

“Parenting Styles and Behavioral Outcomes in Urban Children: A Cross-Sectional Study”

Dr. Sadia Sultana Kamolika¹, Dr. Mohammad Jane Alam^{2*}, Dr. Afroza Begum³

¹Lecturer, Department of Community Medicine and Public Health, Shaheed Suhrawardy Medical College, Dhaka, Bangladesh.

²Assistant Professor, Department of Gastroenterology, National Gastroenterology Institute and Hospital, Mohakhali, Dhaka, Bangladesh.

³Professor (visiting), Department of Community Medicine and Public Health, Armed Forces Medical Institute, Dhaka, Bangladesh

Corresponding Author:

Dr. Mohammad Jane Alam,

Assistant Professor, Department of Gastroenterology, National Gastroenterology Institute and Hospital, Mohakhali, Dhaka, Bangladesh.

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ABSTRACT

Background: Parenting plays a crucial role in shaping children’s behavioral and emotional development. Understanding the relationship between parenting styles and child behavior is essential for promoting healthy child development, particularly in urban communities of developing countries like Bangladesh.

Objective: This study aimed to assess the prevalent parenting styles in urban communities of Bangladesh, examine behavioral aspects of children aged 5–10 years, and explore the relationship between parenting styles and child behavior.

Methods: This cross-sectional study was conducted among 162 parents of children aged 5 to 10 years residing in two purposively selected urban areas of Dhaka city, namely AGB Colony, Motijheel, and Dhanmondi Residential Area, Bangladesh, from January, 2020 to December, 2020. Data were collected using a pretested semi-structured questionnaire through face-to-face interviews. Parenting practices were assessed using the Parenting Styles and Dimensions Questionnaire (PSDQ), while child behavior was evaluated with the parent-reported Strengths and Difficulties Questionnaire (SDQ).

Results: The mean age of respondents was 35.01 ± 6.18 years, with 70.4% females. Authoritative parenting was predominantly practiced (mean = 4.27 ± 0.45), followed by Authoritarian (1.68 ± 0.43) and Permissive (1.50 ± 0.62) styles. Children’s mean age was 7.48 ± 1.73 years, with 55.6% females. Most children fell within normal limits for total behavioral difficulties, though a notable portion exhibited abnormal prosocial behavior. Correlation analysis revealed that total behavioral difficulties, internalizing, and externalizing behaviors were positively associated with permissive and authoritarian parenting, but negatively associated with authoritative parenting. Prosocial behavior showed a positive association with authoritative style and a negative association with permissive and authoritarian styles.

Conclusion: Authoritative parenting is the most common style in the studied urban communities and is associated with positive child behavioral outcomes. Permissive and authoritarian parenting are linked to increased behavioral difficulties. These findings highlight the importance of promoting effective parenting practices to support children’s emotional and social development

Keywords: Parenting style, Authoritative, Authoritarian, Permissive, Child behavior, SDQ, Urban Bangladesh

1. INTRODUCTION

Parenting style can be defined as “the attitudes towards the child that are expressed through behavior, gestures, tone of voice, or the spontaneous expression of emotion” [1]. Parents have a profound influence on their children’s development, and numerous studies have highlighted the importance of parenting in shaping an individual’s overall growth. The parenting process encompasses all activities undertaken by parents for the well-being of their children. Among various approaches to understanding child development, the concept of parenting style has been extensively studied to explore its influence on both child development and the formation of a complete individual. Research has consistently shown that parenting style or

parental behavior is significantly associated with developmental outcomes such as academic performance, achievement strategies, self-regulated learning, self-efficacy, emotional and conduct behaviors, peer relationships, hyperactivity, and social functioning, ultimately impacting the well-being of the child [2,3].

