THE ROLE OF PARENTAL INFLUENCE ON COMPASSION DEVELOPMENT IN 3-5-YEAR-OLD CHILDREN: A STUDY OF PARENT-CHILD PLAY INTERACTIONS AND CHILDREN'S VIEWS OF COMPASSIONATE BEHAVIOR

By

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A thesis submitted to Brac Institute of Educational Development in partial fulfillment of the requirements for the degree of
Master of Science in Early Childhood Development

Brac Institute of Educational Development
Brac University
April 2025

Declaration

It is hereby declared that

1. The thesis submitted is my original work while completing my degree at Brac University.
2. The thesis does not contain material previously published or written by a third party, except where this is appropriately cited through complete and accurate referencing.
3. The thesis does not contain material accepted or submitted for any other degree or diploma at a university or other institution.
4. I have acknowledged all primary sources of help.

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Ethics Statement

Title of Thesis Topic: The Role of Parental Influence on Compassion Development in 3-5-Year-Old Children: A Study of Parent-Child Play Interactions and Children's Views of Compassionate Behavior

Student name: Tanisha Islam Nisha

1. Source of population

Slum children (Aged 3-5 years), Parents of Slum children (both Mother and Father)

2. Does the study involve (yes, or no)

a) Physical risk to the subjects: no
b) Social risk: no
c) Psychological risk to subjects: no
d) discomfort to subjects: no
e) Invasion of privacy: no

3. Will subjects be informed about (yes or no)

a) Nature and purpose of the study: yes
b) Procedures to be followed: yes
c) Physical risk: no
d) Sensitive questions: yes
e) Benefits to be derived: yes
f) Right to refuse to participate or to withdraw from the study: yes
g) Confidential handling of data: yes
h) Compensation and/or treatment where there are risks or privacy is involved: yes

4. Will signed verbal consent be required (yes or no)

a) from study participants: yes
b) from parents or guardian: yes
c) Will precautions be taken to protect the anonymity of subjects?: yes

5. Check documents being submitted herewith to the Committee:

a) Proposal: yes
b) Consent Form: yes
c) Questionnaire or interview schedule: yes

Ethical Review Committee:

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Abstract

This qualitative study explored children's views of compassionate behavior and the role of parental influence on the compassion development of 3–5-year-old children through parent-child play interactions in the urban slum community of a slum in Dhaka city. The research utilized in-depth interviews, observations, and perspective-taking tasks with six parent-child pairs to understand parental perceptions of compassion, how parents support its development, and how children interpret compassionate behaviors. Findings revealed varied understandings among parents, from associating compassion with basic caregiving to deeper emotional nurturing. Socioeconomic constraints and stressful environmental conditions notably limited parental involvement in play, thus affecting opportunities to foster compassion. Nonetheless, some parents utilized storytelling and role-playing effectively during play to encourage compassion. Children's understanding and expression of compassionate behaviors also varied, highlighting both proactive and passive approaches. Exploring this topic is critical because early childhood is a foundational stage for shaping emotional intelligence and moral development, particularly in under-resourced environments where daily survival challenges can overshadow positive social values. The study underscores the necessity of targeted educational initiatives and supportive community programs to enhance parental awareness and engagement in compassion-focused activities. It emphasizes policy recommendations for integrating structured play interventions to nurture compassion among children in resource-constrained environments.

Keywords: *Compassion Development; Early Childhood; Parent-Child Play; Urban Slums; Socioeconomic Constraints; Qualitative Research*

Dedication

To the slum parents of Dhaka, whose tenacity and love mold the future generation's compassionate hearts.

Acknowledgment

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List of Acronyms

ECD	Early Childhood Development
UNCRC	United Nations Convention on the Rights of the Child
UNESCO	United Nations Educational, Scientific and Cultural Organization
CBO	Community-Based Organization
IDI	In-depth Interview
UNESCO MGIEP	UNESCO Mahatma Gandhi Institute of Education for Peace and Sustainable Development
BRAC IED	BRAC Institute of Educational Development

Chapter I: Introduction & Background

Introduction

Early childhood, especially the 3 to 5 age range, is widely acknowledged as a vital period in a child's social, psychological, and cognitive development. Children start to build the foundation for perceiving social norms and managing interpersonal relationships during these formative years, learning crucial skills that influence their abilities to engage with others and conform to their social environments (Burger, 2010). Compassion is widely utilized in various disciplines, such as health care, educational mental health, philosophy, and religious studies (Goetz, Keltner, & Simon-Thomas, 2010). Compassion entails being moved by the distress of another individual and being motivated to assist in its alleviation. For instance, a child may demonstrate compassion by comforting a distressed friend, such as by offering a hug or sharing a toy, showing the proactive nature of this virtue (Strauss et al., 2016).

According to developmental psychology, children's moral feelings and prosocial conduct are closely related to compassion. Positive actions, characterized as selfless deeds to help others, such as lending a hand, sharing, consoling, or giving, represent compassion in action and cultivating warmth from an early age (Spinrad & Eisenberg, 2017). According to Fisher (2016), play is recognized as a basic activity for children, acting as a key source of excitement and engagement as well as a natural way for them to learn. Children can explore their surroundings, express their feelings, and form social bonds through play, which is defined as an optional, intrinsically motivated activity (Ginsburg, 2007). Children usually play at home before starting school, frequently with their parents, who serve as their first playmates and facilitators (Brown & Vaughan, 2009). According to Landry et al. (2006), these play interactions

between parents and children offer chances for communication, emotional bonding, and an example of pro-social traits like compassion.

Pre-primary schooling in Bangladesh usually starts at age five, marking the start of formal education (Rahman, 2023). Nonetheless, studies show that important qualities like compassion start to emerge in early life, long before formal schooling begins (Thompson, 2019). Parents impact these formative years most because they are the main caregivers and role models at this crucial time. The way parents engage with their children through play, conversation, and emotional support substantially influences the development of pro-social traits like compassion (Ayoub et al., 2014). Parental guidance is even more crucial in promoting compassion in socioeconomic environments like Dhaka's slums, where children may encounter particular stressors (Ayun, 2024).

Studies on compassion have shown that even children aged 3 to 5 years old, especially toddlers, may respond compassionately and demonstrate care for the welfare of others (Spinrad & Eisenberg, 2017). Numerous biological and social variables have been illustrated to affect children's capacity for compassion. According to Eisenberg, Spinrad, and Knafo-Noam (2015), children's compassion increases with age since adolescents are often better at identifying other people's worries and reacting to their suffering. Second, it has been proposed that parenting techniques like perspective-taking, modeling, and inductive reasoning, as well as children's participation in adult-led activities like helping around the house, greatly influence how and to whom kids develop a sense of compassion.

Families residing in the slum areas of Dhaka encounter a multitude of challenges that profoundly affect their daily lives and the developmental trajectories of their children.

These communities are often characterized by acute socio-economic hardships, including pervasive poverty, overcrowded living conditions, and restricted access to fundamental services such as healthcare, education, and safe recreational spaces (Hossain, 2008). The socio-economic pressures and limited resources prevalent in low-income areas, such as urban slums, profoundly influence how parents perceive and prioritize play. These perceptions directly shape children's opportunities to engage in meaningful play activities that support emotional growth and development. It is therefore essential to understand how parents in these challenging contexts play as a tool for fostering compassion. Moreover, further research is needed to explore strategies that empower parents to harness play's full potential in nurturing compassion in their children (Ginsburg, 2007).

In conclusion, compassion is a multifaceted virtue that is essential for human flourishing. It is a complex interplay of cognitive, emotional, and motivational factors that drives the desire to alleviate suffering and promote well-being among 3-5-year-old children. By understanding the components and developmental trajectory of compassion, we can cultivate this essential quality among 3-5-year-old children, fostering a more compassionate and just world.

Statement of the Problem

Parents residing in slum regions do not have a full grasp of their roles in fostering compassion in 3-5-year-old children, especially during play interactions with their kids. The culture and structure of slum regions, characterized by poverty, crowding, and an absence of social infrastructure, are essential to this issue. Gruebner et al. (2012) indicate that socioeconomic difficulties often create environments that hinder the development of essential social and emotional traits such as compassion in Dhaka,

where roughly half of its residents reside in slums. The problem is further aggravated by the lack of safe spaces for play and significant interactions between parents and children. Parents often find themselves so occupied with meeting their children's fundamental survival needs that they can rarely dedicate time to fostering pro-social behaviors in them (Ginsburg, 2007).

Considering that the initial years are vital for developing essential skills of compassion and social connection, this matter significantly affects children's early learning and growth (Strauss et al., 2016). Children may lose the chance to develop compassion in play interactions if parents do not offer proper guidance. This may impede their ability to develop healthy relationships and manage their emotions (Malik, 2019). Moreover, the stressful conditions of slum living, such as violence exposure and limited resources, restrict children's access to organized play, which is essential for fostering compassion and other social abilities (Hossain, 2008).

Instilling compassion is particularly challenging for parents in these environments because they may not grasp its importance or know how to assist children in cultivating it. Parents struggle to engage in significant, compassion-driven interactions with their children because of insufficient information and the pressures of residing in a densely populated and resource-limited setting (Landry et al., 2006). As a result, children may develop emotional gaps in these settings as they grow up, which limits their capacity to build strong social relationships and make valuable contributions to their communities (Belsky, 2006).

This problem has larger implications for the field of early childhood development in addition to having an impact on specific children and their parents. A generation of children who lack the pro-social abilities necessary to create coherent and

compassionate societies may result from a lack of emphasis on compassion development. To solve this issue, it is necessary to thoroughly examine how the socioeconomic environment of slums affects the responsibilities that parents play in helping their children develop compassion and to develop strategies to assist parents in doing so (Lansford & Dodge, 2008).

Purpose of the study

This study aims to understand how parents in the slums of Dhaka perceive their role in fostering compassion in their 3- to 5-year-old children and how these children interpret compassionate actions. By exploring parents' comprehension of compassion, the cultivation of compassion in children, and the contributions that parents can make to their children's compassionate growth, alongside the interactions between parents and children and children's perceptions of compassionate actions, we seek to determine ways to enhance parenting strategies to foster children's compassion in these demanding contexts. Simply put, by exploring how parents perceive interactions with their children and how children view compassionate actions, we aim to suggest methods that enable parents to foster supportive settings that encourage compassion.

