... whatever your mode of movement is:

Media’s place in young disabled people’s physical activity

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Abstract

The purpose of this study was to examine the perceptions of young people with physical impairment of social marketing media that promoted physical activity. This was based on a generally held view that physical activity is important for the health and wellbeing of all people and social marketing is seen as a useful tool in raising awareness of healthy behaviours. A literature search found a gap in research regarding the influence or effectiveness of social marketing campaigns aimed at increasing the physical activity awareness of young disabled people aged between 18 and 25. It also pointed to a gap in research conducted by disabled people in the areas of health and physical activity. The initial concept for this research was grounded in anecdotal conversations with young disabled people through my employment in a tertiary institution student services’ office, and my own lived experience of impairment. During the time of my employment there was a nationwide advertising campaign to address inactivity in New Zealanders by promoting physical activity behaviour. The campaign used the social marketing technique, which is marketing principles applied to social change.

Constructivist grounded theory provided the methodological approach for the study in which seven young people with physical impairment, aged between 19 and 25, from the greater Wellington area participated. They were interviewed in semi-structured one to one interviews, with data analysed using the constant comparative method. The Nvivo8 computer programme was used to assist with management and organisation of the data.

The young people with physical impairment in this study did not relate to social marketing using television advertising because they did not see themselves represented in the campaigns. The young people identified that while engagement in physical activity is important for general health and fitness it can also be about being socially connected to their communities. There were also significant differences in how young people with acquired impairments and those with long-term impairments understood or constructed physical activity. Young people in this study preferred using the internet to obtain information about physical activity. They saw that there were possibilities for social marketing to promote positive attitudes towards disabled people to the public, as well as a tool for promoting inclusive sport and active recreation options for other youth with physical impairment.

This research provides an explanatory framework for better understanding how young people with physical impairment perceive social marketing campaigns that promote physical activity. The results from this thesis can be used to guide future social marketing and health promotion campaigns, educational and public health policy, and practice of those who work with these
young people and as the basis for research into physical activity among this cohort of young disabled people. Further research could include looking into national and local community initiatives that are successfully engaging young people in sport and active recreation. Further research could also examine the differences in perceptions of their own disability and of participation in physical activity between those young people with lifelong impairment and those who have acquired their impairment.
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1 Introduction

1.1 Overview

The initial concept for this research came from anecdotal comments and conversations with disabled people when I was employed in a tertiary institution student services’ office. I had been approached by students with impairments regarding access to the recreation centre in the grounds of the institution, and asking for general information about participating in physical activity as a person with impairment. During the time of my employment at this service a nationwide advertising campaign was running that was aiming to address inactivity in New Zealanders by promoting physical activity. This advertising campaign utilised social marketing techniques, that is, application of marketing principles and understandings of behaviour change applied to areas where it is perceived that mass social change in attitudes and behaviour is required.

A particular research interest developed from an assignment for an Education Difference and Diversity paper during my honours degree. For this assignment I chose to depict in a visual art piece my interaction with media campaigns (in this case a fundraising campaign I featured in) and my medical records and statements from my youth to show how these had some impact on my construction of meaning of physical disability in the broad sense, and subsequently my lived experience of physical impairment. These were certainly not the only influence on my identity development around physical activity, but the assignment highlighted for me the role of these discourses in shaped social constructions of my disability at least. I wondered if this was similar to the experiences of young disabled people more generally. In an educational sense, I learnt what roles were available to me, and how I could respond to these roles by my relationships with disability services, the media, medical professionals and other relationships that made up my social world such as family and peers. My cognitive construct of impairment was built up by learning from my social life which included my participation in formal education and training. Therefore, in my thesis I set out to use constructivist grounded theory to examine the perceptions of young people with physical impairment of social marketing media that promoted physical activity.

It seems almost a commonsense idea that to keep healthy, people should engage in regular physical activity. This is because of the benefits attributed to it such as optimisation of general physical health as well as increased levels of psychological wellbeing, social interaction and social connectedness (Bedini & Anderson, 2005; Dodd, Taylor, Denisenko & Prasad, 2006; Groff, Lundberg & Zabriskie, 2009). Physical activity can mean different things to different people as theoretically any movement can be termed physical activity and is consequently of
benefit to health. Movement can range from fine motor activity such as moving a digit to dressing, doing domestic chores, or going for a walk to being involved in professional sport. In order to promote physical activity in the interests of good public health, social marketing media in New Zealand have attempted to show everyday people doing everyday physical activity (Bauman, McLean, Hurdle, Walker, Boyd, van Aalst, & Carr, 2003). Research supports the idea that physical activity is beneficial to the health of the population, and has used specific target groups to explore this relationship (World Health Organisation, 2010; Foster, Hillsdon, Thorogood, 2005; Ekeland, Heian, Hagen, Abbott, Nordheim, 2004; Shaw, Gennat, O’Rourke, Del Mar, 2006). The group that has perhaps been least well targeted has comprised disabled people. Young disabled people are a subset of this wider group.

Adequate representation of people with various impairments may be difficult to achieve in mass media. Reasons for this could be the diversity of this population in itself and the difficulty of representing disabled people in realistic ways. Frequently, disabled people are not represented at all (Ross, 1997; O’Shaughnessy & Stadler, 2005). There may be people who have hidden disability that affects how they perform physical activity but in a visual medium such as television this is not apparent. Young disabled people aged 18 to 25 may be facing a period of transition between a relatively high support environment where they received the assistance of teachers and teacher aides, special education services and community organisations to participate in sport and active recreation and to move into work, community and social environments where there is less support. This is a significant transitional period for all young people, but for young disabled people it can be a transition period where many decisions are being made about balancing a desire for independence with meeting impairment related needs that may require a certain level of interdependence.

As a person with a lifelong physical impairment who values the health benefits of physical activity I wanted to explore the perceptions of young people on what it means to be physically active as a person with impairment beyond the years spent at school. I was interested in the factors that influence the participation of young people with impairment in physical activity. I aimed, through use of constructivist methods, to build a view of the relationship between physical activity and social change mechanisms such as social marketing that is a collaborative effort between a cohort of young disabled people with physical impairment and me as a researcher.

1.2 Research aim

To explore the perceptions of young disabled people aged 18 to 25 with physical impairment regarding social marketing media campaigns promoting the benefits of physical activity.
1.3 Structure of thesis

Chapter Two of this thesis provides an overview of literature about the benefits of physical activity for general health and current theories in youth research relevant to this thesis, as well as providing a definition of the theoretical construct for this study and key terms used. An outline of the use of social marketing media for promoting physical activity is also given, and justification for why this study was undertaken is provided.

Chapter Three discusses the use of constructivist grounded theory as the methodological approach. It outlines how I recruited participants and ethical considerations for this group of young people. I then elaborate on the data collection and data analysis process utilising constant comparative analysis. Following this is a discussion on aspects included in the methodological approach to enhance scientific rigour.

Chapter Four discusses the findings of this study. This includes an overview of characteristics of the young people in this study, their discourse around their impairment, and their involvement in physical activity. Following this is a section on how young people with impairment perceive the role of physical activity in their lives, including the particular challenges and benefits they identify as being important. This section also includes the finding that those with acquired and long-term impairments have different perceptions of physical activity. Lastly, the findings that relate to the perception of young people with impairment of social marketing media and physical activity promotion are reported.

Chapter Five discusses the above findings in the context of two models, Bandura’s social cognitive theory (1986) and Brown and Steele’s (1995) Adolescent Media Practice model. These models help explain how young people with physical impairment constructed their views on physical activity and media. This chapter also includes a discussion of how these young people may develop an identity around social constructions of disability in the media. Chapter Six concludes by summarising the main findings of this study.
2 Background

2.1 Introduction

The objective of this study was to better understand how young people (defined in this study as people between the ages of 18 and 25) with physical impairment make sense of and respond to social marketing campaigns intended to promote the uptake of physical activity by the general population. For the purposes of this research, I have used ‘person with an impairment’ to refer to individuals and ‘disabled people’ when talking on a population level. This is consistent with the New Zealand Disability Strategy (Ministry of Health, 2001).

This chapter provides an overview of the literature discussing research into the effectiveness of social marketing campaigns in general, including the principles of effective social marketing. It also looks at the literature on the benefits of physical activity to general health, and current theories in youth research relevant to the perceptions of young disabled people of media aimed at encouraging use of physical activity for general well-being. This chapter will finish by providing a justification for the reasons why this study was undertaken and the choice of methods used.

2.2 Research with young people

According to current youth research, ages 18-25 years can be referred to as ‘emergent or emerging adulthood’ (Arnett 2006; Flack, 2007). This is usually a great period of adjustment and transition for young people in the process of becoming adults, involving establishment of decision making tools, and completing complex tasks. ‘Emerging adulthood’ is used to name the extended period of adolescence that modern youth are experiencing (Flack, 2007). Quite significant decisions are likely to be made during this time covering relationships, career, social life, recreation, and identity development towards becoming an ‘adult’. This is consistent with participation in socio-political life for all young people. In a civic society there are various definitions of the passage to adulthood, and how to define when an individual has attained adulthood.

In relation to disability, anthropological examples discussed by Hammell (2006) suggested that disability is a liminal state whereby disabled people are in a state of limbo characterised by being indefinable in society (Murphy, Scheer, Murphy & Mack, 1988, cited in Hammell, 2006). This is important in the context of how young disabled people define themselves and how they develop their identities and social constructs of the world, including interactions with media as part of their social world. During adolescence young people are developmentally forging their identity and sense of where they are placed in the world. One core developmental task of
adolescence, Brown and Cantor (2000) argued, is establishing an identity and a sense of place in the larger culture. They suggested that little is known about the place of media for providing role models regarding this stage of youth development. Harrison (2003) suggested that the way young disabled people are integrated into their communities and society has implications for how they construct meaning cognitively, physically and emotionally. The community of these young people includes interactions with media.

Research into the interaction of young people with social marketing media and young people’s perceptions of physical activity is limited. Youth development policy in New Zealand has defined young people as referring to people aged 12-24 years (Ministry of Youth Affairs, 2002). However, research on physical activity and young people is often separated into ‘young people’ and ‘children’ up to the age of 18, and ‘adults’ aged eighteen to sixty-four, such as in the World Health Organisation Strategy on physical activity (World Health Organisation, 2010). This means it is difficult to look at what is happening statistically and socially for young people aged 18-25 and to find studies that specifically address young disabled people aged 18-25; therefore studies around this age group were considered in researching background studies.

