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The Role of the Family in Supporting the Physical and Psychological Health of the Child

دور الأسرة في دعم الصحة العضوية والنفسية لدى الطفل

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Abstract:

This study aims to uncover the preventive strategies adopted by families to maintain children's physical and mental health and to prevent disorders and diseases.

The study was conducted on a sample of 30 individuals representing different families in order to get a closer look at their health and educational methods and practices.

The results showed that the family has a fundamental role in promoting the balanced growth of children and ensuring the availability of the elements of physical and psychological health, making it the cornerstone in building a healthy child's personality and protecting him against future health and psychological problems.

Keywords: Family, Child health, Mental health, Preventive strategies

الملخص:

تهدف هذه الدراسة إلى الكشف عن الاستراتيجيات الوقائية التي تعتمدها الأسر للحفاظ على صحة الأطفال الجسدية والنفسية والوقاية من الاضطرابات والأمراض.

أُنجزت الدراسة على عينة حجمها 30 فردا يمثلون أسر مختلفة قصد التعرف عن قرب على أساليبها وممارساتها الصحية والتربوية.

أظهرت النتائج أنّ للأسرة دورًا أساسيًا في تعزيز النمو المتوازن للأطفال وضمان توافر مقومات الصحة البدنية والنفسية، مما يجعلها حجر الزاوية في بناء شخصية الطفل السوية وتحصينه ضدّ المشكلات الصحية والنفسية المستقبلية.

الكلمات المفتاحية: الأسرة، الصحة الجسدية، الصحة النفسية، الطفولة، الاستراتيجيات الوقائية

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1. Introduction

The family represents the fundamental social unit and the primary environment for the child's overall development—physically, psychologically, and socially. It is within the family that children acquire their first behavioral norms, values, and interpersonal skills, all of which shape the structure of their personality and influence their lifelong adjustment (Xu, 2025). Research emphasizes that a nurturing and emotionally stable family environment during early childhood significantly enhances adaptive functioning, emotional regulation, and social competence, whereas adverse family dynamics—such as conflict, neglect, or instability—are associated with developmental and psychological maladjustment (Zhang & al., 2023).

According to longitudinal developmental studies, children who grow up in supportive families demonstrate higher levels of cognitive development, language acquisition, and emotional well-being compared to those exposed to inconsistent or stressful home environments (Peng & al., 2023). Moreover, the family plays a decisive role not only in socialization but also in establishing healthy physical habits. The concept of the *Family Health Climate*—defined as the shared perceptions and practices within a household regarding health behaviors—has been found to positively influence children's physical activity levels and nutritional habits (Niermann & al., 2015).

Recent research in family health psychology shows that family environmental factors—such as home structure, parental modeling, and screen-media regulation—are strongly correlated with children's adiposity, body image, and overall health outcomes (Zhao & al., 2021). Furthermore, global health reports indicate that positive family functioning serves as a key protective factor against both physical illness and psychological disorders among youth (World Health Organization [WHO], 2009).

In the current era, characterized by digital transformation, academic competition, and reduced interpersonal communication, children face multiple stressors that threaten their emotional balance and social integration. These conditions underscore the importance of strengthening the family's preventive and protective role in promoting children's holistic health. Accordingly, the present study seeks to explore how Algerian families perceive and implement preventive strategies aimed at enhancing their children's physical and psychological well-being, while identifying the contextual factors that may facilitate or hinder these efforts

2-Theoretical Framework

2-1- Research Problem's:

The family constitutes the child's first and most influential social environment, providing the foundation for the formation of personality, emotional security, and behavioral development (Botros, 2008). A healthy and cohesive family environment is indispensable for the child's physical and psychological well-being. When family relationships are marked by conflict, neglect, or inconsistency, the child becomes more vulnerable to emotional distress, maladaptive behavior, and poor health outcomes (Zhang & al., 2023).

In early childhood—a critical stage for establishing stable patterns of thought, emotion, and behavior—the quality of family interaction determines the trajectory of mental and physical health across the lifespan (Melhem, 2012; WHO, 2009). Studies have demonstrated that parental warmth, consistent discipline, and open communication significantly enhance children's self-regulation, resilience, and social competence (Zhao & al., 2021; Xu, 2025). Conversely, children raised in disorganized or emotionally deprived homes are at greater risk of anxiety, aggression, and psychosomatic disorders.

