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Social Support for Physical Activity Received by Youth at the Age of 14–18 from Their Parents, Peers and PE Teachers

Abstract

In the face of maintaining a high level of morbidity of civilization diseases, the etiology of which is to a large degree connected with scarcity of physical activity (obesity, coronary heart disease, type II diabetes mellitus etc.), an education dealing with participation in physical culture has become an important social task. In order to be efficient the process should be aimed at developing psychological and behavioural determinants of physical activity but also building social relationships enhancing an active life style. One of the mechanisms through which social environment may influence physical activity of children and youth is social support. The paper presents the results of the study of four kinds of social support for physical activity (instrumental, informational, emotional and evaluational) received by pupils at the age of 14 to 18 from their parents, peers and physical education teachers. The results suggest that the most often received form of support is emotional one (especially from parents and peers) and the least frequent – instrumental support, which is a more direct form of support than the above mentioned one. Moreover, the frequency with which respondents receive social support for their physical activity significantly differentiates particular categories of significant others, with the most rare support from physical education (PE) teachers. Also an interesting phenomenon was observed of parents'decreasing social support for physical activity of girls as they are growing up.

Key words: *social support, physical activity*

Introduction

For many ages physical activity was an inseparable element of human striving for survival. It was such a natural and necessary part of life that it left a stamp on the morphological and functional aspects of a human being. Meanwhile, contemporary civilization brings about a situation in which the mechanisms formed in the long process of evolution very often turn against us. For example, accumulating excess of energy derived from food in the form of fat tissue was very important for survival in the past, when periods of excess of food were very rare for most people, but nowadays – when there is plenty of food, the same mechanism underlies an epidemic of obesity found in modern societies. The same class of examples of our evolutionary heritage failure to adept to new conditions of life includes dependence of the proper functioning of the whole body on engagement of the human motor system, which has undergone drastic limitation during the last few decades due to the processes of mechanization and automation of many activities connected with production of material goods, locomotion, gaining and preparing of food etc. As a consequence of sucha situation diseases – so-called civilization diseases or diseases spread of the 20th century –(for example coronary heart disease, stroke, type II diabetes mellitus etc.), the etiology of which is strictly connected with an improper diet and too low – from the point of view of physiological needs of a human organism – level of physical activity (the state known as hypokinesia).

The most obvious solution to health problems caused by hypokinesia is to replace physical activity extorted by conditions of life by physical activity which is consciously intended. Such a change is one of the most important aims of public health. Transition between both forms of physical activity is not an easy task, however, taking into consideration that as a philosopher A. Awdiejew (2003) claims "a human being ulike to animals unfortunately has consciousness which guides his behaviour so that he avoids effort by all means, because he associates a lack of effort with blissfulness" (p. 64). Changing this "consciousness" is the essence of the process of physical culture education. Its efficacy depends on many factors, some of which are strictly related to influences from a social environment. As R.K. Dishman, R.A. Washburn and G.W. Heath (2004) claim "Relationships and interactions with others can have a strong impact on behaviour. They can create or resolve barriers to physical activity (..) Through words and deeds, family and friends can help or hinder efforts to be physically active" (p. 403). One of the mechanisms by means of which social environment reinforces tendencies of an individual to undertake particular behaviours, is social support. Introduced to social sciences in the 70s, it meant "help accessible by an individual for difficult, stressful situa-

tions" (I. Sarazin, quoted after: Jaworowska-Obłój, Skuza 1986, p. 733), contemporarily it is defined in a much broader sense as all kinds of influences leading to reinforcing given behaviour of an individual, mainly through expressing an approval of this behaviour by social environment (Gracz 1993), and in relation to physical activity it "usually refers to a favourable attitude on part of significant others (…) toward an individual's exercise program (…) Effective social support may thus include stimulus cueing and reduction of punishing consequences as well as provision of social reinforcement" (Knapp 1988, p. 212) (on importance of social support for engagement in physical activity and other health-related behaviours see also: Anderssen, Wold 1992, Hovell et al. 1992, Carron, Hausenblas and Mack 1996, Ostrowska 1999, Levy 2000, Weiss 2000, McElroy 2002, Marcus and Forsyth 2003, Dishman, Washburn and Heath 2004).

Social support for physical activity can have a different character. Usually its four main kinds are considered:

1) instrumental support – the most tangible form of social support. It means for example providing children with sports equipment, buying them tickets to swimming pools, health and sports clubs, giving them a lift to places when they can exercise, rendering gym out-of-obligatory PE lessons, etc.;
2) emotional support – significant others' approval of voluntary undertaking physical activity by children, encouraging them to do this, keeping up their spirits in critical moments;
3) informational support – informing children why, how, when and where to undertake different forms of physical activity (do exercises, practice sports, go for walks, etc.); it could be both objective knowledge about the health effects of physical activity and sharing subjective experience about a significant other's own physical activity;
4) evaluational support – giving children feedback about progress in learning motor skills, gaining physical fitness, positive changes in body shape, frequency of expected behaviour etc.