A focus on empowering young disabled people by preparing them to live as actively as possible early on contributes to their overall sense of wellbeing. Berntsson, Berg, Brydolf, and Hellström (2007) conducted a qualitative study in which they recorded interviews with 15 participants aged between 12 and 19 years with lifelong impairment. Using content analysis, they found that when young disabled people are properly prepared by others to respond to opportunities to integrate into societal life, they experienced similar levels of wellbeing to other young people who did not have impairments. That is, when young disabled people are treated with acceptance and their impairment is viewed as part of normal everyday life, they can achieve feelings of personal growth and wellbeing if they receive support that is not overprotective or places inappropriate demands on them. This study also found that support from peers differed from support from parents. Young disabled people felt support from their peers meant acceptance, and activities became a source of fun and recreation (Berntsson et al, 2007). Groff and Kleiber (2001) found in a qualitative study of eleven youths aged 15 and 21 who had physical impairment, that participation in adapted sport appeared to provide young disabled people with a context which affected their personal and social identities. Groff and Kleiber (2001) found that sport was significant as it was an outlet for expression, provided information that contributed to the young disabled people’s development of their self perception, provided a group identity, lowered awareness of their own impairment, and allowed them a supportive context to develop their own identities.
2.3 Social marketing principles

Social marketing aims to influence the voluntary behaviour of target audiences. Kotler and Lee (2008) define social marketing as applying marketing tools and principles to influencing behaviours that will improve health, prevent injuries, and contribute to communities. Social marketing is applied to creating, communicating, and delivering benefits desired by target audiences in exchange for behaviour that benefits society without being profit driven by the marketer (Kotler & Lee, 2008; Andreasen, 2006).

The efficacy of social marketing relies on rewarding good behaviours, not punishing bad behaviour. It applies a customer orientation to an understanding of the barriers that target audiences perceive to the adoption of the desired behaviour, the benefits they see in changing their current behaviour and their beliefs about what it is possible for them to achieve (Kotler & Lee, 2008). In the case of persuasive health messages, self-referent emotions will most often be triggered when the viewer recognises that the risk and/or reward depicted in the message is relevant to their personal situation (Kotler & Lee, 2008).

Andreasen (2006) described the four stages involved in the adoption of behaviour change: 1) pre-contemplation, 2) early and late contemplation, 3) preparation and action, then 4) maintenance. In the pre-contemplation stage awareness of a problem or a need for change is low or non-existent. Early and late contemplation is where an individual is weighing the costs and benefits of engaging in the behaviour and starting to make a commitment to behaviour. The preparation and action stage involves making a plan and beginning to engage in the behaviour. Maintenance is where the behaviour is largely committed to and can be maintained over time. Most marketing is directed at the early and late contemplation stage where a person will be weighing up the costs and benefits of participating in a particular behaviour and the social marketing is believed to be more effective (Andreasen, 2006). In the process of weighing up costs and benefits of participating in a behaviour change, self assurance may be a factor. That is, a person needs to perceive adequate opportunity and personal ability to adopt or adapt behaviour. This self assurance or self efficacy relates to an individual’s belief that they will be able to attempt the activity with some measure of a successful outcome (Bandura 1986; Andreasen, 2006). There is a need to understand the market audience and their beliefs, needs, wants, and values. The media have a powerful influence on individual behaviours in shaping values, creating social norms, and defining current events.

2.4 Social marketing approaches

A research study commissioned by Sport Scotland in 2001 to direct policy for influencing disabled people’s participation in sport utilised a social marketing model. The research aim was
to illustrate different stages in moving from non-participation to participation to provide policy direction for disabled people (Best, 2000). Data were collected using both individual interviews, and workshops at events and activities where disabled people met. Depending on the needs of the participants, the workshops gathered data through individual interviews or group discussion, and general observation. Interviews were also carried out with professionals who worked with disabled people. A literature review was also conducted to establish areas of good practice and examples of increased sport participation by disabled people. The framework for analysis was based on the stage-based model of behaviour described above (i.e. pre-contemplation, contemplation, preparation and action, and confirmation or commitment). From a marketing perspective, these stages were reframed as ‘create awareness change values’, ‘persuade, motivate’, ‘create action’, and ‘maintain change’ (Best, 2000).

Results from Sport Scotland’s study identified three stages of engagement in physical activity where disabled people: 1) were dependent on others to participate in physical activity, 2) were involved, but lacked confidence, or 3) were independent, with disability seen as having little impact on their participation (Best, 2000). One of the strategies suggested in Best (2000) to increase participation was to promote and raise awareness of disabled people who were involved in physical activity and sport in order to provide role models for other disabled people. This research included participants in an age range of five to 60 years. It was not possible from the report to ascertain what the average age of participants was, or to know the percentage of young disabled people 18-25 years of age who were involved in the study. However, this appeared to be the only report about developing a social marketing campaign specifically aimed at the physical activity behaviour of disabled people.

While not referring specifically to the physical activity of disabled people, a study by Smith and Henry (2009) used social marketing and community involvement and social science methodology to implement a health promotion programme called The Early Presentation of Cancer Symptoms Programme. Smith and Henry (2009) concluded that for social marketing campaigns to be successful, it was important to use a variety of approaches to social marketing combined with effective community involvement in the development and design of health promotion and knowledge sharing initiatives.

Adherence to a socially beneficial behaviour is the commodity in social marketing that replaces the tangible consumer product at the heart of the advertising (Andreasen, 2006). Examples of where social marketing has been used in relation to particular social health concerns are advertisements promoting physical activity, quitting smoking, and addressing sexual health issues for young people (Thornley & Marsh, 2010). Recently, Thornley & Marsh (2010) conducted a systematic review, funded by the Health Research Council of New Zealand and the
Ministry of Youth Development, which included 45 international studies that investigated the effectiveness of 15 different campaigns involving social marketing for young people. This review included several larger reviews covering evidence from multiple countries. Methods for identification of relevant studies included comprehensive searches of electronic databases, journals, websites, and liaison with experts in social marketing in New Zealand. A quality assessment checklist was used to decide the robustness of studies to be able to inform future youth development initiatives and policy decisions. This review found that social marketing campaigns were effective for promoting physical activity behaviour. The review indicated that the success of a social marketing campaign was improved when the campaign included a thorough knowledge of the target audience and, when directly targeting a youth audience, created a brand around a healthy lifestyle through multiple channels (such as television, websites, text messaging, and printed resources), and thus addressed public policy alongside individual behaviour (Thornley & Marsh, 2010).

In the previously mentioned review of social marketing campaigns targeting youth, Thornley and Marsh (2010) reviewed two physical activity campaigns from the United States of America, specifically VERB™ It’s what you do!, and Trial of Activity for Adolescent Girls (TAAG). Both campaigns were established to promote physical activity for adolescents and children using television, billboards, print, and website advertising within community and school settings. The VERB™ campaign was aimed at ‘pre-adolescents’ or ‘tweens’ aged nine to 13. TAAG used ‘Programme Champions’ who were mainly physical education teachers or community liaison officers. The VERB™ campaign showed that after two years there was an increase in physical activity behaviour associated with awareness of the campaign and its message. Follow up data collected a year following the completion of the campaign showed a positive effect on free time physical activity behaviour in subgroups such as girls, children with parental education less than high school, urban high density residents, and those who were relatively less active at the beginning of the study. Of these children aged nine to 13 there was an increase in free time activity for those who gained increased awareness of the message of the campaign (Thornley & Marsh, 2010). This review study showed that social marketing campaigns based on awareness building can work for those who are not as active as they could be. For those who are already fairly active, a television or mass media campaign may serve as a reminder or prompt, rather than be the defining factor in their increased engagement.

To engage young people in health promoting behaviours such as physical activity, a positive approach has been effective. Research has indicated that positive messages based on a ’can do’ attitude tend to be more effective than directive messages which tell youth what to do (Wong, Greenwell, Gates & Berkowitz, 2008). For example, VERB™ used positive messages that emphasised opportunities to explore, play, and have fun with friends (Huhman 2008). VERB™
was successful in creating emotional affinity between the product and the target – youth wanted to be more active because activity was seen to be fun. Use of positive messages is consistent with a strength based approach to youth development programmes highlighted in New Zealand’s Youth Development Strategy (Ministry of Youth Affairs, 2002) where young people are empowered to change and be in control of their future.

In New Zealand, a social marketing campaign was run between 1999 and 2002 to heighten public awareness of the benefits of physical activity. The *Push Play* campaign by the Hillary Commission, now Sport and Recreation New Zealand, sought to increase physical activity at a national level using social marketing. This campaign used the *Push Play* brand to reflect the positive values of physical activity in daily life. The campaign used television, magazine and radio advertisements, plus specific resources and merchandising to promote the message. The main objective of the campaign was for adults to achieve 30 minutes a day of moderate level activity. The campaign aimed to promote this activity as fun, part of community life, and easy to achieve. Supporting programmes and events were included at the community and primary health care levels. Evaluation of the campaign included measures of message awareness, logo recognition, intention to be active, and recent activity conducted through cross-sectional population surveys (Bauman, McLean, Hurdle, Walker, Boyd, van Aalst & Carr, 2003). The only significant change in physical activity levels was between 1999 and 2000 when an increase of 5.8% in levels of physical activity was indicated. Bauman et al (2003) concluded that *Push Play* was an example of a successful and effective use of mass media to bring about community change and produce a change in the awareness of individuals of the importance of physical activity. Considering this was an awareness campaign, changes in physical activity levels were not specifically focussed on, but there were indications that the campaign may have contributed to a short term increase in physical activity. Bauman et al (2003) indicated that a key aspect of the success of the campaign was in the role of community initiatives that built on the message of the campaign and could support physical activity for a longer term.

### 2.5 Research into the benefits of physical activity

The World Health Organisation defines physical activity for adults aged 18 to 64 years as follows: “Recreation or leisure-time physical activity, transportation (e.g. walking or cycling), occupational (i.e. work), household chores, play, games, sports or planned exercise, in the context of daily, family and community activities. In order to improve cardio respiratory and muscular fitness, bone health and reduce the risk of NCDs [Non-communicable diseases] and depression...” (World Health Organisation, 2010, p.8). Research in the area of physical activity suggests that physical activity has many benefits for general health and wellbeing, including benefits for mental health (Santiago & Coyle, 2004). Another research study documented that there was a significant
social benefit from community physical recreation classes that were inclusive of disabled people. Inclusive strategies included adaptive equipment to promote independence rather than dependence on others, the execution of recreation skills in new ways that take account of a person’s impairment and the encouragement of full participation in mainstream active recreation. The most benefit for disabled people occurred where participation in community physical recreation activities was seen as normal rather than unusual (Devine, 2004).

