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PERCEIVED OVERPARENTING AND HEALTH-RELATED QUALITY OF LIFE AMONG EMERGING ADULTS: A CROSS-SECTIONAL STUDY

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ABSTRACT

The period of emerging adulthood is an important developmental period where young adults are increasingly being asked to be autonomous and independent. Though parental involvement is important during this stage of development, overparenting can lead to negative impacts on well-being (Melendro et al., 2020). The present study aimed to examine the relationship between perceived overparenting and health-related quality of life across physical, psychological, social, and environmental domains among emerging adults. A cross-sectional analytical study with 250 emerging adult subjects (age – 18 to 25 years). Participants completed Consolidated Overparenting Scale (COS), and the World Health Organisation Quality of Life-BREF (WHOQOL-BREF). Descriptive Statistics, Pearson's Correlation Analysis, and Multivariate Multiple Regression were performed on the study data. Perceived overparenting showed a significant multivariate association with HRQoL domains (Pillai's Trace = 0.28, $p < 0.001$). Domain-specific analyses revealed that higher levels of perceived overparenting were significantly associated with lower psychological ($\beta = -0.43$, $p < 0.001$), social ($\beta = -0.36$, $p < 0.001$), and environmental ($\beta = -0.21$, $p < 0.001$) quality of life, while the association with physical HRQoL was weak and not statistically significant. The findings indicate that perceived overparenting is selectively associated with poorer psychosocial aspects of health-related quality of life among emerging adults.

Keywords: *Emerging adulthood, Family dynamics, Health-related quality of life, Overparenting, Psychological wellbeing.*

INTRODUCTION

BEmerging adulthood (ages 18-25) is a time of major psychological, social, and role transitions. At this point, individuals begin to develop autonomy, establish stable relationships, and make independent decisions in regards to their education, career, and lifestyle (LaFreniere, 2024). As a result, these developmental tasks are directly related to overall health and wellbeing; thus, emerging adulthood is an important time to promote mental and psychosocial health. Much of the different contextual factors that impact wellbeing in this stage are family or parenting dynamics (Green et al., 2024).

In the past few years, there has been a growing focus on the concept of overparenting, which is characterized by an excessive amount of parental involvement, control, and interference in their children's lives that goes beyond what is appropriate based on the child's stage of development (Urone et al., 2024). The term "helicopter parenting" is often used in the literature to describe overparenting as it describes how parents' behaviour can restrict their child's opportunity to learn how to solve problems independently, make decisions independently, etc. While parental involvement normally correlates with and promotes positive developmental outcomes, researchers have found a consistent pattern with maladaptive outcomes when it comes to overparented children and adolescents(Hesse et al., 2018)]. There are many studies that show that too much parental control has the potential to inhibit the development of autonomy, create dependency on parents for emotional support, and create emotional distress for children/adolescents (Jiao et al., 2024).

Numerous studies suggest that over-parenting results in poorer mental health for emerging adults (higher anxiety levels, depression, stress, and less self-efficacy) and this may also affect other areas of health and functioning (Lawson & Chen, 2025). Many previous studies have looked at only certain symptoms of mental illness rather than a comprehensive measure of well-being. Another way to understand health is through "health-related quality of life" (HRQoL), which evaluates health in terms of multiple dimensions (physical, psychological, social, and environmental) to provide a more complete view of individual well-being (Li & Zhong, 2022).

HRQoL as an outcome measure has significant importance in the field of health, and there is only a small body of literature that investigates the relationship between perceived overparenting and HRQoL in emerging adult, non-clinical populations. Most of the studies that have been conducted to date have examined global HRQoL scores, which may mask the effect of perceived overparenting on specific domains of HRQoL (Jiao et al., 2024; Urone et al., 2024). Because overparenting is considered to be a psychosocial exposure, it is expected that the effect on HRQoL will be greater on the psychological and social domains than on the physical domain. Evaluating HRQoL at the domain level could provide a better understanding of how perceived overparenting affects young adults' quality of life (QL) (Beliveau et al., 2023; Das, 2016).

