RESEARCH ARTICLE

Intensive parenting, guilt, shame, and psychological well-being of stay-at-home mothers in Pakistan: A cross-sectional survey

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Abstract

Objective: To explore the prevalence of intensive parenting attitudes among stay-at-home mothers, the relationship between such attitudes and psychological wellbeing, and the mediating role of guilt and shame between intensive parenting attitudes and psychological wellbeing.

Method: The cross-sectional study was conducted from August 2023 to February 2024 after approval from the ethics review board of King Edward Medical University, Lahore, Pakistan, and comprised stay-at-home mothers aged 20-65 years from the Punjab province. Data was collected using the Intensive Parenting Attitudes Questionnaire, the Guilt and Shame Experience Scale, and the Ryff's Scale of Psychological Wellbeing. Data was analysed using SPSS 27.

Results: Of the 200 mothers with mean age 42.5±9.0 years, 176(88%) from urban areas, 24(12%) from rural areas, 14(7%) had no formal education, 7(3.5%) had a postgraduate degree, and 192(96%) were married. Overall, psychological wellbeing of the mothers was predicted positively by fulfilment, and negatively by shame and guilt (p<0.001).

Conclusion: Stay-at-home mothers endorsed intensive parenting attitudes, which, along with guilt and shame, predicted their psychological wellbeing.

Keywords: Parenting, Guilt, Shame, Mental health, Mothers. (JPMA 76: 181; 2026)

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Introduction

In the words of American author Glennon Doyle, mothers "have martyred themselves in their children's names" since the beginning of time. "We have lived as if she who disappears the most loves the most. We have been conditioned to prove our love by slowly ceasing to exist. What a terrible burden for children to bear — to know that they are the reason their mother stopped living. What a terrible burden for our daughters to bear — to know that if they choose to become mothers, this will be their fate, too ... This is why Jung suggested that there is no greater burden on a child than the unlived life of a parent."[1]

Psychiatrist Daniel N. Stern in 1995 introduced the concept of "the motherhood constellation",[2] which was later explained by Donald W. Winnicott in 2016 as the "primary maternal preoccupation".[3] Both terms more or less describe a mother's preoccupation with her infant to such an extent that she ignores everything else. Sharon Hays' 1996 concept of "intensive mothering ideology" or the "motherhood myth"[4] relates Stern's and Winnicott's theory to social pressures and cultural norms. Hays asserts that mothers feel bound to conform to sociocultural norms of highly involved parenting, which reinforce the idea that women should be primary and always available caregivers of their children, forcing them to prove their worth as mothers by investing large amounts of time and energy in their children. These cultural ideals of "child-centred, expert-guided, emotionally absorbing, labour-intensive, and financially expensive" parenting put mothers in an all-caring and self-sacrificing position with limited autonomy on personal and professional grounds. Intensive parenting attitudes (IPAs), endorsed by all men and women regardless of parental status, are based on five culturally refined beliefs: essentialism, fulfilment, stimulation, challenging, and child-centred.[5] Essentialism is the belief that mothers are inherently better at parenting than fathers. Fulfilment is the belief that motherhood is a fulfilling job. Stimulation is an intensive parenting attitude whereby mothers engage their children in stimulating activities to improve their cognitive development. Challenging is the belief that parenting is a demanding job. Lastly, child-centredness is an intensive mothering attitude whereby mothers prioritise their children's needs to the extent that they sacrifice their personal needs.[5]

Guilt and shame are often considered integral to motherhood.[6] Maternal guilt is a socially induced negative self-evaluation that leads to remorse or regret. Shame is also a negative self-appraisal, but is associated with a desire to disappear or escape. Guilt and shame occur when mothers compare their experiences to socially constructed

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ideals of good motherhood.[7] For example, literature has shown that the motherhood myth is an important determinant of guilt and shame experience (GSE) in non-breastfeeding and working mothers. Mothers perceive their parenting to be inferior or inadequate when they do not, or choose not to breastfeed.[8] Similarly, working mothers feel guilt and shame for not providing adequate time and care to their children.[6,7] Mothers of children with neurodevelopmental disorders, like autism spectrum disorder, feel guilty because they believe that they are the reason for their child's autism.[9]

Intensive parenting is a gender-based ideology that affects maternal psychological wellbeing (PWB).[10] Mothers who endorse intensive parenting attitudes often experience guilt, shame, anger, stress and even anxiety and depression if they perceive that their parenting behaviours do not align with the cultural models of good mothering.[11]

