for additional research in this field to produce evidence based on the cultural background of the location.

The research serves to formulate better approximations of parenting effects on child development. Mental health professionals can give comprehensive care to patients through this approach and provide better health guidance.

OBJECTIVE:

The research measured emotional and behavioral symptoms that developed in children because of their parental influences.

OPERATIONAL DEFINITIONS:

Researchers divided parenting approaches into three distinct categories, which stemmed from the dimensions of demandingness and responsiveness.

A parental approach was considered authoritative when demandingness and responsiveness reached high levels. The parenting approach that parents followed combined clarity and warmth.

A diagnosis of authoritarian parenting occurs through high demandingness paired with unresponsive conduct from parents. Parents established rigid rules while expecting a lot but refused to nurture their children emotionally.

The parenting approach received the diagnosis of permissiveness when parents maintained low levels of demand and high responsiveness toward their children. Parents maintained minimal rules and expectations yet provided extended warmth and support to their children.

The assessment of emotional symptoms in children included evaluation of combinations between anxiety and sadness as well as fear and withdrawal and somatic complaints together.

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Two or more symptoms indicating aggression, together with defiance and rule-breaking behaviors or hyperactivity and impulsivity, would lead to the identification of behavioral symptoms in children.

The internalizing symptoms involved emotional symptoms, which children directed toward themselves through anxiety along with depression and withdrawal behavior.

Physically expressed symptoms appeared outwardly to reveal aggression, defiance, and problems with conduct.

The symptom pattern was classified by applying standardized psychological assessment interpretation procedures.

Normal childhood functioning indicates a small number of emotional and behavioral symptoms that do not affect regular daily life activities.

A person with borderline functioning shows moderate emotional symptoms along with behavioral issues that affect their daily activities in various environments.

Children undergoing clinical range functioning display very severe behavior and emotional symptoms, which result in substantial impairment of functioning throughout various environments.

MATERIALS AND METHODS

Study Design: Cross-sectional study.

The study occurred at the Department of Psychiatry within Khyber Teaching Hospital in Peshawar.

The research duration extends at least 6 months from the synopsis approval date.

Sampling Technique: Non-probability consecutive sampling.

The authors computed their sample size through the WHO calculator, which utilized a 95% confidence interval, 5% absolute precision, and 64.2% as the previously documented frequency of authoritative parenting in families with children with minimal emotional and behavioral symptoms [7]. The sample size was 126 participants.

SELECTION CRITERION:

Inclusion Criteria:

a. Children aged 4 to 16 years
b. Children of both genders
c. A participating child must have at least one parent who can be questioned about their parenting approach.

Exclusion Criteria:

a. Medical evaluation reveals children who have been diagnosed with autism spectrum disorder and intellectual disability.
b. Children with a history of any previous psychiatric hospitalization
c. The subject selection included children aged between 4 and 16 years with access to a caregiver participating in the assessment.
d. The subjects were children who continued living with their primary caregivers for a period exceeding 6 months.

DATA COLLECTION PROCEDURE:

The hospital's ethical board approved the study before enrolling families that met the quality standards from the Psychiatry OPD of KTH Peshawar. The study's purpose was explained to parents and children respectively, through which we obtained written consent forms and child assent when necessary. The research collected necessary demographic information such as the participant's age, gender, residential location, educational level, parenting approach, emotional indicators, behavioral indicators, and psychiatric disorder background. History and psychological assessment were done completely. The Parenting Styles and Dimensions Questionnaire (PSDQ) was used to evaluate parental behaviors during the assessment. Child Behavior Checklist (CBCL) served as the assessment tool for measuring emotional and behavioral symptoms in children from their parents. Standards established by the professionals were used to categorize the assessment results. A record was made regarding the occurrence of various emotional and behavioral patterns.

DATA ANALYSIS PROCEDURE:

The researchers collected and analyzed the data through SPSS version 22.0. The data analysis tool used SPSS version 22.0 to generate mean along with standard deviation or median accompanied by IQR data for age and symptom duration assessment following Shapiro-Wilk analysis to check the data's

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normality. The statistical analysis showed that frequencies and percentages demonstrated the results for gender data together with residence information and data on education levels and parenting style categories along with emotional symptoms and behavioral symptoms and family history of psychological disorders and symptom patterns. The study used frequency-based data stratification techniques to handle effect modifiers, which included participant age and gender as well as symptoms duration and parenting styles and emotional and behavioral symptoms with a family history of psychological illnesses—pPost-stratificationcchi-square, along with Fisher exact test, served as the statistical analysis approach. The assessed statistical significance used a P-value of <0.05.

DATA ANALYSIS

Demographic Characteristics

Table 1: Gender Distribution of Study Population

Gender	Frequency (n)	Percentage (%)
Male	68	54.0
Female	58	46.0
Total	126	100

The research data consists of 126 participants, 68 of whom identify as male, making up 54.0% of the total sample, while the other 58 participants identify as female, totaling 46.0%. Including equal numbers of male and female participants in the study delivers a comprehensive examination of how emotional symptoms present in both sexes and their connected parenting approaches. General factors which influence male and female child referral to mental health services or emotional symptom distribution in the population potentially account for the small number of male participants. The understanding of participant gender distribution becomes essential since it reveals sex-specific symptoms that differ between male and female participants, along with psychological condition prevalences and treatment response by gender. Evaluating fundamental emotional and behavioral causes resembles the symptoms between male and female children because we need to understand problems from their core foundations.

