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# INFLUENCE OF SOCIAL SUPPORT AND RESIDENTIAL AREA QUALITY ON THE PHYSICAL ACTIVITY OF ADOLESCENTS FROM THE REPUBLIC OF KOSOVO

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**Abstract:** This research was conducted on a sample of 399 respondents from Pristina. The aim was to determine if there were differences between the male and female respondents with different levels of physical activity with regard to social support from their parents and friends, the number of friends who take exercise, as well as the quality of their residential area. The sample was defined as one group and it was divided into two subsamples: 206 male respondents (schoolboys) and 193 female respondents (schoolgirls) aged from 11 to 14 (schoolchildren from the 6th to the 9th grade). They were selected from several schools in the city of Pristina. On the basis of the results obtained after applying the proper statistical methods, it was concluded that the male and female respondents, who were classified as "high active", received greater social support from their friends and parents, had a greater number of exercising friends, perceived their residential area as a safe place for physical activity, and thought there were sports grounds and buildings where they could be physically active and engage in sports.

**Keywords:** *social support; parents; friends; schoolstudents of both genders.* 

# INTRODUCTION

The physical activity influence on human health has been established in a large number of recent research works, but, unfortunately, there is still a considerable amount of the population who are not physically active (Malina, Bouchard, Bar-Or 2004; Strong et al. 2005; Hallal et al. 2006; Bouchard, Blair, Haskell 2007; WHO 2010). With adolescents, the health benefits from physical activities include: healthy development and growth of bones, muscles, and the cardio-respiratory system; maintaining energy balance; avoiding cardio-vascular disease risk factors; the possibility of social interaction and positive mental welfare, including greater self-confidence and lower level of anxiety and stress (Calfas, Taylor 1994; Steptoe, Butler 1996; Hillsdon, Foster 2003; British Heart Foundation, 2004; Ekeland et al. 2004). A great number of research studies in that field have been carried out in many countries worldwide (from different geographical regions), but the question that arises is whether the results obtained from those studies are to be generalised and applied on adolescents from Kosovo as well (Gordon-Larsen, McMurray, Popkin 1999; McKenzie et al. 2002; Schmitz et al. 2002; Gontarey, Kalac 2016; Gontarey et al.

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2016). The current research was conducted to establish the correlation between social and environmental factors and physical activity, and to give recommendations for interventions aiming to promote an active and healthy way of life of the above-mentioned population group.

## RESEARCH HYPOTHESIS AND METHODS

The research problem in this paper is the influence of social support and residential area quality on the physical activity of adolescents from the Republic of Kosovo. The research subject is the social support from parents and peers, as well as the social environment (the quality of the residential area) of these adolescents. Two particular goals were set on the basis of the problem and subject of this research: 1. to establish if there are differences between the male respondents with different physical activity levels in terms of the social support from their parents and peers, the number of frends who take exercise, and the quality of their residential area; 2. to establish the same with regard to female respondents. Bearing in mind previous research work results, the problem, subject and goal of the current research, the following hypothesis has been set: 1. Differences will be found between the male respondents with different physical activity levels with regard to social support from their parents and peers, the number of friends who take exercise, and the quality of the residential area; 2. Differences will be found between the female respondents with different physical activity levels with regard to social support from their parents and peers, the number of friends who take exercise, and the quality of the residential area.

The research was conducted on a sample of 399 respondents. The population from which the sample was taken was defined as a middle-age population from the city of Pristina. The sample was defined as a group sample, which was divided into two subsamples – 206 male respondents (schoolboys) and 193 female respondents (schoolgirls). The age of the sample was defined in a chronological order from 11 to 14 years of age (school students from the 6th to the 9th grade). The students sampled were selected from several schools in Pristina. The following variables (9 indicators) were applied in assessing the physical activity, social support, and quality of the residential area. Variables for assessing social support: 1. social support from parents; 2. social support from friends; 3. the number of friends who exercise. Variables for assessing the influence of the environment (the residential area near the respondent's home): 1. perception of the residential area quality; 2. safety of the residential area; 3. the number of and proximity to sports facilities; 4. access to the sports facilities.

In applying the methods of processing the basic information of this research, the possibility for the obtained results and conclusions to be easily understood, interpreted and applied into the scientific research and pedagogical practice was taken into consideration. Mann–Whitney U tests were applied in order to establish if there were differences between the respondents with different physical activity levels in terms of the social support from their parents and peers, the number of exercising friends, and the quality of their residential area. The data was processed with the statistical package SPSS, version 22.0 for Windows.

#### RESULTS

Mann—Whitney U tests were applied in order to establish what psychological and social factors and variables of assessing the quality of the residential area were significant in distinguishing between respondents with different levels of physical activity. For this, a classification (categorisation) of the respondents into two (2) categories was carried out in advance according to the results obtained through the help of the Physical Activity Questionnaire (Elementary School).

The school students with an arithmetic mean of < 2.73 were classified as "less physically active" (low active), while those with an arithmetic mean of  $\ge 2.73$  (Benítez-Porres et al. 2016) were classified as "more physically active" (high active). The analysis results are presented in Tables 1 and 2.

