

Perceived physical fitness mediates...

1 **Perceived physical fitness mediates the relationship between parental support and physical**  
2 **activity enjoyment in overweight and obese adolescents (words: 3987)**

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Perceived physical fitness mediates...

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66 **Perceived physical fitness mediates the relationship between parental support and physical**  
67 **activity enjoyment in overweight and obese adolescents**

68 **Abstract**

69 The relationship between parental support and physical activity enjoyment appears to be  
70 mediated by individual-level factors. The aim of this study was to examine whether the  
71 relationship between perceived parental support and physical activity enjoyment is mediated by  
72 overweight and obese adolescents' physical fitness, both subjectively and objectively assessed.  
73 One-hundred and sixty-three participants (mean age = 14.30 years, 55.8% boys) with an average  
74 body mass index of 28.97 kg / m<sup>2</sup> took part in this study. Participants completed a questionnaire  
75 of parental influence regarding physical activity, a questionnaire of physical self-perception and  
76 several fitness tests (cardiorespiratory fitness, lower limbs muscular strength and flexibility)  
77 using the ALPHA-fitness battery. The results showed that relationship between perceived  
78 parental support and physical activity enjoyment is mediated by the overweight and obese  
79 adolescents' perceived cardiorespiratory fitness and flexibility. We suggest to create educational  
80 guidelines for parents to increase the support and improve overweight and obese students'  
81 positive perceived physical competence, in order to achieve a greater adherence to physical  
82 activity and greater physical activity enjoyment.

83 **Keywords:** social support, obesity, adolescents' health, physical activity

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Perceived physical fitness mediates...

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## Introduction

87           The increasing prevalence of overweight and obesity among youth stands as a major  
88 issue in the public health system of developed countries [1]. Overweight children and  
89 adolescents are more likely to become obese adults [2], and to have cardiovascular and  
90 respiratory diseases [3] and psychological conditions associated with low well-being and quality  
91 of life [4-5]. Different studies have shown that overweight and obese children and adolescents  
92 perform less physical activity daily and enjoy less with its practice than their normal-weight  
93 peers [6-8]. This may be due to the intimidation, discomfort or embarrassment that they  
94 experience during physical activity practice. They also achieve lower results in most physical  
95 fitness tests compared to their normal-weight peers [9].

96           It has also been reported that overweight can be viewed as the cause rather than as the  
97 effect of lacking activity and low fitness [10]. According to Pahkala et al. [11], overweight and  
98 obesity make some activities associated with physical activity less attractive (e.g. running,  
99 jumping and flipping). This negative view makes overweight individuals less likely to undertake  
100 physical activity. Still, physical activity and the affective reaction produced by its practice  
101 (enjoyment or fun) is not associated with body weight alone. According to the ecological model  
102 [12], environmental variables, such as the availability of recreational areas [13], social variables,  
103 such as parental support [14-15], and cognitive variables, such as physical self-concept and  
104 perceived competence [16-17], can also be determining factors of the frequency of practice and  
105 its associated fun.

106           Physical activity enjoyment is defined as the subjective experience characterized by the  
107 pleasure and enthusiasm involved in its practice [18]. Parents, as the main agents of  
108 socialization, play a leading role in promoting children and adolescents' physical activity, as well

Perceived physical fitness mediates...

109 as in the affective reaction linked to its practice [19]. Special attention has been given to parental  
110 social support, defined as the set of actions, both tangible (transport, fee payment) and intangible  
111 (encouragement, advice) performed by parents to increase the physical activity of their children  
112 [20-21]. Previous research provides evidence of the relationship between parental support and  
113 physical activity enjoyment. For example, Silva, Lott, Mota & Welk [22] showed that the  
114 involvement and stimuli that children attributed to their parents maintained a positive  
115 relationship with the perceived enjoyment and self-efficacy toward the practice of physical  
116 activity in a sample of Portuguese adolescents. Recently, Shen et al. [23] showed that beliefs  
117 about parental support predicted the fun associated with school physical activity in a concurrent  
118 way and over time.

