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Physical activity readiness and psychosocial determinants of participation in physical activity among school children

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Abstract
The purpose of this research was to compare the gender wise differences in physical activity readiness, family and friends support for physical activity and self-confidence for physical activity among school children. For this descriptive comparative survey method was used. Total of 96 students (49 boys and 47 girls) from secondary schools in Pune city were selected as sample. Physical activity readiness was determined using stages of transtheoretical model, Family and friends support for physical activity was measured using modified version of Social support for Exercise Scale by Kaczynski (2007). Similarly Self Confidence for physical activity was measured using modified version of Self-Efficacy for Exercise Behaviours Scale by Kaczynski (2007). Result shows that majority of the students are at preparation stage and some at action stage who needs to progress to maintenance stage as soon as possible. The support students are getting is of average level and their self-confidence is just above average. On comparing the scores gender wise there is significant difference in family support and friends support for participation in physical activity but self-confidence shows no significant difference at 0.05 level of significance.

Keywords: Physical activity, family support, self confidence

1. Introduction
Physical activity and physical fitness has been linked with longevity since ancient times. It has been an area of interest of several researchers as physical activity is influenced by varied factors in coexistence. Concern has been expressed about levels of physical activity of young people even though they are the most active group. Reviews of physical activity participation studies conducted across the world have concluded that at least fifty percent children and adolescent are insufficiently active for health with girls less active than boys. These findings, as well as a steep decline across the adolescent period, are robust and appear to hold across the world despite measurement & methodological differences (Biddle, & Mutrie 2008) [5]. Inactivity is one of the ten leading global causes of death and disability (WHO 2003) [23]. Physical activity in children results in increased self-esteem and perceived physical competence which enables children to cope with mental stress. Regular physical activity improves children's mental health & their academic performance (Demarco & Sidney, 1990) [6]. ACSM in 1988 made eight specific recommendations about physical activity and health for children and youth. These recommendations include development of appropriate school physical education programs that emphasize lifetime exercise habits [2].
Physical activity forms the core of any major physical education programs at school levels. Regular physical activity participation and the attitudes toward it can only be developed in the school years. As children mature into adults many developmental changes take place. Importance of roles of family members fall down (Schickedanz *et al.* 1998) [22] while the peers become important leading to change in thinking patterns (Adams and Gullotta 1989) [1], mental makeup. Social support, influence from the peers in this phase, serve as a basis for establishment of some lifelong behavior patterns or habits carried through the adulthood. One such behavior pattern or habit is maintaining a physically active lifestyle.
People attempting self-change seem to move through 'stages of change'. This approach forms the base of transtheoretical model. The term Transtheoretical model describes the wider framework that encompasses both the 'when' and the 'how' of behavior change, including the

processes of change and moderators of change such as decisional balance and self-efficacy. This model when applied to physical activity studies, identifies five stages of change (Prochaska, & Velicer, 1997) [18], pre-contemplation includes people who are not currently physically active and have no intention of doing so in future (Prochaska, & Marcus, 1994) [17]. Those in the contemplation stage include those not currently physically active but who have an intention to start in the near future. The individuals in the preparation stage are currently exercising some, but not regularly. The action stage represents people who are currently active but have recently started. This is an unstable stage during which individuals are at high risk of relapse. Finally the maintenance stage includes those who are currently physically active and have been for some time, usually at least six months.

Many studies have shown that people who are physically active during adolescence will go on to become physically active adults and exhibit a healthy and active lifestyle. (Dishman, 1988) [7]. Adolescents who had more experience with physical activity and sports prior to age fifteen had a higher psychological readiness for physical activity at thirty years of age. Recent research establishes relationship of physical activity and health and fitness benefits. (Biddle 1995) [4]. The onset of physical inactivity and increased sedentary lifestyle during adolescence continue into the adulthood, posing a major challenge to the Physical Educationists & health professionals.

There are lots of factors that are believed to influence physical activity. Numbers of consistent correlates that have been identified are classified as: personal, behavioral, social & cultural & environmental factors. Biddle states that despite knowing benefits of physical activity, only a minority of people in industrialized countries are sufficiently active. This necessitates a greater understanding of the correlates of involvement in physical activity. Social support is strong correlate of physical activity. Individuals who engage in regular exercise report more support for activity from people in their home and work environments [10-14]. Exercise starters are more likely to perceive their families as being supportive of their desire to maintain good health [9]. It should also be recognized that the relationship between physical activity and social support is a dynamic process in which sources of social support may change over time and through the phases of adoption and maintenance of this health behaviour [16]. Research also suggests that there may be gender differences in the effect of social influence on physical activity [13]. Among the psychological correlates of exercise that have been examined, exercise self-efficacy is the strongest and most consistent predictor of exercise behaviour. Self-efficacy predicts both exercise intention and several forms of exercise behaviour [10, 11]. Self-efficacy is an individual's belief in his/her capability of executing the courses of action necessary to satisfy situational demands. It is theorized to influence the activities that individuals choose to approach, the effort expended on such activities, and the degree of persistence demonstrated in the face of failure or aversive stimuli [3]. Exercise self-efficacy is the degree of confidence an individual has in his/her ability to be physically active under a number of specific/different circumstances, or in other words, efficacy to overcome barriers to exercise [8]. Self-efficacy is thought to be particularly important in the early stages of exercise [15]. In the early stage of an exercise program, exercise frequency is related to one's general beliefs regarding physical abilities and one's confidence that continuing to exercise in the face of barriers will pay off. Individuals with greater self-efficacy are more likely to adhere to exercise programs with sufficient regularity to reach a point where the behaviour has become, to a certain extent, habitual.