Significance of the study

The significance of this study, parents' role in compassion development for children ages 3-5 years during parent-child play interactions and children's views of compassionate behavior in Dhaka slums, lies in its potential to illuminate a crucial yet often overlooked aspect of early childhood development in socioeconomically disadvantaged environments. Compassion is a fundamental quality that can lead to improved social interactions, emotional regulation, and overall well-being. Understanding parents' perceptions of their role in the compassion development of 3-

5-year-old children and their practices during parent-child play interactions centering on compassion development in slum settings will contribute to academic literature and promote a better understanding of this crucial aspect of learning and child development (UNESCO MGIEP, 2024).

In Dhaka's slums, where socioeconomic challenges are pronounced, families face numerous barriers, including poverty, overcrowding, and violence, which can hinder opportunities for positive parenting and the cultivation of compassion (Malik, 2019). Research suggests that the development of compassion is influenced by early interactions with caregivers, where modeling altruism, engaging in nurturing activities, and providing supportive environments are crucial (Strauss et al., 2016; Goetz, Keltner, & Simon-Thomas, 2010). Understanding how parents in these communities perceive compassion development for children and their role in 3-5-year-old children's compassion development, fostering the process of compassion development during parent-child play interactions, and how children view compassionate behavior can guide the creation of targeted interventions and policies that empower caregivers to support emotional growth in children. Put differently, this study is justified as it can contribute valuable insights that inform strategies for improving early childhood education for parents and support systems.

Policies that emphasize parents' involvement in helping children develop compassion at an early age are currently lacking, especially in socioeconomically deprived regions. Although nurturing surroundings are crucial for children's holistic development, international laws like the United Nations Convention on the Rights of the Child (UNCRC) fail to address fostering compassion through parent-child interactions (United Nations, 1989). Similarly, in Bangladesh, the National Education Policy (2010) and the Operational Framework for Pre-Primary Education (2013), two

of the country's current early childhood development policies, place a greater emphasis on cognitive development and educational access than on socioemotional learning or the active role of parents in fostering compassion in their children's formative years (Government of Bangladesh, 2013).

Although parental involvement is encouraged by early learning programs, these policies frequently lack specific guidelines or interventions to help parents develop compassion through everyday parent-child play interactions. Additionally, efforts to teach children tenderness and compassion as part of community-level interventions are not sufficiently integrated into programs intended to reduce violence, poverty, and inequality in slum regions (UNESCO, 2021). Because of these policy gaps, caregivers in underserved communities lack the tools and training necessary to assist their children in developing pro-social skills and emotional well-being. Bridging these gaps and integrating compassion-focused parenting initiatives into current policy could establish the foundation for enhancing the social and emotional health of children in underprivileged environments.

Furthermore, with growing evidence suggesting that compassionate children are more likely to engage positively with their communities and contribute to social cohesion (UNESCO MGIEP, 2024); by recommending parenting strategies, this research has the potential to drive long-term societal benefits. Additionally, early exposure to compassionate behavior enables children to recognize and respond to others' needs with sensitivity, promoting their moral and ethical development.

Ultimately, the findings have the potential to improve early childhood development practices by fostering emotionally secure environments where compassion can thrive. As children raised with compassion are more likely to form healthy relationships,

resist antisocial behavior, and contribute positively to their communities (Wildkind Play School, 2020), this research has long-term implications for both individual and societal well-being. In contexts where gender-based violence and social inequality are prevalent, instilling compassion during early childhood could play a transformative role in shaping more empathetic and inclusive communities.

Research Questions

1. What are parents understanding of compassion and its development in children aged 3-5 years?
2. What are parents' understanding of their role in supporting these children in caring about and developing compassion during parent-child play interactions?
3. In what ways do parents foster compassion development when they play with their children ages 3-5 years?
4. How do these children's views influence compassionate behavior?

Operational Definition

Compassion: In this study, compassion refers to children's ability to recognize emotional distress in others, respond empathetically, and engage in actions aimed at alleviating distress. This includes behaviors such as comforting, sharing, helping, and verbally expressing concern.

Parental Influence: This term encompasses the behaviors, practices, attitudes, and emotional responses exhibited by parents that shape their children's development of compassion. It particularly emphasizes parent-child interactions during play.

Parent-Child Play Interactions: Refers to structured and unstructured interactive activities between parents and children (aged 3-5 years) which include, but are not

limited to, role-play, games, storytelling, and recreational activities aimed at promoting social, emotional, and compassionate behaviors in children.

Children's Views of Compassionate Behavior: This refers to children's expressed thoughts, perceptions, understanding, and interpretations of what constitutes compassion, as well as their descriptions and demonstrations of compassionate behaviors in everyday scenarios.

Slum Communities: Refers to densely populated urban areas characterized by poverty, inadequate housing, limited access to essential services, and constrained living conditions. The specific community for this research is in Dhaka, Bangladesh.

Socioeconomic Challenges: Denotes various hardships faced by slum residents, including economic poverty, limited educational opportunities, insufficient healthcare access, and exposure to social stressors such as violence and overcrowding.

Prosocial Behavior: Refers to voluntary actions that are intended to benefit others, such as sharing resources, providing comfort, cooperating, and helping without expectation of a reward.

Early Childhood Development (ECD): Defined as this time frame, which spans from birth to age eight, is vital for social, emotional, cognitive, and physical development. This study specifically focuses on the 3-5-year-old age range within this broader developmental period.

Community-Based Organization (CBO): Refers to non-profit, charitable organizations that were founded and are managed by members of the community who operate them and that actively interact with and assist families and children residing in the slum areas of Dhaka.

Chapter II: Literature Review

With the focus on its importance, contributing factors, and the role of play and family in promoting this vital skill, the goal of this literature review is to present a thorough understanding of compassion development in early childhood. As an umbrella term, compassion is essential to moral, social, and emotional growth, particularly in the early years of life. This section was created by methodically going over a variety of sources, such as books, reliable online publications, and peer-reviewed journal articles. Key research and theories are reviewed to explain the definition, elements, and development of compassion in 3-5-year-old children and the potential and difficulties associated with fostering compassion in underprivileged environments, such as Dhaka's urban slums. This review establishes foundations for exploring parental perspectives and methods for cultivating compassion in challenging situations while emphasizing current research deficiencies, particularly in the Bangladeshi context.

1. Understanding Compassion

1.1. The meaning of compassion

Experimental studies, as reviewed by Goetz et al (2010), often view compassion as an individual trait or skill, an emotion triggered by observing others in need, and a motivator for helping and understanding. However, Goetz et al. (2010) argue that compassion is distinct from distress, sadness, and love, which is the ability to understand another's experience. Compassion goes beyond understanding, driving actions like helping, comforting, caring, and sharing. Their research highlights that compassion can be harder to elicit when differences in status, culture, or personal characteristics exist. Additionally, they emphasize that perceptions of deservingness

and the potential costs of helping significantly influence the experience of compassion.

1.2. The purpose, types, and components of compassion

“Compassion is instrumental in developing altruism, respect, love, cooperation, and justice” (Koç & Yayla, 2023). Psychological and social research identifies three primary types of compassion: self-compassion, compassion for others, and receiving compassion. Neff (2003) defines self-compassion as an approach that involves treating oneself with recognizing shared humanity, and maintaining mindfulness in the face of personal suffering or failure. For children, this might manifest as comforting themselves after falling by saying, "It's okay, I'm not hurt." Goetz et al. (2010) describe compassion for others as acknowledging and empathizing with another person's suffering while taking proactive steps to help alleviate their distress. For example, children demonstrate this by hugging a hurt sibling. According to Gilbert (2009), receiving compassion involves being the beneficiary of someone else’s care, generosity, and support during difficult times. A young child might experience this when a friend invites them to a game that no one else is including them in.

There are four components to compassion. First, there is a cognitive component, the consciousness of pain. Second, it has an emotive component, which is a compassionate worry about being moved by suffering. Third, it contains a deliberate component: the desire to see that suffering healed. Fourth, there is the motivating component of responsiveness or eagerness to assist in reducing that pain (Jazaieri, 2018). Halifax (2012) believes that compassion is a two-part idea. He characterizes it as the desire to experience the emotionality of taking care of and consoling a suffering

person. Five components make up compassion, according to Strauss et al. (2016): acknowledging suffering, realizing that human suffering is universal, empathizing with the individual experiencing it, allowing unpleasant feelings, and being motivated to act to lessen suffering.

2. Compassion in Early Childhood Development

2.1. Compassion development among 3-5-year-old children

Young children's compassion is magnificent evidence of their developing compassion and emotional awareness. Children between the ages of 3 and 5 frequently demonstrate compassion through many kinds of prosocial activities, including giving a hand, sharing, consoling, and showing concern for family members and classmates. Even if they haven't been in the same situation themselves, these behaviors reveal that they can identify and address the needs of others. A caring child might, for example, offer to share a toy, console a distressed friend, or help a peer who is having trouble with a task (Eisenberg et al., 2015).

The capacity to identify with others is an important characteristic of compassionate children. They can sense and communicate emotions, providing emotional support by sharing their possessions or hugging a sad friend (Svetlova et al., 2010). Furthermore, these children show goodwill by being grateful, speaking politely, and voluntarily lending a hand to others in modest but significant ways. Another characteristic of compassion is helping behavior, which might include taking care of a younger sibling, helping a parent with household duties, or soothing a distressed animal (Eisenberg & Fabes, 1998).

Compassionate children also learn how to take unique perspectives, which enables them to recognize that other people may think, feel, and experience things differently

than they do. They can react more sensitively and carefully because of their growing capacity to see things from another person's point of view. For instance, they might comfort a friend who is upset by giving them a pat on the back or encouraging words (Spinrad & Eisenberg, 2017).

The child's temperament, social experiences, and the caring role modeling of peers and caregivers are some of the aspects that influence these behaviors (Brownell et al., 2009). Furthermore, compassionate behavior is significantly supported by encouraging surroundings, such as those seen in the home or early education settings. According to Lopez et al. (2012), children who are exposed to environments that prioritize compassion and teamwork are more likely to continuously demonstrate thoughtfulness in their interactions with others.