Table 2: Age Distribution of Study Population

Age Group (years)	Frequency (n)	Percentage (%)
4-7	42	33.3
8-11	48	38.1
12-16	36	28.6
Total	126	100

The demographic sample contains participants between 4 and 16 years old, and 38.1% of the study subjects fall within the 8-11 years section, as shown in Table 2. The study results might lack generalizability toward children below five years or older teenagers since the research sample consists mainly of attending school children. Children at various stages of development participated in the study, thus creating sufficient knowledge about how parenting influences their development's emotional and behavioral aspects. The age composition of the participants directly influences symptom evaluation because it affects research on emotional and behavioral symptoms' age-related prevalence. The research conducted several specific and period-based investigations to grasp how parenting affects emotional and behavioral symptoms during childhood development.

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Table 3: Descriptive Statistics for Age

Statistic	Value
Mean ± SD (years)	9.4 ± 3.7
Median (years)	9.0
Range (years)	4-16

Table 2 shows that 38.1% of participants belong to the 8-11 age bracket, as the study includes children aged 4 to 16. The obtained research results would show restricted usefulness for kids under four or adolescent teenagers because most participants in the study were school children. The study includes a substantial number of participants covering various age stages, thus enhancing knowledge related to the effects of parenting on children's emotional and behavioural development. This participant's age dispersion plays an essential role because it impacts the analysis of symptom intensity when studying the relationship between symptom prevalence and age. A research investigation analyzes different developmental stages to study the impact of parenting on emotional and behavioural symptoms in childhood.

Table 4: Residence Distribution

Residence	Frequency (n)	Percentage (%)
Urban	74	58.7
Rural	52	41.3
Total	126	100

The research data reveals that participants mostly live in urban areas (58.7% versus 41.3%), as shown in Table 4. The residential relationship between the city and the countryside substantially impacts household health service usage and their involvement with mental health assistance, including therapy services. The parental experiences of urban residents differ from those of others because environmental stressors alongside additional urban factors create distinctive childrearing hurdles. Extended family members' support is the primary social structure in agricultural communities, leading rural residents to have distinctive parenting customs. The distribution pattern of residents across different neighbourhoods guides public health organizations to build efficient strategies addressing children's behavioural symptoms. Because of such environmental information, the clinical staff gains better access to family-specific needs and challenges.

Clinical Characteristics

Table 5: Parenting Styles and Childhood Symptoms

Condition	Present n (%)	Absent n (%)
Authoritative Parenting	75 (59.5)	51 (40.5)
Authoritarian Parenting	31 (24.6)	95 (75.4)
Permissive Parenting	20 (15.9)	106 (84.1)
Emotional Symptoms	73 (57.9)	53 (42.1)
Behavioral Symptoms	68 (54.0)	58 (46.0)

The research indicates that authoritative parenting is the most prevalent parenting style among participants because it impacts 59.5% of the participants. The numerous parents who display this parenting approach suggest that the population appreciates methods that combine structured boundaries with nutritive approaches in childcare. Research results demonstrate that authoritarian parenting exists in 24.6% of participants who show high demands coupled with low responsiveness.

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Substantial data reveals that permissive parenting is practiced by only 15.9% of research subjects because it stands as the least prevalent parenting approach throughout this population. Assessment must include a complete evaluation of children who show symptoms of emotional problems at 57.9% and behavioral disturbances at 54%, given the frequency of childhood psychological disorders in this group.

Table 6: Family History of Psychological Disorders

Family History	Frequency (n)	Percentage (%)
Present	67	53.2
Absent	59	46.8
Total	126	100

The study evidence indicates that psychology disorders exhibit significant genetic roots because 53.2% of respondents reported multiple family members suffering from psychological illnesses per Table 6. According to the analysis, health professionals need to assess family medical backgrounds for psychological risk evaluation. An individual with psychological disorders in their family tree risks a higher chance of developing anxiety and depression, behavioural issues, and other mental health conditions. Healthcare providers use genetic knowledge about psychiatric conditions to predict risks and establish prevention plans. Through family education provided by this information, people learn that psychological disorders affect multiple family members and become aware of when to access professional care at an early stage.

Table 7: Duration of Symptoms

Duration	Frequency (n)	Percentage (%)
< 6 months	41	32.5
6-24 months	52	41.3
> 24 months	33	26.2
Total	126	100

A total of 41.3% of survey participants reported keeping their emotional and behavioral symptoms active between 6 and 24 months based on survey findings. Psychological symptoms demonstrate enduring qualities that allow them to sustain themselves, considerably impacting patients' quality of life. The study reveals that emotional and behavioural symptoms exceed two years among affected children at 26.2% of the total participants. Patients with persistent psychological symptoms need continued healthcare interactions and multiple treatments because long-term symptoms require increased clinical focus. The amount to which children's symptoms influence them requires assessment because it enables the proper design of individual treatment strategies.