Relatively few studies have looked at how individuals make sense of socio-cultural factors in relation to explaining their own physical activity behaviours using an inductive approach (Pringle, 2008). Pringle (2008) used an inductive approach in a qualitative study to examine the effects on those receiving a Green Prescription in New Zealand. The Green Prescription initiative was conducted under the umbrella of the Push Play campaign, mentioned earlier in this chapter. A Green Prescription is a written statement from a general practitioner or nurse encouraging a patient to be more active (Pringle, 2008). Pringle’s research project included a purposeful sample of 42 Green Prescription recipients. The researchers collected data on how well the recipients understood the process of receiving a Green Prescription, factors that influenced their response to the Green Prescription, cost and benefits of regular physical activity, factors that impede and promote involvement in physical activity, how participants viewed health and wellbeing, and their views of their body shape. Sixteen of the individuals in this study indicated that a main reason why they did not increase their physical activity was a negative attitude towards it. Pringle (2008) concluded that if health promoters aim to enhance public health through increasing general activity levels, they need to be concerned with the broader correlates of health such as social, economic and political factors that impact and shape individual lifestyles, attitudes, health knowledge and actions. This study used a socio-ecological and life-course approach. The life-course approach was used as it takes account of the fact that many adverse health conditions have developed over time (Pringle, 2008).

Much of the literature on the health of disabled people has focussed on the limitations of disabled people to partake in regular physical activity (Hogan, McLellan, & Bauman, 2000; Nosek, Hughes, Robinson-Whelen, Taylor & Howland, 2006; Fowler, Kolobe, Damiano, Thorpe, Morgan, Brunstrom, Coster, Henderson, Pitetti, Rimmer, Rose & Stevenson, 2007; Francis & Adams, 2010; Saebu & Sørensen, 2010). Some previous studies have explored reasons for the non-participation of young people with impairment in physical activity (Rimmer 2002; Rimmer, Riley, Wang, Rauworth & Jurkowski, 2004; Nosek et al. 2006; Rimmer, Rowland & Yamaki, 2007; Rimmer & Rowland 2008). There have also been several studies that have looked at the health promotion needs of disabled people (Hogan et al, 2000; Santiago & Coyle, 2004; Rimmer, 1999). Santiago and Coyle (2004) recruited 170 participants aged between 22 and 65 (with a mean age of 46.8 years). The most prevalent impairment group was those with neurological
conditions, of this most reported multiple sclerosis. The other major groups were those with cerebral palsy, visual impairments, traumatic brain injury, and arthritis.

2.6 Health promotion and disabled people

Although I did not find in the literature reference to social marketing campaigns that specifically targeted disabled people, I did find a number of studies on other types of health promotion in relation to disability. Rimmer (2002) defined health promotion as the process of enabling individuals to increase control over their health and to improve it. Barriers to increasing physical activity for disabled people included lack of accessible facilities, lack of knowledge on how to modify programmes, and poor attitudes and unfriendly environments. Rimmer (2002) suggested that functional limitations may impair a person’s ability to participate in health promoting behaviours, and lead to secondary impairment, such as mental ill health. These secondary conditions are described as physical, medical, cognitive, emotional, or psychosocial consequences to which persons with impairment are more susceptible by virtue of underlying impairment, including adverse outcomes in health, wellness, participation and quality of life. Transportation, cost of the exercise program, and not knowing where to exercise were listed as the three most common barriers.

Francis and Adams (2010) reviewed health promotion literature related to people with physical impairment and found most of the literature came from the United States of America with some from the United Kingdom, and that most studies tended to emphasise a medical model approach. However, a focus on physical activity purely as a medical intervention may ignore social factors that are in play in young people’s decision making on physical activity. Their review found two major barriers to accessing health promotion for people with physical disability: 1) some people may find access to health education and interventions difficult because of their specific impairment related needs and 2) barriers might occur due to people’s attitude to impairment.

In the USA a three year programme named Shake-it-Up had the aim of increasing the health of people with spinal cord injury and related neuro-disability. Participants were engaged in interactive group seminars concerning health and advocacy and also participated in physical and recreational activities (Block, Skeels, Keys, & Rimmer 2005). There were 14 participants in the first cohort of this project, and the study’s final report stated that there were currently 33 participants enrolled in the project. Participants identified their barriers to participation in physical activity as being related to: 1) social stigma, 2) poor self-concept and body image, 3) lack of accessible facilities, 4) lack of knowledge of proper exercise techniques, 5) increased energy demands of wheelchair ambulation, and 6) limited accessible transportation. Successfully addressing some of the barriers, especially transportation, greatly influenced the attendance rates.
The majority of participants reported that they participated in *Shake-it-Up* because they wanted to be among others who were dealing with a similar disability, and they wanted to be more active (Block et al., 2005).

Iezzoni, McCarthy, Davis and Siebens (2001) noted that some people with physical mobility impairments cannot access activities and services promoted in health promotion initiatives because of physical barriers. This study suggested that the majority of health promotion strategies aimed at disabled people were based on a medical model of disability and thus focussed on health persuasion and individual counselling models of health promotion. Therefore, they may not be as effective as community based strategies included in larger campaigns.

van der Ploeg, Streppel, Beek, van der Woude, van Harten, and van Mechelen (2008) explored the subject of increasing physical activity in adults with impairment who had gone through a health promotion programme. Two hundred and eighty four participants with an impairment were given a ‘Rehabilitation and Sports’ sport stimulation program and an ‘Active after Rehabilitation’ daily physical activity programme, and 603 participants in six control centres were given usual care. Participants answered a questionnaire at seven weeks before intervention, nine weeks after intervention, and one year after their involvement in the programme. The researchers found that improvement determinants were attitude and perceived benefits of improved health and reduced risk of disease, better feeling about oneself, and improved fitness (van der Ploeg et al, 2008).

In addition to personal determinants of exercise participation, tailored counselling interventions were found by van der Ploeg et al. (2008) to improve physical activity behaviour by looking at both the personal and environmental determinants of physical activity. They also found that lack of both money and access to suitable transport were seen as barriers to participating in physical activity. Both interventions that this study used were personally tailored programmes, but within them they still identified common psychosocial and perceived physical barriers within the environment of individuals (van der Ploeg et al, 2008).

Saebu and Sørensen (2010) conducted a quantitative study with 327 disabled people aged 18-30 to examine their total physical activity and the relative importance of functioning and disability, and personal and environmental factors on participation in physical activity. The International Classification of Functioning, Disability and Health developed by the World Health Organisation (2001, cited in Saebu and Sørensen, 2010) was used as a structural framework for the development of a cross-sectional survey based on a questionnaire. Physical activity was assessed with an adapted version of the self-administered short form of the International Physical Activity Questionnaire (IPAQ). This measure assesses the total vigorous intensity physical activity, total moderate intensity, total time walking, and total time spent sitting over the last
seven days. The last was taken out for wheelchair users as it would not be relevant. IPAQ allowed for the use of culturally relevant examples, for example in this study, fast wheeling and pushing was substituted for vigorous intensity exercise and ‘pushing the wheelchair’ was used as an alternative to walking. Mobility function and type of disability were inferred from the types of organizations the participants had come from, and a three level scale ranging from 1) ‘I can walk indoors and outdoors without any aids’ to 3) ‘I am completely dependent on a wheelchair’. There were other measures for visual function. They were also asked to indicate whether their disability was congenital or acquired, whether they had need for a mobility aid, and how much personal care they needed. Questions were asked on the accessibility of local activities, and on how functional the participants rated their personal activity equipment. Personal factors such as motivation was assessed by the Exercise Self-Regulation Questionnaire (SRQ-E), which is an exercise self schema looking at how much a participant identified as an exerciser and how important it was to their self image. Comparisons were made between those with acquired and those with congenital impairments (Saebu and Sørensen, 2010).

Saebu and Sørensen (2010) found that those with acquired disability reported more physical activity than those with congenital impairment. Those that had reported no personal aids demonstrated the strongest correlation with total physical activity. A relatively high association with physical activity involvement was found for the variables ‘no need for personal activity equipment’, ‘being employed in some sort of work’, and ‘educational level’, while the variable of a ‘need for more than three hours a day for personal attendant care’ was significantly associated with a lower level of activity. Among the environmental factors, ‘available local activities’ demonstrated the highest correlation with physical activity, but also ‘functional personal activity equipment’, ‘adapted facilities at the site’ and ‘high level of information about activities’ were positively correlated with physical activity. The researchers found the strongest positive correlation among personal factors to be between physical activities and having a self-schema as a physically active person. Physical activity was also highly associated with perceived physical health and intrinsic motivation to exercise (Saebu and Sørensen, 2010).

2.7 Theoretical perspectives relevant to this thesis

2.7.1 Theoretical perspectives on disability

Rehabilitation practice has incorporated the social model of disability to indicate a more holistic focus than pure medical model ideas of human function. However the social model of disability has not been widely used in wider health research (Hammell, 2006). Within the social model, disability is related to a person’s interaction with their environment. A disabbling environment is comprised of attitudes and structural aspects of society which impair the social, recreational, and economic participation of disabled people as defined by the Disability Strategy
Social constructionist theory suggests that it is not the limitations of the individual that are disabling; it is the social context that creates disability (Goffman, 1963; Roth, 1983; Higgins, 1992; Devine & Lashua, 2002). Research in the recreation area can benefit from a social constructionist approach, especially in the area of youth health promotion. Health promotion that takes into account the context in which the young person is operating may be much more effective in changing behaviour. Individual perceptions of physical ability may stem from the environment where a young person learns what the accepted realms of possibility are for a person with impairment. Inability to physically access recreation spaces through lack of ramps or hoists for example may not be the only aspect that restricts the involvement of young people in physical activity.

Post-modern and feminist critiques of the social model have suggested that it has ignored the personal experience of a disabled person of their impairment. That is, the social focus on structural modifications and interpersonal variables fails to take into account the personal experiences of living with a disability. In rebuttal, Finkelstein (2001) argued that these personal experiences should be kept out of the public eye, as they damage the focus on structural and attitudinal barriers that are disabling in society. Nevertheless, post-modernist and feminist critiques have indicated that ignoring personal psychological factors and outcomes of living with impairment in social analyses creates another oppressing element for disabled people (Thomas, 1999; Corker and French 1999; Morris, 1992).

