



## Factors associated with provision of instrumental social support for physical activity in a foster parent population



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### ABSTRACT

**Purpose:** To examine demographic and psychosocial factors associated with foster parent's provision of instrumental social support for physical activity among foster youth.

**Method:** Ninety-one foster parents completed surveys to assess perceptions of foster child physical activity (activity level, enjoyment, and coordination), five psychosocial variables from Theory of Planned Behavior (positive and negative behavioral beliefs, normative beliefs, perceived behavioral control) and self-efficacy to provide instrumental social support for youth physical activity. Associations between these variables and instrumental social support were determined using multiple regression analysis.

**Results:** More supportive normative beliefs and higher self-efficacy for providing instrumental social support, and length of time a foster child resided in the foster parent household were significantly associated with greater provision of instrumental social support.

**Conclusion:** Among foster parents, the perceived social expectations about providing instrumental social support and self-efficacy to provide instrumental social support for physical activity appear to be important influences on foster parent provision of instrumental social support for youth physical activity.

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### 1. Introduction

Moderate-to-vigorous physical activity (PA) serves as a protective factor against obesity (Ortega et al., 2007) and guidelines recommend youth accumulate 60 minutes of physical activity each day for health benefits (Strong et al., 2005); yet the prevalence of sedentary and insufficient physical activity among youth continues to increase (Janssen et al., 2005; Pate et al., 2002; Sallis, 2000). Although correlates of youth PA are well documented (Heitzler, Martin, Duke, & Huhman, 2006; Hinkley, Crawford, Salmon, Okely, & Hesketh, 2008; Sallis, Prochaska, & Taylor, 2000; Sallis, Taylor, & Dowda, 2002), social support from parents and other adults are consistently shown to have a strong influence on the type and intensity of PA performed by youth (Beets, Cardinal, & Alderman, 2010; Biddle, Atkin, Cavill, & Foster, 2011; Dowda, Dishman, Pfeiffer, & Pate, 2007; Dowda et al., 2011; Heitzler et al., 2006; Loprinzi & Trost, 2010; Sallis et al., 2000).

A review of parental social support for youth PA (Beets et al., 2010) cited four dimensions of support behavior: *instrumental* (e.g.

transporting a child to places they can be active, enrolling and/or paying fees for structured and/or unstructured classes or activities), *conditional* (e.g. performing PA together and watching or supervising child activity), *motivational* (e.g. encouragement and praise), and *informational* (e.g. conveying the importance of PA and demonstrating/teaching PA specific skills). Collectively, these dimensions can be categorized as tangible support (i.e. explicit support behaviors that directly influence PA) and intangible support (i.e. verbal and nonverbal actions or cues that encourage or motivate PA behavior) (Beets et al., 2010). To improve the effectiveness of family-based PA interventions, it is therefore necessary to identify parent-level factors (i.e. parental PA orientations) that influence PA support behaviors (Dowda et al., 2011; Loprinzi, Cardinal, Loprinzi, & Lee, 2012; Loprinzi & Trost, 2010; Pfeiffer, Dowda, McIver, & Pate, 2009; Trost et al., 2003).

Parental PA orientations are antecedent influences on youth PA behavior and include parent characteristics (e.g. age and sex), psychosocial factors (e.g. beliefs and PA enjoyment), parental perceptions (e.g. child competence and PA importance), and parent PA behavior (i.e. modeling) (Dowda et al., 2011; Loprinzi & Trost, 2010; Loprinzi et al., 2012; Pfeiffer et al., 2009; Trost et al., 2003). Recent studies have used structural equation models to determine relationships between parental orientations and youth PA, demonstrating PA behavior is largely mediated by parental support (Dowda et al., 2011; Loprinzi & Trost, 2010; Trost et al., 2003). For example, Trost et al. (2003) identified

**Abbreviations:** PA, physical activity; ISS, instrumental social support; TPB, theory of planned behavior; PBC, perceived behavioral control.

