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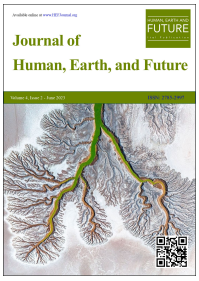

# The Impact of Family Upbringing Methods on the Formation of Children's Health Awareness

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**Abstract**

The aim of the study is to investigate the effect of family upbringing methods on the formation of health awareness in children by examining the correlation between family upbringing methods and dimensions of health awareness. The research adopts a correlational methodology and includes the development of a scale for family upbringing methods consisting of 20 items distributed among four styles and a scale for health awareness consisting of 15 items distributed among three dimensions. These scales are applied to a random sample of 80 male and female respondents. One of the key findings of the research is the lack of a statistically significant correlation between authoritarian, democratic, and neglectful family upbringing styles and the level of health awareness in children. However, there was a statistically significant relationship between the overprotective style of upbringing and the level of health awareness in children who are subjected to it. The results also showed no statistically significant differences in the sample's responses based on variables such as gender, age, and birth order within the family.

*Keywords:* Family; Family Upbringing; Health Awareness; COVID-19; Children.

## 1. Introduction

The family and the way it functions have a key role in the health and well-being of children and adolescents [1]. Throughout their continuous growth stages, individuals require adequate healthcare and the necessary attention that enables comprehensive and integrated development. However, this goes beyond the healthcare services available in their environment. It extends to their commitment to the accompanying health instructions and their adoption of behaviors that elevate their health safety level, protect them from diseases, accidents, and injuries, and promote preventive measures. The COVID-19 pandemic experienced by the world in 2020, with its ongoing repercussions to this day, provided an ideal opportunity to raise awareness about the necessity of individuals monitoring their health behaviors and making optimal choices for prevention and protection [2–7].

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Since the family is the primary environment for learning and social upbringing in all its dimensions, it plays a significant role in shaping the habits, behaviors, and attitudes of its children regarding health, including dietary and physical habits, safety behaviors, and security. It serves as the "first line of defense" as it establishes, through its upbringing methods, the primary prevention institution that safeguards its children from encountering health, psychological, and social problems that impact their growth and adaptation to their environment. Children learn these habits from their parents, and each family has its own unique health system that distinguishes it from others in terms of commitment and quality of habits. However, this family health system generally aligns with health and environmental norms and standards [2]. This leads to the discussion of family upbringing methods and their impact on the formation of health awareness in children, including knowledge, practices, and attitudes. The influence of the family is associated with the type of treatment adopted in raising and educating children. The more these methods are sound and correct, the more they contribute to the formation of conscious and aware personalities regarding health risks in their children. On the other hand, unhealthy family methods have negative effects on children, manifesting as difficulties in adaptation and failure to face problems and challenges, including health-related issues, in their lives [2].

The study by Rohmalimna et al. (2022) is interested in the role of parents in the formation of self-concept as one of the main factors that can influence the formation of self-concept in a child. The results obtained from the studies carried out explain that parental parenting has an important role in shaping self-concept in children [8].

The effects of family upbringing methods have often been discussed from a social perspective, assuming that the family is the primary social environment that prepares its children for integration into society. However, the impact of these upbringing methods is not limited to the social dimension of family members' lives but also extends to their physical and mental well-being. The primary goal of child rearing is to satisfy their physical, psychological, and social needs, enabling them to become well-adjusted and productive individuals in their society. If the term "health awareness" refers to "an individual's ability to access information that helps them enjoy good health, enhance it, and maintain it, it is now one of the important indicators used to assess the ability of individuals and communities to respond appropriately and consciously to health and environmental challenges that threaten their security and safety [9]. This has become evident during the COVID-19 crisis with the increase in rates of domestic violence due to the psychological and economic pressures experienced by families, especially in the Arab region [10]. This is supported by the opinion of Daoud (2004) that the emotional mood traits of parents and their psychological and social compatibility influence their relationship with their children [11].