Issues of personal experience have implications for the relationship between physical and psychological health for people with disabilities. The ability of people with disabilities to negotiate social spaces may not only be predicated on how they interact as people with disabilities physically and interpersonally, but also on intrapersonal aspects. Morris (1992) indicated that if disabled people deny their own experiences of impairment and how it affects their bodies and their life experiences, then their personal experience remains isolated from others and adds to a notion of peculiarity of disability experience. Disabled people can isolate themselves from social interactions and solidarity from others by creating this sense of thinking that other people will not understand or be able to empathise with their experiences (Morris, 1992).

Isolation and oppression of disabled people does not happen just within the political and institutional aspects described within the social model (Thomas, 2003). Oppression also exists at the micro relationship level - interpersonally and intra-personally. Thomas (2003) looked at daily impacts on disabled people when interacting with others, including health and education professionals. She questioned what effects these interactions have on a disabled person’s sense of self. She saw the impaired body as a social construction in itself (Thomas, 2002).
It is difficult to talk about the effects of impairment in a medical context without some understanding of how the impairment affects the bodies of disabled people and how they want to approach their daily lives. There may be a set of psychological effects related to interaction with an environment that is not accessible to disabled people. Morris (1991) indicated that denying a personal experience of impairment, which includes the experiences of disabled people in physical activity and active recreation, was a reaction to an assumption of the awfulness of disability. In this way, disabled people may downplay their experience of disability - especially where it causes pain or distress - to prove these assumptions are not correct. Fawcett (2000) stated that a social constructionist split between social and medical model aspects of social and personal lives of disabled people leads to a fragmented view. Denial of personal experiences also means that opportunities for disabled people to discuss strategies and modifications that may help others are reduced (Zitzelberger, 2005). This is contrary to the methods that ‘young people’ may be utilising to gather information to live well with an impairment. Social networking media may be utilised to share useful information on equipment modifications and ways of approaching problems in everyday life between young disabled people.

These problems that young people may discuss through social networking media may not be limited to those related to physical access to recreation; they may include discussion of the psychological effects of their physical impairment. Shakespeare and Watson (2001) suggested that differences in impairment can impact both at a psychological level and a social and structural level. Feminist research on the experience of difference within disability research strengthens disability theory (Fawcett, 2000). Shakespeare (2006) has argued for further exploration of what constitutes the ‘wellbeing’ of disabled people, and that it should be broadened to include ‘the social relations of disability’ – friendship, isolation and charity.

Traditionally, quantitative studies in the area of rehabilitation research have largely focussed on therapeutic and medical models surrounding impairment (Hammell, 2006). Other studies and literature have linked physical impairment and therapeutic interventions, as opposed to exploring the role of exercise and physical recreation for improving general health, recreation and wellbeing. When therapeutic goals are the main reason for increasing physical activity, participation can wane if there is no corresponding social benefit (Anderson, Wozencroft, Bedini, 2008).

Andrews (2005) supported the idea that disabled people are influenced by social, medical and environmental models. Andrews (2005) talked about the methodological issues she experienced in her study on disabled volunteers, including consideration of the multiple influences that disabled people experience. She found it was necessary to talk about medical issues and perceptions in order to allow the participants to describe their own perceptions of what disability
meant to them (Andrews, 2005; Oliver, 1998). In looking at the influence of the social model on the lives of young disabled people, it is also important not to ignore the environmental influences, which may include social-structural issues around emancipation and oppression and environments that are not built with disabled people in mind.

2.7.2 Social constructionist theory

This theory holds that construction of a meaningful reality is developed through interactions with human beings as they engage with aspects of the world. Thus it is argued that there is no meaning without social interaction. Construction of social reality is often formed through dialogue including interaction of the body within social spaces. This is not to be confused with social constructivism used in the methodology. Simply put, social constructionism relates to construction of a social world which includes cultures and traditions and how these are produced by human action. Social constructivism refers to meaning-making and psychology of the individual as they interpret these social constructs (Crotty, 1998). Social constructivism is discussed later in Chapter Three in the methodology. Constructionism according to Crotty (1998) is described as:

…the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context. (Crotty, 1998, p. 42)

Related to social constructionist theory is symbolic interactionism, which is also a useful theoretical perspective through which to look at youth, media and disability. This philosophical perspective assumes that people construct themselves and their social reality through language, communication, and interrelationships. This includes the construction of perceptions, attitudes and values of communities (Crotty, 1998). From the perspective of symbolic interactionism the media therefore also contribute to this social construction of perceptions and identity.

The research in my study aims to look at how young people with impairment view social marketing media and thus how it becomes adapted into their way of viewing their health and how they then act out the subsequent behaviours. It can also enable an insight into how perceptions interrelate both internally and in the objective reality. Wenger (1999) described an identity of participation relying on a mutual ability to negotiate meaning. One’s identity is negotiated through participating in the social environment. Identity is defined socially and is developed by participation in a community, for example a sports or hobby group. Social constructionism offers the most opportunity to change social attitudes and ways of knowing. If people start adding to and talking about social processes in different ways people begin to influence their exhibiting characteristics in different ways. The work of engagement concerns the ability to take part in
meaningful activities and interactions, in community building activities, and in negotiation of new social situations (Wenger, 1999). Implied within this is a sustained identity based on mutual interests or situations, and shared relationships.

### 2.7.3 Social cognitive theory

In the case of young disabled people who may be more likely to engage in a wider range of activity when they have the chance to observe others participating in similar activities, Bandura's (2004) social cognitive theory can be useful when considering health promotion and maintenance of healthy lifestyles because the focus of these activities is on self management of health throughout life, hence on the aim of reducing medical costs and burdens on the health system. Core aspects of social cognitive theory that are relevant in reflection to this study are those of knowledge of perceived benefit and risk, perceived self efficacy, and outcome expectations of carrying out behaviour. Bandura (1986) theorised that people develop expectations of outcomes from certain behaviours by observing events and the environment around them.

Social cognitive theory suggests that there is an interactive link between cognition and a person's surrounding environment, that cognition and therefore learning does not exist separate from a person’s reflection on their interaction with the environment (Bandura, 1986). This theory is useful in conceptualising the interaction between young people and physical activity. It can give us insight into how young people learn and interact with a disabling environment and also how they learn to adapt to an environment where access is not guaranteed. Following from this theory, for situations where young people with physical impairment may not be physically active, there would be a link between attitudes that ‘I am able to do physical activity’ relating to actual involvement in the activity. Bandura's (1986) social cognitive theory is concerned with how we learn from observation. Our perceptions are shaped by our beliefs, so it is relevant to this study because it concerns a person's beliefs about what they can do or their self-efficacy. Efficacy keeps motivation up towards persisting with a goal or activity. It is based on cognitive relationships that rely on the messages that we get from our interactions in the social world (Bandura, 1986). A young person with physical impairment considering doing a particular physical activity after observing someone without that disability performing it effectively has to make a bigger cognitive leap towards a decision to interact than they may have had to if the person observed had a similar impairment to theirs. There is a wider gap between the perceived outcome and their perception of their own ability.

Social cognitive theory is also about collective efficacy to create social change policy and practice in public health (Bandura, 2004). The key components of social cognitive theory are knowledge of risks and benefits, perceived self-efficacy in that one can control one’s own behaviour, outcome expectations of perceived costs and benefits for different activities, individual
health goals and plans and strategies to achieve them, and the perceived social and structural barriers and facilitators to realising changes that one wants to make (Bandura, 1986; 2001, 2004, 2006). Engagement in a socially desired behaviour is more likely if the person observing the behaviour can relate to the characteristics of the people exhibiting the behaviour. In social cognitive theory individuals need to have a belief that they can achieve something or that it fits into an existing schema before they will commit to the identity or activity. Bandura (1986) suggested that both environmental and cognitive factors interplay to produce a human’s behaviour. A person will evaluate possible solutions by testing them symbolically, based on prior experience or knowledge, and determine whether to discard or retain the solutions based on their expected outcomes before committing to action. So called ‘false’ judgments can occur when people base their inferences on inadequate information or do not consider the full range of consequences of an action (Bandura, 1986). In the case of young disabled people, depending on their experiences, they may decide that physical activity is not possible because their surrounding contextual information supports this, whereas, in a different environment they may be aware of different options for how they can be active.

Role modelling can also be a way in which a new activity is learnt by observation and behaviour adoption. Calvert and Cocking (1992) found support for a hypothesis that people act upon media messages when they perceive the messages as personally relevant and when they believe that they can translate those messages into action. They used Bandura (1986) in an example of a person viewing another person (role model) performing a ‘feared’ activity through which they learned new strategies for mastering the activity (Calvert & Cocking, 1992). Through seeing the role model who has similar characteristics, for example, a person with the same impairment as the viewer, the viewer is able to estimate what the outcome of performing the activity may be. This may give the observer more confidence to try the activity for themselves.

2.7.4 Adolescent Media Practice model

Interaction with social marketing media is defined in my study in terms of Brown and Steele's (1995) Adolescent Media Practice model and Bandura’s (1986) social cognitive theory. Both look at the reasons for people adopting certain behaviours. Media play a part in how social practices are recreated and reinforced. The Adolescent Media Practice model (Brown & Steele, 1995) defined a model of interaction of young people with media in terms of the formation of identity and definition of lived experience. Key ideas in this model are that: 1) young people are active not passive media consumers; 2) that lived experience is the lens though with young people interact with media on multiple levels – cognitively, behaviourally, and emotionally; 3) that identity shapes media selection and interaction; 4) that media are interpreted and meaning of media are evaluated using lived experience as a lens; and finally 5) that ideas are incorporated, appropriated or resisted and thus inform ongoing identity development.
2.8 Summary

This chapter has presented a review of the literature seen as relevant to the research question presented. I presented aspects of youth research relevant to the sample group in my research. Following this was an outline of the principles of social marketing and campaigns for physical activity that have used these principles internationally and in New Zealand. Research indicating the benefits of physical activity was highlighted, along with research that has examined considerations for health promotion to disabled people. This chapter concludes with a section on the theoretical perspectives that were used to guide the philosophy of the research. Social constructionism relates to media as a part of young people’s social context and part of youth culture in general. Social constructivism looks at the way young people with physical impairment individually perceive the world around them, including media, and will be discussed in more detail in the next chapter. The social cognitive model which has been utilised in social marketing gives a theory of how a person’s social context impacts on their learning and what roles they can take in the cultures that they are a part of. Together these models and theories provide a useful context for evaluating how young people make decisions about adopting certain behaviour and how social marketing can be best used to educate and influence behaviours.