Through the years, we have come up with different concepts of PWB.[12] The most recently accepted is Seligman's 2011 model of PWB which emphasises that five core elements of positive emotions, engagement, relationships, meaning, and accomplishment (PERMA) serve as "building blocks for a life of profound fulfilment".[13]

In 1989, Carol D. Ryff presented a six-dimensional model of PWB, which conceptualised PWB in terms of autonomy (the ability to make decisions or govern actions independent of external influences), environmental mastery (the ability to effectively manage one's life and the world and take advantage of surrounding opportunities), positive relations with others (the depth of relationships with significant others), purpose in life (the ability to find purpose and meaning in life), personal growth (the ability to grow as a person and confront new challenges in life), and self-acceptance (the ability to hold positive regard for or attitude towards oneself as a whole, including one's past life experiences).[14]

The mental health of women, particularly mothers, has long been emphasised in scientific literature.[15,16] However, stay-at-home mothers (SAHMs) have not been particularly focussed upon. The literature is even more scarce for low- and middle-income countries (LMICs), particularly those that represent the South-Asian culture, such as Pakistan. Thus, a more inclusive and comprehensive approach is needed to fill these gaps in the existing literature. The current study was planned to explore the prevalence of IPA among SAHMs, the relationship between IPA and PWB, and the mediating role of guilt and shame between IPA and PWB.

Subjects and Methods

The cross-sectional study was conducted from August 2023 to February 2024 after approval from the ethics review board of King Edward Medical University, Lahore, Pakistan, and comprised SAHMs aged 20-65 years from the Punjab province. The sample was raised using purposive non-probability sampling technique after the sample size was calculated using the formula[17] [$n=Z^2.P(1-P)/d^2$] with 95% confidence interval (CI), 23% expected prevalence[18] and 6% absolute precision. The subjects were recruited through door-to-door visits, and they were invited to participate in a 45-minute survey. Written informed consent was obtained from all the participants. SAHMs who were not living with any of their children, as in the case of deceased children, children living in hostels, children studying abroad, children living with the father in case of parental divorce, or married children, and mothers diagnosed with a psychiatric illness were excluded.

Data was collected using a pre-designed Urdu questionnaire, including a demographic information form, the Intensive Parenting Attitudes Questionnaire (IPAQ)[5], the Guilt and Shame Experience Scale (GSES)[19] and Ryff's Scale of Psychological Wellbeing (RSPWB).[14] Since, SAHMs in Pakistan have limited access to the internet[20] and the country's literacy rate is considerably low[21] a paper-and-pencil survey in Urdu language was considered a more inclusive approach to data-collection.

The IPAQ is a 25-item measure assessing intensive parenting ideology across five subscales: essentialism, fulfilment, challenging, stimulation, and child-centred. Each item is rated on a 6-point Likert scale, ranging from 1= strongly disagree to 6=strongly agree. Higher scores on each subscale indicate greater agreement with the respective parenting attitude. Internal consistency of the subscales ranges from Cronbach's alpha of 0.64 for stimulation to 0.85 for essentialism.[5] The GSES is an 8-item self-report measure divided into guilt and shame subscales. Each item is rated on a 4-point scale, ranging from 1 = not at all to 4=significantly, yielding a total score range of 8-32. Higher scores indicate greater experiences of guilt and shame. The scale demonstrates good internal consistency with a Cronbach's alpha value 0.80 for shame and 0.83 for guilt.[19] In the present study, IPAQ and GSES were translated into Urdu using standard procedures and with permission from the original authors.

The RSPWB measures PWB across six dimensions: autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance. Each item is rated on a 6-point Likert scale, ranging from 1=strongly disagree to 6=strongly agree. An

overall PWB score can be calculated by aggregating scores from all the six subscales, with no predefined thresholds for high or low wellbeing. Internal consistency of the scale ranges from 0.83 for autonomy to 0.91 for self-acceptance.[14] The present study used a 42-item Urdu version of the RSPWB.[22]

Data was analysed using SPSS 27. Data was presented as frequencies and percentages or as mean±standard deviation, as appropriate. Cronbach's alpha (α), Pearson product correlation and multiple hierarchical regression analysis were carried out. Mediation analysis was carried out using Hayes' Process Macro Model 4.[23] Results were interpreted with 95% CI. P<0.05 was considered statistically significant.

