

PERCEIVED BENEFITS, CONSTRAINTS, AND PATTERNS OF PHYSICAL  
RECREATION OF HISPANIC FAMILIES WITH CHILDREN  
WITH DISABILITIES

A DISSERTATION  
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY  
IN THE GRADUATE SCHOOL OF THE  
TEXAS WOMAN'S UNIVERSITY

COLLEGE OF HEALTH SCIENCES

BY  
LUIS COLUMNA, B.S., M.A.

DENTON, TEXAS

AUGUST 2007

Copyright © Luis Columna, 2007  
All rights reserved.

## DEDICATION

I dedicate this work to the memory of Dr. Carol Huettig. God blessed me with the opportunity of having an extraordinary human being as part of my life. Since the moment we met a strong bond was formed. She once told me her parents did not have the opportunity to share graduation with her. Now I know how it feels not to have a person who you love, admire, and traveled the journey with you not sharing in such an important event like the receiving of your degree. Thanks Dr. Huettig for enlightening me in this endeavor. I always miss you, but you are present in my heart. I hope to become the professional you worked hard to develop.

## ACKNOWLEDGMENTS

To my Sunday school at First Baptist Church of Denton... thanks for being an extended family for us and thanks for your constant prayers and support.

To my professors from the Kinesiology department at Texas Woman's University, Dr. Goode, Dr. French, Dr. Lisa-Siliman French, Dr. Burkhalter, Dr. Biggerstaff, Dr. Sanborn. Thanks for giving me the skills I will need to be successful in this field.

To the staff at the Kinesiology Department Robbie Reid, Judy Melton and Beth Palmer, thanks for your constant assistance during my program.

To my colleague students in APE especially to Nancy Bridenthall, thanks for being a great study partner and being such a great support.

To my colleague teachers in the Denton Independent School District especially to Linda Hilgenbrinck and Linda Thibault. Thanks for being a great mentors and guiding me through my years as an adapted physical education teacher in the district.

To my faculty advisor, Dr. Jean Pyfer. Thanks for being a friend and an extraordinary human being. I enjoyed our conversations and your good sense of humor. Your work ethic and passion for what you do has inspired me to do the same.

To my friends in Puerto Rico, especially Miguel Aguirrechu, thanks for your constant words of admirations and support. I highly value your friendship.

To my brothers in-law Maria and Orlando Diaz, thanks for being a part of our life and thanks for always being available for us.

To my mother in-law Elba Colon, thanks for being our number one fan. We appreciate everything you have done for us.

To my brothers and parents thanks for your constant calls and love. Especially to my mother Gloria Maria and my sister Gloria Ivette, you both have been a great blessing to my life.

To my nieces and nephews Nicole, Miguel, Maydellise, Esteban, Claudia, William, Alexander, and Eugenia, thanks for being so precious and for being a joy in my life.

To my lovely wife Luisa Velez, thank you for being such a great companion, friend, and counselor. I appreciate your long hours reviewing all my papers during this program. I'm glad God gave me you. I could not ask for anybody better than you. I just want to let you know that without your help I would not have been able to get this far. This success is ours.

The greatest thanks goes to God. Thank you for protecting and providing for us and being our light. Thanks for giving me the skills and wisdom to demonstrate your glory and power. Thanks for being my God.

# ABSTRACT

LUIS COLUMNA

## PERCEIVED BENEFITS, CONSTRAINTS, AND PATTERNS OF PHYSICAL RECREATION OF HISPANIC FAMILIES WITH CHILDREN WITH DISABILITIES

AUGUST 2007

Participation in physical recreation activities is beneficial for individuals with and without disabilities. The rights of participation of individuals with disabilities are protected to ensure equal participation in community activities like recreation. However, there is lack of understanding and lack of research regarding barriers that limit families of children with disabilities participation in physical recreational activities. Research on patterns of recreation has been conducted primarily with white, middle class families with few participants of other ethnic groups with most of the research focused on individual benefits. There is limited research examining the benefits of participation in physical recreational activities for the family as a whole. In addition, there is a lack of research on Hispanic families regarding their recreational patterns especially on those families with children with disabilities. Therefore, the purpose of this research was to: a) identify the benefits of physical recreation; (b) identify the patterns of physical recreation; and (c) to identify barriers, if any, to participation in physical recreation activities among Hispanic families with children with disabilities living in the United States. Ten interviews were conducted with Hispanic parents with children with

disabilities. Three themes emerged from the interviews. These themes were: (a) Psychological Benefits for the Child; (b) Comfortable, Manageable, and Informal Children-Driven Activities; and (c) Internal and External Constraints. These themes were supported by subthemes. The results of this study demonstrated Hispanic families with a child with a disability tend to participate in a wide variety of informal recreational activities, and they highly value the psychological benefits that arise from being active. These families may face constraints that impact their physical recreation choices, but they manage to engage in activity whenever possible. Even though they try to do the very best for their children with disabilities, they voiced their desire to receive help from specialists in regard to community programs and activities the whole family can practice.

# TABLE OF CONTENTS

	Page
COPYRIGHT .....	iii
DEDICATION.....	iv
ACKNOWLEDGEMENTS.....	v
ABSTRACT .....	vii
LIST OF TABLES.....	xiii
Chapter	
I. INTRODUCTION.....	1
Cultural Issues .....	3
Purpose of the Study.....	5
Statement of the Problem .....	5
Conceptual Framework.....	6
Research Questions.....	8
Delimitations .....	8
Limitations.....	9
Definition of Terms .....	9
II. LITERATURE REVIEW.....	12
Benefits of Physical Recreation.....	12
Individual Benefits of Physical Recreation .....	13
Family Benefits of Physical Recreation .....	17
Individual and Family Patterns of Physical Recreation of Individuals With Disabilities .....	19
Barriers for Participation in Physical Recreation Activities.....	21
Attitudinal Barriers .....	22
Administrative Barriers .....	23
Architectural Barriers .....	25
Programatic Barriers.....	25
Families' Construct Barriers.....	26
Child's Disability.....	26
Financial Constraints .....	27
Overprotective Parents .....	28

Lack of Knowledge in Modification .....	30
Lack of Time and Conflicting Schedules .....	31
Parental Level of Education .....	32
Overcoming Barriers for Participation in Physical Recreation Activities.....	33
Conceptual Framework.....	35
Ecological Systems Framework .....	35
General Systems Theory.....	37
Family Systems Theory .....	38
Family Characteristics .....	39
Family Interaction.....	40
Family Functions .....	40
Life Cycle .....	40
Cultural Issues: Parents of Children With Disabilities .....	41
Anglo Parents .....	41
Hispanic Families .....	43
Hispanic Families With and Without Children With Disabilities .....	44
Physical Recreation Patterns Among Hispanics.....	46
Barriers for Participation in Recreational Activities Among Hispanics....	48
Summary.....	49

### III. METHODOLOGY .....

Selection of the Research Methodology .....	51
Selection of Participants .....	55
Instruments .....	56
Data Collection .....	60
Data Analysis.....	61
Validation of the Findings .....	62
Trustworthiness .....	63
Researcher's Role .....	64

### IV. RESULTS.....

Descriptive Data of Participants .....	65
Analysis of the Data .....	67
Interview Data on Categorical Themes .....	70
Psychological Benefits for the Child .....	70
Enjoyment.....	71
Benefits Inherent From Physical Recreation .....	71
To Entertain Their Minds .....	71
Self-Esteem.....	72
Physical Benefits .....	75
To be Part of the Family .....	76

Family Responsibility .....	78
Transferring Family Customs .....	78
Comfortable, Manageable, and Informal Children-Driven Activities.....	79
Location of Activities .....	80
Participants .....	83
Range of Activities .....	85
Available Resources .....	87
Internal and External Constraints .....	91
Family Constraints.....	92
Child's Disability.....	92
Parental Desire.....	97
Financial Constraints .....	100
Lack of Support .....	102
Time Constraints.....	104
Parental Fears .....	106
Administrative Constraints .....	106
Lack of Programs.....	106
Lack of Staff Training .....	108
Lack of Appropriate Facilities .....	109
Summary.....	110

V. ARTICLE ..... 112

Abstract.....	112
Introduction .....	114
Method.....	117
Participants .....	117
Data Collection .....	117
Data Analysis.....	118
Validation of the Findings.....	118
Trustworthiness .....	118
Researcher's Role.....	118
Results .....	118
Psychological Benefits for the Child.....	119
Enjoyment.....	119
Benefits Inherent From Physical Recreation .....	119
To Entertain Their Minds .....	119
To be Part of the Family .....	120
Family Responsibility .....	121
Transferring Family Customs.....	121
Comfortable, Manageable, and Informal Children-Driven Activities.....	122
Location of Activities .....	122
Participants .....	123

Range of Activities .....	124
Available Resources .....	125
Internal and External Constraints .....	127
Family Constraints.....	128
Child’s Disability.....	128
Parental Desire.....	130
Financial Constraints .....	131
Lack of Support .....	131
Time Constraints.....	132
Administrative Constraints .....	133
Lack of Programs.....	133
Lack of Staff Training .....	134
Discussion.....	135
Conclusion.....	139
Recommendations .....	139
Tables.....	140

REFERENCES .....	142
------------------	-----

## APPENDICES

A. Copy of English Version of Recruitment Flyer.....	158
B. Copy of Spanish Version of Recruitment Flyer .....	160
C. Copy of Recruitment Protocol Script .....	162
D. Copy of English Version Personal Datasheet With Demographic Information .....	164
E. Copy of Spanish Version Personal Datasheet With Demographic Information .....	169
F. English Version of the Interview Questions.....	174
G. Spanish Version of the Interview Questions .....	177
H. Copy of English Version of Consent Form .....	180
I. Copy of Spanish Version of Consent Form.....	184
J. Approval Letter From the Human Subjects Review Committee.....	188
K. Amendment Letter Research Name Change .....	190
L. Approval Letter From the Denton Independent School District .....	192

## LIST OF TABLES

Table	Page
1. Participants Demographics .....	66,140
2. Income, Additional Children, Education, and Employment .....	67,141
3. Theme Matrix .....	69

## CHAPTER 1

### INTRODUCTION

The number of individuals with disabilities living in the community has increased because of the trend away from institutionalizing persons with mental impairments (Auxter, Pyfer, & Huettig, 2005), and because technological advances have extended life expectancies (Betz et al., 2004). These individuals, like all other citizens, must be provided opportunities to reach their full potential. An essential ingredient for reaching one's full potential is an active life style that contributes to health and happiness (Auxter et al.) Participation in recreational activities is a primary way one maintains an active life style.

Participation in physical recreation activities is beneficial for individuals with and without disabilities. Some of the benefits for individuals without disabilities include reduction and prevention of obesity, reduction of cholesterol (Low Density Lipids) and stress, and improvement of attention span, self esteem (Boyd & Hrycaiko, 1997; U.S. Department of Health and Human Services, 2000). Research that addresses the benefits of physical activity for individuals with disabilities indicates that the benefits are very similar to those without disabilities (Martin & Smith, 2002; O'Connor, French, & Henderson, 2000; Rimmer, Heller, Wang, & Valerio, 2004; Wenneberg, Gunnarsson, & Ahlstrom, 2004). Additional benefits for individuals with disabilities have been identified as re-establishing a sense of what is important in life, collecting life experiences, and the

development of functional skills (Mactavish & Schleien, 1998, 2000a, 2000b, 2004; Mactavish, Schleien, & Tabourne, 1997; Zabriskie, Lundberg, & Groff, 2005).

Participation in recreational activities has both individual, as well as collective, benefits for the family (Zabriskie & McCormick, 2001). This is particularly true in families with individuals who have disabilities because most of their activities occur within the family unit (Mactavish, et al., 1997; Mactavish & Schleien, 1998, 2000a, 2000b, 2004; McLachlin, 1991). Studies of families with individuals with disabilities regarding patterns of participation in recreational and leisure activities among children with complex physical disabilities indicated that families' physical recreational activities tend to be informal. In addition, these are usually directed by the mother who modifies the activity to accommodate the child with the disability (Mactavish & Schleien 1998, 2000a, 2000b, 2004; Law, et al., 2006).

When families are unable to modify their daily activities to participate in physical recreation, the child with a disability often lapses into a pattern of inactivity that is a precursor to a sedentary life style. Studies have shown that the barriers to recreation include, but are not limited to, lack of time, parental work schedules, difficulty arranging schedules, organizing activities for different ability levels of their children, lack of transportation, high cost of recreational activities, lack of knowledge about how to modify activities, severity of the disability, and over-protective parents (Beart, Hawkins, Stenfert, Smithson, & Tolosa, 2001; Ennis, 2003; Finch, Owen, & Price, 2001; Heller, Ying, Rimmer, & Marks, 2002; Keller, Bost, Lock, & Marcenko, 2005; Mactavish &

Schleien 1998, 2000a, 2000b, 2004; Mactavish, et al., 1997; McLachlin, 1991; Modell & Valdez, 2002; Perry, 1994; Stuart, Lieberman, & Hand 2006; Turnbull & Ruef, 1997).

The barriers to assuring one's family reaps the full benefits from participating in recreational opportunities are significant for English-speaking parents. Consider the difficulties when one is not familiar with the language, but wants the very best for the family.

### Cultural Issues

Hispanics are the fastest growing ethnic group in America (Blue-Bannin, Turnbull & Pereira, 2002; Lopez et al., 2005; U.S. Census Bureau, 2000). According to the U.S. Census Bureau, there is great diversity among the Hispanic group based on their country of origin, beliefs, and customs. This makes it very difficult to generalize characteristics or interventions to all Hispanic communities (McChesney, Gerken, & McDonald, 2005). However, some generalizations can be made.

Hispanics are proud of their families and frequently only seek support from immediate family members, extended families, or friends as coping strategies to different situations (Hanline & Daley, 1992; Lopez et al., 2005). The situation is compounded among Hispanic families with children with disabilities. For these families, seeking needed social support beyond their families is very stressful. This is because some have a sense of denial toward the disability of a family member (Lopez et al.; Salas-Provance, Erickson, & Reed, 2002) that inhibits their ability to participate in rehabilitation programs. They prefer to seek support from extended family, or may overprotect their child with a disability to the point that they severely limit the child's activity. As a

consequence, their participation in recreational activities is next to non-existent (Gannotti, Kaplan, Handwerker, & Groce, 2004; Salas-Provance et al.).

Hispanics have identifiable recreational characteristics due to their culture and family traditions. Because home and family have been documented as important among some Hispanic cultural groups (Wood, 2004), participating in leisure activities outside the home may not be acceptable. Their preferences toward unstructured activities rather than organized activities provided in community recreational centers have been documented (McChesney et al., 2005). They tend to participate in unstructured recreational activities as a way to socialize with their families or as a way to transmit family and cultural traditions (Shaul & Gramann, 1998).

Even though a great number of Hispanic families enjoy participating in physical recreation activities with their immediate and extended family while in their native country (Juniu, 2000), once they move to the United States their activities may be curtailed (Marquez & McAuley, 2006). The reasons for this vary. Some of them lack educational preparation, and as a consequence, they may need to work long hours to provide for their families or work at jobs that have less flexibility with time schedules (Cherlin, 2005; Dergance et al., 2003). Other barriers are language difficulties. Hispanic families perceive that if they do not have mastery of the English language, they are at a disadvantage for better job opportunities, and their chances to be involved in recreational activities might be restricted (Marquez & McAuley). Perceived discrimination has been identified as another factor that restricts the participation of Hispanics in community recreation programs. Hispanics perceived that recreational programs are not developed

based on their preferences (McChesney et al., 2005). Moreover, when families have a child with disability, it can be identified as a barrier among some Hispanics groups (Lopez, et al., 2005; Salas-Provance et al., 2002).

### Purpose of the Study

The purpose of this research was to identify the benefits, patterns, and constraints among Hispanic families with children with disabilities living in the United States regarding participation in physical recreation.

### Statement of the Problem

Physical recreation is an essential ingredient of the quality of life of children with disabilities and their families (Auxter et al., 2005). Many parents want to collaborate with school personnel to help their children reach their maximum potential in recreational settings. Therefore, it is imperative that professionals who provide services for children with disabilities and their families understand the existence of differences among cultural groups.

Even though the rights for participation of individuals with disabilities are protected to ensure equal participation in community activities like recreation, there is lack of understanding and lack of research regarding barriers that limit families of children with disabilities' participation in physical recreational activities (Mactavish & Schleien, 2004). Research on patterns of recreation has been conducted primarily with white, middle class families with few participants of other ethnic groups (Beart et al., 2001; Mactavish & Schleien, 1998, 2000a, 2000b, 2004; Mactavish et al., 1997; McLachlin, 1991; Perry, 1994; Turnbull & Ruef, 1997), and most of the research has

been conducted on individual benefits (An & Goodwin, 2007; Ennis, 2003; Keller et al., 2005; Stuart et al., 2006; Rynders et al., 1993). There is limited research examining the benefits of participation in physical recreational activities for the family as a whole (Mactavish & Schleien, 1998, 2000a, 2004). In addition, there is a lack of research on Hispanic families regarding their recreational patterns (Marquez & McAuley, 2006), especially on those families with children with disabilities (Hulme, Effle, Jorgensen et al., 2003).

Hispanics are the fastest growing ethnic group in America (Blue-Bannin, Turnbull & Pereira, 2002; Lopez et al., 2005; U.S. Census Bureau, 2000). Hispanics are less active than whites in recreational physical activities (Hulme, et al.; Marquez & McAuley, 2006; Xiaoxing & Baker, 2004). In an effort to promote more activity, the barriers to recreation that Hispanics share with other cultural groups, as well as those that are unique to them, need to be identified (McChesney et al., 2005).

### Conceptual Framework

According to Christian (2006), to be effective in serving children with disabilities, professionals need to understand that families may have different values and customs. A variety of frameworks do exist that aid in understanding families that have children with disabilities. Some of these conceptual frameworks include ecological theory (Bronfrenbrenner, 1979), general systems theory (GST), and family systems theory (Turnbull & Turnbull, 1991).

Ecological theory is based on the concept that systems are interconnected with the environment (Bronfrenbrenner, 1989). The individual influences the environment and the

environment impacts the individual (Brofenbrenner, 1989; Turnbull & Turnbull, 1994). General systems theory (GST) is used to explain the behavior of a variety of complex systems (Boss, Doherty, LaRossa, Schumm, & Steinmetz, 1993). It postulates that all systems share related characteristics that allow them to function as a system, and that a system must be understood as a whole instead of trying to understand the individual parts. General systems theory focuses on systems in general, and is the basis for the development of other theories known as systems theories. One of the systems theories is known as family systems theory.

The family systems theory served as the conceptual framework to guide this study. This theory purports that each family member is influenced by other family members. Instead of focusing on the individual's behavior, this theory focuses on the behaviors of the family unit as a whole (Turnbull & Turnbull, 1991).

Some of the characteristics of the family systems theory that apply to this research include roles (family members' job descriptions), boundaries (knowing cultural backgrounds), climate (family environment), hierarchy (who's the "boss") and equilibrium (how the disability affects the family). Turnbull and Turnbull (1991) indicated that four principles are important to understand the effect that a child with a disability has on the family. These principles include: (a) nature of the disability, (b) characteristics of the family, (c) individual characteristics of each family member, and (d) life changes due to a family member with disability.

## Research Questions

The following research questions guided this study:

What are the perceived benefits of family recreation of Hispanic families with children with disabilities living in the United States?

What are the patterns of family recreation of Hispanic families with children with disabilities living in the United States?

What are the perceived constraints for participation in physical recreation activities of Hispanic families with children with disabilities living in the United States?

How do Hispanic families with children with disabilities living in the United States overcome constraints to participate in physical recreation activities?

## Delimitations

The delimitations of this study are:

1. Hispanic parents of children with disabilities who receive Adapted Physical Education services in a local school district in the North Texas area and Hispanic parents of children with disabilities who participate in the aquatics program for children with disabilities at Texas Woman's University.
2. Only one school district was purposely selected.
3. The use of the interview questions developed for the purpose of this investigation.
4. Numbers of participants recruited in this study.

## Limitations

The limitations of this study were:

1. The purposeful sampling procedure selected for this study limits on the generalizability of findings to other Hispanic families with disabilities.
2. The parents' description of perceived physical recreation patterns and barriers.
3. The interview questions and demographic sheet were sent to the participants in advance, but this process was not possible with all participants.

## Definition of Terms

The following definitions were used throughout this investigation.

Conceptual Definitions:

*Adapted Physical Education:* refers to the art and science of developing, implementing, and monitoring a carefully designed physical education instructional program for a learner with a disability, based on a comprehensive assessment, to give the learner the skills necessary for a lifetime of rich leisure, recreation, and sport experiences to enhance physical fitness and wellness (Auxter et al., 2005).

*Constraint:* refers to any relative and/or relevant factor that mitigates between a possible activity and one's opportunity for involvement in that experience (Henderson & Bialeschki, 1993)

*Disability:* A physical or mental impairment that substantially limits an individual person in one or more of his/her major life activities (such as walking, talking, breathing, or working).

*Extended Family*: refers to anyone outside the nuclear family who has a close relationship with the child. It includes, but is not limited to, aunts, uncles, cousins, nieces, nephews, grandparents, and close friends (DeOrnellas, 1997).

*Family*: refers to a group of two or more people who reside together, and who are related by birth, adoption, marriage, or maintain an intimate relationship (Cherlin, 2005; U.S. Census, 2000).

*Nuclear Families*: for purpose of this study, refers to mother, father, and their children (DeOrnellas, 1997).

*Physical Activity*: Any bodily movement produced by skeletal muscles that results in energy expenditure and produces health benefits (Cooper et al., 1999; Kelly & Darrah, 2005; United States Department of Health and Human Services, 2000).

*Recreation*: Voluntary participation in activities or experiences that provide satisfaction for the individual or group involved.

#### Operational Definitions:

*Constraints for Physical Recreation*: For the purpose of this dissertation the terms constraints and barriers were used interchangeably. Constraints/barriers refer to anything that inhibits people's ability to participate in physical recreation, to spend time to do so, to take advantage of physical recreation services, or to achieve a desired level of satisfaction (Henderson & Bialeschki, 1993).

*Ethnic Group*: refers to a segment of a larger society whose members share a common culture, have a common origin, and participate in shared activities (DeOrnellas, 1997).

*Hispanic Families:* The term Hispanic is an adjective that covers a very diverse group with respect to family patterns. These groups include people from Mexico, Puerto Rico, Cuba, and Central and South America (Cherlin, 2005).

*Family Recreation:* refers to any activity that two or more members of the same household enjoy participating in together (Mactavish & Schleien, 2004).

*Parent:* refers to father or mother; one who begets or one who gives birth to or nurtures and raises a child; a relative who plays the role of guardian.

*Patterns of Physical Recreation:* refers to a representation of the characteristics of physical recreation found in a specific population.

*Physical Recreation:* refers to freely chosen, enjoyable experiences which involved gross body movement and are described as sport, exercise, fitness, dance, or outdoor activities (Henderson & Bialeschki, 1993).

## CHAPTER II

### LITERATURE REVIEW

The purpose of this research was threefold: a) to identify the benefits of physical recreation of Hispanic families with children with disabilities, b) to identify the patterns of physical recreation of Hispanic families with children with disabilities, and c) to identify constraints for participation in physical recreational activities among Hispanic families with children with disabilities living in the United States. The review of literature is presented under the following headings: (a) Benefits of Physical Recreation, (b) Patterns of Physical Recreation of Individuals with Disabilities, (c) Barriers for Participation in Recreational Activities, (d) Overcoming Barriers for Participation in Recreational Activities, (e) Conceptual Framework, and (f) Cultural Issues: Parents with Children with Disabilities. Additional subdivisions are presented under each major heading.

#### Benefits of Physical Recreation

Participation in physical recreation provides not only individual benefits, but collective benefits as well. Therefore, the following section is divided into two major divisions. These are: individual benefits of physical recreation and family benefits of physical recreation.

## *Individual Benefits of Physical Recreation*

Multiple benefits are believed to accrue from being physically active. Many professionals have recognized its importance for the promotion of physical, social, and psychological benefits for individuals with and without disabilities. Some of the benefits of participation in recreational physical activities for individuals with disabilities (children and adults) and their families that have been identified are: perceived improvement in health status (Anderson Bedini & Moreland, 2005; Zabriskie et al., 2005), provision of opportunities for physical fitness (Darrah & Kelly, 2006; Heyne & Schleien, 1996), perceived improvement of fitness components (Anderson et al.), reduction of stereotypical behaviors (Crollick, Mancil & Stopka, 2006; O'Connor et al., 2000), friendship development (Martin & Smith, 2002; Schleien, Heyne, & Breihan-Berkea, 1998), learning of family and social values (Keller et al., 2005), adding to life experience (Iwasaki, Mactavish, & Mackay, 2005; Iwasaki, Mackay & Mactavish, 2006), providing a sense of belonging (Keller et al.; Mahon, Mactavish, & Bockstael, 2000), reducing stress (Iwasaki et al., 2005; Mactavish & Iwasaki, 2005), an increased self esteem and confidence (Groff & Kleiber, 2001; Heyne, 1993), enhancement of quality of life (Mactavish et al., 1997; Zabriskie et al.), increased socialization (Groff & Kleiber, 2001; Heyne & Schleien, 1996; Martin & Smith, 2002), and connecting with other family members (Mactavish & Schleien, 1998, 2000a, 2000b, 2004; Mactavish et al., 1997). The degree and immediacy of these benefits to participation in physical recreation varies from person to person; however, their value has been demonstrated.

Zabriskie and colleagues (2005) administered questionnaires to individuals with disabilities ( $N = 129$ ) that examined the perceived outcomes of participation in a community-based therapeutic recreation and adapted sports program for individuals with disabilities. The participants were recruited from one of two programs: an Alpine skiing program or a horseback riding program. Participants in the skiing program were involved in one of the following sessions: a three-week session, a five-week session, or both. Each session was provided one day a week from 1 to 6 hours in duration. Program protocol for participants in the horseback riding program was similar to the skiing program. Participants perceived that the programs enhanced their overall health, improved their quality of life and the quality of their families' life and the quality of their social life.

Physical activity is important for all people including those with Down syndrome. Rimmer et al.'s (2004) study involving adults utilized an exercise program that combined aerobic and strength exercises for 52 adults with Down syndrome ( $M$  age = 39.4 years). After participating in a 12-week program for 4 days/week for 45 min/day, the participants significantly improved their fitness and muscular endurance, and reduced body weight.

Similar findings were obtained in children with disabilities using an exercise training protocol. Physical training that focuses mostly on aerobic capacity has proven to improve the physical activity level in children with cerebral palsy (Maltais, Pierrynowski, Galea, & Bar-Or, 2005). Additional benefits of physical activity for this population included improved strength of different muscle groups without affecting movement abilities or spasticity (Morton, Brownlee, & McFadyen, 2005). Morton et al.,

acknowledge that progressive resistance training appears to be a safe, accessible, and effective means to increase muscle strength in children with cerebral palsy.

Aerobic capacity, muscle strength, and flexibility are essential components for being physically active in home-based and community-based recreational physical activities. However, there are different alternatives in terms of how individuals with and without disabilities can target these areas. A viable option for home or community-based recreational activities that can be used to enhance physical fitness components is swimming (Hutzler, Chacham, Bergman & Szeinberg, 1997; Kelly & Darrah, 2005; Yilmaz, Yanardag, Birkan, & Bumin, 2004).

Swimming environments have been frequently mentioned as one of the preferred activities of families that include children with disabilities (Longmuir & Bar-Or, 2000; Ennis, 2003; Mactavish & Schleien, 2004; Kelly & Darrah, 2005; Killian, Joyce-Petrovich, Menna, & Arena, 1994; Prupas, Harvey, & Benjamin, 2006; Yilmaz et al., 2004; Yu-Pan, Frey, 2005). Yilmaz et al. conducted a case study with a nine year old with Autism to determine the effects of water exercises and swimming on motor performance and physical fitness. The intervention consisted of 10 weeks, 3 times/week for 60 min each session using the Halliwick Method. The results of this study indicated that balance, speed, agility, aerobic capacity, and power scores increased after participation in the aquatic program. The benefits of swimming activities go far beyond merely promoting fitness enhancement in children with disabilities.

A carefully designed aquatic intervention resulted in improved swimming skills in children with Autism (Huettig & Darden-Melton, 2004). Prupas et al. (2006) presented a

unique aquatic program for individuals with Autism and their parents. The instructors of the program provided a range of activities to parents that they could use to participate in their community (e.g., aquatic parks, community parks) with their children.

Swimming programs can be used to enhance fitness components but also serve as an alternative to developing skills that are pre-requisites for participating in other recreational activities. Aquatic programs reduce stereotypical behaviors that are commonly reported among children with Autism (Yilmaz et al., 2004). These maladaptive behaviors can be reduced either in swimming environments or by a wide repertoire of physical recreational activities (Crollick et al., 2006; Darrah & Kelly, 2006; O'Connor et al., 2000).