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parental orientations including parent age, gender, activity level, PA enjoyment, and perceived PA importance accounted for 22% of the variance in parental support, which subsequently explained 17% of the variance in adolescent PA. Similar relationships between parental PA orientations and pre-school children's activity in the home have also been reported (Dowda et al., 2011; Loprinzi & Trost, 2010; Pfeiffer et al., 2009).

Although parental support is associated with youth PA, measures to assess support differ by support type and comparisons are difficult to interpret (Beets et al., 2010; Sleddens et al., 2012). It has been recommended that instruments be developed to measure specific dimensions of parental support instead of using a global assessment of the support construct (Beets et al., 2010). Whereas the provision of tangible and intangible support are both considered important influences on youth PA (Beets et al., 2010; Sallis et al., 2000, 2002), tangible support (e.g. providing transportation and paying activity fees) may have a more direct impact on youth PA due greater reliance on parents and other adults to provide opportunities to engage in structured and unstructured physical activities (Beets, Vogal, Forlaw, Pitetti, & Cardinal, 2006; Beets et al., 2010; Heitzler et al., 2006; Hofer, McKenzie, Sallis, Marshall, & Conway, 2001; Hohepa, Scragg, Schofield, Kolt, & Schaaf, 2007). Few studies however, have examined the extent to which adult caregivers (i.e. foster parents) promote or support PA among children living in foster care settings (Dominick, Freidman, Saunders, Hussey, & Watkins, 2012; Dominick, Saunders, Dowda, Kenison, & Evans, 2014; Dowda, Saunders, Hastings, Gay, & Evans, 2009; Evans et al., 2009; Gay, Dowda, Saunders, & Evans, 2011; Saunders et al., 2013).

In 2010, approximately 400,000 youth were placed into the United States foster care system, of which 18,000 children were placed into family foster care or residential group homes in North Carolina and South Carolina (Children's Defense Fund, 2013). Due to the sensitive nature of their past and present family environments, foster youth are more likely to be overweight or obese (Dowda et al., 2009), and are at greater risk for developing chronic disease, have worse social and health outcomes as those who are not placed in foster care (Dowda et al., 2009; Pecora, 2012; Taussig, Clyman, & Landsverk, 2001; Viner & Taylor, 2005; Zlotnick, Tam, & Soman, 2012). Foster youth represent a high-risk population that is underrepresented in the health promotion literature (Zlotnick et al., 2012).

Foster parents provide care to children removed from their parents or other adult caregiver due to abuse, neglect, or the family's inability to provide adequate care (Green & Ellis, 2008). To maximize health benefits from PA, foster parents must provide opportunities for foster youth to engage in positive health behaviors, including PA. The provision of instrumental social support (ISS) for PA may be particularly salient due to its direct influence on youth PA (Beets et al., 2006, 2010; Heitzler et al., 2006; Hohepa et al., 2007; Loprinzi et al., 2012). The decision to provide support for youth PA is largely based on a parent or caregiver's personal beliefs and/or experiences they have had with PA (Dowda et al., 2007; Loprinzi & Trost, 2010; Loprinzi et al., 2012; Trost et al., 2003) as well as their perceptions of a child's PA level, athletic competence or coordination, and a child's enjoyment of PA (Dowda et al., 2011; Loprinzi & Trost, 2010; Trost et al., 2003). However, no research to date has examined influences on different types of social support for PA within a foster family setting. The purpose of this study was to examine the demographic and psychosocial influences on foster parents' provision of ISS for youth PA.

### 1.1. Conceptual framework

This paper focuses on foster parent provision of ISS as a behavioral outcome and examines psychosocial and demographic factors associated with their providing ISS for foster children in their care. The Theory of Planned Behavior (TPB) reasons that behavioral intention and subsequent action is shaped by behavioral, normative, and control beliefs (Ajzen, 2011). In-turn, these beliefs form attitudes, subjective norms,

and perceived behavioral control. Control beliefs, however, do not reflect an individual's confidence that they can perform a behavior (self-efficacy). Given the importance of parental ISS for child PA, this study included constructs from TPB (Ajzen, 1991) and Self-Efficacy Theory (Bandura, 1977, 1986) to guide the examination of psychosocial influences on the provision of ISS for foster youth PA.

