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Toxic Parenting, Educational Neglect and the Psychological Well-Being of Young Adults in Pakistan: A Secondary-Data Study in Comparative International Perspective

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Abstract
Family relationships and educational environments are the two most proximal developmental systems in which psychological well-being is shaped. This article examines what is known about the relationship between two exposures—harmful parenting (operationalised through the measured constructs of parental psychological control, parental rejection, harsh and violent discipline, and emotional unavailability) and educational disadvantage in the family and school environment—and the psychological well-being of young adults in Pakistan, placing the Pakistani evidence in comparative international perspective. The study is a secondary-data, document-based synthesis. No primary data were collected. It integrates Pakistan's 7th Population and Housing Census (2023), the Pakistan Demographic and Health Survey (2017–18), provincial Multiple Indicator Cluster Surveys, the National Psychiatric Morbidity Survey of Pakistan (2022), Pakistan Education Statistics, the Pakistan Economic Survey (2024–25), and World Bank, UNESCO, WHO and UNICEF datasets, and reads these against the international parenting, adverse-childhood-experience (ACE) and adolescent mentalhealth literatures. Four conclusions are supported. First, Pakistan's population structure gives young-adult wellbeing unusual weight: 26 per cent of the population (62.58 million) is aged 15–29. Second, exposure to violent and psychologically aggressive discipline of children is high in the provinces and territories for which survey data exist: past-month prevalence of any violent discipline ranges from 55.3 to 85.0 per cent across four reporting rounds conducted between 2014 and 2020. Third, the education system is characterised by large-scale exclusion and low learning: 25– 26 million children aged 5–16 are out of school and 77–80 per cent of children are "learning poor." Fourth, measured psychological distress among young adults is high and system capacity is very low: pooled depressive-symptom prevalence among Pakistani university students is 42.7 per cent (95% CI 34.8–50.9), national current psychiatric morbidity is 32.28 per cent, and there are

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approximately 0.19 psychiatrists per 100,000 population. Two methodological cautions frame the entire analysis. First, the national education indicators used here—out-of-school counts, learning poverty, attrition, public expenditure—are structural measures of the education system, not measures of parental educational neglect. They are consistent with, but do not establish, family-level neglect, because they are also produced by poverty, school availability, distance, child labour, gender norms, displacement and government policy. Second, the design is cross-sectional, ecological and secondary; it cannot support causal claims about Pakistan. The article therefore reports associations, co-occurrence and theoretical plausibility, and states explicitly where the evidence runs out.

Keywords: harmful parenting; psychological control; educational neglect; structural educational disadvantage; psychological well-being; young adults; Pakistan; adverse childhood experiences; corporal punishment; out-of-school children; learning poverty

INTRODUCTION

The family is the first, and for most of the life course the most consequential, developmental context a person experiences. A large international literature associates the quality of parent–child interaction—warmth, responsiveness, consistent and non-coercive discipline, and respect for a child's psychological autonomy—with emotional and behavioural adjustment across cultures (Baumrind, 1966; Maccoby & Martin, 1983; Khaleque & Rohner, 2002; Pinquart, 2017). The educational environment is the second major proximal system: school access, instructional quality and the emotional tenor of academic life are associated with cognitive development, self-concept and mental health (UNICEF, 2021; World Bank & UNESCO, 2019). Where either system is persistently harmful, the international literature indicates that the correlates of that harm can persist into adulthood (Hughes et al., 2017; Repetti et al., 2002).

Pakistan makes this a question of unusual magnitude. The 2023 census recorded 241.49 million people, with 62.58 million (26.0 per cent) aged 15–29 and 40.56 per cent under 15 (Pakistan Bureau of Statistics [PBS], 2023; Ministry of Finance, 2025). The country also records a high measured prevalence of violent child discipline (Global Initiative to End All Corporal Punishment of Children, 2024), one of the world's largest out-of-school populations (UNICEF, 2024), high learning poverty (World Bank, 2024), and a mental-health system with very low capacity (Rahman et al., 2024).

"Toxic parenting" is not a diagnostic category. It is a descriptive umbrella term popularised in clinical writing (Forward, 1989). Empirical research examines the patterns the term points to through specific, measurable constructs: parental psychological control (Barber, 1996; Soenens et al., 2010), parental rejection (Rohner, 2004), harsh or violent discipline, and emotional unavailability (Yap et al., 2014). This article retains the umbrella term for descriptive clarity but measures only the constructs, and does not treat any single parenting style as inherently toxic (Kuppens & Ceulemans, 2019).

"Educational neglect" is a family-level construct and is not the same thing as national educational disadvantage. In the child-protection literature, educational neglect refers to a caregiver's persistent failure to meet a child's educational needs—chronic non-attendance permitted by the caregiver, failure to enrol an available child, refusal of recommended remedial support. It is a *behaviour of a family*. By contrast, national statistics on out-of-school children, learning poverty, attrition and education spending are *properties of a system*. A child may be out of school because

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the household withholds support; equally, because the family cannot afford fees, the nearest school is ten kilometres away and unsafe to reach, the child's labour is needed for household survival, there is no girls' school in the village, the family is displaced, or the state has not built or staffed a school. These are different phenomena with different causes and different remedies, and the aggregate data used in this article cannot separate them.

This distinction is maintained throughout the paper. Where the article reports national education indicators, it labels them structural educational disadvantage. Where it reports family-level measurement, it labels it as such. Section 2.4 sets out the level-of-analysis rules that govern every claim; Section 11.5 states plainly what the available evidence cannot establish about parental educational neglect in Pakistan.

"Psychological well-being" is treated here as the absence of clinically significant psychological distress and disorder, measured through validated symptom prevalence and diagnostic survey estimates. It is not treated as a single number: university-student symptom screening, national diagnostic survey estimates and suicide indicators measure different things in different populations, and are not pooled.

Problem Statement

Official Pakistani statistics document, separately, a high measured prevalence of violent and psychologically aggressive discipline of children and a large, inequitable pattern of educational exclusion and low learning. Separate again, mental-health surveys document a high burden of psychiatric morbidity in adults and pooled estimates document high depressive-symptom prevalence among university students. These three evidence streams are produced by different institutions, on different populations, in different years, and are almost never read together. The result is a specific, describable gap. Conceptually, it is unclear whether harmful parenting and adverse educational conditions are independent, additive or interacting correlates of poor well-being among Pakistani young adults—and, more fundamentally, whether the educational indicators available measure family behaviour at all. Practically, policymakers have no integrated evidence base from which to design family-, school- and health-system interventions, and no clear statement of which problems are family-level and which are structural. This article addresses the gap by integrating the streams into one comparative account, separating family-level from structural evidence, and stating the limits of what the integration supports.