Furthermore, the cultural context influences ways to parent as well as how people view parenting by parents (Alexander & Chauhan, 2020). In societies that are more collective, it is common for parents to be very much involved in their children's lives and this level of involvement can be viewed positively from a social standpoint which makes it more difficult to determine whether one is parenting supportively or overparenting (Zhou & Chung, 2022). When trying to provide culturally competent health and family intervention programs, it is important to consider how those involved in parenting view overparenting compared to health and quality of life concerns in that culture (Ria Novianti et al., 2023).

Therefore, the main purpose of the current research was to explore the link between perceived overparenting and health-based quality of life (HRQoL) among young adults with a domain-specific analytic method. This was done through the concurrent model of multiple HRQoL domains with the goal of providing clarity on how

perceived overparenting may impact individual domains of well-being, and to provide an evidence base to inform preventative mental health and public health interventions.

METHODOLOGY

STUDY DESIGN:

This research used a cross-sectional, analytical observational method to study how perceived overparenting associates with health-related quality of life in emerging adults. This method is best suited to study relationships of psychosocial exposures and health-related outcomes for a population at one time point. By evaluating multiple health-related quality of life domains, this study sought to determine domain-specific association patterns while taking into account important sociodemographic characteristics. The cross-sectional method allows an efficient data collection approach and was done using a comparatively larger sample. This research approach is used in psychosocial and public health studies to explore correlational relationships and create evidence that informs prevention and intervention strategies.

Sample size and participants:

Overall, 250 young people (ages 18 - 25) were included in this study, with participants recruited from universities and community settings. The number of participants needed was based on standard recommendations for the multivariate statistics used in the analysis with the size of the sample determined by both the number of variables (i.e., predictors and outcomes) and the estimated effect size of 0.2 or less (meaning small). For a small-to-moderate effect (0.2 or less) at the alpha level of 0.05 (5 percent), with 80 percent power to detect an effect, it was determined that a sample of at least approximately 200 participants would be sufficient. Given the potential for non-response, incomplete questionnaires, and missing data, the target sample size was increased to 250 total participants.

Convenience sampling was used to select participants, and participants were required to meet the inclusion/exclusion criteria that were established prior to the start of the study. The criteria for inclusion included being in the designated age range and having a willingness to participate and being able to provide informed consent. Criteria for exclusion from study participation included a self-reported personal history of severe psychiatric disorders, cognitive disabilities, or chronic illnesses that could adversely impact one's quality of life to reduce the potential confounding. The final sample included a non-clinical population of young adults, and thus was appropriate to examine perceptions of overparenting and health-related quality of life in a community-based sample.

Measures

Sociodemographic Information:

A structured sociodemographic questionnaire was used to collect information on participants' age, gender, socioeconomic status, educational background, and living arrangement (living with parents or away from home). Socioeconomic status was assessed based on self-reported family income and categorized into low, middle, and high groups.

Perceived Overparenting:

Perceived overparenting was measured using the Consolidated Helicopter Parenting Scale (COS) developed by Schiffrin et al. (2019) (Schiffrin et al., 2020). The CHPS is a comprehensive self-report measure designed to assess excessive parental involvement, control, and intrusion as perceived by emerging adults. The scale consolidates key dimensions of overparenting identified in prior literature and consists of 10 items rated on a 7-point Likert response format, with higher scores indicating greater perceived overparenting. The Consolidated Overparenting Scale has demonstrated strong psychometric properties, including good internal consistency, construct validity, and applicability to emerging adult populations. In the present study, the scale exhibited

good internal reliability, with Cronbach's alpha values exceeding the acceptable threshold.

Health-Related Quality of Life:

World Health Organization Quality of Life – BREF (WHOQOL-BREF) (The World Health Organization, 1995) was assessed using Health-related quality of life. This scale encompasses four dimensions including physical health, psychological health, social relationships, and environmental health. The WHOQOL-BREF comprises 26 items rated on a 5-point Likert scale, with higher scores indicating better perceived quality of life. Dimensions scores were calculated in accordance with WHO scoring guidelines. The instrument has been extensively validated across diverse cultural contexts and age groups, including emerging adults, and demonstrated satisfactory reliability in the current sample.

Covariates:

Age, gender, socioeconomic status, and living arrangement were included as covariates in the statistical analyses due to their potential influence on both perceived overparenting and health-related quality of life, as supported by previous research.

