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ORIGINAL RESEARCH

Children and Adolescents' Perception of Parental and Peer Support for Meeting Physical Activity Recommendations

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Background: Interpersonal factors such as family and friends strongly influence children's and adolescents' physical activity (PA). How these young people in Chile perceive parental and peer support for PA practice remains little explored. Therefore, this study aims to determine the association between perceived parental and peer support with PA levels and to compare both types of support with PA recommendation compliance in Chilean children and adolescents. ***Methods:*** A cross-sectional study was conducted with 641 schoolchildren (47% girls, 9–17 y old) from Valparaíso and Araucanía regions of Chile. Perceived parental and peer support were evaluated through the Physical Activity Family and Friends Support Scales questionnaire. PA was assessed through the Youth Activity Profile questionnaire. *t* Tests and binary logistic regression were used for statistical analysis (alpha considered: .05). ***Results:*** Significant differences between sexes were found only in parental support ($P = .006$ for boys–children). In adolescents, a significant difference was found in boys ($P < .001$) wherein peer support was greater than parental support. Furthermore, parental support was significantly associated with meeting PA recommendations (general: odds ratio [OR] = 3.47, 95% confidence interval [CI] = 2.42–4.99; boys: OR = 4.75, 95% CI = 1.91–11.81; girls: OR = 3.56, 95% CI = 2.34–5.41). Peer support was also associated with meeting PA recommendations (general: OR = 1.83, 95% CI = 1.42–2.36; boys: OR = 5.13, 95% CI = 2.05–12.86; girls: OR = 1.53, 95% CI = 1.15–2.04). ***Conclusion:*** PA promotion strategies should consider age groups and the sex of participants to select the most effective approaches. Moreover, these strategies should aim to address and reduce gender biases among parents, which may inadvertently favor boys over girls.

Keywords: school, physical education, sports, mothers, fathers

Key Points

- Perceived parental support through transportation, encouragement, and information influences children's and adolescents' physical activity levels.
- Peer support shows a stronger positive impact on adolescent boys than on girls.
- Promotion strategies should consider age, sex, and gender biases to foster active behaviors.

During childhood and adolescence, the practice of physical activity (PA) is associated with physical (motor skill development, fat-free mass, cardiometabolic biomarkers, and bone health), psychological/social (behavioral conduct/prosocial behavior, quality of life/well-being, and psychological distress), and mental and cognitive health indicators (academic achievement).[1–3] However, studies indicate that around 78% of boys and 84% of girls aged 5 to 17 do not meet the World Health Organization (WHO) recommendations globally (60 min/d of moderate to vigorous PA [MVPA]).[4,5] A recent systematic review and meta-analysis[6] indicates that only 19.74% (95% confidence interval [CI]: 14.72%–25.31%) of adolescents aged 12–17 years adhere to WHO guidelines (60 min of MVPA daily and muscle and bone strengthening activities 3 times a week). Chile follows a similar trend; in 2018, statistics showed that only 27.4% of children (9–11 y) and 18.9% of adolescents met PA guidelines,[7] and more recently, the last Chilean Report Card (2022) indicated a prevalence of 37% of children and adolescents who met the PA recommendations.[8]

It is well known that, in addition to personal factors (motivation for physical education class, perception of physical education class, and built-environment perception), interpersonal factors (family, friends, and teachers) strongly influence young people's PA behavior.[9] Despite children and adolescents spending a considerable amount of time at school, the family, especially parents, plays a significant role in promoting or inhibiting PA.[10] Parental PA support can be understood as encouragement, providing transportation, observing children participating in activities, playing with children, and serving as role models for children to do PA or practice sports.[11,12] According to Pyper et al,[13] children whose parents (1) provided transportation for PA (parents who took their child to places where they could be active); (2) encouraged them to

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engage in outdoor PA with friends and family; and (3) participated in PA with their children were more than twice, 1.94, and 1.35 times more likely, respectively, to meet WHO PA recommendations. Furthermore, parental support for PA seems also to be associated with higher MVPA levels.[14] According to data from the Ministry of Sport, 38.8% of Chilean children aged 5 to 10 play or engage in PA (such as going to the park, running, or cycling) with their mother, followed by 36.1% who participate in these activities with a sibling, and a smaller proportion, 31.2%, with their father.[15] Thus, contributing to increasing parental support levels could help meet PA recommendations. The way children and adolescents perceive parental support for PA or sports, such as providing transportation (by paying or accompanying), encouraging, talking about the importance of PA, and observing and/or playing together, remains underexplored in the Latin American context.[16,17]

