

Research Issues in the Sociology of Physical Activity, Health and Wellbeing in the Context of 'Families'

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Physical Activity & The Family

Most parents experience declines in **physical activity (PA)** level, intensity and structure following the **arrival of children** (Hamilton & White, 2010)

A belief exists amongst parents that it is **'natural'** for young children to be active, yet over time this is de-programmed by **society** (Dwyer et al., 2008)

At the same time, parents appear to have a short-term focus for the health of their primary school aged children, with little concern for the long-term consequences of an **active/inactive childhood** (Hart et al., 2003)

Relationships exist between the **sedentary time** of parents and daughters (Jago et al., 2010) as well as family income and adolescent **PA variety** (Kantomaa et al., 2007)

Parents' **biographies** and **interests** are transmitted to their children and thus shape **children's PA preferences** (Quarmby & Dagkas, 2010)

Studying 'The Family'



"The concept of **'family'** is becoming more **fluid** and **changeable**" (Chambers, 2012; p. 1)

Societal problems continue to be attributed to a widespread decline in family values associated with the **erosion** of the 'proper', 'traditional' and 'stable' **nuclear family** (Chambers, 2012)

Predetermined ethnocentric ideas of white middle-class family values as superior have been prevalent in sociological research and 'academic' 'debates' (Chambers, 2012)

Active & Inactive Ageing



The **growing** number of **infirm elderly** people emerged as a concern for governments towards the end of the twentieth century (Allan, 1999). In the West people are now living longer whilst fertility rates have fallen **below** the **'replacement level'** (Cheal, 2002)

PA levels **decrease** sharply with **age** (Zach & Netz, 2007)

Regardless of the health status of **middle-aged** and **elderly** people, the more they are supported by their **family**, the more likely they are to be active (Yuan et al., 2011)

The trend of more people **living longer** has increased health policy focus on longstanding issues of **disease, disability, care** and **economy** (WHO, 2002)

Intergenerational Health Values: Families, Communities & Personal Lives



12-16 year old **children** are about twice as likely to engage in the recommended level of PA than their **parents** and **grandparents**. **Grandfathers** are more **vigorously active** than grandmothers, although more **grandmothers** participate in the recommended **amount of PA**. There is a significant correlation between **children** and their **mothers' PA** levels (Zach & Netz, 2007)

Increasingly **diverse families** and **personal lives** mean that **'friends', 'community'** and **'intimacy'** have become contested terms in sociological studies of families (Chambers, 2012)

Although studies of families in the context of **'households'** and **'kinship'** have remained robust (Allan & Crow, 2001)

Wellbeing, 'Being Active' & Qualitative Research



In **quantitative** studies it is common for parents to **over-report** the activity levels of their children to the extent that they claim their children are active when they are 'inactive' (Corder et al., 2012)

Whilst many parents are aware of **obesity related behaviours**, there seems to be little understanding of the **relevance** of such behaviours to their own **family context** (De Craemer et al., 2013)

A lack of **knowledge** about the health benefits of PA is suggested amongst those likely to reap the greatest benefits (Schluter et al., 2011)

Possible **intra-family tensions** between the 'average' and 'specific' investment and profit of family practices (Pang et al., 2013)

Research Issues

Multidimensional nature of **family PA** cannot be captured via quantitative methods alone (Archbold et al., 2009)

'Established' links between parent and child PA have been produced by largely **white middle-class** research **participants** (Lim & Biddle, 2012)

Terminology debates in family sociology (Chambers, 2012)