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Exploring parental adoption of tele-mental health for children "a UTAUT 2 based study on key acceptance"

Submitted by:
TERGHINI Hadjer

Supervised by :
Dr. YAHIAOUI Djalal Eddine

Dr. BARKAT Abdelaziz

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Abstract

Measuring user acceptance is essential before launching digital health services, especially in sensitive areas like child telemental health, where emotional context and social dynamics shape user behavior. This study aimed to examine the factors influencing Algerian parents' intention to use a telemental health application for their children, applying the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2). Using a quantitative approach, data were collected from 230 respondents and analyzed through Structural Equation Modeling (SEM). The findings showed that behavioral intention significantly predicted actual use, only when effort expectancy and facilitating conditions are moderated by digital literacy. These variables did not prove significance in the direct path. Except for this, all the UTAUT2 constructs such as performance expectancy, effort expectancy, hedonic motivation, price value, habit, and perceived risk did not significantly influence behavioral intention. Also, Social influence approached significance but did not reach the threshold. Additionally, facilitating conditions had a direct positive effect and an indirect positive one on use behavior , with the latter moderated by digital literacy independent of behavioral intention, These results highlight that while intention is central, adoption is also shaped by practical enablers and digital capability, pointing to the need for emotionally aware, context-sensitive design supported by infrastructure and skill-building.

Keywords: Telemental health**,** User acceptance**,** UTAUT2**,** Behavioral intention, Structural Equation Modeling (SEM)**,** Parental decision-making

Résumé

Mesurer l'acceptation des utilisateurs est essentiel avant le lancement de services de santé numériques, en particulier dans des domaines sensibles comme la santé mentale infantile à distance, où le contexte émotionnel et les dynamiques sociales influencent profondément le comportement des utilisateurs. Cette étude visait à examiner les facteurs influençant l'intention des parents algériens d'utiliser une application de télésanté mentale pour leurs enfants, en s'appuyant sur la théorie unifiée de l'acceptation et de l'utilisation des technologies 2 (UTAUT2). En adoptant une approche quantitative, des données ont été recueillies auprès de 230 répondants, puis analysées à l'aide de la modélisation par équations structurelles (SEM). Les résultats ont révélé que l'intention comportementale prédisait significativement l'usage réel, mais uniquement lorsque les attentes en matière d'effort et les conditions facilitatrices étaient modérées par le niveau de littératie numérique. Ces variables n'étaient pas significatives dans le chemin direct. Hormis ce cas, l'ensemble des dimensions de l'UTAUT2, telles que les attentes de performance, les attentes d'effort, la motivation hédonique, la valeur perçue, l'habitude et le risque perçu n'ont pas exercé d'influence significative sur l'intention comportementale. L'influence sociale s'est approchée du seuil de significativité sans l'atteindre. Par ailleurs, les conditions facilitatrices ont exercé un effet positif direct ainsi qu'un effet indirect sur le comportement d'usage, ce dernier étant modéré par la littératie numérique, indépendamment de l'intention comportementale. Ces résultats mettent en lumière le fait que si l'intention joue un rôle central, l'adoption est également façonnée par des facilitateurs pratiques et les compétences numériques, soulignant ainsi l'importance d'un design sensible au contexte émotionnel, soutenu par une infrastructure adaptée et des actions de renforcement des compétences.

Mots-clés: Télésanté mentale, Acceptation des utilisateurs, UTAUT2, Intention comportementale, SEM, Prise de décision parentale.

الملخص:

يُعد قياس مدى تقبّل المستخدمين خطوة أساسية قبل إطلاق خدمات الصحة الرقمية، خاصة في المجالات الحساسة مثل الصحة النفسية للأطفال عن بُعد، حيث يؤثر السياق العاطفي والديناميكيات الاجتماعية بشكل كبير على سلوك المستخدم. هدفت هذه الدراسة إلى استكشاف العوامل المؤثرة على نية أولياء الأمور الجزائريين في استخدام تطبيق للصحة النفسية عن بُعد لأطفالهم، من خلال توظيف النسخة الثانية من النظرية الموحدة لقبول واستخدام التكنولوجيا .(UTAUT2) تم اعتماد منهجية كمية، حيث جُمعت البيانات من 230 مشاركًا، وتم تحليلها باستخدام نمذجة المعادلات الهيكلية .(SEM) أظهرت النتائج أن النية السلوكية كانت تتنبئ بشكل كبير بالاستخدام الفعلي، ولكن فقط عندما تم تعديل تأثير كل من توقعات الجهد والظروف المُيسِّرة عبر مستوى الإلمام الرقمي. ولم تُظهر هذه المتغيرات دلالة إحصائية على المسار المباشر. باستثناء هذا، لم تُظهر باقي متغيرات نموذج UTAUT2 مثل التوقعات المتعلقة بالأداء، وتوقعات الجهد، والدافع الترفيهي، والقيمة السعرية، والعادة، والمخاطر المُدرَكة أي تأثير على النية السلوكية. كما اقترب تأثير التأثير الاجتماعي من الدلالة الإحصائية، دون أن يصل إليها. بالإضافة إلى ذلك، كان للظروف الميسرة تأثير إيجابي مباشر وآخر غير مباشر على سلوك الاستخدام، حيث كان التأثير غير المباشر مشروطًا بالإلمام الرقمي، بغض النظر عن النية السلوكية. وتبرز هذه النتائج أن النية تُعد محورية، إلا أن تبني التكنولوجيا يتأثر أيضًا بالعوامل العملية والقدرات الرقمية، مما يشير إلى ضرورة تصميم خدمات رقمية تراعي السياق العاطفي والاجتماعي، مدعومة ببنية تحتية ملائمة وجهود لبناء المهارات.

الكلمات المفتاحية :الصحة النفسية عن بُعد، تقبّل المستخدم، UTAUT2، النية السلوكية، نمذجة المعادلات الهيكلية(SEM) ، صنع القرار لدى الوالدين.

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List of abbreviations

ADHD: Attention-Deficit/Hyperactivity Disorder

AGFI: Adjusted Goodness of Fit Index

ALA: American Library Association

AVE: Average Variance Extracted

BI: Behavioral Intention

CAMHS: Child and Adolescent Mental Health Services

CBT: Cognitive Behavioral Therapy

CECAT: Committee on Evaluating Clinical Applications of Telemedicine

CMHL: Child Mental Health Literacy

CMS: Centers for Medicare & Medicaid Services

CFI: Comparative Fit Index

C-TAM-TPB: Combined Technology Acceptance Model and Theory of Planned Behavior

COVID-19: Coronavirus Disease 2019

CYP: Children and Young People

DZD: Algerian Dinar

DL: Digital Literacy

EE: Effort Expectancy

EHR: Electronic Health Record

EXP: Experience

FC: Facilitating Conditions

GFI: Goodness of Fit Index

HM: Hedonic Motivation

HRSA: Health Resources and Services Administration

HT: Habit

HTMT: Heterotrait-Monotrait Ratio

ICT: Information and Communication Technology

IDT: Innovation Diffusion Theory

IFI: Incremental Fit Index

JASP: Jeffrey's Amazing Statistics Program

LMS: Learning Management Systems

mHealth: Mobile Health

MM: Motivational Model

MOHFW: Ministry of Health and Family Welfare

MPCU: Model of PC Utilization

NASA: National Aeronautics and Space Administration

NHS: National Health Service

NHS Digital: National Health Service Digital

NFI: Normed Fit Index

OCD: Obsessive-Compulsive Disorder

PE: Performance Expectancy

PHE: Public Health England

PGFI: Parsimony Goodness of Fit Index

PNFI: Parsimony Normed Fit Index

PR: Perceived Risk

PTSD: Post-Traumatic Stress Disorder

PV: Price Value

QR: Quick Response

RFI: Relative Fit Index

RMSEA: Root Mean Square Error of Approximation

RNI: Relative Noncentrality Index

SCT: Social Cognitive Theory

SEM: Structural Equation Modeling

SI: Social Influence

SMEs: Small and Medium-sized Businesses

SRMR: Standardized Root Mean Square Residual

TAM: Technology Acceptance Model

TAM2: Technology Acceptance Model 2

TLI: Tucker-Lewis Index

TPB: Theory of Planned Behavior

TRA: Theory of Reasoned Action

UB: Use Behavior

UTAUT: Unified Theory of Acceptance and Use of Technology

UTAUT2: Unified Theory of Acceptance and Use of Technology 2

WHO: World Health Organization

General Introduction

Mental health care has rapidly evolved in recent years, driven by the rise of digital health technologies that aim to enhance accessibility, efficiency, and inclusiveness (Torous et al., 2025). Among these innovations, telemental health has emerged as a crucial solution, especially for underserved populations such as children in remote or marginalized communities (Cross & Alvarez-Jimenez, 2024). The COVID-19 pandemic further accelerated this shift, with health systems worldwide rapidly transitioning from traditional in-person therapy to remote mental health services (Appleton et al., 2021; Lo et al., 2022). While the expansion of telemental health offers promising outcomes, its success is closely tied to the level of user acceptance and behavioral intention; key pillars in understanding the adoption of new health technologies (Holtz, 2022). Without sufficient acceptance from end-users, particularly parents acting on behalf of their children; these digital interventions risk underutilization, limiting their intended health impact (Nadaf & Mousavi, 2023; Schomakers et al., 2022).

Within this context, this study explores parental acceptance and use behavior of telemental health services for children in Algeria, applying the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2). This theory is an extended model built upon the original UTAUT, specifically designed to explain consumer technology acceptance and usage behavior. It expands the initial framework by adding three new constructs which are hedonic motivation, price value, and habit to better capture the nuances of individual consumer decision-making regarding technology (Alalwan et al., 2017). By investigating the core constructs of the model, such as performance expectancy, effort expectancy, social influence, facilitating conditions, hedonic motivation, price value, habit and adding perceived risk the study adopts a marketing management lens to understand how parents, as key decision-makers and consumers, evaluate and engage with health technologies for their children. This approach is essential in an increasingly digital health environment, where consumer-centric models are required to ensure sustained usage and positive health outcomes (World Economic Forum, 2023).

Context of the Study

In recent years, the global mental health landscape has undergone significant changes, marked by the increasing digitization of healthcare services and a growing demand for accessible, flexible care options (Appleton et al., 2021; Wong et al., 2021). Digital health technologies, particularly telemental health services, have become essential in addressing mental health needs, especially for children and adolescents who may face barriers such as limited access to specialists, high treatment costs, and social stigma (Fatori et al., 2023; Nadaf & Mousavi, 2023). In Algeria, the mental health system contends with numerous challenges, including inadequate infrastructure, a shortage of trained professionals, and pervasive societal stigma (Sridi & Bellaâdi, 2022). Despite the enactment of reforms, such as the 2018 mental health law aimed at aligning with international standards, implementation remains inconsistent, and service provision gaps persist (Benmebarek, 2021). Additionally, the World Health Organization (2020) highlights that Algeria has a critically low density of mental health professionals, which exacerbates the difficulty of accessing quality care, particularly in rural areas. Telemental health services offer a promising avenue for bridging these gaps by enabling remote access to care (Appleton et al., 2021). However, the successful

adoption of these services in Algeria remains uncertain, thereby necessitating an in-depth understanding of the factors influencing user acceptance.

The Unified Theory of Acceptance and Use of Technology 2 (UTAUT2) provides a comprehensive framework for analyzing technology adoption behavior by examining constructs such as performance expectancy, effort expectancy, social influence, facilitating conditions, hedonic motivation, price value, and habit (Venkatesh et al., 2012). Applying UTAUT2 within the Algerian context may offer valuable insights into the behavioral intentions of parents regarding telemental health services for their children, highlighting areas where tailored strategies might enhance adoption and sustained use. A nuanced understanding of parental attitudes and adoption behavior is therefore essential. By gaining insights into these factors, stakeholders can develop targeted strategies to improve the design, marketing, and implementation of telemental health solutions; ultimately enhancing access to essential mental health care for Algerian children and their families. All the previous support the suggestion of the following question:

"What are the key factors influencing Algerian parents' acceptance and behavioral intention to adopt telemental health services for their children?".

Research Objectives

The first aim of this study is to explore the key factors that shape Algerian parents' willingness to adopt telemental health services for their children. Using the UTAUT2 model as a guiding framework, the research will examine how elements like perceived usefulness, ease of use, social influence, hedonic motivation, price value, habit, and perceived risk influence their decisions.

Building on these insights, the second objective is to apply the findings directly to the development of My Child's Care which is a mobile app designed to support parents in managing their children's mental and behavioral health. The identified factors will help shape both the app's core features and its marketing approach, ensuring that the final product aligns closely with the needs, expectations, and concerns of its target users who are Algerian parents.

Originality

The originality of this study takes place in its application of the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2) to the context of telemental health services for children in Algeria. While UTAUT2 has been used in several healthcare and technology adoption studies, its use to examine parental acceptance of child-focused telemental health in Algeria is new. The study also extends the original model by including additional variables: Perceived Risk, Child Mental Health Care Literacy, and Digital Literacy; factors that are particularly relevant in a setting where awareness of digital mental health tools is still limited. This context-specific approach offers a deeper understanding of behavioral

intention and usage behavior, adding both academic value and practical insights for future development of digital mental health services in the country.

Rationale of the Study

Access to child mental health services in Algeria remains limited, especially for parents who wants to rise emotional healthy children. Telemental health can offer a solution, but little is known about how Algerian parents perceive and accept these services. Most existing research focuses on adult users or general telemedicine, often in different cultural or healthcare contexts. This study addresses that gap by focusing on parents as decision-makers and exploring the specific factors that influence their intention to adopt telemental health platforms for their children. By applying the UTAUT2 model and integrating key constructs such as perceived risk, digital and child mental health care literacy, and demographic moderators, the research aims to identify both the barriers and drivers of acceptance. The results can inform service design, guide awareness efforts, and help developers, including initiatives like My Child's Care tailor their platforms to meet local needs and concerns. Academically, the study contributes to an under-researched area and provides a foundation for future work on digital health adoption in North Africa.

Choice of Theme

Subjective reason

The choice of this research topic is closely tied to our specialization in Marketing Management. Our academic background has equipped us with the tools to analyze user behavior and evaluate how individuals make decisions regarding new technologies and services. We have a strong interest in how psychological, social, and contextual factors influence technology acceptance, especially in sensitive areas such as mental health. This topic also supports our personal and professional goals, as it serves as a market research for our startup project, My Child's Care, a platform aimed at supporting parents in managing their children's mental and behavioral health through expert guidance and digital tools. By studying parental acceptance of telemental health services, we aim to base the development of the platform on real needs and expectations within the Algerian context.

Objective reason

Mental health care for children remains underdeveloped in many parts of Algeria, and access to specialized services is often limited. Telemental health platforms have the potential to reduce this gap, but their success depends on parental acceptance and trust. Despite the growing global interest in digital mental health, there is a lack of research focusing on parental adoption of such services in Algeria. This study aims to address that gap by using the UTAUT2 model, enriched with relevant variables. Our goal is to better understand what encourages or prevents parents from using these platforms, and to offer a model that can support future development, awareness efforts, and academic research in this area.

Research Epistemology

Epistemological Posture

This study is based on a positivist epistemological stance, which holds that knowledge can be built through observation, measurement, and data analysis. We believe that the factors shaping parents' acceptance of telemental health services can be studied objectively using empirical methods. Positivism fits well with our goal of identifying the variables that influence behavioral intention and actual use in a structured, measurable way. This approach is commonly used in research aiming to establish cause-effect relationships through hypothesis testing and statistical analysis (Park et al., 2023).

We chose positivism because our study follows a clear, structured process starting with a theoretical framework and moving on to empirical testing. Using the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2) as the basis, we evaluate how well the model, along with added factors like Perceived Risk, Child Mental Health Care Literacy, and Digital Literacy, predicts parents' behavioral intention and actual use. This approach supports objectivity and reduces researcher bias, making sure our results rely on measurable data rather than subjective views.

Epistemological approach

Our research adopts a deductive approach, which moves from existing theoretical concepts to the collection and testing of empirical data. According to Saunders et al. (2019), deductive research starts by developing hypotheses grounded in established theories, which are then tested through observation and analysis. In this study, the UTAUT2 model provides the basis for forming hypotheses about parents' behavioral intention and usage patterns in Algeria.

We selected this approach because it allows us to systematically test a well-established theoretical framework within a specific social and cultural context. Our goal is to assess how the UTAUT2 components apply to Algerian parents and to determine if adding variables like digital literacy and mental health literacy enhances the model's ability to predict behavior. This approach offers a clear, methodical way to adapt and validate theories in real-world settings.

Research Methodology

This study takes a quantitative approach, starting with a detailed review of existing research to understand what influences parents' willingness to use telemental health services for their children. The UTAUT2 model was used as a foundation and extended with additional factors to better fit the context. Based on this framework, a structured questionnaire was created to measure key variables. A cross-sectional survey was then carried out with 230 Algerian parents. The responses were analyzed using JASP to test the research hypotheses and build a model that explains both the intention to use these services and actual usage behavior.

Telemental health, which is delivering psychological support remotely, has become a growing part of digital healthcare, especially since the COVID-19 pandemic. Although its use has expanded worldwide, the reasons why people choose to adopt or avoid it are still not fully understood. This literature review looks at how telemental health has evolved, its global impact, and the challenges it faces. It also reviews the main theories used to study technology adoption in healthcare, focusing in particular on the UTAUT2, the extended version of Unified Theory of Acceptance and Use of Technology (UTAUT). These models offer a useful lens for exploring how people make decisions about using digital health tools. By bringing together insights from global research and pointing out what is still missing, this review sets the stage for examining how Algerian parents perceive and respond to telemental health services for their children.

Chapter 01: Theoretical framework

Section 01: literature review

The use of communication thechnologies in the field of medicine led to the birth of a new concept was called telehealth (Bashshur et al., 2001). It is used to make health care accessible for certain categories who are communities living in rural places, prisoners, and others (Cermack, 2006 as cited in Thakur & Mahajan, 2020). According to the world health organization (WHO) (2010) report, telehealth it is considered the umbrella term for remote health related services such as: education, administration, research and telemedicine which by itself revolves around remote clinical care (Bird, 1972; Committee on Evaluating Clinical Applications of Telemedicine [CECAT], 1996). Other than the previous, Aboujaoude, Salame, and Naim (2015) claim that telemedicine proved its prominent efficiency in treating mental health disorders allowing the integration of a special kind of treatment that is called tele-mental health, which the later contains tele-psychiatry in its range of treatment (Bashshur et al., 2016). As a concept, Tele-mental health involves the delivery of the different mental health care services such as: evaluation, diagnosis, treatment, and management with the help telecommunication technologies (Centers for Medicare & Medicaid Services, 2021).

Tele-mental health was first known when Early videoconferencing was being used in 1959 by the Nebraska Psychiatric Institute to train medical students at the Nebraska state hospital in Norfolk, as well as to provide group therapy, long-term therapy, and consultation-liaison psychiatry (Bashshur & Shannon, 2009). After years of slowly evolving tele-mental health was highly adopted during the pandemic of covid-19. When the WHO announced that there was a Public Health Emergency of International Concern because the virus had spread globally which then on march 11, 2020 became an official pandemic, telehealth in general then became a necessity because the infection was easily happening, and people had to do long distancing to avoid the spread of the virus (Public Health England [PHE], 2020). According to Appleton et al. (2021), most mental health services were able to transition to remote delivery methods during the pandemic, including phone calls and videoconferencing. High levels of acceptability for these remote approaches were reported by both clinicians and service users, particularly when the alternative involved a disruption in care. Moreover, Access to tele-mental health services was enhanced because of the pandemic, especially for children who were disproportionately impacted by the crisis (Panda et al., 2021). Telehealth became significantly more accessible among behavioral health treatment centers. In particular, between 2020 and 2021, telehealth services provided by mental health treatment facilities increased by 77%, while telehealth services provided by substance use disorder treatment facilities increased by 143% (Cantor et al., 2022). The pandemic played an important role for tele-mental health to expand more in which restrictions were removed and broader adoption was made possible by the expansion of tele-mental health service coverage, reimbursement by numerous insurance companies, and healthcare systems (Lo et al., 2022).

Additionally, governments around the world have been instrumental in increasing the effectiveness of tele-mental health services for example Remote mental health services through Medicare and Medicaid were made possible in the United States by the expansion

of telehealth policies during the COVID-19 pandemic (U.S. Department of Health and Human Services, 2020). Similarly, tele-mental health services, such as remote therapy for mental health conditions, were introduced by NHS Digital in the UK (NHS Digital, 2021). Also, The Canadian government supports tele-mental health to improve access, particularly in rural areas (Canadian Virtual Hospice, 2021). Likewise, initiatives were started by the Australian Government's Department of Health to make tele-mental health support available, particularly for people who live far away (Australian Government Department of Health, 2020). In order to address mental health during the pandemic, India's Ministry of Health and Family Welfare also launched the eSanjeevani platform, which integrates tele-mental health services (Ministry of Health and Family Welfare, 2021).

Tele-mental health increases access to mental health care by lowering structural and financial barriers, which benefits marginalized communities such as multigenerational households (Damian et al., 2022). Besides, tele-mental health has proven to be very effective in treating a range of psychological disorders; Remote Cognitive Behavioral Therapy (CBT) for anxiety in children and parents has been shown in studies to be as effective as in-person therapy (Spence et al., 2011). Furthermore, telehealth has demonstrated comparable success in treating obsessive-compulsive disorder (OCD) (Storch et al., 2011) and depression (Hollinghurst et al., 2010), highlighting its potential as an alternative to traditional mental health services.

However, tele-mental health encountered difficulties in some nations; for example in Nigeria and Kenya, tele-mental health faced some challenges, such as inadequate internet, low digital literacy, and mistrust in the service faced hard time (Ogunde et al., 2020). In India, government-sponsored tele-mental health helplines for children in rural Bihar and Uttar Pradesh reported engagement rates of less than 15%; Families mentioned the stigma associated with talking about mental health over the phone as well as language barriers (Singh et al., 2021). In a Chicago trial, low-income children receiving tele-mental health did not significantly improve their symptoms of depression, and dropout rates were 40% higher because of family conflicts and internet problems (Whiteside et al., 2019). In the Amazon region in Brazil, ninety percent of Indigenous children in the Amazon stopped participating in tele-psychiatry programs. Families expressed mistrust of "outsider" clinicians and a discrepancy between Indigenous ideas of mental health and Western therapeutic models (Fatori et al., 2023). Only 8% of depressed teenagers in Riyadh, Saudi Arabia, used tele-mental health applications because their parents were worried about "inappropriate" content and privacy. Furthermore, access to mixed-gender group therapy sessions was limited by strict gender-segregation norms (Alqahtani et al., 2022). In a similar manner, tele-mental health initiatives for kids in LMICs have had difficulty in environments without "human infrastructure", such as qualified local providers. For instance, less than 10% of patients in Indonesia who received chatbot-based cognitive behavioral therapy were retained due to low health literacy (Naslund et al., 2020).