Parents have a strong influence on their children's PA habits, especially younger children.[18,19] However, as children transition into adolescence, they tend to spend more time with peers, particularly during school time.[20] A longitudinal study found that as adolescents aged, parental support for PA decreased, whereas peer support became increasingly significant in determining their PA levels. Peer interaction plays an important role in developing protective factors, such as participation and socialization in PA,[21] which allows peer norms and behaviors to influence PA levels.[22] Interactions and friendships formed through PA provide opportunities for companionship, support, and enjoyment. Conversely, peer victimization and social isolation can limit access to PA.[23] However, the perception of peer support (encouraging, playing with, saying that they are doing well) in young Chileans for the practice of PA and sports is still little explored. In line with self-determination theory,[24] the role of interpersonal factors, such as companionship, emotional support, and the enjoyment of PA, is central to fostering intrinsic motivation, which is critical for long-term adherence and sustained participation in PA. According to this theoretical framework, supportive social environments satisfy basic psychological needs—autonomy, competence, and relatedness—which, in turn, enhance motivation and well-being.[24]

Peer companionship, for instance, not only provides emotional reinforcement but also contributes to a sense of relatedness and enjoyment, which are powerful motivators during childhood and adolescence.[25,26] Similarly, parental encouragement and coparticipation may bolster children's perceived competence and autonomy, increasing the likelihood of meeting recommended PA levels.[27]

Therefore, understanding how children's and adolescents' perceptions of parental and peer support affect their behavior can be an important factor in improving practices to promote PA and sports participation from an ecological perspective.[28] Thus, this study aims to determine the association between perceived parental and peer support and PA levels and to compare both types of support with PA recommendation compliance in Chilean children and adolescents.

Methods

Study Design

This study had a cross-sectional design derived from the first stage of Active Behaviour in School Education (ACTIBESE), a project funded by the National Agency for Research and Development (ANID) of the Chilean government (Code N°: 1230801). ACTIBESE aimed to investigate and propose effective tools to increase PA levels of children and adolescents in schools. The project consisted of a cross-sectional study (first and second years) and an intervention study (third year), spanning 3 years.

Recruitment

Invitations to participate were extended to the principals of selected schools. Upon their agreement to participate, a meeting was convened with administrative management authorities and schoolteachers to elucidate the project's objectives and phases. Subsequently, an informative session was conducted with parents and students, categorized by age groups: children in grades 5 and 6 of primary school (9–11 y old) and adolescents from grade 7 of primary school to grade 2 of secondary school (12–17 y old).

Participants and Sample Selection

Participants were drawn from 2 cities in the Valparaíso Region (Viña del Mar and Los Andes) and 1 city in the Araucanía Region (Temuco). These cities were chosen for their proximity to research institutions in Chile conducting the study. Public, subsidized, and privately administered schools were included to reflect the Chilean educational landscape. The sample encompassed students from both rural and urban areas, representing diverse socioeconomic backgrounds with gender parity. A total of 152 schools were identified (public and private): 84 in Viña del Mar (n = 25,176), 19 in Los Andes (n = 7401), and 49 in Temuco (n = 21,647) (https://reportescomunales.bcn.cl/). The representative sample size for the cross-sectional study was calculated at 95% confidence, 5% error, 50% heterogeneity, and a statistical power of 80%.

Consequently, out of the 54,224 students constituting the population, a representative sample of 382 students was obtained, with n = 177 in Viña del Mar, n = 52 in Los Andes, and n = 153 in Temuco. In this cross-sectional study, the participation of 3 schools in each city (9 schools in total) was randomized within each city. Three class groups in each school and 2 teachers from each school were selected (equally split between male and female teachers). Overall, the anticipated total sample size was 405 students, accounting for a 20% expected sample loss. Age groups were delineated as children in grades 5 and 6 of primary school (9–11 y old) and adolescents from grade 7 of primary school to grade 2 of secondary school (12–17 y old). Schools must have had a minimum of 2 physical education classes per week in selected grades, ranging from fourth grade of primary to second grade of secondary. Each class comprised at least 15 students, with a minimum of 15 informed consent forms provided by both students and their parents or guardians.

