Barriers to active participation of school-aged children
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Chapter 7 explores the association between family-related factors and excessive time spent on screen-based activities among school-aged children. Chapter 8 summarizes and discusses the main findings of this thesis. Moreover, it explores its potential implications for future research and practice.
This chapter provides a description of the study samples, measures and statistical analyses used in this thesis.

2.1 Study samples

This thesis is based on four different samples. Table 2.1 provides a brief description of the samples. The samples are described below.

*Sample 1 and 2* are from two surveys of the Health Behaviour in School-aged Children (HBSC) study conducted in 2010 and 2014 in Slovakia. The studies were approved by the Ethics Committee of the Medical Faculty of P. J. Safarik University in Kosice. Parents were informed about the study via the school administration and could opt out if they disagreed with their child’s participation. Participation in the study was fully voluntary and anonymous, with no explicit incentives provided for participation. From a list of all eligible schools based on information from the Slovak Institute of Information and Prognosis for Education, 134 in 2010 and 151 in 2014 larger and smaller elementary schools located in rural as well as urban areas from all regions of Slovakia were randomly selected to create a representative sample. The school response rates were 98.1% in 2010 and 86.1% in 2014. Classes from the fifth to ninth grades were randomly selected one from each grade per school. We obtained data from the target group of 11- to 15-year-olds (N=8,042 in 2010 and N=7,595 in 2014). For the purpose of this thesis 2,682 adolescents from 13 to 15 years old (7th, 8th and 9th grade) who filled in a questionnaire which also contained a measurement on excessive use of the Internet were included in the analyses.

*Sample 3* was also derived used from an HBSC study, one conducted in 2013 in the Czech Republic and Slovakia. The study was approved by the Ethics Committee of the Faculty of Physical Culture at Palacky University in Olomouc and by the Ethics Committee of the Medical Faculty at P. J. Safarik University in Kosice. The schools selected in the Czech Republic have a general permission granted at the beginning of the school year by all parents. Parents in Slovakia were informed about the study via the school administration and could opt out if they disagreed with their child’s participation. Participation in the study was fully voluntary and anonymous with no explicit incentives provided for participation in
either country. Both countries are similar regarding the study’s methodology. We used a pilot study which included the administration of the questionnaires and focus groups. Based on the data obtained in the pilot study the final set of questions was compiled. We contacted 16 larger and smaller primary schools located in rural as well as in urban areas in the Olomouc region, Czech Republic (seven schools), and the Kosice region in Slovakia (nine schools). The schools were randomly chosen to create a representative sample. We succeeded in achieving a 100% response rate on the school level, since all of the contacted schools agreed to participate. Classes from the fifth to ninth grades were randomly selected. The final sample consisted of 418 Czech (response rate: 83.20%) and 488 Slovak (response rate: 74.11%) adolescents.

Sample 4 was used from a study conducted in outpatient clinics in Kosice and Bratislava. The study was approved by the Ethics Committee of the Medical Faculty at P. J. Safarik University in Kosice as well as by the Ethics Committee of Children’s Hospital in Bratislava. Participation in the study was fully voluntary and anonymous, with no explicit incentives provided for participation. We succeeded in achieving a 100% response rate on the respondent level, since all of the contacted respondents agreed to participate. Questionnaires were administered by trained diabetic nurses in out-patient settings. We obtained data from 68 adolescents aged from 11 to 15 years old with diagnosed diabetes mellitus type 1 who regularly attend diabetic out-patient settings and who filled-in the reduced version of the HBSC questionnaires and short version of Diabetes Quality of Life for Youth questionnaire.

### Table 2.1 Basic characteristics of the research samples

<table>
<thead>
<tr>
<th>Sample</th>
<th>Origin</th>
<th>Countries</th>
<th>Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HBSC 2009/10</td>
<td>Slovakia</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>HBSC 2013/14</td>
<td>Slovakia</td>
<td>3, 5</td>
</tr>
<tr>
<td>3</td>
<td>Pilot study</td>
<td>Slovakia (Kosice), Czech Republic (Olomouc)</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>Outpatient clinics</td>
<td>Slovakia (Bratislava, Kosice)</td>
<td>6</td>
</tr>
</tbody>
</table>

### 2.3 Statistical analyses

Several statistical methods were used across the study. Analyses were performed using the statistical software packages SPSS and LISREL. Each chapter provides detailed information about the statistical analyses performed. In general, we first described the frequencies and simple prevalence rates of the concerned behaviour. Next, to answer the research questions of each sub-study, the associations between independent and dependent variables were computed using logistic regression models, crude and adjusted for potential confounders. Moreover, the chi-square test was used to explore the differences between dichotomous independent variables, and the t-test was used for continuous variables. Finally, in some chapters the direct and indirect effects were assessed by structural equation modelling.