Children may show compassion in many ways, which is essential to notice. Others may demonstrate their compassion by nonverbal cues or tangible acts of care, while others may be more verbally expressive. The fundamental theme of compassion and understanding for others is a constant and distinguishing characteristic of compassionate children, despite their differences.

2.2. Importance of compassion development for children of 3-5 years in early childhood

The development of compassion is a crucial aspect of children's psychological and social development between 3 and 5 years old. The foundation for compassionate and prosocial behavior is established by compassion, which is the ability to value and connect with another person's feelings. Children aged 3 and 5 years old who acquire compassion are to grow up and have strong ethical convictions; also a willingness to assist those in need. Compassionate children are more likely to be accepted by their

classmates and have stronger social relationships (Eisenberg et al., 2015). In addition, they are more likely to have better mental health outcomes and to be strong in the face of adversity (Shapiro et al., 2016).

2.3. Role of play in compassion development in early childhood

Play is a foundational activity in childhood that significantly contributes to the development of compassion. Through play, children learn to navigate social dynamics and develop skills necessary for prosocial behaviors. It provides opportunities for children to engage with peers in ways that foster understanding and emotional connection (Moore, 2004).

As children progress from solitary play to collaborative play, they begin to understand and internalize social cues. Collaborative play, in particular, involves planning, negotiation, and cooperation, which are critical for developing compassion. During such interactions, children can observe and emulate compassionate behaviors, such as sharing, helping, and resolving conflicts (Moore, 2004). For example, scenarios in which children role-play adult responsibilities or community roles allow them to practice tenderness and recognize the value of diversity and inclusion.

3. Parental Influence on Compassion Development

3.1. Parent's practices and modeling of compassionate behavior

Parental practices play a pivotal role in fostering compassion in children, shaping their ability to respond empathetically to the suffering of others. By modeling compassionate behavior through their actions, words, and emotional responses, parents provide a framework for children to understand and express care for others (Hilppö et al., 2019). Warmth and attentiveness in addressing the needs of others

significantly influence children's compassionate behaviors (Spinrad & Eisenberg, 2017).

Effective parenting strategies, such as inductive discipline, emphasize perspective-taking and help children understand the impact of their actions on others, contributing to the development of compassionate responses (Kirby, 2017). Additionally, parental involvement in prosocial activities, such as volunteering or helping others, instills a sense of responsibility and care in children (Lopez et al., 2012).

A compassionate family environment serves as the foundation for a child's emotional and moral development, influencing their interactions with peers and fostering nurturing relationships within and beyond the family (Hilppö et al., 2019).

Play-based interactions also offer opportunities for parents to nurture compassion in children aged 3 to 5 years old. Play, defined as an activity that is intrinsically motivated, freely chosen, and enjoyable, becomes a valuable medium for emotional learning and social development. For instance, parents can read stories about characters experiencing diverse emotions or engage in games that involve taking turns and sharing to promote compassionate behavior. Encouraging children to express their feelings and recognize the emotions of others during play strengthens their ability to empathize and connect emotionally (Berk, 2013).

By demonstrating compassion and helpfulness in daily interactions and incorporating these practices into play, parents create a nurturing environment that fosters compassion in children aged 3 to 5 years old, ensuring their holistic emotional and social development.

3.2. Caregiver’s role in compassionate development among children through play activities

Play also creates a safe environment for children to explore emotional responses. Caregivers play a vital role in guiding children through conflicts during playtime, helping them articulate their feelings and understand the perspectives of others. Such interventions reinforce the importance of understanding and acceptance, forming the foundation for a compassionate worldview (Moore, 2004).

3.3. Parents' experience of obstacles in compassion development among children in urban slum environments in Dhaka

Urban slum environments, like those in Dhaka, present unique challenges that deeply affect child development and the cultivation of compassion. These challenges are multidimensional, encompassing socioeconomic, environmental, and infrastructural issues. Slums in Dhaka are characterized by extreme poverty, unemployment, and informal housing arrangements, which often limit access to basic amenities such as clean water, sanitation, and education (Kumari, 2022). These conditions create stress and instability for families, potentially impeding parents' ability to provide nurturing and emotionally supportive environments that are conducive to compassion development.

Slum settlements often lack planned layouts, resulting in haphazard and dense environments. Limited private spaces and poorly maintained communal areas restrict opportunities for safe and constructive peer interactions, which are essential for fostering social skills like compassion (Kumari, 2022). Furthermore, inadequate educational infrastructure in these areas limits children's exposure to programs and activities that promote prosocial behaviors.

These challenges collectively affect the psychological and social development of children. In such environments, parental stress may limit their capacity to model

compassionate behaviors, while children's interactions with peers may be constrained by the lack of supportive spaces or structured activities that encourage consideration and cooperation. However, targeted interventions, such as community-based parenting programs and early childhood education initiatives, can help mitigate these challenges by fostering a culture of compassion within slum communities. Biglan et al. (2012) emphasize that creating nurturing environments within families should be a priority due to their significant influence on child development.

4. 3-5-Year-Old Children's Views of Compassionate Behavior

4.1. Children's understanding of compassionate behavior

Children aged 3 to 5 are starting to develop their opinions on what defines caring actions. They begin to absorb social norms and behaviors through firsthand interactions with their peers, caregivers, and the broader environment. Small children instinctively gravitate towards actions that show compassion, like assisting others, providing support to a friend, or lending a toy to someone who requires it. At this stage, their understanding of compassion typically centers on visible behaviors and emotional reactions, like soothing an upset friend or lending personal items (Svetlova et al., 2010).

As children grow, their understanding of compassion becomes more nuanced, shifting from simple acts of care to complex emotional understandings. This emotional perspective-taking is essential for moral growth in early childhood and is closely linked to compassion, as children learn to connect with others' feelings. Research shows that children as young as 3 years old can demonstrate care, leading to compassionate behaviors. They may react to others' distress by offering comfort, such as hugging a crying friend or using kind words. However, their understanding of why

someone is in distress and the appropriate response can vary depending on the child's developmental stage, family environment, and social experiences (Eisenberg et al., 2015).

Parents and guardians play a crucial role in shaping children's understanding and displaying compassion. By demonstrating compassionate behaviors and providing opportunities for children to see and participate in empathetic actions, children are more likely to internalize these behaviors as their own. For instance, when parents express concern or instruct, children recognize the importance of compassion in maintaining social relationships (Hilppö et al., 2019).

Children's perceptions of compassion are shaped by the cultural and societal environment in which they are raised. In certain communities, like the urban slums of Dhaka, the difficulties of poverty, stress, and scarce resources can influence how children perceive and engage in compassionate actions. In such environments, children might focus on practical means of assistance, like sharing food or looking after younger siblings, because of the urgent needs they notice in their surroundings (Kumari, 2022).

Despite an increasing amount of international research on children's compassion development, there are still substantial gaps in the Bangladeshi context, especially when it comes to the difficulties experienced by families in urban slum areas. Previous research on the development of compassion has primarily focused on adults in Bangladesh (Rahman et al., 2023); little attention has been paid to how compassion appears in early childhood or how parents can help their children acquire this important skill.

Chapter III: Methodology

The research approach used to investigate the impact of parents on the development of compassion in children aged three to five living in slum neighborhoods in Dhaka was described in this part. The methodology, study site, contributors, data collection tools, strategies and processes, organizing and analyzing data, reliability and validity considerations, ethical considerations, and study constraints were all covered in length in this chapter.

Research Approach and Design

This study was best suited for a qualitative research approach as it enabled a thorough examination of the roles played by parents and how children perceived the development of compassion in the socioeconomic and environmental context of Dhaka's slums. To truly understand how parent-child interactions fostered compassion, qualitative approaches were especially useful for investigating subjective experiences, beliefs, and behaviors (Creswell & Poth, 2018). According to Braun and Clarke (2013), this approach allowed the study to capture the complex nature of compassion development, as well as the social and cultural factors that influenced these dynamics in environments with limited resources. A qualitative design supported the study's objective of revealing the real-life experiences and viewpoints of parents and children, which quantitative methods might not have adequately captured, by prioritizing participants' voices.

Research Site

The research was conducted in a densely populated slum in the Bosila area of Dhaka, Bangladesh, chosen for its socio-economic challenges that provided a critical context to explore compassion development in resource-constrained environments. These

settings, characterized by limited access to education and recreational facilities, were ideal for understanding how parents perceived and supported compassion development through parent-child play interactions and how children viewed compassionate behavior. Data were collected within their homes to ensure comfort and convenience.

Research Participants

This study involved six parents (five mothers and one father) and their children from the Bosila slum in Mohammadpur, Dhaka. The children, aged 3 to 5 years, included three boys and three girls. The parents ranged from 19 to 35 years old, with most mothers serving as full-time caregivers while their spouses worked as domestic workers, day laborers, rickshaw pullers, or clerks. One 35-year-old father was a stay-at-home parent. The study captured their daily caregiving practices, levels of engagement in play interactions, and perceptions of compassion development in their children. The families resided in low-income urban settings where financial constraints and environmental challenges shaped their parenting practices and limited the children's access to structured play opportunities.

Table 1: Demographic Information of Research Participants

Participant ID	Parent's Gender	Age of Parent	Child's Gender	Age of Child (Years)	Occupation of Parent
P1	Female	28	Male	3	Homemaker
P2	Female	32	Female	4	Homemaker
P3	Female	30	Male	5	Day Laborer
P4	Male	35	Female	3	Stay-at-home Dad

P5	Female	29	Female	5	Domestic Worker
P6	Female	31	Male	4	Street Vendor

Participants Selection Procedure

The study involved 6 participants, comprising 5 mothers and 1 father of children aged 3–5 years, and 6 children aged 3–5 years of these 6 parents (1 child of 1 parent) from socio-economic slum communities. Firstly, this study selected parents based on their interests, caregiving roles, and willingness to share insights. This was measured by conducting initial interviews where parents were asked about their daily caregiving practices, such as daily routines, involvement in children's activities, and emotional and social development management. Parents who actively engaged in these roles, such as guiding moral development or participating in education, were prioritized for inclusion in the study. Secondly, parents' interest in their children's compassion development was assessed by asking questions about their awareness and practices. For example, parents were asked if they encouraged their children to help others, discuss emotions, or engage in activities that promote compassion. Parents who understood the importance of compassion and desired to foster it were considered suitable for participation.