O'Connor et al. (2000) conducted a case study to identify the effects of a walking exercise intervention on behavior and physical activity levels in a child with Autism. The authors performed pre-and post-tests to determine the cardiovascular fitness level of the participant using the run/walk for 12 min on a 200 m walking track. The participant wore a heart monitor to measure heart rate. During the pre-test, the participant required 16 verbal or physical prompts (saying participant's name and/or touching his or her shoulder) to complete the task. During the intervention, the researcher used a variety of prompts to maintain intensity during the physical activities and to promote on-task behavior. After nine months of participating in the program, the participant increased the distance walked in 12 min, decreased the number of prompts required to perform the activity, and decreased the amount of stereotypical behaviors.

Stereotypical behaviors can jeopardize the socialization skills of many children with disabilities (Crollick et al., 2006). However, one of the benefits attributed to participation in physical recreation activities is the opportunity to make new friends. Play should be children's work (Nieuwenhuys, 1996). Therefore, to the maximum extent possible, children must be actively involved in play and physical recreational activities. Many children with disabilities lack the necessary play skills pertinent to making new friends (Turnbull & Ruef, 1997). Friendship development can be promoted through physical activity environments. An integrated physical education program with an emphasis on recreational activities was found to be an effective environment to encourage social play in children with and without Autism (Schleien et al., 1998). Recreational activities are not only beneficial for children with disabilities, but also provide benefits for the whole family (Mactavish & Schleien, 2004).

#### *Family Benefits of Physical Recreation*

The following review of literature pertains to non-Hispanic populations as no literature could be identified or retrieved related to the purpose of the study. As previously stated, the benefits that can be achieved individually as a result of participating in recreational physical activity can also be of collective benefits for families of children with disabilities. Using a mixed method design, in 1998, Mactavish and Schleien studied parental perceptions regarding the benefits of family recreation in families ( $N = 65$ ) that included children with a developmental disability. The authors used a 4-point scaled survey and interviews as the main source of data collection. The survey

consisted of open-ended questions with the purpose of identifying the perceived benefits of family recreation.

The parents' responses highlighted some of the benefits families perceived they could obtain through the participation in recreational physical activities. Mactavish and Schleien's (1998) findings are supported by other research studies. These studies revealed the following benefits: making the family closer (Mactavish & Schleien, 1998, 2000a, 2000b, 2004; McLachlin, 1991), giving opportunity to do something fun as a family, improving parental communication with their children, improving the quality of life (Mactavish & Schleien, 1998, 2000a, 2000b, 2004), learning family and social values, learning recreational skills, improving satisfaction with family life, improving marital relationships (Mactavish & Schleien, 2004), improving parenting skills, improving coping skills to deal with stress, improving communication between parents, improving quality of marriage, and improving communication between siblings (Scholl, McAvoy, Rynders, & Smith, 2003; Turnbull & Ruef, 1997).

Expanding on these findings, Mactavish and Schleien (2004) conducted a similar study using a mixed method approach. The researchers administered a questionnaire ( $N = 65$ ) and performed interviews ( $n = 16$ ) to identify benefits of, and constraints to, family recreation in families that include children with developmental disabilities. The researchers found that in single-parent families recreational activities are used as a way to socialize with other families. Other findings of this study were consistent with Mactavish and Schleien's study (1998) and with a study conducted by Iwasaki et al. (2005). Iwasaki and colleagues conducted several focus groups on (a) Aboriginal individuals with

diabetes, (b) individuals with physical disabilities, (c) older adults with arthritis, (d) gays and lesbians, and (e) a group of professional managers. The researchers intended to identify how the participants interpreted their experiences and meanings associated with stress and to identify the process and mechanism for stress coping. They reported that families placed great value on recreational physical activities because the activities enhanced community support, family cohesiveness, family empowerment, opportunities to meet other families who shared similar characteristics, and stress reduction.

Some of the most popular forms of recreational physical activities identified in the literature included the participation in martial arts, walking, swimming, relaxation techniques, bike riding, and sport-like activities. Yet, preference in terms of recreational activities varied according to the type of disabilities, age of the individual with a disability, and individual interests (An & Goodwin, 2007; Bedini & Anderson, 2005; French & Hainsworth, 2001; Jones, 2004).

#### Individual and Family Patterns of Physical Recreation of Individuals With Disabilities

The findings of Mactavish et al.'s study (1997) are supported by other research (Mactavish & Schleien, 1998, 2000a, 2000b, 2004; McLachlin, 1991; Perry, 1994). The findings indicated that recreation for these families infrequently took place in community settings, and that the majority of these activities took place at home (Law, King, King, et al., 2006; Mactavish & Schelein, 2004; Perry, 1994). A study, was conducted in which parents of children with Down syndrome were interviewed (McLachlin, 1991). Parents indicated they tended to participate in various types of recreational activities like sport-related activities, traveling, and watching TV. However, these families also tended to

participate in sport leisure activities (swimming, fishing, biking, and playing tennis) depending on which family members were participating.

Single-parent families demonstrate more involvement in physical activities than in entertainment activities with their children with a disability (Mactavish & Schleien, 2000a, 2000b, 2004). Parents who have dual careers often participate in physical activities at home. In contrast, traditional families (mother at home, father at work) are more involved in entertainment activities. Swimming has been reported as the activity most popular among families of children with disabilities when the whole family participates (Ennis, 2003; Mactavish & Schleien, 2004). Further, swimming is reported to be one of the most popular forms of physical recreation among youth with physical disabilities when other family members are not present (Yu-Pan et al., 2005).

Mactavish et al. (1997) reported that some families tend to share recreation with immediate family members, especially during the summer season, holidays, and weekends. Even though physical recreation is the most preferred form of recreation among families of children with disabilities, the types of activities and who participates in these activities vary according to family structure. Families of children with disabilities tend to participate in small groups in order to make activities more manageable (Ennis, 2003; Jones, 2004; Mactavish et al.; Turnbull & Ruef, 1997).

Mactavish and Schleien's 2004 study established that families with children with disabilities tend to participate in three different patterns of recreation: (a) all family, (b) small groups, and (c) sub groups. Each family is unique. Therefore, group preferences vary among each family's needs and desires. Some parents of children with disabilities

need a break away from their children. Therefore, they prefer to participate in some recreational activities without their children (McLachlin, 1991), and because it might be too difficult for their children to participate in these types of activities (Ennis, 2003).

On the other hand, many parents of children with disabilities make a conscious effort to ensure recreational activities are pleasant for their child. Therefore, these activities tend to occur in small groups led mostly by one parent, mainly the mother (Mactavish & Schleien, 2000). Mothers have higher expectations regarding the benefits of recreational activities than do fathers (Ennis, 2003; Mactavish & Schleien, 2004). Additionally, family recreational activities tend to be informal (Lawet al., 2006) and not all family members are included. Mactavish and Schleien (1998) indicated that family recreation seems to be very important for families of children with disabilities. The researchers reported that when participating in recreational activities with their children, parents tend to organize the activities based on their children's needs even though that requires a lot of planning. Family recreation might be the only option that children with disabilities have; therefore, parents believe that their child's recreational opportunities are their responsibility (Leyser & Cole, 2004). As a consequence, they try to integrate their children into different community recreational activities. However, this is not an easy task. Families of children with disabilities frequently have to deal with different constraints that impinge on their participation in physical recreation.

### Barriers for Participation in Physical Recreation Activities

Several studies have explored the reasons for lack of participation in physical recreation. Despite the many benefits that can be derived from an active lifestyle, some

children with disabilities and their families do not routinely participate in physical recreation (Anderson et al., 2005; Bedini & Anderson, 2005; CDC, 2007). Even though families value recreational activities, participation in these activities is not always pleasant (Mactavish & Schleien 1998).

This section is divided based on the different categories of barriers for participation in recreation presented in the literature. Heyne and Schleien (1996) drew attention to some of the barriers faced by families of children with disabilities. These professionals sorted barriers into five main categories: (a) attitudinal (stereotype from the community); (b) administrative (lack of training); (c) architectural; (d) programmatic (lack of curricular materials and lack of programs); and (e) family constructs (child's disability, financial constraints, overprotective parents, lack of knowledge on modifications, lack of time and conflicting schedules, lack of transportation, lack of help, etc.). Similar categories have been identified in other research studies (Anderson et al., 2005; Beart, et al., 2001; Ennis, 2003; Finch, et al., 2001; Heller et al., 2002; Jones, 2004; Keller et al., 2005; Mactavish & Schleien, 1998, 2000a, 2000b, 2004; Stuart et al., 2006).

### *Attitudinal Barriers*

The first major category under barriers for participation in recreation is attitudinal barriers. Individuals with disabilities have the opportunity to enjoy their right to participate in community recreational programs, and it is common to observe them sharing facilities with individuals without disabilities. However, just by placing individuals with disabilities in an inclusive environment, does not guarantee friendship

development or a positive attitude by individuals without disabilities (Ennis, 2003; Rynders et al., 1993).

Results from many studies indicate the need for more disability awareness within the community (French & Hainsworth, 2001; Jones, 2004). One of the many frustrations parents faced when participating in recreational activities and/or programs with their children was they perceive the need to educate the community in terms of their child's disability (Iwasaki et al., 2005; McLachlin, 1991; Scholl et al., 2003; Turnbull & Ruef, 1997). In some instances, parents were not bothered because of the need to educate the community, but other families preferred to stay at home to avoid people making fun of their child, staring at them, or feeling sorry for them (McLachlin). To compensate for these attitudinal barriers, there should first be a change in the administrative attitudes toward individual differences in community-based and school-based recreational programs (An & Goodwin, 2007; Bedini & Anderson, 2005; French & Hainsworth, 2001).

### *Administrative Barriers*

Due to advocacy by many over several years, participation in recreational activities by individuals with disabilities has resulted in the development of school-based and community-based programs. Moreover, different laws like the Individuals with Disabilities Educational Act (U.S. Department of Education, 2004) emphasized that families need to be part of the multidisciplinary team when prescribing the educational programs for their children with a disability. When developing these programs, family needs and interests should be considered. Because of legal mandates, many programs

switched from a child-centered approach to a family-centered approach. Although many programs claim to be family-centered, the reality is that personnel in many programs are not prepared to work with families, least of all with families that include children with disabilities (McBride, Brotherson, Joanning, Whiddon, & Demmitt, 1993). Parents perceive that programs are not meeting their needs and the program's staff lack the training required to work with children with disabilities (Gannotti et al., 2004; Geenen, Powers, & Lopez-Vazquez, 2001; Jones, 2004; McBride et al., 1993; Turnbull & Ruef, 1997). This lack of training can be either in terms of activity modification or in terms of how to deal with behavioral problems.

A mixed method approach was used to identify the effects of an outdoor recreation program for individuals with disabilities (School et al., 2003). Based on the perception of 24 families, the researchers identified the challenges families faced when trying to participate in family recreational activities. The participants received pre-program training to obtain basic camping skills, to assess appropriateness of the camping experience, and to anticipate support needs. A pre and post-survey was administered to identify changes in family cohesion, adaptability, satisfaction, strength, and barriers to family recreation. The quantitative data indicated an increase in family cohesion and a decrease in the perceived constraints that did not allow the whole family to be actively involved in recreational activities. The qualitative data revealed that the staff demonstrated lack of skills in how to handle the behavior problems of the children and/or lack of knowledge in terms of the etiology of the behavioral problems of their children. However, parents perceived that the personnel demonstrated excellent skills regarding

activity modification so their children could participate in this program, regardless of the architectural barriers.

*Architectural barriers.* The third barrier for participation in physical recreation identified in the literature is architectural barriers. The Americans with Disabilities Education Act of 1990 prohibits discrimination in employment, public accommodations, transportation, and state and local government services. This law broadened the scope of Section 504 of 1973 (school settings) and mandated non-discrimination in the private sector. One of the impacts of this legislation was to allow access to leisure and travel services, recreation, and sport facilities (Auxter et al., 2005). Even though the law required access for individuals with disabilities to recreational facilities, this was not always the case. Some of the barriers that still exist today include narrow hallways and lack of elevators, ramps, and hand rails. These are only some of the barriers families are facing without considering the lack of programs available for them to participate in as a family.

*Programatic barriers.* The lack of programs available in the community for individuals with a disability is forcing them to be engaged in a more sedentary lifestyle (Anderson et al., 2005; Bedini & Anderson, 2005; CDC, 2007; Jones, 2004; Mactavish & Schleien, 2004; Mactavish et al., 1997; McLachlin, 1991). Consequently, their participation in physical activity is minimal when compared with individuals without disabilities (Henderson, 1999; Longmuir & Bar-Or, 1994, 2000). Watching TV has been reported as one of the most practiced activities among individuals with disabilities (Leyser & Cole, 2004). Sedentary lifestyles in conjunction with other family constraints

may interfere with the participation of children with disabilities and their families in physical recreation programs.

### *Families' Construct Barriers*

So far four of the five barriers for participation in physical recreational activities were discussed. The fifth barrier, families' construct encompasses a number of familial issues that may be attributed to the lack of participation in physical recreation. The barriers of family construct regarding participation in recreational activities by families of children with disabilities include but are not limited to: (a) the child's disability, (b) financial constraints, (c) overprotective parents, (d) lack of knowledge in modification, (e) lack of time and conflicting schedule, and (f) parental level of education. These barriers vary among families. Additionally, these barriers are not present in all families with a family member with a disability (Mactavish & Schelein, 2004).

*Child's disability.* The first subcategory under family construct is the child's disability. The participation of individuals with disabilities in physical recreation activities may be restricted due to physical, psychological, and behavioral limitations (Lomgmuir & Bar-Or, 1994,2000; Mactavish & Schleien, 2004). The severity of the disability has been reported as one of the barriers for participation in physical recreation by children with disabilities and their families (Finch et al., 2001; Mactavish et al., 1997; Manns & Chad, 1999; McLachlin, 1991). Children with behavioral problems tend to have limited participation in recreational programs because parents might feel embarrassed about the child's behavior (McLachlin, 1991). Alternatively, children with physical disabilities that impinge their mobility, may be limited in participation because parents

might feel overwhelmed taking care of the arrangements in order for their child to be able to participate.

McLachlin (1991) used in-depth interviews to identify the impact that a child with Down syndrome had on leisure patterns of families ( $N = 25$ ). Participating parents indicated that their child's disability impacts parent's behaviors, and participating siblings reported feelings of frustration. Due to their sibling's disability, they were not able to participate in their preferred activities. Mactavish et al. (1997) explored this lack of participation of siblings. They indicated that families with a child with a disability tend to organize their activities around the needs of the child with the disability. In some cases, parents are forced to hire a baby-sitter or assistant to help them take care of their child while participating in recreational activities (Scholl et al., 2003). As a consequence, in addition to the medical care of their child, parents have increased expenses.

*Financial constraints.* Individuals with disabilities evidenced higher stress levels than individuals without disabilities due to financial constraints. Besides having to deal with their disabilities, these individuals experience other constraints in life such as lack of social support, financial problems, and depression (Iwasaki et al., 2005; Iwasaki et al., 2006; Mactavish & Iwasaki, 2005). Financial constraints are commonly reported among parents with children with disabilities (Mactavish & Schleien, 2004; Mactavish et al., 1997; McLachlin, 1991). Due to medical appointments, therapies, and medication for their children, parents spend great amounts of money. As a result, they may limit their participation in community-based recreational programs (Law, et al., 2006).

Family income influences where activities will occur. Parents with lower income tend to spend time in church activities (Keller et al., 2005). In a qualitative study conducted in the United Kingdom by Beart et al. (2001), the authors conducted five focus group interviews with youth and adults with learning disabilities ( $N = 29$ ) to identify which leisure opportunities young people and adults with a mild/moderate learning disability participate, which activities they would wish to access, and the perceived barriers to leisure access. Some of the barriers participants reported facing when trying to participate in recreational activities included: lack of support, money, and transportation. However, there is evidence that indicates when parents are not able to take care of the cost of recreational facilities; they tend to participate in recreational physical activities that require no money like walking, swimming, and or riding a bike (Mactavish & Schleien, 2004; Mactavish, et al., 1997).

Even though parents make arrangements to manage financial problems, there are other factors that affect their participation in physical recreation. One of these factors is the severity of disability that determines the types of activities in which their children and the family will participate. In many cases parents of children with disabilities are overprotective of their child.

*Overprotective parents.* The third category inherent to families' construct barriers is overprotective parents. Many parents are concerned about their children with disabilities in relation to free time, friendship, and recreation (Rynders et al., 2003; Stuart et al., 2006). Some studies indicated that parents are afraid of their children getting hurt while involved in these types of activities (Anderson et al., 2005; Ayvazoglu, Oh, &

Kozub, 2006; Stuart et al.). Sometimes parents perceive that they can protect their children from being hurt by limiting their opportunities to participate in physical recreation activities.

Ayvazoglu et al. (2006) used a mixed method research design to explore physical activity in children with visual impairments. The participants were visually impaired children ( $n = 6$ ), their siblings ( $n = 6$ ), and their parents ( $n = 5$ ). The qualitative data in this study were collected by interviewing the parents and their children with a disability. The quantitative data were derived using activity counts over a seven-day period during summer vacation using triaxial accelerometers for all participants (children with disabilities, siblings, and one parent from each family). Also information about participant's height, weight, and age was collected. The quantitative results indicated that younger children with disabilities were more active than older children with disabilities. This is consistent with literature that reports that as children age, their participation in physical recreation activities decreases (CDC, 2007; Law, et al., 2006; Leyser & Cole, 2004; Longmuir & Bar-Or, 1994; Stuart et al., 2006). Parents were more active at the same time their child with visual impairment was active. Similarly, siblings were more active at the same time. The qualitative data demonstrated that some parents of children who are visually impaired were overprotective and did not allow their children to participate in recreational activities perceived by their parents as dangerous. Stuart et al. (2006) found similar results. In addition, when the visually impaired children were interviewed, safety was not a major concern for them. Their concern was that other

children would make fun of them and that they would not know what to do in recreational physical activities.

Parents play a critical role in their child's life. The higher the parents' expectations toward their children's ability to participate in physical activities, the greater the chances for their children to be actively involved in community-based physical recreational programs (Heller et al., 2002; Heyne, 1993; Stuart et al., 2006). Stuart et al. used a variety of data collection tools. A survey was administered to visually impaired children ( $n = 25$ ) ages 10 to 12 years and their parents ( $n = 25$ ). To record demographic information three inventories were administered: (a) the Parent Value Inventory, (b) Expectations for Success Inventory (Dempsey, Horn, & Kimiecik, 1993; Jacobs & Eccles, 1992), and (c) Barriers Inventory (Stuart et al., 2006). The children completed the Child Value Inventory (Eccles et al., 1983 as cited in Stuart et al.).

The results of this study indicated that as vision loss increased, parents' expectations for their children's ability to be physically active decreased. Parental expectations in this study were tied to the degree of vision of the child and perceived barriers by parents. Some of these barriers were fear of injury, inability of teachers to assist their child, lack of access to other children with vision problems, other children making fun of them, lack of confidence, and available activities (Stuart et al., 2006).

*Lack of knowledge in modification.* An additional barrier within families' construct is the lack of knowledge in terms of modification. Recreation involvement for children with disabilities depends on the support and effort of the families (Anderson et al., 2005; Bedini & Anderson, 2005; Jones, 2004; Mactavish et al., 1997; Yu-Pan et al.,

2005). Parents are role models for their children with a disability (Auxter et al., 2005) but, they may lack the knowledge needed to make appropriate modifications for their children to enable them to participate in recreational activities. Families of children with disabilities may lack the ability to integrate their children in community programs (McLachlin, 1991) and/or may lack the necessary skills to modify physical activities so their children can participate (Sayers, Cowden, & Sherill, 2002). However, it is clear that parents know their children better than anyone else, but sometimes parents do not know what their children are capable of doing (Scholl et al., 2003; Jackson & Turnbull, 2004). Some of the major problems parents tend to face associated with modifications are lack of knowledge of how to modify physical activities and/or equipment and not knowing how to deal with their child's behavior when participating in inclusive recreational settings. It is common for families with a child with a disability to participate in small group activities because it is difficult for them to coordinate the entire family's schedule (Mactavish & Schleien, 2004).

*Lack of time and conflicting schedules.* Parental lack of time and conflicting schedules has been reported as the major barrier families with children with disabilities face in participating in recreational activities (Mactavish & Schleien, 1998, 2000a, 2000b, 2004; Mactavish et al., 1997; McLachlin, 1991). Mactavish et al. (1997) used a mixed method research design to identify patterns of family recreation in families that included children with a developmental disability. An additional purpose of this research was to identify which family members participated in family recreation and where family recreation occurred. A total of 65 surveys were administered and 16 individual interviews

were conducted. Results indicated that some of the reasons for conflicting schedules were parents' work, children's therapies, and other family members' commitments. Because of their busy schedule at work, families tended to have split shifts, which impinged on parental opportunities to spend time simultaneously with the family. These issues created frustration among the parents and feelings of exhaustion.

*Parental level of education.* Parental level of education is the final barrier under families' construct presented in this section. There is a high correlation between participation in recreational activities by children with disabilities and the educational level of their parents (Law, et al., 2006). Keller et al. (2005) suggested that a reason for these results might be that parents with less education may have jobs that have less flexible work schedules, affecting the time during which they can participate in recreational activities with their children. Law et al. reported lower participation of children with disabilities when parents had incomes lower than \$30,000 and had a lower level of education.

In contrast, having a child with a disability does not always affect family participation in recreational activities (An & Goodwin, 2007; McLachlin, 1991; Zabriskie et al., 2005). Families of children with disabilities incorporate different tasks in order to have an active participation in physical recreation activities (Iwasaki et al., 2005; Mactavish & Schleien, 2004; McLachlin, 1991; Rynders et al., 2003; Stuart et al., 2006; Turnbull & Ruef, 1997). However, their strategies to overcome these barriers to participation in physical recreation vary among each family. Some of these tasks help

children with disabilities and their families to overcome constraints related to participation in physical recreation.

### Overcoming Barriers for Participation in Physical Recreation Activities

In order to deal with physical recreation constraints, individuals with disabilities and their families used different strategies to overcome such constraints. Depending on the severity and functionality of the disability, the child is able to modify his/her activities in order to be active in physical recreational activities (Yu-Pan, et al., 2005). If the individual with the disability is not able to modify on his or her own, family members or friends help with these tasks (Iwasaki et al., 2005; Scholl et al., 2003; Zabriskie et al., 2005).

Stress is commonly identified in individuals with disabilities. Iwasaki et al. (2005) identified how adults with disabilities describe and interpret their experiences and meanings associated with stress and the mechanism process they used as a coping strategy toward stress reduction. Participants acknowledged the value of recreational participation, but most were engaged in sedentary recreational activities (e.g., watching TV). However, those who were involved in more active recreational activities indicated that they participated in recreational activities as a way to feel “normal” and as a way to deal with stress situations. Participation in recreation may give a sense of empowerment and a sense of balance in life for individuals with disabilities. The benefits that arise from being involved in physical recreational activities are valuable for any individual with or without a disability regardless of age.

Family recreational needs, interests, and experience may be the key to promoting active participation of children with a disability (Mactavish & Schleien, 2004). The needs of each family may vary according to different factors (e.g., child's disability, family constraints). Some recommendations for overcoming barriers for participation in recreational physical activities include: more community awareness, need for more recreational programs, and the need for more extended hour programs (McLachlin, 1991; Rynders et al., 1993; Turnbull & Rued, 1997). Furthermore, Rynders, Schleien, and Matson (2003) provided excellent suggestions for increasing children with disabilities participation in recreational activities: involve parents, identify children-preferred activities, use task analysis of each activity, employ modifications, and conduct focus groups to identify strategies to overcome barriers.

Parental feedback is a way to acknowledge families' experiences and needs. Through phone interviews, families ( $N = 17$ ) provided several suggestions they used to increase their child's participation in recreational activities (Turnbull & Rued, 1997). Some of these suggestions included having a companion, participating in programs for special populations, and learning as a family to reduce family worries. Parents tended to generalize into the community what their child learned at school. In a more recent study, Stuart et al. (2006) summarized recommendations to promote physical activities by parents and their children who are visually impaired. These recommendations were to provide support for blind children, provide more transportation, and encourage more knowledgeable physical education teachers. The children provided additional suggestions, such as having someone to be physically active with, having peers that do

not make fun of them, and having opportunities to participate. These alternatives are only some solutions of how families of children with disabilities overcome barriers to participating in physical recreation activities.

### Conceptual Framework

Professionals need to understand and appreciate feelings and needs of the family (Johnson, 1988). Professionals who work with school-age children with disabilities are focusing on meeting the needs of the children but lack consideration toward family needs (Fiorini, Stanton, & Reid, 1996). The input that families can give to other professionals is vital to the implementation of new strategies. In addition, it is important to consider that all family stress might not be related solely to a family member with a disability (Fiorini et al.). Therefore, professionals need to take into consideration all family members when developing physical or recreational programs. Parents' perspectives on issues within the family may be vastly different from the other siblings in the household (Guite, Lobato, Kao, & Plante, 2004).

There are different frameworks that help to understand child, parent, and family functioning of families that include children with disabilities. Three such conceptual frameworks are ecological theory (Bronfenbrenner, 1979), general systems theory, and family systems theory (Turnbull & Turnbull, 1991). In the following paragraph each of these frameworks is explained.

#### *Ecological Systems Framework*

Ecological theory is based on the concept of systems in which the systems are interconnected with the environment (Bronfenbrenner, 1989). A system is defined as a

combination of components related indirectly or in a direct manner to each other wholeness is a characteristic of a system, because certain behaviors occur due to the impact of other systems. To be exact, individuals and their environments shape and change each other (Devine & Wilhite, 1999). Ecological theory proposes that the individual influences the environment and the environment impacts the individual (Turnbull & Turnbull, 1991, 1994). Few, Stephens, and Rouse-Arnett (2003) indicated that perception, values, and beliefs were not developed by chance, but were influenced by their interaction with the world. According to Bronfenbrenner (1989), behaviors result as the individual interacts with the environment.

The Bronfenbrenner's ecological systems theory (1989) presents a hierarchy of systems at four levels (microsystem, mesosystem, exosystem and macrosystem) that affect the development of an individual. The microsystem (1<sup>st</sup> level) is the relationship between an individual and his/her immediate setting (e.g., home, school, peer groups, workplace). The mesosystem (2<sup>nd</sup> level) is considered the tie of a child with the community (e.g. relationship between home and school, school and workplace, etc.). Exosystems (3<sup>rd</sup> level) are the social settings in a person which does not directly participate, but it does affect his/her life (e.g., for a child, the relation between the home and the parents' workplace; for a parent, the relation between the school and the neighborhood group). The last level is the macrosystem which includes different societal rules, customs, principles, beliefs, and values.

Ecological theory involves the assessment and evaluation of the individual with a disability and the environment in which the individual is participating (Devine & Wilhite,

1999). Ecological theory has the potential to provide the basis to address different factors that cause and maintain lack of inclusion of people with disabilities into the community (Munson, 1991). One of these factors is the lack of appropriate physical recreation programs for individuals with disabilities. This lack of programs affects the participation and therefore the quality of life of the individuals with disabilities and their families.

Ecological theory highly values the interaction of the individuals with the environment or other subsystems. However, this is not the only approach that can be applied when studying individuals with disabilities and their families. Other theories like general systems theory (GST) value the interaction of different systems without neglecting the importance of the environment, but at a lower scale.

### *General Systems Theory*

General systems theory serves as a basis for the development of other theories. Originally this theory was used in the fields of military and industrial services, but after the cold war from 1940s to 1960s, other fields like psychology and psychiatry started incorporating this theory in their research and practices with families. This theory helps to understand the complexity of family systems. General systems theory is used to explain the behavior of a variety of complex systems (Boss et al., 1993). It attempts to identify the characteristics that are common among systems. The basis of this theory is that all systems share some characteristics that allow them to function as a system (interrelated with one another and with the environment). This theory also indicates that a system must be understood as a whole instead of trying to understand the individual

parts. Based on this perspective, APE professionals needs to consider the effect of the disability on other areas such as recreation and family interaction.

Systems theories can be used to understand intrafamily processes like family functioning, family communication, family conflict, adaptation to changes, etc. Family processes can be understood as the product of the entire system. This theory (GST) focuses on systems in general. Different systems theories are derived from GST, these theories are known as systems theories (Boss, et al., 1993).

### *Family Systems Theory*

Family systems theory is an extension of GST. The family is seen as a system consisting of series of subsystems. Some examples of these subsystems can be marital subsystem, siblings subsystem, etc. (Turnbull & Turnbull, 1991). Family systems theory sees change as a process that impacts the whole family, rather than a single family member.

Boss, et al. (1993) made a simple explanation of systems and related this to families. They indicated that all components of a system were independent, and that behaviors of the components exhibit mutual influence. If this concept is applied to the family, each family member's behavior affects every other member. However, the degree of impact that arises from having a family member with a disability varies from family to family. According to Turnbull and Turnbull (1991), every family is unique, but the characteristics of the disability will influence how the family reacts to it. This theory also considers the unique characteristics, needs, and strengths of each family and its members.

Families' needs and strengths are influenced by the boundaries developed by each system.