119         According to the Expectation-Value Model [24-26], the degree of parental support may  
120 vary depending on the parents' belief system. Among these beliefs are the ability they attribute to  
121 their children for the performance of physical activity, the importance or value they attach to  
122 their practice and the expectations they place on the minor about their possible success in this  
123 particular domain [25-26]. Several studies found that positive physical self-concept was  
124 associated with greater self-reported physical activity and physical activity enjoyment [27-30].

125         A smaller number of studies have aimed to examine the possible relationships between  
126 parental support and the physical fitness level of their children. De la Torre-Cruz, Ruiz-Ariza,  
127 Suárez-Manzano and Martínez-López [31] showed that the instrumental parental support  
128 positively predicted fitness in adolescents. In the specific case of adolescents who are overweight  
129 and obese, Nock et al. [32] concluded that a greater degree of family cohesion was associated  
130 with a shorter time interval of recovery of the basal heart rate (indicative of a better physical  
131 fitness) after performing a submaximal test. In this regard, MacDonald et al. [33] found that

Perceived physical fitness mediates...

132 cardiorespiratory fitness, muscular strength in the upper limbs and flexibility positively predicted  
133 the predilection for the performance of physical activity.

134 As was indicated above, the perceived parental support is directly associated with the  
135 children and adolescents' amount of physical activity and physical activity enjoyment [14, 19-  
136 20]. It has recently been shown that this relationship is mediated by a number of individual-level  
137 variables (perceived self-efficacy or physical self-concept), and that the influence of perceived  
138 support on the practice of physical activity is partly indirect [23, 34].

139 Previous research has explored the effect of individual-level variables on the relationship  
140 between parental support and physical activity and enjoyment with the practice [14,23], but  
141 rarely in overweight and obese youths. Additionally, and to the best of our knowledge, fitness  
142 has not been researched as a mediating variable, although the best results in physical fitness tests  
143 are associated with greater predilection for the practice of physical activity [33]. This paper  
144 aimed to examine whether subjectively- and objectively-assessed physical fitness mediates the  
145 relationship between perceived parental support and enjoyment of physical activity in a group of  
146 overweight and obese adolescents. The starting hypothesis is that, in addition to the direct  
147 relationship between perceived parental support and enjoyment of physical activity, both  
148 perceived and actual physical fitness may be mediators in this relationship.

## 149 **Method**

### 150 **Participants**

151 The paper researches data from 1.328 secondary education students at eight schools, both  
152 public (n = 6) and private (n = 2), in various towns in a province in southern Spain (Andalusia).  
153 In this cross-sectional research only participants with a body mass index (BMI) equal to or  
154 greater than the 85th percentile were considered, according to the specific cut-offs for each sex

Perceived physical fitness mediates...

155 and age [35]. The sample was obtained for convenience (educational centres that agreed to  
156 participate in the study). The inclusion criteria were: Population adolescent between 12 to 16  
157 years old, suitable for physical activity. Boys and girls with any physical or psychological  
158 problem to the participation in Physical Education classes, were excluded. The resulting  
159 population was thus reduced to 199 students, out of which only 163 (81.9%) scored in all the  
160 tests relevant for this paper. Our statistical analysis relies on the latter. The participants' average  
161 age was  $14.30 \pm 1.22$  years (range: 12–16), and their average BMI was  $28.97 \pm 2.53$  kg / m<sup>2</sup>.

## 162 **Instruments**

### 163 **Anthropometric and physical fitness measures.**

164 **Body Mass Index.** An Elegant type-B ASIMED digital weighing machine and a portable  
165 SECA 214 stadiometer were used to register the participants' weight and height, barefoot and in  
166 light clothes. The BMI value was computerised by means of Quetelet's equation: BMI = mass  
167 (kg)/height (m<sup>2</sup>).

168 **Physical fitness measures.** These tests were done using ALPHA (Assessing Levels of  
169 Physical Activity and Fitness at population level) protocols. The procedure and test reliability  
170 were indicated by Ortega et al. [37]. Cardiorespiratory fitness was measured with the 20-meter  
171 shuttle-run test, which is done in a large group at the end of the session. The score is the number  
172 of paliers completed. The participants must run between two lines 20 m away, at the rhythm of  
173 the sound signal. The test ends when the subject stops due to fatigue, or when it does not reach  
174 the corresponding line in two repeated times. Participants must be constantly encouraged during  
175 the assessment [36]. The muscular strength of the lower extremities was assessed with the  
176 standing long jump test. It is performed with the feet behind the line, with an opening of legs  
177 approximately the width of the shoulders. The distance in centimetres is recorded [37]. The

Perceived physical fitness mediates...