Understanding and regularly assessing the different correlates is essential to reinforce the adoption of a healthy & physically active lifestyle. Hence the purpose of this study is to compare the gender wise differences in physical activity readiness, family and friends support for physical activity and self confidence for physical activity among school children.

2. Materials and Methods

Method: A descriptive comparative survey was conducted to study the gender wise differences in physical activity readiness and psychosocial determinants of participation in physical activity among school children from Pune city.

Participants: Total 96 students (49 boys and 47 girls) from secondary schools in Pune city were selected as sample.

Instruments: Physical activity readiness was determined using stages of transtheoretical model, Family and friends support for physical activity was measured using modified version of Social support for Exercise Scale. The original scale was developed by Sallis *et al*. (1987) [19] which was modified by Kaczynski (2007) [12]. 12 items were rated on a scale ranging from "Never" (1) to "Very often" (7). Score ranged between 12 to 84 where higher score means more support for physical activity. Similarly Self Confidence for physical activity was measured using modified version of Self-Efficacy for Exercise Behaviours Scale. The original scale was developed by Sallis *et al*. (1987) [19] which was modified by Kaczynski (2007) [12]. 11 items were rated on a scale ranging from "not at all confident" (1) to "very confident" (7). Score ranged between 11 to 77 where higher score means higher self-confidence for physical activity.

3. Results and Discussion

Classification of students based on their Physical activity readiness stage

Table 1: Physical Activity Readiness Stage

Gender	Stage				
	Pre-contemplation	**Contemplation**	**Preparation**	**Action**	**Maintenance**
Boys	--	1	27	2	19
Girls	--	4	31	2	10

From table no. 1 it is observed that some are already regularly active as they are at maintenance stage. But the concern is majority of the students are at preparation stage and some at action stage who needs to progress to maintenance stage as soon as possible.

Table 2: Analysis of family and friends support for participation in physical activity and self-confidence for physical activity

Variable	Gender	Mean	S.D.	S.E.M.	t	df	Sig. (2-tailed)
Family Support	Boys	47.47	14.529	2.076	2.042	94	.044
	Girls	53.23	13.054	1.904			
Friends Support	Boys	50.98	14.127	2.018	-2.763	94	.007
	Girls	43.51	12.247	1.786			
Self-Confidence	Boys	50.88	10.491	1.499	-1.729	94	.087
	Girls	47.26	10.021	1.462			

Table no. 2 shows the statistics for family and friends support for participation in physical activity and self-confidence for physical activity. It can be said that the support students are getting is of average level. And their self-confidence is just above average. On comparing the scores gender wise there is significant difference in family support and friends support for participation in physical activity but self-confidence shows no significant difference at 0.05 level of significance.

Prochaska and Marcus (1994) [17] define the stages as being somewhere between traits and states, meaning stages can be both stable and dynamic in nature: "Although stages may last for considerable periods of time, they are open to change. This is the nature of most risk behaviors--stable over time yet open to change". Many studies have found a significant association between physical activity and social support from family, friends, and program staff in supervised settings (Sallis & Owen, 1999) [21]. Social support is considered an interpersonal variable that can influence behavior directly or indirectly. Direct support relates to situations such as exercising together or doing home tasks (like taking care of children, cleaning the house for the spouse to exercise). Indirect support can be just talking or encouraging a friend or family member to be more active (Sallis *et al*., 1987) [19]. A two-year population study including men and women (Sallis *et al*., 1992) [20] demonstrated that both friend and family support were associated with increased physical activity.

In the present study it is found that most students are at preparation stage if they get more support either from family or from friends they will be able to progress to action and then to maintenance stage and if they are get active at the adolescence stage than chances of being active adults are very high. In the present study boys are getting more support from friends and girls from family. Along with this school physical education program should take efforts in improving their self-confidence by providing them positive experiences so that they start being active for life.

4. Conclusions

For physical activity participation boys get more friends support and girls get more family support. But this support needs to be increased so that they reach maintenance stage and for this their self-confidence needs to be improved.

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