Instruments for Evaluating Interpersonal Factors

Sociodemographic Variables

A multicomponent questionnaire was used to collect sociodemographic variables. Sociodemographic parameters included sex, age, grade, and socioeconomic status using the Family Affluence Scale (FAS III), incorporating questions on possessions such as vehicles, household appliances, electronic devices, bathrooms, individual bedrooms, and vacation destinations.[29] Based on the score obtained, socioeconomic status was categorized as low (1–4 points), medium (5–8 points), or high (9–12 points).

PA and Commuting to School for Children and Adolescents

PA was assessed with the Youth Activity Profile (YAP) questionnaire, validated in Chilean schoolchildren,[30] which estimated children's and adolescents' MVPA and sedentary behavior. The YAP consisted of 19 items, categorized into 3 sections: activity at school, out-of-school activity, and sedentary habits, although the last section was not used in the study. Scores ranged from 1 to 5, with higher scores indicating greater PA levels. PA in children and adolescents was determined by converting YAP scores to minutes per day in MVPA using Fairclough equations.[31] A daily MVPA threshold of >60 minutes per day was considered "physically active," whereas those falling short were classified as "physically inactive."

The PACO (Pedalea y Anda Colegio [in Spanish]) questionnaire, validated in Chilean school children,[32] was also administered to determine the mode of commuting to and from school. Participants reported modes of commuting as "active" (walking and cycling) or "passive" (car, motorcycle, school bus, public bus, and metro/train).

Perceived Parental Support

The children and adolescents' perception of parental support was gauged through perceived family support using a Likert scale of 5 items ranging from "never" to "every day." Participants rated the frequency of parental involvement in activities encouraging PA and support for PA, including provision of transportation, observing and praising PA, and engaging in PA with their child.[33] The total perceived parental support score was calculated using the following formula: sum of the questions/5.

Perceived Peer Support

The children's and adolescents' perception of peer support was assessed by measuring encouragement for PA and peer engagement in PA. Participants indicated the frequency of those behaviors among friends on a Likert scale of 5 items ranging from "never" to "every day."[19] One question from this questionnaire was removed from this study because it was not characterized as support for PA. The total perceived peer support score was calculated using the following formula: sum of the questions/3.

Data Analysis

Normality was assessed using Q–Q plots (quantile–quantile plots), with the interaction between sex and age explored. Descriptive statistics were computed for study variables, including mean and SD for continuous variables and frequency and percentages for categorical variables. The socioeconomic level was categorized as low, middle, and high and introduced as a confounder in the analysis. *t* Tests were applied for continuous variables. Binary logistic regression (odds ratio [OR] with 95% CI) for establishing an association was used. Analyses were stratified by age (children [9–11 y] and adolescents [12–17 y]) and sex (girls and boys). SPSS (version 29) was utilized for analysis, and GraphPad Prism software (version 10.2.2, GraphPad) was used for graphical representation. Statistical significance was set at $P < .05$.

Ethical Considerations

Following authorization from participating schools, teachers and parents provided informed consent for participation. Students also signed informed consent forms detailing the study's characteristics, objectives, and activities. The project adhered to the principles outlined in the Declaration of Helsinki,[34] with approval obtained from

Table 1 Sociodemographics, Commuting, and Physical Activity of Students

	Total		Children		Adolescents	
Students' variables	**N**	**%**	**N**	**%**	**N**	**%**
Sociodemographic factors	641	100.0	223	34.8	418	65.2
Age, $\dot{x}$ (SD)	12.7 (1.9)		10.7 (0.5)		13.8 (1.3)	
Sex	641	100.0	223	34.8	418	65.2
Girls	301	47.0	111	49.8	190	45.4
Boys	340	53.0	112	50.2	228	54.5
Socioeconomic level	624	100.0	211	33.8	413	66.2
Low	189	29.5	72	34.1	117	28.3
Median	297	46.3	103	48.8	194	47.0
High	155	24.2	36	17.1	102	24.7
School type	641	100.0	223	34.8	418	65.2
Public	253	39.5	120	53.8	133	31.8
Subsidized	170	26.5	53	23.8	117	28.0
Private	218	34.0	50	22.4	168	40.2
Mode of commuting to school	636	100.0	219	34.4	417	65.6
Active	155	24.2	63	28.8	90	21.6
Passive	486	75.8	156	71.2	327	78.4
Mode of commuting from school	637	100.0	222	34.9	415	65.1
Active	200	31.2	55	24.8	145	34.9
Passive	441	68.8	167	75.2	270	65.1
MVPA	627	100.0	214	34.1	413	65.9
Time min/d, $\dot{x}$ (SD)	105.3 (39.0)		118.6 (15.0)		98.4 (45.4)	
≥60 min/d	554	86.4	214	100	340	82.3
<60 min/d	87	13.6	0	0.0	73	17.7