Limited research that observes young disabled people in New Zealand means that this cohort is understudied. The background literature search showed that there is a lack of research on the perceptions of young people with physical impairment in both social marketing and health promotion. My research aim was to explore the perceptions of young people with physical impairment aged 18-25 of social marketing campaigns that promote physical activity. My question framing this research is ‘how do young people with physical impairment aged 18-25 perceive social marketing campaigns that promote physical activity?’ I took a qualitative approach to the research question as there was little known about the subject under investigation indicating that an inductive approach was required.

This study, besides examining the interaction of young people with physical impairment with social media marketing relating to the promotion of physical activity for their well-being, also gave them the opportunity to suggest strategies that would improve their participation in physical activity. These suggestions and strategies will be discussed and evaluated in the context of the various theoretical perspectives discussed in this chapter. Their responses give a uniquely New Zealand perspective on how young people with physical impairment view social marketing for health promotion. I considered it important that research was conducted on the 18-25 year old group in particular, as these people may lose opportunities for engagement in physical activities once they leave the structured environment of school and child health services.
It is contended that strategies arising from this research will be useful to support directional work in policy and practice in the area of physical activity for young disabled people, and more specifically those with physical impairment. Those with disabilities may be seen as the most sedentary of the youth sector and the most misunderstood in terms of physical activity needs. Knowledge gathered through my research study will provide useful information and raise awareness of how young disabled people are perceiving media that promotes the benefits of physical activity. It may also provide insight into the design of initiatives that will be the most meaningful to encouraging active participation of young disabled people.
3 Methodology

This study used a constructivist grounded theory methodological approach (Charmaz, 2002, 2006) in order to study the interaction of young people with impairment with social marketing media promoting physical activity. A qualitative approach to research was deemed useful, as there was little specific research or information in this particular area of study. Constructivist grounded theory, in particular, provided a methodological approach that allowed for the exploration of how these young people constructed their beliefs of physical activity based on their interaction with media in the context of their own lived experience. This approach was chosen as suitable for a line of enquiry that seeks to examine new perspectives on a subject that had not been widely examined before. It also allowed for a reflective process of how my own experiences and theoretical background might have influenced the research analysis (Finlay, 2002; Charmaz, 2006).

Initially, the aim of this research thesis was to follow a full constructivist grounded theory method, including enrichment of data analysis through a theoretical sampling process and achievement of data saturation until a substantive theory of interaction between young people with physical impairment and social marketing media was reached. However, recruiting participants was more difficult than initially envisioned as the sample group was too specific so, after using purposeful sampling, a convenience sampling method was used in an effort to recruit additional participants. Participants were only interviewed once, and only data from the original group were used in analysis. The rich data collected were still sufficient to answer the research question and left room for further exploration in future studies. Revision of research design to address the contextual limitations of the study was arguably consistent with the ability of constructivist grounded theory to be flexible in its approach.

This chapter begins with a discussion of constructivist grounded theory applied to this research thesis. Following this I will discuss the process of participant recruitment, the sampling methodology used and ethical considerations concerning research with young people. Then I will outline my methodological approach in regards to data collection and data analysis. Finally, I will review the methods used to ensure scientific rigour in this study. Ethical approval to conduct this study was provided by the University of Otago Ethics’ Committee (See Appendix A).

3.1 Constructivist grounded theory

Social constructionism is an epistemology which posits that all meaning and knowledge about the world arises through social relationships and interactions. Constructivist grounded
theory uses the idea that data are created or ‘constructed’ from shared experiences (Charmaz, 2006; Finlay, 2002). Constructivist grounded theory was deemed to be an appropriate fit for this research question as it was aimed at generating a co-constructed understanding with young people about their interaction with social marketing media for health promotion. Symbolic interactionism is the overarching theoretical perspective underpinning grounded theory (Charmaz, 2006). Symbolic interactionism provides the philosophical stance that our lived realities are based on our social interactions and relationships with the world and the people within it (Crotty, 1998).

Being comfortable with ambiguity throughout the research process is a key aspect of the constructivist approach to grounded theory (Charmaz, 2006). The critical issue is to keep an open mind and be prepared for the fact that participants may identify perceptions that are different to existing attitudes (McCallin, 2003). Earlier approaches to grounded theory do have more defined guidelines, for example the Glaserian method of grounded theory, but the post-positivist focus of those approaches was contrary to the philosophy of the research in this study. Grounded theory does allow for continuous review and a change of direction if this is in the best interests of gaining richer data (Willig, 2001; Charmaz, 2006).

Within disability studies, social constructivist approaches to research have been used as alternatives to more positivist research that has tended to focus predominantly on medical conceptions of the experience of impairment (Oliver, 1998; Devine & Lashua, 2002). Social constructivist approaches place importance on learning the meanings of disability from the experience of disabled people. Oliver (1998) described the theoretical approach in social constructionism as being primarily concerned with meaning. This is important as it legitimizes research approaches that focus on learning from disabled people’s experiences to understand their lived experience of impairment (Oliver, 1998). Other research on disabled people has suggested that there is a prevailing discourse that relates the experience of impairment to a normal standard of being and suggests a need to explore alternative angles to the experiences of disabled people (Sunderland, Catalano, & Kendall, 2009; Thomas, 2003). Having a focus on co-construction of meaning around impairment gives more room to explore both individual differences and commonalities in experience.

3.2 Participant recruitment

To be included in this study, participants had to be young people with physical impairment between the ages of 18 and 25. Identification as a person with a physical impairment was self-defined. That is, I let the participants describe their impairment and how strongly they identified with the construct, physical impairment. Participants needed to be able to provide individual consent, and be able to participate in a semi-structured interview in English.
This research involved purposeful sampling (Charmaz, 2006) in order to recruit a specific population of young people between the ages of 18 and 25 with a range of experiences of impairment. I did not just focus recruitment on disability organisations, but also tertiary providers and youth centres as young disabled people may not be attached to a disability service. To approach my research questions, I recruited a sample of seven young people aged 19-25 who had lived experience of physical impairment. As participant recruitment was slow I also used snowball and convenience sampling which relied on the social networks of the participants. The study was advertised through my existing social and professional networks, through sports and recreation organisations, disability organisations, youth services, and disability support services in universities and technical institutes. Unfortunately, despite these efforts, participant recruitment continued to progress very slowly so alternative methods were utilised. Initially, I targeted only the greater Wellington area, but because of low numbers I advertised more widely. However, all the participants interviewed came from within the greater Wellington region.

Initially, I sent information by email to the agencies that provide services to disabled people and to disability organisations. The emails were then followed up with phone calls to staff in the agencies to address any further questions and to canvass opportunities to circulate the material. One organisation did not have email contacts for their members so I provided them with printed information sheets and envelopes to mail out to the people in their database. Information on the research study was also circulated through professional and personal contacts on Facebook, a social networking site, and through word of mouth. I also talked directly to agencies and discussed the study at a relevant workshop in order to source more participants. A participant in the workshop was recruited to promote the study and to hand out flyers (Appendix B), as it was not appropriate that I do this recruitment directly as people may have felt unduly influenced to participate in the project. I was on hand to take participant details and to provide more information if needed.

3.2.1 Ethical Considerations

Because this study involved young people with physical impairment between the ages of 18 and 25 years, all the participants were of legal age to provide informed consent. Each participant signed a consent form and was thoroughly informed of the nature of the study prior to participating (See Appendix C). Participants were reminded of their right to have the digital recorder turned off or to withdraw from the study at any point, if they so chose.

In one interview I needed to check a disclosure that was made as to the young person’s mental health. The young person had indicated that they were not feeling good about their situation. I felt I needed to establish that they were getting help with this, and that it was not something that I needed to respond to. I was under ethical responsibility to report any serious
concerns about participants that I interviewed should these arise during the interview process. As it was established with the young person that they had received help and that their situation was improving, I did not feel it warranted an official response, but I did discuss the situation in general terms with a supervisor.

An external typist was contracted to transcribe the interviews. This person signed a confidentiality agreement before starting on the work. Transcripts were kept in a secure place and were only seen by myself and two of my supervisors. Confidentiality was important as the sample was drawn from a small population. The researcher took any personal identifiers out of the transcripts (such as names of people, places or organisations). Pseudonyms are used to identify individual young people in the reported findings of this research. The digital recordings were saved onto a secure server.

Privacy was also important as I was often invited to people’s homes. As a result, I respected that this was their private space and kept the interviews to time and allowed them to make decisions about where was the best place to conduct interviews. Contact details of my primary supervisor were included on the contact sheet so that if they had concerns about me they could contact the school. I was also conscious of my own safety and for each interview session, ensured that at least one other person in the research team or reception always knew where I was and that we had an agreed time to make contact after each interview.

During the course of the research a decision needed to be made about pursuing the recruitment of one potential participant when the only expression of interest had been made by their parent. Ethically, it was important to the study that I had the permission from the young person to approach them regarding the study. I also needed to know whether the format of this research was going to be appropriate for them. As I was only able to talk with the parent of the young person, and the potential participant themselves never appeared to provide this permission, further discussion of the study with them was not able to be made. It appeared during the course of the conversations I had with the family that they were already under considerable personal stress and it would not be ethical to pursue the contact. I appreciated the parents’ desire for their young person to be involved, but politely gave them the option of being involved at a later time should they feel in a better position to do so.

3.3 Data collection

A semi-structured interviewing technique facilitated by an interview guide was used in this study (Burns, 1994). A set of prepared questions was developed to guide the interview process, to keep the interviews on topic and as a prompt for the researcher. The semi-structured interviews were designed to elicit young people’s perceptions of social marketing media promoting the
health benefits of physical activity. The initial set of questions was designed to cover each part of the overall research focus. Questions were also asked that were aimed at gathering some general information about the participants, followed by questions about physical activity and perceptions of media promotions (See Appendix E).

Consistent with grounded theory, the interview schedule was refined as the research progressed (Willig, 2008; Charmaz, 2006). In grounded theory it is expected that the researcher will not know the best questions to ask at the beginning of the research process. Questions emerge as the data collection phase develops. Initial questioning leads to a greater understanding of the area of interest (Charmaz, 2006). After each interview I made notes on the overall process of the interview and how I perceived the interaction between myself and the participants. In these notes I also evaluated the participants’ responses to certain questions and decided on their suitability based on the answers given. The other reason for revising questions from initial interviews was that, as a result of this process, I felt that the questions were not meeting the aim of the research which was to gain an understanding of how young people were constructing their perceptions. Initial responses did not give the depth that I was hoping for so I discussed with my supervisor ways in which I could rephrase my questions and approach with the objective of helping the participants to expand on their responses and create richer, more detailed data (See Appendix E).