Research Objectives

- To synthesise and critically evaluate international and Pakistan-specific evidence on how measured harmful-parenting constructs and educational conditions relate to the psychological well-being of young adults.
- To quantify, from official and international datasets, the scale and distribution of (a) violent and psychologically aggressive child discipline and (b) structural educational disadvantage in Pakistan, and to state clearly what these indicators do and do not measure.
- To quantify the psychological-distress burden among Pakistani young adults using pooled and nationally representative estimates, and to characterise mental-health system capacity.
- To situate Pakistan against regional and high-income comparators on education investment, participation, learning, youth development and system capacity.

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- To identify agreements, contradictions and gaps across sources, and to derive a policy agenda that distinguishes family-level from structural interventions.

Research Questions

1) What is the measured prevalence and distribution of violent and psychologically aggressive discipline of children in Pakistan, and how does it compare internationally?
2) What is the scale and distribution of structural educational disadvantage in Pakistan—exclusion, low learning quality and attrition—and how does it vary by sex, wealth and region? What, if anything, can these indicators establish about family-level educational neglect?
3) What is the psychological-distress burden among Pakistani young adults, and how does it compare with pooled estimates for other student populations?
4) What do the international and Pakistan-specific literatures indicate about the association between harmful parenting and psychological well-being, through what proposed mechanisms, and with what cultural qualifications?
5) How does Pakistan compare with regional and high-income peers on education investment, youth development and mental-health capacity, and what policy implications follow?

Rationale and scope

The evidence connecting harmful parenting and educational conditions to young-adult wellbeing in Pakistan is fragmented: child-protection surveys, education statistics and mental-health surveys are produced by different institutions, on different populations, in different years, and are rarely read together. Internationally, the relevant constructs are well studied but rarely in combination and rarely in Pakistan with nationally representative samples. This article addresses that fragmentation by synthesising the available evidence into one comparative account, while stating explicitly what the synthesis can and cannot support.

The study covers young adults in Pakistan, approximately ages 15–29, with comparator data from India, Bangladesh, China, Türkiye, Indonesia, Malaysia, the United Kingdom and the United States. It is comparative and descriptive, not causal.

LITERATURE REVIEW

Barber (1996) distinguished psychological control—behaviour that constrains, invalidates or manipulates a child's psychological experience through guilt induction and love withdrawal—from behavioural control, which regulates conduct through rules and supervision. Soenens et al. (2010) further distinguished dependency-oriented from achievement-oriented psychological control; the latter, directed at meeting parental performance standards, is the form most relevant to examination-oriented systems.

Khaleque and Rohner's (2002) meta-analysis of 43 studies (7,563 respondents, 15 nations) found the predicted association between perceived parental acceptance– rejection and psychological adjustment in every study, with mean weighted effect sizes of r = .51 for children and .46 for adults. This is among the strongest cross-cultural regularities in the field, and it is the main warrant for treating international findings as relevant to Pakistan.

The CDC–Kaiser ACE study (Felitti et al., 1998) established graded associations between childhood adversity and adult disease. Hughes et al.'s (2017) meta-analysis of 37 studies (253,719 participants) found that adults with four or more ACEs had substantially elevated

pooled odds of poor mental health, including depression (OR ≈ 4.4), problematic drug use (OR ≈ 10.2) and suicide attempts (OR ≈ 30.1).

Hughes et al.'s included studies were predominantly cross-sectional (26 of 37) and all relied on retrospective self-report of exposures, and high-risk populations were excluded; the review therefore supports strong *association*, and the authors do not claim to have established causation. Pinquart's (2016, 2017) meta-analyses likewise report evidence of bidirectionality: children's difficulties also predict subsequent parenting. Any account that treats parenting as a one-way cause is not supported by the literature this article reviews.

Baumrind's (1966) authoritative/authoritarian/permissive typology, extended by Maccoby and Martin (1983) to include the neglectful/uninvolved quadrant, organises parenting along responsiveness and demandingness. Large-sample work associates authoritative parenting with better adjustment and neglectful parenting with poorer adjustment (Lamborn et al., 1991; Steinberg et al., 1994). Darling and Steinberg (1993) distinguish parenting *style* (emotional climate) from parenting *practices* (specific behaviours), arguing that style shapes how practices are experienced—an idea central to this article, because the same practice (monitoring, high expectations) can be experienced as support or as pressure.

Kuppens and Ceulemans (2019) argue that style research underrepresents psychological control, so that a "strict but warm" parent is not harmful by virtue of control alone. The style typology therefore cannot carry the weight the term "toxic parenting" implies, and this article does not use it that way.

Pakistani empirical work is small but unusually informative, because it complicates the universalist reading. Qadir et al. (2005) validated the Parental Bonding Instrument among 86 young Pakistani women in Islamabad/Rawalpindi, recovering the two-factor care/overprotection structure with high internal consistency (Cronbach's α = .91 and .80) and a three-factor solution in which overprotection split into "encouragement of behavioural freedom" and "denial of psychological autonomy." Concurrent validity was supported against psychological morbidity and marital satisfaction. This establishes that the constructs are measurable in Pakistan—and, given the small convenience sample, that national generalisation is not licensed.

Control is not uniformly associated with worse academic outcomes. Masud et al. (2019), in a cross-sectional study of 456 adolescents in Peshawar, found affectionless control the most common pattern for both fathers (73 per cent) and mothers (35 per cent); higher socioeconomic status, father's education and higher paternal care were independently associated with better grades; and paternal affectionless control was independently associated with *higher* grades (adjusted OR 3.23, 95% CI 1.30–8.03). The authors explicitly cautioned that the emotional and psychosocial consequences of affectionless control require investigation before recommendations are made.

Control's psychological association runs in different directions by type. Frost et al. (2024), studying 828 mothers in rural Pakistan using the PBI and a structured clinical interview, found parental care associated with lower probability of depression (B = −0.19, SE = 0.09) and parental protection with higher probability (B = 0.25, SE = 0.11). Within protection, behavioural control was associated with increased depression risk (B = 0.24) while psychological control was associated with decreased risk (B = −0.28)—the reverse of the standard international expectation

for psychological control. The study is cross-sectional, uses retrospective recall, and covers mothers' own mothers only.