Despite the failure in some nations, tele-mental health has improved access to care for children in others. In the USA, it enhanced services for underserved communities, reducing barriers to treating anxiety and ADHD (Gloff et al., 2015). Australian adolescents found tele-psychiatry beneficial in reducing stigma and improving continuity of care (Boydell et al., 2014). In Canada, collaborative models effectively managed pediatric behavioral disorders with high family satisfaction (Myers et al., 2017). Moreover, During COVID-19 in the UK, NHS Digital Services reached 60% of children in need, thereby improving access for minority youth. Mobile applications in India and South Africa were found to help reduce PTSD symptoms (Unützer et al., 2020). Lastly, in Germany, Spain, and Japan, tele-mental health reduced anxiety and improved coping among autistic children (Hollis et al., 2022). As a result, acceptance of technology by users is considered a key component in the adoption and broad use of technologies, but it can also act as a barrier if the various needs of potential users are not recognized (Ziefle & Wilkowska, 2010 as cited in Schomakers et al., 2022)

The successful implementation of new technologies depends on measuring consumer acceptance since it offers vital information about how innovations satisfy user needs and expectations (Dwivedi et al., 2019). Furthermore, in order to ensure that technologies evolve over time while improving overall utilization and sustainability, systematic assessments aid in identifying early adoption barriers and facilitate iterative improvements (Venkatesh et al., 2012). Particularly in domains such as tele-mental health, it is essential to measure the level of technology adoption (Cross & Alvarez-Jimenez, 2024). Moreover, the Unified Theory of Acceptance and Use of Technology (UTAUT) model has been used significantly to measure the acceptance level of tele-mental health, and a great example of the previous is the study where the opinions of mental health practitioners regarding online counseling were examined to identify important elements that affect acceptance and use of technology (Erus & Uğur, 2024). Prior to Venkatesh et al. (2003) developing the Unified Theory of Acceptance and Use of Technology (UTAUT), research on technology acceptance was based on a number of theoretical models, leading among them the Technology Acceptance Model (TAM) (Davis, 1989) and its developed version, TAM2 (Venkatesh & Davis, 2000). TAM, which developed from the Theory of Reasoned Action (TRA) (Fishbein & Ajzen, 1975), suggested that the main factors influencing the adoption of technology were perceived utility and perceived ease of use (Davis, 1989). However, because TAM ignored outside influences such as social norms and contextual factors, its generalizability was questioned. Later, subjective norms, voluntariness, and image were added to TAM2 as extra predictors of user acceptance, especially in work environments to overcome its limitations (Venkatesh & Davis, 2000). Besides its advancements, TAM2 has drawn criticism for assuming voluntary adoption of technology and underestimating social influences; Although subjective norms are included, the complexity of social dynamics in technology acceptance is not sufficiently considered (Venkatesh & Davis, 2000). Furthermore, its applicability in mandatory organizational settings is limited by its emphasis on voluntary adoption (Venkatesh et al., 2003).

After facing criticism, Venkatesh et al. (2003) synthesized eight well-standing theories of technology adoption: TAM, TAM2, the Theory of Planned Behavior (TPB) (Ajzen, 1991), Innovation Diffusion Theory (IDT) (Rogers, 1995), the Motivational Model (MM) (Davis et al., 1992), the Model of PC Utilization (MPCU) (Thompson et al., 1991), the Social Cognitive Theory (SCT) (Bandura, 1986), the Combined TAM and TPB (C-TAM-TPB) (Taylor & Todd, 1995) to create one unified approach which is UTAUT. With age, gender, experience, and voluntariness of use serving as moderators, this model identified four key factors, i.e., performance expectancy, effort expectancy, social influence, and facilitating conditions that impact technology adoption; making UTAUT one of the most well-known models in technology adoption research, with a predictive power that can explain up to 70% of the variance in behavioral intention (Venkatesh et al., 2003).

Nonetheless, UTAUT faced criticism due to the neglect of the hedonic and affective components of technology use, which are crucial in voluntary and consumer-oriented contexts (Brown & Venkatesh, 2005; Lu, Yao, & Yu, 2005). Moreover, several contended that the model's dependence on four moderating variables, i.e., age, gender, experience, and voluntariness of use decreased its generalizability in non-organizational contexts and added needless complexity (Bagozzi, 2007). Furthermore, researchers noted that UTAUT failed to sufficiently account for long-term adoption patterns and habitual use, which were becoming more and more important in the context of developing consumer technologies like e-commerce and mobile services (Kleijnen et al., 2004). A revised framework that could better account for consumer-specific adoption factors was demanded as a result of these criticisms (Venkatesh et al., 2012).

In order to better understand consumer adoption of technology, Venkatesh et al. (2012) introduced UTAUT2, an extension of the original framework that incorporates additional constructs like price value, habit, and hedonic motivation which made the model more applicable to consumer-focused digital services by enabling it to account for variables impacting individual technology use in non-organizational contexts. According to empirical research, UTAUT2 has more explanatory power than its predecessor, particularly in domains like digital health solutions and mobile applications (Hossain et al., 2022). Its role as a foundational model in technology adoption research has been strengthened by the model growing adoption and adaptation by academics to study user acceptance across a range of new innovations (Venkatesh et al., 2012; Liu et al., 2022).

According to studies, UTAUT2 improves predictive abilities for comprehending the adoption of technology, especially in telemedicine contexts (Nadaf & Mousavi, 2023). Schmitz et al. (2022) confirmed the utility of the model in the field of telemedicine; in which they modified the UTAUT2 model to incorporate constructs like perceived security and

perceived product advantage in order to evaluate patients' intentions to use virtual doctor appointments. The applicability of UTAUT2 in consumer-focused mental health technologies is further supported by a study that looked at the acceptance of lifestyle and therapy mobile health applications and found that hedonic motivation and habit were important factors influencing user behavior (Schomakers et al., 2022). In order to efficiently measure the acceptance adoption, researchers and practitioners can create focused interventions that could increase adoption, boost sustainability, and guarantee the efficacy of digital mental health solutions by applying well-established theoretical frameworks (Erus & Uğur, 2024; Nadaf & Mousavi, 2023).

Section 02: The Conceptual Framewor

In this section, the research indicates that understanding the factors that influence the adoption of tele-mental health services is essential, especially when the target users are parents seeking support for their children's mental well-being. To guide this study, the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2) is adopted as the core theoretical framework. UTAUT2 is particularly suitable for consumer-oriented technologies, as it incorporates not only practical drivers of use but also emotional and experiential factors. However, to fully capture the context of Algerian parents and the sensitive nature of child mental health, the model is extended to include three additional constructs: perceived risk, digital literacy, and child mental health literacy. These additions enable a more comprehensive analysis of the psychological, technological, and contextual variables that may shape parental acceptance and intention to use tele-mental health services. The resulting framework provides a structured basis for hypothesis testing and contributes to the development of more effective and culturally responsive digital mental health solutions.

The Unified Theory of Acceptance and Use of Technology 2 (UTAUT2):

It is an advanced and all-encompassing framework that was created to explain how users embrace and engage with technology. Researchers developed this groundbreaking model, which is an expansion of UTAUT 1, by adding new constructs that capture not only the practical aspects of technology use but also the experiential and emotional factors influencing consumer behavior; The need to better account for elements that traditional models frequently ignored motivated this improvement (Venkatesh et al., 2012). The model's balanced approach is highlighted by Taneja and Bharti (2022), who place equal emphasis on performance-related factors and the enjoyment that comes from interacting with technology. Moreover, Dwivedi et al. (2019) provide a thorough analysis showing how UTAUT2 successfully blends internal motivators like enjoyment and ingrained habits with external influences like the perceived utility and usability of a technology. In a similar vein, empirical research by Martins et al. (2020) demonstrates that the model offers a strong framework for comprehending technology acceptance across diverse digital contexts because it incorporates both objective performance indicators and subjective user perceptions. Furthermore, Narayan et al. (2024) show that UTAUT2 has strong explanatory power in considering both functional and affective determinants by extending its application to modern contexts like post-pandemic higher education. In conclusion, by combining these various factors into a single framework, Venkatesh et al. (2012) suggest the following variables: performance expectancy, effort expectancy, social influence, facilitating conditions, hedonic motivation, price value, and habit.

The UTAUT 2 variables are defined as the following according to Venkatesh et al. (2012):

- **Performance Expectancy:** is the extent to which a person thinks that utilizing technology would enhance their overall effectiveness or work performance. PE is a major element in determining behavioral intentions toward technology adoption, according to numerous research. For example, it is considered one of the best indicators of technological adoption, according to a meta-analytic study by Tamilmani, Rana, and Dwivedi (2021), which also emphasized PE's constant

influence in many contexts. Moreover, Magsamen-Conrad et al. (2015) showed that PE was a major factor in the adoption of mobile health (mHealth) services, especially among people looking for quick and easy access to medical care. According to their findings, people are more likely to incorporate technology into their daily routines when they believe it will help them achieve their objectives. These results support the idea that people are more willing to adopt technology if they believe it would increase productivity and effectiveness (Venkatesh, Thong, & Xu, 2012).

- **Effort Expectancy:** This refers to the perceived ease of utilizing the technology. It includes things like the system's usability, the user interface's clarity, and the mental strain needed to become familiar with and utilize the technology. Zwain (2019), for example, showed that EE has a major impact on Iraqi faculty and students' use of Learning Management Systems (LMS). According to the study, people were more eager to include the LMS into their regular academic routines if they thought it was simple to use and communicate with. This underlines how crucial Effort Expectancy is to the adoption of educational technology since users, particularly in academia, are usually hesitant to accept complex systems without clear usability benefits. Likewise, Baptista and Oliveira (2015) discovered that Effort Expectancy had a direct effect on consumers' inclination to interact with digital financial services in mobile banking applications. Customers were far more likely to use mobile banking interfaces for financial transactions if they were simple to use and intuitive, according to their study.

- **Social Influence:** This variable measures the amount to which an individual feels that important individuals (e.g., peers, family members, or opinion leaders) believe they should utilize the technology. It also includes subjective standards within an organization or culture, which may have a substantial impact on user decisions, particularly in cultures that respect collective opinion. According to a study by Abu-Al-Aish and Love (2013), students' adoption of mobile learning was significantly predicted by SI because of the powerful impact of their peers and professors stands. In a similar vein, Zwain (2019) showed that SI had an effect on faculty members' adoption of LMSs, especially when institutional leaders supported their use. The influence of SI, however, differs depending on the user demographic. Because they rely on recommendations from their social networks, Venkatesh et al. (2012) discovered that SI had a greater impact on those who have had little prior exposure with technology.

- **Facilitating Conditions:** This indicates an individual's belief in the availability of the essential technical and organizational infrastructure to facilitate the usage of technology. It involves access to resources, training, and technical assistance. When consumers see strong support systems, their confidence in using the technology

grows. According to Šumak et al. (2011), FC had a substantial impact on the adoption of e-learning since students were more inclined to use the technology if they had access to stable internet, technical assistance, and training materials. In a comparable manner, Tamilmani et al. (2021) emphasized that FC is essential to adoption rates in underdeveloped nations, where infrastructure inequalities might be a significant obstacle.

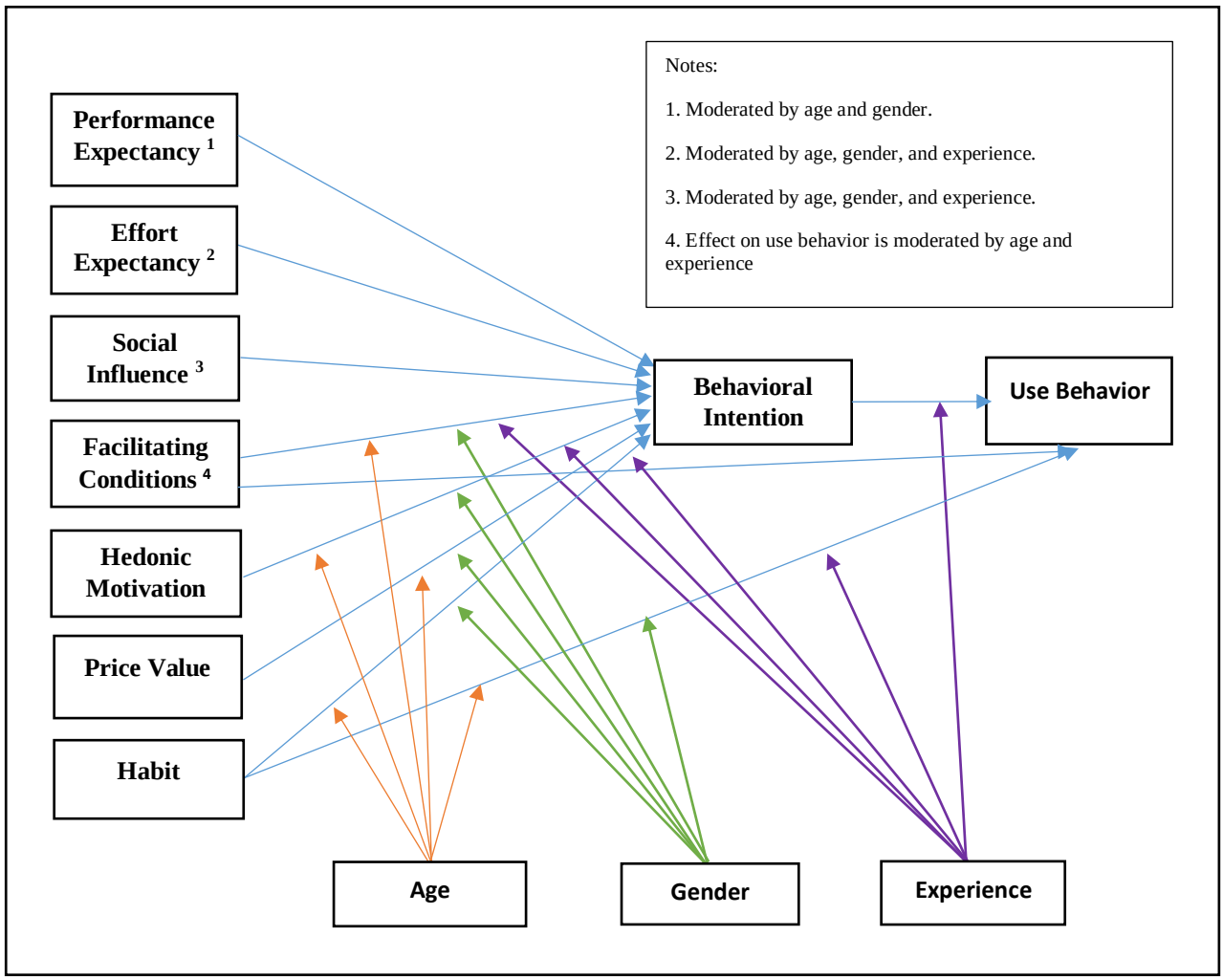
- **Hedonic Motivation:** This variable focuses on the enjoyment or delight that comes from utilizing the technology. It highlights the system's inherent pleasure and emotional appeal, which may be a major motivator in situations where the experience itself matters. Venkatesh et al. (2012) discovered that HM was a powerful predictor of the adoption of mobile applications. Additionally, Hedonic Motivation mediated the relationship between perceived usefulness, perceived security, and e-banking adoption, according to a study on e-banking services in Nigeria. This suggests that users are more likely to adopt a service when they find it enjoyable in addition to its functional benefits (Ayo et al., 2016).The influence of HM is more noticeable in the early phases of adoption, but it may lessen as users get used to the technology, according to Tamilmani et al. (2021).

- **Price value:** is the cognitive trade-off between the technology's monetary expense and its alleged advantages. Users are more inclined to embrace the technology when they believe the advantages exceed the cost. Price value has a major impact on the adoption of e-wallet-based accounting information systems, according to research conducted on small and medium-sized businesses (SMEs) in Bandung, Indonesia (Syarifuddin et al., 2022). According to the study, users were more inclined to incorporate these technologies into their companies when they believed the advantages outweighed the drawbacks.

- **Habit:** This refers to the degree to which people have a tendency to perform actions automatically as a result of prior usage and learning. When consumers interact with a technology on a regular basis, the behavior becomes engrained, which encourages continued use even when outside motivators shift. According to a meta-analysis by Tamilmani et al. (2021), habit directly affects both behavioral intention and actual usage. also, Venkatesh et al. (2012) stressed that habit has a bigger role in long-term technology adoption than effort anticipation and social influence, frequently outweighing both over time. According to a recent study on the adoption of battery electric vehicles (BEVs), habit was the most significant predictor of future intention to use BEVs, highlighting its significance as a crucial predictor of technological adoption (Zhao et al., 2023). According to the study, people are much more likely to stick with a device after they establish habitual usage behaviors.

- **Age, gender, and experience** are important moderating variables in the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2), determining how people engage with technology. Venkatesh, Thong, and Xu (2012) discovered that age moderates the impact of UTAUT2 variables, with younger users emphasizing hedonic motivation, effort expectancy, and social influence, whereas older users prioritize enabling conditions. Gender also plays a role, with men being impacted more by performance expectancy and women by effort expectancy and social influence (Venkatesh et al., 2012). Furthermore, users with more past experience have stronger habitual tendencies and become less dependent on effort expectancy and social influence over time, which moderates the link between behavioral intention and usage behavior (Tamilmani, Rana, & Dwivedi, 2021). The moderating impacts of these factors imply that in order to optimize acceptability and long-term use, technology adoption tactics must to be customized according to demographic and experiential differences.

Figure 1: The unified theory of acceptance and use of technology 2 model.



source: Venkatesh et al. (2012)

The hypothesis development

Performance Expectancy is the degree to which an individual think that employing technology will increase their productivity. PE is essential for influencing behavioral intentions in telemedicine since people value accessibility and efficiency while embracing digital healthcare solutions because according to Nadaf and Mousavi (2023) who discovered that stronger intents to use telemedicine services during the COVID-19 crisis were linked to higher performance expectancy. Moreover, Schmitz et al., (2022) state that patients who thought virtual appointments were useful and time-saving had far higher intents to use telemedicine. These results are also supported by Tavares et al., (2017), who also found that performance expectancy ($\beta = 0.17$, $p < .01$) significantly influenced intention to use electronic health record portals, and by Palas et al. (2022), who demonstrated that performance expectancy positively predicted elderly users' intention to adopt mHealth services. Building on that the we suggest the following hypothesis:

H1: Performance expectancy positively affects users' intention and use behavior of MY CHILD'S CARE APP.

Effort Expectancy: measures how easy a technology is considered to use, including system usability, interface clarity, and the mental work needed to adopt it. According to Schomakers et al. (2022), mHealth users who found lifestyle or treatment apps easy to use and intuitive had more behavioral intentions. Nadaf and Mousavi (2023) also found that when telemedicine platforms were seen as user-friendly, both patients and professionals were more inclined to use them. Additionally, Tavares et al. (2017) found that effort expectatancy was a significant positive driver of intention to adopt EHR portals ($\beta = 0.17$, $p < .01$). These overlapping results demonstrate how telemedicine adoption can be significantly increased by lowering perceived complexity. Based on the previous we set the following hypothesis:

H2: Effort expectancy positively affects users' intention to use the MY CHILD'S CARE APP.

Social influence is the degree to which people are affected by close members in their lives, such as friends, family and others, to support their use of technology. Numerous studies have confirmed SI's contribution to the adoption of telemedicine. For example, according to Schomakers et al. (2022), intention to utilize therapy apps was substantially predicted by social influence ($\beta = 0.185$, $p < .001$). In a similar vein, Hossain et al. (2022) demonstrated in a multi-country UTAUT2 study that users' desire to accept digital health services was significantly influenced by recommendations from family members and medical professionals. Tavares et al. (2017) discovered that social influence ($\beta = 0.10$, $p < .05$) was a significant antecedent of EHR portal intention, while Palas et al. (2022) showed a substantial beneficial effect of social influence on mHealth adoption among elderly Bangladeshi users. Those findings allow the construction of the following hypothesis:

H3: Social influence positively affects users' intention to use the MY CHILD'S CARE APP.

Facilitating Conditions include having the infrastructure, resources, and technical assistance required for a successful technology adoption. Nadaf and Mousavi (2023) noted that user support and technological preparedness were important facilitators of telemedicine use intention. In a similar vein, according to Hossain et al. (2022), the use of digital health services in developing-countries contexts was greatly increased by reliable internet connectivity, straightforward usage instructions, and local IT assistance The previous led to the emergence of the following hypothesis:

H4: Facilitating conditions positively affects users' intention to use the MY CHILD'S CARE APP.
H5: Facilitating conditions positively affects users' use behavior of the MY CHILD'S CARE APP.

Hedonic motivation, which encapsulates the joy or satisfaction that results from the use of technology. it was the only UTAUT2 construct that Schomakers et al. (2022) found to significantly predict intention for both therapeutic apps ($\beta = 0.344$, $p<.001$) and lifestyle ($\beta = 0.196$, $p =.004$). Younger users' intents to use telemedicine platforms were also influenced by their enjoyment of the services, according to Nadaf and Mousavi (2023). Hedonic motivation had also a substantial impact on older consumers' propensity to utilize mHealth services, as further validated by Palas et al. (2022). which helped propose the following hypothesis:

H6: Hedonic motivation positively affects users' intention to use the MY CHILD'S CARE APP.

Price value is the perceived equilibrium of a technology's advantages and its cost. According to Hossain et al. (2022), perceptions of affordability, such as less expensive insurance coverage or subscription costs, significantly raised the intention to use digital health services in environments with limited resources. In a similar vein, Palas et al. (2022) discovered that price value significantly increased the intention of elderly Bangladeshi users to use mHealth. Additionally, Nadaf and Mousavi (2023) found that telemedicine intention was strongly positively predicted by perceived affordability. A following hypothesis is formulated:

H7: Price value positively affects users' intention to use the MY CHILD'S CARE APP.

Habit is the degree to which users perform actions instinctively as a result of past experiences. Routine use can be a strong indicator of sustained participation in the context of telemedicine for example According to Schomakers et al. (2022), behavioral intention was significantly predicted by habitual usage of lifestyle apps ($\beta = 0.272$, $p <.001$). According to Palas et al. (2022), the intention of senior users to remain using mHealth platforms was significantly influenced by their past routines with these services. Tavares et al. (2017) also found that the biggest predictor of intention to use EHR portals was habit ($\beta = 0.37$, $p <.001$). the findings led to the formulation of the following hypothesis:

H8: Habit positively affects users' intention to use the MY CHILD'S CARE APP.

Perceived risk describes how someone evaluates the potential negative aspects of utilizing a service (Featherman & Pavlou, 2003). The accuracy of diagnoses in virtual settings, privacy, and security are frequently issues in the context of telemedicine and telemental health (Wang et al., 2019). Due to concerns about the misuse of personal health information, privacy and security threats are major obstacles to the adoption of telemedicine (Schmitz et al., 2022). In a similar vein, many patients are deterred from using telehealth services by perceived diagnostic ambiguity because physical tests are not performed (Lee & Rho, 2020). It is confirmed that healthcare providers need to boost patient trust and adoption by implementing strong data protection measures and communicating their security processes in a clear and concise manner in order to allay these worries (Zhang et al.,2023). According to the previous the following hypothesis is developed:
H9: Perceived risk negatively affects users' intention to use MY CHILD'S CARE APP.