From a family systems perspective, each system has boundaries. These boundaries can be either open or closed. Open boundaries are when a family allows situations from the outside to influence them. Closed boundaries are when families isolate themselves from external influences. It has been indicated that Hispanics tend to seek support from immediate or extended family, but they may be reluctant to seek support from external agencies (Geenen et al., 2001; Hanline & Daley, 1992; Salas-Provance et al., 2002). However, according to Turnbull and Turnbull (1991), no family system can be completely open or closed. It is important to understand that family systems are not static; rather, they are constantly changing as a consequence of having a family member with a disability.

Turnbull and Turnbull (1991) presented a conceptual framework that helps to understand the family as a system. This framework is composed of four major components: family characteristics (structural dimension), family interactions (structural dimension), family functions (functional dimension), and coping and adaptation skills (life cycle dimension). When working with families in recreational settings, it is important to consider all factors (structural, functional, and life cycle) in order to better support families, especially those families that include children with a disability.

*Family characteristics.* Each family characteristic may influence the way families react to the disability of a child. Cultural background is one of the main characteristics of a family. Hispanics families may react very differently to a disability than do Anglo

families. A reason for a different reaction among Hispanics may be because Hispanic families may have a sense of denial toward having a family member with a disability (Salas-Provance et al., 2002). Other characteristics that need to be considered are family size, the type of disability, individuals within the family, and the network of relationships (Turnbull & Turnbull, 1991).

*Family interaction.* Turnbull and Turnbull (1991) referred to family interaction as the network of relationships that exist within families and the different ways in which a family member with a disability impacts the family. They divide these interactions into four subsystems: marital, parental, sibling, and extended. Hispanic families rely on their extended families for social support when dealing with different situations, especially when having a child with a disability (Hanline & Daley, 1992).

*Family functions.* Family functions are defined as the different tasks that families carry out in order to meet their needs. Some examples include economic, daily care, recreation, socialization, affection, self definition, and education/vocational. It has been reported that participation in recreational programs among families that include children with disabilities is limited, but families of children with disabilities value recreation as a part of their life (Mactavish & Schleien, 2004; Mactavish et al., 1997; McLachlin, 1991).

*Life cycle.* According to Turnbull and Turnbull (1991), the impact of a family member with a disability can be present in different stages in life. Turnbull and Turnbull list seven stages in which different changes can occur. These are: becoming a couple, birth and early childhood, school age, adolescent, young adult, post-parental, and aging. Each stage brings its own demands in addition to the impact of having a disability. For

that reason, when trying to promote participation in physical recreational programs the onset of the disability needs to be considered.

According to Christian (2006), Family systems theory can explain why members of a family behave the way they do in a given situation. Therefore, family systems theory was used to guide this research study. The rationale for this is to identify why Hispanic families with children with disabilities living in the United States participate or do not participate in physical recreational activities. In addition, to identify how they overcome constraints, if any to participate in physical recreation.

### Cultural Issues: Parents of Children With Disabilities

#### *Anglo Parents*

Family center models of service indicate that all families have strengths, competencies, aspirations, and interests. All these factors determine what constitutes appropriateness, support, and services for families (Torrey, 1997). Professionals are agents of support for families (Mactavish & Schleien, 1998; Summers et al., 2005). Support empowers families to utilize their strengths and competencies. Therefore, professionals who work with children with disabilities, beside knowing all the facts regarding their student's disabilities, should know the needs of their families as well (Fiorini et al., 1996; Geenen et al., 2001; Kozub, 2001; Summers et al., 2005; Wang, Mannan, Poston, Turnbull, & Summers, 2004).

Each family is unique and their needs may vary based on their ethnicity, socioeconomic status, family composition, education (Fiorini et al., 1996; Howard, 1993), and disability of their children (Betz et al., 2004). Therefore, the services provided

to each family need to be culturally appropriate (Fiorini et al.; Kozub, 2001). Families of children with disabilities suffer from stress as a consequence of their child's disability. Additionally, parents of children with disabilities experience worries, depression, tiredness, feelings of incompetence, and marital conflicts (Brantlinger, 1991; Howard, 1993; Pelchat, Lefebure, Proulx, & Reidy, 2004; Summers et al., 2005; Jackson & Turnbull, 2004; Yatchmenoff, Koren, Friesen, Gordon, & Kinney, 1998). Research indicates that Anglo families of children with disabilities tend to identify different coping strategies to deal with these situations (Howard, 1993; Leyser & Cole, 2004; Mactavish & Schleien, 2004).

Some of the coping strategies utilized by families and their members include finding and utilizing resources from the community (Ward, 2004). The support parents receive from the community and from their extended family has proven to reduce the stress of having a child with disability (Baranowski & Schilmoeller, 1999; Emmet-Gardner, & Scherman, 1994; Mahoney & O'Sullivan, 1992; Matur & Smith, 2003; Yatchmeneoff et al., 1998). Recreation is another coping strategy to reduce stress among these families (Iwasaki et al., 2005; Mactavish & Schleien, 2004). School and community recreation programs that address the needs, interests, and experiences of families of children with disabilities may serve as support for these families (Mactavish et al., 1997).

Parents are role models for children's attitudes and practices (Auxter et al., 2005; Ayvazoglu et al., 2006). The extent to which parents participate in daily recreational activities with their child impacts their child's attitude toward participation in these kinds of activities. However, sometimes parents do not know how to parent a child with a

disability (Brantlinger, 1991; Jackson & Turnbull, 2004). Additionally, many lack information regarding how to modify recreational activities in which they can participate in at home or in the community with their children (Ayvazoglu et al., 2006). As a result, some families of children with disabilities tend not to participate in recreational community activities because of the lack of knowledge how to modify an activity (Brown & Pacini, 1989; Ennis, 2003).

Many children with disabilities lack social and motor skills required for participating in recreational community activities. Parents in Anglo families recognize that the time available at school to develop these motor skills is not enough. For this reason, if parents are taught activities they can practice with their children, the result could be greater involvement in recreational programs (Betz et al., 2004). Parents recognize that by having their children participating in recreational activities skill improvements can occur (e.g., motor skills, socialization skills). According to Mactavish and Schleien (1998), some families of children with disabilities perceive recreational activities as an extra therapy for their children and highly value the benefits of the participation in these activities.

### *Hispanic Families*

Professionals in the area of recreation, physical education, and adapted physical education need to focus on family involvement in their programs to promote better performance for their clientele (Torrey & Ashy, 1997). Professionals who work with different cultural groups lack understanding of family values, interests, and beliefs. Hispanics families tend to rely on extended families for support and for information

about how to participate in school activities (Gannotti et al., 2004; Geenen, et al., 2001; Hanline & Daley, 1992; Salas-Provance et al., 2002). Therefore, it is important that professionals who work with families from other cultures understand these characteristics so they can provide sound services according to the needs of each family.

### *Hispanics Families With and Without Children With Disabilities*

Hispanics are the fastest growing ethnic group in America (U.S. Census, 2000). Cherlin (2005) indicated that the term Hispanics is an adjective that covers a very diverse group with respect to family patterns. These groups include people from Mexico, Puerto Rico, Cuba, and Central and South America. Besides country of origin, there are differences in terms of race, ethnicity, socioeconomic status, values, belief and customs, and Spanish linguistic variations among Hispanics population (Lopez, Lopez, Wilkins et al., 2005; Xiaoxing & Baker, 2004). Therefore, special considerations need to be taken when trying to generalize characteristics or interventions to all Hispanic communities (McChesney et al., 2005).

Much research has been conducted among American families regarding their perspectives of having a child with a disability, but it has been reported that certain differences might be present among different cultural groups like Hispanics (Blue-Bannin et al., 2002; Hanline & Daley, 1992; Lopez, et al., 2005; Xiaoxing & Baker, 2004). Hanline and Daley (1992) reported that Hispanics were proud of their families and sought support from immediate and extended families, or friends as coping strategies to different situations. The support received from their relatives helped them to feel a sense of competence. However, among Hispanic families with children with disabilities, seeking

social support may affect their sense of competence (Salas-Provance et al., 2002).

According to Salas-Provance et al., some Hispanics may have a sense of denial toward having a family member with a disability. Consequently, they may not participate in rehabilitation programs because this might be perceived as a sign of weakness. Therefore, they prefer to seek support from the extended family (Gannotti et al., 2004).

Gannotti et al. (2004) conducted a qualitative study to identify similarities and differences between Latino (Hispanic) and Euro-American families of children with disabilities in their use of services, perceived unmet needs, and expectations of health care providers. The participating families voiced their frustration in regard to the lack of communication between the medical and educational professionals who work with their children. Additionally, Hispanic and Euro-American parents indicated that obtaining services at school (e.g., occupational therapy, physical therapy, speech) for their children with a disability was a cumbersome experience. These families perceived that meeting their children's needs was their responsibility. A way in which they might tend to meet their children's needs is by overprotecting them. This overprotection of their child with a disability may result in a limitation of their participation in recreational activities (Anderson et al., 2005; Ayvazoglu et al., 2006; Stuart et al., 2006).

Blue-Bannin et al. (2002) conducted a qualitative study to examine the perspectives of Hispanic parents of youth and young adults with disabilities regarding their hopes and expectations for their child's future. The results of this study demonstrated the desire of Hispanic parents for their children to have an active participation in the community, for their child to be accepted, and for their child to be

successful in the areas of employment, future living, and leisure time. Regarding leisure time, parents wanted their children to participate in activities similar to same age peers without disabilities.

### *Physical Recreation Patterns Among Hispanics*

Home and family have been documented as important among some Hispanic cultures (Blue-Bannin et al., 2002) like Mexican American (Wood, 2004), and leaving home for leisure activities may not be acceptable. In the United States, Hispanics are less physically active than Caucasians (Dergance et al., 2003; Healthy People, 2010). Hispanics have identifiable recreational characteristics due to their culture and family traditions. Their preferences toward unstructured activities rather than organized activities such as those offered in community recreational centers have been identified in the literature (Juniu, 2000; McChesney et al., 2005). Hispanic families emphasize male dominance for participation in recreational activities. Consequently, recreational activities might be divided by age and gender (Juniu). According to Juniu, a great number of Hispanic families enjoy participating in recreational activities with their immediate and extended family. However, when they arrived in the United States, some of their recreational patterns changed, impacting their participation in recreational family activities.

Shaull and Gramann (1998) indicated that Hispanics in their native countries tend to participate in recreational activities with immediate and extended families as a way to socialize with their families or as a way to transmit family and cultural traditions. But upon arrival in the United States, recreational interaction was mainly with their

immediate families. An explanation for these changes in recreational patterns might be the result of new immigrants not having a big kinship network in this country. Another explanation might be that they might have to work away from their families or they might be forced to work long hours to maintain their families (Lopez et al., 2005). A reason for working long hours may be due to lower paying jobs because of lack of education (Lopez et al.; Shaull & Gramann, 1998).

First generation Hispanics may have lower levels of education. Consequently, they may have to work in jobs that have less flexible time schedules (Cherlin, 2005). Low level of education among first generation Hispanics is common because they believe they have to work to maintain their families (Lopez et al., 2005). However, subsequent generations value the importance of education, therefore, they encourage their children to stay in school (McGoldric, Giordano, & Pearce, 1996).

Shaull and Gramann, (1998) reported that when educational levels increased, the importance of family-related recreation benefits decreased. Educational levels tend to be higher among second and third generation Hispanics and the higher the level of generation (1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> generation), the more acculturated the individual may be. At higher levels of acculturation the likelihood to participate in recreational activities with their friends rather than with their extended families increases. On the other hand, some Hispanic families tend to be big and when the number of children in the family increases, family-related recreational activities increase as well (Carr & Williams, 1993). There are also barriers that affect the participation of the Hispanic community in recreational activities.

## *Barriers for Participation in Recreational Activities Among Hispanics*

Hispanics are less active than Caucasians in recreational physical activities (Hulme et al., 2003; Wood, 2004; Xiaoxing & Baker, 2004). Some of the participation barriers among Hispanics' recreational activities are very similar to Caucasian families (Beart, et al., 2001; Ennis, 2003; Finch et al., 2000; Heller et al., 2002; Keller et al., 2005; Mactavish & Schleien, 1998, 2000a, 2000b, 2004; Mactavish et al., 1997; Stuart et al., 2006), such as lack of time and conflicting schedules (Hulme et al., 2003; McChesney et al., 2005). Differences between the two cultures (Hispanic and Caucasian) have been identified in the literature. Some of these barriers include: lack of information in regard to how to support their children, language difficulties (Gannotti et al., 2004; McChesney et al., 2005), ethnic prejudice encountered in the community resulting in withdrawal and isolation from the community (Blue-Bannin et al., 2002), and perceived discrimination (McChesney et al.).

According to Gannotti et al. (2004) Hispanic families lack knowledge, information, and support in regard to becoming an advocate for their children with a disability. As a consequence they may not perceive physical recreation as an essential element in the life of their children with a disability. Another reason why Hispanic parents may lack information about how to advocate for their children is their lack of ability to speak English (Gannotti et al., 2004).

Language difficulties have been identified as a barrier among Hispanics with regard to social interaction (Gannotti et al., 2004; Geenen et al., 2001; McChesney et al., 2005). Hispanic families perceive that if they do not have mastery of the English

language, they are at a disadvantage for better job opportunities. Poor communication can lead to feelings of discrimination in the country.

Hispanics perceived that recreational programs are not developed based on their preferences in regards to activity selection and time schedules (Blue-Bannin et al., 2002; McChesney et al., 2005). Moreover, when families include a child with disability, it can be identified as another barrier among some Hispanics groups (Salas-Provance et al., 2002).

### Summary

An essential ingredient for reaching one's full potential is an active life style that contributes to health and happiness. Participation in recreational activities is one of the primary ways one maintains an active life style that has both individual, as well as collective, benefits for the family. This is particularly true in families with individuals who have disabilities because most of their activities occur within the family unit (An & Goodwin, 2007; Anderson et al., 2005; Law, et al., 2006; Mactavish & Schleien, 2000, 2004; Martin & Smith, 2002;; Zabriskie, Lundberg, & Groff, 2005).

Physical recreational activities of families with a child with a disability tend to be informal, and are usually directed by a family member (Bedini & Anderson, 2005; Leyser & Cole, 2004; Mactavish & Schleien, 1998, 2000, 2004; Mactavish et al., 1997; Yu-Pan, Frey, Bar-Or, & Longmuir, 2005). Frequently it is the mother who modifies the activity to accommodate the child with the disability (Law et al., 2006). When families are unable to modify their daily activities to participate in physical recreation, the child with a disability often lapses into a pattern of inactivity that could be a precursor to a sedentary

life style. These inactivity patterns are due to barriers that are related to the family characteristics; however, some are related to factors outside of the family like weather constraints, lack of programs, etc... (Beart, Hawkins, Stenfert, Smithson, & Tolosa, 2001; Ennis, 2003; Keller, Bost, Lock, & Marcenko, 2005; Mactavish & Schleien, 1998, 2000, 2004; Mactavish et al., 1997; Scholl, McAvoy, Rynders, & Smith, 2003; Stuart, Lieberman, & Hand, 2006).

Some of the barriers faced by Caucasian families with a child with a disability are reported in five main categories: (a) attitudinal (stereotype from the community), (b) administrative (lack of training), (c) architectural, (d) programmatic (lack of curricular materials and lack of programs), and (e) family constructs (child's disability, financial constraints, overprotective parents, lack of knowledge on modifications, lack of time and conflicting schedules, lack of transportation, lack of help, etc). Cultural constructs also are barrier to participation.

Certain differences might be present among different cultural groups like Hispanics. Some of the barriers to Hispanics participating in recreational activities are very similar to those of Caucasian families, but there is a paucity of research that includes Hispanic families with children with disabilities as participants. Therefore, the purpose of this research was threefold, (a) to identify the benefits of physical recreation of Hispanic families with children with disabilities, (b) to identify patterns the of physical recreation of Hispanic families with children with disabilities, and (c) to identify constraints for participation in physical recreational activities among Hispanic families with children with disabilities living in the United States.

## CHAPTER III

### METHODOLOGY

This study was conducted to identify the benefits, patterns, and constraints to participating in physical recreation of Hispanic families with children with disabilities living in the United States. Qualitative research techniques were used to gather and analyze the data. The methods are presented under the following sub-headings: (a) Selection of the Research Methodology, (b) Selection of the Participants, (c) Instruments, (d) Data Collection, (e) Data Analysis, and (f) Validation of the Findings.

#### Selection of the Research Methodology

A qualitative research method design was used to address the research questions of interest (Creswell, 2003). This type of research is frequently used in recreation studies about children with disabilities (Mahon et al., 2000) and their families (Heyne & Schleien, 1996; Mactavish et al., 2005; Mactavish & Schleien, 2000a; Turnbull & Ruef, 1997) and adults with disabilities (Iwasaki et al., 2006; Iwasaki et al., 2005; Mactavish & Iwasaki, 2005). Other research has been conducted using a combination of quantitative and qualitative research or mixed method design (Ayvazoglu et al., 2006; Mactavish & Schleien, 1998, 2000a, 2000b, 2004; Mactavish et al., 1997). This type of methodology is used when the researcher may want to generalize findings to a population and develop a detailed view of the meaning of a phenomenon or concepts of individuals. In this

particular study, the primary investigator wanted to understand the physical recreation patterns of Hispanics families with children with disabilities, but the ability to generalize to a larger population was limited. Therefore, mixed methods were not used with this study.

Even though qualitative research is still in its infancy stage in the field of Adapted Physical Education, many professionals have recognized the value of this type of methodology. According to Denzin and Lincoln (2003), through qualitative research, researchers can get closer to the participant by capturing the individual's point of view and examining their constraints of everyday life which will yield a rich and thick description. In addition, qualitative research is appropriate when a phenomenon needs to be understood due to the paucity in the literature (Creswell, 2003).

Different types of qualitative research methods have been identified in the literature with conflicting information. Five different types of qualitative research are: (a) narrative, (b) ethnography, (c) case studies, (d) grounded theory, and (e) phenomenology (Creswell, 2003). Patton (2002), on the other hand, described these types of qualitative research as different theoretical traditions in qualitative inquiry. He proposed eight different perspectives. These perspectives are: (a) ethnography, (b) autoethnography, (c) reality testing, (d) constructivism, (e) phenomenology, (f) heuristic inquiry, (g) ethnomethodology, and (h) symbolic interaction. Moustakas (1994) refers to them as models: (a) ethnography, (b) grounded research theory, (c) hermeneutics, (d) phenomenology, and (e) heuristics. Finally, Denzin and Lincoln (2003) present these as four strategies. These strategies are: (a) biographical method; (b) ethnography and

participant observation; (c) grounded theory; and (d) phenomenology, ethnomethodology, and interpretive practice.

Grounded theory and phenomenology studies have similarities and differences. Both are inductive approaches that try to understand peoples' experiences in a rigorous and detailed manner. However, in grounded theory researchers try to identify categories and concepts, and then try to generate a theory of process, action, or interaction (Denzin & Lincoln, 2003). In contrast, phenomenology is a qualitative research approach that questions the premise that social reality can be determined via scientific inquiry alone. The phenomenological perspective views social phenomena as constituting not one, but a set of multiple realities requiring subjective methods of inquiry (Patton, 2002).

Phenomenology was selected as the qualitative research method for this dissertation. Creswell (2003) indicated that the purpose of phenomenological research was to identify the essence of human experience concerning a phenomenon. Patton (2002) provides a similar perspective regarding phenomenological approaches. He indicated that this type of research tries to identify how human beings make sense of their experience. In other words, the researcher wants to know how the individuals involved perceived, described, felt about it, judged, and made sense of a particular phenomenon. Therefore, this methodology was selected for this study. Moustakas's (1994) framework was used as the primary source for applying phenomenological approach.

Moustakas describes the phenomenological approach based on the following principles:

1. Phenomenology focuses on the appearance of things.
2. Phenomenology is concerned with wholeness until the essences of a phenomenon or experience is achieved.
3. Phenomenology seeks meanings from appearances and arrives at essences through intuition and reflection on conscious acts of experience and understandings.
4. Phenomenology is committed to descriptions of experiences.
5. Phenomenology is rooted in questions that give a direction and focus to meaning. In this type of research the researcher has a personal interest in whatever he or she wants to know or is intimately connected with the phenomenon.
6. The subject and object are integrated.
7. At all points in an investigation intersubjective reality is part of the process.
8. The data of experience, personal experiences, and judging are regarded as the primary evidences of scientific investigation.
9. The research question is the focus and guides the investigation. Every method relates back to the question and provides a portrayal of the phenomenon that is layered in its textures and meanings.

## Selection of Participants

Prior to the selection of the participants, the investigator obtained approval from Texas Woman's University's Institutional Review Board (IRB) office. The participating parents for this study were recruited from the aquatics program for children with disabilities at Texas Woman's University and from a local school district in the North Texas area. A purposeful sampling was used to identify possible candidates to participate in this study (Creswell, 2003; Patton, 2002). The reason for selecting a purposeful sampling was in accordance with the purpose of the study. The selection criteria required that participants were born in a Hispanic country or called themselves Hispanic, and had a child with some type of physical, intellectual, or emotional disability. The recruited participants were Hispanic parents ( $N = 12$ ) of children with congenital or acquired disabilities, ages 5 to 14 years, who participated in the TWU Adapted Aquatic Program and who received APE services in the local school district.

The principal investigator (PI) provided the participants of the aquatics program at TWU with a flyer that included the purpose of the research, time requirements, and contact information. Copies of the flyers appear in Appendix A (English version) and Appendix B (Spanish version). In addition, the PI answered all questions the participants had regarding the research study. The flyer contained all the pertinent contact information necessary to communicate with the PI for any additional information.

The parents from the school district were recruited with the assistance of the director of the district's Adapted Physical Education (APE) program. The APE director provided the phone numbers of potential participants when permission was granted from

the school district's Assistant Superintendent of Academic Programs and TWU's IRB. According to the school district's director of APE services, by September 19, 2006 there were 145 students receiving APE services. From that number, 35 students had a Hispanic last name and of these 35, a total of 10 families (12 participants) participated in the study.

An initial phone call to potential candidates was made to extend an invitation to participate in this study. A sample of the script used in the phone contact appears in Appendix C. If participants showed interest in participating, a second call was made and a flyer was sent to their home with further details of the study. During the second call, the investigator arranged a meeting to conduct the interview. Some of the participants previously participated in a study conducted by the PI. The participants were informed of why they were chosen to participate in the study. The PI explained to them that there is limited research in terms of the nature of physical recreation of Hispanic families with children with disabilities and their participation would help offset this paucity of research.

### Instruments

Two instruments were used for data collection, a personal data sheet and an interview protocol with specific questions. The personal data sheet consisted of short questions to obtain demographic data. Copies of the data sheet appear in Appendix D (English version) and Appendix E (Spanish version). The demographic information included: age of the child with a disability, family composition (single parent, two parents), parental employment, parental education, family income, and number of family members living in the same house. The names of the participants were not listed on the data sheet and a code number was used to avoid identifying the participants' name. The

participant had the opportunity to complete this instrument in their preferred language (English or Spanish). If the participants were not able to read, the PI read each statement for them.

Qualitative data were gathered through one-on-one semi-structured interviews because this method has proven to be an effective way to gather information when individuals with disabilities are involved (An & Goodwin, 2007; Mactavish & Schleien 2004). Copies of the interview protocol appear in Appendix F (English version) and Appendix G (Spanish version). The interviews were conducted in the participants' preferred language (English or Spanish). All interviews were conducted by the PI who is bilingual (speaks English and Spanish).

As a result of previous experience conducting research with some of the participants in this study, the PI decided to give the questions and the demographic information to the participants in advance. This process was not possible to do with all participants because some of the participants were not able to read. The participants who could read received the questions in advance of the interview and found it helpful. This process helped the participants think about the information they wanted to share. Some of the participants indicated that they were glad that the questions were sent in advance because some of them may have forgotten some details if they were requested to answer them on the spot. If the PI perceived that more information was needed, the PI asked them to expound on their answer.

The interviews were recorded and transcribed. The tape and transcriptions were stored in a locked file in Pioneer Hall PH 208A (Chair of Department of Kinesiology). The

transcripts will be kept for 4 years and then destroyed (shredded). After the completion of each interview, the PI transcribed the data. The PI stopped interviewing more participants once the data saturation (i.e. the emergence of no new themes) point was reached (Flick, 1998). A total of ten interviews (12 participants) were conducted. The PI recruited a translator to translate the Spanish interviews to English. To ensure the accuracy of the translations, the PI sent one of the translations performed by the translator to a bilingual researcher. This researcher translated the interview from English to Spanish. Once this researcher completed the translation, the PI read the original transcripts to corroborate the translation made by the second researcher. The content of the interview was the same, with the exception of the use of some translated words. However, these words had the same meaning in Spanish. Therefore, the accuracy of the translation was verified.

Research has been conducted on families with children with disabilities using interview protocols as a means of data collection (An, & Goodwin, 2007; Gannotti et al., 2004; Mactavish & Schleien, 1998, 2000a, 2000b, 2004; Mactavish et al., 1997). Mactavish and Schleien (2004) conducted a research study with families of children with disabilities ( $n = 16$ ) to identify parental perceptions of advocacy activities and their impact on the quality of family life. Recently, An and Goodwin conducted another study where the interview approach was used as a method of data collection. The researcher interviewed seven mothers of children with Spina Bifida to identify their perspectives of their children's experiences in an inclusive physical education setting. The interview approach was used in these two studies because it gave the participants a sense of voice on sensitive topics (Denzin & Lincoln, 2003).

The selection of questions for the interview was based on an extensive literature review regarding recreation for children with disabilities (Mactavish & Schleien, 1998, 2000a, 2000b, 2004; McLachlin, 1991). To ensure content validity of the interview questions and demographic data sheet, the questions were reviewed by a panel of experts in the fields of adapted physical education, recreation, and kinesiology. The questionnaire and demographic sheet were sent via email to the panel of experts. The panels of experts were higher education professors in the fields of adapted physical education, physical education, or recreation. In this email, the purpose of the study and the research questions were included. The panel was asked to read the interview questions and demographic sheet and provide expert feedback. The experts were also asked to review the interview questions to ensure the questions were valid and not leading toward an answer.

A two-week period was allowed for the panel to submit their recommendations. A friendly reminder was sent after the first week to them with the intention of responding to any questions they might have. Once the PI received the recommendations from the panel of experts, the PI made the recommended changes and re-sent the instruments (data sheet and interview protocol) to the panel for their approval. No further changes were recommended.

In addition, the PI conducted a pilot study to ensure the quality of the questions. The pilot study consisted of administering the data sheet and interview questions to a participant with a child with a disability. This participant was asked to provide feedback in regard to the clarity of the interview questions and demographic sheet. Based on this

pilot study, the interview questions were revised and changes were submitted to the TWU IRB office for their approval.

### Data Collection

The interview questions, demographic data sheet, and the consent form (See Appendix I and Appendix J) were sent to the TWU IRB office for approval. These documents were written in both Spanish and English. In addition, the PI obtained permission from the local school district to contact the participants. An approval letter asking to involve the parents of children with disabilities was sent to the school district's Special Education Office Director. After receiving approval, school principals were contacted asking for permission to conduct this study using the Hispanic parents of children with disabilities who receive adapted physical education services on their campuses.

The participants completed a written consent form. The consent form, included the purpose of the research and a statement indicating that participation was voluntary. In addition, participants were advised they could withdraw from the study at any time. The purpose of the study was also verbally explained in the participant's language of preference (English or Spanish). When possible, the consent form, demographic sheet and interview questions were sent home. This allowed the participants an opportunity to expand on their responses.

Once the participants provided written consent, they completed the personal data sheet which was then followed by the actual interview. Next, the PI conducted the interview. All interview questions were open-ended allowing for expansion of responses

by the participants (Creswell, 2003). The PI included probes for some of the questions for clarification if the participants requested clarification. The interviews were conducted in the preferred language of the participant (English or Spanish). Introductory questions were asked to make the participants feel comfortable, followed by a transition to questions regarding nature, benefits, and barriers of physical recreation participation. The individual interviews took place in the location preferred by the participants. Each interview took about 50 to 55 min.

All interviews were audio taped. The purpose of the taping was to ensure accuracy, validity of content, and theme analysis of the individual interviews. After completing each interview, a transcription was made of the tape to allow the researchers to share exact quotes. The transcriptions were made by the PI. The Faculty Advisor and the PI were the only researchers to have access to the tape. The research assistants in this study had access only to the transcription.

### Data Analysis

The seven steps proposed by Moustakas (1994) when conducting and analyzing data from phenomenology studies were followed. The process began with the researcher experiencing the phenomenon through immersion in the words of the participants.

The following steps were used specific to phenomenological qualitative research were used to analyze the data.

1. Listing and preliminary grouping: List every expression relevant to the experience.
2. Reduction and elimination: Test each expression to see if it contains a moment of the experience that is necessary for understanding it and if it is possible to abstract, and label it.
3. Cluster and thematize the invariant constituents: Cluster the invariant constituents of the experience that are related into a thematic label.
4. Check the invariant constituents and their accompanying theme against the complete record of the research participant.
5. Using the relevant validated invariant constituents and themes, construct for each participant an *Individual Textural Description* of the experience and Imaginative Variation.
6. Construct for each participant a *Textural-Structural Description* of the meanings and essences of the experience, incorporating the invariant constituents and themes.