Despite the central role of the family in health promotion, little empirical research has examined how families in developing contexts—particularly in Algeria—implement preventive strategies to safeguard children's well-being. Therefore, this study seeks to identify and analyze the preventive and supportive strategies adopted by Algerian families to promote both physical and psychological health among children, while exploring the contextual and cultural factors that shape these practices.

In accordance with the objectives of this study, which aim to identify the role of families in supporting both the physical and psychological health of the child—particularly during early childhood—as well as to explore the preventive strategies they adopt to confront various health problems, the following research questions are proposed:

- Does the family play an active and effective role in supporting the child's physical (bodily) health?
- Does the family play an active and effective role in supporting the child's psychological health?.

2-2-Research Hypotheses:

Based on the stated research questions, the following hypotheses were formulated:

- The family plays a positive and effective role in supporting the child's physical (bodily) health.
- The family plays a positive and effective role in supporting the child's psychological health.

2-3- Research Importance's:

The significance of this study stems from its focus on one of the most critical dimensions of human development—the physical and psychological health of children—and on the preventive role of the family as a central institution in promoting overall well-being.

First, childhood represents the foundation of lifelong health. A family that provides adequate nutrition, emotional warmth, and a safe environment ensures not only the child's physical growth but also the development of emotional resilience and social competence. The World Health Organization (2009) emphasized that mental and physical health are inseparable, and both must be cultivated from early childhood through positive family interaction. Recent developmental research confirms that supportive family environments enhance emotional regulation and reduce the risk of chronic illness and behavioral problems across the lifespan (Zhang & al., 2023; Peng & al., 2023).

Second, this study highlights the preventive strategies families employ to protect children from physical and psychological disorders. Understanding these family-based practices provides an essential basis for designing effective community and health interventions that integrate parental involvement. Studies in health psychology have demonstrated that parental engagement is a key determinant of children's adherence to healthy routines and resilience to stress (Niermann & al., 2015; Zhao & al., 2021).

Finally, the present study contributes to addressing a gap in empirical research within the Algerian context, where limited data exist on how families actively support child health. By identifying the patterns, strengths, and challenges associated with family health practices, this study aims to inform educational and social policies that strengthen the family's preventive function and, ultimately, foster a healthier and more resilient generation.

2-4- Research Objective's:

In line with the stated hypotheses and research questions, the present study seeks to achieve the following objectives:

1. To identify the positive role played by the family in promoting the child's physical (bodily) health.
   (This includes examining how family practices such as medical follow-up, healthy nutrition, hygiene, and physical activity contribute to children's overall physical well-being and protection from illness).
2. To identify the positive role played by the family in promoting the child's psychological health.
   (This involves exploring how emotional support, communication patterns, and parental involvement foster children's mental stability, self-confidence, and adaptive behavior).
3. To explore the preventive measures and strategies adopted by families to maintain children's physical and psychological health.
   (The study aims to highlight family-based approaches that can prevent both physical disorders and psychological maladjustment in childhood).

2-5- Research Concept's:

2-5-1-Definition of the Family

The family is the fundamental unit of society, whose members perform specific functions, possess rights, and bear responsibilities. It is not only the foundation of social existence but also the primary moral source that shapes behavior and provides the framework through which individuals acquire their first lessons in social life. "The family is considered the "mother" of all other social institutions and represents an irreplaceable social reality. It assumes key responsibilities in child-rearing, education, and family health awareness regarding community-related issues. Moreover, the stability and well-being of the family are essential for maintaining social cohesion and security"(Al-Khatem, 2015).

2-5-2- Physical Health:

2-5-2-1- Definition:

"Physical health is defined as the complete harmony and coordination among the various bodily functions, coupled with the individual's ability to face environmental challenges and changes, while maintaining a positive sense of energy, strength, and vitality"(Botros, 2008, p. 31).

Furthermore, "physical health can be described as a state of total equilibrium and functional coherence among the body's organs, characterized by the capacity of these functions to overcome difficulties, obstacles, and external harms. It also embodies a realistic feeling of vigor, activity, and well-being"(Halabi, 2013, p. 45).