Results

Of the 200 mothers with mean age 42.5±9.0 years (range: 20-65 years), 176(88%) from urban areas, 24(12%) from rural areas. Of the total, 46(23%) mothers had completed matric, 40(20%) had reached the intermediate level, 35(17.5%) had a bachelor's degree, 32(16%) had graduated, 26(13%) had not completed matriculation, 14(7%) had no formal education, and 7(3.5%) had a postgraduate degree. Among the mothers, 192(96%) were married, and 8(4%) were widowed, divorced or separated. Additionally, 124(62%) of the SAHMs lived in nuclear family setups, whereas 76(38%) lived in joint family systems. The number of children per mother ranged 1-8, with 97(48.5%) having 1-3 children, 97(48.5%) having 4-6 children, and only 6(3%) having >six children. The mean age of the eldest child was 19.9+/-9.0 years (range: 6 months to 43 years), while that of the youngest child was 12.7±7.1 years (range: 1 month to 30 years). Among the mothers, 48(24%) reported that their husbands had a physical illness or disability, 5(2.5%) reported a mental illness or disability in their husbands, 10(5%) had children with a physical illness or disability, and 13(6.5%) had children with a mental illness.

Of the IPAs, SAHMs most strongly endorsed stimulation and least strongly endorsed essentialism (Table 1). On GSES, mothers scored higher on the guilt subscale than the shame subscale (Table 1). On RSPWB, SAHMs scored highest on positive relations with others and lowest on environmental mastery (Table 1).

Essentialism correlated positively with shame and guilt, and negatively with environmental mastery; however, it was not related to overall PWB or any of its other five dimensions (Table 2). Fulfilment positively correlated with overall PWB and five dimensions (Table 2). Stimulation positively correlated with overall PWB and four dimensions (Table 2). Challenging correlated positively with shame, guilt and purpose in life, and negatively with environmental mastery (Table 2). Child-centredness positively correlated with guilt, purpose in life, and self-acceptance, but it was not significantly associated with

Table-1: Descriptive statistics for the studied variables.

Variable	Mean±SD	Possible range	Actual range	α
Essentialism	4.03±0.73	1.00-6.00	2.13-5.63	0.57
Fulfilment	5.00±0.80	1.00-6.00	1.00-6.00	0.58
Stimulation	5.12±0.69	1.00-6.00	1.00-6.00	0.57
Challenging	4.55±0.84	1.00-6.00	2.00-6.00	0.63
Child-centred	4.75±0.82	1.00-6.00	2.33-6.00	0.52
Shame	7.97±3.04	4.00-16.00	4.00-16.00	0.64
Guilt	10.20±3.47	4.00-16.00	4.00-16.00	0.77
PWB	172.33±23.88	42.00-252.00	102.00-241.00	0.87
Autonomy	26.49±5.12	7.00-42.00	12.00-42.00	0.53
Environmental mastery	26.23±5.64	7.00-42.00	13.00-41.00	0.63
Personal Growth	30.15±5.33	7.00-42.00	10.00-42.00	0.61
Positive relations	30.58±5.32	7.00-42.00	12.00-42.00	0.55
Purpose in Life	29.14±5.27	7.00-42.00	12.00-42.00	0.50
Self-Acceptance	29.76±6.29	7.00-42.00	12.00-42.00	0.73

SD: Standard deviation, PWB: Psychological wellbeing, α: Cronbach alpha.

Table-2: Comparison of pre- and post-online course scores of the surveyed questions [n (%)].

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Essentialism	-	0.07	0.20**	0.40***	0.19**	0.23**	0.24**	-0.06	0.07	-0.18*	-0.02	-0.11	0.11	-0.12
Fulfilment		-	0.48***	0.22**	0.35***	0.03	0.06	0.30***	0.16*	0.08	0.25***	0.28***	0.32***	0.21**
Stimulation			-	0.41***	0.34***	-0.01	0.10	0.21**	0.10	-0.01	0.22**	0.17*	0.29***	0.16*
Challenging				-	0.26***	0.15*	0.31***	0.01	0.05	-0.17*	0.00	0.06	0.16*	-0.02
Child-centred					-	0.02	0.15*	0.13	0.05	-0.02	0.06	0.11	0.20**	0.16*
Shame						-	0.67***	-0.46***	-0.26***	-0.37***	-0.27***	-0.42***	-0.23**	-0.41***
Guilt							-	-0.38***	-0.31***	-0.39***	-0.21**	-0.25***	-0.11	-0.34***
PWB								-	0.64***	0.74***	0.75***	0.75***	0.61***	0.82***
Autonomy									-	0.46***	0.32***	0.33***	0.20**	0.49***
EM										-	0.44***	0.48***	0.23**	0.58***
PG											-	0.50***	0.50***	0.51***
PR												-	0.41***	0.55***
PL													-	0.34***
SA														-

PWB: Psychological wellbeing, EM: Environmental mastery, PG: Personal growth, PR: Positive relations, PL: Purpose in life, SA: Self-acceptance; *p<0.05, **p<0.01, ***p<0.001.