Parenting style focuses on two major elements: parental responsiveness and parental demandingness (or control). Based on the early work of Baumrind (1966), parenting styles are categorized into authoritative, authoritarian, and permissive styles. Diana Baumrind's pioneering work in developmental psychology identified these styles: the authoritative style is characterized by high responsiveness and high demandingness, the authoritarian style by low responsiveness and high demandingness, and the permissive style by high responsiveness and low demandingness. [1,4] Demandingness refers to the degree to which parents attempt to control their child's behavior and enforce maturity, while responsiveness relates to how accepting and sensitive parents are to their child's emotional and developmental needs. Categorizing parents along high or low levels of demandingness and responsiveness further creates a typology of four parenting styles: authoritative, authoritarian, permissive, and uninvolved.[5]

Parenting has been defined in multiple ways, including the pattern of child-rearing that reflects parents' behaviors, care, love, and guidance. It represents the normative interactions through which parents respond to their child's performance and provide emotional, physical, social, and intellectual support. [6-8] From birth, children gradually develop their capacity to experience and express emotions, and parenting plays a critical role in shaping all aspects of a child's life. Parenting style is considered a relatively stable characteristic over time, providing a daily emotional and environmental context for child-rearing. In essence, parenting style reflects how parents lead, guide, and treat their children. [9-11]

Child behavior encompasses various dimensions, including emotional, conduct, hyperactivity, peer relationships, and social functioning. Problems in these behaviors are classified as internalizing or externalizing symptoms. Evidence shows that even young children can experience significant emotional and behavioral difficulties, which may negatively affect family life, academic performance, peer relationships, and socialization. If unaddressed, these difficulties can increase the risk of maladaptive behaviors and juvenile delinquency. Importantly, most behavioral problems are preventable, and early identification combined with appropriate parenting interventions can substantially mitigate these issues. [12-14]

Globally, epidemiological data indicate that up to 20% of children and adolescents experience a disabling mental illness, and 50% of all adult mental disorders have their onset during adolescence. Psychiatric disorders constitute a significant portion of the health-related burden, including Disability-Adjusted Life Years (DALYs) (World Health Organization, 2013). Behavioral disorders are a major component of these psychiatric conditions and significantly impact children's mental health. [15,16]

In Bangladesh, a developing country with a population of 165,639,794 as of January 31, 2021, children aged 0–14 years constitute approximately 27.21% of the population (2019 estimate). The first child and adolescent screening study reported a predictive prevalence of mental health problems of 17.9%, with emotional disorders at 10.5%, conduct disorders at 5.6%, and hyperkinetic disorders at 3.1% using the Strengths and Difficulties Questionnaire (SDQ). Among children aged 5–10 years, 11–21% had at least one ICD-10 psychiatric diagnosis across rural, urban, and urban slum areas. [17]

Parenting styles represent general patterns of child-rearing that can significantly influence children's behavior. Research has consistently demonstrated that parenting affects children's internalizing and externalizing behaviors, with lasting effects on emotional, cognitive, and social development. Parenting styles have been linked to outcomes such as aggression, emotional regulation, social interaction, and academic performance. [10,18,19]

Despite the importance of parenting style, research in developing countries, including Bangladesh, remains limited. Although child behavioral issues have received some attention, there is a substantial gap between need, service provision, and research. The influence of parenting style on child behavior has not received adequate focus, yet in a developing country context, appropriate parenting strategies could serve as a cost-effective intervention for early prevention, identification, and management of emotional and behavioral problems. [9,20]

Most studies on child behavior and parenting have been conducted in developed countries. A survey of leading psychiatric journals found that over 94% of articles were authored in Europe or North America. A review of publications between 2002 and 2012 showed that only 2.3% of articles included data from low- and middle-income countries over 11 years, highlighting a significant knowledge gap. [13,21]

This study aimed to assess the prevalent parenting styles in urban communities of Bangladesh, examine behavioral aspects of children aged 5–10 years, and explore the relationship between parenting styles and child behavior.