Because Moustakas (1994) does not indicated a need for a frequency counts of responses, this process was not performed.

#### Validation of the Findings

According to Denzin and Lincoln (2003), researchers need to confirm through various qualitative mechanisms the validity of the findings. These include, but are not

limited to: triangulation, member checking, clarifying the bias the researcher brings to the study, presenting negative cases that run counter to the themes, using peer debriefing, and using an external auditor to review the entire project (Creswell, 2003). The processes followed to ensure trustworthiness of the data and personal bias possibilities are described in the following paragraph.

### *Trustworthiness*

To ensure trustworthiness of the data, The PI applied three types of triangulation. These were: (a) field notes, (b) member checking, and (c) adding an additional researcher to perform the data analysis. First, during the interviews, in addition to recording each interview, a researcher took field notes of comments made by the parents, and described their body language. These field notes were used to identify nonverbal expressions that could not be captured in the transcripts. In addition to nonverbal expressions, comments or phrases were recorded. Second, once the transcriptions were available, they were returned to the participants for member checking to ensure that the information collected was accurate (Mactavish & Schleien, 2004; Wang et al., 2004). If the participants were not able to read, the transcripts were read to them. The aim was to ensure accuracy in the responses provided by the participants (Creswell, 2003). Third, as is frequently recommended, the data were analyzed by another researcher in addition to the PI. The other researcher was the faculty advisor at Texas Woman's University. The two analyses were compared first individually and then with both researchers together. Each researcher identified themes of each transcript following Moustakas's recommendations. Then a meeting was arranged with both researchers to discuss the themes of each transcript. If

there was a disagreement between the researchers in terms of the themes, each researcher explained their points and discussions continued until they reached consensus.

### *Researcher's Role*

To gain a better understanding of parental perception, the PI conducted and transcribed the interviews. Also, the PI performed the analysis and interpretation of the results. It is important to mention that the PI is Hispanic and possesses formal education in the field of Adapted Physical Education. The PI has 4 years of experience working with children with disabilities and their families. Furthermore, the PI has been involved in research studies in which the participants were children with disabilities or their families. Recruitment of participants was influenced by the PI's role of Aquatic Director and APE teacher in the local school district.

The PI recognized that his ethnicity and previous experience working with children with disabilities compromised the objectivity of this study. However, it was believed that it was beneficial that Hispanic participants were interviewed by someone of their own culture because they might be more open during the interview process. In order to avoid cultural biases, another professional, who is not Hispanic but possesses previous experience conducting qualitative research analyzed the data in addition to the PI. This researcher was an Adapted Physical Education Professor at Texas Woman's University.

## CHAPTER IV

### RESULTS

The purpose of this research was threefold: (a) identify the benefits of physical recreation; (b) identify the patterns of physical recreation; and (c) to identify constraints, if any, to the participation in physical recreation activities among Hispanic families with children with disabilities living in the United States.

The themes that emerged from each participant's interview as well as descriptive data of each participant will be discussed in this chapter. Three themes are addressed: (a) Psychological Benefits for the Child; (b) Comfortable, Manageable, and Informal Children-Driven Activities; and (c) Internal and External Constraints. These themes are supported by subthemes. The data are presented in the following order: (a) descriptive data of the participants, (b) analysis of data, and (c) interview data on categorical themes.

#### Descriptive Data of Participants

Ten Hispanic families with children with disabilities participated in the study. Both parents were present during two of the interviews for a total of 12 participants. Demographic information about the participants, their child with a disability, and the parents' country of origin are presented in Table 1.

Table 1

*Participants Demographics*

Participant	Participant	Child's Gender	Parent's Country of Origin	Child's Age	Child's Disability	Child lives With
1	Mother	M	Panama	5	DS	Both parents
2	Mother	M	Mexico	7	CP	Both parents
3	Mother	F	Mexico	8	CP	Both parents
4	Mother	2 M	Mexico	(9) (7)	Both Autism	Both parents
5	Mother	M	Guatemala	14	Autism	Mother/stepfather
6	Father	M	Mexico	9	OHI	Both parents
7	Both	F	Mexico	12	DS	Both parents
8	Mother/stepfather	M	Mexico	9	CP	Mother/Stepfather
9	Mother	F	Mexico	9	SB	Mother
10	Both	M	Colombia	7	Autism	Both Parents

DS: Down syndrome

OHI: Other health impairments

SB: Spina Bifida

CP: Cerebral palsy

The participants' countries of origins were Panama, Guatemala, Colombia and Mexico. Eight out of the 12 participants were from Mexico. Eight of the participants were mothers, and four were fathers.

The following information is presented in Table 2: family income, additional children, parental level of education, and parental employment.

Table 2

*Income, Additional Children, Education, and Employment*

Participant	Family Income	Additional Children	Mother Education	Father Education	Mother's Employment	Father's Employment
1	30,000-49,000	2	College/University	College/University	At home Un-paid	Full time Out of home
2	30,000-49,000	2	Middle School	Some post High School	At home Un-paid	Full time Out of home
3	15,000-29,999	4	High School	Middle School	Unemployed	Full time Out of home
4	15,000-29,999	3	Technical College	High School	Part Time Out of home	Full time Out of home
5	30,000-49,000	2	College/University	High School	At home Un-paid	Full time Out of home
6	15,000-29,999	1	Elementary School	High School	At home Un-paid	Full time Out of home
7	15,000-29,999	2	Elementary School	Elementary School	At home Un-paid	Full time Out of home
8	15,000-29,999	2	No formal Schooling	Middle School	Part Time Out of home	Full time Out of home
9	30,000-49,000	2	Some post High School	-	Full time Out of home	-
10	Over 75,000	1	Graduate Degree	Graduate Degree	Full time Out of home	Full time Out of home

Five out of ten participants indicated having an income below \$29,999. Only one family reported having an income over \$75,000. In addition, 6 out of the 10 mothers were unemployed or were full-time care givers. Two fathers and four mothers indicated having a technical or college degree.

#### Analysis of the Data

Ten interviews were conducted with Hispanic parents with children with disabilities. The audio tape recorded interviews focused on identifying the types of

physical recreation activities that families practice, why they practice or do not practice these activities, and what constraints, if any, they experienced when participating in physical recreation.

Each of the interviews were transcribed and analyzed following Moustakas's (1994) phenomenological approach. Data analysis revealed three themes: (a) Psychological Benefits for the Child; (b) Comfortable, Manageable, and Informal Children-Driven Activities; and (c) Internal and External Constraints. Out of the three original themes, eight subthemes emerged. The subthemes in Psychological Benefits for the Child were enjoyment and benefits inherent from physical recreation. The subthemes within Comfortable, Manageable, and Informal Children-Driven Activities were location, participants, range of activities, and available resources. The subthemes derived from Internal and External Constraints were family constraints and administrative constraints. Within each subtheme were additional thematic divisions. The following matrix outlines how the data emerged (see Table 3).

Theme	Subtheme	Sub-subtheme	Sub-sub-subtheme
Psychological Benefits for the Child	Enjoyment	Benefits inherent from physical recreation	
Comfortable, Manageable, and Informal Children-Driven Activities	Location	Participants	
		Range of activities	
		Available resources	
Internal and External Constraints	Family constraints	Administrative constraints	

Table 3

*Theme Matrix*

<u>Theme 1</u>	
Psychological Benefits for the Child	
<u>Subtheme 1</u>	<u>Subtheme 2</u>
Enjoyment	Benefits inherent from physical recreation
<ul style="list-style-type: none"> <li>• Having fun</li> <li>• Doing what the children like</li> </ul>	<ul style="list-style-type: none"> <li>• Entertain their minds</li> <li>• Self-esteem</li> <li>• Physical benefits</li> <li>• To be part of the family</li> <li>• Family responsibility</li> <li>• Transferring family customs</li> </ul>

<u>Theme 2</u>			
Comfortable, Manageable, and Informal Children-Driven Activities			
<u>Subtheme 3</u>	<u>Subtheme 4</u>	<u>Subtheme 5</u>	<u>Subtheme 6</u>
Location of Activities	Participants	Range of Activities	Available Resources
<ul style="list-style-type: none"> <li>• Inside the house</li> <li>• Outside the house</li> <li>• Community facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Own child</li> <li>• Sub groups</li> <li>• Whole family</li> </ul>	<ul style="list-style-type: none"> <li>• Sedentary activities</li> <li>• Physical activities</li> <li>• Individual activities</li> </ul>	<ul style="list-style-type: none"> <li>• Own child</li> <li>• An adult</li> <li>• Family member</li> </ul>

*Theme Matrix*

<u>Theme 3</u>	
Internal and External Constraints	
<u>Subtheme 7</u>	<u>Subtheme 8</u>
Family constraints	Administrative constraints
<ul style="list-style-type: none"> <li>• Child’s disability</li> <li>• Parental desire</li> <li>• Financial constraints</li> <li>• Lack of support</li> <li>• Time constraints</li> <li>• Parental fears</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of programs</li> <li>• Lack of staff training</li> <li>• Lack of appropriate facilities</li> </ul>

Interview Data on Categorical Themes

*Psychological Benefits for the Child*

The motivation to be actively involved in physical recreation varied among the participants in this study. Two subthemes within Psychological Benefits emerged from the interviews. These subthemes were: (a) enjoyment and (b) benefits inherent from participation in physical recreation activities. Additional thematic divisions will be presented from the subtheme related to the benefits inherent from physical recreation.

## *Enjoyment*

A main reason why the participants in this study participate in physical recreation is just to have fun or to get out of their regular routine. Participants 3 and 5 shared similar beliefs. Participant 3 stated that physical recreation serves as an outlet to avoid boredom. “We do it because it is fun to play with the kids and that is mostly it... the kids, they want to go outside and play, it’s boring inside.” In order to avoid boredom and as an escape to the regular routine, Participant 5 indicated that they are motivated to participate in physical recreation to offset boredom. “We need an outlet, we need something to do.”

## *Benefits Inherent From Physical Recreation*

A second subtheme derived under Psychological Benefits for the Child was that of benefits inherent to participation in physical recreation activities. Many benefits have been identified in the literature as a result of participation in physical recreation. Some of these benefits are: health benefits, increased self esteem, and improved quality of life (Anderson et al., 2005; Iwasaki et al., 2006; Manns, & Chad, 1999). Participants shared their perceptions about some of the benefits they perceive while participating in physical recreation activities. These benefits will be presented as additional thematic divisions. These thematic divisions are: (a) entertain their minds, (b) self esteem, (c) physical benefits, (d) to be part of the family, (e) family responsibility, and (f) transferring family customs.

*To entertain their minds.* The first thematic division derived from benefits inherent to participation in physical recreation activities is to entertain their minds (see Table 3). Parents used physical recreation as a tool to keep their children involved in

“positive” activities. Participant 4 realized her children spend too much time in sedentary activities rather than being physically active. “Because when they are here at the house they just want to be watching television, or playing video games, and being out there...they take out all their energy.” And, Participant 6 added, “Let’s say for the children to play and distract their mind a little... well that is the purpose for which we go, for them to play.”

A main reason why parents don’t want their children to be in sedentary activities for long periods of time is because they may be orchestrating mischievous activities instead of focusing on “positive” activities. In this regard, Participant 1 indicated:

Imagine a child that doesn’t do anything, he only thinks about the television, video games, bored, thinking what he can come up with. Understand me...being mischievous. Instead if you keep them busy in educational stuff, I am sure that it motivates them to do different things to learn good things.

Participant 4 also expressed the belief that it is important to keep her children in physical recreation activities because it helps to keep their minds busy in “positive” activities. “Well it’s important to be busy; their minds busy... and at the same time help them to develop physically... and also because it’s important to live as a family outside not just at home... but also outside the home.”

*Self-esteem.* Another finding within the benefits inherent from physical recreation subtheme was the increase in self-esteem. Parents believe that through participation in physical recreation activities like sports, their children may be motivated to participate in activities they normally do not do on their own. Participants 1 and 6 shared almost the

same opinions. Participant 1 stated. "I like for children to do sports to be active... I think that it motivates them." Similarly, Participant 6 also indicated that these types of activities motivated her child.

I believe that it is important. More than anything it motivates him. He doesn't think that he can't do stuff, he just tries to do it. But (child's name), his problem is in his feet... he gets tired fast, but... (child's name) he wants to do it.

Participant 6 also stated that by watching other children playing, his child is motivated to participate. "I think it's important for him to participate... Being in those activities whether it be at church, more at church I think it's where he... like looks at the children and gets motivated to play with them."

In addition, to motivate their children, Participant 3 expressed the belief that participation in physical recreation activities helps her child to increase her self-confidence to try new activities. "Because... she'll be more confident of herself, she'll be able to test herself, and she'll know her limits, how far she can go." Participant 9 also believes that it is important that children know their limits and should not be afraid to participate. Participant 9 understands that if her child does not try to participate in the activities, she might be excluded.

So she stays active and then she does not have to be excluded from activities... so she can learn ways to adapt when she is on her own. Just so, she doesn't get a poor me, pity me attitude... and get into that learned helplessness. So when she goes out on her own with friends or other people she can make those

adaptations without somebody else having to do it for her to develop confidence and independence.

Another reason why Hispanic parents want their child to be involved in physical recreation is that they perceive their children to be more focused while performing these activities. Participant 10 stated:

We think it is very important, especially for (child's name) because I think it helps him to be more focused on things and.... I think my son is in pretty good shape, he is not obese or something like that... we try to keep a balance with the food even though we don't have that much physical recreation. I notice that he enjoys that, when he goes to the backyard and he plays by himself, he enjoys that... and the experience for him at the gym, we have noticed some changes, he is more concentrated, takes turns, and he learned that concept.

In addition, Participant 10 mentioned that after his child participates in physical recreation, his child is calmer at home.

Usually when he has physical activity he is more focused and is calmer at home.

For example if he goes outside and he plays for an hour or an hour an a half when he comes back in he is calmer, more relaxed.

Participant 7 (father) shared the same impressions about being involved in physical recreation in regards to the effect of relaxation on their child. "Well it's important so that she can be, well relaxed... to be pleased, that they feel good that they play a lot...that way they can play a game in which they get tired... for them to feel good."

Overall, parents just want their children to be successful. As Participant 3 stated:

I think is good for her to be active. I don't say I don't want her to go outside and jump on the trampoline or play on the monkey bars. I'd rather have her do it and just be careful, watch her so she can be successful. I mean, I don't want her to be afraid of stuff that she thinks she can't do when she can do it.

*Physical benefits.* Adding to the list of benefits inherent from physical recreation identified by the parents was that of physical benefits. Physical benefits was another finding that the parents identified which was inherent to sub-theme 2. Hispanic parents highly value the importance of being physically active in physical recreation activities. Not only because of the increase in strength, but because it contributes to their overall development. As stated by Participant 2, "It is important because it strengthens his muscles and he could be stronger... and it can encourage him to do more things." Participant 7 (mother) adds to this statement. "For her body to develop better... for her to have fun."

Participant 5 sees participation in recreational activity as a preventive treatment for her child in order to prevent obesity.

I think that for him it is important to be active because he is growing and he is getting older and he is not that heavy right now, I think he is a normal weight, but... I think it is important for everybody to just get exercise.

*To be part of the family.* Hispanic parents deem being together as a family in physical recreation activities to be important. This is a way in which they can demonstrate love for their children and a way for their children not to feel excluded.

Participant 1 stated:

For me it's very important because he needs to be alone, see. But he also needs to be with the family because I think that this way he feels loved, that the family supports him, even though it's small things like that ... he feels...that his family is with him. Besides that fact that we have to help him in many things, so it requires for the family to be there.

Parents believe that if their children with a disability participate with the family in physical recreation, the whole family can motivate them to try new things and practice something other than fundamental living skills. Participants 2, 5, and 10 commented in this regards. Participant 2 stated:

Because when he participates in these activities with the family, he doesn't fear anything. He is encouraged to do it. If he was scared, he then is encouraged to try it... because he sees other children that are normal and he wants to do the same with the other children.

By participating in the same activities with their children, they can help their children to copy the same activities and as a consequence their children can learn.

Participant 10 commented:

He can learn more... also it is important for us to be involved because in that way we can help him... to show him and he can see and copy the same activity. It's

almost like he can do the same activities that we like. If we are not involved in those, he will not.

And Participant 5 responded:

I think it is important to do it with the family because it gets him to be more aware of his family... to get to know the family better and he has more speech. Because I've noticed when I take him out to a new place, he remembers words that we said or we talked about it. He'll speak more, so I think is important for him to be involved with the family.

Participant 3 remarked that it is important for her child to participate with the family, because being a family means be together.

I think is important, so we can involve her more and she won't feel left out...and being a family... I mean, I think we should be together...we do it mainly for them, so they won't get bored, they won't get tired, or they won't hang out with the wrong people.

Participant 10 shared a similar response in regard to the importance of family recreation so her child does not feel left out. "So, she doesn't feel excluded, so she feels like she is part of our family and so she doesn't feel different from everyone else."

In addition to demonstrated love for their children, they participated in these types of activities because they allow them to bond as a family. Participant 9 stated:

We do that so everybody can participate and we can bond as a family... and you know the kids do have to be independent to some extent... but family is very important to us and having that bond and that time together is really important.

*Family responsibility.* Hispanic families believe it is their responsibility to take care of the physical recreation opportunities for their children (See Table 3). They were asked who helps them to take part in these activities and most of the participants indicated that they do it on their own because it is a family activity. Moreover, Participant 8 commented they do the kind of physical recreation activities they currently do mainly because they are enjoyable for their children. “Maybe we never liked it. I don’t like it... but if they like it than we have to do it.”

Participant 10 perceived that it is a family responsibility to help their children to get involved in physical recreation activities in order to motivate their children to participate.

I think if he gets involved in recreational activities as a family, he’ll be more driven to succeed and to try new skills. For example, he likes to swim because I like to swim and he likes the scooter because I like the scooter. On the other hand, with other sports that need more eye-hand coordination like soccer or football, I have no skills on those; therefore he is not good on that. For example, dancing, he loves to dance and sometimes with mom they dance. What I’m saying is that if we get him more involved in x or y activities, he will be more inclined to watch activities.

*Transferring family customs.* Some parents use these activities as a way to transmit family customs, thus identifying this finding within the sub-theme of benefits of participation in physical activities. As Participant 6 stated:

Well maybe for the simple fact, that I am his dad and he may like the fact that he is playing with his dad. I think that for him it is important. Because for me when I played with my dad for me it was important that he would do it with me.

Participant 7 (father) also shared similar thoughts, and indicated that physical recreation is a way in which his children can learn from him. “It is important you can teach them too... well other games, what you already know, maybe she doesn't already know it because she is starting (growing). But you can teach them different games and she can learn from that.”

Participant 8 remarked they as parents are trying to do with their children what their parents did not do with them when they were younger.

So they know what it is...because I would have wanted for my dad to be with us. But from the beginning my dad left us with my grandma and I said: I will not do that with my children. I rather have them be with me, fight me with them... for good or for bad...be with them all the time... It could be that I was raised with my grandparents... and not with my mom or dad even though I still have them. But we do try to be all together.”

### *Comfortable, Manageable, and Informal Children-Driven Activities*

A second major theme resulting from this study was Comfortable, Manageable, and Informal Children-Driven Activities. The sub-themes within this theme of location, participation, range of activities, and resources will be presented (see Table 3).

## *Location of Activities*

The locations in which Hispanic families participate in physical recreation vary because of various factors. Some of these factors are related to weather conditions or resource availability. However, the participating families avowed a preference to participate in physical recreation activities at their home, community parks, or other community settings. In addition, these activities occurred mainly during weekends and during summer time.

According to Participants 1, 3, and 8, depending on the weather conditions, these families tended to participate either inside or outside their homes. Participant 1 declared:

It depends on the weather, because if it is raining we do something inside the house, but if it is not raining and it's not too cold, we go out to the park, play ball, or for example, I have the backyard equipped for the children, you know, trampoline, a park apparatus so we can do physical activity outside, I like to go outside. If I see that it is a nice day, once children get home from school we go outside.

In addition, Participant 1 indicated that beside weather conditions, they need to take into consideration the time that children have available after school.

Also taking into consideration school days... they get here at about four in the afternoon. So during the week I am somewhat limited due to the school schedule. But I think that that is something already established and we cannot change it. And on the weekends, we are outside very early. So, I always try to keep them outside.

If weather does not allow them to be outside, Participant 1 affirmed that their children play passive games inside the house. “I think that inside the home the distraction is minimal. So color, puzzles, read a book. It’s more closed in.”

Participants 1, 3 and 5 remarked that in their community they have access to recreational facilities in which their children can participate. In her community, Participant 1 indicated that they have access to a community pool. But, they used these facilities mainly on weekends and during the summer time. “Well, on weekdays...at least a day like today that is so cold maybe not, but...if during the week...for example during summer time every day in the pool, always outside.” Participant 5 also stated that it is during the summer when they normally access the pool at their community.

Right now we haven’t done that much, but in the summer time we do a lot of that, maybe 3 to 4 times a week. In summer time we go to the pool. We have a pool in the community; we do that a lot in the summer.

Participant 9 does not have access to a community pool, but she said that in their community they have access to a playground where she goes with her children. Although, according to this mother, the playground is not accessible for her child who uses a wheelchair.

I’ll say 2 or 3 times a week. The playground isn’t really handicap accessible for her (child’s name), so it is really hard... so she does more walking around. I mean just rolling around on her wheelchair, interacting with the other kids.

The majority of Hispanic families in this study do not have facilities like pools or playground areas for their children to play in their community. For this reason, they take

their children to community parks. However, this research was conducted during the winter time. As a result, it might be too cold for them to go outside to play in a park.

Participant 6 stated:

Right now we don't go to the parks much, but during the summer time we do.

Yes, we go out frequently, we can go out two times a week and during the weekend we'll go to some park where he plays and runs. A little because he gets tired a lot.

When weather permits, a community park was one of the most common places visited by Hispanic families. There are various reasons why they go to parks. One of the reasons is because it requires them to bring minimal equipment because their children have fun using the apparatus available at the park. One participant acknowledged that they just need to make sure their children are playing safely. "Well sometimes we do, but when we go to a park, they are climbing on all the equipment and we are taking care of them. Let them have fun and we are watching out for them." (Participant 7) Participant 8 also stated comments similar to Participant 7, indicating that they take their children to the park and they just make sure they are safe, but she doesn't get involved in the activities with them. "We only go to the park but they play and we stay watching them. But they do go to the park."

In addition to taking their children to the park, Participant 6 and Participant 10 take their children to other community settings. Participant 10 was the only family indicating that they (mother and father) take their children to horseback riding and gymnastic activities. On the other hand, Participant 6 is involved in church activities with

his family. This father remarked that while at church, his son has the opportunity to interact with other children and be involved in physical recreation activities.

For example, I go to a church and there are children of different ages...and they can play there too. Many times we go out together with them and they play with lots of children, but those are other activities...on Wednesdays I have no time, I get home from work, I hurry, I take a bath and we hurry off to church. At church they play. There are times when all they do is play/ run with other children. I think that helps him.

### *Participants*

Participation in physical recreation by Hispanic families is performed by different family group members. Therefore, the sub-theme of participants was a key finding. According to some participants it is not always possible to include the whole family in physical recreation activities. This was true for Participants 1, 3, 5, and 10.

Participant 1 declared:

Well, mostly me and the children [participate]. Why it's because my husband works the night shift. So during the day he has to rest, because he has a long hour night shift. But when he is free during weekends... then all of us.

Participant 10 responded that not all the members of his family can participate in physical recreation together. Instead, he and his wife take turns participating with their children.

Once a week and but as a family we don't. We don't do anything like going to ride bicycle or something like that. We play ball outside...it can be the mom and my son (child's name), dad and (other child's name), but not all four.

Similar to Participant 10, Participant 5 confirmed that the majority of the time the whole family cannot be involved in physical recreation together. Instead, they take turns participating with their children in these types of activities.

Sometimes we go as a family, but that is very seldom, maybe one time we do it as a family. Most of the times we do it separate, maybe myself, (child's name) and my 10 year old, because I can't go with the two together. I need one person to care for either one of them... as a family we do it sometimes. But separately he takes the little one and I take him (child's name).

Participant 5 stated that a reason why her family has to split up during the activities is because is easier for them to handle these activities.

If we divide, we can do more like we can take a walk first or we can do different things because I'm the only one taking care of (child's name) and he (husband) is the only one taking care of the baby.

Six out of the ten Hispanic families who participated indicated that the whole family takes part in physical recreation activities. Participant 6 declared, "We go as a family, all four of us go. I'll be with him for awhile, or my wife will be with him for awhile, because of the other child that we also have. But we both participate." A reason for them to participate as a family according to Participant 8 is because their family is

very close. “I say because we are very close, I already try to be there with them all the time.”

### *Range of Activities*

Range of Activities was also identified under Comfortable, Manageable, and Informal Children-Driven Activities (see Table 3). In this section, the types of preferred activities in which Hispanic families participated are presented. These activities are mainly individual or sedentary in nature. Some of the individual activities in which children with disabilities of Hispanic families participated in include: swimming, biking, playing with a ball, walking, horseback riding, and bowling.

Participant 2 indicated that she involved her child in riding a bike, kicking a ball, and walking. Furthermore, some of the participants have appropriate space and equipment for their children to play in their backyard. As a consequence, they may have more options of activities they can play. Participant 3 stated, “Raking leaves, going outside, playing with them, they got a trampoline, they got swings, they got bikes, I mean it’s just running around.”

If they don’t have available space in their homes, they take their children to parks in their community where they can enjoy their facilities. Participant 6 stated:

Well, for example if we go out let’s say to some park we’ll go with the soccer ball, many times he likes to play on the slide... he’ll run when we play soccer but not much... and another thing he likes...for example if we go to a store he likes video games, but like I said I think it is the park where... [he has more fun].

Only Participant 8 indicated that she is paying for them to be in an activity at school. In contrast, Participants 9 and 10 mentioned activities that are not practiced by the rest of the participants. Participant 10 commented that in addition to practicing with his child in aquatics activities, he takes his child to horseback riding and gymnastic lessons.

Usually during the summer time we go swimming or horse back riding. Once a while he rides his scooter....during the summer I would say twice a week during the summer time. Usually he is playing in the back yard, we have a big backyard. So he is always running there, playing, beside that some gymnastics class that he goes on Monday's.

Participant 9 indicated that she takes her child bowling. "We go bowling like once every 2 or 3 months. We go play at the playground daily if possible."

Not all participants engaged their family in physical recreation activities. Some of them preferred to spend their time watching television with their children. However, they may try to involve their children and teach them some types of physical recreation, but this is not always possible. Participant 2 mentioned:

Well, watch television, but recreational... it is all bicycles, he doesn't know how to swim and we are teaching him. He is also being taught to kick the ball. He walks but not a great distance; because he can't take it [get's tired].

Participant 7 also mentioned watching television in addition to other passive games. "She likes Memory a lot, she likes to play Mexican cards, she'll play ball here, or Nintendo, but she doesn't know how, but she does like it. She likes to watch TV a lot." It seems that watching television is one of the preferred activities among the participants.

Participant 5 highlighted the fact that the whole family watches movies just for fun. For fun, we usually...we watch a lot of movies... so that is not physical activity... we do a lot of that. We watch a lot of movies, or we go out to the mall; we walk a little bit, but sometimes we just watch movies.

Participant 5 was asked why they normally go to watch a movie rather than other activities, and her response was because it is more comfortable and because sometimes parks in the community are too crowded.

It is comfortable, I can sit them all (laugh)... it is one place I can watch them together. Because is less crowded, especially here in Denton that right now is not too crowded. If I take the kids to a park that is very crowded and sometimes people don't understand that you have a child with disability and you know the kids want to play and touch each other, people don't like that, so I don't risk it. I don't take them to places that are crowded and that includes the parks.

### *Available Resources*

Varying resources are needed in order for their children to participate in physical recreation activities. These resources can be the child, an adult, or a family member. Available resources, the last sub-theme under theme 2, reflected true concerns from the families. However, these sources vary among all the participants. For example, Participant 6 indicated that his own child adapts his activities so he can participate, "Well I could say that he adapts. When he plays, whatever is being played he plays, and when he feels tired he stops." Participant 9 also mentioned that the child makes her own adjustments but if she can not do it, somebody else helps her.

A way in which the daughter of Participant 3 makes her own adjustment is by first watching the activities. If she feels comfortable, she'll do it.

At first I think she will be scared until she tries it and once she gets into it, she'll be fine. I mean we have an example, like I put her in Girls Scouts at Martin Luther King, the first day she did not want to go so I went with her. But then after the first day she thought it was fun and she wanted to go back the next week.

If the child is not able to make his/her own modifications in order to participate in physical recreation activities, Participant 9 stated that she (mother) preferred to rely on her family to make it possible. According to Participant 9, they are very prideful people and they may not feel comfortable asking for help from somebody outside of their family circle.