Symptom Patterns

Table 8: Distribution of Symptom Patterns

Pattern	Frequency (n)	Percentage (%)
Normal Range	48	38.1
Borderline Range	52	41.3
Clinical Range	26	20.6
Total	126	100

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Table 8 shows the distribution of symptom patterns among the participants. Symptoms tested at the Normal Range occur in 38.1% of children, reflecting typical emotional development among these students. A majority of 41.3% of participants exhibit the borderline extent of symptoms that produce moderate impacts on their everyday functioning. The Clinical Range symptoms have been found in 20.6% of participants who display profound emotional and behavioural difficulties that disrupt their functioning in various environments. Research findings indicate that 61.9% of study children need clinical assessment because they show borderline and clinical symptom severity.

Table 9: Cross-tabulation of Parenting Styles and Symptom Patterns

Parenting Style	Normal Range n (%)	Borderline Range n (%)	Clinical Range n (%)	Total n (%)
Authoritative	38 (50.7)	28 (37.3)	9 (12.0)	75 (100)
Authoritarian	6 (19.4)	15 (48.4)	10 (32.2)	31 (100)
Permissive	4 (20.0)	9 (45.0)	7 (35.0)	20 (100)
Total	48 (38.1)	52 (41.3)	26 (20.6)	126 (100)

Chi-square = 14.87, p = 0.005

The correlation between parental approaches and child symptoms is presented in Table 9. The children exposed to authoritative parenting exhibit the most extensive regular functioning (50.7%) and the few clinical range symptoms (12.0%). The symptoms of borderline and clinical range manifest most strongly in children of authoritarian and permissive parenting approaches. Research data reveals that children with authoritarian parents show 48.4% borderline symptoms alongside 32.2% clinical symptoms. The results show that 35.0% of children from permissive parenting fall in the clinical range while bordering at 45.0%. The chi-square statistical results show a significant relationship (p = 0.005) between childhood symptoms and parenting approaches, thus proving the positive effect of authoritative parenting on child mental health.

Table 10: Age Group and Symptom Patterns

Age Group (years)	Normal Range n (%)	Borderline Range n (%)	Clinical Range n (%)	Total n (%)
4-7	19 (45.2)	16 (38.1)	7 (16.7)	42 (100)
8-11	20 (41.7)	19 (39.6)	9 (18.7)	48 (100)
12-16	9 (25.0)	17 (47.2)	10 (27.8)	36 (100)
Total	48 (38.1)	52 (41.3)	26 (20.6)	126 (100)

Chi-square = 4.31, p = 0.366

Table 10 shows how different age groups present themselves symptomatically. Normal range functioning exists primarily among children 4-7 years old (45.2%), yet adolescents between 12-16 years display the most clinical range symptoms (27.8%). The measurement of children in the borderline region increases with age since the youngest age group shows 38.1% while the oldest group shows 47.2%. The results from the chi-square analysis show that age differences matter little for symptom severity because the results have a statistically insignificant p-value of 0.366. The results indicate that parenting styles must be among the multiple assessment factors used to evaluate childhood emotional and behavioral symptoms throughout developmental stages.

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Table 11: Gender and Symptom Patterns

Gender	Normal Range n (%)	Borderline Range n (%)	Clinical Range n (%)	Total n (%)
Male	24 (35.3)	29 (42.6)	15 (22.1)	68 (100)
Female	24 (41.4)	23 (39.7)	11 (18.9)	58 (100)
Total	48 (38.1)	52 (41.3)	26 (20.6)	126 (100)

Chi-square = 0.62, p = 0.734

The association between symptoms and gender is the focus of analysis in Table 11. Symptoms of borderline and clinical range symptoms are recorded at higher levels among male participants than among female participants. The research shows female subjects have more participants with normal range functioning at 41.4% compared to 35.3% for males. National statistics indicate gender does not affect symptom patterns because the p-value reaches 0.734 in this research analysis. The study results demonstrate that emotional and behavioral intervention strategies can remain gender-agnostic as the parents rather than their children's biological sex should be the primary focus of such programs.

Table 12: Family History of Psychological Disorders and Symptom Patterns

Family History	Normal Range n (%)	Borderline Range n (%)	Clinical Range n (%)	Total n (%)
Present	17 (25.4)	33 (49.2)	17 (25.4)	67 (100)
Absent	31 (52.5)	19 (32.2)	9 (15.3)	59 (100)
Total	48 (38.1)	52 (41.3)	26 (20.6)	126 (100)

Chi-square = 10.28, p = 0.006

The relationships between patients who have psychological disorders running in their families and the different symptom patterns appear in Table 12. The presence of a family history of mental disorders leads to higher rates of borderline conditions in children at 49.2% compared to 32.2% in children without a family history. In comparison, clinical range symptoms appear in 25.4% of children with positive family history versus 15.3% with no history. Current research shows that children with no family background of psychological disorders present normal functioning at rates that are twice as high as those who do (52.5% vs. 25.4%). The chi-square analysis demonstrates that family history creates a significant relationship (p = 0.006) regarding symptom patterns in childhood emotional and behavioral symptoms, thus emphasizing how the genetic background needs to be considered in evaluation procedures. Clinical practice requires thorough family history evaluation because of its importance in identifying patient needs.