Parents were selected based on their willingness to share insights and evaluation through a screening process. Potential parents were asked about their comfort level in discussing sensitive topics related to parenting and their children's emotional development. Those who expressed openness to participating in interviews and sharing personal experiences were included.

The study employed purposeful sampling to capture a range of experiences and views from diverse socio-economic backgrounds within slum communities. This approach

yielded rich, relevant, and insightful data on the development of compassion in children aged 3 to 5 years old within the unique socio-economic context of Dhaka's slum communities.

Data Collection Tool

In-depth interviews (IDIs), a perspective-taking task, and observation of parent-child play interactions were employed to comprehensively understand parental beliefs, values, and practices and children's views.

The IDIs provided an opportunity for one-on-one, detailed conversations with parents, allowing for exploration of personal experiences and unique insights (Boyce & Neale, 2006).

The observation provided the opportunity to understand parents' and children's behaviors and interactions in their natural settings, offering valuable insights into children's learning and socialization processes (Creswell & Poth, 2018).

The perspective-taking task provided the opportunity to understand children's understanding of good/bad behavior about compassion and why children thought a specific behavior was in their way. In line with this idea, research suggested that "perspective-taking is an active process that occurs when an observer tries to understand, in a non-judgmental way, the thoughts, motives, and/or feelings of a target, as well as why they think and/or feel the way they do" (Ku et al., 2015).

Together, these methods offered a robust approach to examining both individual and collective views on how parent-child play interactions fostered compassion development in early childhood.

Data Collection Method and Procedure

For data collection, a semi-structured interview guideline was developed tailored to the objectives of the study, complemented by detailed notes taken during in-depth interviews (IDIs). The guideline contained open-ended questions centering on themes such as ‘understanding compassion,’ ‘compassion development of children of 3–5 years,’ ‘parent’s role in supporting children to care about and develop compassion during parent-child play interactions,’ and ‘3–5-year-old children’s understanding of compassionate behavior,’ designed to elicit descriptive and reflective responses related to parents’ perceptions of compassion development for children aged 3 to 5 years through parent-child play interactions.

Observation focused on key ideas such as parents’ modeling of compassionate behavior through their actions, words, and emotional responses; parents demonstrating warmth and a willingness to address the needs of children; parents applying strategies such as inductive discipline (explaining the impact of actions on others); parents engaging children in pro-social activities, including volunteering or helping others; parents encouraging sharing, turn-taking, and cooperative play during interactions; parents acknowledging and validating children’s emotions, helping them identify and express feelings; parents guiding children to resolve conflicts peacefully, emphasizing compassion and understanding; parents using storytelling or role-playing to highlight compassionate values and behaviors; parents providing positive reinforcement when children displayed acts of warmth; parents involving children in tasks that promoted caregiving, such as taking care of pets, plants, or siblings; parents demonstrating active listening, showing attentiveness to children’s needs and thoughts; and parents discussing and reflecting on real-life or play-based situations that involved compassion or caring for others.

A perspective-taking task was conducted to explore children's understanding of compassionate and non-compassionate behaviors. Children were presented with placards illustrating scenarios such as a boy pushing another boy who then fell, and a girl hugging a friend who was crying. Each child was asked to evaluate whether the behavior in the drawing was good or bad, why they thought so, and how they believed the characters in the drawings felt. This activity enabled to assessment of the children's emotional understanding and moral reasoning related to compassion.

The data collected following IDIs, observation guidelines, and perspective-taking tasks were non-numerical and qualitative. Before conducting the IDIs, observation, and perspective-taking task, the researcher scheduled appointments with participants at times convenient for them and ensured that participants were fully informed about the study's purpose and procedure. The IDIs were held at different times and locations to accommodate participant preferences and ensure a comfortable setting. Initially, informal questions about family life, education, and work were asked to build rapport with the participants. This was followed by specific open-ended questions. The IDI guideline comprised 12 questions. The guide was piloted before the final data collection. The researcher conducted these piloting sessions in Bangla, and participants were asked for feedback on their experience and any potential issues with the questions. The researcher concluded each session by thanking participants for their time and valuable contributions. Each in-depth interview lasted between 20 to 30 minutes, while the observations were conducted within a timeframe of 30 minutes, and the perspective-taking task took around 10 minutes.

Table 2: Data Collection Method

Research Question	Technique	Participants
What are parents' understanding of compassion and its development in children aged 3-5 years?	In-depth Interviews (IDIs)	Parents
How do parents perceive their role in fostering compassion in young children during play?	In-depth Interviews (IDIs)	Parents
In what ways do parents foster compassion development when they play with their children aged 3-5 years?	In-depth Interviews (IDIs), Observation of Parent-Child Play Interactions	Parents, Children
How do children aged 3-5 years view compassionate behavior?	Perspective-Taking Task	Children

Data Management and Analysis

Thematic analysis was employed to systematically manage and investigate qualitative data gathered from in-depth interviews (IDIs), observations, and perspective-taking tasks. Initially, the audio recordings of interviews and perspective-taking tasks were meticulously transcribed to accurately capture the participants' narratives and expressions. Observational field notes were also carefully organized to maintain clarity and coherence.

Following transcription and organization, all narrative data and observational notes underwent a thorough review process. During this iterative review, the data were closely examined to identify recurring themes, patterns, and significant concepts relevant to the research questions. Identified themes and sub-themes were then categorized systematically for ease of interpretation and reference.

Table 3

Generating and categorizing initial codes, sub-themes, and themes.

Transcription extract	Codes	Sub-theme	Theme
"*For me, compassion means taking care of each other. I do not think much about compassion. I just focus on ensuring my child eats, studies, and behaves well.*" (Interview #1, 17/02/2025)	• Basic care • Limited understanding	Defining Compassion	Parents' Understanding of Compassion

Subsequently, a second, focused analysis was conducted specifically to extract and document responses directly related to the research objectives and questions. The researcher consolidated and articulated these findings clearly in written form, integrating direct quotations and descriptive examples from interview transcripts and observations. This detailed approach ensured that the findings accurately reflected participants' views, thus enhancing the validity and reliability of the research outcomes. The data management and analysis steps are provided below.

Figure 1

Data Analysis Process

Validity & Reliability

To ensure validity, the research tools were reviewed by the thesis supervisor. To establish reliability, a pilot study was conducted. Following this, the tools were finalized. To maintain data accuracy, detailed notes were taken during data collection and transcribed promptly.

Ethical Issues

The study complied with ethical guidelines and was approved by BRAC University before it began. Oral agreement was given by parents for the children's perspective-taking activities, observations, and in-depth interviews (IDIs), ensuring that their data would be kept private and used only for research. Only those who willingly consented to take part were counted. Additionally, the study's background, goals, and researcher profile were explained to the participants. They were free to choose not to participate or to skip questions because their preferences were honored.

Limitations of the Study

The study presented several limitations, including parents' limited understanding and varied definitions of compassion posed challenges in reliably interpreting their reported perceptions and practices. Socioeconomic hardships and environmental constraints significantly affected parental engagement, potentially overshadowing deeper cultural or personal beliefs about compassion. Many parents lacked active involvement in structured play due to competing daily responsibilities, limiting insights into intentional compassion-fostering practices. The study relied heavily on self-reported data, raising the possibility of recall bias and social desirability bias. Moreover, the absence of longitudinal data restricted understanding of how compassion development evolved over time. Future studies could benefit from larger, more diverse samples, multiple observational sessions, and longitudinal approaches to provide richer insights into compassion development within marginalized contexts.

Chapter IV: Results/Findings & Discussion

The findings and discussions in this chapter are based on information gathered from 6 in-depth interviews (IDIs) with parents, 2 observations of parent-child play interactions, and a perspective-taking exercise with 6 children, aged 3 to 5, who reside in the Bosila slum in Mohammadpur, Dhaka. The findings are structured according to the research questions, identifying parents' understanding of compassion, their role in fostering it, how they incorporate it during play, and children's views on compassionate behavior. The Discussion section analyzes the findings in depth by examining the participants' responses, observations, children's perspective-taking, and the researcher's reflections. These findings are then compared with existing literature to provide a broader perspective. Finally, the chapter concludes with key insights from the study and presents recommendations based on the results.

Results/Findings

The data results were integrated and organized into themes and sub-themes.

Demographic Information

The study involved six parents from a slum in Dhaka city (five moms and a father) with three boys and three girls, aged three to five. The parents were between the ages of 19 and 35, and most of the moms were full-time caregivers, while their spouses were domestic workers, day laborers, rickshaw pullers, or clerks. A 35-year-old father was a stay-at-home dad. Their daily schedules mostly focused on taking care of the house, with little time spent with the children engaging in structured play. The families resided in low-income metropolitan areas where financial difficulties and environmental limitations impacted parenting practices and child development. Access to structured learning or play resources was restricted, and children generally

engaged in spontaneous play without active parental guidance (see demographic information table in Anex-1).

Theme 1: Parents' Understanding of Compassion and Its Development in Children (3-5 Years Old)

Sub-theme 1.1: Defining Compassion. Parents' perceptions of compassion differed greatly; some linked it to the fundamental duties of providing care, while others identified more profound emotional bonds.

Care as an Expression of Compassion. Most parents across the interviews equated compassion primarily with caregiving practices. For them, compassion seemed synonymous with fulfilling the basic needs of the child, such as providing food, safety, and guidance. One mother explained, in her view, “compassion means taking care of each other,” and that her role is ensuring her daughter “eats, studies, and behaves well” (Interview #1, 17/02/2025). During the observation, the mother was primarily focused on household chores such as cooking, which took precedence over engaging with her child" (Observation #1, 20/02/2025)

In this understanding, emotional or psychological elements were not seen as central. Parents tend to focus more on actions that maintain survival and routine, rather than emotional connection or reflection. This reflects a context where parenting is often defined by provision under constraints, especially in environments affected by poverty and insecurity.