2. METHODOLOGY & MATERIALS

This cross-sectional study was conducted under the Department of Community Medicine and Public Health, National Institute of Preventive and Social Medicine (NIPSOM), Dhaka, Bangladesh, from January 2020 to December 2020. The study data were collected from 162 parents of children aged 5 to 10 years residing in urban areas. The study was carried out in two purposively selected urban areas of Dhaka city: AGB Colony, Motijheel, and Dhanmondi Residential Area.

These were the following criteria for eligibility as study participants:

Inclusion Criteria:

Both fathers and mothers were eligible to participate.

Parents of children aged 5 to 10 years.

Biological parents of the child.

Parents with a minimum educational qualification of Higher Secondary Certificate (H.S.C).

Parents who provided informed written consent.

Exclusion Criteria:

Parents with severe physical or mental illness.

Parents whose children had serious medical conditions.

Individuals with impaired consciousness.

Parents unable to participate for any reason.

Data Collection Procedure

Data were collected through face-to-face and telephone interviews. Prior to data collection, the purpose of the study was thoroughly explained to each eligible respondent, and written informed consent was obtained. Privacy and confidentiality of participants were maintained to the greatest extent possible. Each interview required approximately 20–25 minutes. The collected data were checked and verified daily, with any inaccuracies or inconsistencies corrected immediately.

Data Collection Instruments:

Parenting Style and Dimensions Questionnaire (PSDQ): to assess parenting styles.

Strengths and Difficulties Questionnaire (SDQ) – Parent Report: for screening child behavior.

Socio-demographic questionnaire: covering relevant background information.

Pre-test: A pre-test was conducted in the Mohakhali Wireless Gate area to ensure the clarity and feasibility of the instruments.

Data Quality Management: The researcher personally collected all data without appointing additional data collectors. The study instruments and variables were developed after an extensive literature review. The researcher regularly monitored the consistency and accuracy of the data throughout the collection period. Data entry and cleaning were performed concurrently with data collection, minimizing the likelihood of missing or irrelevant data. These measures ensured high-quality and reliable data for the study.

Statistical Analysis: All data were recorded systematically in a pre-formatted data collection form. Descriptive statistics were used to summarize the data, including frequency tables, bar charts, and pie charts. Categorical variables were presented as frequencies and percentages, while continuous variables were expressed as mean $\pm$ standard deviation. To address the study objectives, inferential statistical tests such as ANOVA, Chi-square test, independent t-test, and Pearson's correlation analysis were performed. A p-value <0.05 was considered significant. Statistical analysis was performed by using SPSS 25 (Statistical Package for Social Sciences). This study was ethically approved by the institutional Review Board (IRB) of National Institute of Preventive and Social Medicine (NIPSOM).

3. RESULTS

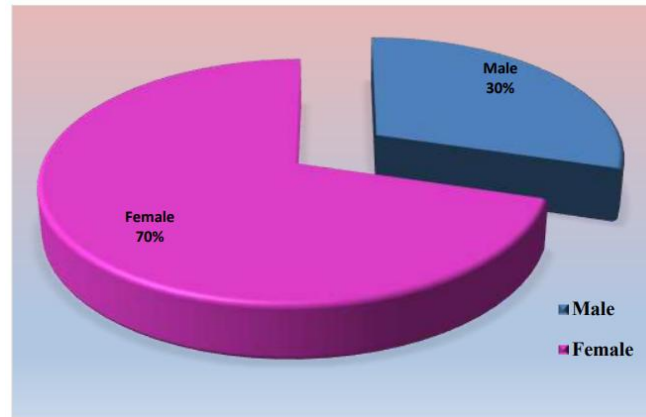
Table 1: Distribution of the Respondents According to Their Age (n = 162)

Age Category (years)	Frequency	Percent (%)
21–30	43	26.5
31–40	97	59.9
41–50	19	11.5
51–60	3	1.9
Total	162	100.0

Mean $\pm$ SD	35.01 $\pm$ 6.184
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Table 1 presents the age distribution of the respondents (n = 162). The mean age was 35.01 $\pm$ 6.18 years, with ages ranging from 21 to 55 years. The majority of respondents (97; 59.9%) were aged 31–40 years, followed by 43 (26.5%) in the 21–30 years group, 19 (11.5%) in the 41–50 years group, and only 3 respondents (1.9%) in the 51–60 years group.

