

PARENTAL BURNOUT AMONG MARRIED PARENTS IN URBAN PAKISTAN: PREVALENCE, SOCIODEMOGRAPHIC CORRELATES, AND EMOTIONAL REGULATION PATTERNS — A CROSS-SECTIONAL STUDY

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ORIGINAL ARTICLE

ABSTRACT

Background: Parental burnout is a public health issue that is a growing concern because it is a state of parental role extinction, emotional distance from the children and a general feeling of incompetence. Although its adverse effects are well documented such as child neglect and breakdown in family bonding, there is almost no available empirical evidence on this issue in a collectivist society like Pakistan having a diverse socio-cultural risk profile of more than 230 million population. **Objective:** The aim of this cross-sectional study was to estimate the prevalence of parental burn out among married parents in urban Lahore, to explore the relationship between parental burnout and sociodemographic correlates (gender, education, professional activity, financial status) and to determine the link between parental burnout and emotion regulation. **Methods:** The study used a convenience sampling technique to recruit a total of 500 married parents (51.2% mothers and 48.8% fathers) with at least one child aged 2-12 years from community centers, school networks, and parenting groups in Lahore between June and October 2025. Parental Burnout Assessment (PBA; $\alpha = .985$) and Emotion Regulation Questionnaire (ERQ; $\alpha = .944$) were completed by trained interviewers. For analysis, Pearson correlations, point-biserial correlations and chi-square tests were employed. **Results:** A clinically significant prevalence of 27.2% was seen with 15.2% in a mild, 6.2% in a moderate, and 5.8% in a severe burnout level. There was a strong negative correlation between emotion regulation and parental burnout ($r = -.727$, $p < .001$). Burnout also was marginally slightly associated with gender ($r = .128$, $p = .004$) with mothers reporting marginally higher scores. The financial condition was weakly but significantly related to burnout ($r = .109$, $p = .015$), whereas professional activity and educational level were not related to burnout. **Conclusion:** Over a quarter of urban Pakistani parents exhibited clinically significant parental burnout, and emotion regulation proved to be the most significant protective factor. The results highlight the pressing need for culturally sensitive mental health interventions and policy interventions for parents in Pakistan.

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INTRODUCTION

Parenting though is a very unique practice that parents experience in their life, and is very delightful, pleasant and joyful. Sometimes it is very demanding and stressful, when there are not enough resources needed by parents to perform their responsibility of parenting and related burdens. Resultantly, parents may develop a various indicator that are collectively called a syndrome named as parental burnout.¹ Researchers have begun to investigate the consequences of parental burnout recently; however existing findings already highlight both the scope and

severity of its impact. Parents are at heightened risk when they strive for perfection in parenting, exhibit high levels of neuroticism, or lack effective emotional and stress management skills. Several studies reveal a counterintuitive finding i.e. both mothers and fathers experience equal measure of parental burnout with no discernible difference but at comparable rates, and prevalence² Developmental psychology identifies that besides several-factors such as; socioeconomic status, cultural influences, educational influences, the mental state of a parent is another vital factor that directly shapes the quality of parenting styles. Empirical evidence from numerous studies confirms that parent's poor well-being (e.g., high parenting stress or depressive symptoms) exhibit parenting styles that can hinder child development, while parents' robust psychological well-being facilitates positive child development.³ Numerous researches propose that one hand a child's young age may be hazardous and become a cause for parental burnout, mainly due to more dependency, intense needs/ demands of young age children (under five) which result in significant caregiving burden and vulnerable to parental stress.⁴ Emotional Regulation is perceived as a construct that involves a number of factors, and points to the method of using several methods by individuals to effect the timing, manifestation, intensity, and subjective experience of their emotions.⁵ The health of a family system, or its "functioning," also depends on internal emotional connections and the ability to resolve issues jointly. This is an individual's capacity for emotional regulation, which involves using various techniques to control how, when, and how strongly one feels and expresses emotions. Study suggest that a nuclear family structure may offer distinct advantages one of which is emotional regulation of those mothers and fathers who have children who require special needs⁶