Behavioral intention is a person's willingness to engage in a particular behavior, According to Venkatesh et al. (2012). According to Tavares et al. (2017), actual use of electronic health record portals was substantially predicted by behavioral intention ($\beta = 0.24$, $p < .001$). Similarly, Algahtani et al. (2021) found that one of the biggest predictors of virtual reality technology's actual acceptance in health-center settings was intention to use it. Based on the findings the following hypothesis is suggested:
H10: Behavioral intention affects positively the usage behavior of MY CHILD'S CARE APP.

Age strongly moderates the use and adoption of technology according to Venkatesh et al. (2012). When formulating their intentions concerning the use of telemedicine, younger users relied more on effort expectancy, whereas older users placed more weight on facilitating conditions (Nadaf and Mousavi, 2023). Furthermore, in the context of developing nations, Hossain et al. (2022) confirmed these age-related differences, pointing out that elderly people needed greater assurance regarding system support and use. The previous suggests the following hypothesis:

H11: Age moderates the variables that affect behavioral intention and MY CHILD'S CARE APP use.

Gender, according Venkatesh et al. (2012) moderates the adoption and use of technology. Moreover, when it came to telemedicine services, According to Nadaf and Mousavi (2023), men placed a greater emphasis on performance expectancy, whereas women were more impacted by social influence and ease-of-use (effort expectancy). Gender variations in hedonic motivation and trust effects across app categories were also noted by Schomakers et al. (2022). the following hypothesis is formulated:

H12: Gender moderates the variables that affect behavioral intention and MY CHILD'S CARE APP use.

Experience takes an important part in moderating the constructs of the UTAUT2 model (Venkatesh et al., 2012). In telemedicine context, Schomakers et al. (2022) found a significant relationship between intention to use and familiarity with mHealth apps ($r = 0.469$, $p < .001$). In a similar vein, Hossain et al. (2022) discovered that experienced users of digital health felt less effort and depended less on facilitating conditions than new users. The following hypothesis is proposed:

H13: Experience moderates the variables that affect behavioral intention and MY CHILD'S CARE APP use.

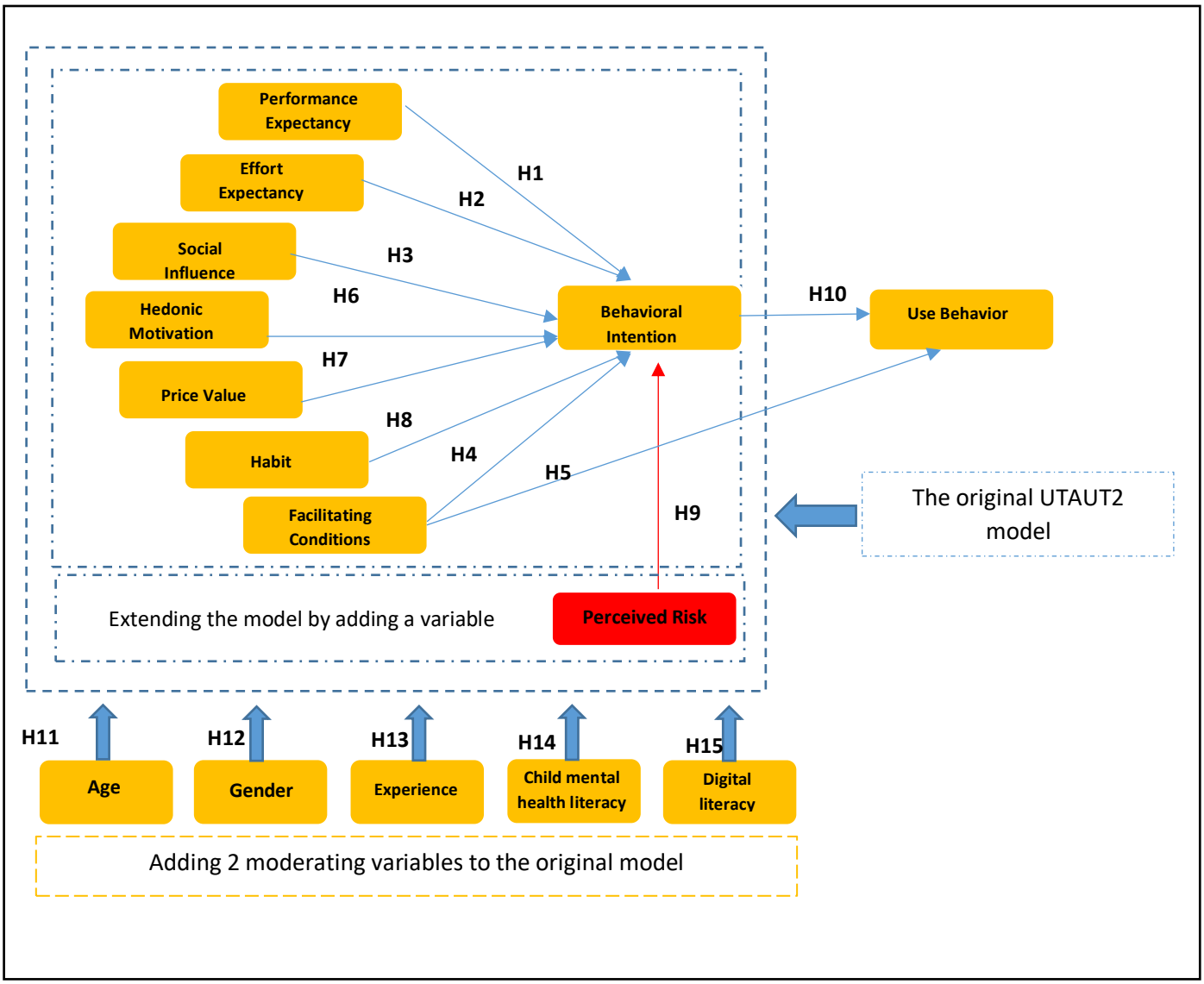
Child mental health literacy: is the understanding and attitudes of parents regarding mental illnesses in children, including how to identify, treat, and prevent them (Jörm , 2012). High levels of parental mental health literacy are crucial for the early diagnosis of mental health concerns in children and greatly influence help-seeking behavior and service usage (Reardon et al., 2017; Riebschleger et al.,2017). In their evaluation of a telemental health program for Indigenous children in the Brazilian Amazon, Fatori et al. (2023) discovered that parental comprehension and involvement were essential to the program's effectiveness. Supporting their children's involvement in the program and following treatment recommendations was easier for parents who knew more about mental health issues. Furthermore, telemental health solutions are more widely accepted and stigma-free in areas with limited access to traditional in-person care when literacy levels are greater (Gonzalez et al., 2024). The following hypothesis is proposed:

H14: Child mental health literacy moderates the variables that affect behavioral intention and MY CHILD'S CARE APP use.

Digital literacy: is "The ability to use information and communication technologies to find, evaluate, create, and communicate information, requiring both cognitive and technical skills" as defined by the American Library Association's Digital Literacy Task Force. Digital literacy is a fundamental enabler in telemedicine and telemental health settings, as patients and doctors need to effectively manage electronic medical records, navigate video-consultation platforms, and appropriately analyze digital health information. In fact, Schomakers et al. (2022) discovered a positive correlation between users' intention to embrace mobile health apps and higher digital health literacy ($r = 0.215$, $p < .001$), highlighting the fact that people with better digital skills utilize distant care technology more frequently. Likewise, according to Hossain et al. (2022), enhancing digital literacy through focused instruction and assistance greatly increases the adoption of digital health services in settings with limited resources. Based on the findings, the following hypothesis is set:

H15: Digital literacy moderates the variables that affect behavioral intention and MY CHILD'S CARE APP use

Figure 2: the conceptual framework of the study



Source: developed based on personal efforts.

Chapter 02: Methodological framework

In this methodological chapter, our objective is to operationalize and test the theoretical foundations established in the literature review, with a particular emphasis on the factors influencing parental acceptance of tele-mental health services for children. Central constructs are examined, as outlined in the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2). Recognizing the growing importance of digital health services and the nuanced needs of parents in the Algerian context, this study extends the UTAUT2 model. These additions allow for a more comprehensive understanding of behavioral dynamics. As we progress through this chapter, we will outline our epistemological stance, describe the research design and data collection tools, explain the measurement scales used, present the characteristics of the research sample and sampling approach, and detail the statistical methods applied for data treatment and analysis.

Methodological Approach

In this study we have chosen to use a quantitative research approach, due to its ability to accurately measure the impact of important factors on parental acceptability and behavioral intentions for telemental health services for children in Algeria. With the help of a standardized questionnaire built around the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2) paradigm and enhanced by assessments of digital literacy, child mental health awareness, and perceived risk, this method allows us to collect organized, numerical data that aligns with the study objective.

Recalling the study's objectives, in this scientific framework we wish to discover the factors that influence Algerian parents' acceptance and use of telemental health services for their children. the focus is mainly on behavioral intention and the psychological and technological aspects that influence them. In particular, the study looks at how parents view the various UTAUT2 model constructs and examine how Each of these factors' affect parents' acceptability and intention to use telemental health services. Moreover, the ultimate objective is to offer empirical evidence in favor of the development and adoption of My Child's Care, a digital platform created to give Algerian parents individualized, dependable, and easily available mental health help for their children. We have carefully chosen particular tools and techniques in response to these goals in order to guarantee thorough and precise data collecting and analysis.

Research Method and Tools

This study adopted a quantitative research approach using a cross-sectional descriptive design to explore Algerian parents' acceptance of telemental health services. Data was collected through a structured, self-administered questionnaire that employed a 5-point Likert scale to assess levels of agreement. To ensure broad accessibility and convenience, the questionnaire was distributed both offline, using QR codes provided at fairs, exhibitions, and public events, and online via Google Forms. The instrument was developed within the framework of the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2), with additional variables introduced to reflect the study's specific context, including digital literacy, mental health literacy, and perceived risk. The questionnaire covered three main areas: it assessed parents' digital literacy and their children's mental health literacy,

examined the core constructs of UTAUT2 such as performance expectancy, effort expectancy, social influence, facilitating conditions, hedonic motivation, price value, habit, perceived risk, behavioral intention, and actual usage behavior, and gathered demographic data. This approach enables the application of rigorous statistical methods, particularly structural equation modeling, to analyze how these various factors influence parents' intention to adopt and use the My Child's Care app.

The Questionnaire

To ensure wide accessibility, the questionnaire, which was directed at Algerian parents and future parents, was made available in Arabic, French, and English. A set timeframe for participation was provided by the data collection period, which ran from March 11, 2025, to May 17, 2025. There are six thematic areas in the questionnaire. Moreover, in addition to improving data quality and encouraging respondent involvement, this transparent organization facilitates thorough examination of the variables influencing parental acceptance of digital mental health services. The sections are structured as the following:

Filtering questions

The questionnaire began with a filtering question: "Do you have children?" This question helped separate current parents from future ones. Respondents who answered "Yes" were directed to additional sections on child mental health, digital literacy and experience, as these are more relevant to those with firsthand parenting experience. Those who answered "No" skipped these sections and moved directly to the UTAUT2-based part of the questionnaire. This setup ensured that each participant only responded to questions that matched their personal context.

Child mental health care literacy

This section was shown only to respondents who identified as parents. It measured their knowledge, attitudes, and behavior related to children's mental health. Questions covered how familiar they were with the topic, whether they saw mental health as equally important as physical health, and where they would seek help in case of mental health concerns. Another question asked how often they sought support for parenting or behavioral issues. Together, these items helped evaluate the parent's awareness and practical engagement with child mental health care.

Digital literacy

This part focused on how comfortable and open respondents were to using digital tools for parenting and healthcare. It asked how at ease they felt using mobile apps for these purposes and whether they would consider using an app for parenting guidance and behavior management. These questions offered insight into their general digital readiness and willingness to use technology-based parenting solutions.

Experience

The experience section explored the respondent's past contact with mental health or digital services. It included questions about whether they had ever consulted a child psychologist

or parenting expert, whether they were familiar with telemental health, and whether they had used digital platforms for expert advice. These responses helped capture both traditional and digital experiences related to parenting support.

Research questions

The core of the study used the UTAUT2 framework to explore what drives or limits parents' acceptance of the My Child's Care *app*. Eight key factors were examined: performance expectancy, effort expectancy, social influence, facilitating conditions, hedonic motivation, price value, habit, and perceived risk. These factors were tested for their effect on behavioral intention and, indirectly, on actual use. Responses were collected through 28 items rated on a five-point Likert scale. This structure allowed the study to identify which beliefs and concerns influence parents' openness to using telemental health services. The structure is set as the following:

Table 1: Measurements Scales For The UTAUT2 Model Variables

Variable	**Item**	**Source**
Performance Expectancy (PE)	**PE1:** I believe the My Child's Care app will help me better understand and manage my child's behavior. **PE2:** I expect the app to provide diverse expert-backed parenting advice and solutions. **PE3:** I believe the app will save me time and effort in finding reliable parenting guidance.	Nadaf and Mousavi (2023) Schmitz et al. (2022)
Effort Expectancy (EE)	**EE1:** I believe learning how to use the My Child's Care app will be easy for me. **EE2:** I expect the app to provide clear and understandable guidance on child behavior. **EE3:** I believe I will be able to use the app proficiently without difficulty.	Schomakers et al. (2022) Nadaf and Mousavi (2023)
	SI1: If other parents recommend the My Child's Care app, I would be more likely to use it.	Schomakers et al. (2022)

Social Influence (SI)	**SI2:** I believe parenting communities on social media will encourage me to use this app. **SI3:** If many parents use the app, I will be more likely to trust and try it.	Hossain et al. (2022)
Facilitating Conditions (FC)	**FC1:** I have access to the technology required to use the app (e.g., a smartphone or tablet). **FC2:** I believe I have the necessary digital skills to use the app effectively. **FC3:** If I encounter any issues while using the app, I believe I will be able to get help easily.	Nadaf and Mousavi (2023) Hossain et al. (2022)
Hedonic Motivation (HM)	**HM1:** I believe using the My Child's Care app will be an engaging and enjoyable experience. **HM2:** I expect that interacting with the app's AI analysis will be interesting and insightful. **HM3:** I think using the app for parenting guidance will feel convenient and stress-free.	Schomakers et al. (2022) Nadaf and Mousavi (2023)
Price Value (PV)	**PV1:** Using the My Child's Care app for parenting support is a cost-effective way to access expert advice. **PV2:** The app provides great value by offering free expert content, AI-driven parenting tips, and the option for paid e-consultations when needed. **PV3:** I find the ability to book paid e-consultations with child mental health experts beneficial and worth the cost.	Hossain et al. (2022) Palas et al. (2022)

Habit (HT)	**HT1:** I believe the My Child's Care app could become part of my parenting routine. **HT2:** I would prefer using this app over searching for parenting advice on social media or blogs. **HT3:** If the app is helpful, I would naturally turn to it when facing parenting challenges.	Schomakers et al. (2022) Palas et al. (2022)
Perceived Risk (PR)	**PR1:** I am concerned about the privacy and security of my data when using the My Child's Care app. **PR2:** I worry that AI-based parenting advice might not always be accurate or applicable. **PR3:** I am unsure if the app will be reliable in analyzing my child's behavior.	Schmitz et al. (2022) Zhang et al. (2023)
Behavioral Intention (BI)	**BI1:** If available, I would be willing to try the My Child's Care app. **BI2:** I plan to use the app regularly if it meets my expectations. **BI3:** If the app proves helpful, I would recommend it to other parents. **BI4:** I would consider using the app if it offers free or low-cost parenting resources.	Venkatesh et al. (2012) Algahtani et al. (2021)
Use Behavior (UB)	**UB1:** If the app proves helpful, I would recommend it to other parents. **UB2:** I would consider using the app if it offers free or low-cost parenting resources.	Venkatesh et al. (2012) Thabet et al. (2024)

Source: Developed through personal efforts

Data sheet

The respondents used multiple-choice formats to provide four demographic details in this final section which are: Age (Under 20, 20–29, 30–39, 40–49, and above 50), Gender (Male, Female), Educational Level (No formal education, Primary school, Secondary school, High school diploma, Bachelor's, Master's, Doctorate), and Average Monthly Income (< 30 000 DZD, 30 000–50 000 DZD, 50 000–80 000 DZD,80 000–120 000 DZD, > 120 000 DZD). Through these variables, we can investigate how parents' intentions to use the telemental health services such as My Child's Care is possibly moderated by demographic factors.

Measuring Scale

A 5-point Likert scale was used to assess the impact of several elements on parental acceptability and behavioral intention to use the My Child's Care app. This scale, which was first created in 1932 by psychologist Rensis Likert (Pimentel, 2019), is frequently used to gauge how strongly respondents feel about a subject. It was utilized in this study to evaluate the degree of agreement with statements pertaining to perceived risk, digital literacy, child mental health literacy, and independent factors obtained from the original UTAUT2 model. Five response options were provided which are: Strongly disagree, disagree, neutral, agree, and Strongly agree, those options were used by respondents to indicate their level of agreement, enabling an even and measurable assessment of views across all dimensions. The details are shown in the following table:

Table 2:Interpretation of 5-point Likert Scale Measurements

Likert Scale	Interval	Difference	Description
1	1.00-1.79	0.79	Strongly disagree
2	1.80-2.59	0.79	Disagree
3	2.60-3.39	0.79	Neutral
4	3.40-4.19	0.79	Agree
5	4.20-5.00	0.80	Strongly agree

Source: Pimentel,2019

Research Sample (Population and Method)

Population

This study takes into account the whole population of Algerians, it includes parents who are the primary focus of the study and future parents as secondry subgroup, and is anticipated by the Office National des Statistiques (ONS) as 46.0 million algerian mid-2024. 29.2 million (63.4%) of that total are adults who are 18 years of age or older. As 57.1 percent of Algerian adults are married, according to the ONS statistic, we calculate that 16.7 million people are either parents or actively raising children. parents, who are dispersed throughout all 58 wilayas and socioeconomic strata, are the primary focus.

Method calculate sample and sampling

This study adopted a non-probability convenience sampling technique, because of the wide and ill-defined Algerian population and the practical difficulties in obtaining a nationally representative sample. Convenience sampling made it easy to find participants who fit the study's inclusion requirements because it focused on actual and upcoming parents from a variety of age groups and geographical areas. The questionnaire included filtering questions to direct participants according to their parental status, guaranteeing the accuracy and applicability of the information gathered.

We calculated the minimum necessary sample size using the SurveyMonkey sample size calculator by applying a 95% confidence level and a 6% margin of error. The suggested sample size was 267 respondents based on this data as well as the size of the national population. However, the ultimate number of legitimate responses received was 230 because of time constraints and the questionnaire's relatively extensive nature. Even though this sample falls just short of the goal, it is still strong enough to allow for an analysis and provide valuable insights into the factors impacting parents' acceptance of the telemental health application My Child's Care.

Data Treatment Method

To guarantee correctness and dependability in the analysis, the data underwent stringent treatment procedures. For initial organization and error checking, every response was meticulously coded and methodically recorded into Microsoft Excel. JASP was used to run both descriptive and inferential statistical analysis after the cleaned dataset was imported. The results were guaranteed to be accurate and methodologically sound owing to this systematic technique.

Structural equation modeling (SEM)

the study employed structural equation modeling (SEM) to examine how the independent variables affected the dependent variable Using JASP. Performance Expectancy, Effort Expectancy, Social Influence, Facilitating Conditions, Hedonic Motivation, Price Value, Habit, and the extended variable Perceived Risk are the eight independent variables that were taken from the UTAUT2 framework and tested for their impact on the dependent variable, behavioral intention. Since SEM can estimate several relationships at once and evaluate both the measurement model and the structural routes, it was recommended in our case. This

approach made it possible to gain a better knowledge of the ways in which each feature influences Algerian parents' acceptance of telemental health services.

Reliability Testing

The reliability of the measurement model was assessed using "Cronbach's alpha", computed in JASP. This coefficient evaluates the internal consistency of each construct and determines whether the items reliably measure the underlying variable; The interpretation of Cronbach's alpha followed the widely accepted thresholds (Schrepp, 2020):

- $\alpha \geq 0.9$: Excellent
- $\alpha \geq 0.8$: Good
- $\alpha \geq 0.7$: Acceptable
- $\alpha \geq 0.6$: Questionable
- $\alpha \geq 0.5$: Poor
- $\alpha < 0.5$: Unacceptable

Reliability analysis was conducted for all constructs in the UTAUT2 model. The results are shown in the table below:

Table 3: Reliability test results for the UTAUT2 model constructs using Cronbach's Alpha

Variables	No. of Items	Cronbach's Alpha
Performance Expectancy (PE)	3	0.850
Effort Expectancy (EE)	3	0.842
Social Influence (SI)	3	0.875
Facilitating Conditions (FC)	3	0,757
Hedonic Motivation (HM)	3	0,865
Price Value (PV)	3	0,819
Habit (HT)	3	0,830
Perceived Risk (PR)	3	0,786
Behavioral Intention (BI)	2	0,841
Use Behavior (UB)	2	0,825

Source: Developed through personal efforts based on the JASP Ouputs,2024

According to the table, he reliability results, assessed using Cronbach's alpha, demonstrated strong internal consistency across all constructs. Social Influence recorded the highest reliability with an α value of 0.875, followed closely by Hedonic Motivation: α = 0.865, Performance Expectancy: α = 0.850, Effort Expectancy: α = 0.842, Behavioral Intention: α = 0.841, and Habit: α = 0.830. Price Value: α = 0.819, Use Behavior: α = 0.825, Perceived Risk: α = 0.786, and Facilitating Conditions: α = 0.757 also showed acceptable to good reliability levels. These values confirm that the measurement scales used in the study demonstrate consistent and reliable internal structure for assessing parental acceptance of the My Child's Care application.

Chapter 03: Results and Discussion

Section 01: Results

This section presents the main findings of the study, based on the analysis of responses collected through the structured questionnaire. The data were analyzed to examine how the key constructs of the UTAUT2 model, along with perceived risk, child mental health literacy, and digital literacy influence parental behavioral intention and actual usage behavior toward the My Child's Care app. Descriptive statistics are first presented to offer an overview of the sample, followed by the results of the reliability and validity tests. The structural equation modeling (SEM) analysis and the mediation analysis are hen used to test the proposed hypotheses and identify significant relationships between variables. These results form the basis for interpreting how different factors shape parents' acceptance of telemental health solutions.

Univariate analysis

Descriptive statistics

Demographic characteristics of the respondents

These demographic insights are essential for understanding the behavioral patterns, technological readiness, and health-related decision-making of Algerian parents in the context of telemental health adoption. By identifying the profiles of potential users, developers and stakeholders involved in the implementation of My Child's Care can better tailor the platform's design, accessibility, and communication strategies. Understanding who is more likely to adopt such services allows for more targeted awareness campaigns, improved user engagement, and enhanced acceptance of digital mental health interventions for children across diverse population groups.