The Pakistani studies do not contradict the international literature on rejection and low warmth; Frost et al. (2024) is consistent with it on care. They *do* contradict a simple universal claim about psychological control, and Masud et al. (2019) shows that academic performance and psychological well-being can move in opposite directions. The honest summary is that rejection and low warmth are the robust targets; "control" must be disaggregated and may be culturally contingent. This has direct consequences for policy, which should not be aimed at parental structure as such.

Meta-analytic work finds small-to-moderate positive associations between parental involvement and achievement, with aspirations and expectations more strongly related than home supervision (Fan & Chen, 2001). Pomerantz et al. (2005) provide the mechanism: supportive involvement fosters initiative and competence, whereas highly controlling involvement makes academic behaviour dependent on external surveillance. Ringeisen and Raufelder (2015), in 845 German ninth-graders, separated perceived parental support from perceived parental pressure and found them differently, and gender-specifically, related to facets of test anxiety.

In Pakistan, Hussain et al. (2020) reported a significant positive correlation between parental involvement and academic achievement ($r = .21$, $p < .05$) among 100 secondary students in District Rahim Yar Khan. The sample is small and single-district, so the finding establishes direction within that setting, not magnitude for Pakistan. No Pakistani study identified for this review measures parental educational neglect as such—caregiver failure to support schooling where support is feasible. The support-versuspressure distinction, which is the analytically important one for this topic, has not been measured in a Pakistani population sample.

Kenny and Sirin (2006), studying 81 emerging adults (22–28) and their mothers, found that the young adults' own perceptions of parental attachment predicted self-worth and depressive symptoms, with self-worth mediating, and that young adults' perceptions mattered more than their mothers'. Moretti and Peled (2004) argue that secure parent–adolescent bonds remain a support base as autonomy grows. Together with Khaleque and Rohner (2002), this supports treating the transition to adulthood as within the reach of parenting constructs—without establishing that parenting effects are large relative to other adult influences.

This article addresses gaps (1)–(3) only in the limited sense available to a secondary synthesis: it documents the co-occurrence, distinguishes the levels at which each element is measured, and identifies what a primary study would have to measure. It does not fill them.

METHODOLOGY

This is a secondary-data, document-based comparative synthesis. No survey, interview, experiment or fieldwork was conducted, and no human participants were recruited; the article presents no original field data and makes no claim to. The design is a structured evidence synthesis with three components: (a) extraction and harmonisation of quantitative indicators from official Pakistani and international statistical sources; (b) structured review of the peerreviewed literature on parenting, ACEs, educational involvement and adolescent mental health; and (c) interpretation of the combined evidence through the framework in Section 3.

The design is descriptive and comparative. It estimates no effects, fits no models and tests no hypotheses in the statistical sense. Its inferential logic is triangulation: where independent

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sources measuring different things point in the same direction, confidence in the description increases; where they conflict, the conflict is reported rather than resolved by selection.

Evidence was drawn from two streams.

a) **Statistical stream.** Pakistan-specific: 7th Population and Housing Census 2023 (PBS); Pakistan Demographic and Health Survey 2017–18 (NIPS & ICF, 2018); provincial Multiple Indicator Cluster Survey rounds as compiled by the Global Initiative to End All Corporal Punishment of Children (2024); Pakistan Education Statistics (Pakistan Institute of Education [PIE], 2024); Pakistan Economic Survey 2024–25 (Ministry of Finance, 2025); Labour Force Survey 2020–21 (PBS, 2024); National Psychiatric Morbidity Survey 2022 (Rahman et al., 2024). International: World Bank World Development Indicators and UNESCO Institute for Statistics series (retrieved 10 September 2026); World Bank–UNESCO UIS Learning Poverty briefs (2019, 2022, 2024); UNICEF (2021, 2024); WHO fact sheets and regional reports; Commonwealth Secretariat Youth Development Index (2020, 2023); UNDP (2024).

b) **Literature stream.** Peer-reviewed studies and meta-analyses on parental psychological control, parenting styles, parental acceptance–rejection, ACEs, parental involvement and pressure, and Pakistani parenting, education and mental-health research. Sources were included where they (i) reported primary data or an official statistical series; (ii) identified their population, period and measurement instrument; and (iii) could be checked against a named document. Sources were excluded where they reported a statistic without an identifiable underlying source, or where a figure could not be traced to a published document. Where a widely repeated figure could not be traced, it has been omitted rather than repeated; two such omissions are noted in Appendix D.

Variables, constructs and what measures them

Table 1 sets out the constructs, their level of measurement, and the indicators actually available. The central methodological point is in the third column: for most constructs the available indicator is a proxy at a different level of analysis from the construct itself.

Table 1: *Core constructs, level of measurement, and available indicators*

Construct	Conceptual level	Indicator(s) available in this study	Level of the indicator	Adequacy of the proxy
Psychological control	Individual/family	PBI overprotection subscale (Peshawar, rural Punjab samples)	Individual, nonrepresentative	Direct but small, regional samples
Parental rejection / low warmth	Individual/family	PBI care subscale (same samples)	Individual, nonrepresentative	Direct but small, regional samples
Harsh / violent discipline	Individual/household	MICS violentdiscipline module, ages 1–14, past month	Household, provincerepresentative	Direct; provincial, not national; different years

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Emotional unavailability	Individual/family	PBI care; attachment measures	Individual, nonrepresentative	Indirect; no Pakistani population estimate
Parental educational neglect	Individual/family	**None adequate**	—	**Not measured in Pakistan at population level**
Structural educational disadvantage	School / provincial / national	OOSC counts and rates, learning poverty, attrition, public expenditure	Institutional and national	Direct measure of the *system*, not of families
Psychological wellbeing	Individual	Pooled student symptom screening; NPMS diagnostic survey	Sample / national adult	Direct, but on different populations from the exposures

Levels of Analysis

Every quantitative claim in this article is tagged to one of five levels, and no claim is transferred between levels without an explicit statement.