Emotional Bonds as Compassion. A smaller, but significant number of parents emphasized emotional bonding as a critical component of compassion. One mother shared that for her, compassion means “comforting my child and showing him love through hugs and kisses” (Interview #3, 17/02/2025), while another said it is about “holding my daughter, comforting her with love, and giving her kisses when she

cries" (Interview #4, 17/02/2025). These parents viewed compassion as an emotional gesture, the ability to soothe, connect, and share feelings, particularly in moments of distress.

Although these views were less common, they suggest an emerging recognition among some parents that emotional responsiveness plays a role in compassion. These insights were particularly evident in mothers who described more engaged and nurturing relationships with their children. As one mother elaborated, when her daughter cries, she responds with tenderness: "She calms down, feels happy, and listens to me and behaves well," an indication that emotional care fosters behavioral regulation as well.

This divergence in definitions indicates that while some parents frame compassion through the lens of tangible caregiving, others associate it with emotional closeness and affection. The findings suggest that understanding compassion among parents in this setting is contextually shaped, ranging from basic physical care to deeper emotional attune.

Lack of Awareness about the Components of Compassion. It was difficult for many parents to define compassion outside of their behavior. Some acknowledged they had never given understanding when questioned about them. As one parent said, "I have not thought about it. I don't know" (Interview #1, 17/02/2025)

Sub-theme 1.2: Importance of Compassion in Early Childhood Development

Regarding the need for compassion in early development, opinions diverged. While some parents were unsure of the significance of compassion, others thought it simply developed with time.

Skepticism About Young Children's Capacity for Compassion. Some parents were hesitant to believe that children aged three to five were capable of understanding or expressing compassion. Their reflections suggested that emotional maturity and by extension, compassion were something that would emerge naturally with age and experience. One mother plainly stated, "I don't think young children understand compassion" (Interview #1, 17/02/2025). A father similarly remarked that, "children start developing compassion when they are old enough to understand it, and they eventually learn it on their own" (Interview #2, 21/02/2025).

These views were echoed in the researcher's observations. In one home, no active effort was seen to encourage compassionate behavior or initiate related conversations. As noted, "No structured activities or conversations focused on compassion were observed during the session" (Observation #1, 20/02/2025).

Recognition of Early Signs of Compassion. In contrast, some parents did believe that children as young as three or four could exhibit compassion in meaningful ways. They pointed to small but significant gestures of compassion, such as helping or comforting others.

> *"I believe children start developing compassion from a very early age. My son is only five years old, but I already see him showing compassion. For example, if he sees his father struggling to carry something, he rushes to help." (Interview #3, 17/02/2025)*

Similarly, during observation, a child's genuine concern for his pet was highlighted. When the child saw his kitten in distress, he called his mother in a worried tone, indicating that he was emotionally attuned to the animal's discomfort (Observation #2, 20/02/2025).

These contrasting views reveal a gap between passive expectation and active recognition of children's emotional capacities. While some parents regard

compassion as something that matures with age, others are attuned to its early expressions in everyday life.

Theme 2: Parents' Understanding of Their Role in Supporting Compassion During Play

Sub-theme 2.1: Parental Involvement in Play

The level of parental involvement in children's playtime varied significantly among the interviewed parents. Due to their daily schedules and social situations, some parents let their children play alone, while others engage in active play with them, utilizing playtime as a chance to teach compassion.

Limited Parental Involvement in Play. Due to time constraints and conflicting obligations, many parents said that they did not actively participate in their children's play. There were few opportunities to demonstrate compassionate behaviors as a result of this lack of involvement.

> *"I wake up early and start cooking and cleaning. My child wakes up late and spends most of the day playing outside. I do not have a structured routine for my child, but I make sure she is fed and safe." (Interview #5, 17/02/2025)*

These verbal accounts were also evident in observational findings. In one instance, a mother was seen occupied with cooking and cleaning while her three-year-old daughter played alone. The child occasionally sought attention, but the mother responded only briefly before returning to her chores (Observation #1, 20/02/2025). Another child was seen playing nearby while the mother was engaged in household tasks. Although the mother acknowledged the child’s interactions, such as her play with a kitten, she remained focused on her duties (Observation #2, 20/02/2025). These moments indicate that limited involvement leaves few opportunities for parents to guide their children in compassionate behavior through play.

Active Parental Engagement in Play. On the other hand, some parents actively engaged in playing with their children because they understood how play may help them develop compassionate characteristics.

> *"I spend a lot of time with my child since I stayed at home. My child's favorite game is playing with dolls. Her doll's name is Mina. I play different kinds of games with Mina and my child, such as 'taking care of Mina and her friend.'" (Interview #4, 17/02/2025)*

Another parent mentioned singing songs with her son, using that time to model positive values: “Sometimes I join my child when he plays through these moments, I try to teach him good things” (Interview #3, 17/02/2025). Evening routines also offered opportunities for emotional bonding. One mother shared that she and her husband used to spend time with their children at night, playing simple games and storytelling to reinforce compassion and connection (Interview #5, 17/02/2025).

One parent taught compassion through the strategic use of play.

> *"My child has a doll named Mina. Sometimes, I tell her that if she does not take care of Mina, the doll will feel sad. Hearing this, she immediately takes care of it. This way, I try to teach her compassion through play." (Interview #4, 17/02/2025)*

These narratives reveal that while some parents view play as the child’s domain, others use it intentionally as a medium to nurture compassion and concern for others.

Sub-theme 2.2: Challenges in Teaching Compassion

Parents observed several challenges in teaching compassion, most of which were related to socioeconomic and environmental limitations. In addition to lacking the time, methods, or expertise to actively cultivate compassion in their children, many parents battled with their grasp of the concept.

Environmental Constraints. Living in densely populated, low-income areas posed serious challenges. One mother commented that, “Living in a slum, the biggest challenge in teaching compassion is the tough environment and constant struggles we face, such as lack of space, clean food, and safety” (Interview #1, 17/02/2025). Another shared that she lives in a single small room surrounded by many people, making it hard to provide a nurturing and calm space for her child (Interview #4, 17/02/2025).

Noise and lack of routine also made it difficult to create a stable environment for emotional learning. As one mother explained, “There is a lot of noise here, and sometimes my child wakes up crying, or her sleep is disturbed, she doesn’t want to play, listen, or learn anything” (Interview #4, 17/02/2025).

These living conditions were also evident in the observations. Parents were frequently observed focusing on household responsibilities while their children played on their own. In these cases, structured conversations or interactions about compassion were absent (Observation #1 & #2, 20/02/2025).

Parental Stress and Emotional Fatigue. In addition to environmental limitations, many parents described their emotional exhaustion as a barrier. One mother stated, “With limited resources, it becomes difficult to prioritize teaching compassion when daily survival takes precedence” (Interview #1, 17/02/2025). Another echoed this sentiment, admitting that although she wants to be patient, “stress gets the best of me, it’s hard to focus on teaching my child compassion” (Interview #3, 17/02/2025).

Even those who tried to practice calm parenting found it difficult at times. As one parent explained, “I never get angry at my baby, but sometimes, I feel so exhausted that I can’t be as patient as I want to be” (Interview #4, 17/02/2025).

These accounts reflect the reality that while parents may value compassion and emotional connection, their ability to model and teach it is often hindered by the daily demands of survival and limited emotional bandwidth.

Theme 3: Ways in Which Parents Foster Compassion Development During Play

Sub-theme 3.1: Observational Learning in Play

Parents often rely on modeling and storytelling to teach compassion during play, understanding that young children learn primarily by observing and imitating behaviors around them. For many, storytelling has become a meaningful opportunity to introduce ideas in a relatable way.

One mother explained that she uses bedtime stories to teach her son positive social values. She shared, “We sometimes bond through storytelling at night, where I teach him important values like being gentle and kind to others and always telling the truth” (Interview #3, 17/02/2025). These nightly routines became not only a moment of connection but also a channel for moral education.

Another parent used imaginative play with dolls to help her child understand emotional consequences. She said, “I tell my child that if she leaves Mina (her doll) lying around, Mina will feel sad. She immediately puts the toys back in place. This is how I try to teach compassion through play” (Interview #4, 17/02/2025). This approach shows how compassion can be developed through symbolic play when children are guided to think about the feelings of others, even those of imaginary figures.

Observational data also supported the idea that some children express compassion during play. In one instance, a child handed a toy to her parent during play, seemingly to gain her attention without being asked to do so (Observation #1, 19/02/2025). This

action reflected the child's awareness of emotional connection and may be interpreted as a small act of compassion.

Sub-theme 3.2: Real-Life Examples of Compassionate Behavior

In addition to structured play, parents also recognized that everyday situations provided opportunities for compassion to emerge organically. One parent observed her child reacting to distress:

> *"That day, my child and the neighbor's child were sitting in front of me, playing with clay pots and pans. While playing, the clay pot suddenly slipped from the neighbor's child's hands and broke, and the child started crying. Then I saw my child saying, 'Don't cry, don't cry.' My child understood that crying means feeling pain, so they were trying to comfort them." (Interview #4, 17/02/2025)*

These spontaneous responses showed that some children, even at a young age, could recognize emotional distress and offer comfort in simple, sincere ways. However, this was not universal among all families. Some parents observed that their children did not yet display such behaviors. One father remarked, "If another child cries or gets hurt, my child usually watches but doesn't step in to console them" (Interview #2, 21/02/2025).

Theme 4: Children's Views on Compassionate Behavior

Sub-theme 4.1: Recognition of Compassion in Others

The findings revealed that children's ability to identify compassionate and non-compassionate behaviors varied depending on age and verbal ability. Most children aged four to five were able to recognize helpful actions such as sharing, comforting, or offering support as "good," often linking them to positive emotions like happiness or relief. One five-year-old girl, when observing a helping behavior, simply said, "Good. Because he is helping" (Perspective-Taking Task, Female, 5 years old). Another four-year-old explained her reasoning by focusing on the emotional outcome,

saying, “Good. She made her friend happy” (Perspective-Taking Task, Female, 4 years old).

In contrast, when children were shown non-compassionate actions, such as pushing, stealing, or laughing at someone in distress, they were often quick to label them as "bad." These behaviors were commonly associated with negative feelings. One child responded, “Bad. It’s not good to take toys from others” (Perspective-Taking Task, Female, 5 years old), while another said, “Bad. Helping people is a good deed” (Perspective-Taking Task, Male, 4 years old).