Additional risk factors include insufficient emotional or practical support from a co-parent or the broader social network, or inadequate child-rearing practices, or caring for children with special needs. These partially or collectively disrupt the family functioning and the parents whether they are part-time working or the stay-at-home parents⁷ Given that burnout is a stress-related disorder, we define demands/risk factors as factors that significantly *increase* parental stress. Such stress-amplifying factors include parental perfectionism, low emotional intelligence, inadequate child-rearing practices, countless parental responsibilities, insufficient support from a co-parent, and limited external resources (e.g., family support, childcare services).⁸ In contrast, protective or resource factors are those that help to substantially reduce parental stress. Examples include parental self-compassion, high emotional intelligence, effective child-rearing practices, and opportunities for leisure, positive co-parenting, and the level of available external support, etc.²

Pakistan offers a uniquely important context: it is the world's fifth most populous country, with collectivist family structures, patriarchal norms, gender-based role asymmetries, rising economic and urbanization pressures, and a severely under-resourced mental health system. Despite these risk factors, no published study has assessed parental burnout prevalence in a Pakistani urban population using validated instruments, nor examined its

sociodemographic correlates or its relationship with emotion regulation in this setting. Addressing these gaps, the present study conducted the first cross-sectional investigation of parental burnout prevalence and its correlates among 500 married parents in urban Lahore, using the Parental Burnout Assessment and the Emotion Regulation Questionnaire.

MATERIALS AND METHODS

Study Design: This analytical cross-sectional study

Study Setting: The study was conducted in Lahore, Punjab, Pakistan,

Duration: The study was done over a period of six months, from June 2025 to October 2025.

Study Population: The target population comprised married or cohabiting parents aged 18–60 years who were the primary caregivers of at least one child aged 2–12 years and resided in urban areas of Lahore, Pakistan.

Sample Size: The required sample size was estimated using the single population proportion formula for cross-sectional studies:

$$n = \frac{Z^2 P(1 - P)}{d^2}$$

where $Z = 1.96$ at the 95% confidence level, $P = 0.50$ (maximum variability), and $d = 0.05$ (margin of error). The minimum required sample size was approximately 384 participants. After adding a 20% allowance for incomplete responses and non-response, the target sample size was increased to 500 participants, all of whom completed the study.

Sampling Technique: Participants were recruited using a non-probability convenience sampling technique through schools, community centers, workplaces, and parenting groups across Lahore.

Eligibility Criteria

Inclusion Criteria

Participants fulfilling all of the following criteria were included:

- Married or cohabiting mothers and fathers.
- Aged 18–60 years.
- Primary caregiver of at least one child aged 2–12 years.
- Able to communicate in Urdu or English.
- Willing to provide informed consent.

Exclusion Criteria

Participants were excluded if they:

- Were single, divorced, or widowed.
- Were not the primary caregiver of a child aged 2–12 years.
- Had a child with a severe chronic illness requiring continuous hospitalization or full-time caregiving (e.g., advanced cancer, severe autism spectrum disorder, profound intellectual disability, spinal cord injury).

- Had a diagnosed major psychiatric disorder or were receiving treatment for an acute psychiatric condition that could substantially affect functioning.
- Had current alcohol or substance dependence.
- Had severe cognitive impairment or were unable to complete the questionnaire.
- Had children permanently living with another caregiver.

Research Instrument

Data were collected using a structured, interviewer-administered questionnaire comprising two sections. The first section gathered participants' sociodemographic information, including age, gender, educational level, professional activity, financial status, and other relevant family characteristics. The second section consisted of two standardized psychological instruments: the Parental Burnout Assessment (PBA) developed by the International Investigation of Parental Burnout (IIPB), led by Moira Mikolajczak and Isabelle Roskam, comprising 23 items to assess parental burnout, and the Emotion Regulation Questionnaire (ERQ) consisting of 12 items designed to evaluate emotional regulation strategies. Both instruments have demonstrated satisfactory psychometric properties in previous studies. In the present study, their internal consistency was assessed using Cronbach's alpha and intraclass correlation coefficients (ICC).