In addition, estimates from the World Health Organization in 2002 indicate that about 60% of the world's population suffers from imbalances in nutrition, especially in developing countries [12]. All the above indicates the reciprocal relationship between the family climate, its practices, and the health of its members, which places the responsibility on parents to provide the necessary healthcare for their children and protect them from risky behaviors during childhood and adolescence. The United Nations insists that parents, as caregivers, play a significant role in enabling their children to understand their environment and deal with it in a healthy and proper manner through the social upbringing process they engage in with them [13]. This means that parents have a significant role in establishing health awareness in their children and empowering and promoting it as a cumulative experience throughout the individual's life. Salem (2016) regarding the relationship between upbringing methods and psychological compatibility, including the health aspect, in children. This is evident through the parenting style they follow in raising their children. Some authoritarian and neglectful parenting styles have negative effects on children, unlike parenting styles that rely on advice and guidance [14]. To ascertain the impact of these parenting styles on the formation and health awareness of children, the research seeks to answer the following main question: What is the impact of family upbringing methods on the formation of health awareness in children?

Research stems from the significance of the role of the family in raising children and satisfying their needs in a proper and healthy manner within a safe environment free from risks and threats. This is based on understanding the nature of the relationship between parents and children in helping children understand the surrounding environment, perceive risks and threats to their safety, health, the health of their family, and their community. The findings of current research can benefit family and social

guidance and counseling by alerting them to the impact of social upbringing methods on enhancing the health of their children. Consequently, these findings can be utilized to promote positive and purposeful parenting behaviors while excluding harmful and negative behaviors, as indicated by the research.

## 2. Methodology and Methods

The flowchart of the research methodology that was used to achieve the study's aims is shown in Figure 1.