2-5-2-2-Characteristics (Attributes) of Physical Health:

An individual who enjoys good physical health must exhibit several key characteristics:

- **Functional Harmony:** There must be complete coordination among the various bodily systems, where each organ performs its function properly in a way that serves the needs of other organs—neither in excess nor deficiency. When the respiratory, digestive, urinary, cardiac, and circulatory systems all operate efficiently, the body achieves strength and vitality, as each organ contributes to the optimal functioning of the others.
- **Resistance and Adaptation:** The body must possess the ability to face normal environmental challenges and to adapt to common changes such as variations in temperature. This includes resistance to diseases (immunity) and the capacity to adjust to different types of food and physical conditions.
- **Vitality and Energy:** The individual should experience a sense of vigor, energy, and liveliness. This attribute is closely related to the two previous ones, as a person cannot be considered physically healthy without harmony among bodily functions and the ability to cope with ordinary physical challenges and environmental fluctuations(Botros, 2008, pp. 31–32).

2-5-2-3- Factors Influencing Physical Health:

A variety of factors—both positive and negative—affect an individual's physical health. These can be summarized as follows:

- **Environmental Conditions:** The home, school, workplace, and broader community environments all play crucial roles. Factors such as housing quality, water and air purity, sanitation, exposure to insects and microorganisms, and general hygiene directly influence physical health.
- **Diet and Nutrition:** The availability and balance of essential nutrients, as well as eating habits related to food selection, preparation, and storage, are fundamental to maintaining bodily health and preventing disease.

- **Lifestyle Patterns:** Daily routines, the nature of work, and the balance between physical activity, exercise, rest, and both physical and psychological recreation significantly determine health status.
- **Health Awareness and Culture:** General education and health literacy, understanding of prevalent health problems, and the capacity to adopt and sustain positive health behaviors are vital components of personal and public health.
- **Access to Healthcare Services:** The availability, quality, and timely utilization of healthcare and preventive services are critical in maintaining and promoting physical well-being*(*Mazahra, 2000, pp. 13–14).

2-5-3- Mental Health :

2-5-3-1- Definition:

"Mental health is a relatively stable state in which an individual is psychologically, personally, emotionally, and socially well-adjusted to oneself and one's environment. It is characterized by a sense of happiness and inner harmony, both with oneself and with others. A mentally healthy person is capable of self-realization, utilizing one's abilities and potential to the fullest extent, and effectively coping with the demands and challenges of everyday life. Such a person possesses an integrated, balanced personality, exhibits socially acceptable behavior, and demonstrates moral integrity, thereby living in a state of psychological peace and overall well-being"(Zahran, 1997, p. 9).

2-5-3-2- The Importance of Mental Health:

Mental health plays a fundamental role in building a well-balanced family, which in turn forms the cornerstone of society. The higher the level of psychological well-being among parents, the more capable they are of raising their children in a healthy and constructive manner—free from fear, anxiety, and tension. A mentally healthy family enjoys cohesion and emotional stability among its members, which consequently contributes to the strength and stability of the wider community.

Moreover, mental health is of great significance to personal well-being, family relationships, and an individual's success and productivity within society. It is closely linked to the overall development of communities and nations. The World Health Organization (2009) emphasized that mental health and socioeconomic conditions are interrelated in a vicious cycle: poor mental health limits people's ability to

learn and engage in productive economic activity, while poverty, in turn, increases the risk of mental disorders and restricts access to health services.

Thus, mental health is not solely an individual concern; it extends to the well-being of one's family and the society in which the individual lives(World Health Organization, 2009, p. 1).

