Introduction

Perceptions of stress, health and daily activity patterns are conceptually linked, at least in adults (Wilcock, 2008). There are two theories to explain the relationship between participation in youth and positive outcomes. In the positive youth development perspective, adult participation in youth and positive outcomes. In contrast, the over participation in youth and positive outcomes. In the positive youth development perspective, adult participation in youth and positive outcomes. In contrast, the over part of the larger study, we expanded the PACS to include 15 additional activities and occupations. These additions included: horseback riding, lacrosse, field hockey, dance, cheerleading, physical education class, mini golf, gymnastics, softball, snowboarding, skateboarding, going to the library, internet use, playing computer games, and instant messaging.

Methods

Sample: 32 well children, age 5-15 years. Average age = 9.6 years. 14 males and 18 females. 58% live with both parents. 88% middle to upper-middle range family incomes.

Procedure: Approval to conduct this study was obtained from the University of New Hampshire Institutional Review Board. Parental consent and child assent were obtained for all participants. A demographic sheet was provided for a parent of each child to fill out to collect basic information. Then, 30-minute interviews were conducted to administer three tools designed to capture perceived health, perceived stress, and activity participation.

Assessment Tools

- Activity Participation -

  Activity patterns of children were gathered from children using an adapted version of the Pediatric Activity Card Sort (PACS, Mandich, Poleshuck, Miller & Baum, 2004). The PACS is an easy to use self-report card sorting tool with 75 items.

  - It assesses the activities and occupations in which children typically engage as well as the frequency in which they do them (daily, weekly, monthly and yearly).
  - The activities and occupations fall within four areas: sports, personal self-care, school/productivity, and hobbies/social activities.
  - For the purpose of the larger study, we expanded the PACS to include 15 additional activities and occupations. These additions included: horseback riding, lacrosse, field hockey, dance, cheerleading, physical education class, mini golf, gymnastics, softball, snowboarding, skateboarding, going to the library, internet use, playing computer games, and instant messaging.

- Perceived Health -

  An estimate of child health was gathered from children based on a number of questions about number of colds/illnesses over the past 6 months and perception of overall health. Examples:

  - How often in the past few weeks have you had a cold?
    - Never
    - 1 time
    - More than 2 times

- Perceived Stress -

  The Childhood Stress Questionnaire (CSQ) (Byrne et al., 2011) was used to measure levels of stress in the participants.

  The tool contains 50 questions that identify stressors that the participant may or may not have experienced in the past year in areas such as everyday hassles beyond normal control, parental relationships, periods of transition and change, school based problems and family upheaval.

  Children are then asked to rate how the event affected them, on a range from the event did not upset me to the event made me very upset

Results

- Significant Spearman Brown Correlations
  - Total hours of sleep decreased with age
  - r=0.352, 0.044
  - Total number of daily care activities increased with age
  - r=0.044, 0.029
- Unexpected Findings
  - No relation between number and level of activities reported and stress level
  - No relation between perception of control and reported stress level

Conclusions

- This study attempted to fill a gap in the literature for specific research
- Our results indicate that there may be specific patterns for Caucasian children with middle to high socioeconomic status that is in stark contrast to the pre-existing research on stress and control.

References:


Acknowledgments:

This research was funded by:

Barbara Prudhomme White, Ph.D., OTR/L
Robert Drugan, Ph.D.
Departments of Psychology and Occupational Therapy
University of New Hampshire, Durham NH