Semi-structured interviewing is dependent on the quality of the rapport between the participant and researcher (Willig, 2001). The participants were invited to choose the setting for the interview which in most cases was a home or university environment. Attempts were made to make the interview as relaxed as possible, while maintaining a semi-structured focus where a certain level of professionalism was required. At times during the interview I needed to explain that answering the question exactly was not the ultimate focus, as the questions were there as a guide. I assured participants that it was important to hear what they thought, and that there were no right or wrong answers.

Demographic data collected during the interviews included age, gender, type of disability, residential situation and occupation. Questions were included to identify the young people’s levels of participation in physical activity and what other recreation, study or vocational activities they were involved in. Further questions asked what their reasons were for participating in these activities as well as their awareness of media that promote physical activity. They were asked what physical activity meant to them and how they made decisions about the nature of their participation.

Some participants indicated that it was important to know about the researcher’s disability as well, and this disclosure of information seemed to contribute to the development of rapport. I
answered the question briefly so as to facilitate rather than to disrupt the flow of the conversation or unduly influence the topics of conversation, but still indicate an experience in common. This is supported by Andrews (2005) who discussed how being a researcher with a similar disability to that of participants can help to establish a commonality of experience, thus providing a point from which to engage.

The young people in this study indicated that their reasons for participating were both to assist in the study and that they felt it was important in that it might enable their voices to be heard in the wider community. However, at some points they asked me if their responses were helpful and if they were giving me the information that I wanted. I reiterated in the interviews that I wanted to hear what they thought, that the important thing was for them to express their own responses to the questions. Throughout the interview process there was an element of participants wanting to give me ‘good’ information. To counteract this I reiterated that it was important to the purpose of the research to gain a sense of what they thought about the topic.

All interviews were recorded on a digital voice recorder. Initially, I also made notes during the interviews but found this too distracting. I found that note taking interfered with rapport building and impeded concentration on what the participants were saying. In later interviews only the voice recorder was used and additional notes were made as soon as possible after the interview session was complete. Before recording any information I engaged in casual conversation with the participants to address any apprehensions or concerns. The participants were invited to ask me any questions that they had at any time during the interview. Because of the particular nature of questioning, not all questions asked during the interview are reflected in the interview sheet, these were guides only. They were also invited to contact me after the interview if they had any concerns or later questions.

3.4 Data analysis

Data analysis followed methods of coding and categorising of transcripts based on using the constant comparative method of grounded theory (Charmaz, 2006; Strauss and Corbin, 1990). Thus data collection and analysis at certain times occurred alongside each other, with all data being transcribed and coded using open coding as soon as possible after each data collection session. The first interviews providing information that was used to inform and direct questioning to elicit richer data. Initial open coding produced a large set of codes related to the data. The initial line by line coding and transcripts were reviewed by me and members of the supervisory team to check for consistency and adequacy of the codes. These codes were then refined to develop more abstract categories and labels. Emerging categories and themes were discussed and refined through an iterative process (Grey, Klein, Noyce, Sesselberg, & Cantrill, 2005; Charmaz, 2006). NVivo8, a computer programme designed for qualitative research, was used to assist with
code and to organise the management of themes in the study data and the organisation of the emerging themes.

3.5 Scientific rigour

Charmaz (2006) indicated that from a constructivist perspective of grounded theory it is almost impossible to separate a researcher’s background from analysis in a topic area when generating substantive and formal theories. Therefore, a researcher journal was used throughout my study to examine any assumptions I brought to interviews and the research project itself. As an individual who has worked with disabled people across a range of ages, and with a personal lived experience of lifelong impairment, a research diary was one way to examine the way my past background and knowledge potentially influenced my interpretation of the study data.

Finlay (2002) described reflexivity as thoughtful, conscious self-awareness. Reflexivity is different to reflection, in that reflection is based on past experiences and reflexivity is more a dynamic process with both past and present interpretation of events. It is a dialogue between experience and awareness. Social constructionists use reflexivity to understand how individuals make sense of the world and their place in it. They stressed researcher-researched dynamics and reflexivity that includes the social environment and social interactions. This means that each researcher would approach the same study in different ways, asking different questions and interpreting the data in different ways. This is why it is important to examine the relationship as it is developing (Finlay, 2002).

It was tempting during the conversations with participants to want to offer advice or to assume that the participants were at a stage of development that matched my own understandings and experience of disability. It was important to establish and examine my own perceptions in order to gain perspective on the unfolding relationship. Hall and Callery (2001) proposed that although theoretical sensitivity makes an important contribution to rigour in grounded theory, the addition of reflexivity will enhance the rigour of grounded theory studies. Theoretical sensitivity uses the reflexive self in developing research questions and analysis, reflexivity directs itself to assumptions taken for granted within the research process by researcher and researched which may influence data collection.

The use of a research diary throughout the process of conducting this study was important to my reflexivity. Andrews (2005) also used a reflective journal in order to document and ‘vent’ what she was experiencing and feeling through the research process. She had also felt this was important as she had an impairment herself and the journal allowed her to reflect and monitor feelings that she was experiencing while interviewing volunteers with impairments. She also had worked as a disabled volunteer and so it was important to reflect on how her own experiences
might impact the study. She described her closeness to the subject matter. Andrews found the research journal was also useful for reflecting on her own energy levels as a person with an impairment conducting research (Andrews, 2005).

The credibility and trustworthiness of my findings were enhanced by peer-coding transcripts with my supervisors and discussing emerging concepts and possible themes in supervision meetings. I was also able to reflect further on my understanding of the data, the research process and on emerging themes with my Dunedin-based mentor. Through these discussions I was able to answer challenges about the reasons for conclusions I drew from the data and to ensure that I was focussed on what the data were telling me during the analysis process and not on aspects of my own experience. Keeping a diary of interviews and my own reflections allowed me to look at data more objectively and separate the two experiences. My supervisors helped me to distinguish my personal and professional reflections of impairment from the experience of the participants and to recognise inferences that I had not already considered to build up themes.

3.6 Summary

This chapter has discussed the methodology that was used in this research thesis. The chapter covered the use of constructivist grounded theory and why this particular method was chosen as appropriate to the area of research. Constructivist grounded theory enabled a flexible approach to a area of enquiry where there has been little specific research and where the aim was to lay the groundwork for a useful theory of the interaction of young people with physical impairment with social marketing media. I have discussed how participants were recruited and the ethical considerations I encountered through the research. I have elaborated on how the data were collected and subsequently analysed. An explanation of how reflexivity, research journaling, research supervision, and peer coding were used to enhance scientific rigour was also included in this chapter.

This chapter leads into a report on the key themes and concepts that arose from the data analysis. The following chapter describes the young people that were involved in this study, and my analysis of the discourse that we shared in the one-on-one interviews. It brings together the connecting concepts and themes that the young people shared, and also highlights areas where they showed significant differences. These young people also shared with me some ideas that they thought would assist social marketers and health promoters to engage other young disabled people like themselves. It also looks at how their social context influenced their perceptions of and interaction with social marketing media and their conceptions of physical activity.
4 Results

4.1 Outline

The key findings from this study indicated that television media campaigns promoting physical activity do not influence the engagement of young disabled people in sport or active recreation because the campaigns do not reflect their social context or the ways in which this social context affects their participation in physical activity. The social context for the young people in this study included factors that operate within a young person’s social world, such as relationships with family, friends, communities, and the physical environment in which they operate. These factors may support or inhibit the young person’s perception of being an active self, subsequently affecting behaviour. Thus a young person’s impairment, aspects of their life stage (transition from adolescent and adult), and their social context all provide particular challenges to their participation in physical activity in daily life.

The young people in this study were already physically active to some extent. They identified that self-perception, relationships with peers and family, the nature of their impairment and any need for equipment, and their physical environment, all impacted on their participation in physical activity providing facilitators or inhibitors of participation in regular physical activity. A key finding was that young people who had acquired their impairment had changed their perception of the role of physical activity in their lives from the perception they held before they acquired their impairment. On the other hand, those with long term impairment who were able to participate in adapted sport had maintained a perception of themselves as active throughout the life stage transition.

Social marketing media that promote physical activity were identified by the participants in this study, not only as a tool for promoting ways to be more physically active, but also as a way to promote participation of disabled people in the wider community and in showing other people that disabled people can be active too. Participants in this study expressed a belief that social marketing media has the potential to promote positive attitudes towards participation in sport for disabled young people and suggested that social marketing media advertising should show more examples of disabled people interacting in sport and recreation. These examples could include people such as elite athletes involved in disability or adapted sport as well as more diverse examples of young people with physical impairment engaged in regular active recreation in daily life.
Participants described factors that they felt encouraged them in initiating and maintaining engagement in physical activity and factors that could be discouraging. The benefits of active recreation, for this group of young people, were not limited to involvement specifically in sports or recreation, but were transferable into other areas of their life. Active recreation provided them with more chances for social interaction and connection with their communities. They saw connectedness with others as a key part of their overall health and wellbeing. The findings from this study highlight the variety of factors that influence the way young people with impairment engage in physical activity.

In this chapter I will first describe the key characteristics of the study participants in order to provide a context for understanding the participants’ worldviews and their view of themselves as young people. These key characteristics include an overview of the participants’ level of involvement in physical activity, their age, their living situation and their involvement in work and study. Participants in this study indicated a link between their social context, including the way in which they viewed their impairment, and the level of their engagement in physical activity.

I will then explain the three key themes from the data: 1) beliefs and perceptions about physical activity, 2) positive and negative influences on engagement in physical activity, and 3) responses to social marketing promoting physical activity. Under each theme are sub-themes reflecting further on the key themes. The young people in this study described their physical impairment, their perceptions of nature of physical activity, and the impact of their impairment on their participation in physical activity. Understandings of types of physical activity expressed in this study ranged from individual and organised sport to participation in tasks associated with daily living. The benefits of physical activity were linked to quality of life factors such as having fun and sense of achievement. The participants described factors that facilitated their engagement in physical activity and those that presented barriers to their engagement. An explanation of the differences between the perceptions of physical activity of those young people with acquired impairment and those with lifelong impairment will be given. Finally, the participants’ suggestions for future social marketing campaigns that might be relevant to other young disabled people are discussed.

4.2 Participant characteristics

I interviewed seven young people who self-identified as having a physical impairment and who were between the ages of 19 and 25. The participants’ demographic data are presented in Table 1. Whilst this information was not part of the original framework of questions, it was offered and recorded as the interviews progressed. This information has been summarised for the whole group, rather than presented for individual people to preserve the participants’ anonymity.
Three participants had experienced gradual onset impairments, two had had their impairment from birth, and two had acquired impairments that were the result of illness or accident. Of those who had gradual onset impairment, one used a wheelchair for mobility and one used no mobility aid. One of the young people born with their impairment used a wheelchair for mobility and the other did not use a mobility aid although some effect of their impairment on their walking and balance was observed. One of the participants with a prosthesis also used crutches for mobility.

