

# Influence of Parenting Care Guidance Combined with Preventive Healthcare on the Effectiveness of Child Family Parenting

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**Abstract:** *Objective:* To explore the impact of parenting care guidance combined with preventive healthcare on child family parenting. *Methods:* Ninety-two child families were included as research subjects and randomly divided into a control group and an observation group, with 46 cases in each group. The former implemented basic preventive healthcare, while the latter simultaneously carried out parenting care guidance combined with preventive healthcare. The intervention results of the two groups were compared. *Results:* The observation group had a higher awareness rate of family parenting knowledge and a higher formation rate of healthy behaviors,  $P < 0.05$ . At the same time, parents' parenting anxiety scores were lower, and family health management ability scores were higher,  $P < 0.05$ . Moreover, the observation group showed higher scores in children's social skills,  $P < 0.05$ . *Conclusion:* Parenting care guidance combined with preventive healthcare can effectively improve the status of child family parenting, and it is worthy of promotion and application.

**Keywords:** Child family parenting; Parenting care guidance; Preventive healthcare; Impact effectiveness

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## 1. Introduction

Family upbringing plays a crucial role in children's growth, and its quality has a long-term impact on children's physical and mental health as well as their future development<sup>[1]</sup>. However, many parents lack systematic health knowledge and preventive health care concepts when raising their children, which may expose children to various health risks during their growth stage. Integrating parenting guidance with preventive health care provides new ideas and approaches for family upbringing<sup>[2]</sup>. Parenting guidance can help parents establish correct health cognition, grasp the physiological and psychological characteristics of children in different growth stages in detail, and thus more effectively meet children's health needs. Preventive health care focuses on preventing health problems from the root, which can not only reduce the possibility of children getting sick but also alleviate the economic pressure and psychological burden caused by diseases. Combining parenting guidance with preventive health care can not only enhance parents' parenting skills but also create a healthier and safer growth space for children<sup>[3]</sup>. In this study,

ninety-two children's families were selected for group research to explore the practical effectiveness of parenting guidance combined with preventive health care measures in children's family upbringing.

## **2. Materials and methods**

### **2.1. General information**

A total of 92 children's families were included in the study, with an enrollment period from January 2023 to December 2024. Using random sampling, the families were divided into intervention groups, with 46 cases in each group. In the control group, there were 22 males and 24 females, with a mean age of  $(2.5 \pm 0.2)$  years. In the observation group, there were 21 males and 25 females, with a mean age of  $(2.6 \pm 0.3)$  years. There was a high consistency in general information between the two groups of children ( $P > 0.05$ ). Information on primary caregivers and family situations was compared.

#### **2.1.1. Inclusion criteria**

- (1) Children aged 3–6 years
- (2) Primary caregivers have basic communication skills
- (3) Families are aware of and agree to the study content.

#### **2.1.2. Exclusion criteria**

- (1) Children with severe congenital diseases
- (2) Families with cognitive impairments
- (3) Incomplete clinical data.

### **2.2. Methods**

The control group received routine child health care, including regular physical examinations, monitoring of children's growth and development, answering parents' questions and addressing their concerns, and distributing health promotion materials and other basic health care services.

The observation group, on the basis of routine health care, received comprehensive intervention measures for parenting guidance and preventive health care, as follows:

- (1) Parenting guidance measures: Monthly lectures on child-rearing knowledge were organized and conducted through various forms such as PPT, videos, and case analyses to enhance parents' enthusiasm for participation and make the transmission of health knowledge more intuitive and easier to understand. At the same time, a WeChat group was established to achieve the goals of normalization and instant health guidance. One to two articles related to healthy child-rearing were pushed every week, and various questions encountered in daily parenting were answered promptly, thus building a three-dimensional knowledge transmission mode of "offline centralized teaching combined with online continuous interaction", which facilitated parents to obtain professional support at any time and solve problems encountered in the actual process of raising children <sup>[4]</sup>.
- (2) Preventive health measures: Personalized preventive health plans were developed based on the developmental characteristics of children at different ages and problems identified during health checkups, taking into account children's family habits and rearing environments. Targeted individualized guidance measures were formulated, including parenting guidance, family education, parent-child interaction, oral

health care, eye health care, and other aspects. A good early education environment was created to guide children's active movement and increase language communication, allowing children to "learn through play" and parents to "learn through parenting". At the same time, the concept of health was continuously strengthened, and the cultivation of health awareness was extended to children themselves, enabling them to gradually establish health cognition through practical activities and improve the level of cooperation between parents and children in developing healthy habits <sup>[5]</sup>.