2-5-3-3-Manifestations of Mental Health:

A person who enjoys sound mental health possesses several distinctive characteristics that differentiate them from those with psychological disorders:

1. **Psychological Adjustment:** This refers to complete harmony among the individual's various psychological functions, ensuring consistency and balance between cognitive and mental components (such as perception, attention, abstraction, imagination, and thinking), emotional aspects, and social behaviors—including relationships, cooperation, and attitudes.
2. **Ability to Cope with Crises and Difficulties:** A mentally healthy person is capable of confronting life's pressures and challenges effectively and realistically rather than avoiding or denying them. They demonstrate resilience and constructive problem-solving when facing adversity.
3. **Sense of Happiness, Satisfaction, and Vitality:** Individuals with good mental health share several key traits:
   - They feel comfortable, satisfied, and content with themselves.
   - They are not overwhelmed by their emotions—such as fear, anger, love, jealousy, guilt, or anxiety.
   - They remain emotionally stable and unaffected by temporary failures in life.
   - They show tolerance and forgiveness toward themselves and others.
   - They neither underestimate nor exaggerate their own abilities.
   - They accept their mistakes and shortcomings with maturity.
   - They respect themselves and maintain a positive self-image.
   - They feel capable of facing most of life's challenges with confidence.
   - They derive satisfaction from simple daily pleasures and experiences(Mohammad Al-Qudah & Mohammad Al-Tartouri, 2006, pp. 471–472).

3-Methodological Procedures of the Study

3-1- Research Method:

Scientific research employs a wide variety of methods, each suited to the nature and scope of the topic under investigation. No study can be effectively conducted without adopting a clear methodological approach that guides the researcher in analyzing the problem and achieving the intended results. A *method* can be defined as a set of systematic steps and procedures that a researcher follows in order to obtain valid and reliable findings.

In accordance with the nature of the present study—which seeks to identify the role of the family in supporting both the child's psychological and physical health through a questionnaire composed of two dimensions (one addressing physical health and the other mental health)—the descriptive method was adopted as the most appropriate approach for this type of research.

The descriptive method is defined as a "structured scientific approach that involves the systematic analysis and interpretation of a specific phenomenon or problem by collecting and analyzing relevant data. It is particularly suited for providing accurate information about the current state of the phenomenon under study"(Sami Melhem, 2000).

3-2- Study Sample :

The population of the present study consisted of a group of Algerian families, specifically from the province of Blida.

The study sample included 30 participants representing different families. The sample was selected intentionally (*purposive sampling*), as this method is used when it is not possible to select participants randomly. The choice of this sample was also justified by the proximity of the study site to the researcher's residence, which facilitated access to the participants and streamlined communication with them. The following table illustrates the distribution of the main sample according to the study variables:

Table (01): Distribution of the main sample according to study variables

Variables	Category	**Number**	**Percentage (%)**
Place	Soumaa	15	50%
	Boufarik	15	50%
Total		30	100%

Source: Prepared by the researchers

The results presented above, according to the distribution of the sample based on the *place variable*, indicate that the proportion of families residing in *Soumaa* is equal to that of families from *Boufarik*, with each group representing **50%** of the total sample.

3-3- Research Instruments:

The study relied on one primary instrument: **The Family Physical and Mental Health Scale**

3-3-1-Description of the Scale: The scale was developed by the researchers specifically for the purposes of this study. It was designed after an extensive review of the theoretical framework and several existing instruments related to the topic and the characteristics of the study sample.

In its final form, the questionnaire consisted of 36 items divided into two main dimensions:

- The physical health dimension, comprising 20items, and
- The mental health dimension, comprising 16 items, making a total of 36 statements.

The validity and reliability of the scale were established through a pilot study conducted with a sample of 30 participants from the same population previously described.

Scoring was carried out by having one of the parents place a mark (**X**) next to the statement that most accurately reflects their attitudes and practices in supporting their children's physical and psychological well-being.

A three-point Likert scale was used to assess families' responses to the items. The scoring alternatives were assigned as follows: **(3)** for *applies*, **(2)** for *sometimes applies*, and **(1)** for *does not apply*. Each parent responded to all items across both the physical health **and** mental health dimensions. The **total score** represented the overall level of family engagement in promoting child health, with possible scores ranging from a minimum of 36 **to a** maximum of 108**.**

The questionnaire was developed following an extensive review of previous studies and theoretical frameworks closely related to the research topic. Based on this review, the researchers formulated an initial version of the instrument consisting of 36 items distributed across the two dimensions.

Subsequently, the scale was reviewed by a panel of experts in psychology from universities in Algeria and abroad. The panel approved the

content of all items, confirming their relevance and clarity. After conducting a pilot study to test the scale's validity and reliability, the final version retained 36 items, with minor revisions made to the wording of certain statements to ensure precision and applicability to the target sample.