Table 2: *Levels of analysis and what each level can support*

Level	**Examples of evidence used**	**What it can support**	**What it cannot support**
Individual / family	PBI studies (Qadir et al., 2005; Masud et al., 2019; Frost et al., 2024); parental	Associations between measured parenting and measured outcomes within	National prevalence; causal direction
	involvement study (Hussain et al., 2020)	a sample	
Household	MICS violent-discipline module	Provincial prevalence of harsh discipline among children 1–14	Young-adult outcomes; anything about parenting beyond discipline
School / institutional	School corporalpunishment surveys (Khuwaja et al., 2018)	Prevalence of violence in sampled schools	National school-system averages
Provincial / national	Census, PES, Economic Survey, LFS, NPMS	Description of system conditions and population burden	Attribution of those conditions to family behaviour
International	WDI/UIS, Learning Poverty briefs, YDI, HDI	Cross-country comparison of system conditions	Individual-level mechanisms

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The consequence is explicit: the exposure evidence is largely household- and province-level and measured on children; the outcome evidence is sample- and national-level and measured on adolescents and adults; and the two are not linked in any Pakistani dataset used here. The article therefore describes a configuration, not a pathway.

Theoretical and Conceptual Framework

A framework is only useful if each component does specific explanatory work. Four are used here, each for a distinct purpose, and a fifth is used to organise levels rather than to explain.

Self-Determination Theory explains *why* a particular form of involvement may be harmful rather than helpful. Where involvement is experienced as pressure, surveillance or conditional regard, it frustrates needs for autonomy and competence; achievement-oriented psychological control is the parenting form most directly implicated (Soenens et al., 2010; Pomerantz et al., 2005). SDT is what allows the article to distinguish support from pressure rather than treating parental involvement as uniformly good or bad. Attachment theory explains *persistence*: why caregiving quality measured in childhood is still relevant in young adulthood, through internal working models that carry forward (Ainsworth, 1989; Kenny & Sirin, 2006). Parental Acceptance–Rejection Theory supplies the cross-cultural warrant: perceived acceptance–rejection is associated with psychological adjustment across diverse societies, which is what licenses using international evidence to interpret Pakistani data at all (Khaleque & Rohner, 2002; Rohner, 2004).

The ACE / life-course stress framework explains *cumulation and dose–response*: adversity embeds risk through chronic stress physiology and health-damaging trajectories (Felitti et al., 1998; Hughes et al., 2017; Repetti et al., 2002). It is the reason co-occurring exposures are treated as potentially additive rather than independent. Bronfenbrenner's ecological systems model and Epstein's overlapping spheres are used descriptively, to organise the family, school, community and policy levels and to keep them from being collapsed into one another. They generate no hypothesis here. The framework distinguishes two pathways that the literature often blurs.

Pathway A — family relational quality → psychological well-being. Psychological control, rejection, harsh discipline and emotional unavailability are proposed to operate through thwarted autonomy and competence, insecure relational models, and chronic stress arousal, and to be associated with internalising symptoms, low self-worth and later depressive disorder. This pathway is *individually measured* in the Pakistani studies reviewed in Section 4.3, and *populationally measured* only for harsh discipline (MICS).

Pathway B — family and school educational conditions → educational outcomes → wellbeing. Parental educational support, school availability, instructional quality and academic climate are proposed to operate through learning, school connectedness, self-concept and credential attainment. In Pakistan, the family end of this pathway is not measured; the school and system ends are measured extensively.

Three points of interaction are theoretically plausible and are treated as propositions, not findings: (i) high academic demand combined with low emotional support may be more adverse than either alone; (ii) educational exclusion may both result from and reinforce coercive family environments; (iii) weak mental-health system capacity may allow distress in either pathway to persist untreated. None of the three can be tested with the data assembled here.

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DATA ANALYSIS

Table 3: *Principal sources, what each measures, and its level*

Source	What it measures	Level	Period	Key limitation
PBS, 7th Census (2023)	Population, age structure, literacy, OOSC rate	National/provincial	2023	Self-reported literacy; OOSC definition differs from PES
Ministry of Finance (2025)	Education expenditure, enrolment, literacy	National	FY2025 (Jul–Mar)	Expenditure figure is a nine-month provisional estimate
PIE / Pakistan Education Statistics (2024)	Enrolment by level, OOSC counts	National/provincial	2023–24	Cycles not strictly comparable
NIPS & ICF (2018), PDHS	Child marriage, household indicators	Household, national	2017–18	Does not measure parenting quality
UNICEF MICS provincial rounds (via Global Initiative, 2024)	Violent discipline, ages 1–14, past month	Household, provincial	2014–2020	Provincial rounds, different years; no national round
Rahman et al. (2024), NPMS	Diagnostic psychiatric morbidity, suicidality	National adults 18+	2019–2022	Adults generally, not young adults specifically
PBS Labour Force Survey (2024)	NEET, unemployment	National	2020–21	Predates current conditions
World Bank / UNESCO UIS (2026)	Expenditure, literacy, enrolment, unemployment	National, comparative	Various	Different years across countries
World Bank–UIS (2019, 2022, 2024)	Learning poverty	National, comparative	Various	Different underlying assessments
UNICEF (2021, 2024)	Adolescent mental disorder, OOSC	Global / national	2021, 2024	Modelled estimates

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Commonwealth Secretariat (2020, 2023)	Youth Development Index	National, comparative	2020, 2023	Composite index; pre-pandemic data

Pakistan-Specific Analysis

Pakistan's population was 241.49 million in 2023, growing at 2.55 per cent annually—the highest in the region—with 40.56 per cent under 15 and 26.0 per cent (62.58 million) aged 15– 29 (PBS, 2023; Ministry of Finance, 2025). Literacy (age 10+) was 60.65 per cent, with a male– female gap of 15.2 points (68.00 vs. 52.84). Average household size was 6.33. Two-thirds of the population is under 30, so the educational and psychological outcomes of the current generation will shape national well-being and productivity for decades.

This is a demographic fact about scale; it says nothing about cause.

Table 4: *Pakistan population and youth structure, 7th Population and Housing Census 2023*

Indicator	**Value**
Total population	241.49 million
Male / female	124.32 million (51.48%) / 117.15 million (48.51%)
Average annual growth rate	2.55%
Population aged 0–14	97.53 million (40.56%)
Population aged 15–29	62.58 million (26.0%)
Population under 30	~67% (derived)
Literacy (age 10+), total / male / female	60.65% / 68.00% / 52.84%
Out-of-school (5–16), total / male / female	35.60% / 32.44% / 38.99%
Average household size	6.33

The most systematic Pakistani evidence on any harmful-parenting construct is the MICS violentdiscipline module, which asks caregivers about discipline of children aged 1–14 in the past month. Four provincial/territorial rounds are available, conducted between 2014 and 2020.

