Examining the relationship between family context and children’s physical activity beliefs: The role of parenting style

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Objectives: Previous research studies examining parental influences on children’s physical activity (PA) have focused primarily on parents’ own PA behavior, as well as their PA-related beliefs and socially supportive behaviors. The present study, although aligned with this mainstream parental influence research, was grounded in a broader child development perspective to examine the influence of parenting style on children’s PA beliefs and quality of parent–child communication.

Method: Self-report questionnaires were administered to 173 children ranging in age from 9 to 12 years to assess their perceptions of parenting style, parent–child communication patterns, as well as their own perceptions of fitness competence, value, and goal orientation.

Results: Children’s constellation of beliefs and attitudes regarding PA as well as their perceptions of the parent–child communication process did vary as a function of the type of parenting style they perceived their parents to use. High challenge parenting style was linked to higher perceived fitness competence and value on the part of the children. High support parenting style was linked to more positive perceived parent–child communication patterns.

Conclusion: Parenting style may be a critical underlying family process variable that impacts children’s development of a positive constellation of beliefs about PA. Future work is needed to link parenting style and children’s PA beliefs to their PA behavior.

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Children who participate in physical activity (PA) on a regular basis appear to reap many social (Strauss, Rodzilsky, Burack, & Colin, 2001), psychological (Boyd & Hrycaiko, 1997), and physiological (Baranowski et al., 1992) benefits. These benefits can be maintained, even enhanced, if children stay active as they move into adolescence and young adulthood (Taylor, Blair, Cummings, Wun, & Malina, 1999; Telama et al., 2005). The challenge from a public health perspective is that PA decreases significantly as children move into the adolescent years (Brodererson, Steptoe, Boniface, & Wardle, 2007; Strauss et al., 2001) and continues to decrease as adolescents progress into young adulthood (Gordon-Larsen, Nelson, & Popkin, 2004). For these reasons, many researchers and scholars have directed their research toward a better understanding of the social and motivational factors that may underlie children’s PA.

Certainly, a complex web of social, psychological, cultural, and environmental factors are important to the development and maintenance of children’s PA levels (Lee, Sallis, & Biddle, 2010).

Research grounded in various expectancy-value models has shown that children’s beliefs about themselves as well as their beliefs pertaining to PA are important contributors to children’s PA behaviors (Bois, Sarrazin, Brustad, Trouilloud, & Cury, 2005; Dempsey, Kimiecik, & Horn, 1993; Eccles & Harold, 1991; Gao, 2009; Kimiecik, Horn, & Shurin, 1996). Specifically, these studies have demonstrated that how children feel about themselves, in combination with their beliefs about PA, are directly related to, and possibly predictive of, their PA behavior. In particular, three sets of belief variables appear to be most relevant to children’s levels of physical activity: achievement goal orientation, perceived competence, and value.

Children’s beliefs variables: links with physical activity

Achievement goal orientation refers to children’s notions or definitions of success in a specific context (e.g., classroom, sport, fitness). Two types of goal orientation have been identified as relevant to children’s PA participation (Kimiecik et al., 1996). Task involvement emphasizes the process of performance (e.g., learning, enjoyment, and mastery). Ego-involvement emphasizes the outcome of a behavior and focuses on social or peer comparison,
outperforming others, and winning/losing. Various theories have been developed with goal orientation at the core to explain motivation and behavior in education and PA settings (see Harwood, Spray, & Keegan, 2008 for a review). In general, these theories indicate that individuals can vary in their levels of each goal orientation although task- and ego-involvement are typically studied as two distinct variables (Harwood et al., 2008). When that is the case, children's task involvement has been positively related to their own PA participation (Dempsey et al., 1993; Kimiecik et al., 1996), suggesting that a task-involved orientation provides more opportunities for children to experience success and be motivated to continue to participate.

Perceived competence refers to children's perceptions of their ability to perform activities successfully. This construct plays a central role in competence motivation theory (Harter, 1999) which proposes that children will continue to participate in a particular achievement activity if they feel competent. Studies within PA contexts have demonstrated that children's perceptions of their physical competence are significantly related to their PA behavior (Bois et al., 2005; Dempsey et al., 1993; Kimiecik et al., 1996).

The construct of value refers to the importance of a task or behavior to the individual and is one of the central constructs in the expectancy-value model developed by Eccles and her colleagues (Eccles, 2005; Eccles, Wigfield, & Schiefele, 1998). Based on this theory, children may perceive competence in a domain, but if they do not perceive value for that activity, they will participate less frequently. Of course, Eccles and associates also note the importance of the larger sociocultural context in that children's participation in activities that they value and in which they perceive competence may be limited or enabled by resources and opportunities that are or are not available in their social milieu. In addition, Eccles (2005) proposes different dimensions of value: utility value (usefulness), intrinsic value (liking or enjoying), and attainment value (importance of doing well). In some earlier work, children's perceived value was found to be unrelated to their fitness-related PA behavior (Dempsey et al., 1993; Kimiecik et al., 1996). However, Eccles and Harold (1991) did find value to be significantly associated with children's self-reported sport participation. In more recent work, task value has been found to predict task choice as well as persistence and engagement in sport and physical education (Gao, Lodewyk, & Zhang, 2009; Xiang, McBride, & Bruene, 2004, 2006).

In summary, there is empirical data to support the notion that children's level of PA is enhanced when they hold a positive constellation of beliefs regarding PA and their participation in it. Along with other scholars in the field, we have been interested in exploring how and why children may or may not develop such a positive collection of beliefs. One possible factor that researchers have been examining is the role that parents play (see recent review by Edwardson & Gorely, 2010).

**Parental influences on children's PA beliefs and behaviors**

Researchers examining the link between parents and their children in the PA context typically have adopted various hybrids of a social-cognitive-behavioral model and thus have assessed a range of parent, child, or parent–child beliefs pertaining to PA. Horn and Horn (2007) reviewed this parent–child research using a simplified version (Fredricks & Eccles, 2004) of Eccles’ (2005; Jacobs & Eccles, 2000; Wigfield et al., 1997) model that suggests that parents' beliefs pertaining to PA do impact their children's own constellation of beliefs about PA as well as, in some cases, the children's actual PA behavior. But what is the process by which these parent–child beliefs are developed and transmitted? How do the beliefs about success, competence, and value pertaining to PA weave their way through the family context and experience? How does a child come to emphasize task- and/or ego-involvement in PA settings as a result of experiencing his or her unique family dynamics?

The present study was formulated on the basis that the answers to the above listed questions may begin to be found by investigating the broader aspects of parenting. In essence, the assumption is that a “well-functioning family system” (Ornelas, Perreira, & Ajala, 2007, p. 8) is a key mechanism that impacts more behavior-specific beliefs and may expedite or impede the transference of those beliefs between parents and their children. The idea of a well-functioning family system optimally impacting children's health
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