Procedure

Data were collected after receiving ethical clearance from the Institution's Institutional Ethics Committee. Potential participants were recruited from a college and from the community through one-on-one contact. Individuals who were eligible for inclusion received a detailed explanation regarding the purpose and nature of the study. After explanation, participants signed a written informed consent form. The questionnaires (sociodemographic information, CHPS and WHOQOL-BREF) were administered in either paper/pencil or electronically based on the convenience of the participant. Each of the questionnaires contained clear instructions, and participants were encouraged to provide honest, independent responses. Approximately 20-25 minutes were required by the participants to complete the questionnaires. Participation was completely voluntary, and all responses were anonymized. Participants were informed about their right to withdraw from the study at any time, with no repercussions to them. Once the data collection was completed, each participant's responses were checked for completeness, assigned a unique identification code and secured safely for scoring and analysis.

Data analysis

The data were analysed using IBM SPSS Statistics (version 25) to summarize the sociodemographic characteristics and study variables using descriptive statistics and evaluate the internal consistency of the measures using Cronbach's alpha. This study used Pearson's correlation analysis to analyse the bivariate associations between perceived overparenting and the four HRQoL domains. The primary analysis completed utilized a multivariate multiple regression, with the independent variable of perceived overparenting and the dependent variables of the four domains of HRQoL (physical, psychological, social, and environmental), while adjusting for age, gender, socioeconomic status, and living arrangement. Multivariate significance was evaluated using Pillai's Trace to examine the respective regression coefficients for each of the four HRQoL domains. All statistical analyses were two-tailed and considered statistically significant at $p < 0.05$.

RESULTS

Table 1. Sociodemographic Characteristics of Participants (N = 250)

Variable	n	(%)
Age group (years)		
18–20	84	(33.6%)
21–23	112	(44.8%)
24–25	54	(21.6%)
Gender		
Male	118	(47.2%)
Female	132	(52.8%)
Socioeconomic Status		
Low	46	(18.4%)
Middle	152	(60.8%)
High	52	(20.8%)
Living Arrangement		
With parents	156	(62.4%)
Away from parents	94	(37.6%)

Table 1 shows the demographic characteristics of the participants in the study, showing the participants were primarily emerging adults (21-23 years of age) and are evenly distributed by gender. The majority of study participants came from a middle-income family and still live with their parents. This distribution reflects the typical emerging adult population in India and provides a representative demographic sample to study students' perceptions of overparenting, as well as their health-related quality of life.

Variable	Mean	SD	Cronbach's α
Perceived Overparenting	42.8	9.6	0.86
Physical HRQoL	65.4	11.2	0.79
Psychological HRQoL	58.6	12.5	0.83
Social HRQoL	56.9	13.1	0.81
Environmental HRQoL	61.2	10.8	0.77

Table 2 provides descriptive statistical data and internal consistency for the variables measured in this study. The reported reliability for the perceived overparenting scale supports that measured scores were consistent with each other. Health-related quality of life was measured across physical, psychological, social and environmental domains, with a range of mean scores within each domain that displayed an acceptable level of variability in comparison to one another, and all domains had an acceptable level of reliability. Emerging adults scored lower than average on the psychological and social domains, indicating increased risk in these areas of health-related quality of life.

Table 3. Correlation Matrix of Perceived Overparenting and HRQoL Domains

Variable	1	2	3	4	5
1. Overparenting	-				
2. Physical HRQoL	–0.12*	-			
3. Psychological HRQoL	–0.46**	0.41**	-		
4. Social HRQoL	–0.39**	0.35**	0.52**	-	
5. Environmental HRQoL	–0.24**	0.44**	0.48**	0.46**	-

Table 3 shows the associations between perceived overparenting and health-related quality of life (HRQoL) in a bivariate manner. Negative correlations were found among the HRQoL psychological, social and environmental domains of perceived overparenting. However, this association was weak for HRQoL physical health. Also, each HRQoL domain had a relatively strong or moderate correlation with one another indicating that HRQoL is multidimensional thus allowing for the use of multivariate multiple regression analysis to assess the effect of individual domains on HRQoL concurrently.