The question of social support for physical activity was rather rarely taken up in Polish literature, except for issues related to organized sport, which were presented in a book titled *Wsparcie społeczne w działalności sportowej. Materiały Ogólnopolskiej Konferencji Naukowej Dymaczewo k/Poznania 23–25.05.1991* (Poznań 1993) and some aspects referring to the construct described here in research on physical recreation of young people. The aim of the research done by the author of this paper was to make a diagnosis of social support for physical activity received by youth from their parents, peers and physical education teachers. Each of these groups of significant others plays important role in both physical activity itself and shaping attitudes toward physical activity, valuing this kind of behaviour etc.

Material and method

The research was made in the second quarter of 2004 by means of the method of diagnostic sounding on 178 pupils aged 14-18 (*M* 16.11, *SD* 1.42) from one of the secondary schools in Chorzów. The respondents filled in an anonymous "Scale of social support for physical activity of youth" worked out by the author and divided into four subscales of aforementioned forms of social support (instrumental, informational, emotional and evaluational). The scale consists of 17 statements evaluated on Likert's scale from 1 ("never") to 6 ("very often"), while, in order to avoid mistakes resulting from differences in understanding of particular ratings of frequency of receiving support, each of them was supplied with a short commentary on what is meant by "rarely", "often" etc. Within most statements there were three variants of Likert's scale (for parents, peers and physical education teachers), unless the specific nature of the support given in a particular statement excluded a possibility of providing it with some of the category of significant others (it concerned three statements of subscale of instrumental support where teachers were excluded). Reliability of the scale was assessed by means of an analysis of internal consistency using Cronbach's α equation. It was accepted after A. Sokołowski and A. Sagan (1999) that an instrument is reliable if α is higher than 0.6. As it can be seen in Table 1 each subscale met this criterion.

Results and discussion

The first step in the analysis of the obtained material was the calculation of the means of each subscale of social support and comparing them within each of the three categories of significant others with the use of the analysis of variance (ANOVA). Since it turned out that there were differences in frequency of receiving particular kinds of social support within each category of significant others, a post hoc analysis was conducted (comparing of each pair of the means by Tukey test) in order to precisely locate the differences. For each form of social support the significance of differences between particular categories of significant others was also calculated. The data on this subject are shown in Table 2 – differences between frequency of receiving particular kinds of social support from parents, peers and PE teachers are portrayed in the form of so-called homogenous groups. The differences in frequency of receiving particular kinds of social support which are located in one homogenous group are statistically insignificant. In relation to social support from parents the support most frequently received from them is emotional, especially in the scope of expressing satisfaction, content and approval of the fact

that their child participates in physical activity. The respondents declared that they experienced these manifestations of emotional support fairly often, once a month on average (the mean of the position of the scale was 4.028, SD 1.735). However, other manifestations of emotional support from parents were received only a few times a year on average. Emotional support, along with evaluational support (the difference between these two kinds of support was not significant), turned out to be also the most frequently received from one peers. In supporting behaviours of the PE teachers the respondents pointed at the evaluational support most frequently, and the instrumental support most rarely. However, it should be noted that even in the case of the former, the frequency of receiving it was sporadic – an average respondent heard positive comments on his appearance, progress in learning or conditioning etc. not more than a few times in a year.

During the analysis of the obtained data a question arose if the frequency of received social support depends on gender or age of the respondents. It turned out, however, that neither factor is in itself differentiating the frequency of receiving social support within all three categories of significant others. However, interesting data were obtained from the analysis of the interaction age x gender x (parents, peers, PE teachers), which in the case of parents showed an interesting dependence (in all four forms of social support differences were statistically significant: informational $p=0.0091$, instrumental $p=0.0035$, emotional $p=0.0191$, evaluational $p=0.0045$) – while growing up girls receive less and less support from them. An example of the interaction is shown on Chart 1. For peers and PE teachers interactions were statistically insignificant.

Summary and conclusions

The general reflection that comes to mind in relation to the study is that the respondents sporadically receive social support for their own physical activity, although within the limits of particular kinds of support some differences are observable. First of all it appears that most frequently the respondents receive emotional support, and less frequently more "direct" instrumental support. The "weakest" source of social support for physical activity turned out to be teachers, which could be considered as having a negative pedagogical overtone. It might be argued that teachers do not provide the respondents with instrumental support because their possibilities in this area are limited out of PE class, but in relation to remaining forms of social support rarity of receiving them, both in comparison to peers or parents and in absolute measures, those results may reveal the shortcomings of pedagogical skills of the teachers, supporting some disturbing reports by