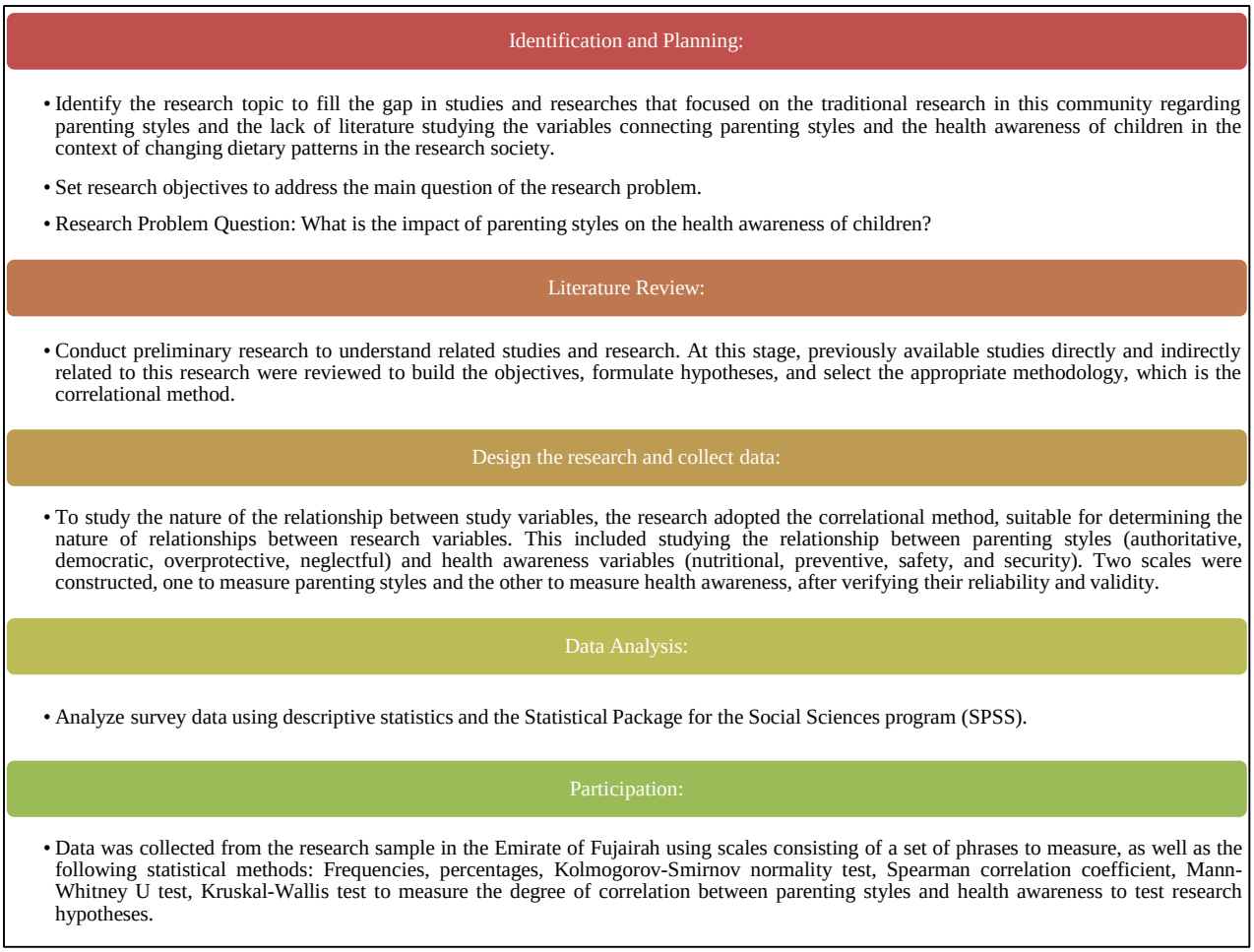


**Figure 1. The flowchart of the research methodology**

## 2.1. Hypotheses

Main Hypothesis: There is no statistically significant relationship between family upbringing methods and the formation of health awareness among children and its dimensions.

- ***Hypothesis 1:*** There is no statistically significant relationship between authoritarian family upbringing methods and the formation of health awareness among children.
- ***Hypothesis 2:*** There is no statistically significant relationship between democratic family upbringing methods and the formation of health awareness among children.
- ***Hypothesis 3:*** There is no statistically significant relationship between neglectful family upbringing methods and the formation of health awareness among children.
- ***Hypothesis 4:*** There is no statistically significant relationship between overprotective family upbringing methods and the formation of health awareness among children.
- ***Hypothesis 5:*** There are no statistically significant differences in the sample's responses to the health awareness scale based on variables such as gender, age, and birth order among siblings.

## 2.2. Population and Sample

The research population includes all children in families residing in the Emirate of Fujairah in the United Arab Emirates, encompassing various age groups, genders, and social backgrounds. Two scales, the Parenting Styles Scale and the Health Awareness Scale, were applied to a representative sample from this population.

The research sample was randomly selected and consisted of 80 sons and daughters from Emirati families in the Emirate of Fujairah, with basic data recorded for each participant, including gender, age, and birth order among siblings. The sample was divided into three age-based groups:

- Younger than 18 years old;
- Between 18 and 28 years old;
- Older than 28 years old.

Additionally, the sample was divided into two groups based on gender (males and females) and three groups based on birth order (youngest, middle, and oldest). The participants answered the scales electronically via social media platforms (Facebook). The scales were prepared electronically using Google services and distributed randomly to a selected sample of 97 respondents. Participants who did not respond to both scales were excluded, resulting in a final sample of 80 individuals.

### 2.3. Data Collection Tools

#### 2.3.1. Family Upbringing Methods Scale

***Purpose of the Scale***

To monitor family upbringing methods among the sample, including authoritative style, democratic style, excessive protection, and neglect.

***Validity and Reliability of the Scale***

A. Validity of the Scale: The initial scale, consisting of 23 items, was presented to a group of experts in the fields of family counselling and family sociology to verify its validity, the relevance of its items to the measured methods, and the linguistic accuracy of its formulation. The items that achieved an agreement rate above 80% were adopted, resulting in a final scale consisting of 20 items.

B. Reliability of the Scale: The reliability of the scale was verified using two methods:

*B.1. Split-half reliability:* The scale was applied to a pilot sample of 20 respondents (separate from the main research sample), and the correlation coefficient was calculated between the individual items (10 items) and the paired items (10 items) using Pearson's correlation coefficient. The correlation coefficients were then corrected using the Spearman-Brown formula, resulting in a range of (0.73-0.82), which indicates good correlation.

*B.2. Test-retest reliability:* The scale was reapplied after 15 days to the same pilot sample, and the correlation coefficient for the respondents' scores in both applications was calculated, resulting in a coefficient of (0.83), which indicates a strong positive correlation.