Table 4: Demographic Characteristics Of The Sample

Variable	Category	Frequency	Percentage (%)
Age	Under 20 years old	23	10.0
	20–29 years old	121	52.6
	30–39 years old	46	20.0
	40–49 years old	32	13.9
	50 years and above	8	3.5
Gender	Male	77	33.5
	Female	153	66.5
Education Level	Primary school	2	0.9
	Secondary school	5	2.2
	High school diploma	23	10.0
	Associate degree	6	2.6
	Bachelor's degree	50	21.7
	Master's degree	116	50.4
	PhD	28	12.2
Average Monthly Income	Less than 30,000 DZD	102	44.3
	30,000 – 50,000 DZD	44	19.1
	50,000 – 80,000 DZD	38	16.5

	80,000 – 120,000 DZD	25	10.9
	More than 120,000 DZD	21	9.1

Source: developed through personal efforts based on JASP output

The table above presents a summary of the demographic characteristics of the participants, covering gender, age, education level, and average monthly income. These data provide essential context for understanding the sample involved in assessing Algerian parents' acceptance of telemental health services such as My child's care application.

Gender: The sample is composed predominantly of female respondents (66.5%), with males comprising 33.5%. This gender distribution suggests that women, possibly due to their central role in caregiving and child-rearing in Algerian households, were more likely to engage with the survey. It may also reflect a higher interest or availability among mothers when it comes to topics related to child mental health.

Age: The age group most represented in the sample is 20–29 years old (52.6%), followed by 30–39 years old (20.0%), and 40–49 years old (13.9%). Participants under 20 account for 10.0%, while those aged 50 and above represent just 3.5%. This distribution indicates that the majority of respondents are young adults, which aligns with the age range during which many individuals begin or are actively engaged in parenting. The low representation of older age groups suggests that engagement with telemental health topics may be lower among older parents, or that younger individuals were more responsive to online and digital survey methods.

Education Level: The educational profile is notably high, with 50.4% of participants holding a Master's degree, 21.7% a Bachelor's degree, and 12.2% a PhD. Lower levels of education are much less represented: 10.0% have a high school diploma, and fewer than 3.5% have an associate degree or less. This reflects a highly educated sample, which may influence greater openness to digital solutions, as education is commonly associated with higher digital literacy and greater health awareness.

Average Monthly Income: In terms of income, the majority of respondents (44.3%) reported earning less than 30,000 DZD per month, followed by 19.1% earning 30,000–50,000 DZD, and 16.5% earning 50,000–80,000 DZD. Higher income brackets are less represented, with 10.9% earning 80,000–120,000 DZD, and 9.1% earning more than 120,000 DZD. This suggests that a significant portion of the sample comes from lower to lower-middle income households. As such, the affordability of digital health services may be a relevant factor influencing adoption decisions in this context.

Descriptive analysis of the study

This section presents the univariate analysis of the survey data. It begins with the descriptive statistics related to respondent eligibility, followed by a detailed overview of the descriptive statistics for the primary variables addressed in the study. The questionnaire was in 3

languages: The majority of respondents (62.6%) indicated a preference for Arabic, followed by 19.6% who selected French, and 17.8% who preferred English.

Filtering question: do you have children?

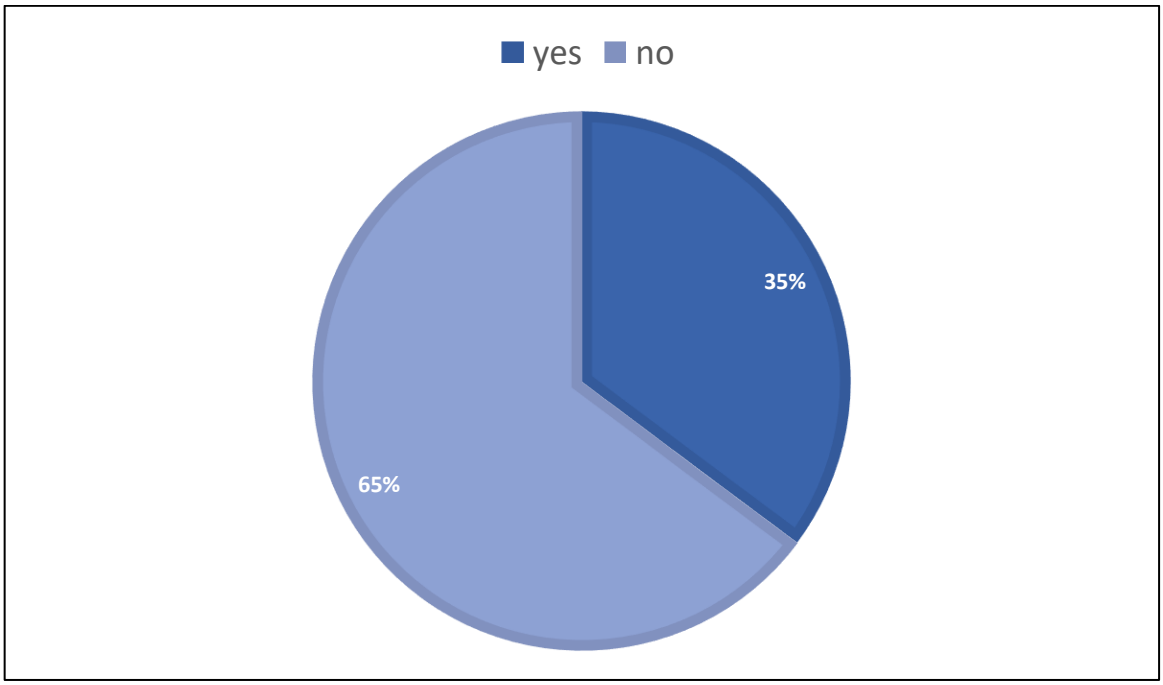
Table 5: parental status of the respondents

Variable	Category	Frequency	Percentage (%)
Do you have children?	No	149	64.8
	Yes	81	35.2
	Total	**230**	**100.0**

Source developed through personal efforts based on the JASP output

The survey also collected information on whether the participants have children, as this factor is directly relevant to the adoption of the My Child's Care telemental health application. Among the 230 respondents, 64.8% indicated that they do not have children, while 35.2% reported that they do have children. This shows that over one-third of the sample are parents, making them the primary target group for the app. Meanwhile, the participation of non-parents reflects broader interest in child-related mental health issues, possibly from individuals planning for future parenthood, professionals working with children, or those concerned about youth well-being in general.

Figure 3: Parental Status Of The Respondents



Source: developed through personal efforts based on JASP output

Child mental health care literacy:

after the respondents confirm their parental status with the answer yes, we intend to ask them several questions about child mental health literacy, the results are the following:

1. How familiar are you with children's mental health and emotional well-being?

Table 6: familiarity with with children's mental health and emotional well being

Item	Not familiar at all	Not very familiar	Neutral	Somewhat familiar	Very familiar	Total
I am familiar with issues related to child mental health	13 (16.0%)	7 (8.6%)	26 (32.1%)	20 (24.7%)	15 (18.5%)	81 (100%)
Mean	**3.21**					
Standard Deviation	**1.301**					
Evaluation	**Neutral**					

Source: developed through personal efforts based on the JASP output

The responses to the item assessing familiarity with children's mental health offer valuable insights into the participants' level of awareness. A significant portion of respondents (32.1%) reported a neutral level of familiarity, suggesting moderate knowledge on the subject. Additionally, 24.7% indicated they were somewhat familiar, and 18.5% reported being very familiar, reflecting a considerable degree of awareness among part of the sample. In contrast, 16.0% of participants stated they were not familiar at all, while 8.6% reported being not very familiar. These results indicate a varied distribution of responses, with a concentration around the midpoint of the scale, pointing to an overall neutral familiarity with children's mental health issues among the participants.

2. Do you believe mental health is as important as physical health for children?

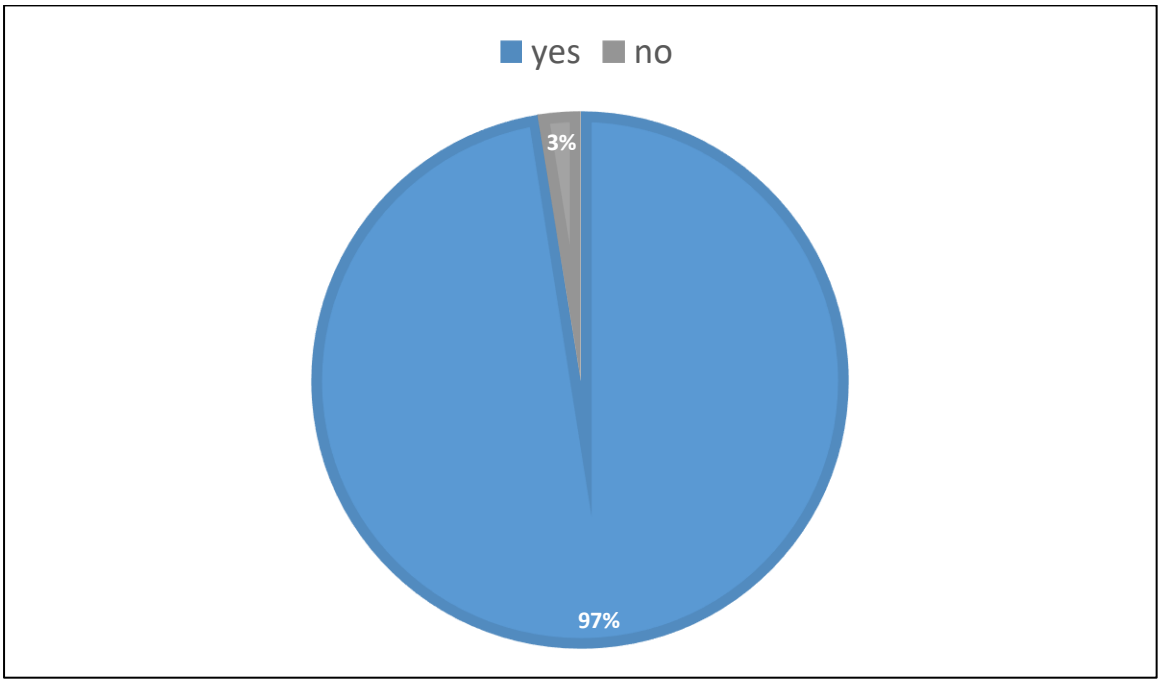
Table 7: Importance Of Mental Health For Children

Item	Category	Frequency	Percentage (%)
Do you believe mental health is as important as physical health for children?	No	2	2.5
	Yes	79	97.5
	Total	81	100.0

Source: developed through personal efforts based on the JASP output

The responses to the item assessing beliefs about the importance of mental health in comparison to physical health for children provide a clear picture of participants' attitudes. An overwhelming majority of respondents (97.5%) affirmed that they believe mental health is as important as physical health for children. Only 2.5% of participants responded negatively. These results suggest a strong consensus among the sample regarding the equal significance of mental and physical health in child development and well-being.

Figure 4: The Importance Of Mental Health For Children



Source: developed through personal efforts based on the JASP output

3. If you faced a parenting challenge related to your child's mental health, where would you seek help first?

Table 8: Sources of Parenting and Child Behavior Advice Among Algerian Parents

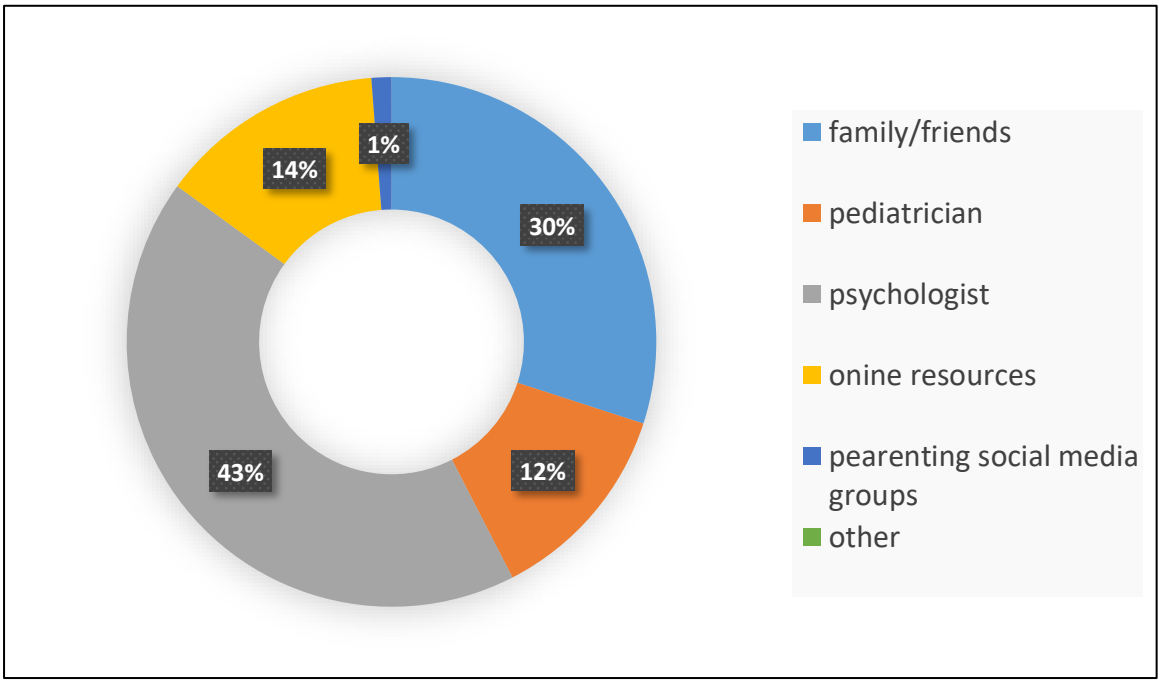
Item	Category	Frequency	Percentage (%)
Where do you seek advice on parenting or child behavior?	Family/Friends	24	29.6
	Pediatrician	10	12.3

	Psychologist	34	42.0
	Online Resources	11	13.6
	Parenting Social Media Groups	1	1.2
	Other	1	1.2
	Total	**81**	**100.0**

Source: developed through personal efforts based on the JASP output

The responses to the item about where parents seek advice on parenting or child behavior reveal clear preferences in their sources of guidance. A large portion of participants, 42.0%, reported turning to psychologists, reflecting strong trust in professional mental health support. Family and friends were the second most common source, accounting for 29.6%, which shows the continued importance of informal networks. Online resources were used by 13.6%, while pediatricians were chosen by 12.3% of respondents. Only a small minority sought advice from parenting social media groups or other sources, each reported by 1.2%. These results suggest that most respondents prioritize reliable and experience-based sources, leaning more toward formal expertise and personal relationships than online or peer-driven platforms. This pattern may reflect both a growing awareness of children's mental health literacy and a cautious approach to less formal channels like social media.

Figure 5: Sources of Parenting and Child Behavior Advice Among Algerian Parents



Source: developed through personal efforts based on the JASP output

4. How often do you seek advice on parenting or child behavior management?

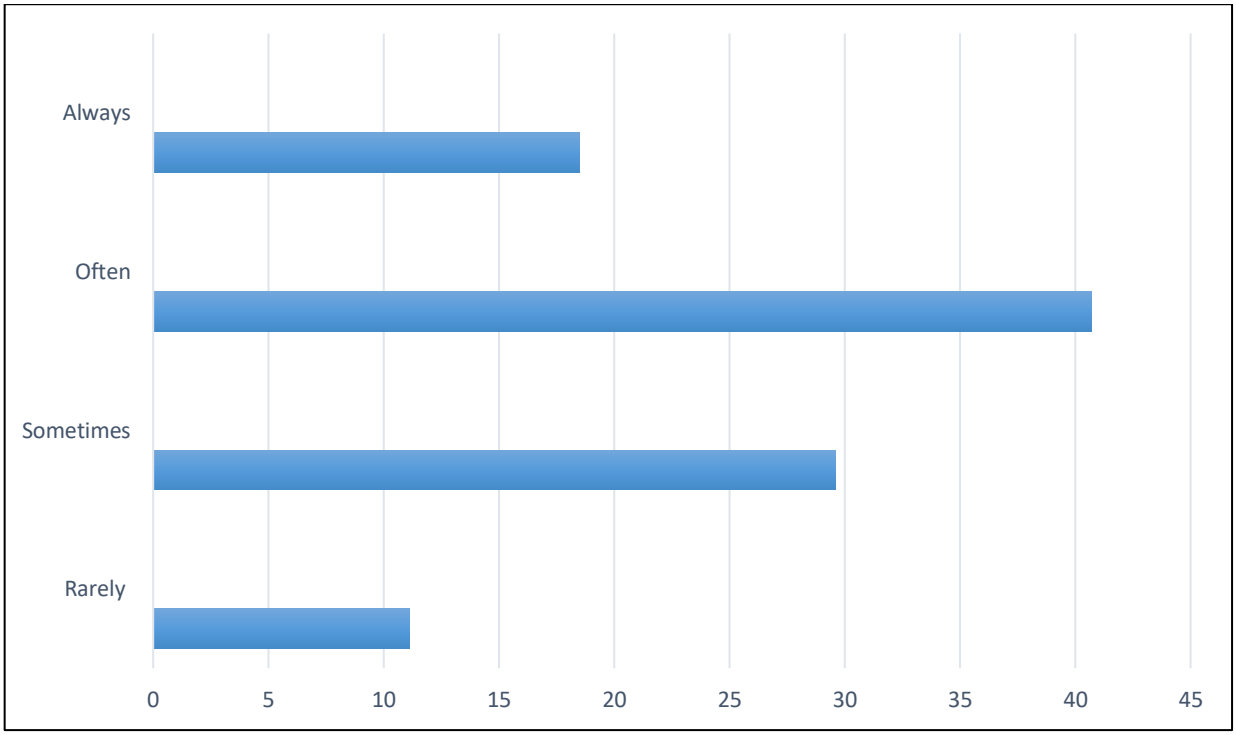
Table 9: Frequency of Seeking Advice on Parenting or Child Behavior Management

Item	Category	Frequency	Percentage (%)
How often do you seek advice on parenting or child behavior?	Rarely	9	11.1
	Sometimes	24	29.6
	Often	33	40.7
	Always	15	18.5
	Total	**81**	**100.0**

Source: developed through personal efforts based on the JASP output

The responses to the item assessing how often parents seek advice on parenting or child behavior show varying levels of engagement with support and guidance. A large proportion of respondents reported frequent help-seeking behavior, with 40.7% stating they "often" look for advice and 18.5% reporting they "always" do so. Meanwhile, 29.6% indicated "sometimes", and only 11.1% reported "rarely" seeking advice. These findings suggest that the majority of Algerian parents demonstrate a moderate to high level of proactiveness in seeking parenting guidance. This trend reflects growing awareness of child development and mental health needs, which may positively influence the adoption of telemental health solutions like the My Child's Care app. Moreover, the frequency of help-seeking can serve as an indicator of child mental health literacy, implying that many parents recognize the value of informed intervention when managing behavioral or emotional concerns in their children.

Figure 6: Parent's Frequency Of Seeking Advice On Child Behaviour



Source: developed through personal efforts based on the JASP output

Digital literacy:

1. How comfortable are you with using mobile apps for parenting or healthcare-related services?

Table 10: parent's level of comfort concerning the use of mobile apps for perenting or helth care-related services

Item	Very uncomfortable	Somewhat uncomfortable	Neutral	Somewhat comfortable	Very comfortable	Total
How comfortable are you with using mobile apps for parenting or healthcare-related services?	8 (9.9%)	20 (24.7%)	25 (30.9%)	9 (11.1%)	19 (23.5%)	81 (100%)
Mean	**3.21**					
Standard Deviation	**1.301**					
Evaluation	**Neutral**					

Source: developed through personal efforts based on the JASP output

The responses to the item assessing how comfortable parents feel using mobile apps for parenting or healthcare-related services reveal a range of attitudes toward digital support tools. A notable proportion of respondents reported feeling neutral about using these apps, with 30.9% selecting "neutral." Additionally, 23.5% of participants indicated they feel "very comfortable" using such apps, while 11.1% reported feeling "somewhat comfortable." On the other hand, 24.7% of respondents expressed some discomfort, selecting "somewhat uncomfortable," and 9.9% reported feeling "very uncomfortable." These findings suggest that while many Algerian parents are open and comfortable with integrating mobile technology into their parenting or healthcare routines, a significant portion remains hesitant or unsure. The average comfort level, reflected by a mean score of 3.21, indicates an overall neutral stance toward these digital tools. This neutral evaluation may reflect a transitional phase where awareness and acceptance of parenting and health apps are growing but have not yet reached widespread confidence or enthusiasm.

2. Would you be open to using an app for parenting guidance and child behavior management?

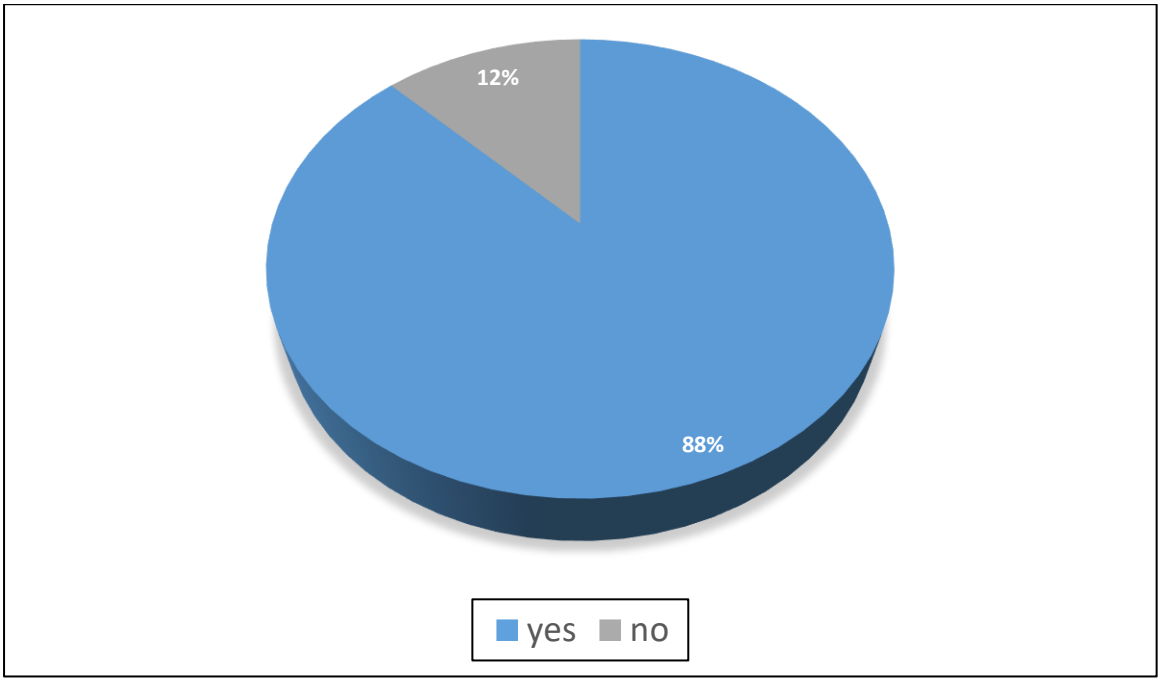
Table 11: Willingness to Use Mobile Apps for Parenting Guidance

Item	Category	Frequency	Percentage (%)
Would you be open to using an app for parenting guidance and child behavior management?	No	10	12.35
	Yes	71	87.65
	Total	81	100.0

Source: developed through personal efforts based on the JASP output

The responses to the item assessing openness to using an app for parenting guidance and child behavior management reflect a high level of digital literacy among the surveyed parents. An overwhelming 87.65% of respondents indicated they would be open to using such an app, while only 12.35% responded negatively. This pattern, based on 81 valid responses, suggests that the majority of Algerian parents in the sample possess not only access to digital tools but also the confidence and willingness to engage with technology for parenting purposes.