other authors (cf. for example Sulisz 1997). For example, considering the fact that if the essence of informational support is to provide a person with information about physical activity, its effects, possibilities and ways of behaving, ways of maintaining motivation etc., the respondents could be expected to declare that this is teachers who they receive this kind of support from most frequently. But our study disclosed a quite different, rather gloomy picture, PE teachers turned out to be the kind of significant others, who provided the respondents with the aforementioned kind of social support the most seldom, while their peers the most frequently although they are not in a position to provide reliability and completeness of knowledge necessary to participate in a lifetime physical activity. Naturally, for the relatively small number of respondents, generalization of the obtained results on considerable part of the community of PE teachers is not advisable. None the less, our study allows us to state that within the community there are some individuals who may properly plan, organize and conduct PE lessons, but at the same time their conduct is marked with scarcity of behaviours which, according to the current state of knowledge, is conducive to shaping of psychological determinants of leisure-time physical activity. It means that in teacher's education there is a need for paying special attention to developing competence which allows to go beyond the realization of short-term performance goals, and concentrate on work on long-term prospective goals, like shaping cognitive and emotional dispositions toward physical activity.

The traditionally important role in the process of education to active life is attributed to parents, without whom it is hardly possible for other education institutions to realize their educational goals (Łobożewicz, Wolańska 1994). "Parents – as M. McElroy (2002) claims – play an important role in encouraging children to be physically active as they help children interpret experience and influence their self-perceptions, expectancies, and value of speicific acctivities" (p. 97). As our study showed, parents fulfil their supporting functions first of all in an indirect way. Some intriguing result of the study is an observation that the frequency of parental support (in its all four forms) for girl's physical activity declines as the latter are growing up, which, in turn, corresponds with the well known fact that adolescent girls tend to become sedentary at an earlier age and to greater extent than boys. Therefore making parents aware of the potential role of their support for their children's (especially daughter's) physical activity should be an important dimension of the process known as "pedagogization of parents" (Marczewska, Wolańska 1988).

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Chart 1. An example of the interactions age x gender: informational support from parents

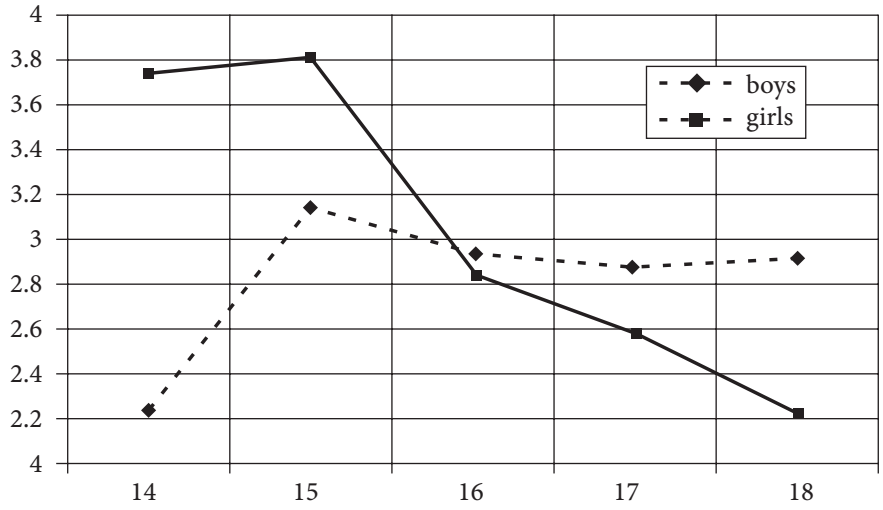

Table 1. Alpha coefficients for each subscale

	Parents	Peers	Teachers
Instrumental support	0.78	0.70	0.65
Emotional support	0.78	0.82	0.86
Informational support	0.81	0.82	0.84
Evaluational support	0.86	0.85	0.85

Table 2. Means, standard deviations and differences between frequency of receiving of particular kinds of social support from parents, peers and PE teachers.

Legend: INST –instrumental support, EMOT – emotional support, INFO – informational support, EVAL – evaluational support.

Forms of support	**Parents**		**Peers**		**Teachers**		
	M	**SD**	**M**	**SD**	**M**	**SD**	
INST	2.856	1.202	2.993	1.050	2.107	1.258	
EMOT	3.507	1.343	3.316	1.420	2.836	1.512	
INFO	3.003	1.358	3.308	1.314	2.923	1.452	
EVAL	3.026	1.562	2.974	1.506	2.376	1.406	
ANOVA Homogenous groups (Tukey test)*	$F(3, 175) = 28.17$ $p = 0.0000$		$F(3, 175) = 9.02$ $p = 0.0000$		$F(3, 175) = 30.42$ $p = 0.0000$		
	I	**II**	**I**	**II**	**I**	**II**	**II**
	INST INFO EVAL	EMOT	INST EVAL	EMOT INFO	INST	EMOT INFO	EVAL

* between forms of social support which are located in the same homogenous group differences are statistically insignificant