178 flexibility of the thighs and the lumbar area of the back was measured with the sit-and-reach test.  
179 It is performed with sitting on the floor with legs stretched out straight ahead. The soles of the  
180 feet are placed flat against the sit and reach box. Both knees should be locked and pressed flat to  
181 the floor. With the palms facing downwards, and the hands on top of each other or side by side,  
182 the subject reaches forward along the measuring line as far as possible. Ensure that the hands  
183 remain at the same level, not one reaching further forward than the other. Participants must hold  
184 that position for two seconds. The score is recorded to the nearest centimeter or half inch as the  
185 distance reached by the hand [37].

186 **Self-report measures.**

187 *Parental Influence on Physical Activity Scale—children’s version* [38]. The Parental  
188 Influence on Physical Activity Scale consists of 14 items in four dimensions related to the  
189 weekly frequency with which parents (with their children or on their own) undertake physical  
190 activity-related activities. The participants were asked to report their degree of agreement with  
191 each statement according to a four-point Likert scale (1 = total agreement; 4 = total  
192 disagreement).

193 In this study, only the general parental support factor was used. This factor consists of six  
194 items with information on the degree of support towards physical activity that children attribute  
195 to their parents [e. g.: “The adult(s) I live with on a weekend day pay for me to take part in  
196 physical activity (for example, paying for swimming or to attend football club)”]. An average  
197 score was obtained from the six items, where higher values show greater perceived parental  
198 support. The internal consistency index obtained was  $\alpha = .89$ .

199 *Self-Description Questionnaire—short form* [39]. This questionnaire consists of 40  
200 items designed to assess nine components of physical self-concept and two additional

Perceived physical fitness mediates...

201 dimensions: general physical self-concept and global self-esteem. This paper uses the factors of  
202 cardiorespiratory fitness ('I can be physically active for a long time without feeling tired'),  
203 muscular strength ('I am a physically strong person') and flexibility ('I have good body  
204 flexibility'). The participants reply to each item with the extent to which the statements match  
205 the image that they have of themselves, according to a six-point Likert scale (1 = totally false; 6  
206 = totally true). A higher score signals a more positive perception of themselves as regards  
207 physical fitness. The internal consistency values obtained were  $\alpha = .87$  for cardiorespiratory  
208 fitness,  $\alpha = .81$  for strength and  $\alpha = .92$  for flexibility.

209 ***Physical Activity Enjoyment Scale (PACES)***. This paper used the Spanish version [40]  
210 of the scale by Motl, Dishman, Saunders, Dowda, Felton and Pate [41]. It consists of 16 items,  
211 each of which is introduced by the sequence 'When I am active...'. The scale is meant to assess  
212 physical activity enjoyment by means of favourable and unfavourable expressions, e.g. 'It is  
213 stimulating' and 'It is boring', respectively. Responses are according to a five-point Likert scale  
214 (1 = complete disagreement; 5 = full agreement). The final value is obtained by averaging the  
215 responses to all items after inversion of the values given to unfavourable items. The highest score  
216 signals greater enjoyment of physical activity. The internal consistency obtained was  $\alpha = .92$  for  
217 the sample under study.

## 218 **Procedure**

219 The participants' data were obtained with a procedure that combined objective  
220 assessment of physical fitness with self-reported information. The nature and objectives of this  
221 study were presented in writing to the management of the high schools, the physical education  
222 teachers and the parents and legal guardians of the students involved. The parents or legal  
223 guardians signed an informed consent form to allow their children to participate.

Perceived physical fitness mediates...

224 Data recording took place in the hours allocated to physical education classes. The self-  
225 report measures were completed in regular classrooms prior to the objective fitness tests.  
226 Physical fitness was measured on the sports courts of each school. A number of stations were set  
227 up for youth to complete in groups of five students.