The instrument can be administered individually or collectively, and includes a clear instructional section prepared by the researchers explaining the response procedure and rating method.

Following the description of the instrument, the scoring procedure was established. Participants were instructed to place a check mark (X) in one of the three boxes corresponding to each statement, in accordance with how accurately the statement reflected their actual perception of their own mental health on the scale.

A score of (3) was assigned for the response *"Applies,"* (2) for *"Sometimes applies,"* and (1) for *"Does not apply."* However, for certain negatively worded items within the second dimension (mental health), the scoring was reversed between the "Applies" and "Does not apply" options to maintain consistency in interpretation.

Three evaluation levels were established for each dimension:

- First Dimension (Physical Health – 20 items):High level (46–60), Moderate level (35–45), and Low level (20–34).
- Second Dimension (Mental Health – 16 items): High level (38–48), Moderate level (28–37), and Low level (16–27).

3-3-2- Psychometric Properties of the Scale

3-3-2-1- Reliability

Reliability was calculated using two statistical methods:

- **Cronbach's Alpha Coefficient:** The obtained value was **0.76**, which is statistically significant and indicates a satisfactory level of internal consistency for the questionnaire across both dimensions.
- **Split-Half Method:** The reliability coefficient before adjustment was **0.503**, and after correction it reached 0.67, which is statistically significant at the 0.01 level. This result confirms the stability and reliability of the instrument.

3-3-2-2- Validity

Several procedures were employed by the researchers to verify the **validity** of the scale:

- **Content Validity (Expert Judgment):** The content validity was confirmed through expert review, with **over 75% agreement** among the panel of specialists on the relevance and clarity of the items.
- **Discriminant Validity (Extreme Group Comparison):** This was tested by comparing two groups: the **upper group** (representing higher levels of physical and mental health in children) and the **lower group** (representing lower levels). Each group constituted **27%** of the total sample (n = 8). The comparison was performed using the **SPSS** statistical software.

Table (02): Significance of differences between the means of the upper and lower groups on the questionnaire

Scale	The upper group on the questionnaire (27%), n = 8		The lower group on the questionnaire (27%), n = 8		t_{test}	degree of freedom (df)	Level of Significance (α)
	$\overline{X_1}$	σ_1	$\overline{X_2}$	σ_2			
	61.25	4.43	41.25	4.68	-8.77	14	0.01

Source: Prepared by the researchers

From the table, it is evident that the t-value is statistically significant at the **0.01 level**, indicating the scale's ability to discriminate effectively between the upper and lower groups on the questionnaire. This result confirms that the instrument demonstrates construct validity and accurately measures what it was designed to assess.

3-3-2-3-Statistical Treatment

The data were processed after collection and analyzed using the following statistical methods:

- **Spearman–Brown Coefficient (split-half method) and Cronbach's Alpha:** These were used to calculate the reliability of the study instrument.
- **T-Test:** Used to assess the validity of the measurement instrument.
- **Arithmetic Means:** Used to calculate the mean scores of the Physical Health dimension (20 items) and the Psychological Health dimension (16 items) for each family, in addition to the overall mean for both dimensions for all sample participants.

4- Results and discussion:

We present below the results revealed by the various statistical analyses conducted to **test the validity of the study's hypotheses** and to discuss the findings.

4-1- Presentation and Interpretation of the First Hypothesis:

- The first hypothesis states that **the family plays an active and positive role in supporting the child's physical health**.
- Based on the analysis of the collected data, the results obtained are summarized in the table below Tableau (3**)**.
- From **Table (3)**, it can be observed that the scores related to the family's concern for the child's **physical health dimension** ranged between **46** and **60**. According to the criteria established in the study, most of these values fall within the **high level**. However, four items — namely items **12, 14, 17, and 19** — were found to be at a **low level**.
- The **overall mean score** for this dimension was **50**, which also falls within the **high level** category. These findings indicate that one of the primary responsibilities of the family is to **support and safeguard the child's physical health**. Consequently, the **alternative hypothesis** is accepted, and the **null hypothesis** is rejected (See Appendix 1).