Table-3: Hierarchical regression analyses.

Predictors of PWB	B	SE	β	*t*-test	*p*-value
Fulfilment	7.84	2.08	.26	3.78	0
Shame	-2.72	0.64	-0.35	-4.22	0
Guilt	-1.27	0.58	-0.18	-2.19	0.030
Predictors of Autonomy					
Fulfilment	1.03	0.50	0.16	2.08	0.039
Guilt	-0.46	0.14	-0.31	-3.30	0.001
Predictors of EM					
Shame	-0.35	0.17	-0.19	-2.13	0.035
Guilt	-0.39	0.15	-0.24	-2.58	0.011
Predictors of PG					
Fulfilment	1.43	0.52	0.21	2.77	0.006
Shame	-0.39	0.16	-0.22	-2.45	0.015
Predictors of PR					
Fulfilment	1.74	0.48	0.26	3.60	0
Shame	-0.75	0.15	-0.43	-4.99	0
Predictors of PL					
Fulfilment	1.54	0.50	0.23	3.08	0.002
Shame	-0.44	0.15	-0.25	-2.83	0.005
Predictors of SA					
Fulfilment	1.21	0.58	0.15	2.09	0.038
Shame	-0.62	0.18	-0.30	-3.47	0.001
Predictors of Shame					
Essentialism	0.50	0.24	0.12	2.06	0.040
Guilt	0.60	0.05	0.68	12.29	0
Predictors of Guilt					
Challenging	0.79	0.25	0.19	3.19	0.002
Shame	0.74	0.06	0.64	12.29	0

B: Unstandardised regression coefficients, SE: Standard error of beta,
β: Standardised regression coefficients.

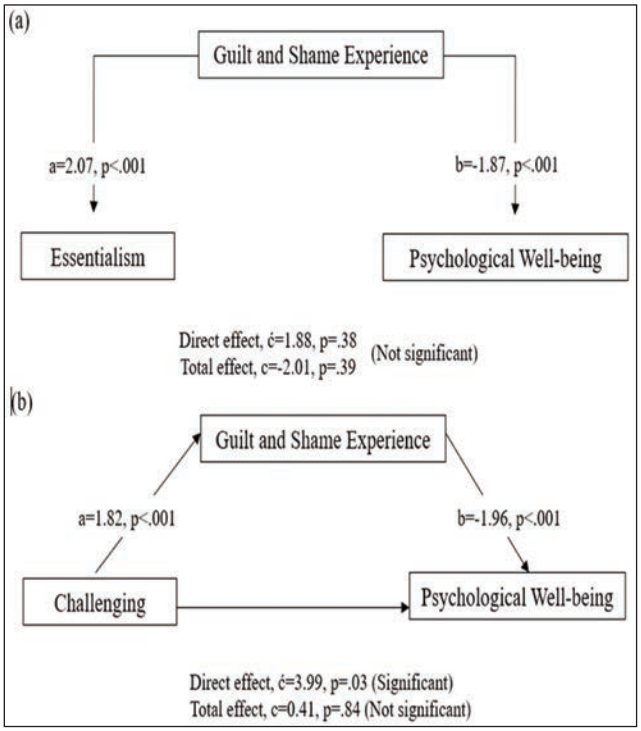

Figure: The mediating role of shame and guilt.

shame (Table 2). Shame correlated positively with guilt, and negatively with overall PWB and its six dimensions (Table 2). Guilt negatively correlated with overall PWB and five dimensions (Table 2).