Four of the seven participants were studying at tertiary institutions at the time they were interviewed. The other three were in paid employment or unemployed but actively looking for work. Of those who were studying, one was living in a student hostel, two were living in shared flating situations and one was living in a flat on their own. Of those who were working or actively looking for work, one was living independently in a flat and two were living with their parents, one of these in a care giving role (See Table 1).

Table 1: Characteristics of participants

<table>
<thead>
<tr>
<th>Gender</th>
<th>4 males; 3 females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>19-25</td>
</tr>
<tr>
<td>Impairment</td>
<td>1 Arthritis, gradual onset; 1 wheelchair user, gradual onset; 1 wheelchair user, lifelong; 1 non-specified, lifelong; 1 prosthesis and crutches user, acquired; 1 prosthesis user, acquired; 1 fatigue related, gradual onset</td>
</tr>
<tr>
<td>Physical activity participation</td>
<td>3 adapted team and individual sport; 1 gym; 1 Pilates, recreational swimming, yoga; 1 exercise video and walking; 1 walking</td>
</tr>
<tr>
<td>Residential situation</td>
<td>2 living with parents, one in caregiver role; 2 living alone; 2 living with flatmates; 1 living in hostel</td>
</tr>
<tr>
<td>Study/Employment Status</td>
<td>2 working; 1 looking for work; 4 students</td>
</tr>
</tbody>
</table>
4.2.1 Participants’ discourse around impairment

I have used the term ‘impairment’ in this thesis to describe the young person’s individual experience of physical disability. This is in line with the social model of disability that states that impairment relates to what the individual has, for example, I have cerebral palsy and in daily life this affects my physical mobility and balance. However when I use the term ‘disability’ I am generally referring to specific barriers within my social context that make it harder for young people with impairment to participate actively in the society in which they live. In this study, I was interested in how young people described their own impairment as that could indicate how they perceive its effects on their views of media promoting physical activity.

In contrast to my use of terminology, the young people in this study used the term ‘disability’ to refer both to the condition they have and to their individual experience in their social context. For those with lifelong impairments, talking about their impairment and effects of their impairment occurred naturally during the course of the conversation. For those with acquired impairments however it seemed that prompting was required to discuss the effect of impairments on engagement in physical activity. For these participants, who were perhaps new to life with disability, the interview appeared to be as much about them working through their developing ideas about impairment, as it was about their involvement in physical activity. Their diagnosis seemed at the forefront of their minds, as opposed to talking about what they thought about physical activity. The only time that ‘impairment’ was used by any of the participants was when I mentioned it in a question, and for one participant in particular, the response implied that the distinction between the terms was not important.

...the people with physical disability, or impairments, or whatever you want to call it (Alistair, aged 21).

On further exploration of the data what became apparent was a desire for recognition of the young persons’ attributes apart from their impairment status. They expressed a desire for society to treat them the same as their friends did. This meant treating them as society would treat anybody who did not experience impairment. They wanted to be able to participate in activities and not be disabled by their impairment. That is, it was important that other people did not treat them as if disability or impairment defined their personality, and that new people approached them as they would anyone without impairment. This did not mean that they felt that their impairment needs should be ignored, but that their impairments were only one part of their whole person. This idea was echoed in the narrative of those young people with acquired impairment in terms of being treated the same by their peers as they were before they became impaired.
...my mates, the way - like what we do, and what we talk about, you would feel there’s no disability, there’s no amputation, like it’s just that acceptance (Duncan, aged 21).

4.2.2 Participants’ engagement in physical activity

All of the participants engaged in some form of regular physical activity, involving both incidental and organised activity. Incidental activity included getting in and out of bed, walking to and from university or work, self propelling a wheelchair to the shops, loading and unloading a wheelchair from a vehicle and using hand controls to drive. Organised activity included non impairment specific individual activities such as recreational swimming, walking, Pilates, exercise with a video tape and going to the gym. Three of the participants were involved in a disability sport or adapted activity. Disability sport and/or adapted activity are competitive sports or physical activities that have been modified from able-bodied sport or activity to allow active participation of disabled people.

Well, anything that’s adapted from say - you know, from a sport that’s played by able bodied people, and then that’s had adaptations done to it, you know, like not necessarily just like wheelchair sport, but like the one or the vision impaired, blind, whatever, people, you know, with the bells and the balls and that, that sort of thing (Alistair, aged 21).

One young person participated in wheelchair basketball and adapted sailing, one young person was involved in wheelchair basketball, and one participant was involved in Special Olympics swimming.

4.3 Perceptions and beliefs about physical activity

All the participants took part in some physical activities in their daily lives and identified the value of some kind of regular physical activity for their general well-being. Participants’ understanding of what constitutes physical activity ranged from specific participation in competitive disability sports to individual activities such as walking, doing exercises, and going to the gym. Moreover, their understanding of physical activity was not limited to sports based activities but included physical activities that were incidental to participation in education, employment or social activities, such as travelling from place, using the stairs, or the physical effort required to engage in everyday domestic tasks.

Well, instead of driving somewhere, you know, say down to the shops, or yeah, going and just walking, or pushing, or you know, whatever, whatever your mode of movement is...Yeah, well that’s a good way of defining it. Yeah, physical activity is getting moving (Alastair, aged 21).

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4.3.1 Attitudes towards physical activity

The young people in the study described how they felt about their own participation in physical activity as a person with impairment, and how they regarded the challenges that need to be faced to achieve success as a disabled sportsperson.

Differences in perceptions of participants’ own participation in physical activity

Participants in the study who had lifelong impairment illustrated a marked contrast in their perceptions of physical activity to those young people with an acquired impairment. Those who had an established, relatively stable impairment had made links with disability and adapted sports organisations early in life. They also showed, through their discourse, a positive association between activity and life with impairment. In contrast, those with acquired impairments tended to link their beliefs about meaningful sporting activity to their previous able bodied identity and not their recent impairment identity. There was a tendency for these participants to relate their physical identity to loss of function, rather than linking it to any potential for physical activity such as that demonstrated by high achieving disabled people who are involved in sport and active recreation.

The young people with acquired impairment had been active in sport and physical activity prior to their disability, but after their disability their involvement changed. Reasons given for this change included not wanting to let others down and a feeling that if they could not achieve the activity to the same level as they had previously they did not want to pursue it. As one young person expressed, pursuing a sport in which they had been competent before impairment would taint their past experience. If they were not able to participate in a sport in the same way or at the same level as before their disability, their positive memories of being involved in the sport would be affected. Perceptions of those with acquired or degenerative impairment not present from birth and who were not involved in disability sport were that they would not be able to perform as they had formerly, that they would not be able to perform as well as other people, or that they would let others down.

And yeah, as I sort of alluded to before, like it has sort of changed my views on playing sport, because I don’t to - like the memories I have of playing sport are fun, and like with mates and success, sort of thing. Whereas now, I think if I were to play it, in my heart I feel I probably would fail, or if not fail, wouldn’t be - couldn’t do what I wanted to, sort of thing. As in with cricket...the memories I have now are good, and I don’t want to I guess taint those (Duncan, aged 21).

The young people with acquired impairment in this study indicated that their attitudes towards their impairment and beliefs about what it might be like to engage in sport influenced their selection of active leisure activities and participation in sport. There was an indication that
they perceived individual activities as more appropriate as they then would not have to be reliant on other people. For most of the young people with acquired impairments this marked a significant change in the physical activity that they were involved in. Underlying this was an indication that because of the way that the impairment affected the young person with increased fatigue, that if they relied on other people then there was potential for them to disappoint the other people involved by not being able to attend the activity sessions or team practices.

Yeah, like I used to do lots of team sports when I was at high school, like I played soccer, cricket, netball, you know, all that stuff, and I was like sports prefect at school, so yeah, I was more involved in team sports, but yeah, now I prefer just doing on my own, like you know, ‘cos then I have to rely on someone else to you know, be there, and yeah (Joanne, aged 19).

This study included both participants who had acquired impairments and those with lifelong impairment and it became apparent that there was a difference in perception of physical activity between these two groups. The identification of participants with acquired impairment which centred on sport and activity and impairment, was not as well established as those with lifelong impairment. This section reports on the way the group of young people with acquired impairment exhibited a distinct change in their concept of physical activity and the role it played in their life. Young people with acquired impairment measured changes in physical activity against their able bodied identity prior to their accident or illness. A link with peer perception, or perceived perception of peer responses to their impairment, was indicated. A positive response to a young person’s impairment and involvement in physical activity was indicated as a positive factor in their continued participation.

...like it has sort of changed my views on playing sport, because I don’t to- like the memories I have of playing sport are fun, and like with mates and success, sort of thing. Whereas now, I think if I were to play it, in my heart I feel I probably would fail, or if not fail, wouldn’t be - couldn’t do what I wanted to (Duncan, aged 21).

For those young people in the study with acquired impairment, a change in their physical identity prompted them to direct their career options into those less focussed on physical activity. For example, one viewed academic skills as being more important to success in earning a living since they had acquired impairment. Prior to the impairment this young person was less focussed on academic progress than on participation in sport. This was a distinct change for a person whose life ambition had been to earn income and success as an elite sportsperson.
And so then once the reality of an amputation, I realized that pretty much [a university] education was the only way I could make money, and a lot of it, so…it focused me a bit more (Duncan, aged 21).

Acquiring impairment prompted some young people in the study to decide what was most important to them about an activity and in adapting to the physical changes that their impairment had brought. The choices that they worked through in terms of their physical activity had effects on the choices they made in other areas in their lives. Re-examination of their options as they gained greater understanding of their condition or impairment assisted participants in considering what they enjoyed most about the activities they were involved in.

Well I’ve always sort of played round with writing, a bit, just ‘cos I enjoyed it. I used to do a lot of acting, and when I was diagnosed with arthritis, it was very difficult to keep going, because I wasn’t on the right meds, I just was so tired…I really liked the making up stories side of acting, rather than the actual performing, so just started getting into a bit more...So I’m doing it a little bit more seriously now, so yeah (Maryanne, aged 25).