Figure 7:Willingness to Use Mobile Apps for Parenting Guidance



Source: developed through personal efforts based on the JASP output

Experience:

1. Have you ever consulted a child psychologist or parenting expert for parenting issues?

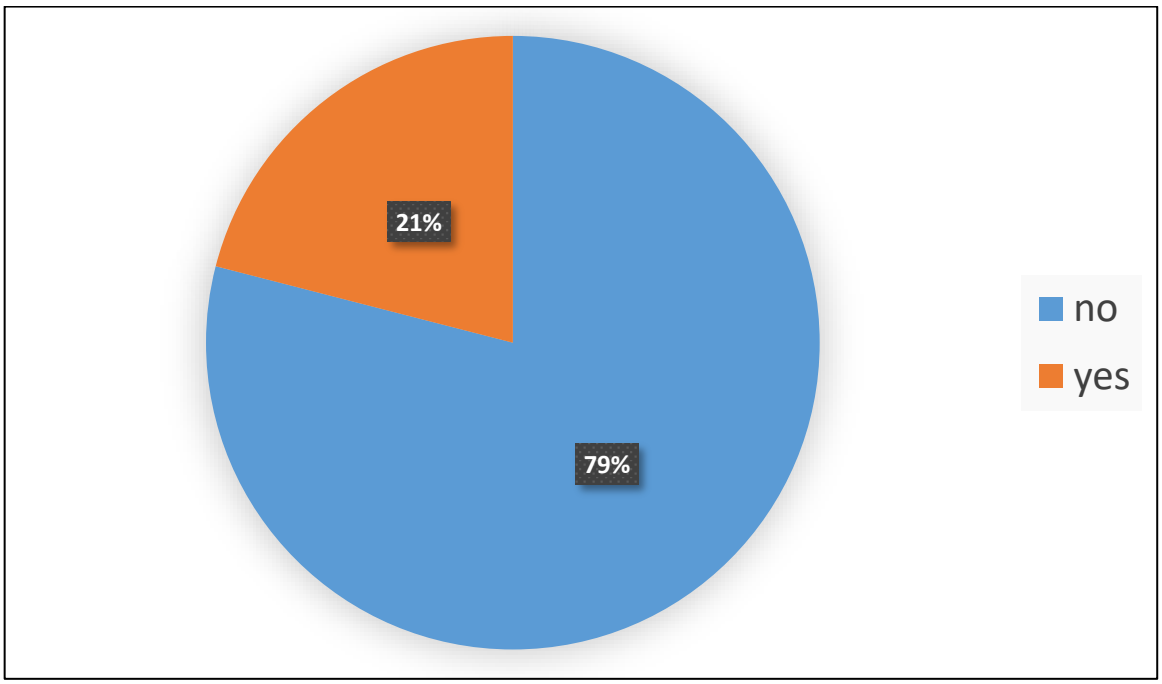
Table 12: Prior Consultation with a Child Psychologist or Parenting Expert

Item	Category	Frequency	Percentage (%)
Have you ever consulted a child psychologist or parenting expert for parenting issues?	No	64	79.01
	Yes	17	20.99
	Total	**81**	**100.0**

Source: developed through personal efforts based on the JASP output

The results for the item assessing prior consultation with a child psychologist or parenting expert reveal that only 20.99% of respondents have sought professional help when facing parenting difficulties, while a significant majority (79.01%) reported they have not done so. These figures, based on 81 valid responses, suggest that most Algerian parents have limited experience accessing formal psychological or parenting support services.This low rate of engagement may point to barriers concering the vailable services. It highlights a potential gap in support that could be addressed through mobile telemental-health applications.

Figure 8: **Prior Consultation with a Child Psychologist or Parenting Expert**



Source: developed through personal efforts based on the JASP output

2. Are you familiar with telemental health care (remote mental health care services for children)?

Table 13: Familiarity with Telemental Health Care Services for Children

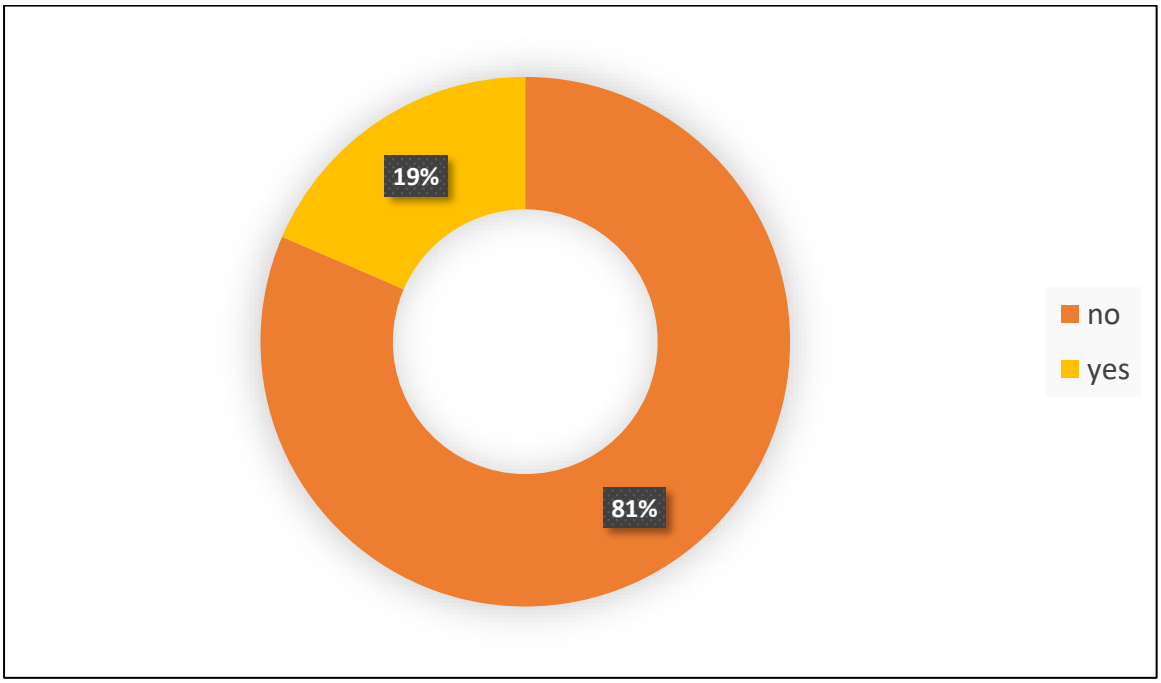
Item	Category	Frequency	Percentage (%)
Are you familiar with telemental health care (remote mental health services for children)?	No	66	81.48
	Yes	15	18.52
	Total	**81**	**100.00**

Source: developed through personal efforts based on the JASP output.

The item assessing familiarity with telemental health care services for children reveals that a large majority of parents (81.48%) reported no prior knowledge of such services, while only 18.52% indicated that they are familiar with the concept. These results, based on 81 valid responses, highlight a significant gap in awareness of remote mental health care options among Algerian parents.This lack of familiarity may stem from limited exposure to digital health education, underdeveloped mental health infrastructure, or low visibility of telehealth initiatives targeting children. Despite the growing global shift toward remote healthcare solutions, these findings suggest that telemental health is still a relatively new or unfamiliar concept within this population

and parents don't have an experience when it comes to it.

Figure 9: Familiarity with Telemental Health Care Services for Children



Source: developed through personal efforts based on the JASP output

3. Have you ever used an online platform for expert consultations or healthcare-related advice?

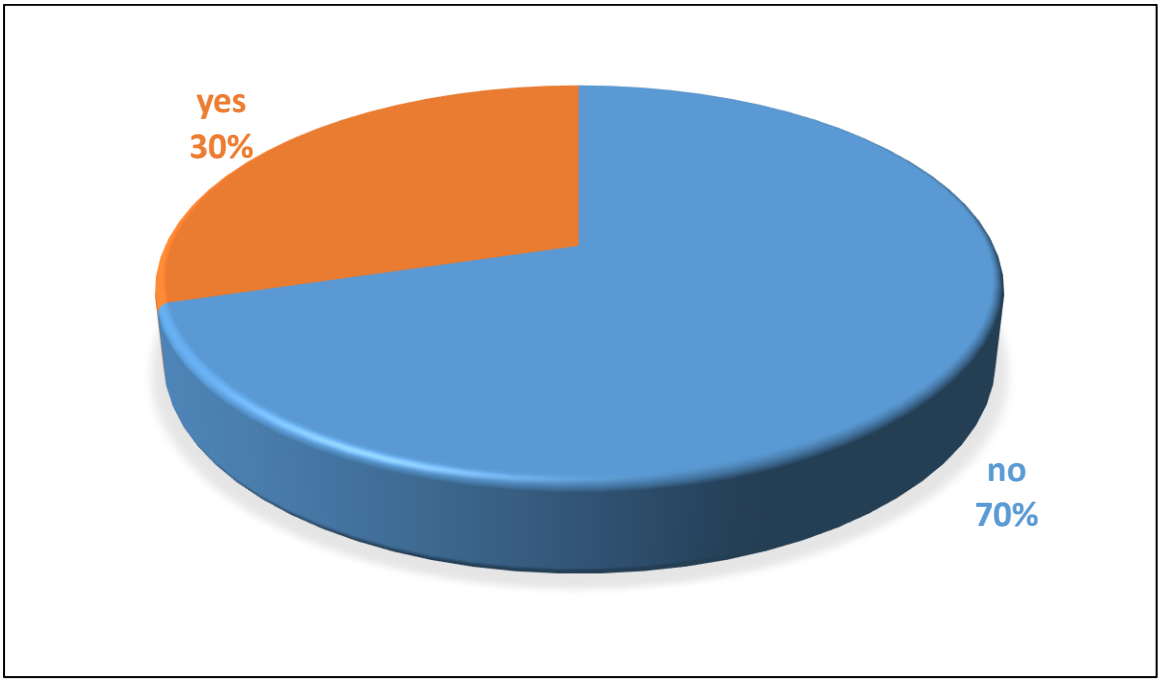
Table 14: Use of Online Platforms for Expert Consultations or Healthcare Advice

Item	Category	Frequency	Percentage (%)
Have you ever used an online platform for expert consultations or healthcare-related advice?	No	57	70.37
	Yes	24	29.63
	Total	**81**	**100.00**

Source: developed through personal efforts based on the JASP output

The responses to the item evaluating prior use of online platforms for expert consultations or healthcare-related advice indicate that 70.37% of parents have not engaged with such digital resources, while 29.63% have used online platforms for health-related support. These results, drawn from 81 valid responses, suggest that while digital help-seeking is emerging, the majority of parents still rely on traditional, non-digital avenues for expert advice.

Figure 10: Use of Online Platforms for Expert Consultations or Healthcare Advice



Source: developed through personal efforts based on the JASP output

UTAUT 2 variables:

Performance Expectancy (PE):

Table 15: Performance Expectancy

Item / Modality	I believe the My Child's Care app will help me better understand and manage my child's behavior.	%	I expect the app to provide diverse expert-backed parenting advice and solutions.	%	I believe the app will save me time and effort in finding reliable parenting guidance.	%
Strongly Disagree	5	2.17%	7	3.04%	6	2.61%
Disagree	14	6.09%	9	3.91%	10	4.35%
Neutral	81	35.22%	54	23.48%	61	26.52%
Agree	52	22.61%	65	28.26%	68	29.57%
Strongly Agree	78	33.91%	95	41.30%	85	36.96%

Total	230	100%	230	100%	230	100%
Mean	3.80		4.01		3.94	
Standard Deviation	1.05		1.04		1.02	
Evaluation	**Agree**		**Agree**		**Agree**	
Mean of the variable	**3.9**					
General standard deviation of the variable	**0.95**					
Evaluation of the variable	**Agree**					

Source: developed through personal efforts based on the JASP output

The table presents the descriptive statistics for the variable 'Performance Expectancy,' including the overall mean, general standard deviation, and overall evaluation. It also provides the mean, standard deviation, and evaluation for each item within this variable.

For the item "I believe the My Child's Care app will help me better understand and manage my child's behavior", the mean is 3.80 with a standard deviation of 1.05, reflecting general agreement among respondents. The item "I expect the app to provide diverse expert-backed parenting advice and solutions" has a mean of 4.01 and a standard deviation of 1.04, indicating a stronger agreement. For "I believe the app will save me time and effort in finding reliable parenting guidance" respondents' mean score is 3.94 with a standard deviation of 1.02, showing agreement as well.

Overall, the variable 'Performance Expectancy' has a mean of 3.9 and a standard deviation of 0.95, suggesting that respondents generally agree with the statements related to this variable.

Effort Expectancy (EE):

Table 16: Effort Expectancy

Item / Modality	I believe learning how to use the My Child's Care app will be easy for me. .	%	I expect the app to provide clear and understandable guidance on child behavior.	%	I believe I will be able to use the app proficiently without difficulty. .	%
Strongly Disagree	3	1.30%	4	1.74%	4	1.74%
Disagree	7	3.04%	10	4.35%	9	3.91%
Neutral	56	24.35%	46	20.00%	54	23.48%
Agree	70	30.43%	77	33.48%	69	30.00%
Strongly Agree	94	40.87%	93	40.43%	94	40.87%
Total	**230**	**100%**	**230**	**100%**	**230**	**100%**
Mean	**4.07**		**4.07**		**4.04**	
Standard Deviation	**0.94**		**0.97**		**0.98**	
Variable Mean	**4.06**					
Variable Std. Dev.	**0.96**					
Evaluation	**Agree**					

Source: developed through personal efforts based on the JASP output

The table presents the descriptive statistics for the variable 'Effort Expectancy,' including its overall mean, general standard deviation, and overall evaluation. It also includes the mean, standard deviation, and evaluation of each individual item within the variable.For the item "I believe learning how to use the My Child's Care app will be easy for me," the mean is 4.07, and the standard deviation is 0.94, indicating that respondents generally agree with the statement.

For the item "I expect the app to provide clear and understandable guidance on child behavior," the mean is 4.07, with a standard deviation of 0.97, also reflecting agreement among respondents.

For the item "I believe I will be able to use the app proficiently without difficulty," the mean is 4.04, and the standard deviation is 0.98, again indicating agreement.

Overall, the general mean of the variable Effort Expectancy is 4.06, with a general standard deviation of 0.96. This suggests that respondents agree that the app will be easy to use, providing clear guidance and requiring minimal effort to learn and operate.

Social Influence (SI):

Table 17: Social Influence

Item / **Modality**	If other parents recommend the My Child's Care app, I would be more likely to use it.	**%**	I believe parenting communities on social media will encourage me to use this app.	**%**	If many parents use the app, I will be more likely to trust and try it.	**%**
Strongly Disagree	8	3.48%	9	3.91%	7	3.04%
Disagree	7	3.04%	21	9.13%	12	5.22%
Neutral	49	21.30%	54	23.48%	38	16.52%
Agree	70	30.44%	71	30.87%	62	26.96%
Strongly Agree	96	41.74%	75	32.61%	111	48.26%
Total	**230**	**100%**	**230**	**100%**	**230**	**100%**
Mean	**4.04**		**3.79**		**4.12**	
Standard Deviation	**1.03**		**1.11**		**1.06**	
Evaluation	**Agree**		**Agree**		**Agree**	
Variable Mean	**3.99**					
Variable Std. Dev.	**1.07**					
Overall Evaluation	**Agree**					

Source: developed through personal efforts based on the JASP output

The table presents the descriptive statistics for the variable 'Social Influence,' including the mean, standard deviation, and evaluation for each item, as well as the overall variable's mean, standard deviation, and evaluation. It shows the results for three items measuring the influence of others on respondents' decisions regarding the app (Social Influence).

for the item "If other parents recommend the My Child's Care app, I would be more likely to use it" (SI1), the mean score is 4.04 with a standard deviation of 1.03, indicating agreement. Similarly, the item "I believe parenting communities on social media will

encourage me to use this app" (SI2) has a mean of 3.79 and a standard deviation of 1.11, also reflecting agreement, though slightly less strongly. For the item "If many parents use the app, I will be more likely to trust and try it" (SI3), the mean is 4.12 with a standard deviation of 1.06, again showing agreement.

Overall, the variable Social Influence has a mean of 3.99 and a standard deviation of 1.07, suggesting that social recommendations and community usage play an important role in shaping respondents' attitudes toward adopting the app.

Facilitating conditions (FC):

Table 18: Facilitating Conditions

Item / **Modality**	I have access to the technology required to use the app (e.g., a smartphone or tablet).	**%**	I believe I have the necessary digital skills to use the app effectively.	**%**	If I encounter any issues while using the app, I believe I will be able to get help easily.	**%**
Strongly Disagree	5	2.17%	9	3.91%	7	3.04%
Disagree	5	2.17%	8	3.48%	15	6.52%
Neutral	21	9.13%	33	14.35%	64	27.83%
Agree	44	19.13%	59	25.65%	57	24.78%
Strongly Agree	155	67.39%	121	52.61%	87	37.83%
Total	**230**	**100%**	**230**	**100%**	**230**	**100%**
Mean	**4.47**		**4.20**		**3.88**	
Standard Deviation	**0.91**		**1.06**		**1.09**	
Evaluation	**Agree**		**Agree**		**Agree**	
Variable Mean	**4.18**					
Variable Std. Dev.	**1.02**					
Overall Evaluation	**Agree**					

Source: developed through personal efforts based on the JASP output

The descriptive statistics for the variable Facilitating Conditions indicate that respondents generally agree they have the necessary support to use the My Child's Care app effectively. Specifically, for the item "I have access to the technology required to use the app (e.g., a

smartphone or tablet)," the mean is 4.47 with a standard deviation of 0.91, showing strong agreement. For "I believe I have the necessary digital skills to use the app effectively," the mean is 4.20 and the standard deviation is 1.06, also reflecting agreement. Lastly, the item "If I encounter any issues while using the app, I believe I will be able to get help easily" has a mean of 3.88 with a standard deviation of 1.09, indicating a positive but slightly less strong agreement. Overall, the variable Facilitating Conditions has a mean of 4.18 and a standard deviation of 1.02, suggesting that respondents feel well-equipped and supported to use the app, which is reflected in the overall evaluation of agreement.

Hedonic Motivation (HM):

Table 19:Hedonic Motivation

Item / **Modality**	I believe using the My Child's Care app will be an engaging and enjoyable experience.	**%**	I expect that interacting with the app's AI analysis will be interesting and insightful.	**%**	I think using the app for parenting guidance will feel convenient and stress-free.	**%**
1 (Strongly Disagree)	7	3.04%	10	4.35%	9	3.91%
2 (Disagree)	6	2.61%	13	5.65%	8	3.48%
3 (Neutral)	50	21.74%	45	19.57%	53	23.04%
4 (Agree)	74	32.17%	73	31.74%	72	31.30%
5 (Strongly Agree)	93	40.43%	89	38.70%	88	38.26%
Total	**230**	**100%**	**230**	**100%**	**230**	**100%**
Mean	**4.04**		**3.95**		**3.97**	
Standard Deviation	**1.00**		**1.10**		**1.05**	
Evaluation	**Agree**		**Agree**		**Agree**	
Variable Mean	**3.99**					
Variable Std. Dev.	**1.05**					
Overall Evaluation	**Agree**					

Source: developed through personal efforts based on the JASP output

The table presents the descriptive statistics for the variable Hedonic Motivation (HM), including frequencies, percentages, means, standard deviations, and evaluations for each item, as well as the overall variable statistics.

For the item "I believe using the My Child's Care app will be an engaging and enjoyable experience" (HM1), most respondents agreed or strongly agreed, with a mean score of 4.04 and a standard deviation of 1.00, indicating positive engagement expectations. The item "I expect that interacting with the app's AI analysis will be interesting and insightful" (HM2) shows a similar trend, with a mean of 3.95 and a slightly higher standard deviation of 1.10, reflecting general agreement and some variability in responses. For "I think using the app for parenting guidance will feel convenient and stress-free" (HM3), respondents also leaned towards agreement, with a mean of 3.97 and a standard deviation of 1.05.

Overall, the variable mean of 3.99 and standard deviation of 1.05 suggest that respondents generally agree that using the app will be a pleasurable and convenient experience. The overall evaluation of the variable is Agree, indicating positive hedonic motivation toward the app.

Price Value (PV) :

Table 20: Price Value

Item / **Modality**	Using the My Child's Care app for parenting support is a cost-effective way to access expert advice	%	The app provides great value by offering free expert content, AI-driven parenting tips, and the option for paid e-consultations when needed	%	I find the ability to book paid e-consultations with child mental health experts beneficial and worth the cost	%
Strongly Disagree	7	3.04%	10	4.35%	14	6.09%
Disagree	14	6.09%	14	6.09%	15	6.52%
Neutral	44	19.13%	55	23.91%	60	26.09%
Agree	59	25.65%	67	29.13%	62	26.96%
Strongly Agree	106	46.09%	84	36.52%	79	34.35%
Total	**230**	**100%**	**230**	**100%**	**230**	**100%**
Mean	**4.06**		**3.87**		**3.77**	
Standard Deviation	**1.08**		**1.11**		**1.17**	

Evaluation	Agree		Agree		Agree	
Variable Mean	**3.90**					
Variable Std. Dev.	**1.12**					
Overall Evaluation	**Agree**					

Source: developed through personal efforts based on the JASP output

The table presents the descriptive statistics for the variable Price Value (PV), which includes three items related to the perceived cost-effectiveness and value of the My Child's Care app.

For the first item, "Using the My Child's Care app for parenting support is a cost-effective way to access expert advice," the mean is 4.06 with a standard deviation of 1.08, indicating that respondents generally agree with this statement.The second item, "The app provides great value by offering free expert content, AI-driven parenting tips, and the option for paid e-consultations when needed," has a mean of 3.87 and a standard deviation of 1.11, also reflecting agreement among respondents.The third item, "I find the ability to book paid e-consultations with child mental health experts beneficial and worth the cost," has a mean of 3.77 with a standard deviation of 1.17, showing a slightly lower but still positive evaluation.