Table 5: Violent discipline of children aged 1–14, Pakistan, by province/territory (MICS, past-month prevalence, %)

Province / territory (round year)	**Any violent discipline**	**Psychological aggression**	**Physical punishment**	**Severe physical punishment**
Punjab (2014)	81.0	74.0	68.0	27.0
Sindh (2014)	81.0	78.0	63.0	35.0
Gilgit-Baltistan (2016–17)	85.0	81.0	42.0	25.0
Khyber Pakhtunkhwa (2016–17)	81.0	not published	not published	not published

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Balochistan (2019– 20)	55.3	46.9	49.5	28.4

Three points of interpretation. First, these are household-level, province-representative estimates of one dimension of harmful parenting—disciplinary violence. They say nothing about psychological control, rejection or emotional unavailability, and nothing about young adults. Second, they are not a national time series: the rounds cover different years, so differences between provinces confound place with period, and the fall from 81 per cent (Punjab/Sindh, 2014) to 55.3 per cent (Balochistan, 2019–20) cannot be read as national improvement. Third, the unweighted mean of the four reporting units with full data is 75.6 per cent (derived); this is an arithmetic convenience, not a national prevalence estimate, and it is used here only to indicate order of magnitude.

School-based corroboration. In a cluster-randomised trial baseline in 40 public schools in urban Hyderabad, 91.4 per cent of boys and 60.9 per cent of girls reported corporal punishment at school in the previous four weeks (Khuwaja et al., 2018); 60.3 per cent of boys and 37.1 per cent of girls reported physical punishment at home in the same period. The same study found food insecurity a significant correlate of school corporal punishment for both sexes—an important reminder that harsh treatment tracks poverty, not only parental disposition. These are school-level estimates from one city and cannot be projected nationally.

Normative context. In a 2013 Plan Pakistan survey across four districts (Chakwal, Gilgit, Thatta, Lasbela; 137 teachers, 32 schools, over 300 students), 75 per cent of teachers and 84 per cent of parents or family members agreed that teachers were justified in beating students who were rude or disobedient (Plan Pakistan, 2013, as reported in Global Initiative to End All Corporal Punishment of Children, 2024). The sample is small and purposive; it indicates the direction of norms in those districts, not a national proportion.

Table 6: *Legal status of corporal punishment of children in Pakistan, by jurisdiction*

Jurisdiction	**Instrument**	**Status**
Federal / PPC	Section 89, Pakistan Penal Code	"Good faith" defence; suspended in ICT (IHC, 2020); not repealed nationally
Islamabad Capital Territory	Prohibition of Corporal Punishment Act 2021	Statutory ban across schools, care settings, seminaries, juvenile homes
Sindh	Prohibition of Corporal Punishment Act 2016 (rules 2021)	Ban across educational and care settings
Khyber Pakhtunkhwa	Child Protection and Welfare Act 2010, s. 33	Corporal punishment abolished "in all its kinds and manifestations"
Balochistan	Child Protection Act 2016	Bans physical violence; separate school directive
Punjab	2018 departmental notification;	Departmental ban; comprehensive statute absent

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	Punjab Free and Compulsory Education Act 2014	

The indicators in this section describe the education system, not family behaviour. They are the best available evidence on the conditions in which Pakistani children are educated, and they are the indicators most often mistaken for measures of parental neglect. They are reported here as structural evidence only. Out-of-school headcount rose from 22.02 million (2016–17) to 26.21 million (2021– 22) even as the out-of-school *rate* fell from 44 to 39 per cent—an arithmetic consequence of population growth outpacing enrolment gains, as PIE itself notes. The 2023–24 statistics report 25.15 million (about 35 per cent), and the 2023 census independently reports 35.6 per cent of ages 5–16 out of school (32.44 per cent male, 38.99 per cent female). These series are not interchangeable: they use different population bases, age definitions and enumeration methods.

Table 7: *Out-of-school children in Pakistan across cycles (not strictly comparable)*

Cycle	Estimate	Rate (ages 5–16)	Source
2016–17	22.02 million	44%	Pakistan Education Statistics 2016–17
2021–22	26.21 million	39%	Pakistan Education Statistics 2021–22 (PIE)
2023 (census)	—	35.6% (male 32.44; female	7th Population and
		38.99)	Housing Census (PBS)
2023–24	25.15 million	~35%	Pakistan Education Statistics 2023–24 (PIE, 2024)

Exclusion is strongly patterned. Census data show a female–male gap of 6.6 points overall; PSLM-based estimates show out-of-school rates at secondary level of 51 per cent for girls against 39 per cent for boys, a 12-point gap, widening from about 7 points at primary level (World Bank, 2024). Provincial out-of-school rates in 2023–24 range from about 27 per cent in Punjab to 69 per cent in Balochistan (PIE, 2024). Wealth gradients are steep: children in the poorest quintile are far more likely to be out of school at every level. Enrolment thins sharply across levels, from about 20.8 million at primary to 9.2 million at middle, 4.7 million at matriculation, 2.8 million at intermediate and 0.72 million at university (PIE, 2021–22). The ratio 0.72/20.8 ≈ 3.5 per cent (derived) expresses the thinning of the pyramid; it is a ratio of enrolments at two levels in one year, not a cohort survival rate, and should not be read as "3.5 per cent of a cohort reaches university." Among children who attend, learning outcomes are weak. World Bank–UNESCO UIS learning-poverty estimates for Pakistan are 74.5 per cent (2019), 77 per cent (2022) and 80 per cent (2024 version 2), the last being 21 percentage points above the South Asia average and 19 points above the lower-middle-income average (World Bank, 2024). The three figures rest on different assessment vintages and are not a measured trend.