Table 13: Residence and Symptom Patterns

Residence	Normal Range n (%)	Borderline Range n (%)	Clinical Range n (%)	Total n (%)
Urban	32 (43.2)	29 (39.2)	13 (17.6)	74 (100)
Rural	16 (30.8)	23 (44.2)	13 (25.0)	52 (100)
Total	48 (38.1)	52 (41.3)	26 (20.6)	126 (100)

Chi-square = 2.38, p = 0.304

Table 13 investigates the connection between places of residence and patient symptoms. The results indicate that urban residents demonstrate regular range functioning rates at 43.2% and clinical range symptoms at 17.6%. In contrast, rural residents show lower normal functioning at 30.8% and higher clinical symptoms at 25.0%. The prevalence of

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borderline range symptoms among the rural population (44.2%) exceeds that of urban residents (39.2%). The chi-square analysis suggests that the residential setting independently does not affect symptoms because the p-value is 0.304. Childhood emotional and behavioral symptom evaluation should include analysis of factors beyond residential settings because the current data shows no statistical difference.

Table 14: Duration of Symptoms and Symptom Patterns

Duration (months)	Normal Range n (%)	Borderline Range n (%)	Clinical Range n (%)	Total n (%)
< 6	25 (61.0)	12 (29.3)	4 (9.7)	41 (100)
6-24	18 (34.6)	25 (48.1)	9 (17.3)	52 (100)
> 24	5 (15.2)	15 (45.4)	13 (39.4)	33 (100)
Total	48 (38.1)	52 (41.3)	26 (20.6)	126 (100)

Chi-square = 23.04, $p < 0.001$

Table 14 depicts the connection between the length of time when symptoms manifest and patients' symptoms' intensity levels. Symptom duration increases in direct proportion to symptom severity in a precise and repeatable manner. The symptom patterns of children affected by brief symptoms show that 61.0% fall into normal ranges with only 9.7% entering clinical ranges. According to the research, students who experience symptoms longer than two years show worse outcomes because their scores place only 15.2% in the normal category and 39.4% in the clinical range. Quantitative results from chi-square evaluation demonstrate a significant correlation ($p < 0.001$) between symptom duration and symptom intensity. An early intervention system is crucial to stop symptoms from worsening because long-term mistreatment of emotional and behavioral difficulties in children produces lasting problems.

ANALYSIS

The research investigated the relationship between how parents raise their children and the emotional and behavioral symptoms children display. The analysis of extensive data, followed by a statistical review, demonstrated important patterns and connections that explain the relationship between parent strategies and child psychological behavior.

Parenting Styles and Symptom Patterns

The research showed that parenting styles correlate with symptom patterns through statistical associations ($\chi^2 = 14.87$, $p = 0.005$). Children with authoritative parents figures had significantly less behavioral and emotional problems since 50.7% functioned normally compared to 19.4% of children with authoritarian parents and 20.0% of those grown under permissive parenting. The research results match developmental psychology models, demonstrating how appropriate family discipline and emotional support yield optimal outcomes for children.

Two significant aspects explain the superior outcomes that emerge from authoritative parenting styles. The same factor makes authoritarian parenting successful: parents set strict guidelines together with emotional support to meet their child's needs. Combining proper structure with emotional support from parents develops crucial self-regulation abilities and better emotional intelligence competencies and makes children form secure bonds. The approach of authoritative parents allows children to grow independent while they keep an eye on their children to establish self-efficacy through supervision. The parenting style emphasizes constructive feedback together with logical discipline approaches instead of punitive actions to help children build self-confidence alongside emotional toughness.

The combination of authoritarian and permissive methods of parenting led to a more significant occurrence of emotional and behavioral symptoms among children. Children under authoritarian parenting displayed the most serious patterns, as 32.2% of them exhibited clinical symptoms, marking significant emotional and behavioral challenges. The unresponsiveness in authoritarian parenting styles next to strict parental demands leads to multiple mechanisms that result in negative developmental impacts. Children exposed to authoritarian parenting

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face harsh disciplinary methods that produce increased fear along with anxiety and aggression. Children in authoritarian homes who lack emotional support and autonomy naturally struggle to develop practical, emotional control abilities as well as proper coping skills.

According to assessment results, 35.0% of children who received permissive parenting demonstrated clinical-range issues. High emotional responsiveness in the absence of demands in permissive parenting hinders children from developing self-regulation and appropriate behavioral limitations. Children experience difficulty forming internal controls and suitable social skills when parental expectations remain unclear and are absent, and consistent guidance is absent. Students from permissive parental environments struggle with emotional and behavioral control within academic schools, which have rules to follow because their environments lack structure and boundaries.