Overall, the mean score for the Price Value variable is 3.90 with a standard deviation of 1.12, indicating that respondents generally agree that the app provides good value for the cost. The evaluation of the variable as a whole is "Agree."

Habit (HT):

Table 21: Habit

Item / **Modality**	I believe the My Child's Care app could become part of my parenting routine.	**%**	I would prefer using this app over searching for parenting advice on social media or blogs.	**%**	If the app is helpful, I would naturally turn to it when facing parenting challenges.	**%**
Strongly Disagree	8	3.48%	12	5.22%	6	2.61%
Disagree	27	11.74%	17	7.39%	8	3.48%
Neutral	70	30.43%	44	19.13%	42	18.26%
Agree	60	26.09%	67	29.13%	72	31.30%

Strongly Agree	65	28.26%	90	39.13%	102	44.35%
Total	**230**	100.0%	**230**	100.0%	**230**	100.0%
Mean		**3.64**		**3.90**		**4.11**
Standard Deviation		**1.12**		**1.16**		**1.00**
Evaluation	**Agree**		**Agree**		**Agree**	
Variable Mean	**3.88**					
Variable Std. Dev.	**1.10**					
Overall Evaluation	**Agree**					

Source: developed through personal efforts based on the JASP output

The table presents the descriptive statistics for the variable Habit, which includes three items related to the likelihood of parents integrating the My Child's Care app into their routine.

The first item, "I believe the My Child's Care app could become part of my parenting routine," has a mean of 3.64 with a standard deviation of 1.12, indicating a moderate level of agreement from respondents. The second item, "I would prefer using this app over searching for parenting advice on social media or blogs," shows a slightly higher mean of 3.90 and a standard deviation of 1.16, reflecting a stronger agreement. The third item, "If the app is helpful, I would naturally turn to it when facing parenting challenges," has the highest mean of 4.11 with a standard deviation of 1.00, suggesting that respondents are likely to adopt the app as a go-to resource when it proves useful.

Overall, the mean score for the Habit variable is 3.88 with a standard deviation of 1.10, indicating that parents tend to agree that the app has the potential to become a habitual part of their parenting practices. The evaluation of the variable as a whole is "Agree.

Perceived Risk (PR):

Table 22: Percieved Risk

Item / **Modality**	I am concerned about the privacy and security of my data when using the My Child's Care app.	**%**	I worry that AI-based parenting advice might not always be accurate or applicable.	**%**	I am unsure if the app will be reliable in analyzing my child's behavior.	**%**

Strongly Disagree	18	7.83%	11	4.78%	13	5.65%
Disagree	26	11.30%	23	10.00%	28	12.17%
Neutral	52	22.61%	58	25.22%	70	30.43%
Agree	49	21.30%	56	24.35%	63	27.39%
Strongly Agree	85	36.96%	82	35.65%	56	24.35%
Total	**230**	**100%**	**230**	**100%**	**230**	**100%**
Mean	**3.68**		**3.76**		**3.53**	
Standard Deviation	**1.29**		**1.18**		**1.15**	
Evaluation	**Neutral**		**Agree**		**Neutral**	
Variable Mean	**3.66**					
Variable Std. Dev.	**1.21**					
Overall Evaluation	**Neutral**					

Source: developed through personal efforts based on the JASP output

The table presents the descriptive statistics for the variable Perceived Risk (PR), which includes three items assessing users' concerns regarding the use of the My Child's Care app.

For the first item, "I am concerned about the privacy and security of my data when using the My Child's Care app," the mean score is 3.68 with a standard deviation of 1.29, indicating a moderately neutral stance, with a tendency toward agreement. The second item, "I worry that AI-based parenting advice might not always be accurate or applicable," has a slightly higher mean of 3.76 and a standard deviation of 1.18, showing that users generally agree with this concern. The third item, "I am unsure if the app will be reliable in analyzing my child's behavior," has a mean of 3.53 and a standard deviation of 1.15, suggesting a neutral to slightly agreeing perspective.

Overall, the mean score for the Perceived Risk variable is 3.66 with a standard deviation of 1.21, reflecting a neutral overall evaluation. While users show some concern about privacy, accuracy, and reliability, these concerns are moderate and not strongly negative.

Behavioral Intention(BI):

Table 23: Behavior Intention

Item / **Modality**	If available, I would be willing to try the My Child's Care app.	**%**	I plan to use the app regularly if it meets my expectations.	**%**

Strongly Disagree	7	3.04%	8	3.48%
Disagree	10	4.35%	17	7.39%
Neutral	43	18.70%	44	19.13%
Agree	74	32.17%	65	28.26%
Strongly Agree	96	41.74%	96	41.74%
Total	**230**	**100%**	**230**	**100%**
Mean	**4.05**		**3.97**	
Standard Deviation	**1.03**		**1.11**	
Evaluation	**Agree**		**Agree**	
Variable Mean	**4.01**			
Variable Std. Dev.	**1.07**			
Overall Evaluation	**Agree**			

Source: developed through personal efforts based on the JASP output

The table presents the descriptive statistics for the variable Behavioral Intention (BI), which includes two items measuring users' intent to use the My Child's Care app.

The first item, "If available, I would be willing to try the My Child's Care app," received a mean score of 4.05 with a standard deviation of 1.03, indicating that respondents generally agreed with the statement. The second item, "I plan to use the app regularly if it meets my expectations," had a slightly lower mean of 3.97 and a standard deviation of 1.11, also reflecting agreement among participants.

The overall mean for the Behavioral Intention variable is 4.01, with a standard deviation of 1.07. This suggests that participants are positively inclined toward using the app, showing a general agreement in their intention to engage with it. The evaluation of the variable as a whole is "Agree."

Use Behavior (BI) :

Table 24: Use Behavior

Item / **Modality**	If the app proves helpful, I would recommend it to other parents.	**%**	I would consider using the app if it offers free or low-cost parenting resources.	**%**

Strongly Disagree	7	3.04%	4	1.74%
Disagree	9	3.91%	7	3.04%
Neutral	30	13.04%	43	18.70%
Agree	56	24.35%	64	27.83%
Strongly Agree	128	55.65%	112	48.70%
Total	**230**	**100%**	**230**	**100%**
Mean	**4.26**		**4.19**	
Standard Deviation	**1.03**		**0.96**	
Evaluation	**Agree**		**Agree**	
Variable Mean	**4.22**			
Variable Std. Dev.	**0.99**			
Overall Evaluation	**Agree**			

Source: developed through personal efforts based on the JASP output

The table presents the descriptive statistics for the Usage Behavior (UB) variable, which includes two items related to users' willingness to recommend and consider using the My Child's Care app. The first item, "If the app proves helpful, I would recommend it to other parents," has a mean score of 4.26 and a standard deviation of 1.03, indicating a generally positive agreement among respondents. The second item, "I would consider using the app if it offers free or low-cost parenting resources," shows a similar positive evaluation with a mean of 4.19 and a standard deviation of 0.96. Overall, the variable's mean score is 4.22 with a standard deviation of 0.99, suggesting that respondents generally agree that they would use and recommend the app. The overall evaluation for Usage Behavior is "Agree."

Multivariate analysis

Structural Equation Modeling Analysis

The proposed conceptual model, which extends the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2) to understand user behavior, was empirically tested using Structural Equation Modeling (SEM). The analysis was conducted in two sequential stages: first, the assessment of the measurement model to ensure the reliability and validity of the latent constructs, followed by the evaluation of the structural model to test the hypothesized relationships among these constructs.

Assessment of Measurement Model

The measurement model was rigorously evaluated for its reliability and validity, comprising internal consistency, convergent validity, and discriminant validity.

Convergent Validity

Convergent validity was established by examining the standardized factor loadings and the Average Variance Extracted (AVE) for each construct. As shown in Table 1, all standardized factor loadings were statistically significant ($p<.001$) and consistently exceeded the recommended threshold of 0.50, ranging from 0.694 (FC3) to 0.878 (HT1). This indicates that the observed indicators meaningfully converge on their respective latent constructs. Further support for convergent validity is provided by the AVE values for each construct, all of which surpassed the 0.50 threshold (Fornell & Larcker, 1981), as also presented in the table below:

Table 25: Factor Loadings and Average Variance Extracted (AVE) for Latent Constructs

Construct	**Item**	**Estimate**	**Std. Error**	**z-value**	**p-value**	**95% CI Lower**	**95% CI Upper**	**AVE Value**
PE	PE1	0.803	0.019	42.164	< 0.001	0.766	0.840	**0.648**
	PE2	0.835	0.017	49.198	< 0.001	0.802	0.868	
	PE3	0.806	0.020	39.697	< 0.001	0.766	0.846	
EE	EE1	0.819	0.022	37.078	< 0.001	0.776	0.862	**0.627**
	EE2	0.760	0.024	31.428	< 0.001	0.713	0.807	
	EE3	0.774	0.024	32.842	< 0.001	0.728	0.820	
SI	SI1	0.836	0.016	52.348	< 0.001	0.805	0.867	**0.701**

	SI2	0.863	0.016	54.550	< 0.001	0.832	0.894	
	SI3	0.837	0.018	45.986	< 0.001	0.801	0.873	
FC	FC1	0.697	0.030	23.364	< 0.001	0.639	0.755	**0.513**
	FC2	0.741	0.028	26.046	< 0.001	0.686	0.796	
	FC3	0.694	0.030	23.473	< 0.001	0.636	0.752	
HM	HM1	0.803	0.021	37.940	< 0.001	0.762	0.844	**0.681**
	HM2	0.829	0.018	47.168	< 0.001	0.794	0.864	
	HM3	0.842	0.019	45.021	< 0.001	0.805	0.879	
PV	PV1	0.797	0.022	35.539	< 0.001	0.753	0.841	**0.684**
	PV2	0.808	0.021	38.455	< 0.001	0.767	0.849	
	PV3	0.871	0.015	57.653	< 0.001	0.841	0.901	
HT	HT1	0.878	0.013	67.892	< 0.001	0.852	0.904	**0.725**
	HT2	0.860	0.014	60.848	< 0.001	0.832	0.888	
	HT3	0.829	0.016	52.827	< 0.001	0.798	0.860	
PR	PR1	0.724	0.028	25.807	< 0.001	0.669	0.779	**0.558**
	PR2	0.773	0.025	31.139	< 0.001	0.724	0.822	

	PR3	0.730	0.028	26.311	< 0.001	0.676	0.784	
BI	BI1	0.855	0.015	55.436	< 0.001	0.825	0.885	**0.734**
	BI2	0.851	0.016	52.793	< 0.001	0.820	0.882	
	BI3	0.863	0.015	56.883	< 0.001	0.833	0.893	
UB	UB1	0.844	0.015	57.604	< 0.001	0.815	0.873	**0.711**
	UB2	0.849	0.015	58.106	< 0.001	0.820	0.878	
	UB3	0.840	0.017	49.957	< 0.001	0.807	0.873	

Source: developed through personal efforts based on the JASP output

Discriminant Validity

Discriminant validity, which ensures that constructs are empirically distinct from each other, was assessed using the Heterotrait-Monotrait (HTMT) ratio. HTMT values below 0.90 are generally considered acceptable (Henseler et al., 2015). The HTMT ratios are presented in the following table:

Table 26: Heterotrait-Monotrait (HTMT) Ratio

Construct	**PE**	**EE**	**SI**	**FC**	**HM**	**PV**	**HT**	**PR**	**BI**	**UB**
PE	1.000									
EE	0.762	1.000								
SI	0.799	0.787	1.000							
FC	0.668	0.890	0.776	1.000						
HM	0.797	0.721	0.771	0.816	1.000					
PV	0.777	0.683	0.800	0.794	0.890	1.000				

HT	0.824	0.695	0.813	0.633	0.925	0.991	1.000			
PR	0.077	0.305	0.253	0.321	0.106	0.222	0.197	1.000		
BI	0.712	0.648	0.759	0.650	0.794	0.833	0.914	0.250	1.000	
UB	0.782	0.663	0.806	0.686	0.781	0.768	0.833	0.274	0.926	1.000

Source: developed through personal efforts based on the JASP output

The HTMT analysis revealed several construct pairs with HTMT values exceeding the 0.90 threshold, indicating issues with discriminant validity: Hedonic Motivation and Habit [HM-HT (0.925)] , Price Value and Habit [PV-HT (0.991)], Behavior intention and Habit [BI-HT (0.914)], and Behavior Intention and Use Behavior [BI-UB (0.926)]. The exceptionally high values, particularly between Price Value and Habit [PV-HT (0.991)] and Behavior Intention and Use Behavior [BI-UB (0.926)], suggest a severe lack of empirical distinctiveness, implying that these constructs are highly redundant within the current model.

Assessment of Structural Model

The structural model was assessed to test the hypothesized relationships between the latent variables and to evaluate the model's overall explanatory power.

Model Fit

The overall fit of the structural model to the observed data was evaluated using several standard fit indices, as presented in the following table:

Table 27: Model Fit Indices

Index	**Value**	**Threshold (General Guidelines)**
Chi-square (χ^2)	650.126	
Degree of freedom (DF)	312	
χ^2/DF	2.08	< 3 (or < 5)
Comparative Fit Index (CFI)	0.926	> 0.90
Tucker-Lewis Index (TLI)	0.911	> 0.90
Bentler-Bonett Non-normed Fit Index (NNFI)	0.911	> 0.90
Bentler-Bonett Normed Fit Index (NFI)	0.869	> 0.90

Parsimony Normed Fit Index (PNFI)	0.717	> 0.50
Bollen's Relative Fit Index (RFI)	0.841	> 0.90
Bollen's Incremental Fit Index (IFI)	0.927	> 0.90
Relative Noncentrality Index (RNI)	0.926	> 0.90
Root mean square error of approximation (RMSEA)	0.069	< 0.08
Standardized root mean square residual (SRMR)	0.050	< 0.08
Goodness of Fit Index (GFI)	0.953	> 0.90
Adjusted Goodness of Fit Index (AGFI)	0.939	> 0.80
Parsimony Goodness of Fit Index (PGFI)	0.697	> 0.50

Source: developed through personal efforts based on the JASP output

The analysis revealed that the model's fit to the data was acceptable. The chi-square to degrees of freedom ratio ($\chi^2/df = 2.08$) was below the recommended threshold of 3.0 (Hair et al., 2017). Although the p-value for the chi-square statistic was significant ($p<.001$), which is common with larger sample sizes, other fit indices demonstrated a good fit. Specifically, the Comparative Fit Index (CFI = 0.926), Tucker-Lewis Index (TLI = 0.911), and Incremental Fit Index (IFI = 0.927) all exceeded the 0.90 threshold. The Root Mean Square Error of Approximation (RMSEA = 0.069) was below the 0.08 criterion, and the Standardized Root Mean Square Residual (SRMR = 0.050) was also below the 0.08 threshold, further supporting good model fit. The Goodness of Fit Index (GFI = 0.953) also indicated a strong fit.

Hypothesis Testing

Path coefficients

The hypothesized relationships between the latent constructs were evaluated by examining the standardized regression coefficients (path coefficients) and their associated significance levels, as presented in Table 4. The explanatory power of the endogenous variables was assessed using R-squared values.

Table 28: Standardized Regression Coefficients (Path Coefficients) and R-squared Values

Path (Effect)	**Estimate**	**Std. Error**	**z-value**	**p-value**	**95% CI Lower**	**95%CI Upper**
BI on UB	0.904	0.027	33.155	< **0.05**	0.850	0.958
FC on UB	0.210	0.079	2.671	**0.008**	0.055	0.365
PE on BI	0.007	0.013	0.547	0.585	-0.018	0.032
EE on BI	0.021	0.016	1.312	0.189	-0.010	0.052
SI on BI	0.019	0.010	1.916	0.055	-0.001	0.039
HM on BI	0.017	0.013	1.306	0.196	-0.009	0.043
PV on BI	0.015	0.012	1.218	0.226	-0.009	0.039
HT on BI	-0.007	0.010	-0.690	0.470	-0.027	0.013
PR on BI	-0.010	0.011	-0.941	0.347	-0.031	0.011

Source: developed through personal efforts based on the JASP output

The table presents the results of a structural equation model analyzing the effects of various factors on behavioral intention (BI) and usage behavior (UB). The results show that behavioral intention has a strong and statistically significant positive effect on usage behavior ($p < 0.05$), indicating that individuals who intend to use the system are highly likely to engage in actual usage. Facilitating conditions also show a significant positive effect on usage behavior ($0.008<0.05$), suggesting that the availability of resources and support enhances system use. However, all other constructs: performance expectancy, effort expectancy, social influence, hedonic motivation, price value, habit, and perceived risk do not show statistically significant effects on behavioral intention, as their p-values exceed the 0.05 threshold. Social influence approaches significance ($p = 0.055$), but remains slightly above the conventional cutoff. Overall, the model highlights the critical role of behavioral intention and facilitating conditions in predicting actual usage behavior.

R-squared Values:

Table 29: R- square values

Endogenous Construct	**R-squared**
Behavioral Intention (BI)	0.678
User Behavior (UB)	0.902

Source: developed through personal efforts based on the JASP output

The model demonstrated substantial explanatory power. The R-squared value for Behavioral Intention (BI) was 0.678, indicating that 67.8% of its variance is explained by the predictors in the model. More notably, the R-squared value for User Behavior (UB) was 0.902**,** implying that 90.2% of the variance in actual User Behavior is accounted for by Behavioral Intention and Facilitating Conditions, highlighting the model's strong predictive capability for user behavior in this context.

The moderators' effects:

The analysis investigated the potential mediating roles of five demographic and individual difference variables which are Gender, Experience, Age, Digital Literacy, and Child Mental Healthcare Literacy on the relationships between the UTAUT2 predictors (Performance Expectancy, Effort Expectancy, Social Influence, Facilitating Conditions, Hedonic Motivation, Price Value, Habit, Perceived Risk) and Behavioral Intention (BI). The results were obtained from mediation analysis tests conducted in JASP.

1. Age as a Mediator

The mediation analysis for Age investigated whether the influence of UTAUT2 predictors on Behavioral Intention is channeled through an individual's age. The following table summarizes the p-values for the indirect effects:

Table 30: Indirect Effects on Behavioral Intention (BI) via Age

Predictor	**p-value (Indirect Effect via Age → BI_score)**	**Significance (p<0.05)**
Performance Expectancy (PE)	0.939	Not Significant
Effort Expectancy (EE)	0.922	Not Significant
Social Influence (SI)	0.658	Not Significant
Facilitating Conditions (FC)	0.994	Not Significant
Hedonic Motivation (HM)	0.536	Not Significant
Price Value (PV)	0.998	Not Significant

Habit (HT)	0.233	Not Significant
Perceived Risk (PR)	0.530	Not Significant

Source: developed through personal efforts based on the JASP output

The results consistently indicate that Age does not significantly mediate the relationship between any of the UTAUT2 predictors and Behavioral Intention. All p-values for the indirect effects are substantially high (ranging from 0.233 to 0.998), far exceeding the strict $p<0.05$ threshold. This finding suggests that while age might directly influence Behavioral Intention or be related to the predictors, it does not serve as a significant *pathway* through which perceived performance, effort, social influence, or other factors exert their effect on an individual's intention to use the mobile application. In simpler terms, the mechanism by which these predictors influence behavior is not explained by the user's age.

2. Gender as a Mediator:

This analysis explored whether Gender mediates the relationships between UTAUT2 predictors and Behavioral Intention. The p-values for the indirect effects are presented below:

Table 31: Indirect Effects on Behavioral Intention (BI) via Gender

Predictor	**p-value (Indirect Effect via Gender → BI_score)**	**Significance (p<0.05)**
Performance Expectancy (PE)	0.922	Not Significant
Effort Expectancy (EE)	0.964	Not Significant
Social Influence (SI)	0.595	Not Significant
Facilitating Conditions (FC)	0.828	Not Significant
Hedonic Motivation (HM)	0.680	Not Significant
Price Value (PV)	0.840	Not Significant
Habit (HT)	0.630	Not Significant
Perceived Risk (PR)	0.448	Not Significant

Source: developed through personal efforts based on the JASP output

Similar to Age, the results for Gender as a mediator show no statistically significant indirect effects at the $p<0.05$ level. All p-values (ranging from 0.448 to 0.964) are considerably higher than the set threshold. This means that Gender does not significantly mediate the influence of any of the UTAUT2 predictors on Behavioral Intention. This implies that the mechanisms through which factors like social influence or perceived risk affect behavioral intention are not substantially different for males and females, or at least, gender does not act as an intermediate step in these relationships.

3. Child Mental Healthcare Literacy (CMHL) as a Mediator:

The analysis investigated whether Child Mental Healthcare Literacy plays a mediating role in the relationships between UTAUT2 predictors and Behavioral Intention. The p-values for the indirect effects are shown below:

Table 32: Indirect Effects on Behavioral Intention (BI) via Child Mental Healthcare Literacy (CMHL)

Predictor	**p-value (Indirect Effect via CMHL-score → BI_score)**	**Significance (p<0.05)**
Performance Expectancy (PE)	0.396	Not Significant
Effort Expectancy (EE)	0.093	Not Significant
Social Influence (SI)	0.402	Not Significant
Facilitating Conditions (FC)	0.176	Not Significant
Hedonic Motivation (HM)	0.656	Not Significant
Price Value (PV)	0.897	Not Significant
Habit (HT)	0.797	Not Significant
Perceived Risk (PR)	0.250	Not Significant

Source: developed through personal efforts based on the JASP output

The results for CMHL as a mediator reveal that Child Mental Healthcare Literacy does not significantly mediate any of the relationships between the UTAUT2 predictors and Behavioral Intention, based on the $p<0.05$ threshold. All p-values (ranging from 0.093 to 0.897) are well above this stringent level. This indicates that an individual's level of child

mental healthcare literacy does not serve as a statistically significant indirect route through which perceptions of performance, effort, or other factors influence their intention to engage with the mobile application.

4. Digital Literacy (DL) as a Mediator:

This section examines the mediating role of Digital Literacy in the relationships between UTAUT2 predictors and Behavioral Intention. The p-values for the indirect effects are presented in the following table:

Table 33 Indirect Effects on Behavioral Intention (BI) via Digital Literacy (DL)

Predictor	**p-value (Indirect Effect via DL-score → BI_score)**	**Significance (p<0,05)**
Performance Expectancy (PE)	0.904	Not Significant
Effort Expectancy (EE)	**0.045**	**Significant**
Social Influence (SI)	0.549	Not Significant
Facilitating Conditions (FC)	**0.049**	**Significant**
Hedonic Motivation (HM)	0.453	Not significant
Price Value (PV)	0.892	Not Significant
Habit (HT)	0.633	Not Significant
Perceived Risk (PR)	0.204	Not Significant

Source: developed through personal efforts based on the JASP output

The table presents the indirect effects of various predictors on behavioral intention (BI) through digital literacy (DL) as a mediating variable. Among the predictors, Effort Expectancy (EE) (p = 0.045) and Facilitating Conditions (FC) (p = 0.049) show statistically significant indirect effects, indicating that users who find the system easy to use or perceive adequate support are more likely to have higher digital literacy, which in turn enhances their behavioral intention. In contrast, Performance Expectancy (PE), Social Influence (SI), Hedonic Motivation (HM), Price Value (PV), Habit (HT), and Perceived Risk (PR) do not show significant indirect effects through digital literacy, as their p-values exceed the 0.05 threshold. These findings highlight the mediating role of digital literacy in the adoption process, particularly in the influence of ease of use and perceived support on intention to use.