*B.3. Description of the Scale:* The final scale consists of 20 indicators distributed across four methods: authoritative style (5 items), democratic style (5 items), excessive protection (5 items), and neglect (5 items). The Likert scale was adopted for responding to the scale, where "Yes" corresponds to a score of (3), "Sometimes" corresponds to a score of (2), and "No" corresponds to a score of (1). The highest score on the scale is 60, and the lowest score is 20.

#### 2.3.2. Health Awareness Scale

***Purpose of the Scale***

To assess the level of health awareness among the research sample of children.

***Validity and Reliability of the Scale***

a. Validity of the Scale: The initial scale, consisting of 12 items, was presented to a group of experts specialized in sociology and health to verify its validity, the relevance of its items to the measured dimensions, and the linguistic accuracy of its formulation. The items that achieved an agreement rate above 80% were adopted, and three additional items were added, which are:

A.1. Early diagnosis of any health symptom.

A.2. Weight gain causes joint pain.

A.3. Adherence to traffic rules when driving a car. The final scale consists of 15 items distributed across three dimensions.

B. Reliability of the Scale: The reliability of the scale was verified using the test-retest method. The scale was applied to a pilot sample of 20 respondents, and then it was reapplied to the same sample after two weeks. The correlation coefficient between the scores of the sample in both applications was calculated, resulting in a coefficient of (0.73), which indicates a strong positive correlation.

***Description of the Scale***

The final scale consists of 15 indicators distributed across three dimensions: nutritional dimension (5 items), preventive dimension (5 items), and safety and security procedures dimension (5 items). The five-point Likert scale was adopted for responding to the scale, where "Strongly Agree" corresponds to a score of (5), "Agree" corresponds to a score of (4), "Neutral" corresponds to a score of (3), "Disagree" corresponds to a score of (2), and "Strongly Disagree" corresponds to a score of (1). The highest score on the scale is 75, and the lowest score is 15.

## 3. Literature Review

Peters et al. (2014) aim of this study is to explore the concepts, laxatives, and barriers when introducing healthy foods to young children in the presence of two groups of parents, one with a healthy diet and the other with an unhealthy diet. The study indicated major points of difference between the two groups of parents of children [15].

Pervichko & Shishkova (2020) aim to clarify the relationship between the attitude towards the health of children of primary school age and their parents and the styles of raising children. The results showed that the components of parents' attitudes towards health are correlated with those of children at all levels and are related to the style of raising children. The study concluded that parents have a significant impact on the formation of their children's attitude towards health [16].

Kieling et al. (2011) are referring to risk and protective factors and interventions to prevent and treat mental health problems for children and adolescents. The report also discusses barriers and methods for implementing strategies in low-resource settings with the need to reduce the burden of mental health problems in future generations and allow the full development of children and adolescents at risk all around the world [17]. Tinsley (1992) considers the different effects of socialization on children's acquisition of healthy attitudes and behaviors, taking into account the impact of different socialization factors, including families, peers, schools, and the media, on children's acquisition of healthy attitudes and behaviors [18].

Kuehnle (2014) demonstrated by using data from a British cohort study the causal effect of household income on various measures of child health and found that income had a very small but significant causal effect on the child's subjective health and had no significant effect on chronic health conditions, except for respiratory diseases. His study provides further evidence that parental health does not lead to an ambiguous relationship between family income and child health [19]. The Li et al. (2021) study aims to evaluate the effects of family health education at school on increasing parents' awareness of preventing myopia and controlling the development of myopia in children [20].

Lebrun-Harris et al. (2019) discuss bullying as a serious public health problem among children and adolescents in the United States. The purpose of this study was to estimate the prevalence of parental-reported bullying. The study indicated that many health conditions and health service factors are associated with either bullying or its perpetration, including special health care needs, comprehension problems, behavioral problems, and speech. Or other language disorders, autism, and failure to meet psychological treatment and counseling [21]. The Holovanova et al. (2018) study aims to assess the level of awareness of parents of schoolchildren about the factors that affect their children's dental health of dental disease among the respondents. Thus, the necessity of carrying out the corresponding work in educational institutions is determined by the participation of teachers, dentists, pediatricians, and doctors of other specialties [22].