Figure 1: Distribution of the respondents according to their Gender (n=162)



The pie chart illustrates the distribution of respondents by gender. It reveals that the majority of respondents were females (114; 70.37%), while male respondents accounted for 48 (29.63%).

Table 2: Distribution of Respondents and Their Partners According to Educational Status & Occupation (n = 162)

Educational Status	Respondents		Partners	
	Frequency	Percent (%)	Frequency	Percent (%)
Higher Secondary Level (H.S.C)	62	38.3	45	27.8
Graduate	20	12.3	27	16.7
Postgraduate	53	32.7	62	38.3
Medical Science	26	16.0	19	11.7
Engineering & Technology	1	0.7	9	5.6
Total	162	100.0	162	100.0
Occupational Status				
Service Holder	67	41.4	81	50.0
Housewife	43	26.5	18	11.1
Doctor	26	16.0	19	11.7
Businessperson	14	8.6	14	7.9
Self-employed	6	3.7	10	6.2
Unemployed	5	3.1	3	1.9
Engineer	1	0.6	6	3.7
Total	162	100.0	162	100.0

Table 2 presents the distribution of respondents and their partners by educational and occupational status. Most respondents had completed higher secondary education (38.3%), followed by postgraduates (32.7%) and those educated in medical science (16.0%). Similarly, most partners were postgraduates (38.3%), followed by graduates (16.7%) and those with higher secondary education (27.8%). Regarding occupation, the majority of respondents were service holders (41.4%), followed by housewives (26.5%) and doctors (16.0%). Most partners were also service holders (50.0%), with smaller proportions being doctors (11.7%), businesspersons (7.9%), or self-employed (6.2%).

Table 3: Distribution of Respondents According to Family Members, Number of Children, and Family Type (n = 162)

Demographic Attributes	Frequency	Percentage (%)
Number of Family Members		
2–5 persons	109	67.3
6–10 persons	47	29.0
11–15 persons	6	3.7
Number of Children		
1–2 children	135	83.3
3–4 children	26	16.0
5–6 children	1	0.6
Family Type		
Nuclear	119	73.5
Joint	43	26.5

Table 3 presents the distribution of respondents according to family members, number of children, and family type. It shows that the majority of respondents (109; 67.3%) had 2–5 family members, followed by 47 (29.0%) with 6–10 members, and only 6 (3.7%) with 11–15 members. Most respondents (135; 83.3%) had 1–2 children, while 26 (16.0%) had 3–4 children, and only one respondent (0.6%) had five children. Regarding family type, the majority of respondents (119; 73.5%) belonged to nuclear families, whereas 43 (26.5%) came from joint families.

Table 4: Distribution of Respondents According to Socio-Economic Attributes (n = 162)

Attributes	Frequency	Percentage (%)
Type of Residence		
Building with AC	22	13.6
Building without AC	71	43.8
Half building	2	1.2
Government colony	67	41.4
Total	162	100.0
Monthly Family Income		
10,000–50,000	76	46.9
50,001–100,000	44	27.2
100,001–150,000	14	9.0

Above 150,000	21	13.5
Total	155	95.7
Monthly Family Expenditure		
10,000–50,000	90	55.6
50,001–100,000	48	29.6
Above 1,00,000	17	10.4
Total	155	95.7

Table 4 presents the socio-economic attributes of the respondents. Most respondents lived in buildings without AC (71; 43.8%), followed by those living in government colonies (67; 41.4%), buildings with AC (22; 13.6%), and half buildings (2; 1.2%). Regarding monthly family income, the majority of families (76; 46.9%) earned 10,000–50,000 Taka, followed by 44 (27.2%) earning 50,001–100,000 Taka, 14 (8.6%) earning 100,001–150,000 Taka, and 21 (13.5%) earning above 150,000 Taka. In terms of monthly family expenditure, most families (90; 55.6%) spent 10,000–50,000 Taka, 48 (29.6%) spent 50,001–100,000 Taka, and 17 (10.4%) had expenditures above 100,000 Taka.

