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Physical activity of rurally residing children with a disability: A survey of parents and carers

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ABSTRACT

Background: Children residing in rural areas face unique barriers to physical activity participation. Further, while children with a disability who reside in metropolitan areas face barriers hindering physical activity, rurally residing children with a disability may face the augmented combination of these barriers that could have negative health implications. Parents are often the key advocates for children with disabilities and are likely to have valuable insight into the opportunities and barriers to physical activity for their child.

Objective: The aim of this study was to investigate parents' perceptions of physical activity opportunities for their child with a disability in a rural area.

Methods: A mixed method survey examining parent's perceptions of their child's physical activity and possible barriers to participation was mailed to rurally residing parents of children with a disability. Quantitative data were analyzed descriptively using frequencies and proportions. Qualitative data were analyzed using qualitative content analysis.

Results: There were 34 completed surveys, a response rate of 37%. Participants' responses indicated 74% of children were not meeting daily recommendations of physical activity. Participation barriers including emotional, physical and environmental issues. Three main themes emerged from qualitative data; segregation, access to facilities and resources and barriers specific to the child.

Conclusion: The children in this study were from rural areas and face similar barriers to children in metropolitan areas. However, they are also confronted with the same barriers children without a disability in rural areas face, participating in physical activity. This may have detrimental effects on their health and development.

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Introduction

Facilitating participation in physical activity for children is critical for most aspects of healthy development including; cardiovascular fitness, development of motor skills, improving mental health, development of cognitive skills, academic achievement, musculoskeletal development and self-confidence.¹ Australian Physical Activity Guidelines for children and young people recommend children aged 5–17 years should engage in a minimum of 60 min of moderate-to-vigorous physical activity daily.^{1,2}

People residing in rural communities face barriers to physical

activity participation including; the financial cost and time associated with travelling vast distances^{3–6} and a lack of access to facilities such as public transport, footpaths, parks, gyms and sporting facilities.^{3–5,7,8} Additionally, many rural environments are subject to temperature extremes, which may further limit participation in physical activity.^{3,9} There may be also be cultural issues hindering physical activity participation in rural areas.¹⁰ While some aspects of residing rurally may facilitate physical activity, such as opportunities to participate in physical activity in natural settings.¹¹ Rural Australian communities remain more sedentary compared to their metropolitan counterparts and the gap in health outcomes associated with inactivity is widening.¹² As a result, the risks of rurally residing children developing health issues associated with inactivity may be increased.

Children with disabilities tend not to be as active as their

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similarly aged peers.^{13–17} These children face a number of barriers that hinder participation in physical activity including negative attitudes from other people, a lack of knowledge about the child's abilities¹⁸ and inadequate access to facilities or supportive programs.¹⁹ Parents and carers may lack the knowledge, time or skills to facilitate physical activity for their children.^{18,20} A lack of physical activity may have detrimental effects on the child's development and functional capacity.²¹

It is unknown whether children with disabilities who live in rural areas participate in sufficient physical activity and if the barriers to participation they face are similar to metropolitan based families. Improved understanding of these barriers could enable service providers to implement strategies to facilitate participation. The aim of this project was to investigate parent's perceptions of physical activity undertaken by children with disabilities residing in rural New South Wales.

Method

Study design and ethics approval

This pilot study was a mixed method, cross-sectional design using a written survey. The study was approved by The University of Newcastle Human Research Ethics Committee (Approval Number: H-201400102).

Survey instrument

No suitable validated tool with which to examine the perceptions of physical activity of their child with a disability by their parent's or carer's could be found in the literature. Therefore, a survey was purpose designed by two expert allied health clinicians and the mother of a child with a disability. The survey contained a total of 19 items and included open and closed questions in three sections: Section 1 contained seven questions asking for demographic data about the participant and their family. Section 2 included seven questions asking about the child's disability and associated health issues. Section 3 consisted of five questions asking participants about their child's participation in physical activity. Due to the anticipated wide range of physical activity capabilities of the children within this study, instructions for participants in the survey indicated that physical activity was defined as any movement of the body that results in energy being used.

Participants

Participants were parents and carers of who identified as caring for a school-aged child with a disability and who resided in a rural area of NSW Australia. Rurality was defined by the Australian Standard Geographical Classification- Remoteness Area (ASGC-RA).²² Participants needed to reside in ASGC areas RA2 (inner regional) to RA5 (very remote). Recruitment of participants was conducted using the client database of a local disability service and a local private pediatric allied health service. Parents needed to be at least 18 years of age and caring for a child with a disability between the ages of 5 and 18 years of age. Participants also needed to be able to complete the survey in English.

Data collection

Potential participants were identified by staff from the local private allied health service who were not part of the research team and handed a recruitment package an information form, a copy of the survey and a reply paid envelope. Alternatively, potential

participants were mailed a recruitment package with the newsletter of the disability support service. If these participants did not wish to participate they could simply not return the survey. The return of the completed survey was taken to constitute informed consent. Each family was sent only one survey. However, participants were able to request additional survey if they wanted to complete it for more than one child with a disability.

Data analysis

Quantitative descriptive data were collated using a Microsoft excel spreadsheet and analyzed descriptively using frequencies and proportions. Qualitative data were thematically analyzed using qualitative content analysis.²³ Each statement from the extended responses was read initially in-situ to gain a sense of the whole meaning. Responses were then extrapolated for further reflection and analysis to an Excel Spreadsheet verbatim, other than removing any possibly identifying information such as the names of towns or clinicians. These statements were then assigned categories which were further reflected on and eventually through analysis were formulated into themes. Data were searched for statements that might contradict the emerging analysis. The analysis was discussed with all members of the research team so that different perspectives could be considered and personal bias or preconceptions reflected on during analysis.

Results

Quantitative survey

There were 34 completed surveys returned from 95 families who met the study criteria, a response rate of 37%. Completed surveys were returned from inner regional (38%), outer regional (59%) and remote (3%) areas of NSW. The majority of the respondents were female (88%) with a mean age of 44 years ($SD \pm 7.72$, range, 28–67 years). No respondents requested a second survey to complete regarding a second child with a disability that they cared for. Respondent demographics are displayed in Table 1.

Children described in the surveys had a mean age of 11 years

Table 1
Participant demographics (n = 34).

Characteristic	n (%)
<i>Relationship to child</i>	
Mother	29 (85)
Father	2 (6)
Carer	3 (9)
<i>Gender</i>	
Female	30 (88)
Male	4 (12)
<i>Yearly household income (\$AUD)</i>	
0–18200	8 (24)
18201–37000	11 (32)
37001–80000	9 (26)
80001–180000	5 (15)
>180001	1 (3)
<i>Relationship status</i>	
Single	7 (21)
De-facto	5 (15)
Married	17 (50)
Divorced	1 (3)
Separated	4 (12)
Widowed	0 (0)
<i>Population of residential town</i>	
200–800	6 (18)
800–3000	2 (6)
3000–25000	15 (44)
25000–30000	2 (6)
30000–130000	9 (26)

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