Some studies investigated the relationship between children's gender, age, family structure, and social health in children's examinations, especially those under school age, and concluded with results related to understanding family characteristics and the challenges of health and well-being in children that enhance multidisciplinary work in the field of health [1, 23–28].

## 4. Discussion and Results

***Normal distribution test:*** The normal distribution of the sample was verified using the Kolmogorov-Smirnov test to determine the type of tests that will be used to extract the results of applying the research tools (Table 1).

**Table 1. Results of the normal distribution test for the study variables represented by means, standard deviations, and values of significance for the Kolmogorov-Smirnov test**

| Axis | Arithmetic mean | Standard deviation | Significance value | Significant significance |
|---|---|---|---|---|
| Authoritarian style | 1.855 | 0.498 | 0.00 | Significant significance at 1% |
| Democratic style | 1.707 | 0.462 | 0.000 | Significant significance at 1% |
| Neglectful style | 2.07 | 0.544 | 0.000 | Significant significance at 1% |
| Overprotective style | 1.855 | 0.504 | 0.000 | Significant significance at 1% |
| Average parenting style | 1.88 | 0.31 | 0.2 | Not significant |
| Nutritional aspect | 4.17 | 0.494 | 0.036 | Significant significance at ٥% |
| Preventive aspect | 4.45 | 0.428 | 0.000 | Significant significance at 1% |
| Safety-related aspect | 4.67 | 0.460 | 0.000 | Significant significance at 1% |
| Health consciousness | 4.433 | 0.351 | 0.045 | Significant significance at ٥% |

From Table 1, it is observed that the significance was significant in most dimensions. Therefore, we can conclude that the data does not follow a normal distribution, which leads us to employ non-parametric tests.

The correlation between parenting styles and health awareness**:** The Spearman test was applied to calculate the degree and significance of the correlation between parenting style and health awareness in children. The correlation coefficient was found to be 0.129, indicating a very weak correlation between the variables. Considering the significance value of 0.289, which is greater than 0.05, we find that there is no significance to this relationship. This indicates that there is no statistically significant effect of parenting style on overall health awareness.

Hypothesis testing**:** To test the first four hypotheses, the relationship between each parenting style and children's health awareness was examined separately. The results are as follows (Table 2):

**Table 2. Spearman's Test to verify the correlation and significance between parenting style and health awareness**

| Parenting style | Spearman's correlation coefficient | Significance value | Significant significance |
|---|---|---|---|
| Authoritarian parenting style | 0.073 | 0.522 | There is none |
| Democratic parenting style | 0.051 | 0.651 | There is none. |
| Neglectful parenting style | 0.117 | 0.3 | There is none. |
| Overprotective parenting style | 0.230 | 0.04 | Statistical significance at 5% |

***Findings Related to hypothesis 1***: There is no statistically significant relationship between authoritarian parenting style and the formation of health awareness among children. The Spearman's correlation coefficient between authoritarian style and the degree of health awareness was found to be 0.073, indicating a very weak and almost non-existent correlation. Since the significance value of 0.522 is greater than 0.05, we accept the null hypothesis that there is no statistically significant effect of the authoritarian parenting style on children's health awareness. This can be explained by the fact that authoritarian parents seek to impose their will regardless of meeting their children's needs. Consequently, children react by rejecting or ignoring parental instructions related to health awareness because they perceive them as commands and impositions that do not meet their needs or reflect their parents' concern for their health.

***Findings Related to hypothesis 2:*** There is no statistically significant relationship between democratic parenting style and the formation of health awareness among children. Spearman's correlation coefficient between democratic style and the degree of health awareness was found to be 0.051, indicating a very weak correlation. Since the significance value of 0.651 is greater than 0.05, we accept the null hypothesis that there is no statistically significant effect of the democratic parenting style on children's health awareness. This can be explained by the fact that families adopting a democratic style provide space for children to learn and explore. This type of parenting focuses on children's ability to think critically and make decisions, regardless of the subject matter, whether it is related to health or not.

***Findings Related to hypothesis 3***: There is no statistically significant relationship between neglectful parenting style and the formation of health awareness among children. The Spearman's correlation coefficient between neglectful parenting style and the degree of health awareness was found to be 0.117, indicating a weak correlation. Since the significance value of 0.3 is greater than 0.05, we accept the null hypothesis that there is no statistically significant effect of neglectful parenting style on children's health awareness. This can be explained by the fact that neglectful parents are unconcerned about the health aspect of their children, and thus, the development of health awareness occurs independently from the absent influence of parents.