5. **Experience (EXP) as a Mediator:**

Finally, this analysis investigated the mediating role of prior Experience (EXP-score) in the relationships between UTAUT2 predictors and Behavioral Intention. The p-values for the indirect effects are summarized below:

Table 34: Indirect Effects on Behavioral Intention (BI) via Experience (EXP-score)

Predictor	**p-value (Indirect Effect via EXP-score → BI_score)**	**Significance (p<0.001)**
Performance Expectancy (PE)	0.880	Not Significant
Effort Expectancy (EE)	0.854	Not Significant
Social Influence (SI)	0.830	Not Significant
Facilitating Conditions (FC)	0.769	Not Significant
Hedonic Motivation (HM)	0.917	Not Significant
Price Value (PV)	0.603	Not Significant
Habit (HT)	0.739	Not Significant
Perceived Risk (PR)	0.314	Not Significant

Source: developed through personal efforts based on the JASP output

The results for Experience as a mediator indicate that Experience (EXP) does not significantly mediate the relationship between any of the UTAUT2 predictors and Behavioral Intention, based on the p<0.001 threshold. All p-values (ranging from 0.314 to 0.917) are well above this level. This suggests that an individual's prior experience does not serve as a significant intermediate factor in how their perceptions of the mobile application's attributes translate into their intention to use it.

Age, Gender, Child mental health care literacy, Digital literacy, and Experience as mederators for Facilitating Conditions:

Table 35: Indirect Effects on Use Behaviour for Facilitating Conditions via all the moderators

Predictor	**Mediator**	**p-value (Indirect Effect)**

FC-score	Age	0.507
FC-score	Gender	0.305
FC-score	CMHL	0.068
FC-score	**DL**	**0.011<0.05**
FC-score	EXP	0.813

Source: developed through personal efforts based the JAP output

This table presents the indirect effects of Facilitating Conditions (FC) on Use Behavior via multiple mediators, including Age, Gender, Child Mental Health Literacy (CMHL), Digital Literacy (DL), and Experience (EXP). Among these, Digital Literacy is of particular interest. The effect through digital literacy is statistically significant ($p < 0.05$), indicating that facilitating conditions enhance behavioral intention primarily by improving users' digital literacy. The effect via CMHL is marginally non-significant, as the p-value is close to the 0.05 threshold, suggesting a possible indirect influence worth further exploration. Indirect effects through Age ($p = 0.507$), Gender ($p = 0.305$), and Experience ($p = 0.813$) are not statistically significant, indicating that these factors do not mediate the relationship between facilitating conditions and behavioral intention in this model.

Overall, across all five tested the moderating variables which are : Age, Gender, Child Mental Health Literacy (CMHL), Digital Literacy (DL), and Experience, the mediation analysis reveals a nuanced picture. While most of these variables do not significantly mediate the relationships between the UTAUT2 core constructs, Behavioral Intention, and Use Behavior, notable exceptions emerge. Specifically, Digital Literacy significantly mediates the indirect effects of Effort Expectancy ($p = 0.045$) and Facilitating Conditions ($p = 0.049$) on Behavioral Intention, as well as the relationship between Facilitating Conditions and Use Behavior ($p < 0.05$). These findings underscore the important role of digital skills in the adoption process. This pattern highlights the valuable role of individual characteristics, particularly Digital Literacy as meaningful mediators under specific conditions. While the primary effects of the UTAUT2 predictors on Behavioral Intention and Use Behavior are largely direct, the significant and marginal mediation effects observed suggest promising pathways for enhancing technology adoption by targeting users' digital and mental health

literacy. These findings offer useful insights for designing more tailored interventions that leverage key individual differences to support mobile application use.

Section 02: Discussion of Results

This section interprets the key findings of the study and places them in the context of existing literature on technology acceptance and digital health adoption. It explains how the results align with or differ from previous studies and what they reveal about parental attitudes toward telemental health services in the Algerian context.

This study examines the key factors influencing Algerian parents' acceptance and use of telemental health services for children, using the extended UTAUT2 model on a sample of 230 respondants. By integrating both structural equation modeling and mediation analyses, the research offers insight into which psychological, technological, and individual-level variables matter most in shaping behavioral intention and actual use.

The demographic characteristics of the participants offer crucial context for interpreting the findings of this study on Algerian parents' acceptance of telemental health services, particularly the My Child's Care application. The sample is predominantly composed of women (66.5%), which likely reflects the central role mothers play in child-rearing and caregiving in Algerian society. This gender skew is consistent with previous research suggesting that mothers are typically more involved in decisions related to child health and education, particularly in digital or health-oriented interventions (Chomakers et al., 2022). Their overrepresentation may also suggest greater availability or willingness to participate in discussions around child mental health.

In terms of age, the majority of respondents fall within the 20–29 age range (52.6%), followed by 30–39 (20.0%) and 40–49 (13.9%). This concentration of younger adults is expected, as it reflects the age bracket during which individuals are more likely to be actively parenting young children. The low participation of older individuals (only 3.5% aged 50 and above) may point to a generational gap in digital engagement or interest in telemental health services. This is important when considering the design and promotion of digital health applications, as younger parents may be more responsive to mobile-based solutions and online surveys due to greater digital literacy (Venkatesh et al., 2012).

The educational profile of the sample is notably high, with 50.4% holding a Master's degree and 21.7% a Bachelor's degree. This is significant because education has been repeatedly linked to openness toward digital innovations and higher levels of health awareness (Palas et al., 2022). A highly educated sample can be more predisposed to evaluate, understand, and adopt telemental health tools, suggesting that the findings might reflect a more tech-aware subset of the general population. However, it also reinforces the idea that interventions

designed for wider dissemination should consider users with lower levels of education and digital readiness.

Income distribution reveals that 44.3% of respondents earn less than 30,000 DZD per month, placing a significant portion of the sample in the lower-income bracket. While this could potentially limit access to paid digital services, it may also reflect a population that could benefit most from affordable or subsidized mental health tools, especially if such tools address accessibility gaps in traditional service delivery.

language preference data indicates that 62.6% of participants preferred Arabic, followed by 19.6% French, and 17.8% English. This linguistic diversity highlights the importance of multilingual support in digital health platforms. Ensuring that content is available in Arabic is the dominant language preference and will be essential for reaching and engaging the largest segment of potential users. Moreover, offering content in French and English supports inclusivity and enhances accessibility, particularly for educated users who may be more comfortable with international terms in mental health care.

Moreover, the results of the structural equation modeling indicate that behavioral intention (BI) significantly and positively influences usage behavior (UB), which aligns with the central logic of the UTAUT2 model and other technology acceptance theories. This finding confirms that users who intend to use the system are more likely to engage in actual usage. Facilitating conditions (FC) also show a significant positive effect on usage behavior, suggesting that when users perceive adequate access to resources, technical support, and infrastructure, they are more likely to act on their intentions. However, what stands out in this model is that none of the other constructs such as performance expectancy (PE), effort expectancy (EE), social influence (SI), hedonic motivation (HM), price value (PV), habit (HB), and perceived risk (PR) exhibit a statistically significant effect on behavioral intention. Social influence approaches significance but remains slightly above the conventional threshold.

This finding contrasts sharply with previous studies. For example, performance expectancy has been a consistent predictor of behavioral intention in studies such as Tavares et al. (2017), Schmitz et al. (2022), and Algahtani et al. (2021), where users' belief in the usefulness of the system significantly shaped their intention to adopt it. Similarly, hedonic motivation, habit, and social influence were significant in multiple studies, including Chomakers et al. (2022) and Palas et al. (2022), highlighting the role of emotional appeal,

routine, and peer influence in technology adoption. The absence of these effects in the current model suggests that users in this context may not have developed strong perceptions or experiences with the system, possibly due to limited exposure or early stages of adoption.

One possible explanation is the relative novelty of the technology under study which is telemental health services for children in the Algerian context. When a digital service is still unfamiliar, users may not have a clear understanding of its benefits, ease of use, or enjoyability, making it difficult for constructs such as performance expectancy and hedonic motivation to exert any measurable influence on intention. This interpretation is supported by Chomakers et al. (2022), who found that familiarity with health apps was the strongest predictor of behavioral intention, suggesting that experience and prior exposure play a crucial role in shaping users' perceptions. Without prior engagement, users may not yet see the value of the service or develop usage habits, which may explain why habit and perceived enjoyment were not significant in this model.

Cultural and contextual differences may also contribute to these results. The Algerian setting differs significantly from those in most other UTAUT2-based studies, which are typically conducted in high-income or digitally mature environments. For instance, Schmitz et al. (2022) observed that cultural and policy-related factors sometimes play a greater role than individual predictors in shaping telemedicine adoption. In a context where digital health infrastructure is still developing and where awareness about mental health remains limited, individuals may be more influenced by external enablers like resource availability rather than internal evaluations such as usefulness or enjoyment. This could explain why facilitating conditions were significant while psychological constructs were not.

Additionally, while perceived risk was included in the model, it did not show a significant effect on intention. This is somewhat surprising, especially in a sensitive domain like child mental health, where concerns about data privacy and service reliability are expected to influence decision-making. Studies like Chomakers et al. (2022) highlight the role of trust in therapy app adoption. It is possible that in the current study, risk was not perceived as salient, or that trust-related issues were not fully captured by the operationalization of the perceived risk construct.

A key theoretical concern in the current findings is the lack of significant predictors of behavioral intention. While intention significantly predicts actual usage, its theoretical value becomes questionable if it is not meaningfully explained by antecedent variables. This

weakens the overall explanatory power of the model. Behavioral intention, in this case, functions as a statistically important but theoretically isolated construct. For behavioral models to be useful, they must not only predict usage but also explain how intentions are formed. Without such explanation, the model offers limited insight into how adoption can be encouraged or supported in practice.

Finally, potential measurement or model specification issues cannot be overlooked. Constructs like performance expectancy and effort expectancy are often closely related, and poor discriminant validity can suppress individual effects. Multicollinearity or low variance in responses might also affect the statistical significance of predictors. These technical limitations should be explored in future work using improved measurement tools or alternative modeling techniques.

Overall, while the current model confirms the central role of behavioral intention and facilitating conditions in predicting usage behavior, it also challenges the universal applicability of the UTAUT2 model in all settings. The absence of significant predictors for behavioral intention suggests a need for contextual adaptation of the model. Future studies might consider incorporating additional constructs such as trust, emotional readiness, or cultural norms, and qualitative methods may be helpful in uncovering locally relevant factors. As digital health technologies continue to expand in under-researched regions, such adaptations will be essential for developing accurate, actionable models of user behavior.

Furthermore, the mediation analysis examining the role of individual characteristics, including age, gender, child mental health literacy (CMHL), digital literacy (DL), and experience provides a more nuanced view of the adoption process. Overall, the findings show that most of these variables do not significantly mediate the relationships between the UTAUT2 constructs, behavioral intention, and usage behavior. However, there are key exceptions that deserve closer attention. Notably, digital literacy significantly mediates the indirect effect of effort expectancy on behavioral intention, as well as the relationships between facilitating conditions and both behavioral intention and usage. These results point to digital skills not only as background factors but as active pathways through which users form intentions and engage with digital health applications (Chomakers et al., 2022; Venkatesh et al., 2012).

This suggests that while most of the UTAUT2 constructs did not have direct effects on behavioral intention in the primary model, their influence may still manifest indirectly

through users' digital competencies. For example, individuals who perceive the system as easier to use (effort expectancy) are more likely to intend to use it when they also have stronger digital literacy skills. Similarly, the enabling effect of facilitating conditions appears to be partly dependent on users' ability to navigate digital platforms. This interaction highlights the functional role of digital literacy as a bridging factor between the external environment and individual decision-making processes (Alazzam et al., 2018).

The theoretical implications of these findings are significant. They suggest that adoption models like UTAUT2 may understate the role of foundational user capacities in shaping behavioral outcomes. While UTAUT2 includes facilitating conditions as a proxy for external support, it does not explicitly account for internal capabilities such as digital literacy, which are essential for users to benefit from such support. In contexts where digital literacy levels are uneven, such as in emerging markets or among parents unfamiliar with digital health tools, these individual differences can determine whether system features and infrastructure translate into meaningful adoption (Palas et al., 2022; Schmitz et al., 2022).

Moreover, these results contribute to ongoing discussions about equity and access in digital health. If digital literacy mediates the impact of core predictors on both intention and behavior, then gaps in digital skills could lead to unequal outcomes even when external resources are provided. This insight supports the case for integrated interventions that combine technology rollout with digital literacy training. In particular, programs aimed at increasing adoption of telemental health services should consider not only improving system usability and access but also strengthening users' basic competencies with mobile and online tools (Tavares et al., 2017; Algahtani et al., 2021).

Interestingly, other moderating variables such as age, gender, CMHL, and prior experience did not show significant mediation effects. This may reflect limited variability in the sample or the possibility that these characteristics, while relevant in other studies, are not as influential in the current context. For example, while Schmitz et al. (2022) found age and gender differences in telemedicine adoption patterns, these effects may depend on broader cultural or policy-related factors. Alternatively, constructs like child mental health literacy might exert influence through different cognitive or affective routes, such as trust or perceived benefit, rather than through behavioral intention directly. More targeted methods, including qualitative or interaction-based analyses, may be needed to uncover these mechanisms.

In conclusion, the mediation analysis reinforces the broader theme emerging from the model: that behavioral intention and usage behavior are shaped not only by system-related perceptions but also by individual readiness, especially in terms of digital literacy. While most direct effects were non-significant, the indirect pathways involving digital skills suggest meaningful levers for intervention. These findings emphasize the need to expand traditional adoption models to better capture user characteristics that operate as enabling conditions, especially in underexplored or resource-constrained settings. By integrating both environmental and personal factors, future research can offer more realistic, inclusive frameworks for understanding and supporting digital health adoption (Chomakers et al., 2022).

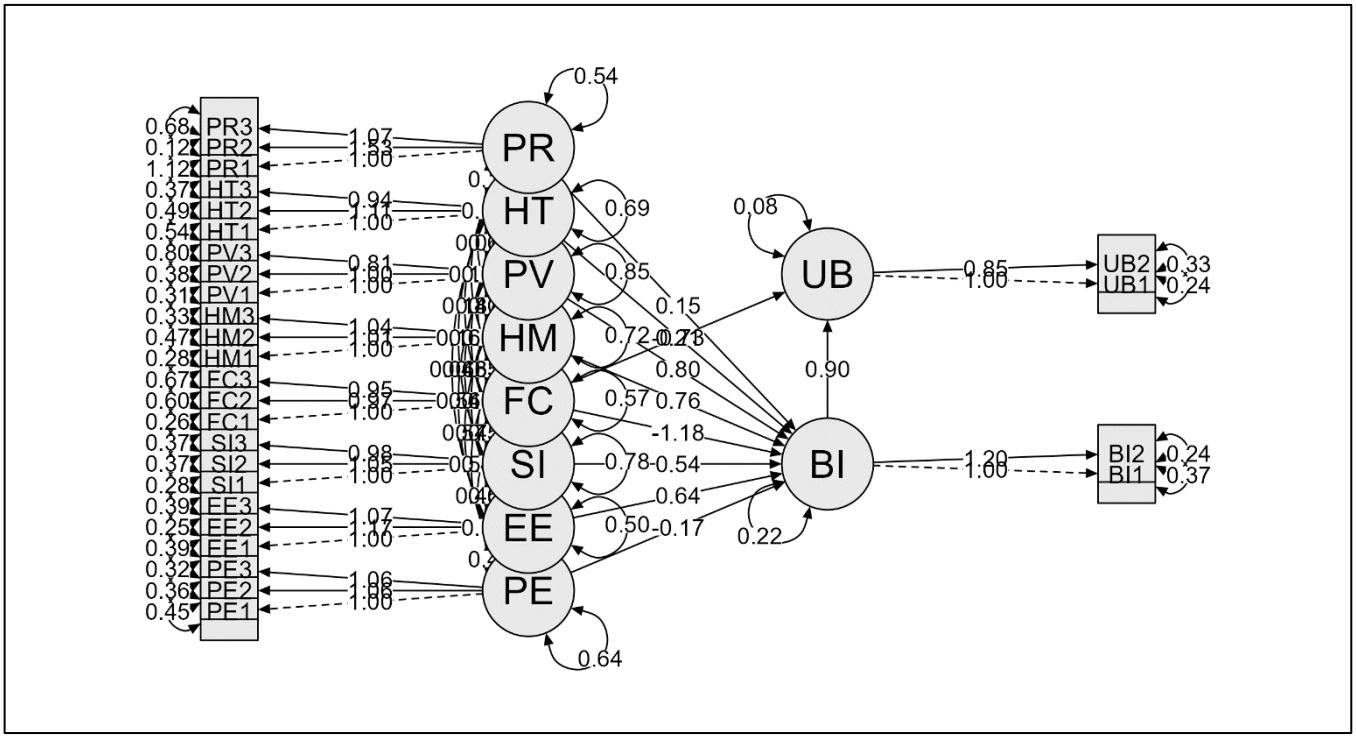
Table 36: hypotheses validation

N°	Hypotheses	Status
1	H1: Performance expectancy positively affects users' intention and use behavior of MY CHILD'S CARE APP.	Not Validated
2	H2: Effort expectancy positively affects users' intention to use the MY CHILD'S CARE APP.	Not Validated
3	H3: Social influence positively affects users' intention to use the MY CHILD'S CARE APP.	Not Validated
4	H4: Facilitating conditions positively affect users' intention to use the MY CHILD'S CARE APP.	Not Validated
5	H5: Facilitating conditions positively affect users' use behavior of the MY CHILD'S CARE APP.	Validated
6	H6: Hedonic motivation positively affects users' intention to use the MY CHILD'S CARE APP.	Not Validated
7	H7: Price value positively affects users' intention to use the MY CHILD'S CARE APP.	Not Validated
8	H8: Habit positively affects users' intention to use the MY CHILD'S CARE APP.	Not Validated
9	H9: Perceived risk negatively affects users' intention to use MY CHILD'S CARE APP.	Not Validated
10	H10: Behavioral intention affects positively the usage behavior of MY CHILD'S CARE APP.	Validated
11	H11: Age moderates the variables that affect behavioral intention and MY CHILD'S CARE APP use.	Not Validated
12	H12: Gender moderates the variables that affect behavioral intention and MY CHILD'S CARE APP use.	Not Validated
13	H13: Experience moderates the variables that affect behavioral intention and MY CHILD'S CARE APP use.	Not Validated
14	H14: Child mental health literacy moderates the variables that affect behavioral intention and MY CHILD'S CARE APP use.	Not Validated
15	H15: Digital literacy moderates the variables that affect behavioral intention and MY CHILD'S CARE APP use.	Validated

Source: developed through personal efforts based the JASP output

The results are showcased in the following Path Diagram:

Figure 11: Structural Equation Model (SEM) Path Diagram of the Extended UTAUT2 for MY CHILD'S CARE APP



Source: developed through the JASP software

General Conclusion

This study explored the factors influencing Algerian parents' adoption of telemental health services for their children, using a quantitative approach. The study was conducted on a sample of 230 participants. an extended version of the UTAUT2 model was used which incorporated perceived risk and individual difference variables such as digital literacy and child mental health literacy. The context of child mental health adds emotional and cultural complexity that shaped how parents engaged with digital health tools.

One of the most consistent findings was the strong and statistically significant effect of behavioral intention on actual use behavior. This confirms behavioral intention as a reliable predictor in digital adoption, even in emotionally sensitive domains. However, forming that intention was not straightforward. Most traditional UTAUT2 predictors including performance expectancy, effort expectancy, hedonic motivation, and habit did not significantly influence intention. This challenges assumptions that these constructs alone are enough to explain adoption, particularly in contexts where emotional or psychological barriers are prominent.

Notably, Facilitating Conditions had a significant direct effect on actual use behavior, regardless of intention. This suggests that adoption depends as much on infrastructure like device compatibility, internet access, and app usability. In lower-income settings like Algeria, this underscores the need for digital health services to be not just appealing but also accessible and technically feasible.

Another key finding is the mediating role of Digital Literacy. It significantly mediated the relationships between both Effort Expectancy and Facilitating Conditions with Behavioral Intention and Use Behavior. This reveals that even when the service is easy to use or supported technically, users' confidence and familiarity with digital tools are what ultimately drive engagement. For parents less comfortable with digital platforms, lack of digital skills could be a stronger barrier than the app’s design or features.

The demographic profile of respondents who are mainly young, highly educated women suggested a group open to digital solutions. Yet the failure of most core predictors to influence behavioral intention points to other factors at play. It appears that emotional safety, perceived credibility, and social proof carry more weight than expected. This calls for a shift in promotional strategy: from highlighting service features to building trust, emotional reassurance, and visibility in community spaces like schools and clinics.

For developers and policymakers, this means digital health platforms such as My Child's Care must go beyond technical design. Effective adoption strategies should include awareness campaigns grounded in emotional reassurance, visible community engagement, and support systems that reinforce parents' trust in the service. Routine exposure through trusted institutions could help normalize use and reduce resistance, especially in contexts where mental health still carries stigma.

While the study offers valuable insights, it has some limitations. The sample included relatively few older parents, limiting the ability to generalize across age groups. Some conceptual overlap between constructs such as between hedonic motivation, habit, and price value was also noted, likely due to the novelty and seriousness of the subject matter. Most importantly, relying on the UTAUT2 model alone may not have captured the full emotional and cultural dimensions influencing parental decisions. Future research would benefit from integrating complementary models that account for emotional trust, perceived need, or social stigma, as well as including qualitative methods to uncover deeper motivations and concerns.

In sum, this study contributes to a more grounded understanding of the drivers and barriers of telemental health adoption among Algerian parents. It affirms that behavioral intention is a key predictor of use, but also shows that intention alone is not enough. Adoption depends on digital capability, enabling conditions, and the emotional context in which these decisions are made. Addressing only usability or awareness is not sufficient. A more holistic approach, one that balances technology with emotional and social factors is essential for promoting digital health adoption in culturally sensitive environments.

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Annexes

Annex -A-

The questionnaire in English

The questionnaire in English:

Presentation of the Questionnaire:

This survey is part of a market research study for My Child's Care, a new Algerian app dedicated to helping parents raise emotionally healthy children through expert guidance and AI-powered behavior analysis. The goal of this study is to understand parents' acceptance of telemental health services for children, such as My Child's Care app.

The app will be free to use, providing parents with expert-written articles, informative videos, and AI-driven parenting advice. Additionally, parents can ask specialists questions, follow experts for ongoing support, and access personalized guidance. For those in need of deeper assistance, paid e-consultations with child mental health professionals will be available. In urgent situations, instant expert support will ensure parents receive timely help when they need it most.