Despite these insights, not all children were able to clearly explain their judgments. The younger participants, particularly the three-year-olds, struggled to verbalize their reasoning and sometimes remained silent in response to the questions (Perspective-Taking Task, Female, 3 years old).

Nevertheless, the overall responses suggest that even at this early age, most children are beginning to understand the moral dimensions of compassion, especially in terms of how actions affect the feelings of others.

Sub-theme 4.2: Expressing Compassion in Social Interactions

Children’s understanding of compassion was also reflected in how they talked about their behavior and experiences. Some children demonstrated a strong sense of compassion and a desire to mirror compassionate actions. One five-year-old girl stated, “I will be happy if someone does the same for me,” indicating an awareness of reciprocity in compassionate behavior (Perspective-Taking Task, Female, 5 years old).

Other children linked the compassion they observed in the scenarios to their real-life experiences. One boy said, “I hug my mommy when she’s sad” (Perspective-Taking Task, Male, 4 years old), while another added, “I help my mom with bags sometimes”

(Perspective-Taking Task, Male, 4 years old), reflecting how care and support within the family serve as reference points for their understanding of compassion.

However, some children acknowledged their reluctance to act compassionately. A four-year-old girl admitted, “I don’t like sharing,” despite recognizing its importance (Perspective-Taking Task, Female, 4 years old). Others recognized past mistakes and expressed a desire to improve. One boy reflected, “I sometimes push my friends. I won’t do it anymore” (Perspective-Taking Task, Male, 4 years old), while another shared, “I don’t share food with my siblings, but I will try” (Perspective-Taking Task, Male, 4 years old).

A few responses were more neutral, with children observing negative behaviors but not necessarily showing emotional engagement. For instance, one child noted, “My friends do steal my toys” (Perspective-Taking Task, Male, 4 years old), without indicating how he felt or responded.

These reflections demonstrate that while many children begin to show signs of compassionate thinking and behavior, their capacity to express and act on these feelings is still developing. Encouragement, modeling, and emotionally supportive environments remain crucial in helping young children translate their understanding into practice.

The results suggest that while some children actively engage in compassionate behaviors, others are still in the process of developing compassion and social understanding. These findings highlight the importance of nurturing perspective-taking skills through real-life interactions, modeling compassion, and structured activities that encourage children to reflect on the emotions and needs of others.

The outcomes of this research illustrate the many different concepts of compassion with which children and parents engage, understand, and express. However, parents

did not uniformly describe compassion, with some equating it to simple caregiving while others leaned towards describing it as emotional intelligence. Parental stress, socioeconomic constraints, and other contextual factors severely limited their ability to nurture compassion, especially through play, which is a lesser-employed parental activity. Some parents nurtured compassion through storytelling and real-life role-taking, but due to time, interest, or awareness, many were not able to engage. The perspective-taking activity showed that the expression and recognition of compassion in children within the age bracket of 3-5 years is not uniform. While many children could discern between compassionate and uncompassionate actions, the ability to provide explanations for reasoning and express compassion was limited. While many performed kind actions, others adopted a rather passive approach. Those findings point towards, as most children require, parental attention, organized social or pretend play, and other social contacts to develop compassion. Most importantly, there's an urgent need for parents to be aware and supported to help their children develop compassion at a young age.

Discussion

This study investigated how guardians within the urban ghetto of Bosila, Mohammadpur, Dhaka sees and bolster compassion development in their 3–5-year-old children, especially through play-based intelligence. It also inspected how children of this age gather to get it and express emotion. By employing a subjective approach through in-depth interviews, perceptions, and a perspective-taking task, the consideration revealed a differing extent of encounters and convictions formed by financial hardship, social desires, and personal child-rearing styles.

The investigation uncovers a few imperative designs: To begin with, compassion was caught on in an unexpected way over households, some guardians saw it as care and arrangement, whereas others related it with passionate warmth. Moment, the level of parental engagement in play shifted essentially, regularly due to natural and monetary imperatives. Third, children possess activities around compassion that are still shaping, impacted both by modeling from grown-ups and by their formative stages.

Theme 1: Parents' Understanding of Compassion and Its Development in Children

One of the key takeaways from the discoveries is that guardians don't hold a uniform understanding of compassion. Whereas numerous saw it as guaranteeing fundamental needs such as bolstering, ensuring, and teaching their children, others saw it as sustaining, reassuring, and communicating warmth. This distinction may reflect variations in enthusiastic education, individual encounters, or social ideas of child rearing.

These discoveries align with Goetz et al. (2010), who characterize compassion as a mental reaction that propels strong behaviors, and Eisenberg et al. (2015), who note that both instrumental and passionate shapes of behavior are central to compassionate child rearing. Critically, they found that a few guardians were dubious whether children aged 3-5 years old can feel or appear compassionate. Be that as it may, perceptions and anecdotes such as children comforting their moms or making a difference for harmed animals provided clear proof that indeed preschool-aged children are starting to lock in prosocial behavior, resounding the formative work of Svetlova et al. (2010).

This differentiation proposes a crevice between parents' discernments and the real capacities of their children, possibly constraining openings for enthusiastic

improvement at domestic. Raising mindfulness among guardians around children aged 3-5 years old with intrinsic compassionate capacities may be an imperative to begin with a step in planning interventions or educational programs for families in comparative settings.

Theme 2: Parental Role in Supporting Compassion During Play

A central focus of this inquiry was the role of play in compassion advancement. The information showed two unmistakable approaches: one in which guardians saw play as an autonomous time for children, and another where play was utilized intentionally to demonstrate compassion. These contrasts were primarily molded by parents' time accessibility, family obligations, and understanding of child development.

In numerous families, parents, especially mothers, were completely involved with household obligations, taking off small time or vitality to engage in significant play. This restricted interaction diminishes the chance to demonstrate thoughtfulness or direct social-emotional learning. The perceptions strengthened this design, uncovering those children regularly played alone, whereas caregivers centered on chores.

These discoveries are bolstered by Malik (2019), who contends that destitution and packed living conditions in urban ghettos extremely compel parents' emotional accessibility. Be that as it may, a few guardians did lock in effectively in role-playing with dolls or narrating, utilizing these openings to instruct their children about compassion and thoughtfulness. Such hones adjust with Berk (2013) and Moore (2004), who emphasize the control of guided play in creating prosocial behavior.

The comes about highlights the requirement for commonsense procedures that help guardians coordinated compassionate learning into everyday schedules, indeed with

time and asset limitations, for example, through brief narrating, discussions during dinners, or play-centered learning units that advance compassion.

There were significant differences in parental play involvement, which were mostly caused by the demands of everyday life and socioeconomic circumstances. Chaotic environment, domestic duties, and a lack of established routines were the main causes of low parental involvement, which is consistent with earlier research showing that poverty and stressful living situations can significantly limit parents' emotional availability and ability to actively participate in their children's play (Malik, 2019). On the other hand, some parents modeled compassionate behaviors like role-playing and storytelling by actively involving their children in play-based activities that promote compassion. This is consistent with earlier research that highlights the importance of play in children' socioemotional growth and how it gives them the chance to absorb prosocial behaviors (Berk, 2013; Moore, 2004).

Theme 3: Challenges in Teaching Compassion

Natural and passionate pushbacks have risen as a major obstruction to cultivating compassion in children. Guardians regularly specified the troubles of raising children in loud, cramped spaces without satisfactory security or protection. These challenges not as it were influenced children's disposition and behavior but moreover cleared out caregivers sincerely depleted. A few guardians famous that weariness and day-to-day battles make it troublesome to be understanding, much less teach compassion through reliable modeling.

This is often consistent with inquiries about Kumari (2022) and Biglan et al. (2012), who emphasize that delayed introduction to upsetting situations can hinder both child rearing quality and children's enthusiastic improvement. Eminently, indeed, guardians who caught on to the value of compassion found themselves incapable of making the kind of environment essential for it to prosper.

These discoveries emphasize the significance of tending to broader systemic issues like lodging, sanitation, and mental wellbeing support when planning early childhood programs. Child rearing workshops or back-to-basics inside these communities may moreover serve as secure spaces for guardians to learn almost passionate direction and prosocial advancement, not fair for their children but for themselves.

Theme 4: Children's Views of Compassionate Behavior

Through perspective-taking task, the study explored how children understand and react to compassionate and non-compassionate behaviors. The responses reflected developmental variability: while older children (around age five) were able to recognize, label, and explain helping and comforting behaviors, younger ones often gave limited or no responses. Some children were able to relate these scenarios to their own experiences, suggesting that compassion is already part of their cognitive and emotional toolkit.

However, there was also evidence of contradiction some children, despite identifying the value of sharing or helping, admitted that they didn’t practice those behaviors themselves. For example, one child acknowledged, “I don’t like sharing,” while another said, “I sometimes push my friends. I won’t do it anymore.” These responses are not surprising, as research shows that young children`s prosocial behaviors are

still developing and are often context-dependent (Eisenberg & Fabes, 1998; Svetlova et al., 2010).

Overall, children demonstrated an emerging but incomplete understanding of compassion. Their capacity to act with compassion appears to be influenced by age, personal temperament, and the presence or absence of compassionate modeling at home. This suggests that regular exposure to compassionate interactions, both real and imagined, is essential during these formative years.

Implications and Reflections

The study reinforces the idea that compassion is not just an innate trait; it is a learned behavior, shaped significantly by adult modeling, emotional security, and the surrounding environment. In communities like Bosila, where families face chronic stress and limited resources, children may still show early signs of compassion, but without intentional support, this capacity may not fully develop.

While the research aligns with much of the existing literature, it also highlights a unique intersection of poverty, parenting, and emotional development in low-resource urban settings. These insights can inform the design of parenting programs, early childhood interventions, and community-based play and storytelling initiatives that focus not only on cognitive development but also on nurturing compassion.

Conclusion

This study sets out to investigate how guardians impact the improvement of compassion in children aged 3 to 5 a long time living in the urban ghetto ranges of Dhaka. The inquiry uncovered a multifaceted relationship between child-rearing

styles, natural stressors, and children aged 3-5 years old's socioemotional advancement. Despite the unforgiving circumstances of destitution, restricted instruction, and packed living conditions, numerous guardians illustrated a natural understanding of compassion and its value. Their approaches to cultivating it, be that as it may, were regularly compelled by them to possess enthusiastic burdens and a need for organized direction or bolster frameworks.