Table 8: *Learning* poverty, Pakistan and comparison groups

Estimate	Value	Basis

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Pakistan, 2019	74.5%	World Bank–UIS (2019), national assessment
Pakistan, 2022 brief	77%	World Bank–UIS (2022)
Pakistan, 2024 brief (v2)	80%	World Bank–UIS (2024)
South Asia average (2024 basis)	59% (derived: 80 − 21)	World Bank (2024)
Lower-middle-income average (2024 basis)	61% (derived: 80 − 19)	World Bank (2024)
LMIC average, 2022 (postpandemic estimate)	70%	World Bank et al. (2022)

A systematic review and meta-analysis of 26 studies (7,652 students) estimated pooled depressive-symptom prevalence of 42.66 per cent (95% CI 34.82–50.89), with substantial heterogeneity (I^2 high) and a trim-and-fill adjusted estimate of 40.45 per cent (95% CI 31.21–50.42) (Khan et al., 2021). A later systematic review and metaanalysis of 35 studies (11,209 students) covering 2000–2025 estimated approximately 51 per cent under a random-effects model and 56 per cent under a fixed-effects model, with prevalence varying markedly by instrument—above 70 per cent in studies using the DASS-21 subscale against 44–55 per cent for CES-D or PHQ-9 (Niazi et al., 2025).

Table 9: *Pooled prevalence of depressive symptoms: Pakistani university students and non-equivalent comparators*

Estimate	**k**	**n**	**Pooled %**	**95% CI**
Pakistani university students (Khan et al., 2021)	26	7,652	42.66	34.82–50.89
Pakistani university students, trim-andfill (Khan et al., 2021)	27	7,652	40.45	31.21–50.42
Pakistani students, 2000–2025 (Niazi et al., 2025)	35	11,209	~51	not reported as CI
Global medical students (Rotenstein et al., 2016)	—	122,356	27.2	24.7–29.9
University students, LMICs (Akhtar et al., 2018, as cited in Khan et al., 2021)	—	—	24.0	19.2–30.5

The NPMS 2022 interviewed 17,773 adults aged 18+ across four provinces using the MINI (v7.0.2) and reports lifetime prevalence of any psychiatric disorder of 37.91 per cent (95% CI 37.22–38.59) and current prevalence of 32.28 per cent (95% CI 31.62–32.94), with neurotic and stress-related disorders (24.81 per cent) and mood disorders (19.62 per cent) dominant. Past-month suicidality was reported by 6.17 per cent and lifetime suicide attempt by 1.05 per cent

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(Rahman et al., 2024). These are adult figures, not youngadult figures; the survey does not report a separate 15–29 prevalence in the material available for this review, and the article does not construct one.

Table 10: *Psychiatric morbidity in Pakistan, National Psychiatric Morbidity Survey 2022 (weighted %)*

Indicator	Weighted %	95% CI
Lifetime prevalence, any psychiatric disorder	37.91	37.22–38.59
Current prevalence, any psychiatric disorder	32.28	31.62–32.94
Neurotic and stress-related disorders (F40–F48)	24.81	not reported
Mood disorders (F30–F39)	19.62	not reported
Psychotic disorders (F20–F29)	4.52	not reported
Disorders due to psychoactive substance use (F10–F19)	0.85	not reported
Suicidality in the past month	6.17	not reported
Lifetime suicide attempt	1.05	not reported

Pakistan has approximately 0.19 psychiatrists per 100,000 population, among the lowest densities recorded in the WHO Eastern Mediterranean Region; mental health receives well under 1 per cent of the health budget; services are concentrated in urban tertiary hospitals; and WHO has estimated that about 24 million people in Pakistan require psychiatric assistance (Rahman et al., 2024; WHO EMRO, 2018). The 0.19 figure is sometimes expressed as "19 per cent of one psychiatrist per 100,000"; the article avoids that formulation, because one psychiatrist per 100,000 is a commonly cited planning benchmark, not an established WHO minimum standard, and presenting it as a standard would overstate its authority. A relevant legal development: in May 2026 the Federal Shariat Court struck down the 2022 decriminalisation of attempted suicide and restored Section 325 of the Pakistan Penal Code. The Pakistan Psychiatric Society has challenged the ruling. Because criminalisation is associated with under-reporting, this change is likely to worsen an already severe measurement problem for suicide and self-harm data.

Comparative analysis

Table 11: *Public expenditure on education (% of GDP), latest available year*

Country	% of GDP	Year	Country	% of GDP	Year
Pakistan	1.95	2023	Malaysia	3.51	2023
Bangladesh	2.16	2023	Türkiye	3.10	2022
Indonesia	1.28	2023	India	3.90	2019
China	3.90	2023	United Kingdom	5.91	2021
South Asia	2.16	2023	United States	5.42	2021

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(avg)					
World (avg)	3.57	2023			

Pakistan's 1.95 per cent is **54.6 per cent of the world average (derived)** and below every comparator except Indonesia, whose series is volatile (0.86–1.28 per cent across 2018–2023). Participation mirrors investment: Pakistan's gross tertiary enrolment (10.9 per cent, 2024) is a quarter of the world average (43.6 per cent; derived ratio 25 per cent) and far below India (34.4), China (76.9) and Türkiye (105.9, a figure inflated by over-age and international students and therefore not equivalent).

Table 12*: Education and well-being indicators, Pakistan and comparators (latest available; years differ)*

Country	**Ed. spend % GDP**	**Adult literacy %**	**Youth literacy %**	**Tertiary enrol. % (gross)**	**Secondary enrol. % (gross)**	**Youth unemp. % (15–24)**	**Learning poverty %**
Pakistan	1.95	58.9	73.1	10.9	48.3	9.59	77–80
India	3.90	76.1	95.9	34.4	78.1	16.02	high (inschool gap)
Bangladesh	2.16	76.4	94.8	23.7	64.3	9.38	high
China	3.90	96.7	99.8	76.9	92.3 (2012)	15.79	very low
Indonesia	1.28	96.0	99.8	44.9	98.8	12.98	low–moderate
Malaysia	3.51	95.8	98.8	38.5	80.3	11.95	low
Türkiye	3.10	97.3	~100	105.9	118.4	16.04	21.7
United Kingdom	5.91	—	—	80.4	112.1	14.65	3.4
United States	5.42	—	—	79.4	97.5	9.34	7.9
World (avg)	3.57	87.2	92.8	43.6	77.3	13.41	70 (LMIC, 2022)

The Commonwealth Youth Development Index ranks Pakistan 162 of 181 (score 0.517) in the 2020 edition and 162 of 183 (score 0.643) in the 2023 update—the only non-Sub-Saharan-African country among the ten lowest Commonwealth performers in 2020 (Commonwealth Secretariat, 2020, 2023). Pakistan's Human Development Index rank is 164 (0.540) against India 132 and Bangladesh 129 (UNDP, 2024). Youth unemployment (15–24) of 9.59 per cent in 2025 is *lower* than India (16.02), China (15.79) and Türkiye (16.04), but this comparison is misleading without participation context: Pakistan's NEET rate for ages 15–24 was **32.5 per cent** in 2020–21, with a stark sex differential (55.3 per cent female, 11.0 per cent male) (PBS, 2024). Low measured unemployment alongside high NEET typically indicates withdrawal from the labour

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force rather than secure employment, and for young women in Pakistan it substantially reflects restrictive norms and household roles rather than labour-market conditions alone.

