

# “Swim for Health:’ Barriers to participation for pre-school aged children and their families in an aquatic activity intervention in the North of England.

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## BACKGROUND & RATIONALE

- ‘Swim for Health’ was the first of a number of health interventions introduced by the National Governing Body for Aquatic Activity in the UK, the Amateur Swimming Association.

- Swim for Health is a regional multi-partner intervention with the aims of increasing participation in aquatic activities and decreasing health inequalities, including those associated with obesity.

- One target group in Swim for Health is pre-school aged children and their families.

- Regular aerobic physical activity such as aquatic activity offers great potential for reducing obesity levels in at risk communities (Ranford and Palisi 1996, Bouchard et al 1993).

### AIM

- The principal aim of this study was to identify perceived barriers to participation in aquatic activity for pre-school aged children and their families.

### METHODOLOGY

-26 semi-structured individual interviews and 12 focus groups were carried out involving a total of 54 individuals.

- Questionnaires containing IPAQ and questions pertaining to aquatic activity preferences were completed by 132 individuals. Questionnaire data were used to complement interview data.

- Attendance figures at ‘Swim for Health’ aquatic sessions for pre-school aged children and their families and group statistics were obtained and analysed.

- All participants were parents aged between 19 and 44 years.

## REFERENCES

- Bouchard, C., Depres JP, Tremblay A. ‘Exercise and Obesity.’ Physical Activity Sciences Laboratory, Laval University, Ste-Foy, Quebec, Canada.  
 - Ranford, H. E. and Palisi, B. J. (1996). ‘Aerobic exercise, subjective health and psychological well-being within age and gender sub-groups.’ Soc. Sci. Med 42(11) pp. 1555 – 1559.

## RESULTS & DISCUSSION

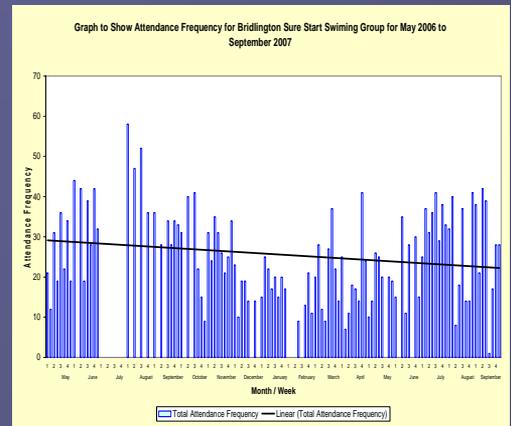


Figure 1: Example attendance record for one Sure Start Parents and Toddlers Session in the Swim for Health scheme

- ‘Swim for Health’ successfully established partnerships with a number of organisations offering services for young parents.

- Three aquatic sessions were offered. Two sessions involved parents and children together. Parents participated alone in one session. Where parents participated alone, childcare became a key barrier to participation.

- Only 50% of participants engaged in physical activity alone without their family. Male participants were more likely to engage in physical activity alone, suggesting strong gender roles in physical activity choices. These roles implied women were carers for children while men were workers who provided for the family.

Group	Participant Type	Average Attendance	Average Age of Participants	% of group British	% of group Female
1	Parents and Children	25	32.2	94%	83%
2	Parents and Children	30	30.4	96%	87%
3	Parents Only	15	33.6	79%	89%

Table 1: Swim for Health Sessions for Pre-School Aged Children and their Families.

-Swimming was more popular as a family activity for women and as a solitary activity for men. Where women engaged in solitary aquatic activity, improving the body through fitness type activities was the main goal. Aqua-aerobics was one such activity.

- Participants felt less self-conscious about the perceived deficiencies of their bodies when swimming with their families. Instead they focused on their children’s wellbeing. Pool hygiene, water safety and the risk of injury were key concerns parents had about their children’s safety.

- Due to water safety concerns, many swimming pools in the region operated a parent:non-swimming child ratio of 1:1. This excluded many families with more than one non-swimming child. This was overcome where staff from partner groups entered the water and cared for non-swimming children, or risk assessments were re-appraised to allow access for multiple-child families. This did not happen in all circumstances however.

- Time constraints were a key barrier to participation in swimming with a family. Swimming was regarded as a more time consuming activity than many other family activities.

- ‘Swim for Health’ sessions were monopolised by women. Traditional gender roles played a part in this.

- Allowance had to be made for ethnic minorities in groups. For example, blinds were provided for sessions to allow private access to Muslim women.



## CONCLUSION

- Despite participants stating their interest in swimming, significant barriers exist for this group. These barriers were often linked to traditional gender roles.