Table (3): Scores of the questionnaire on the dimension of the child's physical health from the family's perspective

Members of the sample	Scores	Level of Physical Health		Members of the sample	Scores	Level of Physical Health
1	**59**	High		11	**55**	High
2	55	High		12	29	Low
3	52	High		13	58	High
4	**58**	High		14	28	Low
5	**56**	High		15	55	High
6	**58**	High		16	51	High
7	58	High		17	**34**	Low
8	53	High		18	56	High
9	**53**	High		19	**32**	Low
10	**48**	High		20	52	High
Overall Mean Score of the Dimension ($\bar{X}$)					50	High

Source: Prepared by the researchers

❖ **Interpretation of the Results H_1 :**

The preceding findings can be interpreted as follows: all items of the questionnaire pertaining to the physical health dimension among families scored within the high level. This outcome indicates that families' concern for their children's health and their commitment to ensuring growth within a healthy environment have a direct and beneficial impact on the child's physical development, helping to prevent various illnesses—particularly during childhood, a period characterized by continuous physiological change and developmental transition.

However, the items that appeared at the low level highlight practical difficulties faced by families, such as limiting children's consumption of fast food and reducing their intake of sugary foods. These results are realistic, given that children are naturally attracted to sweet-tasting foods, making it challenging for parents to fully restrict such dietary habits.

According to Al-Daghistani and Al-Mufti (2007), good health is a cumulative personal achievement. At the *individual level*, it involves developing a healthy lifestyle from early childhood and maintaining it throughout adulthood and old age. At the *medical and social levels*, it requires educating individuals about how to achieve and sustain healthy habits while supporting vulnerable populations in recognizing and managing potential health risks.

4-2- Presentation and Interpretation of the Second Hypothesis:

The second hypothesis states that the family plays an active and positive role in supporting the child's mental health.

Based on the analysis of the collected data, the results obtained are presented in the following table:

Table (4): Scores of the questionnaire on the **child's mental health dimension** from the family's perspective

Members of the sample	Scores	Level of Physical Health		Members of the sample	Scores	Level of Physical Health
1	**46**	High		9	**47**	High
2	**44**	High		10	**45**	High
3	**24**	Low		11	**43**	High
4	**30**	Moderate		12	**43**	High
5	**26**	Low		13	**45**	High
6	**42**	High		14	**39**	High
7	**44**	High		15	**44**	High
8	**40**	High		16	**47**	High
Overall Mean Score of the Dimension ($\bar{X}$)					40.56	High

Source: Prepared by the researchers

From Table (4)**,** it can be observed that most of the participants' **scores** on the mental health dimension fall within the high level**,** exceeding 38 points**.** The overall mean score for this dimension **was** 40.56**,** which al**so corresponds to a** high level according to the criteria established in the study**.**

These findings indicate that the strategies adopted by families to maintain children's mental health and to protect them from various psychological and behavioral disorders are generally effective and consistent. However, items (3) and **(5)** were exceptions, as their scores fell within the low level (See Appendix 1).

❖ **Interpretation of the Results H_2 :**

The preceding results can be interpreted as evidence that the family plays a major and effective role in supporting the child's mental health**.** Consequently, the null hypothesis is rejected and the alternative hypothesis**—**which states that the family has a positive and active role in maintaining the child's psychological well-being—is accepted.

This conclusion is supported by the high mean scores across most items, with the exception of the item related to psychological counseling, which scored at a low level. This result may be attributed to the fact that many families still tend to avoid seeking psychological assistance**, as** social stigma and negative cultural perceptions are often associated with

individuals who seek mental health care. Moreover, the field of psychological counseling remains underdeveloped in Algerian society.

Childhood represents a crucial stage of **s**ocialization, during which a child's development becomes the central goal of various educational and developmental programs. It is also a key developmental requirement. During this stage, the child learns basic social manners**,** interpersonal skills, and moral values, while distinguishing between right and wrong. Parents play a fundamental role in this process as they serve as social role models, transmitting attitudes and values through guidance, reinforcement, discipline, and imitation(Melhem, 2012, p. 241).

Furthermore, experts and researchers have confirmed that family behavioral patterns largely determine the actions, motivations, and future satisfaction of the child within the family context, as these experiences shape and nurture the child's emerging personality(Botros, 2008, p. 79).