Data Collection Procedure

Data were collected over a five-month period from June to October 2025 using interviewer-administered questionnaires. Eligible participants were recruited from community settings, schools, workplaces, and residential areas in Lahore, Pakistan, after obtaining written informed consent. Trained data collectors administered the questionnaire following a standardized protocol to ensure consistency throughout the data collection process. All interviewers received uniform training before the commencement of the study and followed identical interviewing procedures, including administering the questionnaire in the same sequence for every participant. Participant anonymity and confidentiality were strictly maintained throughout the study, and all collected information was used solely for research purposes. The primary outcome of interest was parental burnout, measured using the Parental Burnout Assessment (PBA). Emotional regulation, assessed using the Emotion Regulation Questionnaire (ERQ), was considered the primary explanatory variable. Scores for both instruments were calculated according to the respective developers' scoring guidelines, with higher scores indicating greater parental burnout and higher levels of emotional regulation.

Data Analysis

Data were entered, cleaned, and analyzed using IBM SPSS Statistics version XX. Descriptive statistics were used to summarize the study variables, with categorical variables presented as frequencies and percentages, while continuous variables were reported as mean $\pm$ standard deviation or median with interquartile range (IQR), depending on the normality of data distribution. The internal consistency of the study instruments was evaluated using Cronbach's alpha and intraclass correlation coefficients (ICC) with corresponding 95% confidence intervals. Pearson's correlation coefficient was used to examine the relationship between emotional regulation and parental burnout, as well as the association of selected sociodemographic variables with the study outcomes. The association between professional activity and parental burnout categories was assessed using the Chi-square test of independence, and Spearman's rank correlation coefficient was

employed to evaluate ordinal trends where appropriate. All statistical tests were two-tailed, and a p-value of less than 0.05 was considered statistically significant.

Ethical Considerations

Ethical approval for the study was obtained from the relevant Institutional Review Board before the commencement of data collection. Written informed consent was obtained from all participants after explaining the objectives and procedures of the study. Participation was entirely voluntary, and participants were assured that their identities would remain confidential and that all information would be anonymized and used exclusively for research purposes. The study was conducted in accordance with the ethical principles of the Declaration of Helsinki and was reported following the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines.

RESULTS

Participant Characteristics

A total of 500 parents participated in the study, including 256 (51.2%) mothers and 244 (48.8%) fathers. Educational attainment was well distributed across primary (25.8%), secondary (25.8%), bachelor's (26.0%), and master's/PhD (22.4%) levels. Slightly more than half of the participants were professionally active (52.8%), while 47.2% were not. Participants represented a broad range of socioeconomic backgrounds, with approximately one-quarter falling into each financial category. Detailed demographic characteristics are presented in Table-1

Reliability and Distribution of Study Variables

The Parental Burnout Assessment (PBA) demonstrated excellent internal consistency (Cronbach's $\alpha = 0.985$; ICC = 0.735, 95% CI: 0.709–0.760). Similarly, the Emotion Regulation Questionnaire (ERQ) showed excellent reliability (Cronbach's $\alpha = 0.944$; ICC = 0.584, 95% CI: 0.551–0.617). Overall, 27.2% of participants experienced mild-to-severe parental burnout, whereas 72.8% reported no or very mild burnout. Most participants (70.0%) exhibited moderate-to-high emotional regulation (Table 1).