Overall, PWB of SAHMs was predicted positively by fulfilment and negatively by shame and guilt ($F[7,192]=13.33$, $p<0.001$, $R^2=0.33$, adjusted $R^2=0.30$). Among the six dimensions of PWB, autonomy was predicted positively by fulfilment and negatively by guilt ($F[7,192]=5.25$, $p<0.001$, $R^2=0.16$, adjusted $R^2=0.13$). Environmental mastery was negatively predicted by shame and guilt ($F[7,192]=6.72$, $p<0.001$, $R^2=0.20$, adjusted $R^2=0.17$). Personal growth, positive relations, purpose in life, and self-acceptance were predicted positively by fulfilment and negatively by shame; ($F[7,192]=5.23$, $p<0.001$, $R^2=0.16$, adjusted $R^2=0.13$ for personal growth), ($F[7,192]=10.01$, $p<0.001$, $R^2=0.27$, adjusted $R^2=0.24$ for positive relations), ($F[7,192]=6.88$, $p<0.001$, $R^2=0.20$, adjusted $R^2=0.17$ for purpose in life), and ($F[7,192]=9.10$, $p<0.001$, $R^2=0.25$, adjusted $R^2=0.22$ for self-acceptance). Shame was positively predicted by essentialism and guilt ($F[6,193]=29.26$, $p<0.001$, $R^2=0.48$, adjusted $R^2=0.46$). Guilt was positively predicted by challenging and shame ($F[6,193]=32.77$, $p<0.001$, $R^2=0.51$, adjusted $R^2=0.49$) (Table 3).

The experience of guilt and shame fully accounted for the relationship between essentialism and PWB (Figure). Essentialism had a positive effect on guilt and shame, which then negatively affected the PWB of SAHMs (Figure). Guilt and shame partially mediated the indirect relationship between challenging and PWB (Figure). Challenging had a partial positive effect on guilt and shame, followed by a partial negative effect on PWB (Figure). Simultaneously, challenging also had a direct positive influence on PWB (Figure).

Discussion

In the current study, SAHMs in Pakistan strongly endorsed IPA, placing the highest emphasis on stimulation and fulfilment, while exhibiting essentialism to a lesser extent. This selective endorsement[10] is consistent with earlier findings.[18] Additionally, SAHMs experienced guilt and shame, with guilt being more prominent than shame.

The idea of maternal guilt has been extensively studied in the literature, which emphasises that the intensive mothering ideology or motherhood myth is the primary source of maternal guilt in Western societies.[6] However, the scientific literature has not yet established a link between intensive parenting and maternal shame. The present study is, thus, a pioneering effort to develop an empirical explanation for the relationship involving IPAs, shame, guilt and PWB, with particular emphasis on the mediating role

of guilt and shame among SAHMs in LMICs, such as Pakistan. Surprisingly, none of the IPAs negatively predicted PWB in SAHMs. However, some of the IPAs did predict shame and guilt, which then predicted PWB5 among the SAHMs. The current results show that SAHMs who endorse essentialism and challenging experience more guilt and shame, and those who endorse child-centredness experience more guilt, but not shame. The experience of guilt and shame fully accounts for the relationship between essentialism and poor PWB, and partially accounts for the relationship between challenging and poor PWB. This suggests that, for some IPAs, it is not the IPA itself, but rather the level of emotional distress it causes, that negatively impacts maternal mental health. Essentialism, in particular, reinforces rigid, culturally sanctioned expectations of motherhood, which can foster feelings of inadequacy when these ideals are not met. As mothers internalise these standards, but struggle to live up to them, they may experience guilt for not being "good enough", and shame for deviating from perceived social norms, which negatively impact their psychological health.[6,7,10]

Fulfilment and stimulation were unrelated to the experience of guilt and shame in the current study. However, both these IPAs showed a significant positive correlation with each other. A 2023 study found that non-working mothers provide more cognitive stimulation to children aged <5 years than working mothers.[24] This makes sense because engaging in stimulating activities with young children provides a sense of fulfilment to SAHMs who otherwise have limited opportunities to find fulfilment in a patriarchal household. Fulfilment, thus, predicted better PWB among SAHMs in the current study. Additionally, the study found that mothers' fulfilment in parenting predicts their positive relationships with others, and leads them to personal growth, purpose in life, and self-acceptance. Corresponding to a 2012 study,[18] essentialism neither correlated with nor predicted the overall PWB of SAHMs. However, essentialism and challenging were negatively correlated with environmental mastery, suggesting that mothers who perceive themselves as primary caregivers of their children, and those who perceive mothering as a difficult job may face problems in effectively managing their lives and taking advantage of surrounding opportunities.