***Findings Related to hypothesis 4***: There is no statistically significant relationship between overprotective parenting style and the formation of health awareness among children. The correlation significance value was found to be 0.04, which is less than 0.05. Therefore, we reject the null hypothesis and accept the alternative hypothesis, stating that there is a statistically significant effect of overprotective parenting style in increasing health awareness. Although the correlation is relatively weak, it is positive and significant. This can be explained by the fact that such families make health, protection, and prevention central concerns and priorities for their children. Excessive indulgence and excessive attention to their children's health cause the children to focus on health as a sensitive aspect susceptible to any threat, regardless of its magnitude. Additionally, the barriers set by overindulgent families between their children and the outside world, restricting learning through trial and error due to excessive fear for their health and safety, make children more attached to the family's habits and behaviors. They become more cautious in their interactions outside the family. Considering that children in such families become dependent and reliant, it is the parents' responsibility to satisfy their children's needs in an extreme manner, believing that fulfilling their children's desires and protecting them is the correct approach to parenting.

***Findings Related to hypothesis 5***: There are no statistically significant differences in the sample's responses to the health awareness scale based on variables such as gender, age, and birth order among siblings.

The fifth hypothesis is divided into several sub-hypotheses as follows:

*Sub-hypothesis 5-1:* There are no statistically significant differences between the sample responses on the health awareness scale based on gender.

*Sub-hypothesis 5-2:* There are no statistically significant differences between the sample responses on the health awareness scale based on age.

*Sub-hypothesis 5-3:* There are no statistically significant differences between the sample responses on the health awareness scale based on birth order.

Each sub-hypothesis will be tested individually as follows:

*Sub-hypothesis 5-1:* To test this hypothesis, we will employ the Mann-Whitney U test, which is the non-parametric equivalent of the independent samples t-test. The results are summarized in the following (Table 3):

**Table 3. Results of the Mann-Whitney U test according to the gender variable**

| Categories | Average | Mann-Whitney U | Significance value | Significant significance |
|---|---|---|---|---|
| Male | 44.46 | 525 | 0.263 | Non |
| Female | 38.21 | | | |

Table 3 shows that the significance value is 0.263, which is greater than 0.05. The differences are not significant or statistically significant. Therefore, we accept the hypothesis that there is no statistical significance in the differences between the sample responses according to the gender variable. This is consistent with the results of the study by Salem (2016) [14].

*Hypothesis 5-2:* Using the same previous method, we resort to conducting a Mann-Whitney U test to determine if the variable (age of sample individuals) consists of two categories (older than 18 years and younger than 18 years). The results are presented in the following Table 4:

**Table 4. Results of the Mann-Whitney U Test according to the age variable of the sample individuals**

| Categories | Average | Mann-Whitney U | Significance value | Significant significance |
|---|---|---|---|---|
| > 18 years old | 39.4 | 343 | 0.919 | Non |
| < 18 years old | 40.6 | | | |

From the Table 4, it can be observed that the significance value is 0.919, which is greater than 0.05. This indicates that the differences are not statistically significant and not statistically indicative. Therefore, we accept the hypothesis that there is no statistically significant difference in the responses of the sample according to the age variable.

*Hypothesis 5-3:* To test the hypothesis, we resort to Kruskal-Wallis analysis, which is the non-parametric alternative to analysis of variance due to the data not satisfying the normal distribution assumption (Table 5).

**Table 5. Test results Kruskal-Wallis according to the variable of order among siblings**

| The order among siblings. | Significance value | Significant significance |
|---|---|---|
| Smallest | | |
| Middle | 0.655 | Non |
| Great | | |

From the values shown in the table, it can be observed that the means for family members according to the order among siblings were 34.93 for the youngest sibling, 38.24 for the middle sibling, and 42.2 for the eldest sibling. The significance value was 0.655, which is greater than 0.05. Therefore, there are no statistically significant differences in the sample responses according to the variable of order among siblings. Consequently, we accept the null hypothesis that there are no statistically significant differences in the level of health awareness among siblings based on their birth order. These results contradict the study conducted by Al-Dairy (2016), which demonstrated statistically significant differences in terms of birth order [14].