Abbreviations: $\dot{x}$, mean; MVPA, moderate to vigorous physical activity.

the Bioethics Committee of the Pontificia Universidad Católica de Valparaíso (Code: BIOEPUCV-H 638-2023).

Results

In total, 641 students between 9 and 17 years old from schools in Valparaíso (Viña del Mar and Los Andes) and Araucanía (Temuco and Padre de Las Casas) Regions, representing urban and rural areas, participated in the study. The descriptive results of the students, in total, divided into children (9–11 y old) and adolescents (12–17 y old), are presented in Table 1.

Table 1 shows a high percentage of children and adolescents who were passively commuting to school (71.3% and 78.2%, respectively) and commuting from school (75.3% and 65.3%, respectively). However, it is important to highlight that adolescents presented a high percentage of passive commuting to school compared with from school (78.2%–65.3%). Another important result was the percentage of students who met the recommendation of MVPA (100% of children and 82.3% of adolescents).

Table 2 presents the total frequencies and separate responses of children and adolescents in the questionnaire on perceived parental support for PA and sports, and Table 3 presents the results of the questionnaire on perceived peer support for PA and sports.

In the results of the questions related to more direct perceived parental support and involvement, such as “Will see you practice PA or sport” and “Does PA or sports with you,” over 50% of adolescents said they “never” received this type of support from their parents. Children seemed to feel a little more supported by their parents, even though there was quite a difference between the answers to each question.

Some important results in Table 3 are the high frequency of children and adolescents who indicated “never” or “1 to 2 days” that they received encouragement and company to do PA and sports from their peers. Figure 1 presents the mean and SD of scores of the perceived parental (A) and peer support (B) by children and adolescents by sex. Furthermore, it presents the significance levels of differences between sexes and between children and adolescents.

Figure 1 shows a significantly higher average of perceived parental support for boys than for girls among children ($P = .006$). Figure 2 shows the comparison between the levels of both parental

Table 2 Support Perceived by Children and Adolescents From Their Parents to Practice PA or Sports

	Total		Children		Adolescents	
Perceived parental support topics	**N**	**%**	**N**	**%**	**N**	**%**
Will see you practice PA or sport	639	100.0	223	34.9	416	65.1
Every day	79	12.4	44	19.7	35	8.4
5–6 d	20	3.1	9	4.0	11	2.6
3–4 d	52	8.1	21	9.4	31	7.5
1–2 d	177	27.7	78	35.0	99	23.8
Never	311	48.7	71	31.8	240	57.7
Encourages you to do PA or sport	637	100.0	221	34.7	416	65.3
Every day	220	34.4	89	40.3	131	31.5
5–6 d	54	5.8	18	8.1	36	8.7
3–4 d	102	16.0	42	19.0	60	14.4
1–2 d	155	24.2	48	21.7	107	25.7
Never	106	16.6	24	10.9	82	19.7
Transports you to do PA or sports	636	100.0	222	34.9	414	65.1
Every day	133	20.8	49	22.1	84	20.3
5–6 d	37	5.8	18	8.1	19	4.6
3–4 d	98	15.3	47	21.2	51	12.3
1–2 d	157	24.6	61	27.5	96	23.2
Never	211	33.0	47	21.2	164	39.6
Does PA or sports with you	629	100.0	217	34.5	412	65.5
Every day	53	8.3	33	15.2	20	4.9
5–6 d	32	5.0	15	6.9	17	4.1
3–4 d	74	11.6	31	14.3	43	10.4
1–2 d	193	30.2	83	38.2	110	26.7
Never	277	43.3	55	25.3	222	53.9
Tells/talks about the importance of doing PA	638	100.0	222	34.8	416	65.2
Every day	160	25.0	60	27.0	100	24.0
5–6 d	74	11.6	38	17.1	36	8.7
3–4 d	99	15.5	35	15.8	64	15.4
1–2 d	170	26.6	55	24.8	115	27.6
Never	135	21.1	34	15.3	101	24.3

Abbreviation: PA, physical activity.