228 This piece of research was approved by the Bioethics Committee of the University of  
229 XXXX [omitted to protect its ID]. The design complies with Spanish regulations for clinical  
230 research in humans (Law 14/2007, 3 July, Biomedical Research), with the regulations for private  
231 data protection (Organic Law 15/1999) and with the principles of the Declaration of Helsinki  
232 (2013 version, Brazil).

### 233 **Statistical Analysis**

234 Descriptive analyses (mean and standard deviation) were made of the variables of the  
235 study. The reliability of the self-report measures, viewed in terms of internal consistency, was  
236 obtained using the Cronbach's alpha statistic. The relationship between the variables was  
237 examined with the Pearson correlation index. The macro PROCESS [42] of SPSS was used to  
238 test a mediational model with two parallel mediators where a relationship between both is  
239 admitted such that neither is under the causal influence of the other [43].

240 Three mediational models were examined to test the direct and/or indirect effect of an  
241 independent variable on a dependent one through two mediators (one objective, the other self-  
242 perceived). The independent variable was perceived parental support. The dependent variable  
243 was enjoyment of physical activity. The mediating variables were cardiorespiratory fitness,  
244 muscular strength and flexibility, measured both objectively with Alpha Fitness battery tests, and  
245 subjectively by measurements of perceived cardiorespiratory fitness, muscular strength and  
246 flexibility according to the scale by Marsh et al. [39]. The SPSS macro allowed 10.000 bootstrap

Perceived physical fitness mediates...

247 samples of the data with replacement to calculate the bias-corrected bootstrap point estimate for  
 248 the size and significance of the indirect effect. All data were analysed using SPSS version 21.0  
 249 (IBM, Inc., SPSS, Chicago, Illinois). Statistical significance was set at  $p < .05$ .

## 250 Results

251 Table 1 shows the mean values, standard deviations, t-test values and statistical  
 252 significance for all variables regarding to sex (values for all self-reported variables were higher  
 253 than the midpoint of their measurement scales). Boys showed higher weight and high than girls.  
 254 In addition, boys showed a higher objectively and subjectively lower limb muscular strength and  
 255 cardiorespiratory fitness. Mean values in perceived flexibility were higher in girls. Differences  
 256 by sex were not found in perceived parental support and physical activity enjoyment.

257 -----

258 Insert table 1 approximately here

259 -----

260 Weak and moderate statistically significant positive correlations were obtained between  
 261 the scores of the physical fitness tests and the measurements of self-perceived physical fitness  
 262 (lower value for cardiorespiratory fitness,  $r = .27$ ,  $p < .01$  and higher value for flexibility,  $r = .47$ ,  
 263  $p < .01$ ). Parental social support also showed statistically significant positive correlations with all  
 264 the variables ( $r = .16$ ,  $p < .05$  for the lowest values, namely lower limb muscular strength and  
 265 perceived flexibility), except for the value of objectively measured flexibility. Finally, physical  
 266 activity enjoyment showed statistically significant positive correlations with all the self-reported  
 267 measures ( $r = .26$ ,  $p < .01$  for the lowest value, namely self-perceived flexibility) as well as with  
 268 objectively measured flexibility ( $r = .18$ ,  $p < .05$ ).

269 -----

Perceived physical fitness mediates...

270 Insert table 2 approximately here

271 -----

272 The results obtained after mediational analysis with 10,000 samples (Tables 3–5) reveal  
273 an indirect effect of perceived parental support on physical activity enjoyment. This effect is  
274 mediated by perceived cardiorespiratory fitness,  $a_1b_1 = .544 (.235) = .128 [.061 - .224]$ . Table 3  
275 shows that participants who perceived more parental support for physical activity felt a higher  
276 cardiorespiratory fitness. This perception is associated with higher physical activity enjoyment  
277 compared to peers who perceived a lower degree of parental support. Thus, two cases that differ  
278 by 1 as regards social parental support differ by an estimated .128 in physical activity enjoyment  
279 brought by perceived cardiorespiratory fitness.