## 2.3. Observation indicators

- (1) Compare the situation of children's family upbringing, including the awareness rate of family upbringing knowledge. Conduct a self-made 100-point questionnaire survey to calculate the proportion of those who score  $\geq 80$  points. The formation rate of healthy behaviors. Evaluate with a self-made child family health behavior assessment scale (reasonable diet, regular work and rest, personal hygiene habits, outdoor activities, and disease prevention behaviors). If each behavior meets the standard for  $\geq 5$  days per week, it is judged as "formed". The formation rate of healthy behaviors refers to the proportion of families that meet the "formed" criteria.
- (2) Compare parental indicators; the former uses the Self-Rating Anxiety Scale (SAS) score, where  $\geq 50$  points suggest the presence of anxiety, and the higher the score, the more severe the anxiety <sup>[6]</sup>; the latter uses a self-designed family health management ability assessment scale with a total score of 100. The higher the score, the stronger the management ability.
- (3) Compare children's social skills scores using the Children's Social Skills Assessment Scale (Simplified Version), which assesses five dimensions: Interaction with peers, cooperation and sharing, emotional expression, social rules, and social confidence. Each dimension is scored out of 10, with a total score of 50. A higher score indicates better social skills <sup>[7]</sup>.

## 2.4. Statistical methods

The count data and measurement data involved in the study were entered into SPSS 23.0 software. The former was subjected to chi-square ( $\chi^2$ ) testing and expressed as (n, %). The latter underwent t-testing, assuming a normal distribution, and was expressed as ( $\bar{x} \pm s$ ). If  $P < 0.05$ , the comparison was considered statistically significant.

## 3. Results

### 3.1. Comparison of primary caregivers and family background

There was no significant difference between the groups in terms of primary caregivers and family backgrounds, with  $P > 0.05$ , as shown in Table 1.

**Table 1.** Comparison of primary caregivers and family backgrounds between groups [ $(\bar{x} \pm s)$ , n(%)]

Group	n	Primary caregiver age (years)	Family structure (Nuclear/3-Generation/Other)	Caregiver education ( $\leq$ Middle school/ high School-college/ $\geq$ Undergraduate)	Income level (Low/Medium/High)
Study	46	32.6 $\pm$ 4.2	22/14/10	10/15/21	14/22/10
Control	46	32.7 $\pm$ 4.4	23/13/10	11/15/20	14/23/9
t/ $\chi^2$	-	0.112	0.059	0.072	0.075

Group	n	Primary caregiver age (years)	Family structure (Nuclear/3-Generation/ Other)	Caregiver education ( $\leq$ Middle school/ high School-college/ $\geq$ Undergraduate)	Income level (Low/ Medium/High)
<i>P</i> -value	-	0.911	0.971	0.965	0.963

### 3.2. Comparison of family child-rearing situations

The observation group showed higher awareness of family parenting knowledge and a higher rate of healthy behavior formation, with  $P < 0.05$ , as shown in **Table 2**.

**Table 2.** Comparison of family child-rearing situations between groups [n(%)]

Group	n	Family parenting knowledge awareness rate (%)	Healthy behavior formation rate (%)
Study	46	45 (97.83)	46 (100.00)
control	46	39 (84.78)	42 (91.30)
$\chi^2$	-	4.929	4.235
<i>P</i> -value	-	0.026	0.039

### 3.3. Parental anxiety scores and family health management ability scores

The observation group exhibited lower parental anxiety scores and higher family health management ability scores, with  $P < 0.05$ , as shown in **Table 3**.