Table 3 Support Perceived by Children and Adolescents From Their Peers (Friends/Classmates) for Students' PAs or Sports

	Total		Children		Adolescents	
Perceived peer support topics	**N**	**%**	**N**	**%**	**N**	**%**
Encourages you to do PA or sport	635	100.0	222	35.0	413	65.0
Every day	124	19.5	44	19.8	80	19.4
5–6 d	43	6.8	17	7.7	26	6.3
3–4 d	101	15.9	35	15.8	66	16.0
1–2 d	170	26.8	58	26.1	112	27.1
Never	197	31.0	68	30.6	129	31.2
Does PA or sports with you	635	100.0	222	35.0	413	65.0
Every day	123	19.4	57	25.7	66	16.0
5–6 d	63	9.9	24	10.8	39	9.4
3–4 d	126	19.8	48	21.6	78	18.9
1–2 d	183	28.8	62	27.9	121	29.3
Never	149	23.5	31	14.0	109	26.4
Tells you that you are doing well when you do PA	634	100.0	222	35.0	412	65.0
Every day	142	22.4	52	23.4	90	21.8
5–6 d	56	8.8	24	10.8	32	7.8
3–4 d	90	14.2	43	19.4	47	11.4
1–2 d	162	25.5	57	25.7	105	25.5
Never	184	29.0	46	20.7	138	33.5

Abbreviation: PA, physical activity.

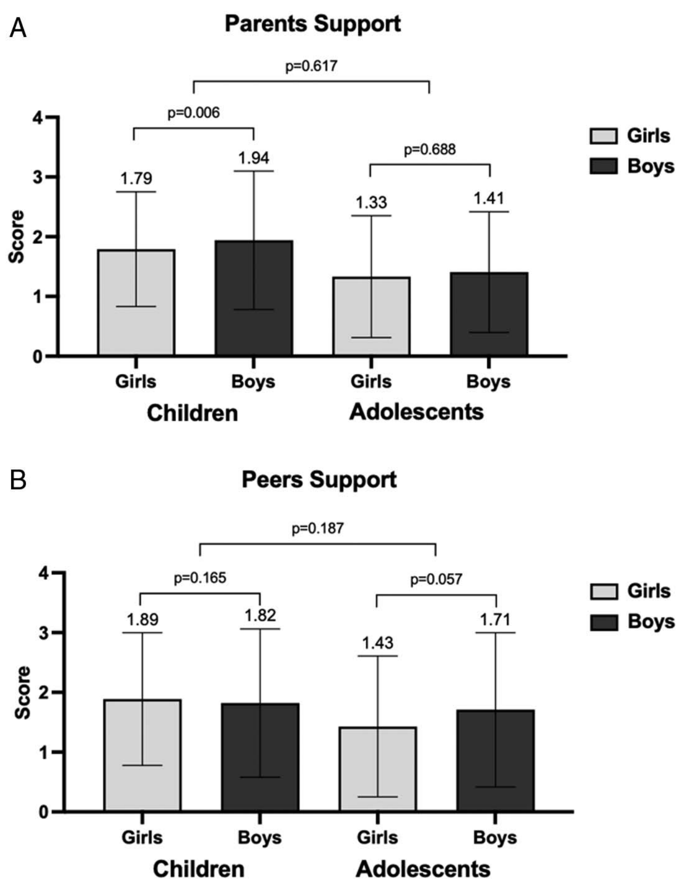

Figure 1 — Levels of support to PA and sports perceived by children and adolescents from parents and peers, divided by sex.