Hispanic families are very family oriented. We tend to stay within our own family. We are very prideful people. So, for me I'm not going out and seek a scholarship for her (child's name) if I know there is a more disadvantaged family. I'm not going to look for those things unless somebody tells me they are there. Because I feel like if I can pay for her activities or if someone in my family can pay for them, I'd rather that happen then for because we are prideful people, we are raised that way. I know there were times when my parents didn't have money, but they sacrificed for me and my brothers, so that we can have, so we can go with. They went without but we went with...and that is just how I was raised. So I'll go without it means... I don't get a new pair of shoes and I have to keep

wearing my old raggedy shoes... that is what I do. It is how I was raised, it is just I don't know how to explain, it's there from birth; it is part of the Hispanic family.

Participant 9 recognizes that there are funds that can help her to pay for the fees so her children can be actively involved in physical recreation but she prefers not to seek financial support. "I know that the community pays for them... and a lot of Hispanic families are like that; they don't seek out those kinds of things unless somebody tells them they are there."

Participant 9 also indicated that often she needs to be the one who makes the modifications for her child to participate. A reason for this is because the staff in the facilities may be reluctant to include her child with a disability.

An adult...usually me. If I sign her up for an activity or something I talk to them and let them know that she will coming, because a lot of programs don't like her to come. Because they are hesitant, because she is wheelchair bound, so I work with them to make the adjustments on the program.

Parents in this study felt that it is their responsibility to take care of their children's recreational activities. They also felt that it is their responsibility to make the appropriate modifications for them. Participant 1 stated:

For him it is much more and necessary; it motives him and helps his mind start working. It's not something that's easy because at least in my house he does not enter all activities. But I always try to make him. If he does not do it... I ...I mean, for him there are no barriers because he has a disability he can't do it. I

always try and then we can see what he can do and can't do. That it's very necessary, I think so.

Parents also believe that if they are present in the physical recreation activities of their children, their children may be more willing to participate. In some cases, like Participant 2, the child feels more confident if his father is present. "When he is afraid of something, having his dad with him gives him more security. He is the one that helps him do the harder things, like swimming ...he feels more secure with his dad." On the other hand, Participant 1 declared that if the father is not available, other family members, like brothers take care of this task of including their sibling with a disability in the activities. "Well either me or, his brothers are always looking out for him. Our friends sometimes... I am always looking out for him and I help him so he can participate."

Mothers are mainly the ones who are in charge of making possible the participation of their children in physical recreation activities. Participant 5 affirmed, "I take him sometimes but I have to be like literally... I have to go on the games with him, because he'll be touching other kids and he might push them... and parents of course don't want that." This mother mentioned that a reason for her to be involved in her child's activities is because she does not receive help from anybody. She stated, "At home it's mostly myself... because I don't have really anybody. He used to do it with grandparents, and those are the only ones I would trust to do things. But at home is only me."

Participant 10 also felt that it is his responsibility to take care of his child's physical recreational activities. This father also recognized that having a child with a disability makes it difficult for them to manage all of the activities of their children.

Besides us, nobody, we don't have any family here....that will be a good variable because in single families with no kids it is easy, but for us for example to take him to the gym, who else is going to take him, if not us.

Furthermore, Participant 2 avowed that she lacks the skills to tell her child what to do. Therefore, her child needs a specialist to help him in this matter. "He needs to be more active because of his disability and for that he needs a person to teach him, a specialist that can tell him what he should do." Similar to Participant 2, Participant 8 involved her child in physical recreation because it can be used to stimulate movement of her child. "It would be nice for him to participate because I think it will be more movement for him. Because this side [left] he hardly moves it."

### *Internal and External Constraints*

The final major theme resulting from this study was Internal and External Constraints. Two subthemes emerged from the interviews in regards how Hispanic families experienced constraints (see Table 3). These subthemes were: family constraints and administrative constraints. Additional thematic divisions evolved from these subthemes. Hispanic families experience different constraints that might impact their opportunities to be active in physical recreation activities. However, the presence of constraints does not always have a negative effect on being physically active. On the contrary, families negotiate or try to deal with those constraints.

Participants shared their experience in terms of different constraints that may affect their participation in physical recreation and how they deal with these constraints. Above and beyond their family situations, some families perceive they have no constraints. According to Participant 3, they just need to be careful when performing these activities.

I don't think there is anything keeping her from doing recreational stuff; I just think she needs to be more careful. I need to watch her. I mean, she can do anything she wants to... I don't think there is anything she can't do... she just has a harder time doing it, but I have to sit there and watch it, or somebody, an adult, so she won't pass out or something.

In addition, Participant 9 indicated that even though her family may experience some constraints, they try to have fun in everything they participate. "We have fun, no matter what we do... we always laugh, we enjoy our time together. She (child's name) is having some issues with her little brother getting into his own recreational activities.

### *Family Constraints*

The thematic divisions that derived from the sub-theme of Family Constraints were: (a) Child's disability, (b) Parental desire, (c) Financial constraints, (d) Lack of support, (e) Time constraints, and (f) Parental fears (see Table 3).

*Child's disability.* Children with disabilities may have difficulties participating in physical recreation activities. These difficulties vary from child to child. However, even though these constraints do exist, certain facilitators make it possible for them to

participate. Hispanic families perceived they are in need of additional help. Therefore, they voiced their desires toward those facilitations.

Parents of children with orthopedic impairments indicated that their child's disability is what prevented them from being physically active. Participant 6 stated that his child's disability is the biggest constraint challenging his child when participating in physical recreation. "What prevents him is the problem he has of walking on tiptoes, I think it's the biggest barrier he has." In some instances, Hispanic parents perceived that their child's disability does not allow them to be like a normal child. As a consequence their children tend not to participate. Participant 2, a mother of a child with CP stated:

There are some things that prevent him like running, he wants to do it but he can't. It's one of the things. Also, kicking a ball, like a normal child, and there are other things that he wants to do like a normal child. That is the only thing that prevents him... If he is alone, right, he tends not to participate.

Participant 5 also expressed how her child's disability affects her family and her child's participation in different activities including walking activities.

Personally I wish my family would do more things together but with my husband it is kind of hard, because he has to watch the little one. And right now the little one is four, so he is doing tantrums and stuff. So, there are very few places we can take him. Not everywhere. Like if we go to the mall he wants to go into the stores and you know. It's not like we want him to walk, he won't do that. (child's name) gets tired of walking soon, so I don't know if a problem with his legs, because he does walk, but he doesn't like to walk.

The disability of a child also affects the time parents invest in participating in activities with their other children without disabilities. As Participant 5 declared:

Sometimes we'll do it but like for example if is a movie that the little one would want to watch and the big one don't want watch the same thing... or walking to the mall sometimes if hard because (child's name) will be touching people... so if like I have to be always with him and then we hardly have time for the other one which is a 10 years old, she is a girl and she is, you know... she doesn't have any mental disabilities or problems. It is kind of hard keeping all together.

Parents of children with intellectual disabilities also expressed their voices in terms of how their child's disability affects them to participate in physical recreation.

Participant 8 acknowledged:

I think he doesn't really know what he wants to do... because he doesn't think as a normal child. He does think... but at the same time he thinks it's a joke... We play, like I'm telling you...he wants to play but his disability doesn't let him play as we do...well he stops playing. He get's mad because he can't and he leaves the activity.

According to Participant 8, the whole family tries to play with her child, but they don't know what his preferences are. "The whole family tries to play with him. We hardly know what it is that he likes. Because he has his way of playing but...there must be one thing that it is what he likes."

Even though these constraints were presented by these families, Hispanic families try to find ways in which to include their children in activities that the whole family can participate. Participant 1, who has a child with Down syndrome stated:

Well, in his case the fact that he doesn't speak is a factor. Because of his condition, mental retardation...I think he gets things a little slower and his level of development is not equal to his age. But that doesn't keep him from being involved, like I said before I get him involved. And even if he doesn't do anything I try everything possible to involve him. Here, we don't limit anyone because they have a disability or because they are normal, not everyone will be the same.

According to Participant 7, if their child does not understand an activity, the family helps the child to overcome this barrier.

Here if she doesn't understand we can explain it to her...if we are playing a game with her and she doesn't understand...for example we can play cards and we are trying to get evens so you tell her, look that one is not it. Pay attention... and she can see the figure, she gets the right card, she already knows.

Parents do not always need to be in charge to accommodate for their child to participate in physical recreation. The father of a child with Autism (Participant 10) mentioned that often the child himself is capable of entering into these activities. "First he doesn't want to participate, he wants to observe first. Then after he observed he learned how to do it, without participating in the activity... then after a couple of minutes, he joins the activity."

Parents were asked what they deemed necessary in order to increase their child's participation in physical recreation activities. One Hispanic father (Participant 6) values the opportunity to be physically active that his child is obtaining at school. Therefore, he believes that school personnel should keep providing the kind of services his child is currently receiving at school in regards to physical recreation. "Well I think that a help could be that they keep going at school...like you told me that they are doing different types of sports. I think that that is helping him." However, a mother of a child with cerebral palsy wishes her child was more active with children without disabilities who are about the same age of her child.

Be more active but with children his age, not with disabilities, no... of his same age. Yes regular children, so he is not afraid...he won't be afraid in doing it...and being more active, because at home he can't be as active as he needs to be.

Two Hispanic families desired more information in regard to activities they can do with their families as well as places they can go. Participant 6 commented in this regard,

I don't know, maybe more information about how us parents should...let's say... the way in which we should treat...take care of him...while playing, like the way you all help him, you all know how to help him...the way that you all do it is the right way, it's good for us to be informed so that we can also do it that way.

Participant 3 added, "To know of more activities families can do together, places that we can all go and maybe won't be so expensive to do as a whole family."

*Parental desire.* Following child's disability was the thematical division of parental desire. Hispanic parents desire for their children to be more active in physical recreation activities. However, these types of activities are not a part of their life style. Participant 8 believes if their children like it (physical recreation), they are willing to do whatever it takes to make it possible. "Maybe we never liked it. I don't like it... but if they like it, then we have to do it." However, Participant 4 indicated that a reason why they do not participate in physical recreation is because these types of activities are not part of their daily life. "It's not part of our daily life; we have too many worries. That's why we can't participate too much." Participant 4 understands that her family does not do enough physical recreation. "I know as much as they need to be more physically active...we are not used to it, we don't have a routine."

Participant 10 also shared a similar opinion to the previous participant in terms of their lack of motivation to do physical recreation.

I think would be, not that he is not capable or that he is not interested; is more that our way of doing physical activities that gets in his way [they do not do physical activities]. For example with soccer, I don't know how to play... even though we tried last summer to have him involved in that activity [on a team]... he never did it. Sometimes we play with the ball here, you know kicking the ball... but after two or three shots he gets discouraged.

Participant 10 also recognized that his family is not oriented to do physical recreation, but they have done what they think possible to try it, but with unsuccessful results. He acknowledged:

We do some, example we have bought some exercise machines and they are used now for not that much I guess because my family is not physically oriented. I don't do as much. For hanging clothes (laugh). We are not that exercise driven.

According to Participant 9, a reason for the lack of physical recreation among the Hispanic community, is that Hispanic parents do not place a lot of emphasis on physical recreation even though they might be familiar with its benefits. A reason for this might be that they have to deal with other family issues.

I think the big things are that families of children with disabilities don't really stress recreation that much, because they are so busy dealing with all the other issues that are arising at school, at home with the child itself... and some families don't just have that one child with a disability; they have other children to deal with as well, that may or may not have their own issues. Like for me I have a child with asthma and I have a child who is bipolar. There are other doctor appointments and stuff and you are so busy running around so recreation is the last thing you think of. So, those kinds of thing peoples don't think of when they see a family with a child with a disability (Participant 9).

Participant 10 also made a similar comment about the lack of interest in physical activity among the Hispanic community. According to this participant the reason for this is because of the lack of information regarding the multiple benefits they can obtain from being physically active.

In our case we don't do that much of physical activities and I think even though we see in TV commercial how important is to do exercise, how important is to do

recreational activities, I think that the Hispanic community doesn't have that much information about how important it is to do exercise.

Besides the lack of previous experience recreating physically, Hispanic parents with children with disabilities might not have the energy to do it. Participant 4 called this lack of energy "flojera." "Well, the greatest obstacle is "flojera." She was asked to describe in more details the meaning of the word "flojera." "Lack of energy, lack of drive, discouragement, tired, things like that." In addition to defining this word, the participant was asked to indicate how she overcomes the "flojera" in order to participate in physical recreation. "Well, simply determine to do it and do it."

This mother (Participant 4) seems to have a desire for someone to help her family with their physical activities. "Well I think that someone who will push [encourage] us." However, having somebody outside the family to motivate them is not always possible for these families.

Participant 5 declared that her family needs to motivate themselves on their own in order to be involved.

As a family, I always try to tell them. When I noticed that we are watching too much TV and we need to get up. My husband, he really likes outdoors. But now with the weather changing, we never know. But during the summer time we try to get out there and maybe walk together. We can't do it together when we are separated. One takes one kid and I take another.

All the participants were asked if they were pleased with the amount of physical recreation they currently do with their families. Their responses were mixed, with the

majority of participants indicating that they were not pleased. However, Participant 10 shared the following statement:

This is a tricky question because if you don't have that much activity and you are good with it... with that much time you feel fine. Of course, you know that more physical activity is better for you. But if your style is laid back, which is fine. As I told you we don't do that much exercise here... Yes we would like to do more physical activity and it is good for us.

*Financial constraints.* Another constraint mentioned by some Hispanic parents was financial (see Table 3). Participant 3 commented that everybody must have the desire to be involved, but there also needs to be activities they can afford. "I think everybody would need to want to do it... to be active and then it would be things that we maybe could afford to and do." She said she had tried to enroll her child in dance classes but was not able to because of lack of money.

Well, say if we have, if I want to put her in dance classes it might be lack of money, I mean, we can't always afford it and I got more than one child and is difficult and... I think is more lack of money.

Participant 4 also indicated because of lack of money her children are not able to participate in physical recreation activities.

Many times because of lack of money...lack of money... that's why we do not participate. I would like to enroll them in physical activities like soccer and all that. In that sense I cannot involve them too much because of the same thing, lack

of money to get them involved. I'm going to enroll my child... enrollments cost, everything costs.

Participant 5 mentioned money also is one of their constraints to being involved in physical activities. However, she affirmed that because parks are free her children can get a lot of exercise, but if parks are too crowded they do not try to go.

Barriers to do physical recreation? ...Language no, transportation it is sometimes, because the parks are a little far away sometimes... money wise not really, because parks are free (laugh) where he can get a lot of exercise. But like I said if they are crowded, I don't even try. Sometimes I even drive around and if I see the park is too crowded, we just don't get off.

Participant 9 also remarked that having a child with a disability prevents her family from doing physical recreation as much as she wants. The reason for this is because she has limited income and she has to deal with other financial issues that arise as a consequence of having a child with a disability.

I will say it is more the money that gets in the way. You know I have limited income and then the expenses of raising a child with a disability, you have supplies you have to buy, you have to buy medications... and then I don't have only one child, I have two more and I have to take care of them as well. So we don't have the funds just to go bowling every week or go play at "Chucky Cheese" do something like that.

However, she managed to provide her children with the opportunity to participate. To overcome the lack of money to participate in these activities, Participant 9 tries to do other alternatives so they can participate.

Lack of money... we just find things that are free... we go to the park, we cut coupons, and we do those kinds of things. "Chucky Cheese" always has coupons in the Sunday's papers and we'll take those and for \$19.99 we can get a pizza and 4 drinks and 100 tokens or something like that. So that is doable... uh we just find various programs that we can get into.

Similar to Participant 9, Participant 4 participates in activities in which money is not necessary. "Because we participate here as a family, we don't necessarily have to have money to participate. We can go to the park; sometimes we go out here and walk around the neighborhood."

*Lack of support.* The subtheme family constraints brought to light the lack of support experienced by Hispanic parents. Hispanic parents believe that lack of support is another reason for why they are not able to do as much physical recreation as they want to. They were asked if there is something that keeps their family from participating in recreational physical activities. Participant 5 indicated that where she used to live before she had support from her parents, but now that she moved away from them. It is difficult for her family to do physical activity.

I think because the kids are too little right now and I don't have, like I said I don't have much help from my parents; we are very tired most of time. So, I mean... thinking about going to do exercise, but is tiresome... you just think about it and

it's like I don't want to do it. The kids don't feel motivated to do it. Maybe they do because they run around the house anyways, but we as parents are very tired. We prefer to sit down and watch a movie. I would say sometimes is just the time, but like for myself, it's hard for me to take the kids together by myself. Because in California I had the support of my parents and here I'm alone and I have to plan ahead and I just don't risk taking them together, because the little one still runs away from me and (child's name) can't do it sometimes. So they need one-on-one.

Participant 5 also declared that when she used to live in California she had the opportunity to participate in a program that helped her with different supports to handle different duties, including recreation.

At home, I think if I have more support maybe from Special Programs. I used to participate in a program at California that was called Respite Care. If they do have it in Texas, I'm not sure. They provide sometimes nurses, or just people that would come and take him out for walks and be one-on one with him do more activities with him. Sometimes that helps because like I said, we have other kids, I can't do it all. So, sometimes they help, or sometimes they have students that would do physical activities with them and that helps, their training and all.

Parents complained of the lack of support to do physical recreation. Therefore, some of them expressed a desire for a specialist who could help them with these tasks.

Participant 2 stated:

I need more time and someone to help me with my child someone to go with me...for him to be more active, like a specialist or a person that knows...how...how to be with us to tell us what we have to do, how I should help him so that he can do it.

*Time constraints.* Hispanic families like many other families may have busy schedules in their daily life. Parental work and other family activities were mentioned by some as a barrier to do physical activity. Participant 1 mentioned:

The only thing is my husband's participation and that is because of what I explained before, he has a long hour night shift and he is the one that spends the least amount of time sharing with them. There is nothing else besides that.

Participant 10 indicated that his family has busy schedules and the only time they have to rest is during weekends. This father affirmed:

I think it is time. We have a pretty tight schedule. We normally have a couple hours on Saturday and Sundays...We may have all day Sunday, but is the only day that we have to relax, to spend the whole day in pajamas.

The wife of Participant 10 added to her husband's comments that their lack of time is not only related to work obligations, but to other duties related to their children.

When he has the opportunity to do it... actually one of the major things is time [to not do it]. We work full time and we get home about 5 to 6 in the afternoon, then sometime my son has some activities like the gym on Mondays, the speech therapist comes during the week, on Wednesday he goes to horse back riding and

I take my other daughter to ballet classes. So for us, is only during the weekend, Saturday or Sundays in the afternoon that we might go outside and play.

Time constraints are also related to different commitments parents may have in their daily life that affects their children's physical recreation time. As Participant 2 shared:

There are .... Because sometimes we are so busy, the dad works all the time and the mom is busy with the baby. But if she would not have had the baby... he doesn't do it because sometimes he doesn't want to do it alone... he wants to be accompanied by someone else. Even if it's his brother...he wants to see another child his age.

Participant 4 indicated that in addition to work responsibilities, she and her husband have other responsibilities at their church. "All the activities to say so... that my husband and I have... and also if I may say so... because we are in front of the television... responsibilities, events from work, from church."

To deal with time constraints, Participant 1 decided to dedicate her time to her children. She recognizes that her husband's work is a factor for her family to take part in physical recreation activities, but he tries to get involved during the weekends.

For me there is none [barriers to do physical recreation with her children], I don't work; I am completely dedicated to my home and my children. So really for me there is none. In the case of my husband that would be the only thing, but when he is free or on the weekends then... we all participate, but we really don't have any problems.

*Parental fears.* The final thematical division under family constraints is parental fears. Parents may fear that something may happen to their children while participating in physical recreation or recreational activities in general. As a consequence, their children's participation in these activities may be restricted by some parents. As Participant 7 declared,

Protecting her... protecting her, worrying that something may happen to her. Like sometimes she goes out with the school that they go on these day trips. I don't feel as secure to let her go as I do with the boy...I don't know...I feel fear. For example, if she gets a little separated from the group, and she won't know how to rejoin the group, be able to explain which group is hers...or if she gets lost, or gets out of the group, she stays looking at something else that she likes and gets left behind...since she doesn't talk very well, how will she say it or ask for help.

### *Administrative Constraints*

The second and final subtheme of internal and external constraints theme is administrative constraints. This subtheme is divided under the following thematical divisions: (a) Lack of programs, (b) Lack of staff training, and (c) Lack of appropriate facilities.

*Lack of programs.* The lack of programs in the communities where Hispanic parents can take their children with a disability was highlighted by some of the participants. Participant 9 avowed that there is a lack of adapted sports for children with disabilities in the community.

Sometimes we can't do that because she is sick or her brother's asthma is acting up or we can do this because of the age differences of the kids. It's just a matter of finding activities that we can all do together, so everyone is happy with. Then the community doesn't offer a lot of activities that families can do together too. Not a lot of recreational activities [for children with disabilities]...the lack of adapted sports in the local community.

Participant 9 voiced that while there are a lot of activities that her other child (who does not have a physical or mental disability) may participate, there are not the same amount of activities for her child with spina bifida.

She doesn't really have her own recreational activities. Everything she does, she does with us, because there is nowhere for her to go to have her own (child's name) time. Her brother (brother's name) can go to soccer, he can go to baseball, he can go to karate, she doesn't have that option...she just doesn't like that.

Participant 10 remarked that in addition to a lack of recreational programs available for their child with a disability, the programs that are available are not compatible with their time schedules. "I think that if we have more programs with specific goals that accommodate to our time toward those activities. All the programs are to the north side of (name of the city) and this side doesn't have any programs." His wife adds to this regard that in addition to lack of programs, there is a lack of professionals working on those programs to attend the needs of children with disabilities.

More time and more facilities in the community... Because... I'm thinking about what recreation we have around here... I think it will be more people or staff that

helps parents how to be involved... Because on this side of the city we don't have any staff people or programs.

*Lack of staff training.* Lack of staff training was also voiced by some of the participants as an obstacle for their children to be actively involved in the community. Participant 9 described her experience when trying to involve her child in an art class.

Like... even simple art classes are hard for us to get into, because the teachers see the wheelchair, they don't see her (child's name). So it is hard getting people past that stigma of (child's name) is going to need all this extra help because she is in a wheelchair. They don't think she has... when people see a wheelchair from what I can tell they think there is something automatically mental retardation or something like that. They don't see it as (child's name) a bright intelligent little girl who can do everything your child can do.

To avoid the effects of the stigma of having a disability, Participant 3 acknowledged that she wished program personnel provided her with confidence so she can participate. "I think the people that are in the program, I mean if they make her more confident of herself, she'll participate." In some instance parents need to call in advance to let the personnel know that she has a child with a disability so they can make the appropriate arrangements to include her in their programs. However, this duty does not guarantee that her child will participate. Participant 9 declared:

Here in Denton and in the Rec-Center when I sign her up, I'll call and I always let people know she is wheelchair bound child; for art class she doesn't require any other extra help. But in some of the physical activities part, yeah she will require

some accommodations and they said... she won't be able to participate or yes she will or something like that.

A solution Participant 9 presented is to provide disability awareness activities to the community and program personnel so they can demonstrate some empathy when working with children with disabilities.

I don't know, I guess just community awareness of children with disabilities and the various disabilities and making the community aware, especially those people who work in the community aware and the volunteers... that children with disabilities are people too... and that you know that they are different but they still a human being and they have feelings and emotions.

Participant 10 indicated that if they were aware of a physical recreation program led by qualified personnel to work with children, they would make all the necessary arrangements, including time to include their child with a disability in such a program.

Some type of community program directed or lead by professionals. That will be great. For example if they have that program here, we'll find the time to get him there. Sometime you as a parent you don't have the time but you can find somebody that helps you, you know.

*Lack of appropriate facilities.* The final thematic division under administrative constraints is lack of appropriate facilities (see Table 3). Participant 9 mentioned the lack of appropriate facilities when she confirmed that the playground in her community is not accessible for children with disabilities. Therefore, her child with spina bifida, just walks

around the area. Participant 5 also highlighted the lack of appropriate facilities in the community.

For (child's name) what gets in the way... beginning that he has to have one-on-one and that person has to be able to run, so I go out with him, I still can run... so I have to have my tennis shoes on and be ready to run, so he needs that. He needs one-on-one, I mean, you can't take your eyes off him because he'll run and he gets into any house. So that gets in the way. The time, sometimes we don't have.... Maybe the places that he can go to; like some of the parks don't have gates and I will not take him to a place like that and if I do I have just be with him, one person.

### Summary

The participating Hispanic families in this study shared their perceptions in regard to their experience about physical recreation with a child with a disability. Participants value the benefits their children may gain by being physically active. Three themes emerged from the interviews: (a) Psychological Benefits for the Child; (b) Comfortable, Manageable, and Informal Children-Driven Activities; and (c) Internal and External Constraints. These themes were supported by 8 subthemes: (a) enjoyment, (b) benefits inherent from physical recreation, (c) location, (d) participants, (e) range of activities, (f) available resources, (g) constraints, and (h) administrative constraints.

The results of this study indicated that Hispanic families tend to participate in a wide variety of informal recreational activities, and they highly value the psychological benefits that arise from being active. Hispanic families with a child with a disability may

face constraints that impact their physical recreation choices, but they manage to engage in activity whenever possible. Even though they try to do the very best for their children who have disabilities, they voiced their desire to receive help from specialists in regard to community programs and activities the whole family can practice.

## CHAPTER V

### ARTICLE

#### Abstract

Participation in physical recreation activities is beneficial for individuals with and without disabilities. However, there is lack of understanding and lack of research regarding constraints that limit families of children with disabilities participation in physical recreational activities. Research on patterns of recreation has been conducted primarily with white, middle class families with few participants of other ethnic groups. To our knowledge, there is a paucity of research studies on Hispanic families with children with disabilities regarding their recreational patterns, benefits and constraints. Therefore, the purpose of this research was to: a) identify the benefits of physical recreation; (b) identify the patterns of physical recreation; and (c) to identify barriers, if any, to participation in physical recreation activities among Hispanic families with children with disabilities living in the United States. Ten interviews (12 participants) were conducted with Hispanic parents with children with disabilities. Three themes emerged from the interviews. These themes are: (a) Psychological Benefits for the Child; (b) Comfortable, Manageable, and Informal Children-Driven Activities; and (c) Internal and External Constraints. These themes are supported by subthemes.

The results of this study demonstrated Hispanic families with a child with a disability tend to participate in a wide variety of informal recreational activities, and they

highly value the psychological benefits that arise from being active. These families may face constraints that impact their physical recreation choices, but they manage to engage in activity whenever possible. Even though they try to do the very best for their children with disabilities, they voiced their desire to receive help from specialists in regard to community programs and activities the whole family can practice.

An essential ingredient for reaching one's full potential is an active life style that contributes to health and happiness. Participation in recreational activities is one of the primary ways one maintains an active life style that has both individual, as well as collective, benefits for the family. This is particularly true in families with individuals who have disabilities because most of their activities occur within the family unit (An & Goodwin, 2007; Anderson et al., 2005; Law, et al., 2006; Mactavish & Schleien, 2000, 2004; Martin & Smith, 2002; Zabriskie, Lundberg, & Groff, 2005).

Physical recreational activities of families with a child with a disability tend to be informal, and are usually directed by a family member (Bedini & Anderson, 2005; Leyser & Cole, 2004; Mactavish & Schleien, 1998, 2000, 2004; Mactavish et al., 1997; Yu-Pan, Frey, Bar-Or, & Longmuir, 2005). Frequently it is the mother who modifies the activity to accommodate the child with the disability (Law et al., 2006). When families are unable to modify their daily activities to participate in physical recreation, the child with a disability often lapses into a pattern of inactivity that could be a precursor to a sedentary life style. These inactivity patterns are due to barriers that are related to the family characteristics; however, some are related to factors outside of the family, like weather constraints, lack of programs, etc... (Beart, Hawkins, Stenfert, Smithson, & Tolosa, 2001; Ennis, 2003; Keller, Bost, Lock, & Marcenko, 2005; Mactavish & Schleien, 1998, 2000, 2004; Mactavish et al., 1997; Scholl, McAvoy, Rynders, & Smith, 2003; Stuart, Lieberman, & Hand, 2006).

There is lack of understanding and a lack of research regarding patterns, benefits, and constraints that limit families of children with disabilities their participation in

physical recreational activities. These studies have been conducted primarily with white, middle class families with few participants of other ethnic groups (Beart et al., 2001; Mactavish & Schleien, 1998, 2000, 2004; Mactavish et al., 1997; Perry, 1994; Turnbull & Ruef, 1997), and most of the research has been conducted on individual benefits (An & Goodwin, 2007; Ennis, 2003; Keller et al., 2005). To our knowledge, there is a paucity study on Hispanic families regarding the nature of physical recreation on those families with children with disabilities. Therefore, the purpose of this research was to: a) identify the benefits of physical recreation; (b) identify the patterns of physical recreation; and (c) to identify barriers, if any, to participation in physical recreation activities among Hispanic families with children with disabilities living in the United States.