The discrepancy in how specific IPAs relate to PWB can be explained by the nature and perceived origin of these beliefs. For example, fulfilment, the belief that being a parent is rewarding, may arise from intrinsic motivation and personal meaning, thereby enhancing wellbeing by reinforcing a sense of purpose. In contrast, essentialism, which is the belief that mothers are inherently better caregivers than fathers, embodies rigid, gendered expectations that can lead to external pressures. When mothers internalise these socially gendered ideals, but find them difficult to fulfil, they may experience stress, self-doubt and role strain.[7,10]

Furthermore, shame was a significant positive correlate and predictor of guilt, and vice versa. Thus, the existing literature that has focussed on IPAs and maternal guilt without exploring maternal shame has failed to define the full concept of intensive parenting and, therefore, has limited implications in South Asian cultures.

SAHMs in the current sample scored highest on positive relationships with others. Social interdependence is a prominent feature of South Asian culture that leads to better emotional wellbeing.[25] However, the same culture dominated by patriarchal norms limits mothers' control over their environment, leading to poor environmental mastery.[26] Shame and guilt negatively predicted environmental mastery, suggesting that mothers who feel guilty and ashamed in parenting lack control over their surroundings, and may not fully utilise their resources.

The present study offers important implications for both intervention and policy development. Specifically, it highlights how internalised parenting ideologies and resulting emotions, such as guilt and shame, can adversely affect maternal mental health. Recognising and addressing these psychosocial stressors is crucial not only for the wellbeing of mothers, but also for the healthy development of children and the stability of families. At the policy level, these insights call for greater attention to maternal mental health within public health initiatives. This includes integrating mental health screening for mothers into primary healthcare services, developing training for mental health professionals on the specific challenges faced by SAHMs, and promoting public campaigns that challenge rigid motherhood myths. Furthermore, these findings may inform future parenting interventions and therapeutic approaches not only in Pakistan, but also in other South Asian contexts facing similar cultural expectations around motherhood.

The current study has limitations as the sample was limited to SAHMs from Punjab, with a predominance of urban residents and participants being concentrated in select cities. This may affect the generalisability of the findings to the broader South Asian population, particularly rural and socio-economically diverse groups. Additionally, the sample showed an underrepresentation of mothers with little or no formal education, which may have introduced sampling bias, and affected the findings. The use of purposive sampling further limited representativeness and introduced potential selection bias. Moreover, reliance on self-reported measures may have led to social desirability

and recall biases, potentially compromising the accuracy of responses. Future research should replicate this study with larger, more representative samples across multiple regions to enhance external validity. Additionally, the cross-sectional design limited the ability to infer a causal relationship among the study variables. Longitudinal studies are recommended to examine the long-term impact of IPAs, guilt and shame on maternal PWB and child outcomes. Further investigation into the roles of fathers and co-parenting dynamics is also warranted to explore their potential in mitigating maternal guilt and shame, promoting maternal mental health, and fostering healthier family systems.

Conclusion

SAHMs in the Pakistani province of Punjab endorsed IPAs, likely shaped by internalised cultural norms and societal ideals surrounding motherhood. Guilt was reported more frequently than shame, and both emotions, along with IPAs, significantly predicted maternal PWB.