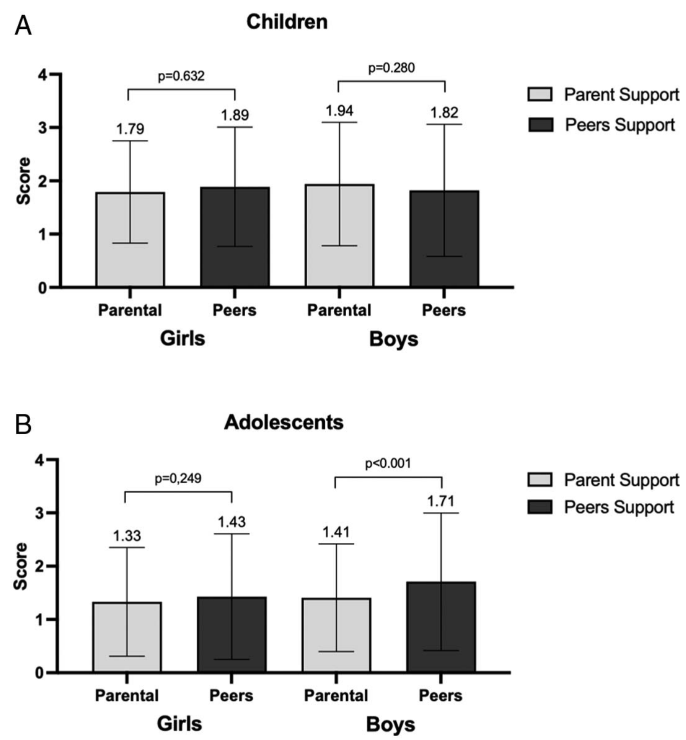

Figure 2 — Comparison between levels of support perceived by children and adolescents from parents and peers, divided by sex.

and peer support felt by children and adolescents of each sex. Only in adolescents was there a difference in levels of perceived support of parents and peers in boys ($P < .001$), showing that peer support was higher among male adolescents.

Figure 3 presents the results for children and adolescents, stratified by socioeconomic level. The ANOVA test revealed no significant within-group differences for parental and peer support, except among adolescents ($P = .002$), wherein a higher perception

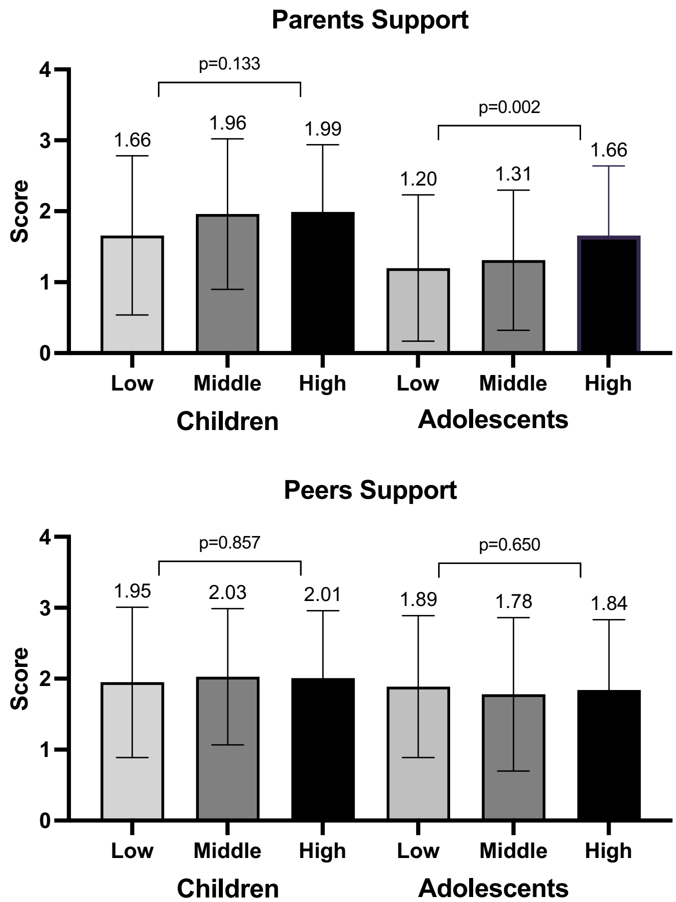

Figure 3 — Parental and peer support separated by age group according to socioeconomic level.

of support was observed in those belonging to the highest socioeconomic group.

Figure 4 shows the association between both perceptions of support and compliance with PA recommendations. In this figure, the data are divided only by sex as that group of children reported that 100% complied with the recommendations.

In Figure 4, positive associations between the perceived parental support score for PA and meeting the recommendations by schoolchildren (A) can be observed in the total group (OR = 3.47, 95% CI = 2.42–4.99) as well as when separated by boys (OR = 4.75, 95% CI = 1.91–11.81) and girls (OR = 3.56, 95% CI = 2.34–5.41). In addition, perceived peer support for PA was also positively associated with meeting the recommendations both in the total group (OR = 1.83, 95% CI = 1.42–2.36) and when separated by sex (B) (boys: OR = 5.13, 95% CI = 2.04–12.86; girls: OR = 1.53, 95% CI = 1.15–2.04). Overall, it can be observed that perceived parental support is more strongly associated with meeting the recommendation of 60 minutes per day of moderate to vigorous PA compared with perceived peer support.