Table 13: *Youth labour-market and development indicators, Pakistan and comparators*

Indicator	Pakistan	Comparator / source
Youth unemployment (15–24), 2025	9.59%	World 13.41; India 16.02; Türkiye 16.04 (ILO modelled, via WDI)
NEET (15–24), 2020–21	32.5%	PBS Labour Force Survey 2020–21
NEET by sex (male / female)	11.0% / 55.3%	PBS (2024); female ≈ 5× male (derived)
Youth Development Index rank, 2020	162 of 181 (0.517)	Commonwealth Secretariat (2020)
Youth Development Index, 2023 update	162 of 183 (0.643)	Commonwealth Secretariat (2023)
Human Development Index, 2023/24	164 (0.540)	India 132; Bangladesh 129 (UNDP, 2024)

Pakistan's violent-discipline prevalence (55–85 per cent across provincial rounds) is high but not regionally exceptional: Bangladesh's MICS reports higher prevalence, and Pakistan's figure is well above Türkiye's reported physical-punishment prevalence. What distinguishes Pakistan is the combination: high violent-discipline prevalence together with high educational exclusion and very low learning. Bangladesh pairs high violent discipline with near-universal primary enrolment and lower learning poverty; India pairs examination pressure with far higher youth literacy. Pakistan's position is best described as high measured exposure to harsh discipline, extensive structural educational disadvantage, high measured distress in available samples, and low protective capacity (investment, learning, mental-health workforce). The comparative claim is about configuration, not about a demonstrated causal chain, and the indicators compared are system-level in every case.

Findings

Pakistan's youth bulge (26.0 per cent aged 15–29) makes young-adult well-being a first-order demographic and economic issue. *Level: national.* Exposure to violent and psychologically aggressive discipline of children is high in every province and territory surveyed, with past-month prevalence of any violent discipline between 55.3 and 85.0 per cent across rounds conducted in 2014, 2016–17 and 2019–20. Psychological aggression is the most common component. This is the one harmful-parenting construct measured at population level in Pakistan. *Level: household, provincial.* Structural educational disadvantage is extensive and inequitable: 25–26 million children aged 5–16 out of school, a census out-of-school rate of 35.6 per cent, learning poverty of 77–80 per cent, and steep attrition across levels. Burdens fall disproportionately on girls, rural populations and the poorest quintiles. *Level: institutional, provincial, national.* These structural indicators do not measure parental educational neglect, and the prevalence of parental educational neglect in Pakistan cannot be estimated from available data. The same aggregate figures are consistent with poverty, school unavailability, distance, child labour, gender norms, displacement and state under-provision. This is a finding about the

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evidence base and it constrains every other finding in this domain. *Level: methodological.* Measured psychological distress among young adults is high in the samples available: pooled depressive-symptom prevalence among university students of 42.7 per cent (95% CI 34.8–50.9) and approximately 51 per cent in a later review, against non-equivalent comparator estimates of 24–27 per cent. National current psychiatric morbidity is 32.28 per cent among adults, with 6.17 per cent reporting past-month suicidality. *Level: pooled samples; national adults.* Protective capacity is minimal: public education expenditure of 1.95 per cent of GDP (about 55 per cent of the world average), approximately 0.19 psychiatrists per 100,000 population, mental health receiving well under 1 per cent of the health budget, and a Youth Development Index rank of 162 of 181 (2020). *Level: national.* The international literature supports robust associations between rejection, hostility, low warmth and cumulative adversity on the one hand and poorer adjustment on the other; it does not support treating parental control as uniformly harmful. Pakistani evidence specifically indicates that behavioural and psychological control may operate differently from international expectations (Frost et al., 2024) and that controlling parenting can be associated with better grades while its psychological consequences remain unmeasured (Masud et al., 2019). *Level: literature.* Legal and normative change is demonstrably possible: the ICT enacted a comprehensive ban in 2021, three provinces have prohibitions, and child marriage before 18 among women aged 20– 24 fell by about 55 per cent in relative terms between 1993 and 2018. Enforcement and normative acceptance lag, and Punjab lacks a comprehensive statute. *Level: national.* Comparatively, Pakistan's disadvantage lies in the combination of high measured exposure, extensive structural educational disadvantage and low protective capacity. Bangladesh and India share individual exposures but offset them with stronger schooling and literacy; China has legislated against academic pressure; the UK and US have dense mental-health systems. *Level: international.*

Discussion

The defensible claim of this article is narrow but consequential: in Pakistan, high measured exposure of children to harsh and psychologically aggressive discipline co-occurs, at the population level, with substantial structural educational disadvantage, high levels of measured psychological distress in the available samples, and very limited capacity to detect or treat that distress. The international literature provides well-replicated associations that make this configuration a legitimate matter of concern. However, it does not establish that Pakistani parenting or Pakistani schools have caused the measured distress, and this article makes no such causal claim.

The practical significance lies in the direction of the evidence rather than in a single effect size. Each element of this configuration is independently documented, independently actionable, and, on the basis of international evidence, independently associated with harm. Reducing violent discipline, expanding foundational learning opportunities, and strengthening mental-health capacity are therefore warranted on their respective evidence bases without requiring the causal chain that the present study cannot establish.

The most important interpretive distinction concerns the meaning of national education statistics. Out-of-school rates, learning poverty, educational attrition, and public expenditure on education are properties of educational systems; they are not direct measures of parental behaviour. These outcomes are produced through the interaction of household poverty, the opportunity cost of

child labour, the absence of schools—particularly girls' schools—distance and safety concerns, gendered norms, displacement and disaster, teacher availability, and government fiscal decisions. Parental educational neglect may contribute in some households, but the available data cannot determine its magnitude, and no responsible population-level estimate can be derived from the sources reviewed here.