280 -----

281 Insert table 3 approximately here

282 -----

283 Another indirect effect of perceived parental support on physical activity enjoyment was  
284 also found. This effect was mediated by perceived muscular strength,  $a_1b_1 = .425 (.155) = .066$   
285  $[.022 - .143]$ . Table 4 shows that participants who perceived more general parental support  
286 towards physical activity attributed greater muscular strength to themselves, and this perception  
287 was associated with greater physical activity enjoyment compared to their peers who perceived  
288 less parental support. Again, two cases that differ by 1 regarding social support attributed to  
289 parents differ by an estimated .066 in physical activity enjoyment brought by perceived muscular  
290 strength. In addition to this indirect effect, a direct effect between parental support and  
291 enjoyment was also found,  $c' = .147, p = .045$ , regardless of the influence mediating variables  
292 may have.

Perceived physical fitness mediates...

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294 Insert table 4 approximately here

295 -----

296 The last analyses revealed an indirect effect of parental support on physical activity  
 297 enjoyment. This effect was mediated by perceived flexibility,  $a_1b_1 = .285 (.093) = .027 [.003 -$   
 298  $.078]$ . Table 5 shows that participants who perceived more parental support experienced greater  
 299 physical activity enjoyment brought by higher perceived flexibility compared to their peers who  
 300 reported less parental support. Thus, two cases that differ by 1 as regards the social support  
 301 attributed to parents differ by an estimated .027 in the physical activity enjoyment brought by the  
 302 perceived degree of flexibility. Beyond the mediating effect, a direct effect of perceived parental  
 303 support was found on physical activity enjoyment:  $c' = .186, p = .009$ .

304 -----

305 Insert table 5 approximately here

306 -----

307 All the previous analyses showed an indirect effect of perceived parental support through  
 308 self-reported measures of physical fitness on enjoyment with physical activity. Thus, an additional  
 309 analysis was chosen in which only the scores observed in perceived cardiorespiratory fitness,  
 310 perceived muscular strength and perceived flexibility were included as mediating variables. The  
 311 aim was to determine whether all of them or only some of them, given the correlation between  
 312 their values, continued to mediate independently and statistically significantly in the relationship  
 313 between parental support and physical activity enjoyment. The results showed that perceived  
 314 cardiorespiratory fitness,  $a_1b_1 = .544 (.205) = .111 [.050 - .205]$ , and perceived flexibility,  $a_3b_3 =$

Perceived physical fitness mediates...

315 .285 (.078) = .022 [.002 - .066], acted as independent mediators between the perceived parental  
316 support and the enjoyment with physical activity.

### 317 **Discussion**

318 This paper aimed to examine whether subjectively- and objectively-assessed physical  
319 fitness mediates the relationship between perceived parental support and enjoyment of physical  
320 activity in a group of overweight and obese adolescents. The results reveal that perceived  
321 parental support is directly related to enjoyment of physical activity. This finding is in line with  
322 others that report that parental provision of opportunities, experiences and stimuli is associated  
323 with their children's greater frequency, motivation and physical activity enjoyment [20-24, 35].

324 They also show that this relationship is partially mediated by the participants' perceived  
325 cardiorespiratory fitness and flexibility, and that is it not mediated by objectively-assessed  
326 physical fitness. Our findings reveal that two cases that differ by one unit on perceived parental  
327 support are estimated to differ by .111 and .022 units in their enjoyment of physical activity  
328 through perceived cardiorespiratory fitness and flexibility, with those more supported having  
329 higher enjoyment. Thus, the youths who attributed greater parental support to their parents also  
330 perceived higher cardiorespiratory fitness and flexibility in themselves, which, in turn, increased  
331 their physical activity enjoyment. Although the perceived physical strength was initially a  
332 significant mediating variable, it ceased to be so when all the predictors of attributed competence  
333 were introduced simultaneously in a later analysis. One possible explanation lies in the fact that  
334 young people with overweight and obesity carry out accurate evaluations of their muscular  
335 strength, since all the components examined are the most inherent characteristics of their body  
336 constitution. On the contrary, due also to their physical complexion, they can underestimate their  
337 cardiorespiratory fitness and flexibility. If parental support translates into a more positive

Perceived physical fitness mediates...