Table 5: Distribution of Respondents According to Their Childs Age and Gender (n = 162)

Child Demographic Attributes	Frequency	Percentage (%)
Age (years)		
5–6	54	33.3
7–8	56	34.7
9–10	52	32.1
Mean ± SD (years)	7.48 ± 1.73	
Sex		
Girl	90	55.6
Boy	72	44.4

Table 5 presents the distribution of respondents' children according to age and sex. The mean age of the children was 7.48 ± 1.73 years, with ages ranging from 5 to 10 years. Among them, the highest proportion of children (54; 33.3%) were aged 5–6 years, followed by 56 (34.6%) aged 7–8 years, and 52 (32.1%) aged 9–10 years. In terms of sex, the majority of the children were female (90; 55.6%), while male children accounted for 72 (44.4%).

Table 6: Distribution of Respondents According to Practiced Parenting Styles (n = 162)

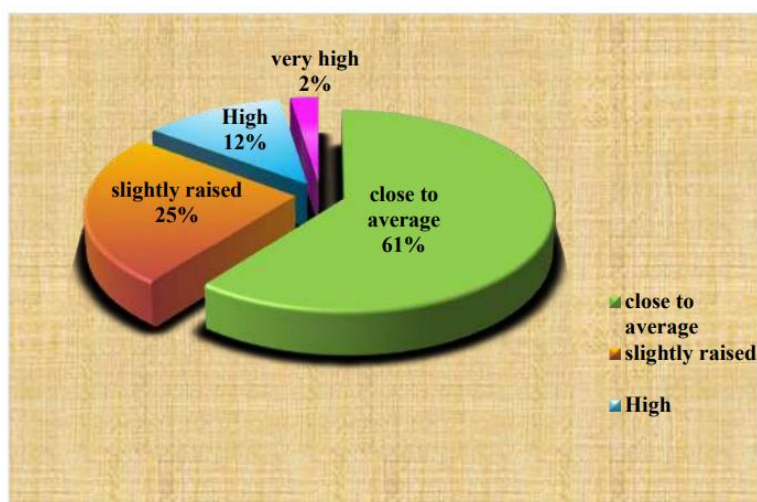
Parenting Style (PSDQ)	n	Mean	SD
Authoritative	162	4.27	0.451
Authoritarian	162	1.68	0.429
Permissive	162	1.50	0.624

Table 6 shows the mean scores of the three parenting styles practiced by the respondents. Authoritative parenting had the highest mean score (4.27 ± 0.451), followed by Authoritarian (1.68 ± 0.429) and Permissive (1.50 ± 0.624) styles, indicating that respondents predominantly practiced an authoritative approach.

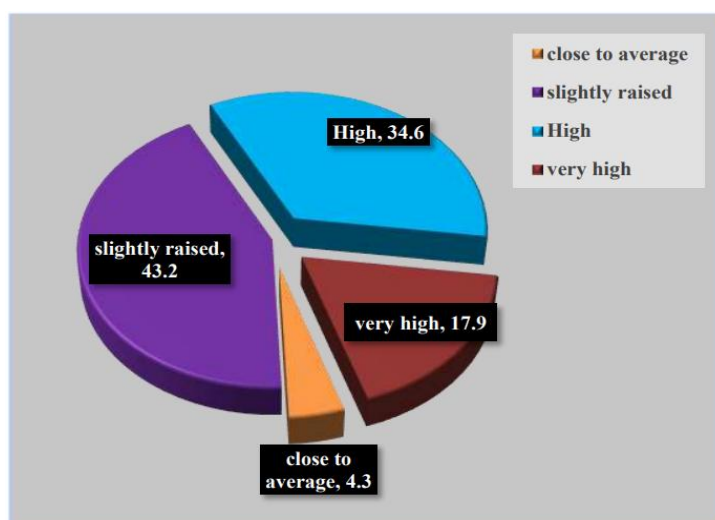
Table 7: Distribution of Respondents According to Child Behavior Subscales (n = 162)