Table 4A. Multivariate Test Statistics for the Effect of Perceived Overparenting on HRQoL Domains

Multivariate Test	Value	F	df	p
Pillai's Trace	0.28	23.17	(4, 241)	<0.001

Table 4A represent all Multivariate Test Statistics to assess the total effect of Perceived Overparenting through its relationship with the Health-Related Quality of Life Domains (HRQoL). The Multivariate Test statistics show that after combining all HRQoL Domains (the four combined), the effect of Perceived Overparenting is statistically significant, beyond the influence of sociodemographic covariates. Therefore, emerging adults who perceive that they were overparented experience some meaningful differences within their HRQoL Domains.

Table 4B. Multivariate Multiple Regression Predicting HRQoL Domains (N = 250)

HRQoL Domain	Standardized β	SE	t	p
Physical	–0.09	0.05	–1.74	0.083
Psychological	–0.43	0.06	–7.18	<0.001
Social	–0.36	0.07	–5.42	<0.001
Environmental	–0.21	0.06	–3.62	<0.001

Table 4B displays the domain-specific regression coefficients from the multivariate multiple regression analysis. It shows that there is a negative association between perceived overparenting and the psychological and social aspects of the health-related quality of life (HRQL) scale, indicating that increased amounts of perceived overparenting correlate to lower levels of psychosocial health. There is also a negative association with the environmental domain, however the association between perceived overparenting and physical health was weak and was not statistically significant. Therefore, it appears that the negative consequences of overparenting occur mainly in the psychosocial dimensions of quality of life and are not as prevalent in the physical health dimensions of quality of life.

DISCUSSION

Using a domain-specific analytical approach, the present study examined the association between perceived overparenting and health-related quality of life (HRQoL) among emerging adults. This study examined four specific areas of HRQoL: physical, psychological, social, and environmental. Rather than relying solely on a global quality-of-life index, the study was designed to gain a better understanding of how overparenting behaviors have an effect on various dimensions of emerging adult health and well-being by providing a more detailed view of each area's effects. The results of this research provide valuable information about the selective, domain-specific effects of overparenting and have implications for preventive mental health and family-focused interventions.

The findings provide evidence that perceived overparenting has significant effects on several HRQoL domains (psychological, social, and environmental). Although controlling for demographic factors (age, gender, and SES) has little effect on these relationships. Results indicate that perceived overparenting affects the psychological and social domains of HRQoL more than the environmental domain and has no statistically significant effect on the physical domain. The results suggest that overparenting primarily affects an individual's psychosocial well-being instead of causing any direct/total changes to their overall health status.

OVERPARENTING AND PSYCHOLOGICAL HEALTH

The study's strongest outcome was the negative correlation between over-parenting behaviours and psychological QoL measures. Emerging adults with greater levels of parental intrusiveness and excessive control demonstrated significantly reduced psychological well-being through lower levels of positive affect, emotional stability, and personal competence compared to peers with lower levels of perceived over-parenting. Developmental theories that identify autonomy, self-regulation, and identity development as the primary developmental tasks of young adulthood are in agreement with this finding (Ruiz-Ortiz et al., 2024.; Zhu, 2023). Over-parenting behaviours restrict opportunities for independent decision-making and problem-solving; thus, emerging adults are more susceptible to experiencing psychological distresss (Perez et al., 2020).

Clinically, this finding is significantly important because psychological HRQoL is related to anxiety and depressive symptoms, stress perception, and resilience (Dumont et al., 2022). The correlation that was indicated by the results may mean that overparenting represents an on-going source of psychological and social stress, which will negatively impact emotional health and well-being, even when no mental disorder has been diagnosed. It reinforces the need to include parenting style as a factor in preventive mental health screenings, particularly for emerging adult populations in both community and college-based health care settings.

SOCIAL RELATIONSHIPS AND INTERPERSONAL FUNCTIONING

Overparenting was also negatively correlated with satisfaction with interpersonal relationships (including satisfaction with friends and family and level of support from family and friends) and interpersonal functioning for overall health-related quality of life; individuals who are overparented may find it difficult to develop friendships, set boundaries, and be competent in social situations. The view that a parent is continually involved in a child's life may lead to an individual feeling that an adult does not believe in his/her ability to independently handle social challenges and that this loss of trust has negatively impacted the individual's self-confidence (Chou & Chou, 2020).