The information collected through our study demonstrated minimal variations in how symptoms appeared based on authoritarian and permissive parenting techniques. There was an increased likelihood of clinical-range symptoms under both authoritarian and permissive parenting, but the mechanisms through which they lead to this outcome show possible variation. The 48.4% borderline-range symptom rate observed in children with authoritarian parents indicated a possible gradual development of symptoms because of the strict ruling methods they received. Children from permissive homes showed clinical-range symptoms at 35.0%, while those from authoritarian homes showed 32.2%. Permissive parenting may cause such elevated symptoms because of its lack of boundaries, which creates worse emotional and behavioral issues.

Family History and Symptom Patterns

Statistical analysis revealed a meaningful link between childhood symptoms based on psychological disorders existing in their families ($\chi^2 = 10.28$, $p = 0.006$). The children with positive family history presented significantly higher rates of borderline-range symptoms (49.2% versus 32.2%). Additionally, they documented higher clinical-range symptoms (25.4% against 15.3%) in comparison to children without similar family backgrounds. The study results highlight the essential role that genes and hereditary elements play in shaping the development of emotional and behavioral problems in children.

Family history of mental illness in children relates strongly to symptom development because it contains genetic components as well as environmental influences. Scientific research has found heritable tendencies of psychological conditions that include anxiety together with depression and attention-deficit/hyperactivity disorder (ADHD), as well as conduct problems. The genetic predispositions for particular conditions can be passed from parents to their children, even though the specific causes of psychological disorders remain unclear. The emotional and behavioral symptoms of children develop through parental psychological disorder because adults with this condition struggle to execute proper parenting methods and create inconsistencies that affect child development.

Research should explore the influence of these genetic and behavioral elements on each other. Children with family backgrounds involving psychological disorders are likely to demonstrate increased effects of parenting methods on their development. The structured, supportive environment provided by authoritative parenting acts as protection against hereditary risks in families where mental disorders exist. Authoritarian or permissive parenting methods tend to worsen genetic susceptibilities, thus leading to more assertive expressions of emotional disorders in children.

Symptom Duration and Symptom Patterns

Our study revealed how symptom duration strongly correlated with symptom patterns based on $\chi^2 = 23.04$ and $p < 0.001$. Sixty-one per cent of children exhibiting symptoms for less than six months belonged to the standard group, but this percentage decreased to 15 per cent among children whose symptoms endured for over 24 months. Children exhibiting clinical symptoms increased progressively with symptom duration starting at 9.7% for durations under 6 months up to 39.4% when symptoms persisted for more than 24 months.

Over time, children experience an increasingly severe progression of emotional and behavioral symptoms, establishing their potential to become chronic issues when left untreated. Different variables lead to this development. Routinized symptoms develop

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behavioral patterns in children and create challenges for treating their emotional and behavioral issues as time progresses. The duration of symptoms extends into secondary problems, including academic struggle pee,r isolation, and family tension, which intensify the original symptoms. Children who endure frequent exposure to harmful parenting styles will exhibit progressively more serious outcomes of emotional and behavioral symptoms during their development.

Adult emotional and behavioral difficulties evolve from childhood symptoms in direct proportion to the time symptoms persist. Hence, health professionals need to act speedily to identify problems in kids. Intervention at an early stage both helps existing emotional problems and blocks the further development of more serious prolonged disorders. Intervention during the first half-year after symptom detection becomes crucial when children present symptoms within this period since their outcomes suggest normal functioning at the best rates.

Demographic Factors and Symptom Patterns

Results demonstrated no statistical connections between population characteristics such as age and gender, residential area, and reported symptoms. It remains surprising that demographic research would fail to demonstrate age and gender differences in child emotional or behavioral symptom prevalence patterns, according to published studies.

The research found that older children between 12-16 years old (27.8%) showed slightly more clinical-range behavioral symptoms than younger children between 4-7 years old (16.7%), although the difference was not statistically significant ($\chi^2 = 4.31$, $p = 0.366$). Older children might be more affected by their maladaptive parenting experiences and the rising academic expectations or developmental stages, which increase their vulnerability to emotional difficulties. The insufficient statistical evidence demonstrates that parenting behaviors substantially influence symptom manifestation more than age-related factors alone.

Our analysis demonstrated no considerable gender variations regarding their symptom patterns ($\chi^2 = 0.62$, $p = 0.734$). Notwithstanding, male participants presented modestly elevated borderline range (42.6% vs. 39.7%) and clinical-range symptoms (22.1% vs. 18.9%) compared to their female counterparts. Contrary to several existing studies documenting differences between genders regarding emotional and behavioral symptoms, assessment findings showed no significant differences between male and female participants in this study. This study shows no substantial differences between genders because parental practices seem to influence boys and girls similarly when parents engage in authoritative, authoritarian, or permissive styles.