Dimensions of Child Behavior	Mean	SD
Hyperactivity Score	4.00	1.729
Conduct Problem Score	3.07	1.741
Emotional Problem Score	2.82	2.385
Peer Relation Score	5.02	1.736
Pro-social Behavior Score	7.38	2.094

Table 7 presents the mean scores of various child behavior subscales. Among the dimensions, pro-social behavior had the highest mean (7.38 ± 2.094), followed by peer relations (5.02 ± 1.736), hyperactivity (4.00 ± 1.729), conduct problems (3.07 ± 1.741), and emotional problems (2.82 ± 2.385) among the children of the respondents.

Figure 2: Distribution of the respondents according to their child's externalizing behavior (n=162)

The pie chart depicts the distribution of children based on externalizing behavior scores. It shows that 61% of children were close to average, 25% were slightly raised, 12% were high, and 2% fell within the very high range.

Figure 3: Distribution of the respondents according to their child's internalizing behavior (n=162)

The pie chart illustrates the distribution of children according to internalizing behavior. It shows that 43.21% (70 children) had slightly raised scores, 34.57% (56 children) had high scores, 17.90% (29 children) had very high scores, and 4.32% (7 children) were close to average limits.

Figure 4: Distribution of the respondents according to their child's Total difficulty score (n=162)

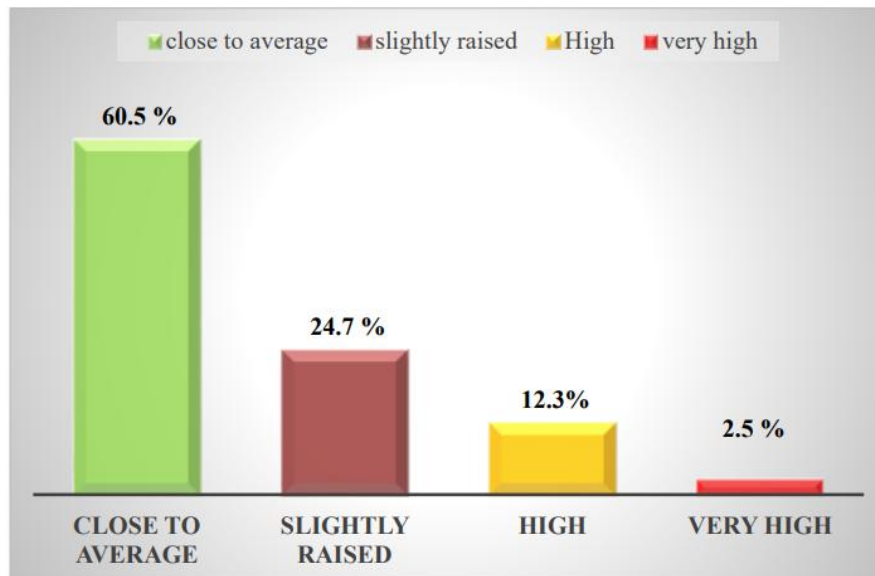


Figure 4 shows that most children, 98 (60.5%), had scores close to average, 40 (24.7%) were slightly raised, 20 (12.3%) had high scores, and 4 (2.5%) fell within the very high range.