Previous studies have suggested that overinvolved parents increase the risk for developing dependency or social inhibition, which limit the chance for youth to create social learning and may increase dependency or create a lack of socialization opportunities (Jiao et al., 2024; Schiffrin et al., 2014). In cultures that are more collectivistic or family oriented, such as India, the results may be considerably more complex, as the culture typically embraces very close parent-child relationships where parents are heavily invested in

their children (Alexander & Chauhan, 2020). The study also suggests that while many aspects of high levels of parent involvement may be considered positive, intrusive or controlling behaviours are also detrimental to the child's social wellbeing (Jensen et al., 2024). Therefore, this finding is of clinical importance in terms of separating what constitutes support from what constitutes intrusive or controlling behaviour when working within family therapy or psycho-education.

ENVIRONMENTAL QUALITY OF LIFE

The relationship between perceived overparenting and the environmental domain of health-related quality of life (HRQoL) was statistically significant ($p < .001$), but only at a moderate level. Environmental HRQoL captures people's perceptions of safety, freedom, available resources, as well as opportunities for leisure and personal growth. When parents are overly involved in their children's lives, they may limit their children's perceived autonomy within their environments, which limits the ability of emerging adults to explore their environments and engage with a broad variety of social and occupational opportunities that exist within those areas (Parra et al., 2019). Additionally, excessive parental oversight of daily activities as well as limiting opportunities for their child can negatively impact their perceived level of satisfaction within their environments (Segrin et al., 2015).

This finding indicates that, while they are less strongly related to the psychological and social domains, overparenting may impact the way in which young adults perceive and navigate their lives as a whole. The implications for career development and life satisfaction are also of concern. From a public health standpoint, the quality of an environment can be directly related to long-term well-being. This indicates that the impact of overparenting may not only affect the emotions of young adults but also affect their overall well-being over time (Li & Zhong, 2022).

PHYSICAL HEALTH DOMAIN

The results of this study indicate a weak relationship between perceived overparenting and physical health in emerging adults. Therefore, overinvolvement of parents may not have direct effects on self-reported health status among emerging adult populations. Given that physical HRQoL in this age group is generally high with fewer chronic health conditions, which may limit variability and reduce the likelihood of detecting associations (Barakou et al., 2025).

The absence of an established link between overparenting and physical health does not mean that overparenting does not have a connection with physical health through indirect or longer-term processes. For example, psychological stress, limited autonomy from parental support can have an indirect or prolonged effect on physical health by way of sleep disturbance, behaviour related to health, or stress physiology (Beattie et al., 2015). Since prolonged exposure to overparenting might impact physical health outcomes, longitudinal studies must be initiated to evaluate those effects.

CONCLUSION

The present research provides evidence that perceived overparenting is linked to poor health-related quality-of-life (HRQoL) among emerging adults; significant negative effects were reported in the psychological, social and environmental domains with no apparent effect on physical health. Utilizing a domain-specific multivariate analysis, results suggest that overparenting functions as a psychosocial risk factor and not as a general determinant of health. Autonomy, emotional regulation and interpersonal competence are important features for emerging adults as they transition to adulthood; therefore, the findings have important clinical/public health implications because health care providers should consider family interactions, especially over-parental control, when assessing adolescents/young adults' overall wellbeing and psychosocial functioning through the use of screening for perceived overparenting behaviours in college health centres, primary care settings and mental health services may be beneficial for identifying individuals who may subsequently experience decreased quality-of-life in the future. Family-based psychoeducation and counseling strategies to enhance the autonomous parenting practices will help parents

to interact with their children in a positive and healthy manner, especially in sociocultural environments where parents have a strong level of involvement. However, the research does have some limitations that should be taken into account. The use of cross-sectional design limits causal inferences, and using self-report measures may be bias due to respondents internalizing their subjective experiences. Additionally, the lack of clinical samples limits the ability to generalize the results about overparenting to individuals with chronic physical health problems. Cultural moderators of overparenting were not assessed in this research, making it difficult to determine how ethnicity and cultural differences affect parenting practices. Future studies should focus on using longitudinal and multiple-informant study design in order to improve the understanding of how overparenting impacts health, increase knowledge on how overparenting operates and affects self-efficacy, autonomy and psychological distress and develop effective solutions for enhancing the health-related quality of life of children and/or their parents. Conducting research on overparenting from a cross-cultural perspective and/or using interventions would also help to gain a better understanding of how overparenting affects health-related quality of life and provide the foundation for developing specific prevention and remediation approaches.

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