The Pakistani findings also complicate rather than simply confirm conventional accounts of parenting and psychological outcomes. Frost et al. (2024) found maternal warmth to be protective against adult depression, consistent with the broader international literature. However, they also reported behavioural control as associated with higher depression risk and psychological control with lower risk, reversing the direction commonly reported for psychological control. Similarly, Masud et al. (2019) identified affectionless control as the dominant parenting pattern for both parents and found paternal affectionless control to be associated with better grades.

Several interpretations are possible. First, these constructs may operate differently in a context in which strong parental direction is culturally normative and in which items measuring psychological control may be interpreted as expressions of involvement or concern rather than manipulation. Second, measurement equivalence cannot be assumed across cultural contexts. Although Qadir et al. (2005) established the factor structure of the Parental Bonding Instrument (PBI) in a Pakistani sample, the meaning and interpretation of individual items may still vary across populations. Third, the reported associations may reflect the characteristics of the specific samples—for example, rural mothers recalling their own mothers or urban adolescents in Peshawar reporting on internal examinations—rather than a general Pakistani pattern.

Poverty and material deprivation: Poverty may simultaneously increase the likelihood of harsh discipline, school exclusion, child labour, and psychological distress. These factors are not adequately controlled for in the aggregate series examined here. The finding of Khuwaja et al. (2018), that food insecurity predicts school corporal punishment, provides direct evidence for one pathway linking material deprivation and disciplinary practices.

State under-provision: Educational exclusion and low learning outcomes can arise from inadequate public provision without requiring an explanation centred on family behaviour. The reported figures—education expenditure of approximately 1.95% of GDP, 24% of primary schools operating with a single teacher, and 47% of public schools lacking all five basic facilities (PIE, 2024)—illustrate the structural constraints within which families make educational decisions.

Measurement variation: Estimates of psychological distress vary substantially according to the instrument employed. Niazi et al. (2025), for example, report pooled student prevalence estimates ranging from approximately 44% to more than 70% across measures. Moreover, most studies included in the available evidence base are non-random, cross-sectional, and based on single institutions. These limitations constrain the extent to which prevalence estimates can be generalized to the national population.

Reverse and reciprocal causation: Parenting and child psychological outcomes may influence each other. The parenting literature itself documents reciprocal pathways, including evidence that children's distress may elicit harsher or more controlling parental responses (Pinquart, 2016,

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2017). Consequently, an observed association between parenting practices and distress cannot automatically be interpreted as evidence that parenting practices caused the distress.

Cohort and period effects: The disciplinary-violence evidence spans different years and provinces, including the period from 2014 to 2020. Differences across cohorts, provinces, social conditions, and periods may therefore contribute to variation in the observed estimates and should not be interpreted as evidence of a single national trajectory.

Four contextual features are particularly important when applying general findings to Pakistan. First, parental authority is relatively strong and intergenerational interdependence is widely normative; consequently, high parental involvement should not automatically be interpreted as dysfunctional, and its absence may sometimes represent the greater deviation from local expectations. Second, educational achievement carries substantial family-level reputational significance, increasing the stakes attached to academic performance without necessarily determining whether parental support is available. Third, Pakistan's tuition-dependent and examination-centred educational environment means that academic pressure is generated by structural as well as familial conditions. Fourth, the limited mental-health infrastructure substantially constrains the identification and treatment of psychological distress. With approximately 0.19 psychiatrists per 100,000 population, the treatment

Conclusion

This secondary-data synthesis set out to examine, in comparative perspective, what is known about harmful parenting, educational conditions and the psychological well-being of young adults in Pakistan. Three conclusions are supported.

First, the descriptive conclusion. Pakistan combines, at population scale, high measured exposure of children to violent and psychologically aggressive discipline in every province surveyed; extensive and inequitable structural educational disadvantage, with 25–26 million children out of school and 77–80 per cent learning poverty; high measured psychological distress in the samples available; and a mental-health system with approximately 0.19 psychiatrists per 100,000 population. With 26 per cent of the population aged 15–29, this configuration carries substantial weight for national well-being and human capital.

Second, the conceptual conclusion, and the one this article most wants to leave with the reader. The education indicators that dominate public discussion of this topic are measures of a system, not of families. They cannot establish parental educational neglect, and in Pakistan that construct is not measured at all. Treating structural disadvantage as evidence of family failure misdescribes the problem and misdirects the remedy. The documented determinants of exclusion—cost, distance, absence of schools, need to earn—are substantially structural, and the corresponding remedies are schools, teachers, stipends and enforcement, not exhortation to parents.

Third, the epistemic conclusion. The analysis establishes co-occurrence and theoretical plausibility, not causation. It reports that Pakistani evidence complicates the standard account of parental control rather than confirming it, and that the cultural meaning of control requires disaggregation and local validation. It states plainly which propositions the evidence supports (P2, P3 with qualification), which rest on a single study (P4), and which cannot be judged at all (P1).

The policy agenda follows the evidence rather than the rhetoric: reduce violence, hostility and rejection in child-rearing through programmes and law; treat educational exclusion as the supplyside failure it largely is; build a mental-health system capable of detecting and treating distress; target girls and the poorest quintiles where gradients are steepest; and invest in the measurement without which none of these questions can be answered. Pakistan has demonstrated capacity for normative and legal change. What remains is to direct that capacity at problems the evidence actually identifies.

Future Directions

At 2.55 per cent annual growth, the youth cohort will continue to expand, so absolute numbers will rise even if rates hold. The pattern of a rising out-of-school headcount alongside a falling rate is likely to persist absent substantial investment. Without movement toward the 4–6 per cent of GDP benchmark and reallocation toward foundational learning and girls' retention at middle and secondary level, exclusion and learning poverty are likely to remain high. This is a statement about system conditions, not about family behaviour. Demand is likely to outstrip supply. Task-sharing to primary care, integration of mental health into universal health coverage, campus-based services and tele-mental-health are the plausible routes to scale, none of which is currently operating at scale in Pakistan. The child-marriage decline and the ICT and Sindh prohibitions show that norms and law can move. Whether violent-discipline prevalence falls in response is an empirical question Pakistan cannot currently answer, because there is no repeated national measurement. The binding constraint on all of the above is data. Priorities are: a repeated, nationally representative violent-discipline module; a family-level module distinguishing caregiver educational support from structural barriers; a young-adult-specific mental-health survey using culturally validated instruments; and decriminalisation-linked reporting safeguards for suicide and self-harm. Until these exist, the questions this article raises cannot be answered, only restated.

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