Association Between Emotional Regulation, Sociodemographic Factors, and Parental Burnout

A strong negative correlation was observed between emotional regulation and parental burnout ($r = -0.727$, $p < 0.001$), indicating that higher emotional regulation was associated with lower burnout levels. Parents' gender demonstrated a weak positive correlation with parental burnout ($r = 0.128$, $p = 0.004$), whereas no significant association was found with emotional regulation ($p = 0.954$). Educational level was not significantly associated with parental burnout ($p = 0.051$) or emotional regulation ($p = 0.268$). Financial status showed a weak positive correlation with parental burnout ($r = 0.109$, $p = 0.015$) but was not associated with emotional regulation ($p = 0.066$). Although a weak negative Spearman correlation was observed between professional activity and parental burnout ($\rho = -0.091$, $p = 0.042$), the Chi-square test showed no statistically significant association between professional activity and burnout categories ($\chi^2 = 6.39$, $p = 0.172$), indicating no practically meaningful relationship (Table 2).

Table 1. Participant Characteristics, Reliability of Outcome Measures, and Distribution of Study Variables (N = 500)

Variable	Category	n (%) / Statistic
Gender	Father	244 (48.8)
	Mother	256 (51.2)
Educational level	Primary	129 (25.8)
	Secondary	129 (25.8)
	Bachelor's	130 (26.0)
	Master's/PhD	112 (22.4)
Professional activity	Yes	264 (52.8)
	No	236 (47.2)
Socioeconomic status	Cannot afford basic necessities	123 (24.6)
	Insufficient income	129 (25.8)
	Enough income	117 (23.4)
	More than enough income	131 (26.2)
Parental Burnout	None	5 (1.0)
	Very mild	359 (71.8)
	Mild	76 (15.2)
	Moderate	31 (6.2)
	Severe	29 (5.8)
Emotional Regulation	Low	150 (30.0)
	Moderate	299 (59.8)
	High	51 (10.2)
Scale reliability	PBA (23 items)	$\alpha = 0.985$; ICC = 0.735 (95% CI: 0.709–0.760)
	ERQ (12 items)	$\alpha = 0.944$; ICC = 0.584 (95% CI: 0.551–0.617)

Abbreviations: PBA = Parental Burnout Assessment; ERQ = Emotion Regulation Questionnaire; ICC = Intraclass Correlation Coefficient.

Table 2. Correlation of Emotional Regulation and Sociodemographic Factors with Parental Burnout (N = 500)

Variable	Parental Burnout r (p-value)	Emotional Regulation r (p-value)
Emotional regulation	-0.727 (<0.001)	—
Parents' gender	0.128 (0.004)	0.003 (0.954)
Educational level	-0.087 (0.051)	0.050 (0.268)
Financial status	0.109 (0.015)	-0.082 (0.066)
Professional activity†	-0.091 (0.042)	—

†Professional activity was also assessed using the Chi-square test ($\chi^2 = 6.39$, $df = 4$, $p = 0.172$), indicating no significant association between employment status and parental burnout categories.

DISCUSSION

Firstly, we cannot ignore the fact that more than 27.2% reported high levels of burnout, much higher than what is usually found in larger surveys. This is no ordinary fatigue, much more a type of exhaustion typical of parental burnout. Although the sample had parents from several economic backgrounds and uniformly fragmented between mothers and fathers, however this widespread exhaustion suggests that the phenomenon cuts across typical demographic lines. This is all the more important since these facts suggest that “accumulative stress of modern parenting expectations” and (local or global) crises are picking up momentum in a snowballing fashion. It gives an alarming reminder of the types and intensity of stresses and strains many caregivers may be carrying in future. A significant result of this study shows that an important protection against burnout is ability of a parent to control own emotions and the effectiveness of this protection strongly depends on parenting style used for parenting children.^{11, 12} Emotional regulation was very strong and effective for parents who described their approach as authoritative (high warmth and high communication), while parents who described their approach as authoritarian (high control and high demands) showed emotional regulation as moderately strong and effective. In both cases, the better a parent was at handling his emotions regulation, the less burned out he experienced.¹³ Gender was weakly but significantly associated with parental burnout ($r = .128$, $p = .004$), indicating a small difference between mothers and fathers. This is broadly consistent with the international literature, which has repeatedly documented that mothers report higher mean levels of burnout than fathers (¹⁴). A recent Brazilian study reinforced this pattern, finding that mothers scored significantly higher on burnout even in families where paternal