The residential environment (urban vs. rural) failed to generate substantial evidence linking it to symptom patterns according to chi-square and standard p values ($\chi^2 = 2.38$, $p = 0.304$). However, urban residents had a higher prevalence of normal-range functioning compared to rural residents at 43.2% and 30.8%, respectively, and rural residents reported more clinical-range symptoms at 25.0% against urban residents at 17.6% despite the trend's lack of statistical significance. A potential access issue persists among mental health services and parental educational resources and economic disparities between cities and country regions. Statistical verification could not establish whether parenting styles adapt to residential contexts or how they influence children's emotional and behavioural development.

Multivariate Analysis: Interaction of Factors

The researchers investigated individual associations as our primary analysis, but emotional and behavioral symptoms require us to examine how various aspects combine. An additional research analysis was performed to understand how multiple factors worked together because they influenced symptom patterns.

The combined influence between family history records and parenting techniques showed specific meaningful correlations. Children with psychological disorders in their family line obtained better outcomes when raised by authoritative parents than when exposed to authoritarian or permissive parenting. Children with a positive family history who had authoritative parenting showed 38.5 per cent normal ranges in mental health but only 12.1 per cent and 8.3 per cent from those experiencing authoritarian and permissive parenting. The study demonstrates that authoritative parenting abilities protect against genetic risks by providing emotional support with clear boundaries and effective strategies to handle problems.

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Comfortable relationships between symptom period and parental management methods generated statistically relevant results. Children who received authoritative parenting had better chances of typical functioning at 23.1% even when their symptoms persisted beyond 24 months. However, children under authoritarian or permissive parenting showed much lower normal-range functioning at 9.1% and 0.0%, respectively. The data indicates that kids raised by authoritative parents show better symptom progression than other parenting methods, possibly through their development of adaptive coping skills.

Predictive Modeling: Factors Contributing to Symptom Severity

The research investigated the relationship between how parents raise their children and the emotional and behavioral symptoms children display. Statistical data collection analysis has generated important findings regarding the intricate relationship between parenting methods and child's psychological development.

Parenting Styles and Symptom Patterns

The research showed that parenting styles clearly correlate symptom patterns through statistical associations ($\chi^2 = 14.87$, $p = 0.005$). Children with authoritative parent figures improved significantly, as 50.7% functioned normally compared to 19.4% of children with authoritarian parents and 20.0% of those grown under permissive parenting. The research results match developmental psychology models, demonstrating how appropriate family discipline and emotional support yield optimal outcomes for children.

Two significant aspects explain the superior outcomes that emerge from authoritative parenting styles. The same factor makes authoritarian parenting successful: parents set strict guidelines together with emotional support to meet their child's needs. Such parenting methods enable children to develop self-regulation skills, emotional intelligence, and secure attachment relationships. The approach of authoritative parents allows children to grow independent while they keep an eye on their children to establish self-efficacy through supervision. Children under this parenting approach receive encouragement well-directed feedback, and suitable disciplinary responses instead of punitive measures, thus helping their emotional stability and self-esteem development.

The combination of authoritarian and permissive methods of parenting led to a more significant occurrence of emotional and behavioural symptoms among children. Children under authoritarian parenting displayed the most serious patterns, as 32.2% of them exhibited clinical symptoms, marking significant emotional and behavioural challenges. The unresponsiveness in authoritarian parenting styles next to strict parental demands leads to multiple mechanisms that result in negative developmental impacts. Children exposed to authoritarian parenting face harsh disciplinary methods that produce increases in fear along with anxiety and aggression. Children from authoritarian homes who lack emotional support and autonomy, as well as proper emotional support, tend to develop difficulties in emotion regulation, thus affecting their ability to use healthy coping strategies.

According to assessment results, 35.0% of children who received permissive parenting demonstrated clinical-range issues. High emotional responsiveness in the absence of demands in permissive parenting hinders children from developing self-regulation and appropriate behavioral limitations. Children need defined boundaries and regular parental teaching to develop inner control mechanisms and suitable social conduct. Students from permissive parental environments struggle with emotional and behavioral control within academic schools, which have rules to follow because their environments lack structure and boundaries.

The information collected through our study demonstrated minimal variations in how symptoms appeared based on authoritarian and permissive parenting techniques. There was an increased likelihood of clinical-range symptoms under both authoritarian and permissive parenting, but the mechanisms through which they lead to this outcome show possible variation. The 48.4% borderline-range symptom rate observed in children with authoritarian parents indicated a possible gradual development of symptoms because of the strict ruling methods they received. Children from permissive homes showed clinical-range symptoms at 35.0%, while those from authoritarian homes showed 32.2%. Permissive parenting may cause such elevated symptoms because

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of its lack of boundaries, which creates worse emotional and behavioral issues.

Family History and Symptom Patterns

Statistical analysis revealed a meaningful link between childhood symptoms based on psychological disorders existing in their families ($\chi^2 = 10.28$, $p = 0.006$). The children with positive family history presented significantly higher rates of borderline-range symptoms (49.2% versus 32.2%). Additionally, they documented higher clinical-range symptoms (25.4% against 15.3%) in comparison to children without similar family backgrounds. The study results highlight the essential role that genes and hereditary elements play in shaping the development of emotional and behavioural problems in children.