338 assessment of these parameters, the differences in capacity in relation to their normal-weight  
339 peers could be reduced and, consequently, they could enjoy more participation in group  
340 activities.

341 To our knowledge, only the study conducted by Shen et al. [23] has examined the  
342 mediating role of perceived physical competence in the relationship between parental support  
343 and physical activity enjoyment. The authors concluded that parental support increased the  
344 enjoyment of school physical activity, albeit only in girls who attributed to themselves a low  
345 competence attributed to the practice of physical activity, a result that did not occur neither  
346 among their male peers nor among those who attributed a high degree of parental support.

347 The initial direct relationship between parental support and physical self-concept has  
348 been described in previous works. Harter [44] noted that self-evaluations of children and  
349 adolescents are affected by interactions with significant adults, particularly parents. Greater  
350 parental support and capacity beliefs related to the achievement of children can lead to more  
351 favourable self-images in the child [45], particularly if such support and expectations are  
352 interpreted in terms of opportunities for participation in physical-sporting activities [46].  
353 Likewise, as Grolnick, Friendly and Bellas [47] indicate, the greatest support could be  
354 interpreted by overweight and obese youths as a parental action that combines balanced  
355 structuring (parents increase the opportunities to be physically active, since they believe that  
356 doing so will be a benefit for their children) and independence (autonomy for the child to decide  
357 how to do it, encouraging control of his or her own actions and the feeling of perceived  
358 competence).

359 On the other hand, the positive relationship observed between physical self-concept and  
360 physical activity enjoyment coincides with the findings of Cairney et al. [16] and Lohbeck et al.

Perceived physical fitness mediates...

361 [17]. Lohbeck et al. [17] found that both cardiorespiratory and perceived flexibility predicted  
362 physical activity enjoyment in a group of primary school children. The relationship between  
363 competence and physical activity enjoyment was also observed by Cairney et al. [16]. In their  
364 longitudinal study, boys and girls with high attributed competence had more enjoy with physical  
365 activity. Moreover, a differential effect in terms of the sex of the participant was observed in the  
366 low-capacity group, which decreased the fun over time in the girls, remaining stable in their male  
367 peers.

368         None of the parameters of objectively-assessed physical fitness mediated the relationship  
369 between perceived parental support and physical activity enjoyment. This result is contrary to  
370 that obtained recently by MacDonald et al. [33], who found that predilection for physical  
371 activity, was predicted by cardiorespiratory fitness, handgrip strength and flexibility in primary  
372 school students. As possible explanations of this controversy are the body structure and  
373 differential age of the participants. It is likely that the youngest children, not mostly obese, link  
374 the good results in physical fitness tests with skill, which turns physical activity into a favourite  
375 practice that allows the comparison, in successive occasions, between their own competence and  
376 that of their peers. On the contrary, cognitive maturity and the greater number of experiences  
377 lived by adolescents with overweight and obesity make them aware that their body structure  
378 places them at a disadvantage in this type of test [33].

379         The main contribution of this paper, and one that fills a gap in the literature, lies in testing  
380 whether perceived physical fitness, objectively-assessed physical fitness, or both at the same  
381 time mediate the relationship under study in a sample of overweight and obese adolescents. The  
382 findings suggest that the relationship between parental support and physical activity enjoyment is  
383 mediated by perceived positive physical self-image, not by the results obtained from objective



Perceived physical fitness mediates...

406 Self-perceived cardiorespiratory fitness and flexibility act as mediating intra-personal  
407 variables in the relationship between self-perceived parental support and physical activity  
408 enjoyment in overweight youth. Thus, the positive and subjective assessment of physical  
409 capacity increases physical activity enjoyment in the overweight adolescents who receive greater  
410 parental support to undertake physical activity. It can therefore be suggested that interventions  
411 aim to offer guidelines for parents to increase their support and to further improve overweight  
412 and obese students' positive perceived physical competence, in order to achieve a greater  
413 adherence to physical activity and greater physical activity enjoyment. For example, educational  
414 centres could promote parent schools, where physical education specialists show some active  
415 strategies.

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