Discussion

This study aimed to determine the association between perceived parental and peer support with PA levels and compare both perceptions of support for PA in Chilean children and adolescents.

Perceived Parental and Peer Support for Sex

In this study, the boys in the children's group felt more supported by their parents than girls ($P = .006$), but differences were not found between the sexes in adolescents. In a study conducted with German schoolchildren,[35] differences were found between sexes in parental support, specifically parental companionship support, in primary schoolchildren, which was also higher in boys. In another Spanish study, the analysis of the interaction revealed statistically significant differences in the weekly frequency of PA performed by girls and boys as well as differences within each group based on the level of perceived support, with boys receiving greater support than girls.[36] However, in another study conducted in China on more than 61,000 schoolchildren that evaluated levels of parental support (encouragement and involvement), no differences were found between boys and girls.[37] In Latin America, gender roles continue to be a determining factor that affects how adolescents engage in sports and other forms of PA. To date, existing evidence reveals that more boys than girls meet PA recommendations in 33 of the 47

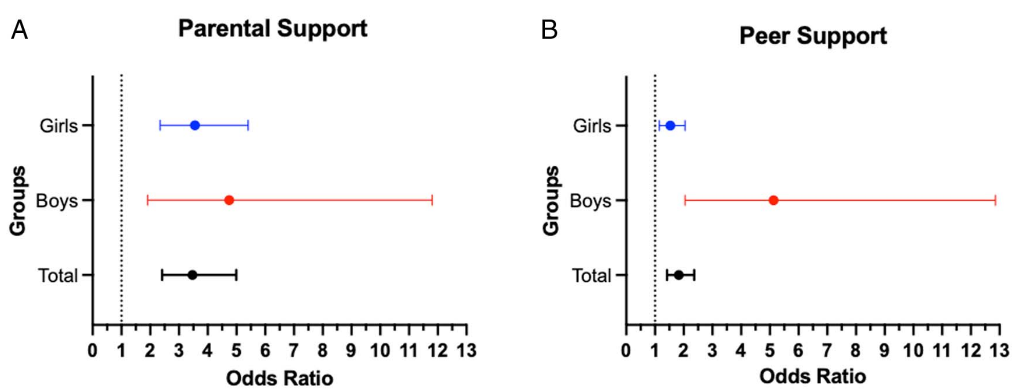

Figure 4 — Associations between perceived parental and peer support and meeting physical activity recommendations in school children.

Latin American countries, a difference by sex also observed in Chile.[37] However, there is still no robust evidence in this region regarding the levels of parental support that would allow for clear trends or differences to be defined. The evidence found in our study could be explained by cultural factors, such as sex bias, which could influence parents to associate physical and sports activities more frequently with boys than with girls.

There were also no differences found between sexes in the perception of peer support. The differences in peer support for PA participation between boys and girls have garnered increasing attention in the literature as peers play a key role in motivation, engagement, and adherence to active behaviors during childhood and adolescence. Studies have shown that boys tend to report higher levels of peer support compared with girls, which may be explained by gender socialization that normalizes and promotes sports participation among boys, whereas girls face greater social and cultural barriers to engaging in collective PA contexts.[26,27] Moreover, boys often participate more frequently in group or competitive games, where peer reinforcement occurs naturally, whereas girls may lean toward less structured or solitary activities, thereby reducing the opportunities to receive social support from their peer group.[25] These differences may be amplified in cultural contexts such as Latin America, where traditional gender norms influence the opportunities and motivations for engaging in PA in shared spaces.[28] Considering these dynamics is crucial for designing PA promotion interventions that incorporate the role of peers as facilitators of change, especially for girls.

