

Available online at www.sciencedirect.com



Journal of Science and Medicine in Sport 13 (2010) 46-52

Journal of Science and Medicine in Sport

www.elsevier.com/locate/jsams

### Original paper

# Responsibility for children's physical activity: Parental, child, and teacher perspectives

Michele Cox <sup>a,\*</sup>, Grant Schofield <sup>a</sup>, Gregory S. Kolt <sup>a,b</sup>

<sup>a</sup> Centre for Physical Activity and Nutrition Research, Auckland University of Technology, New Zealand
 <sup>b</sup> School of Biomedical and Health Sciences, University of Western Sydney, Australia
 Received 16 June 2008; received in revised form 11 January 2009; accepted 19 February 2009

#### Abstract

Some large-scale child physical activity campaigns have focused on the concept of responsibility, however, there are no measures which establish a link between responsible behavior and physical activity levels. To provide the basis of information required for the development of relevant measurement tools, this study examined the meaning of personal, parental, and third party responsibility for children's physical activity. Eight focus groups, comprising children aged 11-12 yrs, their parents, and teachers from two upper primary schools in Auckland, New Zealand, were conducted. Children (four groups; n=32), their parents (two groups; n=13), and teachers (two groups; n=15) were separated by socio-economic status, and children also by gender. The transcripts from the focus group interviews were then analysed using thematic induction methodology. Across the groups, participants commonly identified a number of behaviors that they felt were indicative of personal, parental, and third party responsibility for children's physical activity. These behaviors formed natural groups with common themes (e.g., self-management, safety), which in most cases were not impacted on by socio-economic status or gender.

Responsibility was therefore found to be a concept that could be related to children's physical activity. It was suggested that these behaviors could be used as a starting point in understanding the relationship between responsibility and physical activity, and to assist with the development of measurement tools assessing the relationship between responsibility and levels of physical activity in the future. In turn, this may lead to the development of more targeted messages for large-scale physical activity campaigns.

© 2009 Sports Medicine Australia. Published by Elsevier Ltd. All rights reserved.

Keywords: Physical activity; Child; Parents; School teachers; New Zealand; Responsibility

#### 1. Introduction

As a consequence of the potential benefits of physical activity for children, <sup>1-3</sup> a number of population-based campaigns have been implemented with the purpose of increasing children's physical activity levels. By the nature of the wording of messages in many of these campaigns, <sup>4-6</sup> an underlying notion of personal responsibility is implied in changing physical activity behavior. The concept of personal responsibility has also been the predominant message in wider health promotion messages. <sup>7</sup>

Due to children's limited physical and cognitive capabilities, responsibility for children's health behaviors has historically been assumed by parents, especially mothers.<sup>8,9</sup> In relation to physical activity, parental responsibility could potentially be displayed through many of the identified correlates of physical activity such as modelling, instrumental/logistical support, direct help, and providing opportunities/equipment.<sup>10</sup> Parents have subsequently been targeted in campaigns to change the physical activity behaviors of their children (e.g., Australia's 'Get Moving', <sup>11</sup> New Zealand's 'Push Play', <sup>5</sup> and USA's 'VERB: It's What You Do'<sup>4</sup> campaigns).

There is also evidence suggesting that schools may be attributed responsibility for children's physical activity behaviors. Pesponsibility could be assumed in the school environment in a variety of ways (e.g., access to equipment/facilities, number of PE hours, time outdoors, trained/supportive staff) which have also been linked to improved physical activity behavior in children.

<sup>\*</sup> Corresponding author.

E-mail addresses: michelecox@xtra.co.nz, michele.cox@aut.ac.nz (M. Cox).