A conceptual framework (Fig. 1) was developed to depict potential associations between psychosocial variables and foster parents' provision of ISS for youth PA (Dominick, Saunders, & Kenison, 2012). The order of variables suggests their proposed association with ISS for youth PA. Constructs from TPB include positive and negative behavioral beliefs, normative beliefs, and perceived behavioral control (PBC), and have demonstrated utility in predicting intention to perform several health behaviors (Ajzen & Driver, 1992; Armitage & Conner, 2001; Courneya, Plotnikoff, Hotz, et al., 2000; Norman & Hoyle, 2004; Pawlak et al., 2008; Saunders, Motl, Dowda, Dishman, & Pate, 2004). Self-efficacy is often included in models that use TPB constructs due to its association with behavioral intention and health behavior (Conner & Armitage, 1998; Motl, Dishman, Saunders, Dowda, & Pate, 2007).

Specific to this study, behavioral beliefs represent foster parents' positive and negative outcome expectations about providing ISS for PA (e.g. costing too much, improving foster child's health, and help with weight loss). Normative beliefs reflect perceived expectations from significant others for providing ISS for PA (e.g. spouse, foster child's doctor, and foster child's friends). Perceived behavioral control refers to the degree of personal control a foster parent perceives for providing ISS for PA and may be an important influence. Self-efficacy for providing ISS for PA represents perceived confidence in the foster parent's ability to provide ISS (e.g. can afford to pay activity fees, schedule time to provide transportation, and can limit screen time).

Foster parent perception variables were also examined based on previous reported associations between parental support and child PA (Beets et al., 2006; Dowda et al., 2011; Loprinzi & Trost, 2010; Pfeiffer

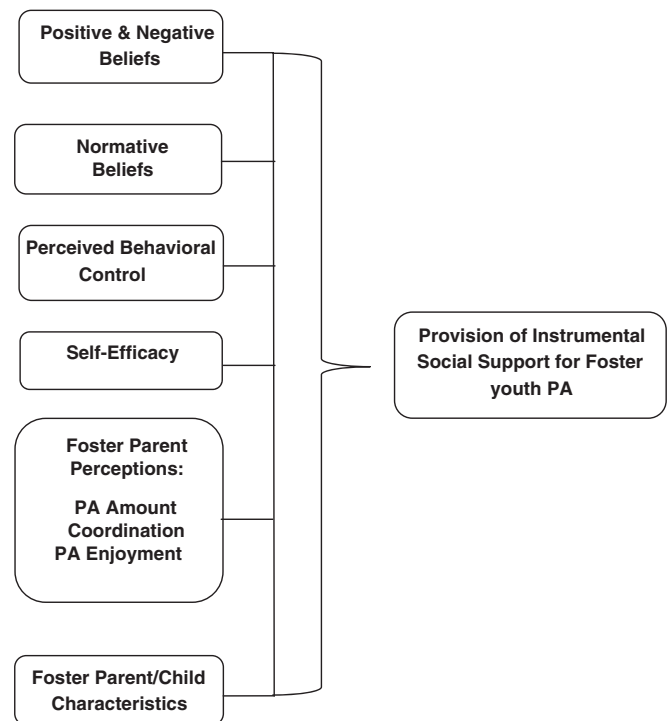


Fig. 1. Conceptual model for provision of instrumental social support for physical activity.\*. \*Adapted, by permission from Dominick et al. (2012), "Developing scales to assess parental instrumental social support and influence on provision of social support for physical activity in children," *Journal of Physical Activity and Health* 9 (5): 706–717.

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