Family history of mental illness in children relates strongly to symptom development because it contains genetic components as well as environmental influences. Scientific research has found heritable tendencies of psychological conditions that include anxiety together with depression and attention-deficit/hyperactivity disorder (ADHD), as well as conduct problems. The genetic predispositions for particular conditions can be passed from parents to their children, even though the specific causes of psychological disorders remain unclear. The emotional and behavioural symptoms of children develop through parental psychological disorder because adults with this condition struggle to execute proper parenting methods and create inconsistencies that affect child development.

Research should explore the influence of these genetic and behavioural elements on each other. Children with family backgrounds involving psychological disorders are likely to demonstrate increased effects of parenting methods on their development. The structured, supportive environment provided by authoritative parenting acts as protection against hereditary risks in families where mental disorders exist. Authoritarian or permissive parenting methods tend to worsen genetic susceptibilities, thus leading to more assertive expressions of emotional disorders in children.

Symptom Duration and Symptom Patterns

Our study revealed how symptom duration strongly correlated with symptom patterns based on $\chi^2 = 23.04$ and $p < 0.001$. Sixty-one per cent of children exhibiting symptoms for less than six months belonged to the standard group, but this percentage decreased to 15 per cent among children whose symptoms endured for over 24 months. Children exhibiting clinical symptoms increased progressively with symptom duration starting at 9.7% for durations under 6 months up to 39.4% when symptoms persisted for more than 24 months.

Over time, children experience an increasingly severe progression of emotional and behavioural symptoms, establishing their potential to become chronic issues when left untreated. Different variables lead to this development. Routinized symptoms develop behavioural patterns in children and create challenges for treating their emotional and behavioural issues as time progresses. The duration of symptoms extends into secondary problems, including academic struggle pee,r isolation, and family tension, which intensify the original symptoms. Children who endure frequent exposure to harmful parenting styles will exhibit progressively more serious outcomes of emotional and behavioural symptoms during their development.

The connection between persistent symptoms shows the essential requirement for recognizing and dealing with childhood emotional issues from the beginning. Intervention at an early stage both helps existing emotional problems and blocks the further development of more serious prolonged disorders. Intervention during the first half-year after symptom detection becomes crucial when children present symptoms within this period since their outcomes suggest normal functioning at the best rates.

The research found that older children between 12-16 years old (27.8%) showed slightly more clinical-range behavioural symptoms than younger children between 4-7 years old (16.7%), although the difference was not statistically significant ($\chi^2 = 4.31$, $p = 0.366$). Older children might be more affected by their maladaptive parenting experiences and the rising academic expectations or developmental stages, which increase their vulnerability to emotional difficulties. The insufficient statistical evidence demonstrates that parenting behaviours substantially influence symptom manifestation more than age-related factors alone.

Our analysis demonstrated no considerable gender variations regarding the patterns of their symptoms ($\chi^2 = 0.62$, $p = 0.734$). Notwithstanding, male participants

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presented modestly elevated borderline range (42.6% vs. 39.7%) and clinical-range symptoms (22.1% vs. 18.9%) compared to their female counterparts. Contrary to several existing studies documenting differences between genders regarding emotional and behavioral symptoms, assessment findings showed no significant differences between male and female participants in this study. This study shows no substantial differences between genders because parental practices seem to influence boys and girls similarly when parents engage in authoritative, authoritarian, or permissive styles.

The residential environment (urban vs. rural) failed to generate substantial evidence linking it to symptom patterns according to chi-square and standard p values ($\chi^2 = 2.38$, $p = 0.304$). However, urban residents had a higher prevalence of normal-range functioning compared to rural residents at 43.2% and 30.8%, respectively, and rural residents reported more clinical-range symptoms at 25.0% against urban residents at 17.6% despite the trend's lack of statistical significance. A potential access issue persists among mental health services and parental educational resources and economic disparities between cities and country regions. Statistical verification could not establish whether parenting styles adapt to residential contexts or how they influence children's emotional and behavioral development.

Multivariate Analysis: Interaction of Factors

The complex nature of childhood symptoms demands analysis regarding how individual factors interact because our main study focused on simple bivariate examinations between single variables and symptomology. An additional research analysis was performed to understand how multiple factors worked together because they influenced symptom patterns.

The combined influence between family history records and parenting techniques showed specific, meaningful correlations. Children with psychological disorders in their family line obtained better outcomes when raised by authoritative parents than when exposed to authoritarian or permissive parenting. Children with a positive family history who had authoritative parenting showed 38.5 per cent normal ranges in mental health but only 12.1 per cent and 8.3 per cent from those experiencing authoritarian and permissive parenting. The study demonstrates that authoritative parenting abilities protect against genetic risks by providing emotional support with clear boundaries and effective strategies to handle problems.