Table 8: Correlation Coefficients Between Total and Subscale Scores of Parent-Reported SDQ (n = 162)

Scale/Subscale	Total Difficulties	Emotional	Conduct	Hyperactivity	Peer Problem	Prosocial	Internalizing	Externalizing
Total Difficulties	1							
Emotional	0.736**	1						
Conduct	0.609**	0.318**	1					
Hyperactivity	0.648**	0.302**	0.178*	1				
Peer Problem	0.444**	0.002	0.035	0.168*	1			
Prosocial	-0.161*	-0.383**	-0.281**	0.047	0.326**	1		
Internalizing	0.856**	0.809**	0.278**	0.342**	0.590**	-0.118	1	
Externalizing	0.819**	0.404**	0.769**	0.765**	0.131	-0.154	0.404**	1

Note: **Correlation is significant at the 0.01 level (2-tailed); *Correlation is significant at the 0.05 level (2-tailed).

Table 8 presents the correlation coefficients between the total difficulties score and subscale scores of the parent-reported SDQ. The results indicate that total difficulties were correlated with emotional, conduct, and hyperactivity subscale scores at levels ranging from weak to high ($r = 0.30-0.85$). The peer problem subscale showed a moderate positive correlation with

the total difficulties score ($r = 0.40$), whereas the prosocial behavior subscale exhibited a negligible negative correlation ($r = -0.16$). Additionally, the internalizing and externalizing problem subscales were strongly correlated with the total difficulties score ($r = 0.856$ and $r = 0.819$, respectively).

4. DISCUSSION

This cross-sectional study was conducted to explore the prevailing parenting practices and their relationship with child behavior among urban communities in Dhaka city, specifically in AGB Colony, Motijheel, and Dhanmondi. The study aimed to capture a realistic picture of urban child behavior using purposive sampling and face-to-face interviews, ensuring respondent privacy despite challenges posed by the COVID-19 pandemic.

Among the 162 respondents, authoritative parenting emerged as the most commonly practiced style (mean = 4.27), followed by authoritarian (mean = 1.68) and permissive (mean = 1.50). These findings are comparable to Grace Branjerdporn's 2019 study in Queensland, Australia, where the authoritative style was predominant among parents of children aged 4–12 years, measured using the same PSDQ scale (authoritative mean = 3.03, authoritarian mean = 0.70, permissive mean = 1.08) [22]. Similarities in findings are likely due to the use of the same scale, similar child age groups, and comparable demographic characteristics of the participants.

The mean age of respondents was 35.01 ± 6.18 years, with the majority aged 31–40 years (59.9%). Gender distribution showed a predominance of female respondents (70.37%), and most participants were Muslim (88.27%) and married (100%). Educationally, most respondents had completed higher secondary or higher studies, and occupationally, service holders and housewives were predominant. These demographic patterns are consistent with a Brazilian study where the parental mean age was 36.32 years, and authoritative parenting was most common [23].

Among children, the mean age was 7.48 ± 1.73 years, with a slightly higher proportion of females (55.5%). The distribution of educational levels ranged from nursery to class five, which is consistent with previous studies conducted in Dhaka city on primary school-aged children [24]. Gender differences in parenting styles were observed: authoritative parenting was more commonly practiced with male children, while the authoritarian style did not differ significantly between genders. These findings differ from a 2007 U.S. study, which reported boys receiving more harsh discipline than girls, likely due to socio-cultural differences, male preference in Bangladesh, and sample characteristics [25].

Regarding socio-economic status, 46.9% of families had a monthly income between 1,000–50,000 BDT, and 55.6% had monthly expenditures within the same range. Significant relationships were found between monthly income/expenditure and permissive or authoritarian parenting styles. This aligns with a 2020 Cyprus study, which reported that lower-income mothers were more authoritarian than higher-income parents [26]. Residential type was also associated with parenting styles: parents living in residential buildings tended to practice more permissive and authoritarian styles than those in government colonies, while authoritative parenting did not differ significantly. Similar findings were reported in Cyprus, where urban residence influenced both permissive and authoritative parenting styles [26].

Occupational status was significantly associated with authoritarian parenting ($p = 0.016$), with unemployed parents more likely to adopt a controlling, authoritarian approach. This aligns with a U.S. study by Arredondo (2006), which found that unemployed Latino parents were more likely to use authoritarian practices [27].