- Conclusion and recommendation

Through this descriptive and analytical study, which employed the descriptive-analytical method, and based on the statistical treatment and verification of the research hypotheses, the findings clearly demonstrate that the family plays a fundamental role in influencing both the child's physical and psychological health.

The study confirmed that families who adopt preventive and supportive strategies are more capable of protecting their children from physical illnesses and psychological disorders. These strategies—rooted in health awareness, emotional support, and positive parenting practices—represent the cornerstone of children's overall well-being. A child's development, therefore, cannot be understood in isolation from the family environment, which constitutes the first and most influential context for social, emotional, and physical growth.

The results also highlight that strengthening the family's preventive role contributes not only to individual health promotion, but also to the public health and social stability of the community. Accordingly, the study emphasizes the need for multi-level collaboration among educational institutions, healthcare services, and policymakers to reinforce family-based health education and psychological guidance programs.

Based on the findings, the following recommendations are proposed:

- Increase attention to child health, particularly for children suffering from chronic illnesses, by providing continuous medical and psychological follow-up within family and institutional settings.

- Integrate psychological and counseling services within medical centers and hospitals to help families identify early signs of behavioral or emotional difficulties in children and to promote effective psychological adjustment and resilience.

- Enhance preventive health education by familiarizing families with strategies for disease prevention and by promoting a healthy lifestyle through balanced nutrition, regular physical activity, and reduced exposure to unhealthy habits.

- Develop community outreach and family education programs aimed at raising awareness of the importance of mental health and reducing the stigma surrounding psychological care in Algerian society.

- Encourage interdisciplinary collaboration between health professionals, psychologists, and educators to design culturally appropriate intervention models that support both physical and psychological well-being in children.

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Appendix : Questionnaire Items

No	Items (Child's Physical Health Dimension)	Response Options		
		Applies	Sometime sApplies	Does Not Apply
1	Does the family ensure the child's physical health and well-being?			
2	Does the family conduct regular medical check-ups for their children?			
3	Does the family continuously monitor external physiological changes in the child?			
4	Do you ensure that your child goes to bed early?			
5	Does the family make sure that all vaccinations and immunizations are completed for their children?			
6	Do you immediately take your child to a doctor in case of pain or discomfort?			
7	Do you stay informed about the latest updates and research concerning children's health?			
8	Do you have accurate knowledge about the stages of children's physical development?			
9	Do you pay close attention to your child's nutrition?			
10	Do you make sure to provide your child with a variety of foods?			
11	Do you strive to keep your children away from unhealthy eating habits?			
12	Do you make efforts to limit your children's consumption of fast food as much as possible?			
13	Do you seek to instill a culture of healthy eating within your household?			
14	Do you try to minimize your children's intake of sweets as much as possible?			
15	Do you encourage your children to engage in physical exercise?			

16	Does the family promote a culture of physical activity and sports?			
17	Do you enroll your children in sports clubs?			
18	Does the family seek to enhance the physical fitness of its children?			
19	Does the family engage in outdoor play with its children?			
20	Does the family encourage its children to participate in sports activities?			
No	Items (Child's Mental Health Dimension)	*Response Options*		
		Applies	*Sometime sApplies*	*Does Not Apply*
1	Does the family work to ensure the child's psychological comfort and well-being?			
2	Does the family encourage open discussion and dialogue with their children?			
3	Does the family seek psychological consultation for the child when unusual behavior appears?			
4	Do you allow your child the opportunity to express themselves freely?			
5	Do you stay informed about psychological literature related to children?			
6	Do you listen attentively to your child when they speak?			
7	Do you deal with your child in a flexible and understanding manner?			
8	Do you frequently resort to punishing your child?			
9	Do you use positive reinforcement when your child demonstrates good behavior?			
10	Do you reprimand or scold your child harshly?			
11	Do you ensure that your children avoid watching violent cartoon programs?			
12	Do you clearly explain to your children why a certain behavior is inappropriate?			

13	Does the family seek to promote love and affection among its members?			
14	Do you make an effort to help your child choose good friends?			
15	Do you show favoritism between your children?			
16	Do you make a conscious effort to make your children happy?			