Hispanics are the fastest growing ethnic group in America (Blue-Bannin, Turnbull & Pereira, 2002; Lopez, et al., 2005; U.S. Census Bureau, 2000). According to the U.S. Census Bureau, there is great diversity among the Hispanic group based on their country of origin, beliefs and customs. Hispanics are proud of their families and frequently only seek support from immediate family members, extended families, or friends as coping strategies to different situations (Gannotti, Kaplan, Handwerker, & Groce, 2004; Lopez et al., 2005; Wood, 2004). Seeking needed social support beyond their families is very stressful. This is because some have a sense of denial toward the disability of a family member (Lopez et al.; Salas-Provance, Erickson, & Reed, 2002) that inhibits their ability to participate in rehabilitation programs. Because home and family have been documented as important among some Hispanic cultural groups (Wood), participating in leisure activities outside the home may not be acceptable. They tend to participate in

unstructured recreational activities as a way to socialize with their families or as a way to transmit family and cultural traditions (McChesney, Gerken, & McDonald, 2005; Shaull & Gramann, 1998; Xiaoxing & Baker, 2004).

Even though a great number of Hispanic families enjoy participating in physical recreation activities with their immediate and extended family while in their native country (Geenen, Powers, & Lopez-Vazquez, 2001; Juniu, 2000), once they move to the United States their activities may be curtailed (Marquez & McAuley, 2006). Some of them lack educational preparation, and as a consequence, they may need to work long hours to provide for their families or work at jobs that have less flexibility with time schedules (Cherlin, 2005). Additionally, Hispanics perceive that recreational programs are not developed based on their preferences (McChesney et al., 2005). Moreover, when families have a child with disability, it can be identified as a barrier by some Hispanics groups (Lopez et al., 2005; Salas-Provance et al., 2002).

To be effective in serving children with disabilities, professionals need to understand that families may have different values and customs (Christian, 2006). A variety of frameworks exist that help to understand families that have children with disabilities. One of these conceptual frameworks is the family systems theory which focuses on behaviors of the family unit as a whole (Turnbull & Turnbull, 1991). The family systems theory served as the conceptual framework to guide this study.

## Method

This study was conducted to identify benefits, patterns, and constraints to the participation in physical recreation of Hispanic families with children with disabilities living in the United States.

### *Participants*

Participants ( $N = 12$ ) were Hispanic parents of children with disabilities recruited from an aquatic program held at a local university and in association with a local school district. Demographic information about the participants, is presented in Table 1. Prior to the selection of the participants, the investigator obtained approval from Texas Woman's University's Institutional Review Board (IRB) office.

### *Data Collection*

Two instruments were used for data collection, a personal data sheet and an interview protocol with specific questions. The personal data sheet consisted of short questions to obtain demographic data. Qualitative data were gathered through one-on-one semi-structured interviews. The interviews were conducted in the participants' preferred language (English or Spanish).

Once participants provided written consent to participate, they completed the personal data sheet. The interviews were conducted at the preferred location of participants. Each interview took about 50 to 55 min. All interviews were recorded on audiotape. After completing each interview, a transcription was made of the tape to allow the researchers to share identical data.

## *Data Analysis*

Each of the interviews was transcribed and analyzed following Moustakas's (1994) phenomenological approach. According to Moustakas (1994), the process begins with the researcher experiencing the phenomenon through immersion in the words of the participants. Data were sorted into categories, and then into themes. The transcribed material and field notes were gathered and assessed for comparisons and contradictions.

### *Validation of the Findings*

#### *Trustworthiness*

To ensure trustworthiness of the data, The PI applied three types of triangulation. These were: (a) field notes, (b) member checking, and (c) adding an additional researcher to perform the data analysis.

#### *Researcher's Role*

The PI conducted, transcribed the interviews, performed the analysis, and interpretation of the results. It is important to mention that the PI is Hispanic and possesses formal education in the field of Adapted Physical Education. The PI has four years of experience working with children with disabilities and their families. Recruitment of participants was influenced by the PI's role of Aquatic Director and APE teacher in the local school district.

## *Results*

Three themes were identified. These themes were: (a) Psychological Benefits for the Child; (b) Comfortable, Manageable, and Informal Children-Driven Activities; and

(c) Internal and External Constraints. From these three themes eight subthemes emerged. Within each subthemes there were additional thematic divisions.

### *Psychological Benefits for the Child*

The motivation to be actively involved in physical recreation varied among the participants in this study. Two subthemes are presented in this section, enjoyment and benefits inherent to physical recreation. This last one is supported by additional thematical constructs that arose from the interviews.

#### *Enjoyment*

A main reason why the participants in this study participate in physical recreation is just to have fun or to get out of their regular routine. Participant 3 stated that physical recreation serves as an outlet to avoid boredom. “We do it because it is fun to play with the kids and that is mostly it... the kids, they want to go outside and play, it’s boring inside.”

#### *Benefits Inherent From Physical Recreation*

Many benefits have been identified in the literature as a consequence of participation in physical recreation. The thematical constructs include self-esteem and physical benefits. However, additional constructs will be explained in detail and include: (a) entertain their minds, (b) to be part of the family, (c) family responsibility, and (d) transferring family customs.

*To entertain their minds.* A main reason why parents don’t want their children to be in sedentary activities for long periods of time is because they may be orchestrating

mischievous activities instead of focusing on “positive” activities. In this regard,

Participant 1 indicated:

Imagine a child that doesn't do anything, he only thinks about the television, video games, bored, thinking what he can come up with. Understand me...being mischievous. Instead if you keep them busy in educational stuff, I am sure that it motivates them to do different things to learn good things.

In addition, Participant 10 mentioned that after his child has participated in physical recreation, his child is calmer at home.

Usually when he has physical activity he is more focused and is calmer at home. For example if he goes outside and he plays for an hour or an hour and a half when he comes back in he is calmer, more relaxed.

*To be part of the family.* Participant 3 stated that it is important for her child to participate with the family, because being a family means being together.

I think is important, so we can involve her more and she won't feel left out...and being a family... I mean, I think we should be together...we do it mainly for them, so they won't get bored, they won't get tired, or they won't hang out with the wrong people.

In addition to demonstrated love for their children, they participated in these types of activities because they allow them to bond as a family. Participant 9 stated:

We do it that so everybody can participate and we can bond as a family... and you know the kids do have to be independent to some extent... but family is very important to us and having that bond and that time together is really important.

*Family responsibility.* Hispanic families believe it is their responsibility to take care of the physical recreation opportunities for their children. They were asked who helps them to take part in these activities and most of the participants indicated that they do it on their own because it is a family activity. Moreover, Participant 8 commented they select the kind of physical recreation activities they do because they are enjoyable for their children. “Maybe we never liked it. I don’t like it... but if they like it than we have to do it.” Participant 10 added,

I think if he gets involved in recreational activities as a family, he’ll be more driven to succeed and to try new skills. For example, he likes to swim because I like to swim and he likes the scooter because I like the scooter. On the other hand, with other sports that need more eye hand coordination like soccer or football, I have no skills on those; therefore he is not good on that. For example, dancing, I loves to dance and sometimes with mom they dance. What I’m saying is that if we get him more involved in x or y activities, he will be more inclined to watch activities.

*Transferring family customs.* Some parents use these activities as a way to transmit family customs. As Participant 7 (father) stated, “It is important you can teach them too... well other games, what you already know, maybe she doesn’t already know it because she is starting (growing). But you can teach them different games and she can learn from that.”

Participant 8 indicated that they as parents are trying to do with their children what their parents did not do with them when they were younger.

So they know what it is...because I would have wanted for my dad to be with us. But from the beginning my dad left us with my grandma and I said: I will not do that with my children. I rather have them be with me, fight me with them... for good or for bad...be with them all the time... It could be that I was raised with my grandparents... and not with my mom or dad even though I still have them. But we do try to be all together.”

### *Comfortable, Manageable, and Informal Children-Driven Activities*

#### *Location of Activities*

The locations in which Hispanic families participate in physical recreation vary because of different factors, like weather conditions or resource availability. However, the participating families in this study avowed a preference to participate in physical recreation activities at their home, community parks, community pools, and, other community settings. In addition, these activities occur mainly during weekends and during summer time.

According to Participants 3 and 8, depending on the weather conditions, these families tend to participate either inside or outside their homes. Participant 9 declared that she does not have access to a community pool, but she said that in their community they have access to a playground where she goes with her children. Although, according to this mother, the playground is not accessible for her child who uses a wheelchair.

The playground isn't really handicap accessible for her (child's name), so it is really hard... so she does more walking around. I mean just rolling around on her wheelchair, interacting with the other kids.

Participants 10 (mother and father) were the only family indicating that they take their children to horseback riding and gymnastic activities. On the other hand, Participant 6 is involved in church activities with his family. This father affirmed that while at church, his son has the opportunity to interact with other children and be involved in physical recreation activities.

For example, I go to a church and there are children of different ages...and they can play there too. Many times we go out together with them and they play with lots of children, but those are other activities...on Wednesdays I have no time, I get home from work, I hurry, I take a bath and we hurry off to church. At church they play. There are times when all they do is play/run with other children. I think that helps him.

### *Participants*

According to some participants it is not always possible to include the whole family in physical recreation activities. This was true for Participants 1, 3, 5, and 10. Participant 5 indicated that she and her husband take turns participating with their children in these types of activities.

Sometimes we go as a family, but that is very seldom, maybe one time we do it as a family. Most of the times we do it separate, maybe myself, (child's name), and my 10 year old, because I can't go with the two together. I need one person to care for either one of them... as a family we do it sometimes. But separately he (husband) takes the little one and I take him (child's name).

Six out of the 10 Hispanic families who participated in this study responded that the whole family takes part in physical recreation activities. Participant 6 stated, “We go as a family, all four of us go. I’ll be with him for awhile, or my wife will be with him for awhile, because of the other child that we also have. But we both participate.” A reason for them to participate as a family, according to Participant 8, is because their family is very close. “I say because we are very close. I already try to be there with them all the time.”

### *Range of Activities*

The types of preferred activities that Hispanic families participated in are mainly individual or sedentary in nature. Some of the individual activities in which children with disabilities of Hispanic families participated in included: swimming, playing in the backyard, biking, playing with a ball, walking, horse back riding, and bowling.

Swimming was one of the most common activities among the participants. But, Participant 10 acknowledged that in addition to practicing with his child in aquatic activities, he takes his child to horseback riding and gymnastic lessons. Participant 9 takes her child bowling. “We go bowling like once every 2 or 3 months. We go play at the playground daily if possible.” Some of them preferred to spend their time watching television with their children. However, they may try to involve their children and teach them some types of physical recreation, but this is not always possible. Participant 5 also highlighted the fact that the whole family watches movies just for fun.

For fun, we usually...we watch a lot of movies... so that is not physical activity... we do a lot of that. We watch a lot of movies, or we go out to the mall; we walk a little bit, but sometimes we just watch movies.

A reason why this family watches a movie rather than other activities is because it is more comfortable and because community parks are too crowded.

It is comfortable, I can sit them all (laugh)... it is one place I can watch them together. Because it is less crowded... If I take the kids to a park that is very crowded and sometimes people don't understand that you have a child with disability and you know the kids want to play and touch each other, people don't like that, so I don't risk it. I don't take them to places that are crowded and that includes parks.

### *Available Resources*

Varying resources are needed in order for their children to participate in physical recreation activities. These resources can be the child, an adult, or a family member. However, these sources vary among the participants. For example, some participants indicated that the child adapts his/her own activities in order to participate. But, if the child is not able to make his/her own modifications in order to participate in physical recreation activities, a family member helps with these tasks. Participant 9 mentioned that she (mother) preferred to rely on her family to make it possible. According to Participant 9, they are very prideful people and they may not feel comfortable asking for help from somebody outside of their family circle.

Hispanic families are very family oriented. We tend to stay within our own family. We are very prideful people. So, for me I'm not going out and seek a scholarship for her (child's name) if I know there is a more disadvantaged family. I'm not going to look for those things unless somebody tells me they are there. Because I feel like if I can pay for her activities or if someone in my family can pay for them I'd rather that happen for them because we are prideful people, we are raised that way. I know there were times when my parents didn't have money, but they sacrificed for me and my brothers, so that we can have, so we can go with. They went without but we went with...and that is just how I was raised. So I'll go without it...

Participant 9 also acknowledged that often she needs to be the one who makes the modifications for her child to participate. A reason for this is because the staff in the facilities may be reluctant to include her child with a disability.

An adult...usually me. If I sign her up for an activity or something I talk to them and let them know that she will coming, because a lot of programs don't like her to come. Because they are hesitant, because she is wheelchair bound, so I work with them to make the adjustments on the program.

Parents also believe that if they are present in the physical recreation activities of their children, they (their children) may be more willing to participate. In some cases, like Participant 2, the child feels more confident if his father is present. "When he is afraid of something, having his dad with him gives him more security. He is the one that helps him do the harder things, like swimming ...he feels more secure with his dad."

Mothers in this study are primarily in charge of making possible the participation of their children in physical recreation activities. Participant 5 stated, “I take him sometimes but I have to be like literally... I have to go on the games with him, because he’ll be touching other kids and he might push them... and parents of course don’t want that.”

Participant 2 indicated that it is their responsibility to make the appropriate modifications for their children. But she indicated that she lacks the skills to tell her child what to do. Therefore, her child needs a specialist to help him in this matter. “He needs to be more active because of his disability and for that he needs a person to teach him, a specialist that can tell him what he should do.”

### *Internal and External Constraints*

Hispanic families experience different constraints that might impact their opportunities to be active in physical recreation activities. The presence of constraints does not always have a negative effect on being physically active. On the contrary, families negotiate or try to deal with those constraints. Two subthemes emerged from the interviews in regards to how Hispanic families experienced constraints. These subthemes were: family constraints and administrative constraints. From the family constraint subtheme additional thematic divisions evolved, such as parental fears, child’s disability, parental desires, financial constraints, and others. From the administrative constraints subtheme the thematic divisions that evolved included: lack of programs, lack of staff, and lack of appropriate facilities.

Above and beyond weather constraints, some families perceive they have no constraints. According to Participant 3, they just need to be careful when performing these activities. In addition, Participant 9 declared that even though her family may experience some constraints, they try to have fun in everything they participate in.

### *Family Constraints*

*Child's disability.* Parents of children with orthopedic impairments indicated that their child's disability is what prevented them from being physically active. Hispanic parents perceived that their child's disability does not allow him/her to be like a normal child. However, the disability of a child also affects the time parents invest in participating in activities with their other children without disabilities. As Participant 5 stated:

Sometimes we'll do it but like for example if is a movie that the little one would want to watch and the big one don't want watch the same thing... or walking to the mall sometimes it is hard because (child's name) will be touching people... so if like I have to be always with him and then we hardly have time for the other one which is a 10 years old, she is a girl and she is, you know... she doesn't have any mental disabilities or problems. It is kind of hard keeping all together.

According to Participant 8, the whole family tries to play with her child, but they don't know his preferences. "The whole family tries to play with him. We hardly know what it is that he likes. Because he has his way of playing but...there must be one thing that he likes."

Even though these barriers were presented by these families, Hispanic families try to find ways how to include their children in activities in which the whole family can participate. Participant 1, who has a child with Down syndrome stated,

Well, in his case the fact that he doesn't speak is a factor. Because of his condition, mental retardation...I think he gets things a little slower and his level of development is not equal to his age. But that doesn't keep him from being involved, like I said before I get him involved. And even if he doesn't do anything I try everything possible to involve him. Here, we don't limit anyone because they have a disability or because they are normal, not everyone will be the same.

Parents were asked what they deemed necessary in order to increase their child's participation in physical recreation activities. A mother of a child with cerebral palsy wishes her child was more active with children without disabilities who are about the same age of her child. Two Hispanic parents indicated they desired were more information in regard to activities they can do with their families as well as places they can go.

Participant 6 commented in this regard:

I don't know, maybe more information about how us parents should...let's say... the way in which we should treat...take care of him...while playing, like the way you all help him, you all know how to help him...the way that you all do it is the right way, it's good for us to be informed so that we can also do it that way.

Participant 3 added, "To know of more activities families can do together, places that we can all go and maybe won't be so expensive to do as a whole family."

*Parental desire.* Hispanic parents desire for their children to be more active in physical recreation activities. However, these types of activities are not a part of their life style. Participant 8 believes if their children like it (physical recreation); they are willing to do whatever it takes to make it possible. “Maybe we never liked it. I don’t like it... but if they like it, then we have to do it.”

Participant 10 also recognized that his family is not oriented to do physical recreation, but they have done what they think possible to try it, but with unsuccessful results. He stated:

We do some, not that much I guess because my family is not physically oriented. I don’t do as much. For example we have bought some exercise machines and they are used now for hanging clothes (laugh). We are not that exercise driven.

According to Participant 9, a reason for the lack of physical recreation among the Hispanic community is that Hispanic parents do not place a lot of emphasis on physical recreation even though they might be familiar with its benefits.

Beside the lack of previous experience recreating physically, Hispanic parents with children with disabilities might not have the energy to do it. Participant 4 called this lack of energy “flojera.” “Well, the greatest obstacle is “flojera.” She was asked to describe in more details the meaning of the word “flojera.” “Lack of energy, lack of drive, discouragement, tired, things like that.” In addition to defining this word, the participant was asked to indicate how she overcomes the “flojera” in order to participate in physical recreation. “Well, simply determine to do it and do it.”

The majority of participants were not pleased with the amount of physical recreation they currently do with their families; however, Participant 10 shared the following statement:

This is a tricky question because if you don't have that much activity and you are good with it... with that much time you feel fine. Of course, you know that more physical activity is better for you. But if your style is laid back, which is fine. As I told you we don't do that much exercise here... Yes we would like to do more physical activity and it is good for us.

*Financial constraints.* Another constraint to participation in physical recreation mentioned by some Hispanic parents was financial. Participant 4 remarked because of lack of money, her children are not able to participate in physical recreation activities. Participant 9 also mentioned that having a child with a disability prevents her family from doing physical recreation with her family as much as she wants. However, she managed to provide her children with the opportunity to participate.

Lack of money... we just find things that are free... we go to the park, we cut coupons, and we do those kinds of things. "Chucky Cheese" always has coupons in the Sunday papers and we'll take those and for \$19.99 we can get a pizza and 4 drinks and 100 tokens or something like that. So that is doable... uh we just find various programs that we can get into.

*Lack of support.* Hispanic parents believe that lack of support is another reason of why they are not able to do as much physical recreation as they desire. Participant 5 declared that where she used to live before she had support from a Respite Care program

that provided services, including recreation for her child and her family. But also she had the support from her parents. But now that she moved away from them, it is difficult for her family to participate in physical activity.

Parents complained of the lack of support to do physical recreation. Therefore, some of them expressed a desire for a specialist who could help them with these tasks.

Participant 2 stated,

I need more time and someone to help me with my child. Someone to go with me...for him to be more active, like a specialist or a person that knows...how...how to be with us to tell us what we have to do, how I should help him so that he can do it.

*Time constraints.* Hispanic families like many other families may have busy schedules in their daily lives. Parental work and other family activities were mentioned by some as a barrier to physical activity. The wife of Participant 10 added to her husband's comments by stating that their lack of time is not only related to work obligations, but to other duties related to their children.

When he has the opportunity to do it... actually one of the major things is time [to not do it]. We work full time and we get home about 5 to 6 in the afternoon, then sometime my son has some activities like the gym on Mondays, the speech therapist comes during the week, on Wednesday he goes to horse back riding and I take my other daughter to ballet classes. So for us, is only during the weekend, Saturday or Sundays in the afternoon that we might go outside and play.

To deal with time constraints, Participant 1 decided to dedicate her time to her children. She recognizes that her husband's work is a factor for her family to take part on physical recreation activities, but he tries to get involved during the weekends.

For me there is none [barriers to do physical recreation with her children], I don't work; I am completely dedicated to my home and my children. So really for me there is none. In the case of my husband that would be the only thing, but when he is free or on the weekends then... we all participate, but we really don't have any problems.

### *Administrative Constraints*

*Lack of programs.* The lack of programs in the community in which Hispanic parents can take their children with a disability was highlighted by some of the participants. Participant 10 indicated that in addition to a lack of recreational programs available for their child with a disability, the programs that are available are not compatible with their time schedules. Participant 9 affirmed that there is a lack of adapted sports for children with disabilities in the community. Participant 9 added that while there are a lot of activities that her other child (who does not have a physical or mental disability) may participate, there are not the same amount of activities for her child with spina bifida.

She doesn't really have her own recreational activities. Everything she does, she does with us, because there is nowhere for her to go to have her own (child's name) time. Her brother (brother's name) can go to soccer, he can go to baseball, he can go to karate, she doesn't have that option...she just doesn't like that.

*Lack of staff training.* Lack of staff training was voiced by some of the participants as an obstacle for their children to be actively involved in the community.

Participant 9 mentioned her experience when trying to involve her child in an art class:

Like... even simple art classes are hard for us to get into, because the teachers see the wheelchair, they don't see her (child's name). So it is hard getting people past that stigma of (child's name) is going to need all this extra help because she is in a wheelchair. They don't think she has... when people see a wheelchair from what I can tell they think there is something automatically mental retardation or something like that. They don't see it as (child's name) a bright intelligent little girl who can do everything your child can do.

Parents need to call in advance to let the personnel know that they have a child with a disability so they can make the appropriate arrangements to include him/her in their programs in some instances. However, this advance notice does not guarantee that the child will participate. A solution Participant 9 presented is to provide disability awareness activities to the community and program personnel so they can demonstrate some empathy when working with children with disabilities. Participant 10 commented that if they were aware of a physical recreation program led by qualified personnel to work with children, they would make all the necessary arrangements, including time to include their child with a disability in such program.

Some type of community program directed or lead by professionals. That will be great. For example if they have that program here, we'll find the time to get him

there. Sometime you as a parent you don't have the time but you can find somebody that helps you, you know.

## Discussion

Hispanics families who participated in this study value the benefits of being physically active; however, Hispanic parents' perception of the benefits for their families and their children with a disability were mainly psychological. These families value participation with the whole family, but focus more on the benefits for their children. These results are similar to previous studies conducted on Hispanic families with children without disabilities (Xiaoxing & Baker, 2004) and families with children with a disability as well (Gannotti et al., 2004).

The results of this study shared differences and similarities to those conducted with Caucasian families in regard to the perceived benefits of physical recreation. Caucasian families with children with disabilities highly value the multiple benefits resulting from being physically active for their children and their families. Some of the benefits for the child with a disability are: improved health (An & Goodwin, 2007; Anderson et al., 2005; Zabriskie et al., 2005) and friendship development (Anderson, et al.; Schleien et al., 1998; Zabriskie et al.). Benefits for the family include: improved marital satisfaction (Mactavish & Schleien, 2004), improved communication with their children and teach their children life skills (Mactavish & Schleien, 1998), and family bonding (Blue-Bannin et al., 2002; Gannotti et al., 2004; Mactavish & Schleien 1998; Zabriskie & McCormick, 2001, 2003).

The results of the present study differ from those reported by Mactavish and Schleien (1998, 2004) in which they reported that through participation in recreational activities marital satisfaction and communication with their children improved. A reason for these differences might be that Mactavish and Schleien's studies explored different forms of recreation, rather than just physical recreation. However, the findings of the present study are similar to Mactavish and Schleien (1998) and other research studies with Caucasian families with children with disabilities in regard to the family bonding benefits (Blue-Bannin et al., 2002; Gannotti et al., 2004; Zabriskie & McCormick, 2001, 2003) and the use of recreational activities as a way to teach life skills to their children with a disability (Mactavish & Scheleien, 1998).

Hispanics tend to participate in physical recreation mainly with their immediate and extended family (Carr & Williams, 1993; Geenen, Powers, & Lopez-Vazquez, 2001; Juniu, 2000). These participants value family togetherness and family bonding as a result of participating in physical recreation. Hispanic families in the present study believe that it is their own family that is responsible for their physical recreation. However, it is not always possible for the whole family to participate. As a consequence, they tend to participate in separate activities. These results are similar to previous studies conducted with Caucasian families (Law et al., 2006; Mactavish & Schleien, 2004; Mactavish et al., 1997). According to Law et al. families with lower income and lower levels of education tend to have a limited repertoire of recreational activities. In Hispanic families, the fact that the father has to work long periods of time affects their participation in physical recreation with their family (Gannotti et al., 2004). However, six families in this study

indicated that the whole family tends to participate together. Hispanics are very prideful people and they tend to seek support from their immediate family (Geenen, et al., 2001).

Hispanic families participate in a variety of activities. The results of the present study highlight a preference to participate in informal activities at community pools or community parks, depending on the weather. Watching TV and swimming were two of the most common activities reported by Hispanic parents with children with disabilities. These activities have been reported in other research as the preferred activity during the summer time among Caucasian families with children with disabilities (Ennis, 2003; French & Hainsworth, 2001; Law et al., 2006; Mactavish & Schleien, 2004; Mactavish, Schleien, & Tabourne, 1997; Yu-Pan et al., 2005). A reason for a preference for these activities might be because these activities require less planning, are easy to handle, and can easily accommodate their children with a disability (Law et al.; Mactavish et al., 1997).

It is assumed that for this reason, community parks were the most mentioned facility Hispanic families with children with disabilities tend to frequent. Another rationale for their preference to attend community parks might be because community parks are free. Five of the participating parents have a family income lower than \$30,000. Only two parents in the present study declared they take their kids horseback riding, to gymnastics, and bowling. However, the income and level of education of these two parents were higher than the rest of the participants. Similar results were found in a research study in which the authors indicated that there is a correlation between income and level of education (Law et al. 2006). When parents are not able to take their children

to community parks, some build facilities in their backyard that are similar to those available in community parks.

Physical recreation of children with disabilities depends mostly on the makeup of the family (Bedini & Anderson, 2005; Leyser & Cole, 2004; Mactavish & Schleien, 1998, 2000, 2004; Mactavish et al., 1997). In the present study, on some occasions, the child is able to modify his/her physical activities, which coincides with the findings reported by Yu-Pan et al. (2005). Yu-Pan et al. administered a survey to parents and their youth with a disability. The youth responses indicated that they are in charge of their physical recreation activities. However, in the present study, parents are responsible for their children's physical recreation probably because of their children's ages. Most of these children are younger than 12 years old. However, if the child is not able to modify his/her activities, a family member, especially the mother, is the one who makes the modifications. Yet, some parents in the present study indicated they lacked knowledge of how to modify the activities of their children.

Several studies report that children with disabilities and their families encounter many constraints that limited their physical recreational opportunities (Anderson, Bedini, & Moreland, 2005; Bedini & Anderson, 2005; Mactavish & Schleien, 1998, 2004; Mactavish et al., 1997). Some of these constraints include lack of programs, financial constraints, and the child's disability. To overcome financial constraints Hispanic families tend to select places and activities that require no money to participate (e.g., community parks). Both Hispanic and Caucasian families report that the nature of the child's disability impacts the activities in which they choose to participate (Blue-Bannin

et al., 2002; Mactavish & Scheleien, 2004; Salas-Provance et al., 2002; Scholl et al., 2003), and the child's disability affects the physical recreation opportunities of other family members as well. This fact is supported by family systems theory in that once a family member has a disability, the disability becomes part of the family, because each family member is influenced by other family members.

### Conclusion

Hispanic parents with children with disabilities shared their perceptions in regard to the benefits they place on physical recreation, and they voiced constraints they face when trying to be involved in physical recreation. Furthermore, these families shared their strategies to overcome these constraints whenever possible. They also identified strategies that might be helpful for them to overcome such deterrents.

Hispanic families with a child with a disability tend to participate in a wide variety of informal recreational activities, and they highly value the psychological benefits that arise from being active. These families may face constraints that impact their physical recreation choices, but they manage to engage in activity whenever possible. Even though they try to do the very best for their children who have disabilities, they voiced their desire to receive help from specialists in regard to community programs and activities the whole family can practice.

### Recommendations

A solution to help Hispanic families to overcome constraints to physical recreation might be collaborative work between parents and a professional in physical activity (e.g., adapted and regular physical education teacher, therapeutic recreation

specialist). These professionals can provide families with more information in their native language. Also, they can provide disability awareness to the community. The current research demonstrated that Hispanic families with children with disabilities preferred to participate in physical recreation as a family unit. Therefore, it would be appropriate for professionals to provide resources to families to maximize the quality of time they spend together. In other words, instruct families on how they can have more active interaction with their children with disabilities in physical recreation environments. Future research is needed to identify appropriate strategies that help to involve Hispanic parents in organized recreational and physical activity programs.