**Table 3.** Comparison of parental anxiety scores and family health management ability scores between groups [ $\bar{x} \pm s$  /score]

Group	n	Parenting anxiety score (mean $\pm$ SD)	Family health management score (mean $\pm$ SD)
Study	46	32.34 $\pm$ 2.18	87.66 $\pm$ 4.22
Control	46	48.78 $\pm$ 2.16	78.67 $\pm$ 4.28
<i>t</i> -value	-	36.333	10.144
<i>P</i> -value	-	0.001	0.001

### 3.4. Comparison of children's social skills scores

The observation group demonstrated higher scores in children's social skills, with  $P < 0.05$ , as shown in **Table 4**.

**Table 4.** Comparison of children's social skills scores between groups [ $\bar{x} \pm s$ /score]

Group	n	Peer interaction	Cooperation/ Sharing	Emotional expression	Social rules	Social confidence
Study	46	8.56 $\pm$ 1.34	8.23 $\pm$ 1.22	8.78 $\pm$ 1.34	8.49 $\pm$ 1.48	8.78 $\pm$ 1.37
Control	46	7.67 $\pm$ 1.26	7.56 $\pm$ 1.24	7.76 $\pm$ 1.56	7.78 $\pm$ 1.44	7.45 $\pm$ 1.45
<i>t</i> -value	-	3.282	2.612	3.364	2.332	4.522
<i>P</i> -value	-	0.001	0.011	0.001	0.022	0.001

## 4. Discussion



The healthy growth of children is a crucial foundation for family happiness and social development. Family upbringing is a central aspect of children's development, and the level of family parenting directly impacts children's lifestyle habits, physiological development, psychological state, and social skills development<sup>[8]</sup>. In the current rapidly changing social information environment, many parents have recognized the importance of scientific parenting and have accessed parenting knowledge and precautions through information sources such as official accounts and short videos. However, due to a lack of systematic understanding, parenting skills support, and effective health management tools, there are still many confusions and challenges in the process of raising children. Parents often find it difficult to achieve a successful parenting experience, which may lead to excessive anxiety in some parents in the long run<sup>[9]</sup>. Therefore, providing specific guidance on family parenting to assist parents in arranging specific parenting activities has important practical value. This study conducted research on 92 children's families to analyze the impact of combined parenting care guidance and preventive health care on family parenting. The results obtained from the study indicate that this intervention model provides significant assistance to parents.

The results of this study showed that the observation group had higher levels of knowledge about family parenting and a higher rate of developing healthy behaviors compared to the control group ( $P < 0.05$ ). This suggests that parenting care guidance can significantly guide parents' parenting behaviors. Through regular parenting care guidance activities, parents gained a clearer understanding of the physiological and neurological developmental needs of children at different growth stages and learned to prepare reasonable diets for their children<sup>[10]</sup>. Parents also became more familiar with common disease prevention knowledge and early disease identification methods for children, enabling them to more effectively address common health issues in children. Task-based parenting guidance helped parents translate the knowledge they learned into practical actions, which played a crucial role in the healthy growth of children<sup>[11]</sup>. Furthermore, data comparison revealed that parents in the observation group had lower scores for parenting anxiety and higher scores for family health management ability ( $P < 0.05$ ). This indicates an improvement in family health management ability, meaning that parents can more effectively plan and implement health management programs for their children, creating a healthy and harmonious growth environment<sup>[12]</sup>. Additionally, children in the observation group had higher scores for social skills ( $P < 0.05$ ), suggesting that this approach can enhance parent-child interaction and communication, contribute to the sustained healthy psychological development of children, and assist in their future social life.

## 5. Conclusion

Overall, the combination of parenting care guidance and preventive healthcare significantly optimizes the current state of family parenting for children. This positive change lays a solid foundation for children's comprehensive healthy growth and the benign development of their social skills, creating a more favorable environment for their growth.

## Disclosure statement

The author declares no conflict of interest.

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