The think about has successfully satisfied its destinations by revealing the discernments and hones that guardians utilize to sustain compassion, whereas also identifying the systemic and relevant challenges that restrain these efforts. One of the foremost noteworthy discoveries was the potential of play, not just as a recreational action, but as an intentional tool to instill compassionate behaviors in children. When play is accompanied by compassion and parental association, it becomes a medium through which children learn to relate, participate, and care for others.

Reflecting on the investigative process, it has been a profoundly shrewd journey. Locks in with families in such marginalized settings highlighted the versatility of caregivers, indeed, beneath pressure. It has moreover actually enhanced my understanding of early childhood advancement from a socioecological perspective, revealing that compassion is not only instructed but moreover developed through steady modeling, important intelligence, and sincerely secure situations. This involvement has set my conviction within the transformative control of early childhood instruction when upheld by educated and enabled caregivers.

In conclusion, the consideration emphasizes the importance of making steady systems for guardians living in ghetto situations. Whereas parental endeavors are fundamental, auxiliary changes at the community and arrangement level are equally vital to form

situations where compassion can flourish. A collaborative approach including families, teachers, policymakers, and social administrations is significant for advancing the socioemotional wellbeing of another era.

Recommendations

Based on the discoveries of this inquiry, the following proposals are proposed to improve compassion in early childhood, especially in socioeconomically impeded communities:

- **Plan and execute parental instruction programs** that focus particularly on compassion-building procedures through ordinary intelligence and play. This ought to be socially adjusted and available to guardians with moo education levels.
- **Build up secure, comprehensive, and lockable community play spaces** that energize social interaction among children under guided supervision. These spaces ought to be prepared with straightforward, however compelling materials that advance agreeable play.
- **Give psychosocial support and mental wellbeing administrations to caregivers,** particularly moms, to assist them cope with stress, injury, and emotional weakness. Moving forward, caregiver prosperity improves their capacity to meet their children's enthusiastic needs.
- **Cultivate associations between NGOs, community pioneers, and neighborhood government** to execute compassion-centered child rearing interventions as part of broader urban destitution lightening endeavors.
- **Encourage further longitudinal inquiry** to assess the long-term effect of compassion-based early mediations in ghetto settings. Considers seem to look

at the role of fathers, expanded family individuals, and peer impact in forming compassion during early childhood.

- **Advocate for arrangement measures** that diminish financial barriers to quality early childhood care. Speculations in lodging, healthcare, and parental leave for casual division specialists can, by implication, back more responsive and compassionate child rearing.

These suggestions point to constructing a steady environment that empowers both children and their caregivers to develop in situations where compassion is modeled, practiced, and esteemed as a central social aptitude essential for personal and communal flexibility.

References

Ayoub, C. C., Bartlett, J. D., & Swartz, M. I. (2014). Parenting and early intervention: The impact on children's social and emotional skill development. *Wellbeing: A complete reference guide, 1-32.* https://www.researchgate.net/profile/Jessica-Bartlett/publication/263734732_Parenting_and_early_intervention_The_impact_on_children's_social_and_emotional_skill_development/links/543d589d0cf2d6934ebc0fff/Parenting-and-early-intervention-The-impact-on-childrens-social-and-emotional-skill-development.pdf

Ayun, L. (2024). *Exploring parental awareness of play-based early learning at Gulshan slum 3-6 years children* (MSc in Early Childhood Development, Brac University). https://dspace.bracu.ac.bd/xmlui/bitstream/handle/10361/23162/22155009_BIED.pdf?sequence=1&isAllowed=y

Belsky, J. (2006). Early child care and early child development: Major findings of the NICHD study of early child care. *European journal of developmental psychology*, 3(1), 95-110.

Berk, L. (2015). Child development. *Pearson Higher Education AU.*

Biglan, A., Flay, B. R., Embry, D. D., & Sandler, I. N. (2012). The critical role of nurturing environments for promoting human well-being. *American Psychologist,* 67(4), 257.

Boyce, C., & Neale, P. (2006). *Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input* (Vol. 2). Watertown, MA: Pathfinder international.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners.* SAGE.

Brown, S., & Vaughan, C. (2009). *Play: How it shapes the brain, opens the imagination, and invigorates the soul.* Penguin.

Brownell, C. A., Svetlova, M., & Nichols, S. R. (2009). To share or not to share: When do toddlers respond to another's needs? *Infancy, 14*(1), 117–130. https://doi.org/10.1080/15250000802569868

Burger, K. (2010). How does early childhood care and education affect cognitive development? An international review of the effects of early interventions for children from different social backgrounds. *Early childhood research quarterly*, 25(2), 140-165.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE.

Eisenberg, N., & Fabes, R. A. (1998). *Prosocial development.* In W. Damon & N. Eisenberg (Eds.), Handbook of child psychology: Vol. 3. Social, emotional, and personality development (5th ed., pp. 701-778). Wiley.

Eisenberg, N., Spinrad, T. L., & Knafo-Noam, A. (2015). Prosocial development. In R. M. Lerner (Ed.), *Handbook of child psychology and developmental science* (7th ed., pp. 610–656). Wiley.

Fisher, J. (2016). *Interacting or interfering? Improving interactions in the early years.* McGraw-Hill Education (UK).

Gilbert, P. (2009). *The compassionate mind: A new approach to life's challenges*. New Harbinger Publications.

Ginsburg, K. R. (2007). Committee on Communications & Committee on Psychosocial Aspects of Child and Family Health. The importance of play in promoting healthy child development and maintaining strong parent-child bonds. *Pediatrics*, 119(1), 182-191.

Goetz, J. L., Keltner, D., & Simon-Thomas, E. (2010). Compassion: an evolutionary analysis and empirical review. *Psychological bulletin,* 136(3), 351.

Government of Bangladesh. (2013). *Operational framework for pre-primary education.* Ministry of Primary and Mass Education, Government of the People's Republic of Bangladesh.

Gruebner, O., Khan, M. M. H., Lautenbach, S., Müller, D., Krämer, A., Lakes, T., & Hostert, P. (2012). Mental health in the slums of Dhaka: A geoepidemiological study. *BMC Public Health, 12*(1), 1–14. https://doi.org/10.1186/1471-2458-12-177

Halifax, J. (2012). A heuristic model of enactive compassion. *Current Opinion in Supportive and Palliative Care, 6*(2), 228–235. https://doi.org/10.1097/SPC.0b013e3283530fbe

Hilppö, J. A., Rajala, A., & Lipponen, L. (2019). Compassion in children's peer cultures. *Compassion and empathy in educational contexts,* 79-95.

Hossain, S. (2008). Rapid urban growth and poverty in Dhaka City. *Bangladesh e-Journal of Sociology, 5*(1).

Jazaieri, H. (2018). Compassionate education from preschool to graduate school: Bringing a culture of compassion into the classroom. *Journal of Research in Innovative Teaching & Learning,* 11(1), 22-66.

Kirby, J. N. (2017). Compassion-focused parenting. *The Oxford handbook of compassion science,* 91-105.

Koç, S., & Yayla, A. (2023). Preservice Teachers' Perceptions of Compassion. *International Journal of Psychology and Educational Studies*, 10(3), 681-691.

Ku, G., Wang, C. S., & Galinsky, A. D. (2015). The promise and perversity of perspective-taking in organizations. *Research in Organizational Behavior,* 35, 79-102.

Kumari, R. (2022). Challenges in urban slum environments: Implications for child development. *Journal of Urban Studies, 35*(4), 245–260.

Landry, S. H., Smith, K. E., & Swank, P. R. (2006). Responsive parenting: establishing early foundations for social, communication, and independent problem-solving skills. *Developmental psychology,* 42(4), 627.

Lansford, J. E., & Dodge, K. A. (2008). Cultural norms for adult corporal punishment of children and societal rates of endorsement and use of violence. *Parenting: Science and Practice*, 8(3), 257-270.

Lopez, A., Najafi, B., Rogoff, B., & Mejía-Arauz, R. (2012). Collaboration and helping as cultural practices. In J. Valsiner (Ed.), *The Oxford handbook of culture and psychology* (pp. 869–884). Oxford University Press.

Malik, A. (2019). Children in slums: Living in inhumane conditions. *The Daily Star.* https://www.thedailystar.net/supplements/news/children-slums-living-inhumane-conditions-1829566

Moore, C. (2004). The role of play in promoting social and emotional development. *Early Childhood Research Quarterly,* 19(2), 189–202. https://doi.org/10.1016/j.ecresq.2004.01.002

Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity,* 2(2), 85-101.

Rahman, F., Tuli, S. N., Mondal, P., Sultana, S., Hossain, A., Kundu, S., ... & Hossain, A. (2023). Home environment factors associated with early childhood development in rural areas of Bangladesh: evidence from a national survey. *Frontiers in Public Health,* 11, 1209068.

Rahman, M. M. (2023). *Parents' and teachers' perceptions towards two years pre-primary* (MSc in Early Childhood Development, Brac University). https://dspace.bracu.ac.bd/xmlui/bitstream/handle/10361/23273/21355012_BIED quence=1&isAllowed=y

Shapiro, S. L., Brown, K. W., & Astin, J. A. (2016). Toward the integration of meditation into higher education: A review of research. *Teachers College Record*, 108(9), 234–266.

Spinrad, T. L., & Eisenberg, N. (2017). Compassion in children. T*he Oxford handbook of compassion science*, 53-63.

Strauss, C., Taylor, B. L., Gu, J., Kuyken, W., Baer, R., Jones, F., & Cavanagh, K. (2016). What is compassion and how can we measure it? A review of definitions and measures. *Clinical psychology review,* 47, 15-27.

Svetlova, M., Nichols, S. R., & Brownell, C. A. (2010). Toddlers' prosocial behavior: From instrumental to empathic to altruistic helping. *Child development,* 81(6), 1814-1827.