Table 1

*Participants Demographics*

Participant	Parent	Child's Gender	Parent's Country of Origin	Child's Age	Child's Disability	Child lives With
1	Mother	M	Panama	5	DS	Both parents
2	Mother	M	Mexico	7	CP	Both parents
3	Mother	F	Mexico	8	CP	Both parents
4	Mother	2 M	Mexico	(9) (7)	Both Autism	Both parents
5	Mother	M	Guatemala	14	Autism	Mother/stepfather
6	Father	M	Mexico	9	OHI	Both parents
7	Both	F	Mexico	12	DS	Both parents
8	Mother/stepfather	M	Mexico	9	CP	Mother/Stepfather
9	Mother	F	Mexico	9	SB	Mother
10	Both	M	Colombia	7	Autism	Both Parents

DS: Down syndrome

OHI: Other health impairments

SB: Spina Bifida

CP: Cerebral palsy

Table 2

*Income, Additional Children, Education, and Employment*

Participant	Family Income	More Children	Mother Education	Father Education	Mother's Employment	Father's Employment
1	30,000-49,000	2	College/University	College/University	At home Un-paid	Full time Out of home
2	30,000-49,000	2	Middle School	Some post High School	At home Un-paid	Full time Out of home
3	15,000-29,999	4	High School	Middle School	Unemployed	Full time Out of home
4	15,000-29,999	3	Technical College	High School	Part Time Out of home	Full time Out of home
5	30,000-49,000	2	College/University	High School	At home Un-paid	Full time Out of home
6	15,000-29,999	1	Elementary School	High School	At home Un-paid	Full time Out of home
7	15,000-29,999	2	Elementary School	Elementary School	At home Un-paid	Full time Out of home
8	15,000-29,999	2	No formal Schooling	Middle School	Part Time Out of home	Full time Out of home
9	30,000-49,000	2	Some post High School	-	Full time Out of home	-
10	Over 75,000	1	Graduate Degree	Graduate Degree	Full time Out of home	Full time Out of home

## REFERENCES

- Americans with Disabilities Act of 1990; Pub L. No. 101-336, 42 USC § 12101 (1990).
- An, J., & Goodwin, D.L. (2007). Physical education for students with spina bifida: Mothers' perspective. *Adapted Physical Activity Quarterly*, 24, 38-59.
- Anderson, D.M., Bedini, L.A., & Moreland, L. (2005). Getting all girls into the game: Physically active recreation for girls with disabilities. *Journal of Park and Recreation Administration*, 23(4), 78-103.
- Auxter, D., Pyfer, J., & Huettig, C. (2005). *Principles and methods of adapted physical education and recreation* (10<sup>th</sup> ed.). New York: McGraw Hill.
- Ayvazoglu, N.R., Oh, H., & Kozub, F.M. (2006). Explaining physical activity in children with visual impairments: A family system approach. *Exceptional Children*, 72(2), 235-248.
- Baranowski, M.D., & Schilmoeller, G.L. (1999). Grandparents in the lives of grandchildren with disabilities: Mothers' perceptions. *Education and Treatment of Children*, 22, 427-446.
- Beart, S., Hawkins, D., Stenfert, B., Smithson, P., & Tolosa, I. (2001). Barriers to accessing leisure opportunities for people with learning disabilities. *British Journal of Learning Disabilities*, 29, 133-138.

- Bedini, L.A., & Anderson, D.M. (2005). I'm nice, I'm smart, I like karate: Girls with physical disabilities' perceptions of physical recreation. *Therapeutic Recreation Journal*, 39(2), 114-130.
- Berg, K. (1995). The balance scale: Reliability assessment with elderly residents and patients with acute stroke, *Scandinavian Journal of Rehabilitation Medicine*, 27, 27-36.
- Betz, C.L., Taylor, M., Poulsen, M., Vahanvaty, U., Bare, M., Haddad, Y., et al. (2004). Secondary analysis of primary and preventive services accessed and perceived service barriers by children with developmental disabilities and their families. *Issues in Comprehensive Pediatric Nursing*, 27, 83-106.
- Blue-Bannin, M., Turnbull, A.P., & Pereira, L. (2002). Hispanic youth/young adults with disabilities: Parents' visions for the future. *Research and Practice for Persons with Severe Disabilities*, 27(3), 204-219.
- Boss, P.G., Doherty, W.J., LaRossa, R., Schumm, W., & Steinmetz, S. (1993). *Family theories and methods: A contextual approach*. New York, NY, US: Plenum Press, 3-30.
- Boyd, K.R., & Hrycaiko, D.W. (1997). The effect of a physical activity intervention package on the self-esteem of pre-adolescent and adolescent females. *Adolescence*, 32(127), 693-709.
- Brantlinger, E. (1991). Home-school partnerships that benefit children with special needs. *The Elementary School Journal*, 91, 249-259.

- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U. (1989). Six theories of child development: revised formulations and current issues, *Annals of Child Development*, 6, 187-249.
- Brown, R.T., & Pacini, J.N. (1989). Perceived family functioning, marital status and depression in parents of boys with attention deficit disorder. *Journal of Learning Disabilities*, 22(9), 581-587.
- Carr, D.S., & Williams, D.R. (1993). Understanding the role of ethnicity in outdoor recreation experiences. *Journal of Leisure Research*, 25(1), 22-38.
- Cherlin, A. (2005). *Public and private families* (4<sup>th</sup> ed.). New York: McGraw Hill.
- Cooper, R.A., Quatrano, L.A., Axelson, P.W., Harlan, W., Stineman, M., Franklin, B. et al. (1999). A consensus statement: Research on physical activity and health among people with disabilities. *Journal of Rehabilitation Research & Development*, 36(2), 142-154.
- Creswell, J.W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage.
- Christian, L.G. (2006). Understanding families: Applying family systems theory to early childhood practice. *Young Children*, 61(1), 12-20.
- Crollick, J.L., Mancil, G.R., & Stopka, C. (2006). Physical activity for children with autism spectrum disorder. *Teaching Elementary Physical Education*, 17(2), 30-34.

- Darrah, J., & Kelly, M. (2006). Aerobic exercise for children. *Physiotherapy Canada*, 58(3), 187-195.
- Dempsey, J.M., Kimiecik, J.C., & Horn, T.S. (1993). Parental influence on children's moderate to vigorous physical activity participation: An expectancy-value approach *Pediatric Exercise Science*, 5, 151-167.
- Denzin, N.K., & Lincoln, Y.S. (2003). *Collecting and interpreting qualitative materials* (2<sup>nd</sup> ed.). London: Sage.
- DeOrnellas, K.L. (1997). A comparison of the Kinetic Family Drawings of African-American, Hispanic, and Caucasian third-graders. (Doctoral dissertation, Texas Woman's University, 1997). *Dissertation Abstracts International*, 58, 2716.
- Dergance, J.M., Calmbach, W.L., Dhanda, R., Miles, T.P., Hazuda, H.P., & Mouton, C.P. (2003). Barriers to and benefits of leisure time physical activity in the elderly: Differences across cultures. *Journal of American Geriatric Society*, 51, 863-868.
- Devine, M.A., & Wilhite, B. (1999). Theory application in therapeutic recreation practice and research. *Therapeutic Recreation Journal*, 33(1), 29-45.
- Emmet-Gardner, J., & Scherman, A. (1994). Grandparents' belief regarding their role and relationship with special needs grandchildren. *Education and Treatment of Children*, 17, 185-197.
- Ennis, T. (2003). *Parental attitudes towards the importance of recreation for their children with disabilities*. Unpublished Master's thesis, Laurentian University, Sudbury, Ontario.

- Few, A.L., Stephens, D.P., & Rouse-Arnett, M (2003). Sister-to-sister talk: Transcending boundaries and challenges in qualitative research with black women. *Family Relations*, 52(3), 205-215.
- Finch, C., Owen, N., & Price, R. (2001). Current injury or disability as a barrier to being more physically active. *Medicine and Science in Sports and Exercise*, 33(5), 778-782.
- Fiorini, J., Stanton, K., & Reid, G. (1996). Understanding parents and families of children with disabilities: Consideration for adapted physical activity. *Palaestra*, 12(2), 16-29.
- Flick, U. (1998). *An Introduction to Qualitative Research*. Sage, London, U.K.
- French, D., & Hainsworth, J. (2001). There aren't any buses and the swimming pool is always cold: Obstacles and opportunities in the provision of sport for disabled people. *Managing Leisure*, 6, 35-49.
- Gannotti, M.E., Kaplan, L.C., Handwerker, W.P., & Groce, E.N. (2004). Cultural influences on health care use: Differences in perceived unmet needs and expectations of providers by Latino and Euro-American parents of children with special health care needs. *Journal of Developmental and Behavioral Practices*, 25(3), 156-166.
- Geenen, S., Powers, L.E., & Lopez-Vasquez, A. (2001). Multicultural aspects of parent involvement in transition planning. *Exceptional Children*, 67(2), 265-282.

- Groff, D.G., & Kleiber, D. A. (2001). Exploring the identity formation of youth involved in an adapted sports program. *Therapeutic Recreational Journal, 35*(4), 318-332.
- Guite, J., Lobato, D., Kao, B., & Plante, W. (2004). Discordance between sibling and parent reports of the impact of chronic illness and disability on siblings. *Children's Health Care, 33*(1), 77-92.
- Hanline, M.F., & Daley, S.E. (1992). Family coping strategies and strengths in Hispanics, African-American, and Caucasian families of young children. *Topics in Early Childhood Special Education, 12*(3), 351-366.
- Heller, T., Ying, G.S., Rimmer, J.H., & Marks, B.A. (2002). Determinants of exercise in adults with cerebral palsy. *Public Health Nursing, 19*(3), 223-231.
- Henderson, K.A. (1999). The surgeon general's report and community recreation for people with disabilities. *Journal of Physical Education Recreation and Dance, 70*(1), 22-29.
- Henderson, K.A., & Bialeschki, M.D. (1993). Negotiating constraints to women's physical recreation. *Society and Leisure, 16*(2), 389-412.
- Heyne, L.A., & Schleien, S.J. (1996). Feature issue on inclusive recreation and families. *Impact, 9*(4), 4-5.
- Heyne, L.A. (1993). Friendship development between children with and without developmental disabilities through participation in school-home neighborhood recreational activities. (Doctoral dissertation, University of Minnesota, 1993). *Dissertation Abstracts International, 54*, 3590.

- Howard, B.G. (1993). Parental perception of the impact on the marital and family functioning of the attention deficit disorder child: A qualitative study. (Doctoral dissertation, University of Minnesota, 1993). *Dissertation Abstracts International*, 55, 0385.
- Huettig, C., & Darden-Melton, B. (2004). Acquisition of aquatic skills by children with autism. *Palaestra*, 20(2), 20-27.
- Hulme, P.A., Effle, K.J., Jorgensen, L., McGowan, M.G., Nelson, J.D., & Pratt, E.N. (2003). Health-promoting lifestyle behaviors of spanish-speaking Hispanic adults. *Journal of Transcultural Nursing*, 14(3), 244-254.
- Hutzler, Y., Chacham, A., Bergman, U., & Szeinberg, A. (1997). Effects of exercise on respiration in children with cerebral palsy. *Palaestra*, 13(4), 20-24.
- Individuals with Disabilities Education Improvement Act of 2004, Pub. L. No. 108-446, § 602, 118 Stat. 2652 (2004).
- Iwasaki, Y., Mackay, K.J., & Mactavish, J. (2006). Voices from the margins: Active living, and leisure as a contributor to coping with stress. *Leisure Sciences*, 28, 163-180.
- Iwasaki, Y., Mactavish, J., & Mackay, K.J. (2005). Building on strength and resilience: Leisure as a stress survival strategy. *British Journal of Guidance and Counseling*, 33(1), 81-100.
- Jackson, C.W., & Turnbull, A.P. (2004). Impact of deafness on family life: A review of the literature. *Topics in Early Childhood Special Education*, 24(1), 15-29.

- Jacobs, J.E., & Eccles, J.S. (1992). The impact of mothers' gender-role stereotypic beliefs on mothers' and children's ability perceptions. *Journal of Personality & Social Psychology, 63*(6), 932-944.
- Jones, D.B. (2004). "Denied from a lot of places" Barriers to participation in community recreation programs encountered by children with disabilities in Maine: Perspectives of parents. *Leisure, (28)*1-2, 49-69.
- Juniu, S. (2000). The impact of immigration: Leisure experience in the lives of South American immigrants. *Journal of Leisure Research, 32*(3), 358-381.
- Keller, T.E., Bost, N.S., Lock, E.D., & Marcenko, M.O. (2005). Factors associated with participation of children with mental health problems in structured youth development programs. *Journal of Emotional and Behavioral Disorders, 13*(3), 141-151.
- Kelly, M., & Darrah, J. (2005) Aquatic exercise for children with cerebral palsy. *Developmental Medicine and Child Neurology, 47*(12), 838-842.
- Killian, K.J., Joyce-Petrovich, R.A, Menna, L., & Arena, S.A. (1994). Measuring water orientation and beginner swim skills of autistic individuals. *Adapted Physical Activity Quarterly, 1*(4), 287-295.
- Kozub, F.M. (2001). The family systems theory. *Palaestra, 17*(3), 30-42.
- Law, M., King, G., King, S., Kertoy, M., Hurley, P., Rosenbaum, et al. (2006). Patterns of participation in recreational and leisure activities among children with complex physical disabilities. *Developmental Medicine & Child Neurology, 48*(5), 337-342.

- Leysler, Y., & Cole, K.B. (2004). Leisure preferences and leisure communication with peers of elementary students with and without disabilities: Educational implications. *Education, 124*(4), 595-603.
- Longmuir, P.E., & Bar-Or, O. (1994). Physical activity of children and adolescent with a disability: Methodology and effects of age and gender. *Pediatric Exercise Science, 6*, 168-177.
- Longmuir, P.E., & Bar-Or, O. (2000). Factors influencing the physical activity levels of youths with physical and sensory disabilities. *Adapted Physical Activity Quarterly, 17*, 40-53.
- Lopez, R.R., Lopez, A., Wilkins, R.N., Torres, C.C., Valdez, R., Teer, J.G. et al. (2005). Changing Hispanic demographics: Challenges in natural resource management. *Wildlife Society Bulletin, 33*(2), 553-564.
- Mactavish, J.B., & Iwasaki, Y. (2005). Exploring perspectives of individuals with disabilities on stress-coping. *Journal of Rehabilitation, 71*(1), 20-31.
- Mactavish, J.B., & Schleien, S.J. (1998). Playing together growing together: Parents' perspectives on the benefits of family recreation in families that include children with disability. *Therapeutic Recreation Journal, 32*(3), 207-230.
- Mactavish, J.B., & Schleien, S.J. (2000a). Exploring family recreation activities in families that include children with developmental delays. *Therapeutic Recreation Journal, 34*(2), 132-153.

- Mactavish, J.B., & Schleien, S.J. (2000b). Beyond Qualitative and quantitative data linking: An example from a mixed method study of family. *Therapeutic Recreation Journal*, 34(2), 154-163.
- Mactavish, J.B., & Schleien, S.J. (2004). Re-injecting spontaneity and balance in family life: Parent's perspectives on recreation in families that include children with developmental disability. *Journal of Intellectual Disability Research*, 48(2), 123-141.
- Mactavish, J.B., & Schleien, S.J. & Tabourne, C. (1997). Patterns of family recreation in families that include children with developmental disability. *Journal of Leisure Research*, 29(1), 21-46.
- Mahon, J.M., Mactavish, J.B., & Bockstael, E. (2000). Social integration, leisure, and individuals with intellectual disability. *Parks and Recreation*, 35(4), 25-40.
- Mahoney, G., & O'Sullivan, P. (1992). The family environments of children with disabilities: Diverse but no so different. *Topics in Early Childhood Special Education*, 12, 386-397.
- Maltais, D.B., Pierrynowski, M.R., Galea, V.A., & Bar-Or, O. (2005). Physical activity level is associated with the O<sub>2</sub> cost of walking in cerebral palsy. *Medicine and Science in Sports and Exercise*, 37(3), 347-353.
- Manns, P.J., & Chad, K.E. (1999). Determining the relation between quality of life, handicap, fitness, and physical activity for persons with spinal cord injury. *Archives of Physical Medicine and Rehabilitation*, 80(12), 1566-1571.

- Marquez, D.X., & McAuley, E. (2006). Social cognitive correlates of leisure time physical activity among Latinos. *Journal of Behavioral Medicine, 29*(3), 281-289.
- Martin, J.J., & Smith, K. (2002). Friendship quality in youth disability sport: Perception of a best friend. *Adapted Physical Activity Quarterly, 19*, 472-482.
- Matur, S., & Smith, R. (2003). Collaborate with families of children with ADD. *Intervention in School and Clinic, 38*(5), 311-315.
- McBride, S.L., Brotherson, M.J., Joanning, H., Whiddon, D., & Demmitt, A. (1993). Implementation of family centered services: Perceptions of families and professionals. *Journal of Early Intervention, 17*(4), 414-430.
- McChesney, J., Gerken, M., & McDonald, K. (2005). Reaching out to Hispanics. *Parks and Recreation, 40*(3), 74-78.
- McGoldric, M., Giordano, J., & Pearce, J. (1996). *Ethnicity and family therapy* (2<sup>nd</sup> ed.). New York: The Guildford Press.
- McLachlin, L. (1991). Leisure patterns of families with a child who has Down's syndrome. (Doctoral dissertation, University of Minnesota, 1993). *Dissertation Abstracts International, 53*, 0801.
- Modell, S.J., & Valdez, L.A. (2002). Beyond bowling: Transition planning for students with disabilities. *Teaching Exceptional Children, 34*(6), 46-53.
- Morton, J.F., Brownlee, M., & McFadyen, A.K. (2005). The effects of progressive resistance training for children with cerebral palsy. *Clinical Rehabilitation, 19*(3), 283-289.

- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Munson, W.W. (1991). Juvenile delinquency as a societal problem and social disability: the therapeutic recreator's role as ecological change agent. *Therapeutic Recreation Journal*, 25(2), 19-30.
- Nieuwenhuys, O. (1996). The paradox of child labor and anthropology. *Annual Review of Anthropology*, 25(1), 237-251.
- O'Connor, J., French, R., & Henderson, H. (2000). Use of physical activity to improve behavior of children with Autism. *Palaestra*, 16(3), 22-29.
- Patton, M.Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage.
- Pelchat, D., Lefebvre, H., Proulx, M., & Reidy, M. (2004). Parental satisfaction with an early intervention program. *Journal of Perinatal & Neonatal Nursing*, 18(2), 128-144.
- Perry, R. (1994). The experience of leisure constraints by families who have children with physical disabilities. ((Doctoral dissertation, University of Minnesota, 1993). *Dissertation Abstracts International*, 56, 0702.
- Prupas, A., Harvey, W.J., & Benjamin, J. (2006). Early intervention aquatics: A program for children with Autism and their families, *Journal of Physical Education Recreation and Dance*, 77(2), 46-51.

- Rimmer, J.H., Heller, T., Wang, E., & Valerio, I. (2004). Improvements in physical fitness in adults with Down syndrome. *American Journal on Mental Retardation*, 109(2), 165-174.
- Rynders, J.E., Schleien, S.J., & Matson, S.L. (2003). Transition for children with Down syndrome from school to community. *Focus on Exceptional Children*, 36(4)1-8.
- Rynders, J.E., Schleien, S.J., Meyer, L., Vandercook, T., Mustonen, T., Colond, J.S., et al., (1993). Improving integration outcomes for children with and without severe disabilities through cooperatively structured recreation activities: A synthesis of research. *The Journal of Special Education*, 26(4), 386-407.
- Salas-Provance, M.B., Erickson, J.G., & Reed, J. (2002). Disabilities as viewed by four generations of one Hispanic family. *American Journal of Speech-Language Pathology*, 11, 151-162.
- Sayers, L. Cowden, J., & Sherill, C. (2002). Parents' perceptions of motor interventions for infants and toddlers with down syndrome. *Adapted Physical Activity Quarterly*, 19, 199-219.
- Scholl, K.G., McAvoy, L.H., Rynders, J.E., & Smith, J.G. (2003). The influence of an inclusive outdoor recreation experience on families that have a child with a disability. *Therapeutic Recreation Journal*, 37(1), 38-57.
- Shaull, S.L., & Gramann, J.H. (1998). The effect of cultural assimilation on the importance of family-related and nature-related recreation among Hispanic Americans. *Journal of Leisure Research*, 28(2), 47-63.

- Schleien, S.J., Heyne, L.A., & Berken-Berkea, S. (1998). Integrating physical education to teach appropriate play skills to learners with Autism: A pilot study. *Adapted Physical Activity Quarterly*, 5(3), 182-192.
- Section 504 of the Rehabilitation Act of 1973, 29 USC § 794 (1994).
- Stuart, M.E., Lieberman, L., & Hand, K.E. (2006). Beliefs about physical activity among children who are visually impaired and their parents. *Journal of Visual Impairment and Blindness*, 100(4), 223-234.
- Summers, J.A., Poston, D.J., Turnbull, A.P., Marquis, J., Hoffman, L., Mannan, H., et al. (2005). Conceptualizing and measuring quality of life. *Journal of Intellectual Disability Research*, 49(10), 777-783.
- Torrey, C.C., & Ashy, M. (1997). Culturally responsive teaching in physical education. *Physical Educator*, 54(3), 120-128.
- Turnbull, A.P., & Ruef, M. (1997). Family perspectives on inclusive lifestyles for people with problem behavior. *Exceptional Children*, 63(2), 211-228.
- Turnbull, A.P., & Turnbull, H.R. (1991). *Understanding families from a systems perspective*. In J. Williams and T. Kay. *Head Injury: A Family Matter* (pp. 37-64). Baltimore: Paul H. Brookes Publishing Co.
- Turnbull, A.P., & Turnbull, H.R. (1994). Enhancing inclusion of infants and toddlers with disabilities and their families: A theoretical and programmatic analysis. *Infants and Young Children*, 7(2), 1-14.

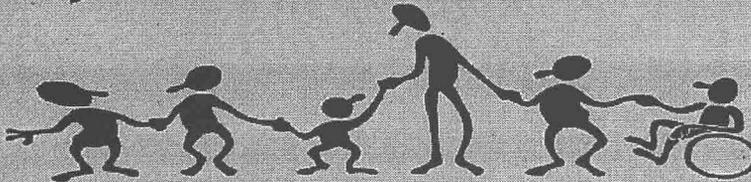
- U.S Census Bureau (2000). Source of federal statistics. Retrieved March 30, 2006, from <http://www.census.gov/>.
- US Department of Health and Human Services (2000). Healthy People 2010, 2<sup>nd</sup> ed. With Understanding and Improving Health and Objectives for Improving Health (2 vols). Washington, DC: U.S. Department of Health and Human Services.
- U.S. Department of Health and Human Services: Centers for Disease Control and Prevention. Retrieved January 19, 2007 from <http://www.cdc.gov/nccdphp/dnpa/physical/index.htm>
- Wang, M., Mannan, H., Poston, D.J., Turnbull. A.P., & Summers, J.A. (2004). Parents' perception of advocacy activities and their impact on family quality of life. *Research & Practice for Persons with Severe Disabilities*, 29(2), 144-155.
- Ward, L. (2004). What is the impact of multi-agency working on families with children with complex needs and can services work better for children with autism. *Research Matters*, 29-36.
- Wenneberg, S., Gunnarsson, L.G., & Ahlstrom, G. (2004). Using a novel exercise programme for patients with muscular dystrophy. Part II: A quantitative study. *Disability and Rehabilitation*, 26(10), 595-602.
- Wood, F. (2004). Leisure time activity of Mexican Americans with diabetes. *Journal of Advanced nursing*, 45(2), 190-196.

- Xiaoxing, Z.H., & Baker, D.W. (2004). Differences in leisure time, household, and work related physical activity by race, ethnicity and education. *Journal of General Internal Medicine*, 20, 259-266.
- Yatchmenoff, D., Koren, P.E., Friesen, B.J., Gordon, L.J., & Kinney, R.F. (1998). Enrichment and stress in families caring for a child with a serious emotional disorder. *Journal of Child and Family Studies*, 7(2), 129-145.
- Yilmaz, I., Yanardag, M., Birkan, B., & Bumin, G. (2004). Effects of swimming training on physical fitness and water orientation in autism. *Pediatrics International*, 46, 624-626.
- Yu-Pan, C., Frey, G.C., Bar-Or, O., & Longmuir, P.E. (2005). Concordance of physical activity among parents and youth with physical disabilities. *Journal of Developmental and Physical Disabilities*, 17(4), 395-407.
- Zabriskie, R.B., Lundberg, N.R., & Groff, D.G. (2005). Quality of life and identity: The benefits of a community-based therapeutic recreation and adaptive sports program. *Therapeutic Recreation Journal*, 39(3), 176-191.
- Zabriskie, R.B., & McCormick, B.P. (2001). The influences of family leisure patterns on perceptions of family functions. *Family Relations*, 50(3), 281-289.
- Zabriskie, R.B. & McCormick, B.P. (2003). Parent and child perspectives of family leisure involvement and satisfaction with family life. *Journal of Leisure Research*, 35(2), 163-189.

APPENDIX A

Copy of English Version of Recruitment Flyer

Are you a Hispanic parent?  
Do you have a child with disabilities between  
the ages of 0 to 15?



*If you answered yes to these questions, this information is for you.*

We are conducting a study with the purpose of identifying the nature and benefits of recreation of Hispanic families with children with disabilities and to identify barriers, if any, to participation in recreational physical activities among Hispanic families with children with disabilities

*How can you participate?*

*Take part in an interview*

*The participation in this study is completely **VOLUNTARY***

If you are interested or have any questions please contact:

- Luis Columna (940) 465-4746 or (940) 597-3736

Your participation may help  
improve the quality of adapted  
physical education programs!





**APPENDIX B**

**Copy of Spanish Version of Recruitment Flyer**

¿Es usted un padre hispano?  
¿Tiene un hijo con impedimentos entre  
las edades de 0 - 15 años. ?



Si contestó "Sí" esta información es para usted

Estaremos conduciendo un estudio con el propósito de identificar la naturaleza y beneficios de la participación en actividades recreativas de familias Hispánas con niños con impedimentos. También deseamos identificar si existen barreras para de la participación en actividades recreativas de familias Hispánas con niños con impedimentos

*¿Cómo puede participar?*

Sea parte de una entrevista.

*Su participación en este estudio es completamente VOLUNTARIA*

Si esta interesado o desea mas información favor contactar a:

- Luis Columna (940) 465-4746 / (940) 597-3736

¡Su participación podría ayudar  
a mejorar la calidad de los  
programas de educación física  
adaptada!



APPENDIX C

Copy of Recruitment Protocol Script

TEXAS WOMAN'S UNIVERSITY  
Phone Call Script

Title: Perceived Benefits, Barriers and Patterns of Recreational Physical Activity on Hispanic Families with Children with Disabilities.

“Hi, my name is Luis Columna I’m an Adapted Physical Education teacher at Denton ISD and I’m also a Doctoral Student at Texas Woman’s University. The purpose of my call is to extend to you an invitation to participate in a research study in which we want to explore the perception of Hispanic parents with children with disabilities in regards to the nature of recreation, benefits and barriers to the participation in recreational physical activities. The reason why you were chosen to participate in this study is because you are Hispanic and there are limited researches in regards to the nature of recreation of Hispanic families with children with disabilities”.

“First let me tell you that the participation in this study is completely voluntary. If you choose not to participate in this study, the benefits of the service you or your child receive from DISD will not be affected. Second, at this moment you don’t need to decide if you will be a part of this study. However, if you think that you might want to participate, I will give you a call next week and will also send a flyer to your home with more information about the research”. In that second call I will explain in details the research and answer any questions they may have. If during this second call they decide to take part in the study we will arranged a meeting to conduct the interviews.

“Having said this, do you think that you may be interested in more information about this study? Please remember that your participation is completely voluntary.”

The purpose of this study was to examine the benefits of outdoor walking for hospice patients with cancer and physical activity. Participants in this study were hospice patients with cancer who were contacted with direct telephone calls. Responses to the questionnaire were analyzed using descriptive statistics. To complete this questionnaire, please read each item carefully and indicate the response that best describes your situation. If you need further information please contact the author at dsabatelli@uic.edu or by email at dsabatelli@uic.edu.

### APPENDIX D

#### Copy of English Version Personal Datasheet With Demographic Information

1. Child's Age \_\_\_\_\_
2. Child's Gender  
 Male  
 Female
3. Child's Sexuality \_\_\_\_\_
4. Child's level of disability  
 Independent  
 Dependent  
If dependent, age of the child who disability was \_\_\_\_\_
5. The child's living situation level with  
 Both parents  
 Mother only  
 Father only  
 Grandparents  
 Other (please specify) \_\_\_\_\_
6. How often did you and the parent(s) walk your child with a disability?  
 One (1) time  
 Two (2) times  
 Three (3) times  
 Four (4) times  
 Five or More

**Perceived Benefits, Barriers and Patterns of Recreational Physical Activity of  
Hispanic Families with Children with Disabilities  
Demographic Information**

The purpose of this research is to: a) identify the nature of recreation, (b) identify the benefits of recreation and (c) to identify barriers, if any, to the participation in recreational physical activities among Hispanic families with children with disabilities.

Participation in this study is completely voluntary. If you do not wish to participate in this study, there will be no penalty or reprimand. Confidentiality will be protected at all time. Names of the participants will not be used on the transcripts or any presentation/publication. To complete this questionnaire, please read each statement carefully and add the information that best describes your situation.