Accessibility to sports facilities

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Variables	Low Active		High Active		Mann- Whitney	Sig
	Mean	SD	Mean	SD	U Tests	Sig.
Parental social support	3.39	0.99	3.88	0.84	3709.50	.000
Social support from friends	3.45	1.13	4.19	0.88	3241.50	.000
Number of exercising friends	3.54	1.23	4.10	1.04	3911.00	.001
Perception of the residential area quality	1.82	0.50	1.75	0.56	4737.00	.212
Public security of the residential area	2.79	0.67	3.00	0.73	4170.00	.007
Number of and proximity to sports facilities	1.70	0.20	1.65	0.21	4331.50	.021

3.48

1.03

3.72

0.67

4601.50

.119

**Table 1.** Differences Between Male Respondents of Different Physical Activity Levels in Social Factors and Variables of Assessing Residential Area Quality

The inspection of Table 1, where the results of the analysis applied can be seen, shows that the male respondents have statistically significant differences established in the following variables: social support from parents (sig. = .000), social support from friends (sig. = .000), number of exercising friends (sig. = .001), public security of the residential area (sig. = .007), and the number of and proximity to sports facilities (sig. = .021). There are no statistically significant differences in the variables of perceiving residential area quality, security of the area, and the number of and proximity to sports facilities. The arithmetic means and the level of statistical significance indicate that the male respondents classified as "high active" received greater social support from their parents and friends, had a greater number of friends who exercise, perceived their residential area as a safe place to have physical and sports activities, and thought that the area had facilities and sports premises where they could be physically active and do some sports.

**Table 2.** Differences Between the Female Respondents of Different Physical Activity Levels in Social Factors and Variables of Assessing the Residential Area Quality

Variables	Low Active		High Active		Mann-	Cia
	Mean	SD	Mean	SD	Whitney U Tests	Sig.
Parental social support	3.46	0.91	3.99	0.81	2969.00	.000
Social support from friends	3.47	1.07	3.99	0.98	3301.50	.000
Number of exercising friends	2.92	1.35	3.66	1.25	3244.50	.000
Perception of the residential area quality	1.80	0.52	1.63	0.50	3712.50	.014
Public security of the residential area	2.88	0.69	2.80	0.67	4334.00	.377
Number of and proximity to sports facilities	1.72	0.15	1.67	0.17	3962.50	.057
Accessibility to the sports facilities	3.23	0.88	3.64	0.77	3486.00	.003

The inspection of Table 2, where the results obtained from the Mann–Whitney U tests applied to the female respondents are presented, shows statistically significant differences in the following variables: social support from parents (sig. = .000), social support from friends (sig. = .000), number of exercising friends (sig. = .000), perception of the quality of the residential area (sig. = .014), and accessibility to the sports facilities (sig. = .003). The arithmetic means and the level of statistical significance show

that the female respondents classified as "high active" received greater social support from their parents and friends, and had a greater number of friends who exercise. They also perceived their residential area as a more qualitative place to live, and thought that there were facilities and sports premises in the area where they could be physically active and do some sports.

### **DISCUSSION**

The influence of physical inactivity on health emphasises the necessity of providing a better understanding of the models and determinants that have an impact on increasing the physical activity in middle school age. A great number of previous research studies point at the decline in physical activity during the early adolescent period, and further decrease in early mature age. A considerable number of studies on that subject have been completed in many countries worldwide, but the question that is to be answered is whether the results obtained from those research works can be generalised and applied to the population of adolescents from Kosovo (Gordon-Larsen, McMurray, Popkin 1999). Actually, understanding the factors that lead to the process of physical activity decrease in adolescents is of essential importance for developing effective programmes and strategies when promoting physical activity among the population group of the research target. The public environment in which physical activity is performed, plays a key part in motivating young people. Family members, friends, teachers and coaches can have a significant role in promoting physical activity among adolescents. Social influence can function through different mechanisms, including encouragement, designing the activity, teamwork activity, and practical support. Our research results suggest that parents can have a great impact on the physical activity of adolescents of both genders. Previous studies show that parents' part in promoting physical activity in their children can have different forms, such as accumulating positive attitudes and values (Iannotti et al. 2005), participation in teamwork activities with children, organising activities for their own children (Anderssen, Wold 1992), and providing them with transport to sites where they can enjoy physical activity (Sallis et al. 1992). In addition, the social support from friends, and especially group activity (the number of exercising friends), is a significant determinant that can help in increasing physical activity among young people. This has been established in more than one former research studies conducted on children, pre-adolescents and adolescents (Anderssen, Wold 1992; Zakarian et al. 1994). The current research results show the following about Kosovo adolescents: the public security of the residential area, the number of and the proximity and accessibility to sports facilities, and the perception of the residential area as a place of better quality for living have influence on physical activity. This subject is in accordance with some former studies conducted on children and adolescents (Stucky-Ropp, DiLorenzo 1993). On the basis of all subjects considered so far, it can be concluded that it is necessary to design a national plan and programme for promoting physical activity in order to help young people change their unhealthy lifestyle habits and increase their physical activity, thereby improving their health. These strategies, plans and programmes should take into consideration the specifities of the residential environment, customs, and cultural characteristics of the region. There is evidence that anyone who would change his/her level of physical activity, even though it might be after a long period of inactivity, is very likely to benefit in terms of health, regardless of his/her age. Changes can be achieved through a wide readjustment of policy and practice, especially through improving intersection collaboration and adopting new roles by different subjects who have already been established as authorities in their fields and responsibilities. Basically, several changes are needed in the policy and practice in order to promote and increase physical activity among the population of young people.