Thompson, R. A. (2019). Developing empathy: Insights from developmental neuroscience. *Child Development Perspectives,* 13(2), 74–79. https://doi.org/10.1111/cdep.12312

UNESCO. (2021). Reimagining our futures together: A new social contract for education. *United Nations Educational, Scientific and Cultural Organization.* https://www.unesco.org

UNESCO MGIEP. (2024). Nurturing compassion in young children. *UNESCO Mahatma Gandhi Institute of Education for Peace and Sustainable Development.* https://mgiep.unesco.org/article/nurturing-comapssion-in-young-children

United Nations. (1989). Convention on the Rights of the Child. Office of the High Commissioner for Human Rights. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

Wildkind Play School. (2020). *Why teaching compassion is important for childhood development.* https://wildkindplayschool.com/2020/01/30/why-teaching-compassion-is-important-for-c hildhood-development/#:~:text=Through%20learning%20the%20importance%20of,and%20pursue%20life%20with%20purpose

Appendices

Appendix-1: Demographic Information of Participants

Detail Demographic Information

No.	Age of Parent	Gender of Parent	Occupation of Parent	Gender of Child	Age of Child	Type of Play Interaction
1	25	Female	Full-time caregiver	Female	3	Spontaneous play without active guidance
2	27	Female	Full-time caregiver	Male	4	Spontaneous play without active guidance
3	30	Female	Full-time caregiver	Male	5	Occasional active play involvement
4	28	Female	Full-time caregiver	Female	4	Active play involvement
5	19	Female	Full-time caregiver	Female	3	Limited structured play involvement
6	35	Male	Stay-at-home dad	Male	5	Active play and caregiving

Appendix-2: Research Tools (English)

A. In-depth interview Guideline

Demographic information of research participants:

Name of the parents:	Date and place of interview:	Age of the parents:
Parents (male/female):	Children (male/female):	Age of the child (3 to 5 years):

Warm-Up Questions

1. Can you describe your daily caregiving practices with your child?
2. Do you work? If yes, how many hours do you work, and how much time do you stay at home with your child?
3. How involved are you in your child's daily activities (e.g., playtime, education, emotional guidance)?

Theme 1: Understanding Compassion

1. What does compassion mean to you as a parent, and what do you believe are its key benefits for children?
2. Are there different types of compassion you recognize, such as self-compassion or compassion for others?
3. What do you think are the essential components of compassion, such as helping behavior?

Theme 2: Compassion in Early Childhood Development

4. At what age do you think children start to develop compassion, and what characteristics do you observe in compassionate children aged 3-5 years?
5. Do you see examples of compassion in your child during daily interactions or play? If yes, can you share specific examples?
6. Why do you think it is important for parents to support their children's compassion development, and how can play contribute to this?

Theme 3: Parental Influence on Compassion Development

7. How do you demonstrate compassionate behavior in your daily life, and can you share an example where you or your child showed compassion?
8. What role do parent-child play interactions in fostering compassion, and how can parents use these moments effectively?
9. What challenges do you face in teaching compassion, and what support or resources would help you overcome these obstacles?

Theme 4: 3-5-Year-Old Children's Views of Compassionate Behavior

10. Has your child ever described or talked about what it means to be kind or help others? What did they say?
11. Can you share an example of when your child recognized or appreciated a compassionate action by someone else?
12. Have you observed your child taking steps to comfort or assist someone in need? What did they do?

B. Observation Guideline

Date: Time: From *** to *** Location of observation:

Parent-Child Play Interaction Observation

Descriptive notes:
Reflective notes:

C. The Perspective-taking task

Children will be presented with drawings depicting five different types of compassionate and non-compassionate behaviors. They will be asked to respond to questions such as, "Is this behavior good or bad? Why?" The gender of the characters in the drawings will be matched to the gender of the child participants in the research.

Appendix-3: Translated Research Tools (Bengali)

A. In-depth interview Guideline

গবেষণার অংশগ্রহণকারীদের জনসংখ্যাগত তথ্য:

পিতামাতার নাম:	সাক্ষাৎকারের তারিখ ও স্থান:	পিতামাতার বয়স:
পিতামাতা (পুরুষ/নারী):	শিশু (ছেলে/মেয়ে):	শিশুর বয়স (৩ থেকে ৫ বছর):

<u>ওয়ার্ম-আপ প্রশ্নাবলি</u>

১। আপনার সন্তানের দৈনন্দিন যত্ন বা দেখাশোনার প্রক্রিয়াগুলো সম্পর্কে একটু বলুন।
২। আপনি কি কাজ করেন? যদি করেন, প্রতিদিন কত ঘণ্টা কাজ করেন, এবং আপনার সন্তানের সাথে বাড়িতে কতটুকু সময় কাটান?
৩। সন্তানের দৈনন্দিন কার্যক্রম (যেমন: খেলা, শিক্ষা, আবেগিক সহায়তা) গুলোতে আপনার সম্পৃক্ততা কতটা?Can you describe your daily caregiving

<u>প্রথম থিম: সহমর্মিতা বোঝা</u>

১। অভিভাবক হিসেবে আপনার কাছে 'সহমর্মিতা' (Compassion) বলতে কী বোঝায়, এবং আপনার মতে শিশুদের জন্য এর মূল উপকারিতাগুলো কী কী?
২। আপনি কি ভিন্ন ধরনের সহমর্মিতা (যেমন: নিজের প্রতি সহমর্মিতা বা অন্যদের প্রতি সহমর্মিতা) চিহ্নিত করেন?
৩। আপনার মতে সহমর্মিতার অপরিহার্য উপাদানগুলো কী? (যেমন: সহানুভূতি, উদারতা বা অন্যকে সাহায্য করার প্রবণতা)

<u>দ্বিতীয় থিম: প্রারম্ভিক শৈশবে সহমর্মিতা</u>

৪। আপনার মতে, শিশুরা কত বছর বয়স থেকে সহমর্মিতা বিকাশ করতে শুরু করে এবং ৩ থেকে ৫ বছরের সহমর্মী শিশুদের মধ্যে কী ধরনের বৈশিষ্ট্য দেখতে পান?
৫। আপনার সন্তান দৈনন্দিন খেলা বা পারস্পরিক আচরণের সময় সহমর্মিতার কোনো উদাহরণ দেখায় কি? থাকলে একটি নির্দিষ্ট উদাহরণ দিন।
৬। আপনি কেন মনে করেন সন্তানদের সহমর্মিতার বিকাশে বাবা-মায়ের সহায়তা গুরুত্বপূর্ণ, এবং খেলাধুলা কীভাবে এক্ষেত্রে অবদান রাখতে পারে?

<u>তৃতীয় থিম: সহমর্মিতা বিকাশে অভিভাবকের প্রভাব</u>

৭। দৈনন্দিন জীবনে আপনি কীভাবে সহমর্মিতা প্রদর্শন করেন? আপনার বা সন্তানের এমন কোনো উদাহরণ থাকলে বলুন, যেখানে আপনারা সহমর্মিতা দেখিয়েছেন।
৮। অভিভাবক ও শিশুর খেলার সময়ের পারস্পরিক যোগাযোগ সহমর্মিতা বৃদ্ধিতে কী ভূমিকা রাখে, এবং কীভাবে বাবা-মা এই সময়গুলো কার্যকরভাবে ব্যবহার করতে পারেন?

৯। সন্তানকে সহমর্মিতা শেখানোর ক্ষেত্রে আপনার কী ধরনের চ্যালেঞ্জ বা বাধা রয়েছে? এসব বাধা কাটিয়ে উঠতে কী ধরনের সহযোগিতা বা সম্পদ আপনার দরকার?

<u>চতুর্থ থিম: ৩-৫ বছরের শিশুদের সহমর্মিতামূলক আচরণ নিয়ে ভাবনা</u>

১০। আপনার সন্তান কখনো কি 'দয়ালু হওয়া' বা 'অন্যদের সাহায্য করা' সম্পর্কে কিছু বলেছে? কী বলেছে তা একটু বলবেন?
১১। আপনার শিশু কখনো অন্য কারও সহমর্মিতাপূর্ণ আচরণ দেখে বা বুঝে প্রশংসা করেছে কি? উদাহরণ থাকলে বলুন।
১২। আপনি কখনো দেখেছেন কি আপনার সন্তান কাউকে সাহায্য করতে বা সান্ত্বনা দিতে চেষ্টা করছে? কী করেছিল তা একটু বলুন।

B. Observation Guideline

তারিখ: সময়: *** থেকে *** পর্যন্ত পর্যবেক্ষণের স্থান

অভিভাবক-শিশু খেলার পারস্পরিক আচরণের পর্যবেক্ষণ

বর্ণনামূলক মন্তব্য:
প্রতিফলনমূলক মন্তব্য:

C. The Perspective-taking task

শিশুদের সামনে পাঁচ ধরনের সহমর্মিতামূলক এবং অসহমর্মিতামূলক আচরণের ছবি উপস্থাপন করা হবে। তাদেরকে প্রশ্ন করা হবে, যেমন:

- "এই আচরণটি কি ভালো না খারাপ? কেন?"

গবেষণায় অংশগ্রহণকারী শিশুর লিঙ্গ অনুযায়ী ছবিগুলোতে চরিত্রের লিঙ্গ নির্বাচন করা হবে।

Appendix 4: Consent Form

Title of the Study: The Role of Parental Influence on Compassion Development in 3-5-Year-Old Children: A Study of Parent-child Play Interactions and Children's Views of Compassionate Behavior

Risks

Participation in this study involves no known risks or threats to the participants. The data collected will be used solely for academic purposes to fulfill the requirements for a degree.

Confidentiality

All data collected from participants will be protected and treated as confidential. Any personal information shared during the study will be kept secure and used only for this research.

Use of Data

Some of the data collected may be retained for potential future research. Any future use of this data will be conducted in a manner that respects and upholds the confidentiality and privacy of the participants.

Voluntary Participation

Participation in this study is completely voluntary, and no pressure will be applied to participate. If you agree to take part, you must sign this consent form. You have the right to withdraw from the study at any time, without any consequences. If you choose to withdraw, any data collected from you will be returned and not used in the study.

Consent

I have read and understood all the information regarding this study and have had the opportunity to ask questions and receive answers.

I understand that my participation is voluntary, and I can withdraw at any point during the study without any repercussions. I am signing this consent form willingly and with full awareness.

Participant's Name and Signature: **Date:**

Researcher's Name and Signature: **Date:**