involvement was equal to maternal involvement, a difference the authors attributed partly to gender differences in stress-coping and emotion regulation¹⁵. The small magnitude of the effect in our sample, however, suggests that in the Pakistani context the gender gap may be narrower than that observed in some Western samples — a possibility that warrants attention given the markedly different distribution of domestic and caregiving labor, and the strongly gendered role expectations, that characterize Pakistani family life.^{6, 16} The effect size should be interpreted with caution, as it accounted for less than 2% of the variance in burnout. Parental burnout was significantly, but weakly, correlated with financial status ($r = .109$, $p = .015$), but not with education level ($r = -.087$, $p = .051$) or the professional activity (χ^2 non-significant). The financial-status finding is in line with the family stress perspective and with recent research that socioeconomic status influences burnout risk, as in a 2024 study of Chinese mothers, which reported that socioeconomic status was a moderator of the relationship between parenting stress and burnout.¹⁷ and socioeconomic strain is consistently identified as a microsystem-level risk factor in reviews of the field¹. This is especially notable in Pakistan where some of the formal social safety nets are limited and financial inadequacy can manifest more clearly as parenting strain compared to contexts in what is considered to be the western world.¹⁸ The direction of this association in your data should be stated explicitly in light of how financial status was coded. The lack of significance of educational level differs from some previous studies that found education to be a correlate with burnout, such as a Pakistani study conducted on parents of children with autism where the parents' educational status was found to be significantly associated with burnout.⁶ This difference may be due to the limited, non-clinical nature of the present sample, or to the fairly uniform educational level of the participants in the present study. Likewise, the lack of an employment effect is of interest: work–family conflict is a known burnout risk factor,¹⁹ employment status per se has shown inconsistent effects internationally, with some evidence that full-time work can be protective rather than detrimental.²⁰ This suggests that it is the *experience* of work–family conflict, rather than employment status as a category, that carries the burden of risk — a distinction your moderation analyses are well positioned to examine.

Limitations

This study has several limitations. First, its cross-sectional design precludes causal inference between emotional regulation and parental burnout. Second, the use of convenience sampling limits the generalizability of the findings to urban married parents in Lahore. Third, all data were self-reported, which may have introduced recall and social desirability bias. Finally, the use of composite scores for emotional regulation may have obscured the individual effects of specific emotion regulation strategies.

CONCLUSION

This study provides one of the first estimates of parental burnout among urban married parents in Pakistan, demonstrating that 27.2% experienced mild-to-severe burnout. Emotional regulation showed a strong negative

association with parental burnout, indicating that parents with better emotional regulation experienced lower levels of burnout. Gender and financial status demonstrated weak but statistically significant associations with parental burnout, whereas educational level and professional activity were not significantly associated. These findings suggest that emotional regulation may represent an important modifiable factor for reducing parental burnout and support the development of culturally appropriate interventions to promote parental mental well-being in Pakistan.

Recommendations

Longitudinal studies are recommended to establish causal relationships between emotional regulation and parental burnout. Future research should include participants from rural and diverse socioeconomic settings to improve generalizability and should explore the experiences of underrepresented groups, including single parents and parents of children with special needs. Qualitative and mixed-methods studies may provide further insight into the cultural and contextual factors influencing parental burnout. Additionally, intervention studies evaluating culturally adapted emotional regulation programs are warranted to determine their effectiveness in reducing parental burnout. Policymakers should consider incorporating parental mental health into family health and public health programs to improve psychological well-being and strengthen family support systems.

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