Different approaches can be implemented: individual work, work in groups, workshops, counselling, etc. The main promoter of these educational programmes and strategies has to be the school. However, it is necessary to attract and engage more governmental and non-profit organisations, the family, local self-governments and the state as a whole in order to run a mass media campaign. The school changes need to be directed to a curriculum renovation through including contents about physical activity and its importance, adding new forms of physical activity, and improving the material base (premises, sports equipment, etc.).

#### **CONCLUSIONS**

On the basis of the results obtained, the following conclusions have been drawn after applying the proper statistical methods: 1. The male respondents classified as "high active" receive greater social support from their parents and friends, have a greater number of friends who actively exercise, perceive their residential area as a safe place for physical activity and sports, and think that the area provides playgrounds and sports buildings where they can be physically active and do some sports. This confirms the first hypothesis; 2. The female respondents classified as "high active" receive greater social support from their parents and friends, have a greater number of friends who actively exercise, perceive their residential area as a place of better quality to live in, and think that their region offers enough playgrounds and sports buildings where they can be physically active and do some sports. This confirms the second hypothesis.

#### **REFERENCES**

**Anderssen, N., B. Wold (1992).** Parental and peer influences on leisure-time physical activity in young adolescents. *Research Quarterly for Exercise and Sport*, (63), 341–348.

Bouchard, C., S. N. Blair, W. L. Haskell (Eds.) (2007). Physical activity and health. Champaign, IL: Human Kinetics.

British Heart Foundation (2004). Couch kids: the continuing epidemic. London: British Heart Foundation.

Calfas, K. J., W. C. Taylor (1994). Effects of physical activity on psychological variables in adolescents. *Pediatric Exercise Science*, 6(4), 406 – 423.

**Ekeland, E. et al. (2004).** Exercise to improve self-esteem in children and young people (Cochrane review). *The Cochrane Library*, Issue 2. Chichester, UK: John Wiley & Sons, Ltd.

**Gontarev, S., R. Kalac (2016).** Prediction of physical activity factors in macedonian adolescents. *Journal of Physical Education and Sport*, 16(1).

**Gontarev, S. et al. (2016).** Factors associated with physical activity among Macedonian adolescents in Albanian ethnic community. *Iranian Journal of Public Health*, 45(4), 474.

**Gordon-Larsen, P., R. G. McMurray, B. M. Popkin (1999).** Adolescent physical activity and inactivity vary by ethnicity: the national longitudinal study of adolescent health. *The Journal of Pediatrics*, 135, 301 – 306.

Hallal, P. C. et al. (2006). Adolescent physical activity and health. Sports Medicine, 36(12), 1019 – 1030.

Hillsdon, M., C. Foster, (2003). The relationship between physical activity during childhood and adolescence and coronary heart disease risk factors in young adulthood. In: A. Giles (Ed.). A Lifecourse Approach to Coronary Heart Disease Prevention: Scientific and Policy Review (pp. 199 – 212). London: The Stationary Office.

**Iannotti, R. J. et al. (2005).** Prospective analyses of relationships between mothers' and children's physical activity. *Journal of Physical Activity and Health*, 2, 16 – 34.

Malina, R. M., C. Bouchard, O. Bar-Or (2004). *Growth, maturation, and physical activity.* Champaign, IL: Human Kinetics.

**McKenzie, T. L. et al. (2002).** Childhood movement skills: predictors of physical activity in anglo american and mexican american adolescents? *Research Quarterly for Exercise and Sport*, 73, 238 – 244.

**Sallis, J. F. et al. (1992).** Parent behavior in relation to physical activity and fitness in 9-year-olds. *American Journal of Diseases of Children*, 146, 1383 – 1388.

**Steptoe, A., N. Butler (1996).** Sports participation and emotional wellbeing in adolescents. *The Lancet*, 347(9018), 1789 - 1793.

**Strong, W. B. et al. (2005).** Evidence based physical activity for school-age youth. *The Journal of Pediatrics*, 146(6), 732 – 737.

Stucky-Ropp, R. C., T. M. Di Lorenzo (1993). Determinants of exercise in children. *Preventive Medicine*, 22, 880 – 889.

**Zakarian**, **J. M. et al. (1994).** Correlates of vigorous exercise in a predominantly low socio-economic status and minority high school population. *Preventive Medicine*, 23(3), 31.