Comparison Between the 2 Types of Support

Some evidence suggests that the perception of parental support for PA decreases in the transition from childhood to adolescence, giving way to greater peer support.[38] In our study, no significant differences were found between the perception of parental and peer support in the children's group. In a German study done on 3505 schoolchildren aged 6–17 years old (MoMo cohort study), the score of peer support (2.78 [0.55]) was less than parental support in terms of emotional (3.07 [0.55]), informational (3.10 [0.53]), and instrumental support (3.11 [0.76]) for PA.[35] According to Rhodes et al[39] in a systematic review of 19 studies from the United States, Canada, Brazil, Poland, and Australia, older children and adolescents received less support from their parents. Some of the reasons for this supportive age relationship may be due to the autonomy granted to developing youth by their parents.[40] A systematic review revealed that the most common types of support provided by parents to encourage PA in adolescents include encouragement, engaging in activities together, and providing transportation.

In contrast, support from friends is often characterized by similar forms of encouragement and participating in activities together. In addition, other types of peer support, such as watching, praising, and offering assistance, were also positively associated with increased PA levels among adolescents.[41] These findings underscore the importance of both family and peer involvement in promoting PA, highlighting the varying influences that different sources of support can have on adolescent behavior. In summary, parental support influences certain factors, and peer support impacts others, making their combination the most effective strategy for enhancing PA practice.

Socioeconomic Level

Our findings about socioeconomic level suggest that socioeconomic disparities may influence adolescents' perceptions of social support for PA, particularly regarding support from parents and peers. Previous studies have shown that adolescents from higher socioeconomic backgrounds often report greater access to supportive environments and resources that facilitate PA, including parental encouragement and peer engagement.[4,42,43] Moreover, socioeconomic level is associated with differences in health-related behaviors and opportunities for active lifestyles, which may shape how adolescents perceive the support they receive.[44] In contrast, children may be less sensitive to these socioeconomic influences, possibly due to more homogeneous social interactions or greater dependence on structured environments such as school, where disparities in support may be less evident.[42] These patterns highlight the importance of addressing socioeconomic level-related inequalities in interventions aimed at promoting PA during adolescence.

Perception of Support and Compliance With PA Recommendations

Our results showed a higher association between perceived parental support and PA recommendations than perceived peer support. This could be explained by many reasons, including a low average age of the participating schoolchildren, more apprehensive parents who exercise greater control over their children, or because new generations could be less active, and their contribution to supporting PA is poor. Beets et al[10] suggested that even if support mechanisms (such as encouragement) are available, they will not affect a child's PA levels unless the child perceives them as sufficient. On the other hand, Reimers et al[35] found important associations between parental support and participation in sports clubs when the parental instrumental support was OR: 10.67; CI: 7.22–15.75 in primary schoolchildren in comparison with peer support, which was OR: 1.55; CI: 1.12–2.15. However, peer support was associated with extracurricular PA, outdoor play, and active commuting. In a European study, the variables related to parental and peer support were significantly associated with sufficient MVPA in adolescents[43]; the association of a best friend and father doing sports every week and playing sports with parents remained significantly associated with sufficient MVPA.

The limited existing evidence indicates that parental and peer support is associated with achieving the recommended levels of PA. The findings of this study also align with and reinforce this strategy as a significant avenue for further exploration and improvement.

Limitations and Strengths

This study presents several strengths. First, it uses a representative sample drawn from diverse geographic, socioeconomic, and educational settings in Chile, offering valuable insights into national patterns of perceived support and PA behaviors among children and adolescents. Second, the study utilized validated and culturally adapted instruments to assess both PA levels and perceptions of social support, enhancing the reliability and contextual relevance of the findings. In addition, the stratified analysis by age and sex provides a nuanced understanding of how parental and peer support may differ across developmental stages.

However, the study also has limitations. Its cross-sectional design precludes causal inferences between perceived support and PA compliance. Self-reported data, although practical for large samples, may be subject to recall and social desirability bias. Moreover, the exclusion of one item from the peer support questionnaire could potentially affect the construct validity of that scale. Finally, although the study considered multiple sociodemographic factors, it did not explore contextual influences such as school infrastructure or parental PA behaviors, which may also impact support perceptions and activity levels.

Conclusion

The results of this study indicate that perceived parental support by providing transportation, encouragement, information, and opportunities to engage in PA could affect children's and adolescents' PA levels. On the other hand, perceived peer support appears to have a more positive impact on adolescent boys. In addition, the sex of children and adolescents plays an important role as boys tend to perceive more support than girls. However, both perceptions of support—parental and peer—proved valuable in predicting active behavior.

PA promotion strategies should consider age groups and the sex of participants to select the most effective approaches. Moreover, these strategies should aim to address and reduce gender biases among parents, which may inadvertently favor boys over girls.

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