We interpret the previous hypotheses regarding differences in the sample responses based on variables such as gender, age, and birth order, where no statistically significant differences were found. This indicates that health awareness is not associated with these variables, as it encompasses personal health and the overall health of the community and continues throughout an individual's life. Health is considered a broad domain within various daily life activities, and thus, health awareness is not limited to a specific age group, gender, or an individual's position within their family. Health awareness is linked to the basic needs of individuals for continuity and survival, which are health and safety.

General Findings: There is no statistically significant correlation between authoritarian and democratic parenting styles, neglect, and the level of health awareness among children; there is a statistically significant relationship between excessive protection and the level of health awareness among children who experience it; and there are no statistically significant differences in sample responses based on gender, age, and birth order.

## 5. Conclusion

The importance of studying family upbringing patterns and their impact on the health awareness of children, particularly in relation to the family's food culture, becomes evident through research. This research focuses on the changing pace of life and the cultural shifts in food habits. What distinguishes this study from previous research is its examination of variables related to family upbringing patterns and health awareness that previous studies did not address. The research confirms that family upbringing methods have a tangible effect on the formation of children's health awareness. These methods may include health guidance, health education, positive role modeling, and providing a supportive, healthy environment within the family.

Overall, the research indicates that family upbringing methods may not have a significant and direct impact on children's level of health awareness. There are other factors, such as social, environmental, and cultural factors, that may influence the formation of health awareness. These factors could serve as fertile ground for further studies, contributing to the direction of future research and practices in this field.

### 5.1. Limitations of the Study and Prospects for Future Research

The results of this study enhance current research on the relationship between parenting styles and health awareness. This information can guide future studies in sociology, psychology, and mental health.

- Guide medical and psychological research: The results can guide medical and psychological research to study the effects of parenting styles on individuals' physical and mental health.
- Contribute to understanding health behaviors: The results can contribute to a better understanding of the health behaviors and medical practices of individuals raised in specific family environments.
- Improve social programs: The results can be indicative of the need to improve social and educational programs targeting enhancing health awareness for individuals and families.
- Provide psychological and health support: The results can guide government entities and health institutions to develop psychological and health support programs for families and individuals.
- Contribute to technology development: The results can be used to develop specialized online platforms, increasing their effectiveness in providing psychological and health assistance to parents and children.
- Inspire further research: The results of this study give an impression of the impact of parenting styles on the health awareness of children. These results may inspire further research to understand this impact more deeply and explore its causes and mechanisms more effectively.
- Guide future research: The study results may guide researchers in specific areas. For instance, the results related to the impact of overprotective parenting styles could steer research towards understanding how family care affects mental health.
- Develop therapeutic and intervention strategies: The results can encourage the development of therapeutic strategies or interventions for families struggling with negative parenting styles. These interventions can improve family relationships and the mental health of individuals.
- Improve healthcare and social policies: The results can indicate the need to improve healthcare and social policies to support families and increase their health awareness.
- Impact on education and training: The results may lead to changes in education and training for professionals in the healthcare and social relations fields to ensure they are well-equipped to support families effectively.

## 6. Declarations

### 6.1. Author Contributions

Conceptualization, O.S.A. and E.A.; methodology O.S.A.; software, A.R.; validation, E.A., O.S.A., and Z.M.N.; formal analysis, A.R.; investigation Z.M.N.; resources O.S.A.; data curation, O.S.A.; writing—original draft preparation, O.S.A. and E.A.; writing—review and editing, A.R.; visualization O.S.A.; supervision, E.A.; project administration, E.A.; funding acquisition, Z.M.N. All authors have read and agreed to the published version of the manuscript.

### 6.2. Data Availability Statement

The data presented in this study are available on request from the corresponding author.

### 6.3. Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

### 6.4. Institutional Review Board Statement

Not applicable.

### 6.5. Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

### 6.6. Declaration of Competing Interest

The authors declare that there is no conflict of interests regarding the publication of this manuscript. In addition, the ethical issues, including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, and redundancies have been completely observed by the authors.

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