Regardless of who is being targeted to take responsibility for children's physical activity, it is not clear whether perceptions of responsibility are associated with healthier levels of physical activity and better health. 15 Few studies have investigated this relationship. If there is no association, predominant policy initiatives emphasising responsibility in physical activity may be unsuccessful. Given the scale of many physical activity campaigns and the growing cost of physical inactivity to society, it would be prudent to ensure that the most efficacious messages are provided to appropriate target markets. It is therefore crucial to establish whether there is a relationship between responsibility and physical activity, particularly with children for whom early patterns of physical activity may establish a lifetime habit.<sup>2,3</sup> At present, however, there are no existing measures to examine this relationship. Before such a measure can be developed, the meaning of responsibility in the context of children's physical activity needs to be clarified. A search of the literature identified only one study<sup>16</sup> that provided a definition of responsibility and this was in the context of wider childcare behaviors. This study therefore seeks to understand what responsibility in children's physical activity means to children, their parents, and teachers, as a first step to enable the development of appropriate measures in the future.

#### 2. Methods

This study was approved by the Auckland University of Technology Ethics Committee. A descriptive qualitative approach was adopted. Participants in the semi-structured focus groups were children (boys and girls aged 11–12 yrs), and their parents and teachers, from one high and one low decile intermediate school in Auckland, New Zealand. With decile being a proxy for socio-economic status, School One (Decile 1) represented the low socio-economic group, while School Two (Decile 10) represented the high.

Principals of the schools were contacted via a letter and follow-up phone call to explain the purpose and requirements of the study. Upon Principal's consent and consultation with them regarding potentially low response rates and bias resulting from initially proposed random selection methods, information packs (containing parental information sheets and consent forms, and child assent forms) were distributed to children selected by the Principal on the basis of: (a) a wide range of activity levels; (b) their parents being able to participate in the study; and (c) greater likelihood that they would contribute verbally to the study (that is, they were not shy). 100% children selected returned forms and were included in the study along with their parents, as were the teachers who filled in consent forms after reading information sheets provided to them through the Principal.

Four focus groups for children (separated by gender), two for parents, and two for teachers were conducted over two separate two-day periods in November/December 2005. Eight focus groups containing between 6–9 participants (60

in total) each were therefore carried out. An interview schedule, which was pilot tested with a group of five physical activity experts, was used to guide the topics pertaining to whether one could be responsible for children's physical activity (as a child, parent or teacher), and if so, how this manifested itself.

All focus group discussions were audio taped and then transcribed verbatim. Once they were read several times, a general inductive approach was employed to analyse the transcripts in order to identify common, significant, and dominant themes occurring in the raw data. Coding was undertaken manually and peer evaluation to check its appropriateness and completeness was carried out separately by two expert academics in the field of physical activity and sport. Based on percentage agreement of two randomly selected pages of coding, interrater reliability at 92% and 83% respectively, was deemed acceptable in both cases.

Results from the analysis were organised in such a way to enable the subsequent development of instruments measuring the relationship between various types of responsibility and children's physical activity levels. Participants' responses were consequently grouped in the first instance according to whether they related to individual, parental, or third party responsibility. In each of these three areas, dominant themes relating to the meaning of responsible behavior in physical activity were identified within child, parent, and teacher groups. The main objective was to then identify themes common across all groups that could be potentially used as items in responsibility measures.

#### 3. Results

In relation to **personal responsibility** for children's physical activity, children generally had a lot more to say than did adult participants, suggesting perhaps that children in this age group have a more developed concept of responsibility than adults perceive. This was reinforced by the variety and depth of behaviors and traits suggested by the children to indicate what constitutes responsible behavior in their own physical activity.

In terms of proposed characteristics for personal responsibility in physical activity, across all groups there was little distinction in the views held between males and females, and between those from the different decile schools. However, one theme came through strongly as an indicator of children's personal responsibility for their physical activity—self-directed behavior.

Other themes identified by adults only coincided with those of children when parents and teachers discussed personal responsibility in the context of their own physical activity, highlighting differences in adult's expectations of their own responsible behavior versus children's. Commonalities then included the use of active transport, giving sport and physical activity a go, not over-exercising, and eating well to enable physical activity. Adults also agreed that children

## Download English Version:

# https://daneshyari.com/en/article/2704831

Download Persian Version:

https://daneshyari.com/article/2704831

<u>Daneshyari.com</u>