Filtering question:

Do you have children:

- Yes
- No

Note: If the respondent answers 'Yes', they will continue with the questions related to child mental health care literacy and digital literacy. If the answer is 'No', they will be directed to the UTAUT2 section.

Children's Mental Healthcare Literacy:

1. How familiar are you with children's mental health and emotional well-being?

Not familiar at all	Not very familiar	Neutral	Somewhat familiar	Very familiar
1	2	3	4	5

2. Do you believe mental health is as important as physical health for children?
   - Yes
   - No
3. If you faced a parenting challenge related to your child's mental health, where would you seek help first?
   - Family/Friends
   - Pediatrician
   - Psychologist
   - Online Resources
   - Parenting social media Groups
   - Other

4. How often do you seek advice on parenting or child behavior management?
   - Rarely

- Sometimes
- Often
- Always

Digital Literacy:

1. How comfortable are you with using mobile apps for parenting or healthcare-related services?

Very uncomfortable	Somewhat uncomfortable	Neutral	Somewhat comfortable	Very comfortable
1	2	3	4	5

2. Would you be open to using an app for parenting guidance and child behavior management?
   - Yes
   - No

Experience:

1. Have you ever consulted a child psychologist or parenting expert before when you faced some problems while parenting your child?
   - Yes
   - No
2. Are you familiar with telemental health care (remote mental health care services for children)?
   - Yes
   - No
3. Have you ever used an online platform for expert consultations or healthcare-related advice?
   - Yes
   - No

UTAUT 2 Model Questions:

The section utilizes a five-point Likert scale to assess the respondent's degree of agreement with the statement. The response options range from "Completely disagree" to "Strongly agree".

1. Performance Expectancy (PE):

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I believe the My Child's Care app will help me better understand and manage my child's behavior.					
I expect the app to provide diverse expert-backed parenting advice and solutions.					
I believe the app will save me time and effort in finding reliable parenting guidance.					

2. Effort Expectancy (EE):

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I believe learning how to use the My Child's Care app will be easy for me.					
I expect the app to provide clear and understandable guidance on child behavior.					
I believe I will be able to use the app proficiently without difficulty.					

3. Social Influence (SI) :

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
If other parents recommend the My Child's Care app, I would be more likely to use it.					
I believe parenting communities on social media will encourage me to use this app.					
If many parents use the app, I will be more likely to trust and try it.					

4. Facilitating Conditions (FC)

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

I have access to the technology required to use the app (e.g., a smartphone or tablet).					
I believe I have the necessary digital skills to use the app effectively.					
If I encounter any issues while using the app, I believe I will be able to get help easily.					

5. Hedonic Motivation (HM):

Item	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
I believe using the My Child's Care app will be an engaging and enjoyable experience.					
I expect that interacting with the app's AI analysis will be interesting and insightful.					
I think using the app for parenting guidance will feel convenient and stress-free.					

6. Price Value (PV):

Item	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
Using the My Child's Care app for parenting support is a cost-effective way to access expert advice.					
The app provides great value by offering free expert content, AI-driven parenting tips, and the option for paid e-consultations when needed.					
I find the ability to book paid e-consultations with child mental					

health experts beneficial and worth the cost.					

7. Habit (HT):

Item	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
I believe the My Child's Care app could become part of my parenting routine.					
I would prefer using this app over searching for parenting advice on social media or blogs.					
If the app is helpful, I would naturally turn to it when facing parenting challenges.					

8. Perceived Risk (PR):

Item	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
I am concerned about the privacy and security of my data when using the My Child's Care app.					
I worry that AI-based parenting advice might not always be accurate or applicable.					
I am unsure if the app will be reliable in analyzing my child's behavior.					

9. Behavioral Intention (BI):

Item	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
If available, I would be willing to try the My Child's Care app.					
I plan to use the app regularly if it meets my expectations.					

10. Use Behaviour (UB):

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
If the app proves helpful, I would recommend it to other parents.					
I would consider using the app if it offers free or low-cost parenting resources.					

Data sheet:

Age:

- Under 20
- 20 - 29 years old
- 30 - 39 years old
- 40 - 49 years old
- 50 years and above

Gender:

- Male
- Female

Education level:

- No formal education
- Primary school
- Secondary school
- High school diploma
- Associate degree
- Bachelor's degree
- Master's degree
- PhD

Average Monthly Income:

- Less than 30,000 DZD
- 30,000 - 50,000 DZD
- 50,000 - 80,000 DZD
- 80,000 - 120,000 DZD
- More than 120,000 DZD

Acknowledgment:

I extend my sincere thanks and appreciation to everyone who took the time to complete this questionnaire. Your valuable participation greatly contributes to enriching this study and enhancing our understanding of this topic. We truly appreciate your support and cooperation, and we hope that the results of this research will be beneficial to all. Thank you once again for your time and trust.

Annex -B-

The questionnaire in French

The questionnaire in french :

Présentation du questionnaire :

Cette enquête fait partie d'une étude de marché pour "My Child's Care"**,** une nouvelle application algérienne conçue pour aider les parents à élever leurs enfants de manière saine sur le plan émotionnel grâce à des conseils d'experts et à une analyse comportementale basée sur l'intelligence artificielle.

L'application est gratuite et propose des articles d'experts, des vidéos et des conseils parentaux basés sur l'IA. Les parents peuvent poser des questions aux spécialistes et les suivre pour un soutien continu. Pour une aide plus personnalisée, des consultations électroniques payantes avec des experts en santé mentale infantile sont disponibles. En cas d'urgence, les parents peuvent recevoir des conseils immédiats.

Vos réponses nous aideront à améliorer l'application pour mieux soutenir les parents. Merci de votre participation !

Question de filtrage :

Avez-vous des enfants ?

- Oui
- Non

Remarque : Si le répondant répond « Oui », il poursuivra avec les questions liées à la littératie en santé mentale infantile et à la littératie numérique. Si la réponse est « Non », il sera dirigé vers la section UTAUT2.

La santé mentale des enfants :

1. Quel est votre niveau de connaissance sur la santé mentale et émotionnelle des enfants ?

Pas du tout familier	Peu familier	Neutre	Plutôt familier	Très familier
1	2	3	4	5

2. Pensez-vous que la santé mentale est aussi importante que la santé physique pour les enfants ?

- Oui
- Non

3. Si vous faisiez face à un problème parental lié à la santé mentale de votre enfant, où chercheriez-vous de l'aide en premier ?

- Famille/Amis
- Pédiatre
- Psychologue
- Ressources en ligne
- Groupes de parents
- Autre (veuillez préciser)

4. À quelle fréquence cherchez-vous des conseils sur l'éducation ou la gestion du comportement des enfants ?
   - Rarement
   - Parfois
   - Souvent
   - Toujours

la littératie numérique:

1. Quel est votre niveau de confort avec l'utilisation d'applications mobiles pour des services parentaux ou de santé ?

Pas du tout à l'aise	Peu à l'aise	Neutre	Plutôt à l'aise	Très à l'aise
1	2	3	4	5

2. Seriez-vous prêt(e) à utiliser une application pour obtenir des conseils parentaux et gérer le comportement de votre enfant ?

   - Oui
   - Non

L'experience:

1. Avez-vous déjà consulté un psychologue pour enfants ou un expert parental en cas de difficultés éducatives ?
   - Oui
   - Non
2. Connaissez-vous les services de santé mentale à distance (Telemental Health) pour les enfants?
   - Oui
   - Non

1. Avez-vous déjà utilisé une plateforme en ligne pour des consultations d'experts ou des conseils en santé ?

    - Oui
    - Non

Les questions du modèle UTAUT 2:

Cette section utilise une échelle de Likert à cinq points pour évaluer le degré d'accord du répondant avec l'énoncé. Les options de réponse vont de « Pas du tout d'accord » à « Tout à fait d'accord ».

Attentes de performance :

Item	**Pas du tout d'accord**	**Pas d'accord**	**Neutre**	**D'accord**	**Tout à fait d'accord**
Je pense que l'application My Child's Care m'aidera à mieux comprendre et gérer le comportement de mon enfant.					
J'attends de l'application qu'elle fournisse des conseils parentaux variés et validés par des experts.					
Je pense que cette application me fera gagner du temps et des efforts pour trouver des conseils fiables sur l'éducation des enfants.					

Attentes d'effort :

Item	**Pas du tout d'accord**	**Pas d'accord**	**Neutre**	**D'accord**	**Tout à fait d'accord**
J'estime que l'apprentissage de l'utilisation de l'application My Child's Care sera facile pour moi.					
Je m'attends à ce que l'application fournisse des conseils clairs et					

compréhensibles sur le comportement des enfants.					
Je crois que je pourrai utiliser cette application facilement et sans difficulté.					

Influence sociale :

Item	**Pas du tout d'accord**	**Pas d'accord**	**Neutre**	**D'accord**	**Tout à fait d'accord**
Si d'autres parents recommandent l'application My Child's Care, je serais plus enclin(e) à l'utiliser.					
Je pense que les communautés parentales sur les réseaux sociaux m'encourageront à utiliser cette application.					
Si de nombreux parents utilisent cette application, je serai plus susceptible de l'essayer.					

Conditions facilitatrices :

Item	**Pas du tout d'accord**	**Pas d'accord**	**Neutre**	**D'accord**	**Tout à fait d'accord**
J'ai accès à la technologie nécessaire pour utiliser cette application (smartphone, tablette, etc.).					
Je pense avoir les compétences numériques nécessaires pour utiliser cette application efficacement.					
Si je rencontre des problèmes en utilisant l'application, je pense que je pourrai obtenir de l'aide facilement.					

Motivation hédonique :

Item	Pas du tout d'accord	Pas d'accord	Neutre	D'accord	Tout à fait d'accord
Je pense que l'utilisation de l'application My Child's Care sera une expérience engageante et agréable.					
J'attends que l'interaction avec l'analyse IA de l'application soit intéressante et enrichissante.					
J'estime que l'utilisation de cette application pour obtenir des conseils parentaux sera pratique et sans stress.					

Valeur perçue du prix:

Item	Pas du tout d'accord	Pas d'accord	Neutre	D'accord	Tout à fait d'accord
Utiliser l'application My Child's Care pour obtenir du soutien parental est une solution rentable pour accéder à des conseils d'experts.					
L'application offre une excellente valeur en fournissant du contenu gratuit d'experts, des conseils basés sur l'IA et la possibilité de consultations payantes si nécessaire.					
Je trouve que la possibilité de réserver des consultations électroniques avec des experts en santé mentale infantile est bénéfique et vaut son coût.					

Habitudes:

Item	Pas du tout d'accord	Pas d'accord	Neutre	D'accord	Tout à fait d'accord
Je pense que l'application My Child's Care pourrait devenir une partie intégrante de ma routine parentale.					
Je préférerais utiliser cette application plutôt que de chercher des conseils parentaux sur les réseaux sociaux ou les blogs.					
Si l'application est utile, je me tournerai naturellement vers elle lorsque je rencontrerai des défis parentaux.					

Risque perçu :

Item	Pas du tout d'accord	Pas d'accord	Neutre	D'accord	Tout à fait d'accord
Je suis préoccupé(e) par la confidentialité et la sécurité de mes données lors de l'utilisation de l'application My Child's Care.					
Je crains que les conseils parentaux basés sur l'IA ne soient pas toujours précis ou adaptés.					
Je ne suis pas sûr(e) que l'application sera fiable pour analyser le comportement de mon enfant.					

Intention comportementale :

Item	Pas du tout d'accord	Pas d'accord	Neutre	D'accord	Tout à fait d'accord
Si l'application est disponible, je serais prêt(e) à l'essayer.					

Je prévois d'utiliser l'application régulièrement si elle répond à mes attentes.					

le comportement d'utilisation:

Item	**Pas du tout d'accord**	**Pas d'accord**	**Neutre**	**D'accord**	**Tout à fait d'accord**
Si l'application s'avère utile, je la recommanderai à d'autres parents.					
Je serais prêt(e) à utiliser l'application si elle propose des ressources éducatives gratuites ou à faible coût.					

Fiche signalétique :

Âge :
• Moin de 20 and

• 20 - 29 ans
• 30 - 39 ans
• 40 - 49 ans
• 50 ans et plus

Sexe :
• Homme
• Femme

Niveau d'éducation :
• Aucun niveau d'instruction
• École primaire
• Collège / Enseignement secondaire
• Diplôme de fin d'études secondaires (baccalauréat)
• Diplôme de technicien (BTS, DUT, etc.)
• Licence
• Master
• Doctorat

Revenu mensuel moyen :
• Moins de 30 000 DZD
• 30 000 - 50 000 DZD
• 50 000 - 80 000 DZD

• 80 000 - 120 000 DZD
• Plus de 120 000 DZD

Remerciements :
Je tiens à exprimer ma sincère gratitude et mes remerciements à toutes les personnes qui ont pris le temps de remplir ce questionnaire. Votre précieuse participation contribue grandement à enrichir cette étude et à améliorer notre compréhension de ce sujet. Nous apprécions profondément votre soutien et votre coopération, et espérons que les résultats de cette recherche seront bénéfiques pour tous. Merci encore pour votre temps et votre confiance.

Annex -C-

The questionnaire in Arabic

الاستبيان باللغة العربية.

تقديم الاستبيان:

هذا الاستبيان هو جزء من دراسة بحث سوقية لتطبيقMy Child's Care ، وهو تطبيق جزائري جديد مخصص لمساعدة الآباء على تربية أطفال يتمتعون بصحة عاطفية جيدة من خلال الإرشاد الخبير وتحليل السلوك المعتمد على الذكاء الاصطناعي. هدف هذه الدراسة هو فهم مدى قبول الآباء لخدمات الصحة النفسية عن بعد للأطفال، مثل تطبيق My Child's Care.

سيكون التطبيق مجانيًا للاستخدام، ويوفر للآباء مقالات مكتوبة من قبل خبراء، وفيديوهات معلوماتية، ونصائح تربية معتمدة على الذكاء الاصطناعي. بالإضافة إلى ذلك، يمكن للآباء طرح الأسئلة على المتخصصين، متابعة الخبراء للحصول على دعم مستمر، والوصول إلى إرشادات شخصية. لمن يحتاجون إلى مساعدة أعمق، ستكون هناك استشارات إلكترونية مدفوعة مع متخصصين في الصحة النفسية للأطفال. وفي الحالات العاجلة، سيوفر التطبيق دعمًا فوريًا من الخبراء لضمان تلقي الآباء المساعدة في الوقت المناسب.

سؤال التصفية:

هل لديك أطفال؟

- نعم
- لا

ملاحظة :إذا أجاب المستجيب بـ"نعم"، فسيستمر في الأسئلة المتعلقة بمعرفة الصحة النفسية للأطفال والمهارات الرقمية. وإذا أجاب بـ"لا"، فسيتم توجيهه إلى قسم نموذج.UTAUT2

معرفة الصحة النفسية للأطفال:

1. ما مدى معرفتك بصحة الأطفال النفسية ورفاههم العاطفي؟

ملم جدًا	ملم إلى حد ما	محايد	غير ملم إلى حد ماً	غير ملم إطلاقًا
5	**4**	**3**	**2**	**1**

2. هل تعتقد أن الصحة النفسية مهمة مثل الصحة الجسدية للأطفال؟

- نعم
- لا

3. إذا واجهت تحديًا في تربية طفلك مرتبطًا بالصحة النفسية، أين ستبحث عن المساعدة أولاً؟

- الأسرة/الأصدقاء
- طبيب الأطفال
- طبيب نفسي
- الموارد عبر الإنترنت
- مجموعات الأبوة على وسائل التواصل الاجتماعي
- أخرى

4. كم مرة تطلب نصائح حول تربية الأطفال أو إدارة سلوك الطفل؟

- نادرًا
- أحيانًا
- غالبًا
- دائمًا

المهارات الرقمية:

1. ما مدى راحتك في استخدام تطبيقات الهواتف المحمولة المتعلقة بالتربية أو الخدمات الصحية؟

مرتاح جدًا	مرتاح إلى حد ما	محايد	غير مرتاح إلى حد ماً	غير مرتاح جدا
5	**4**	**3**	**2**	**1**

هل أنت مستعد لاستخدام تطبيق لإرشاد الأبوة وإدارة سلوك الطفل؟

- نعم
- لا

الخبرة:

1. هل سبق لك استشارة طبيب نفسي للأطفال أو خبير تربية عند مواجهتك مشاكل في تربية طفلك؟

- نعم
- لا

2. هل أنت ملم بمفهوم الصحة النفسية عن بعد (الخدمات النفسية للأطفال عن بُعد)؟

- نعم
- لا

3. هل سبق لك استخدام منصة إلكترونية للاستشارات مع الخبراء أو النصائح المتعلقة بالصحة؟

- نعم
- لا

نموذج UTAUT 2:

توقعات الأداء (Performance Expectancy - PE):

أوافق بشدة	أوافق	محايد	لا أوافق كثيرً	أعارض تمامًا	**البند**
					تطبيق "**رعاية طفلي** "سيساعدني في فهم سلوك طفلي وإدارته بشكل أفضل.
					أتوقع أن يوفر التطبيق نصائح تربوية متنوعة ودقيقة يدعمها خبراء.
					أعتقد أن التطبيق سيوفر لي الوقت والجهد في البحث عن إرشادات موثوقة حول تربية الأطفال.

توقعات الجهد (Effort Expectancy - EE):

أوافق بشدة	أوافق	محايد	لا أوافق كثيرً	أعارض تمامًا	**البند**
					أعتقد أن تعلم كيفية استخدام تطبيق "**رعاية طفلي** "سيكون سهلاً بالنسبة لي.
					أتوقع أن يقدم التطبيق إرشادات واضحة وسهلة الفهم حول تربية الأطفال وإدارة سلوكهم
					أعتقد أنني سأتمكن من استخدام التطبيق بكفاءة دون مواجهة صعوبات.

التأثير الاجتماعي (Social Influence - SI):

أوافق بشدة	أوافق	محايد	لا أوافق كثيرً	أعارض تمامًا	**البند**
					إذا أوصى لي آباء آخرون بتطبيق "**رعاية طفلي**"، سأكون أكثر ميلًا لاستخدامه.
					عتقد أن مجتمعات الآباء على وسائل التواصل الاجتماعي ستشجعني على استخدام هذا التطبيق.
					إذا استخدم عدد كبير من الآباء التطبيق، سأكون أكثر ميلًا لتجربته

توافر الموارد والتسهيلات (Facilitating Conditions - FC):

أوافق بشدة	أوافق	محايد	لا أوافق كثيرً	أعارض تمامًا	**البند**
					لديّ إمكانية الوصول إلى التكنولوجيا اللازمة لاستخدام التطبيق (مثل الهاتف الذكي أو الجهاز اللوحي).
					أعتقد أن لدي المهارات الرقمية الأساسية لاستخدام التطبيق بفعالية
					إذا واجهت أي مشكلات أثناء استخدام التطبيق، أعتقد أنني سأتمكن من الحصول على المساعدة بسهولة

الدافع الترفيهي (Hedonic Motivation - HM):

أوافق بشدة	أوافق	محايد	لا أوافق كثيرً	أعارض تمامًا	**البند**
					أعتقد أن استخدام تطبيق **رعاية طفلي** سيكون تجربة مفيدة وممتعة.
					أتوقع أن يكون التفاعل مع أدوات التحليل الذكي (AI)داخل التطبيق تجربة مثيرة ومفيدة.
					أعتقد أن التطبيق سيجعل الوصول إلى النصائح التربوية أكثر راحة وسهولة.

القيمة السعرية (Price Value - PV):

أوافق بشدة	أوافق	محايد	لا أوافق كثيرً	أعارض تمامًا	**البند**
					أرى أن استخدام تطبيق **"رعاية طفلي "** للحصول على دعم تربوي هو خيار فعال من حيث التكلفة.
					أرى أن استخدام تطبيق **"رعاية طفلي "** للحصول على دعم تربوي هو خيار فعال من حيث التكلفة.
					أعتقد أن إمكانية حجز استشارات إلكترونية مع خبراء الصحة النفسية للأطفال تستحق التكلفة.

العادات (Habit - HT):

أوافق بشدة	أوافق	محايد	لا أوافق كثيرً	أعارض تمامًا	**البند**

					أعتقد أن تطبيق **"رعاية طفلي"**يمكن أن يصبح جزءًا من روتيني التربوي اليومي.
					أفضل استخدام هذا التطبيق بدلاً من البحث عن نصائح الأبوة في مواقع التواصل الاجتماعي أو المدونات.
					إذا كان التطبيق مفيدًا، فسألجأ إليه تلقائيًا عند مواجهة تحديات تربوية.

المخاطر المدركة :(Perceived Risk - PR)

أوافق بشدة	أوافق	محايد	لا أوافق كثيرً	أعارض تمامًا	**البند**
					أشعر بالقلق بشأن خصوصية وأمان بياناتي عند استخدام تطبيق **"رعاية طفلي."**
					أخشى أن تكون النصائح التربوية المقدمة عبر الذكاء الاصطناعي غير دقيقة أو غير ملائمة لحالة طفلي.
					لست متأكدًا مما إذا كان التطبيق سيكون موثوقًا في تحليل سلوك طفلي وتقديم الحلول المناسبة.

النية السلوكية :(Behavioral Intention - BI)

أوافق بشدة	أوافق	محايد	لا أوافق كثيرً	أعارض تمامًا	**البند**
					إذا كان التطبيق متاحًا، سأكون مهتمًا بتجربته.
					أخطط لاستخدام التطبيق بانتظام إذا كان يلبي توقعاتي.

سلوك *الاستخدام*(*Use Behavior- UB)*

أوافق بشدة	أوافق	محايد	لا أوافق كثيرً	أعارض تمامًا	**البند**
					إذا ثبت أن التطبيق مفيد، فسأنصح به الآباء الآخرين.
					سأفكر في استخدام التطبيق إذا قدم موارد تربية مجانية أو منخفضة التكلفة.

: الشخصية البيانات

1. **العمر**
   - أقل من 20
   - 29-20
   - 39-30
   - 49-40
   - 50 فأكثر

2. **الجنس**
   - ذكر
   - أنثى

3. **المستوى التعليمي**
   - بدون تعليم رسمي
   - ابتدائي، ثانوي
   - دبلوم المدرسة الثانوية
   - دبلوم مساعد
   - بكالوريوس
   - ماجستير
   - دكتوراه

4. متوسط الدخل الشهري
   - أقل من 30,000 دينار
   - 50,000-30,000
   - 80,000-50,000
   - 120,000-80,000
   - أكثر من 120,000 دينار

الشكر:
أعرب عن خالص شكري وتقديري لكل من خصص وقتًا لإكمال هذا الاستبيان. إن مشاركتكم القيمة تسهم بشكل كبير في إثراء هذه الدراسة وتعزيز فهمنا لهذا الموضوع. نحن نقدر دعمكم وتعاونكم، ونأمل أن تكون نتائج هذا البحث مفيدة للجميع. شكرًا مرة أخرى على وقتكم وثقتكم.