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References

1. Doyle G. Untamed: stop pleasing, start living. London: Random House, 2020.
2. Stern DN. The motherhood constellation: a unified view of parent-infant psychotherapy. London: Routledge, 2020.
3. Leckman JF, Feldman R, Swain JE, Mayes LC. Primary parental preoccupation: revisited. In: Leckman JF, Feldman R, Swain JE, Mayes LC, editors. Developmental science and psychoanalysis. London: Routledge, 2018; pp- 89–115.
4. Hays SR. The cultural contradictions of contemporary motherhood: the social construction and paradoxical persistence of intensive child-rearing. San Diego (CA): University of California, 1993.
5. Liss M, Schiffrin HH, Mackintosh VH, Miles-McLean H, Erchull MJ. Development and validation of a quantitative measure of intensive parenting attitudes. J Child Fam Stud. 2012;22:621–36. doi:10.1007/s10826-012-9616-y
6. Constantinou G, Varela S, Buckby B. Reviewing the experiences of maternal guilt: the "motherhood myth" influence. Health Care Women Int. 2021;42:852–76. doi:10.1080/07399332.2020.1835917
7. Collins C. Is maternal guilt a cross-national experience? Qual Sociol. 2020;44:1–29. doi:10.1007/s11133-020-09451-2
8. Jackson L, De Pascalis L, Harrold J, Fallon V. Guilt, shame, and postpartum infant feeding outcomes: a systematic review. Matern Child Nutr. 2021;17:e13141. doi:10.1111/mcn.13141
9. Marcinechova D, Zahorcova L, Lohazerova K. Self-forgiveness, guilt, shame, and parental stress among parents of children with autism spectrum disorder. Curr Psychol. 2023;43:1–16. doi:10.1007/s12144-023-04476-6
10. Kim CN, Kerr ML. Different patterns of endorsement of intensive mothering beliefs: associations with parenting guilt and parental burnout. J Fam Psychol. 2024;38:1098–1107. doi:10.1037/fam0001241
11. Forbes LK, Lamar MR, Bornstein RS. Working mothers' experiences in an intensive mothering culture: a phenomenological qualitative study. J Fem Fam Ther. 2020;33:270–94. doi:10.1080/08952833.2020.1798200
12. Hernandez R, Bassett SM, Boughton SW, Schuette SA, Shiu EW, Moskowitz JT. Psychological well-being and physical health: associations, mechanisms, and future directions. Emot Rev. 2018;10:18–29. doi:10.1177/1754073917697824
13. Kovich MK, Simpson VL, Foli KJ, Hass Z, Phillips RG. Application of the PERMA model of well-being in undergraduate students. Int J Community Wellbeing. 2023;6:1–20. doi:10.1007/s42413-022-00184-4
14. Ryff CD. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. J Pers Soc Psychol. 1989;57:1069–81. doi:10.1037/0022-3514.57.6.1069
15. Bourke-Taylor HM, Lee DA, Tirlea L, Joyce K, Morgan P, Haines TP. Interventions to improve the mental health of mothers of children with a disability: systematic review, meta-analysis and description of interventions. J Autism Dev Disord. 2021;51:3690–706. doi:10.1007/s10803-020-04826-4
16. Kuipers YJ, Beeck E, Cijsouw A, van Gils Y. The impact of motherhood on the course of women's psychological wellbeing. J Affect Disord Rep. 2021;6:100216. doi:10.1016/j.jadr.2021.100216
17. Saha I, Paul B. Essentials of biostatistics and research methodology. Kolkata: Academic Publishers, 2023.
18. Rizzo KM, Schiffrin HH, Liss M. Insight into the parenthood paradox: mental health outcomes of intensive mothering. J Child Fam Stud. 2012;22:614–20. doi:10.1007/s10826-012-9615-z
19. Malinakova K, Furstova J, Kalman M, Trnka R. A psychometric evaluation of the guilt and shame experience scale (GSES) on a representative adolescent sample: a low differentiation between guilt and shame. Int J Environ Res Public Health. 2020;17:8901. doi:10.3390/ijerph17238901
20. Jamil S. From digital divide to digital inclusion: challenges for wide-ranging digitalisation in Pakistan. Telecomm Policy. 2021;45:102206. doi:10.1016/j.telpol.2021.102206
21. Ahmad N, Shaheen N, Hussain S. Gender disparities in universal primary education: an analysis of women's education and policy implications in Pakistan (1947–2017). Eur J Educ. 2024;59:e12638. doi:10.1111/ejed.12638
22. Sadiq R, Arshad A. Infertility: a risk factor for psychological well-being in women. RMJ. 2018;43:725.
23. Hayes AF, Scharkow M. The relative trustworthiness of inferential tests of the indirect effect in statistical mediation analysis: does method really matter? Psychol Sci. 2013;24:1918–27. doi:10.1177/0956797613480187
24. Samad S, Haris H, Suardi S. Early childhood cognitive stimulation from working and non-working mothers. Cakrawala Pendidikan. 2023;42:164–75. doi:10.21831/cp.v42i1.53758
25. Uchida Y, Nakayama M, Bowen KS. Interdependence of emotion: conceptualization, evidence, and social implications from cultural psychology. Curr Dir Psychol Sci. 2022;31:451–6. doi:10.1177/09637214221109584
26. fHoque M. Patriarchy: meaning, origin, theories, and relationship with SDG10. In: Leal Filho W, Azul AM, Brandli L, Lange Salvia A, Wall T, eds. Encyclopedia of the UN sustainable development goals: reduced inequalities. Berlin: Springer, 2021; pp 641–51.

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LQ, AJ, MSZ & MG: Final approval and agreement to be accountable for all aspects of the work.