Correlation analysis revealed that total difficulties were positively correlated with emotional, conduct, and hyperactivity subscale scores ($r = 0.30$ – 0.85), while peer problems showed a moderate positive correlation ($r = 0.40$). Prosocial behavior had a negligible negative correlation with total difficulties ($r = -0.16$), and internalizing and externalizing problems were strongly correlated with total difficulties ($r = 0.856$ and $r = 0.819$, respectively). These results are consistent with findings by Mullick and Islam (2020) in Bangladesh, likely due to similar socio-cultural contexts, sample characteristics, and use of the SDQ scale [13].

Further, internalizing behavior was positively associated with permissive and authoritarian styles and negatively associated with authoritative parenting, consistent with a 2020 U.S. study [28]. Externalizing behavior showed a positive relationship with permissive and authoritarian styles and a negative relationship with authoritative style, in line with findings from Italy [29]. Prosocial behavior was positively correlated with authoritative parenting and negatively with permissive and authoritarian parenting, consistent with previous studies showing that altruism and prosocial behavior are significantly enhanced by authoritative parenting [30].

Finally, total difficulties in children were positively related to authoritarian and permissive parenting and negatively related to authoritative parenting, which aligns with findings from Sumargi et al (2020) and Rosli (2014) reflecting similar parental age, educational levels, employment status, and socio-economic conditions [31,32].

Overall, this study reinforces that authoritative parenting is the most prevalent style in urban Bangladeshi families and is associated with positive child behavioral outcomes, while authoritarian and permissive styles are linked to higher internalizing, externalizing, and total behavioral difficulties. These findings highlight the critical role of parenting style in shaping child development within the socio-cultural context of Bangladesh.

5. LIMITATIONS OF THE STUDY

This study had several limitations. The sample was drawn from urban areas of Dhaka city, which may limit the generalizability of the findings to the broader population of Bangladesh. Being a cross-sectional study, it was not possible to establish temporal or causal relationships between parenting styles and child behavior. Recall bias may have influenced the responses, as participants were required to report past symptoms and behaviors. Additionally, purposive sampling from selected areas may affect the external validity of the study. Finally, the ongoing COVID-19 pandemic and time constraints posed challenges to conducting face-to-face interviews, which may have impacted data collection.

6. CONCLUSION

This study conducted among 162 parents of children aged 5 to 10 years in selected residential areas of Dhaka city, provides insight into the predominant parenting styles in urban Bangladeshi society and their relationship with child behavior. The findings indicate that authoritative parenting is the most commonly practiced style, particularly among parents of male children. Parents residing in private residential areas were more likely to adopt authoritarian and permissive parenting styles compared to those living in government colonies. Most children fell within the normal range for total behavioral difficulties, although a substantial proportion exhibited abnormal prosocial behavior. Importantly, total behavioral difficulties, internalizing, and externalizing behaviors were positively associated with permissive and authoritarian parenting styles and negatively associated with authoritative parenting. In contrast, prosocial behavior was positively correlated with authoritative parenting and negatively correlated with permissive and authoritarian styles. Overall, these findings highlight the critical influence of parenting style on child behavioral outcomes, emphasizing the benefits of authoritative parenting for fostering positive social and emotional development in children.

7. RECOMMENDATIONS

The study highlights the significant relationship between parenting styles and child behavior, emphasizing the need for interventions that address behavioral challenges such as emotional, conduct, hyperactivity, peer relation, and prosocial difficulties. Parents should be guided on age-appropriate needs, setting limits, and serving as positive role models. Programs targeting both parents and children through government, non-government, and private organizations are recommended to promote effective parenting practices. Additionally, further research and parent-oriented interventions should be encouraged, as they offer cost-effective strategies for improving child outcomes in developing countries like Bangladesh.

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Ethical approval: This study was ethically approved.

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