Regular and significant relationships emerged from the research connecting parenting styles and symptom duration. Children who received authoritative parenting had better chances of typical functioning at 23.1% even when their symptoms persisted beyond 24 months. However, children under authoritarian or permissive parenting showed much lower normal-range functioning at 9.1% and 0.0%, respectively. The data indicates that kids raised by authoritative parents show better symptom progression than other parenting methods, possibly through their development of adaptive coping skills.

References

Bray, P. G., & Maerlender, A. (2024). Systems Change: Constructing an Adolescent Public Mental Health Model. In *Adolescent Public Mental Health: Why Systems Need Changing and How a Public Mental Health Approach Can Work* (pp. 61-86). Cham: Springer Nature Switzerland.

Blumberg, S. J., Bramlett, M. D., Kogan, M. D., Schieve, L. A., Jones, J. R., & Lu, M. C. (2013). *Changes in prevalence of parent-reported autism spectrum disorder in school-aged US children: 2007 to 2011-2012* (No. 65). US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., ... & Crawley, E. (2020). Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry*, *59*(11), 1218-1239.

Sanders, M. R. (2023). The Triple P system of evidence-based parenting support: Past, present, and future directions. *Clinical child and family psychology review*, *26*(4), 880-903.

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Weissman, M. M., Wickramaratne, P., Nomura, Y., Warner, V., Pilowsky, D., & Verdeli, H. (2006). Offspring of depressed parents: 20 years later. *American journal of Psychiatry*, *163*(6), 1001-1008.

Cobham, V., Radtke, S. R., Hawkins, I., Jordan, M., Ali, N. R., Ollendick, T. H., & Sanders, M. R. (2023). Evaluating a one-day parent-only intervention in the treatment of youth with anxiety disorders: Child and family-level outcomes.

Pinquart, M., & Kauser, R. (2018). Do the associations of parenting styles with behavior problems and academic achievement vary by culture? Results from a meta-analysis. Cultural Diversity and Ethnic Minority Psychology, 24(1), 75-100.

Baumrind, D., Larzelere, R. E., & Owens, E. B. (2010). Effects of preschool parents' power assertive patterns and practices on adolescent development. *Parenting: Science and practice*, *10*(3), 157-201.

Hosokawa, R., & Katsura, T. (2019). Role of parenting style in children's behavioral problems through the transition from preschool to elementary school according to gender in Japan. *International journal of environmental research and public health*, *16*(1), 21.

Rnic, K., Santee, A. C., Hoffmeister, J. A., Liu, H., Chang, K. K., Chen, R. X., ... & LeMoult, J. (2023). The vicious cycle of psychopathology and stressful life events: A meta-analytic review testing the stress generation model. *Psychological bulletin*, *149*(5-6), 330.

Rnic, K., Santee, A. C., Hoffmeister, J. A., Liu, H., Chang, K. K., Chen, R. X., ... & LeMoult, J. (2023). The vicious cycle of psychopathology and stressful life events: A meta-analytic review testing the stress generation model. *Psychological bulletin*, *149*(5-6), 330.

Filetti, C., Kane-Grade, F., & Gunnar, M. (2024). The development of stress reactivity and regulation in children and adolescents. *Current Neuropharmacology*, *22*(3), 395-419.

Stiver, C. A. (2023). *Maternal-youth Mental Health: Pathways from Maternal Depression to Youth Emotional/behavioral Problems and the Role of Race-ethnicity* (Doctoral dissertation, California State University, Northridge).

Maccoby, E. E., & Martin, J. A. (1983). Socialization in the context of the family: Parent-child interaction. In P. H. Mussen & E. M. Hetherington (Eds.), Handbook of child psychology: Vol. 4. Socialization, personality, and social development (4th ed., pp. 1-101). Wiley.

Darling, N., & Steinberg, L. (2017). Parenting style as context: An integrative model. In *Interpersonal development* (pp. 161-170). Routledge.

Steinberg, L., Lamborn, S. D., Darling, N., Mounts, N. S., & Dornbusch, S. M. (1994). Over-time changes in adjustment and competence among adolescents from authoritative, authoritarian, indulgent, and neglectful families. *Child development*, *65*(3), 754-770.

Tm, A. (2001). Manual for ASEBA School-Age Forms & Profiles. *University of Vermont, Research Center for Children, Youth & Families*.

Rouleau, T. (2024). *It's Not You, It's Me: Using Self-Determination Theory to Explore Personal Contributions to Relationship Quality Through Relationship Motivation and Behaviours* (Doctoral dissertation, Université d'Ottawa/University of Ottawa).

Kawabata, Y., Alink, L. R., Tseng, W. L., Van Ijzendoorn, M. H., & Crick, N. R. (2011). Maternal and paternal parenting styles associated with relational aggression in children and adolescents: A conceptual analysis and meta-analytic review. *Developmental review*, *31*(4), 240-278.

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

McKee, L., Roland, E., Coffelt, N., Olson, A. L., Forehand, R., Massari, C., ... & Zens, M. S. (2007). Harsh discipline and child problem behaviors: The roles of positive parenting and gender. *Journal of family violence*, *22*, 187-196