If you need further information please contact Luis Columna at (940) 465-4746 or by email [luiscolumna@gmail.com](mailto:luiscolumna@gmail.com)

1. Child's Age \_\_\_\_\_
  
2. Child's Gender  
 Male  
 Female
  
3. Child's disability \_\_\_\_\_
  
4. Child's onset of disability  
 Congenital  
 Acquired  
If acquired, age of the child when disability was acquired: \_\_\_\_\_
  
5. The child with a disability lives with:  
 Both parents  
 Mother only  
 Father only  
 Grandparent(s)  
 Other (please specify) \_\_\_\_\_
  
6. How many children do you have besides your child with a disability?  
 One (1)  
 Two (2)  
 Three (3)  
 Fours (4)  
 Five or More  
 Other specify \_\_\_\_\_

7. If you have other children, please indicate their ages:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

8. How many people live in your house:

2-3

4-5

6-7

8-9

10 or more

In the following section please complete the ones that apply according to your answer on question #5.

9. Mother's Age \_\_\_\_\_

10. Mother's country of origin \_\_\_\_\_

11. If the mother was not born in the United States, how long has she been in the United States?

Specify: \_\_\_\_\_

12. Mother's Education

Elementary School

Middle School

High School

Some post High School

Technical College

College/University Degree

Some Graduate School

Graduate Degree

No Formal Schooling

13. Mother's Employment

Full time (out of home)

Full time (at home un-paid)

Part time (out of home)

Unemployed

Other: specify \_\_\_\_\_

14. Father's Age \_\_\_\_\_

15. Father's Country of origin \_\_\_\_\_

16. If the father was not born in the United States, how long has he been in the United States?

Specify: \_\_\_\_\_

17. Father's Education

- Elementary School
- Middle School
- High School
- Some post High School
- Technical College
- College/University Degree
- Some Graduate School
- Graduate Degree
- No Formal Schooling

18. Father's Employment

- Full time (out of home)
- Full time (at home un-paid)
- Part time (out of home)
- Unemployed
- Other: specify \_\_\_\_\_

19. Guardian (grandparent, other) Age \_\_\_\_\_

20. Relationship of the guardian \_\_\_\_\_

21. Guardian's country of origin \_\_\_\_\_

22. If the Guardian was not born in the United States, how long has he/she been in the United States?

Specify: \_\_\_\_\_

23. Guardian's Education

- Elementary School
- Middle School
- High School
- Some post High School
- Technical College
- College/University Degree
- Some Graduate School
- Graduate Degree
- No Formal Schooling

24. Guardian's Employment

- Full time (out of home)
- Full time (at home un-paid)
- Part time (out of home)
- Unemployed
- Other: specify \_\_\_\_\_

25. Household (income)

- Under 14,999
- 15,000 to 29,999
- 30,000 to 44,999
- 45,000 to 59,999
- 60,000 to 74,999
- Over 75,000

1. El participante de esta investigación se compromete a participar en esta encuesta, se hará un consentimiento informado y será protegida en todo momento. Los miembros de la familia que participen o en alguna presentación de los datos de esta encuesta serán informados por escrito los resultados de la encuesta y de la situación.

La participación en esta encuesta será voluntaria y el participante podrá retirarse en cualquier momento sin que esto afecte a su atención médica. Los datos de esta encuesta serán utilizados para fines de investigación y no serán compartidos con terceros. Los datos de esta encuesta serán utilizados para fines de investigación y no serán compartidos con terceros.

## APPENDIX E

### Copy of Spanish Version Personal Datasheet With Demographic Information

1. Edad del sujeto(a) \_\_\_\_\_
2. Sexo del sujeto(a)  
 Masculino  
 Femenino
3. Municipio del sujeto(a) \_\_\_\_\_
4. Está sujeta sujeta al impedimento  
 No  
 Sí  
Si fue adquirida, edad del sujeto(a) cuando se adquirió \_\_\_\_\_
5. El sujeto(a) vive con:  
 Amigos  
 Madre  
 Padre  
 Abuelos  
 Otro (por favor especificar) \_\_\_\_\_

## Percepción de los Beneficios y Patrones, y Barreras para la Participación de Actividades Físicas/Recreativas de Familias Hispánicas con Niños con Impedimentos. Información Demográfica

El propósito de este estudio es: (a) identificar la naturaleza de recreación, (b) identificar beneficios de recreación y (c) para identificar barreras, si alguna, en la participación de actividades físicas recreativas de familias Hispánicas con niños con impedimentos.

La participación en este estudio es completamente voluntaria. Si usted desea no participar en este estudio, no habrá ninguna penalidad ni represalia. La confidencialidad será protegida en todo momento. Los nombres de los participantes no serán utilizados en las transcripciones o en alguna presentación/publicación. Para completar este cuestionario, por favor lea cada aseveración cuidadosamente y añada la información que mejor describa su situación.

Si necesita información adicional por favor de contactar a Luis Columna al (940) 465-4746 o por correo electrónico: [luiscolumna@gmail.com](mailto:luiscolumna@gmail.com)

1. Edad del Niño (a) \_\_\_\_\_

2. Sexo del niño(a)

Masculino

Femenino

3. Impedimento del niño(a) \_\_\_\_\_

4. Edad en que ocurrió el impedimento:

Nacimiento

Adquirida

Si fue adquirida, edad del niño(a) cuando adquirió el impedimento:

\_\_\_\_\_

5. El niño o la niña con impedimento vive con:

Ambos padres

Mama solamente

Papa solamente

Abuelo(s)

Otros (por favor especifique) \_\_\_\_\_

6. ¿Cuántos niños además del niño(a) con impedimento tiene usted?

Uno (1)

Dos (2)

Tres (3)

Cuatro (4)

Cinco o más

7. Si usted tiene otros niños, por favor indique sus edades:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

8. ¿Cuántas personas viven en su casa?:

2-3

4-5

6-7

8-9

10 o más

En las siguientes secciones complete de acuerdo a como usted contesto en la pregunta #5.

9. Edad de la mama \_\_\_\_\_

10. País de origen de la madre \_\_\_\_\_

11. Si la madre no nació en los Estados Unidos, ¿que tiempo lleva en los Estados Unidos?

Especifique: \_\_\_\_\_

12. Educación de la madre

Escuela Elemental

Escuela Intermedia

Escuela Superior (Secundaria)

Mas allá de la Secundaria

Colegio Técnico

Grado de Universidad o Colegio

Algunos créditos de Universidad Graduada

Educación No Formal

13. Empleo de la madre

- Tiempo completo (fuera de la casa)
- Tiempo completo (en la casa sin paga)
- Tiempo parcial (fuera de la casa)
- Desempleado
- Otros, especifique \_\_\_\_\_

14. Edad del padre \_\_\_\_\_

15. País de origen del padre \_\_\_\_\_

16. Si el padre no nació en los Estados Unidos, ¿que tiempo lleva en los Estados Unidos?

Especifique: \_\_\_\_\_

17. Educación del padre

- Escuela Elemental
- Escuela Intermedia
- Escuela Superior (Secundaria)
- Mas allá de la Secundaria
- Colegio Técnico
- Grado de Universidad o Colegio
- Algunos créditos de Universidad Graduada
- Educación No Formal

18. Empleo del padre

- Tiempo completo (fuera de la casa)
- Tiempo completo (en la casa sin paga)
- Tiempo parcial (fuera de la casa)
- Desempleado
- Otros, especifique \_\_\_\_\_

19. Edad del/la Guardian (abuelo, otro) \_\_\_\_\_

20. Relacion del/la Guardian \_\_\_\_\_

21. Pais de origen del/la Guardian (abuelo, otro) \_\_\_\_\_

22. Si el Guardian (abuelo, otro) nació fuera de los Estados Unidos, ¿hace cuanto que el o ella viven en los Estados Unidos?

23. Educación del del/la Guardian (abuelo, otro)

- Escuela Elemental
- Escuela Intermedia
- Escuela Superior (Secundaria)
- Mas allá de la Secundaria
- Colegio Técnico
- Grado de Universidad o Colegio
- Algunos créditos de Universidad Graduada
- Educación No Formal

24. Empleo del/la Guardian (abuelo, otro)

- Tiempo completo (fuera de la casa)
- Tiempo completo (en la casa sin paga)
- Tiempo parcial (fuera de la casa)
- Desempleado
- Otros, especifique \_\_\_\_\_

25. Ingreso Familiar

- Menos de 14,999
- 15,000 a 29,999
- 30,000 a 44,999
- 45,000 a 59,999
- 60,000 a 74,999
- Sobre 75,000

## APPENDIX F

### English Version of the Interview Questions

**Perceived Benefits, Barriers and Patterns of Recreational Physical Activity of  
Hispanic Families With Children with Disabilities  
Qualitative Interviews**

1. What can you tell me about your child's disability?
2. Who are the people living in your home?
3. What does recreational physical activity mean to you?
4. Describe what your family does on a regular basis that involves recreational physical activity? How often?
5. Who usually takes part in these activities?
6. Where does recreation involving the whole family or some of the family take place?
7. Why does your family do the kinds of recreational physical activities you currently do? or Why doesn't your family participate in recreational activities?
8. Why do you think it is or is not important for your child with a disability to be active in recreational physical activities?
9. Why do you think it is important or is not important for your child with a disability to be active in recreational physical activities with the family?
10. Is there something that keeps your child from participating in recreational physical activities? If so, what gets in his/her way?

Probes:

- a. Safety concerns, traffic, fear, lack of money, disability, lack of transportation, lack of light, language barriers, no one to do it with

11. Thinking about your family, is there something that keeps your family from taking part in recreational physical activities together? If so, what gets in the way?

Probes:

- a. Safety concerns, traffic, fear, lack of money, disability, lack of transportation, lack of light, language barriers, no one to do it with

12. If there is something that keeps your child from participating in recreational physical activities, how does he/she deal with these issues in order to participate in recreational physical activities?

Probes:

- a. What or who helps or supports your child to do recreation activities?
- b. What might be helpful to enhance your participation in recreational activities?

13. If there is something that keeps your family from taking part in recreational physical activities together, how does your family deal or might need help with these issues in order for the family be able to participate in recreational physical activities?

Probes:

- a. What or who helps or supports your child to do recreation activities?
- b. What might be helpful to enhance your participation in recreational activities?

1. ¿Qué son para usted esas actividades culturales/recreativas?
2. ¿Qué es para los miembros de su familia esas actividades culturales/recreativas?
3. ¿Qué significa para usted esas actividades culturales/recreativas?
4. ¿Describe las actividades que su familia hace de forma regular en su vida cotidiana, actividades recreativas, actividades culturales? ¿Cuáles? ¿Cómo? ¿Cuándo?

## APPENDIX G

### Spanish Version of the Interview Questions

6. ¿En dónde y con quién las actividades culturales/recreativas se hacen en su familia o algnano?
7. ¿Por qué su familia participa en las actividades? ¿Es un hobby, es que realmente disfrutan de ellas? ¿Por qué su familia no participa en actividades culturales/recreativas?
8. ¿Por qué cree usted que le impide a un niño con discapacidad participar en actividades culturales/recreativas?
9. ¿Por qué cree usted que le impide a un niño con discapacidad participar en actividades culturales/recreativas?
10. ¿Existen algún tipo de impedimento físico que le impida participar en actividades de recreación? Si existe algún tipo de impedimento físico, ¿cuál es?

#### Referencia:

1. Preocupación por la seguridad, falta de tiempo, falta de dinero, impedimento del niño, falta de información, falta de lenguaje, falta de alguien que lo ayude.

11. Pensando en su familia, ¿qué le impide a su familia o algún miembro de ella participar en actividades físicas recreativas más juntas? Si existe algún impedimento, ¿cuál es?

#### Referencia:

1. Preocupación por la seguridad, falta de tiempo, falta de dinero, impedimento del niño, falta de información, barreras de lenguaje, nadie con quien hacerlo.

**Percepción de los Beneficios y Patrones, y Barreras para la Participación de Actividades Físicas/Recreativas de Familias Hispanas con Niños con Impedimentos.**  
**Preguntas para la Entrevista**

1. ¿Qué me puede decir sobre el impedimento de su hijo (a)?
2. ¿Quiénes son las personas que viven con usted en su casa?
3. ¿Qué significa para usted actividad física recreativa?
4. Describa las actividades que su familia hace de forma regular en relación a la actividad física recreativa. ¿Cuán frecuente?
5. ¿Quién normalmente participa en estas actividades?
6. ¿En donde ocurren las actividades recreativas en la que se incluye a toda la familia o algunos miembros de la familia?
7. ¿Por qué su familia participa en las actividades físicas recreativas que realizan actualmente? o ¿Por qué su familia no participa en actividades físicas recreativas?
8. ¿Por qué cree usted que es importante o no para su hijo con impedimento el estar activo)a) en actividades físicas recreativas?
9. ¿Por qué cree usted que es importante o no para su hijo con impedimento el estar activo)a) en actividades físicas recreativas con la familia?
10. ¿Existe algo que le impide a su hijo(a) de participar en actividades físicas recreativas? Si existe algo, ¿Qué es lo que le impide?

Refuerzo:

- a. Preocupación por la seguridad, tráfico, miedo, falta de dinero, impedimento del niño, falta de alumbrado, barreras de lenguaje, nadie con quien hacerlo.

11. Pensando en su familia, ¿qué le impide a su familia o dificulta el poder participar en actividades físicas recreativas todos juntos? Si existe algo, ¿Qué es lo que le impide?

Refuerzo:

- a. Preocupación por la seguridad, tráfico, miedo, falta de dinero, impedimento del niño, falta de alumbrado, barreras de lenguaje, nadie con quien hacerlo.

12. Si existe algo que le impide a su hijo(a) de participar en actividades físicas recreativas, ¿como el o ella sobrepasan esa limitación para poder participar en actividades físicas recreativas?

Refuerzo:

- a. ¿Qué o quien le ayuda o asiste a su familia para participar en actividades recreativas todos juntos?
- b. ¿Qué ayuda puede ser beneficiosa para aumentar su participación en actividades recreativas?

13. Si existe algo que le impide a su familia de participar en actividades físicas recreativas todos juntos, ¿como ustedes sobrepasan esas limitaciones para poder participar en actividades físicas recreativas?

Refuerzo:

- a. ¿Qué o quien le ayuda o asiste a su familia para participar en actividades recreativas todos juntos?
- b. ¿Qué ayuda puede ser beneficiosa para aumentar su participación en actividades recreativas?



TEXAS WOMAN'S UNIVERSITY  
CONSENT TO PARTICIPATE IN RESEARCH

Title: Perceived Benefits, Barriers and Patterns of Recreational Physical Activity on Hispanic Families with Children with Disabilities.

Investigators:

Primary Investigator: Luis Columna, M.A. (940)597-3736  
PhD student in Adapted Physical Education

Faculty Advisor: Jean Pyfer, Ph.D (940)898-2575

You are being asked to take part in a research study addressing families' perception of the benefits, issues and patterns of recreational physical activity on Hispanic families with children with disabilities. Simply, we want to know what play, leisure, recreation, sport and/or fitness activities you feel would best enhance your child's and your family's life if participation in these takes place. The total time commitment will not exceed 1 hour and 15 minutes. In one on one interview, discussion will be prompted.

Lists of the questions and data sheet are attached if you choose to view them prior to consenting to participate. The interviews will be audio taped to ensure validity and accuracy of transcriptions.

**Possible Risks**

Confidentiality

There is a risk of loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. The risk will be addressed in the following ways. A transcription of the interviews will be made. The transcription will be made by the Principal Investigator (PI). The transcripts of the interviews will be coded so the participant is not identified. The names of the participants will not be used in presentations/publications. The tape and transcriptions will be available only to researchers involved in this study. The tape will be shredded immediately after completion of the transcription. Until that time, the tape and transcription will be stored in a locked file in Pioneer Hall 208A (Chairman of Department of Kinesiology). The transcripts will be kept for four years and then shredded.

Approved by the  
Texas Woman's University  
Institutional Review Board  
November 1, 2006

Participant Initials  
Page 1 of 3

### Embarrassment or Emotional Discomfort

There is a risk of embarrassment. The following steps will be taken to minimize risk. The interview leader (Principal Investigator) will make every effort to ensure the participants are comfortable during the process. At any point in time, the participant is free to terminate participation in the interview. The participant may feel free not to answer any question or react to any statement that may cause embarrassment. The participant may feel free to leave the interview at any time.

### Coercion

There is a risk that participants may feel "coerced" into participating. Parents will be assured verbally, and in writing on the consent form that their participation in this study is voluntary and that their child's participation in the aquatics programs or adapted physical education services in the public school will not be jeopardized in any way if they choose not to participate.

### Fatigue

There is a risk that participants may feel "fatigue" during the interview. A 10 to 15 minute break will be scheduled every 30 minutes during the interview. Breaks will be allowed as requested by the participants.

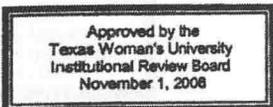
### Benefits

The following are potential benefits to the participants. Participants will be given an abstract of the findings. A complete copy of the article/presentation will be provided, at participant request. Participants may contribute to the knowledge base in Adapted Physical Education, particularly as it relates to the provision of services within the context of the family.

### Voluntary Participation/Withdrawal

Your participation in the study is voluntary. You may choose not to participate or discontinue participation at any time. Your child's status in the TWU aquatics program for children with disabilities and/or APE services at Denton ISD will NOT be affected in any way if you choose not to participate.

*The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.*



Participant Initials  
Page 2 of 3

If you have any questions about the research study, you should ask the researcher's faculty advisor, Jean Pyfer, P.E.D. Her phone number is (940) 898-2578 or via email at [jpyfer@twu.edu](mailto:jpyfer@twu.edu). If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Office of Research and Grants at (940) 898-3375 or via email at [IRB@TWU.EDU](mailto:IRB@TWU.EDU).

### Consent

An offer to answer all of your questions regarding this study has been made and you have been given a copy of the dated and signed written consent form. If alternate procedures are more advantageous to you, they have been explained. A description of the possible risks of participation have been discussed. You may withdraw from any part of the study at any time. Your participation in this study is completely voluntary and refusal to participate in any portion of the study will involve absolutely no penalty or loss of benefits to which you are otherwise entitled.

Please check one of the following:

The interview will be taped to ensure accuracy.

Yes, I agree to be audio taped and understand that the audio taped will be transcribed into written form.

No, I do not agree to be audio taped. But I wish to participate in this study.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

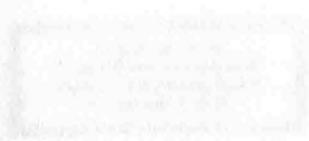
Every participant will be given an abstract of the study, if desired. Please provide an address to which this abstract should be sent:

\_\_\_\_\_  
Please check if you would like a copy of any publication of the research.

Approved by the  
Texas Woman's University  
Institutional Review Board  
November 1, 2006

APPENDIX I

Copy of Spanish Version of Consent Form



Page 1 of 2

TEXAS WOMAN'S UNIVERSITY  
CONSENTIMIENTO PARA PARTICIPAR EN INVESTIGACION

Título: Percepción de los Beneficios y Patrones, y Barreras para la Participación de Actividades Físicas/Recreativas de Familias Hispánicas con Niños con Impedimentos.

Investigadores:

Investigador Principal: Luis Columna, M.A. (940)597-3736  
Estudiante Doctoral en Educación Física Adaptada

Consejero de Facultad: Jean Pyfer, Ph.D. (940)898-2575

Se le esta solicitando su colaboración para participar en un estudio investigativo relacionado a las expectativas de los padres en relación a su percepción de los beneficios, patrones para la participación de actividades físicas/recreativas de familias hispanas con niños con impedimentos. Simplemente, deseamos saber que actividades de juego, tiempo libre, recreación, deportes y/o actividades físicas usted entiende que aumentarían la calidad de vida de su hijo(a) y su familia si toman participación en las mismas. Su compromiso total en esta investigación no será más de 1 hora y 15 minutos.

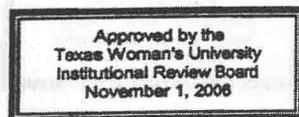
Se incluye una lista de las preguntas en caso de que desee usted verlas antes de dar su consentimiento para participar. Esta entrevista será grabada en "audio cassette" para asegurar valides y certeza de las transcripciones.

Esta entrevista será grabada en "audio cassette" para asegurar valides y certeza de las transcripciones.

**Posibles Riesgos**

Confidencialidad

Existe un riesgo de perdida de confidencialidad. La confidencialidad será protegida hasta lo máximo permitido por ley. El riesgo será atendido de la siguiente manera. Se realizara una transcripción de la grabación. Esta transcripción será realizada por el investigador principal. Se asignarán códigos a cada transcripción para evitar la identificación de los participantes. Los nombres de los participantes no serán usados en presentaciones ni publicaciones. Solamente el investigador principal y el Profesor consejero tendrán acceso a las transcripciones y grabaciones. La grabación (casete) será destruida inmediatamente después de completar las transcripción. Hasta que llegue ese tiempo, la grabación (casete) y la transcripción serán guardados en un archivo bajo llave en *Pioneer Hall 208A* (Oficina del Director del Departamento de Kinesiología). La transcripción será guardada por cuatro años y luego será destruida.



Iniciales del Participante  
Pagina 1 de 3

### Desconcierto/ Vergüenza o Molestia Emocional

Existe un posible riesgo de vergüenza. Los siguientes pasos serán tomados para minimizar/evitar tal riesgo. El investigador principal hará todo lo posible para asegurar que los participantes se sientan cómodos durante el proceso. En cualquier momento durante el estudio el participante podrá terminar su participación en la entrevista. El participante no estará obligado a contestar cualquier pregunta que le pueda causar vergüenza. El participante podrá abandonar la entrevista en cualquier momento.

### Coerción/Obligación

Existe el riesgo de que los participantes se sientan obligados a participar. El equipo investigativo repartirá hojas informativas las cuales incluirán información de contacto si desean participar. Los padres serán asegurados de forma verbal y por escrito que la participación de su hijo en el programa acuático o servicios de educación física adaptada en su escuela no se comprometerá en ninguna manera si escogen o no participar en el estudio investigativo.

### Fatiga

Una pausa durante la entrevista de 10 a 15 minutos será ofrecida cada 30 minutos. Pausas serán ofrecidas a solicitud de los participantes.

### Beneficios

Existen ciertos beneficios para aquellas personas que participen en este estudio. Una copia del manuscrito/prestación será provista a petición de los participantes. Los participantes pueden contribuir al conocimiento en campo de la educación física adaptada, particularmente en el área de la prestación de servicios dentro del contexto familiar.

### Participación Voluntaria/ Retirada

Su participación en este estudio es totalmente voluntaria. Usted puede escoger el no participar en el estudio o discontinuar su participación en el estudio en cualquier momento. El estatus de su hijo en el programa acuático de TWU y/o los servicios de educación física adaptada NO se verán afectados si usted decide no participar.

*Los investigadores harán todo lo posible para prevenir cualquier problema que podría ocurrir como consecuencia de este estudio. Deberá notificar a los investigadores si existe algún problema y ellos le ayudaran. Sin Embargo, TWU no provee servicios médicos o asistencia económica por injurias que puedan ocurrir por usted tomar parte en el estudio.*

Approved by the  
Texas Woman's University  
Institutional Review Board  
November 1, 2008

Iniciales del Participante  
Pagina 2 de 3

Si tiene alguna pregunta sobre este estudio investigativo deberá llamar al consejero de facultad, Jean Pyfer, Ph.D. Su número de teléfono es (940) 898-2578 o vía correo electrónico a [jpyfer@twu.edu](mailto:jpyfer@twu.edu). Si usted tiene preguntas sobre sus derechos como participante en este estudio o en la forma en la cual se a conducido puede contactar a la oficina de "Research and Grants" (investigaciones y becas) al (940) 898-3375 o vía correo electrónico a [IRB@TWU.EDU](mailto:IRB@TWU.EDU).

### Consentimiento

Se le han contestado todas sus preguntas referentes a este estudio y se le ha dado una copia de la hoja de consentimiento. Todo procedimiento ha sido explicado. Una descripción de posibles riesgos a consecuencia de participar en este estudio han sido discutidas. Usted podrá abandonar cualquier parte del estudio en cualquier momento si usted lo desea. Su participación en este estudio es completamente voluntaria. El decidir participar en cualquier parte del estudio no conllevara penalidades o pérdida de beneficios a los cuales tiene el derecho de recibir.

Por favor seleccione una de las siguientes:

La entrevista será gravada para garantizar certeza.

Sí, estoy de acuerdo a ser grabada y entiendo que la audio grabación será transcrita de forma escrita.

No, No estoy de acuerdo a ser audio grabado(a). Pero desearía participar en este estudio.

\_\_\_\_\_  
Firma del Participante

\_\_\_\_\_  
Fecha

Se les entregara a todos los participantes con un resumen del estudio, si así lo desean. Por favor de proveer una dirección en la que este resumen puede ser enviado:

\_\_\_\_\_

\_\_\_\_\_

Por favor indique si usted desea una copia de alguna publicación que se realice en base a esta investigación.

Approved by the  
Texas Woman's University  
Institutional Review Board  
November 1, 2006

\_\_\_\_\_  
Iniciales del Participante  
Pagina 3 de 3

Appendix J

Dr. [Name]  
Department of [Department]

### APPENDIX J

Dear Dr. [Name]:

#### Approval Letter From the Human Subjects Review Committee

The Human Subjects Review Committee has reviewed your proposal for the study of [Study Title] and has approved it for the study of [Study Title]. The committee has determined that the study meets the criteria for ethical research and that the risks to participants are minimal. The committee has also approved the informed consent form and the debriefing form. The committee has also approved the study protocol and the data management plan. The committee has also approved the study protocol and the data management plan. The committee has also approved the study protocol and the data management plan.

[Signature]  
Dr. [Name]  
Department of [Department]

Dr. [Name]  
Department of [Department]



**Institutional Review Board**  
Office of Research and Sponsored Programs  
P.O. Box 425619, Denton, TX 76204-5619  
940-898-3378 Fax 940-898-3416  
e-mail: IRB@twu.edu

November 1, 2006

Mr. Luis Columna  
Department of Kinesiology

Dear Mr. Columna:

*Re: Perceived Benefits, Barriers and Patterns of Recreational Physical Activity on Hispanic Families with Children with Disabilities*

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. A copy of the approved consent form with the IRB approval stamp and a copy of the annual/final report are enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. The signed consent forms and final report must be filed with the Institutional Review Board at the completion of the study.

This approval is valid one year from November 1, 2006. According to regulations from the Department of Health and Human Services, another review by the IRB is required if your project changes in any way, and the IRB must be notified immediately regarding any adverse events. If you have any questions, feel free to call the TWU Institutional Review Board.

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.

APPENDIX K

Amendment Letter Research Name Change

Approved  
01/11/11  
O-23-11

May 10, 2007

Dr. David Nichols  
Chair of the Institutional Review Board,  
Texas Woman's University, Denton  
Denton, TX 76204

Dear Dr. Nichols:

Re: Research Name Change

Research Study:

Perceived Benefits, Barriers and Patterns of Recreational Physical Activity on Hispanic Families with Children with Disabilities.

In order to align my research with appropriate terminology in the literature I decided to change the name of my dissertation. The new name will be: **"Perceived Benefits, Constraints, and Patterns of Physical Recreation of Hispanic Families with Children with Disabilities."**

Thanks for your help.

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.



Denton Independent School District  
 100 West W. Highway  
 Denton, Texas 76201  
 (817) 382-1000

100 West W. Highway  
 P.O. Box 10000  
 Denton, Texas 76201

October 11, 2006

**APPENDIX L**

**Approval Letter From the Denton Independent School District**

Dear Mr. [Name]:

I am pleased to inform you that the [Name] [Title] [Address] [City, State, Zip] has been approved by the Denton Independent School District Board of Trustees. The Board of Trustees met on [Date] and approved the [Name] [Title] [Address] [City, State, Zip] for the position of [Title]. The Board of Trustees also approved the [Name] [Title] [Address] [City, State, Zip] for the position of [Title].

I trust that the principles of [Title] [Address] [City, State, Zip] will be [Title] [Address] [City, State, Zip].

Sincerely yours,

Roger K. [Name]  
 Director of [Title]  
 Superintendent of Schools

cc: [Name]



**Denton Independent School District**

**Dr. Roger D. Rutherford**

**Assistant Superintendent**

**Academic Programs**

**1307 North Locust**

**Denton, Texas 76201**

**(940) 369-0133**

**Fax (940) 369-4983**

Luis Columna, Dr. Jean Pyfer  
P.O. Box 425474  
Denton, Texas 76204

October 31, 2006

Dear Mr. Luis Columna, and Dr. Jean Pyfer

I am pleased to inform you that your research proposal: "*Perceived Benefits, Barriers and patterns of Recreational Physical Activity on Hispanic families with Children with Disabilities*" has been approved by the following campuses: Susannah OBara (940-369-1800), Principal of **Hawk Elementary School**, Ruben Molinar (940-369-2500) Principal of **Borman Elementary School**, Anthony Sims (940-369-2400) Principal of **Calhoun Middle School**, Robert Gonzalez (940-369-3800) Principal of **Rivera Elementary School**, and the Academic Programs Division.

Please contact the principal to initiate your research activities.

Sincerely yours,

Dissertation/Theses signature page is here.

To protect individuals we have covered their signatures.