Perceptions of the challenges facing disabled sportspeople

Another aspect that emerged from one participant’s responses was a perception that success in elite sport achieved by someone with impairment deserves more respect than that given people participating in the Olympics because of the perceived additional effort in overcoming the impairment and its limitations. This young person talked about the disabled athlete in terms of “the fact that they’re doing it shows their commitment, their determination, and … their desire to succeed” (Duncan, aged 21). He suggested these qualities were needed at a higher level than that of an athlete with an able body participating in a parallel sport in the Olympics. He commented that successful mainstream Olympians do not have the same challenges as those athletes with impairment.

This participant was unable to relate his own experience to that of a trained Paralympian who has learnt to run with artificial legs despite identifying attributes he believed allowed Paralympians to succeed. He attributed his perception to the fact that he actually “can’t imagine what it would be like to run again” (Duncan, aged 21). His memory of being a runner prior to disability was not matched with an experience of running successfully with his impairment. In other words, this young person’s prevailing physical identity was still associated with a perception of loss of function associated with a physical activity in which he had been successfully involved prior to his impairment. He did not experience a sense of achievement in a sport or activity using an artificial limb nor did he view that limb as a positive adaptation or tool for the purposes of completing a particular activity or goal.
While I’ve never tried say running, with one of those springs, or legs, or you know, javelin, or something, I could almost - I have a lot more respect for them than say I would for a sprinter...at the Olympics, I would have a lot more respect for the Paralympian than, you know, [Olympian]. Purely because from my point of view, I actually can’t imagine what it would be like to run again.  (Duncan, aged 21).

4.3.2 Benefits of physical activity

The young people in this study wanted to connect with their environment and not to be “shut away in our dark little caves” (Alastair, aged 21). They expressed the view that young disabled people have the same desire for a sense of achievement, good health, participation in a social life, and a range of experiences as other young people. Physical activity offered them the opportunity not only to participate in the physical activity itself, but in a social activity in a community of others.

Sense of achievement

Participants’ perspectives of physical activity included activity that was associated with employment and mobility. One participant talked of how the physical activity demanded of him during work contributed to a sense of achievement; of doing something (Jack, aged 22). His employment in a supermarket required him to move about and push supermarket trolleys. This young person also mentioned that using the hand controls in his modified vehicle gave him a satisfying sense of physical activity.

And I used to work [at Supermarket]...pushed [a supermarket trolley] around...I mean that’s physical activity...that was one of the reasons why I worked there, because I was on my feet, and doing something. So it was good (Jack, aged 22).

Keeping healthy

Participants in this study had an understanding of how physical activity was related to keeping healthy. I asked them what they considered were healthy behaviours and they answered consistently in the same way: eating healthily, drinking alcohol responsibly, not taking drugs, and doing some exercise. They linked physical activity to general good health and wellbeing.

If you’re a swimmer, you need your carbohydrates (Lillyanne, aged 24).

Oh, just making good choices, you know, eating right, and not doing drugs, and that sort of stuff, you know, and yeah, physical activity. Not necessarily sport, but getting out and going for a walk or whatever (Alastair, aged 21).
...it’s just a good way to blow off steam, and relieve stress...you know, it’s just relieving, really (Ryan, aged 19).

**Social life**

For some of the young people in this study socialisation associated with sport and physical activity was a key contributor to their overall sense of well-being. The introduction to a social network through physical activity provided opportunities for the young people with impairment to gain connection to their communities. It was also informative, as it offered them opportunities to talk to people with similar disabilities about their own lived experiences of impairment. Participants were able to network and socialise with other people with disabilities on their teams. Young people in this study valued the social aspects of team sport more than the sense of achievement they derived from winning or playing well. This aspect was an important positive influence on their level participation and overall enjoyment of the activity.

After you’ve played your games and that, you end up in the pub together and it’s - it’s quite good, and you know, everyone just - they’re all good mates...And you know, the social side, it sort of means that I get out of the house, and get to meet people that I wouldn’t otherwise do, quite as much (Alastair, aged 21).

That’s a big reason why I do sports. Because I’m not very good, but the social life is pretty cool, so that’s the important aspect (Jack, aged 22).

As well as this social aspect, what also appeared in the narratives was how physical activity contributed to another type of social participation which was being “out there” (Alastair, aged 21) and participating in wider society. This participant referred to cases of disabled people who are isolated from participation and experiences in the wider world through restrictive residential arrangements. He may have been referring to disabled people who have been placed in age inappropriate settings such as rest homes or those whose support needs are such that it is difficult for them to access the community independently.

There’s those sort of living places. You know, they sort of just live there, and that’s their entire existence...I think it’s important to get out and have more experiences, and be seen by the wider world, sort of thing (Alastair, aged 21).

Physical activity in the narrative of young people in this study enabled them to keep healthy, reduce isolation and take opportunities to develop skills.
I guess say like everyone’s the same at the end of the day. And you’ve got to find something...if you’re not doing physical activity you’ll probably get fat and stuff. And like lonely and stuff. So it’s better to kind of get out and push the boundaries. Even if you can’t do something the first time, you probably get better at it, and then kind of enjoy it (Jack, aged 22).

4.4 Positive and negative influences on engagement in physical activity

During the course of the interviews it became apparent that social marketing campaigns provided little, if any, motivation for engagement in physical activity for the young people with physical impairment in this study, so I focussed the questions on the factors that kept these young people engaged in physical activity. Consistent with the methodology used in this study re-evaluation of initial questions in view of the emerging data allowed for a change in direction. The young people identified both those aspects of their lives that created barriers to participation in physical activity and those aspects that facilitated their participation in physical activity. Factors that facilitated participation in physical activity included support provided by family, friends, paid attendant care givers, taxi drivers, coaches and community role models, as well as that provided through examples in print and other media.

4.5.1 Barriers to participation in physical activity

Participants described a number of factors that act as barriers to engagement in physical activity or make access to physical activities more challenging. These factors included costs, requirements for specialised equipment, effects of their impairment on physical activity, finding information about suitable activities, the lack of adequate support and anxiety about the attitudes of others towards the participation of disabled people in physical activity.

Costs

While acknowledging that many young people without impairments also find the costs associated with physical activity prohibitive, several of the participants reported impairment-related financial barriers that reduced their access to physical activity. Additional expenses specific to people with disabilities included the need to pay for accessible transport options to activity venues, as well as specialised equipment and attendant care, and also inflexible gym membership subscriptions. The high cost of taxis proved a barrier to one participant’s regular participation in their favoured sport.

I don’t go to the sailing as much as I’d like to. Just because of- the taxis are really expensive. You know, like its fifty dollars one way, sort of thing. And so I can’t really afford that (Alastair, aged 21).
The cost of obtaining the right equipment for the physical activity they wish to participate in worked against active engagement for young people who used prosthetics or additional equipment for mobility. One young person had a prosthesis that was not designed for the sporting activities that the young person wanted to use it for. The expense of the specialised equipment needed to participate to a level that gave satisfaction was also prohibitive. For this participant, even walking was made more difficult when the prosthesis was not a good fit for the activity.

It makes me wish I had enough money to get one of those running legs (Ryan, aged 19).

And so I know more what I want out of like an everyday situation, and so it helps now that I know what I want, so my prosthesis can help me, and it’s a lot better relationship than what it was, so yeah (Duncan, aged 21).

Likewise, if a young person cannot get to the gym regularly enough the membership becomes uneconomical. A gym membership may also not be a priority in the budget for a young person with impairment, when other financial demands such as transport and living costs need to be met. Nor was it thought worth signing up to a gym membership if it was not possible to get to the gym regularly due to specific consequences of some of the participants’ impairments such as the need to manage fatigue. A young person with impairment may need to consider energy requirements for essential daily activities leaving insufficient for the gym.

I did join the gym, but then I couldn’t really like - it wasn’t really worth it, because some days I would be feeling fine, and then other days I wouldn’t, you know (Joanne, aged 19).

Requirements for equipment

Participation in physical activities that the young people enjoyed was often dependent on having the right equipment. A contrasting attitude towards equipment became apparent between participants who had lifelong impairment and those with an acquired impairment.

Those participants who had acquired impairment and used aids or had prosthetics appeared to view their aids as less functional. Functionality also included accessing prosthetics that were comfortable to wear, so that the young person could be active. Acquiring the right sort of prosthesis for an active lifestyle can be costly in both time and money, but securing the correct prosthesis or aid is integral to a young person’s general mobility, engagement in physical activity and participation in their social world. A badly fitting prosthesis can cause physical discomfort and a negative self image of the wearer’s physicality.
...’cos it’s different running with a fake leg. It’s not as easy. It feels weird (Ryan, aged 19).

...’cos one, it was way too big, the socket was massive, I could fit both my hands down, and so you’re obviously sliding around, it’s uncomfortable. Also it was about two, three - no, it was probably about five or six inches too short, so leaning over, and was getting a bad back. But yeah, the worst thing about it was the knee would sort of buckle… (Duncan, aged 21).

In contrast, those with a lifelong impairment who used a wheelchair or other aids described these almost as though the aids were an extension of their bodies and talked about how they functioned as part of their involvement in physical activity. One young person who was in a wheelchair did not refer to his specific impairment in the context of our interviews, but he did explain how the wheelchair exists as a piece of equipment to enable an individual to participate in an activity or in their social environment. As he put it, “the wheelchair is an integral part of that game” (Alastair, aged 21), which referenced his participation in wheelchair basketball. Thus for him the focus was on the development of functional skills directly linked to success in his chosen sport that included handling of the wheelchair along with the other skills required.

So you know, that’s sort of practising the skill that you need to push the chair . . . handle the ball and all that (Alastair, aged 21).

**Effects of impairment**

The effects of fatigue also made it difficult at times for the participants to determine what should be the right duration of exercise and the best type of activity for their particular impairment. Some of the young people in this study talked about the fluctuating nature of the severity of the effects of their impairment and the ways in which this impeded their engagement in physical activity. For one participant, determining the limits of his capacity for exercise proved an ongoing challenge, making it difficult to manage physical activity effectively.

Like I can get myself down the hill, down to the shops and that, but getting back up the hill’s too hard. Tried it once, and couldn’t move for three days (Alastair, aged 21).

**Lack of information, role models and examples**

For participants with newly acquired impairment, finding the right information about options for physical activity that they could apply to their own situation and could assist them in re-evaluation of their abilities was crucial to successful outcomes from their engagement with physical activity. The information that they needed was often hard to find and they were very
dependent on the application of trial and error which was “quite frustrating” (Maryanne, aged 25). This participant was keen to engage in physical activity to maintain a healthy weight but had difficulty finding specific information relevant to her altered functionality.

…it was quite hard to know what to do…stuff that I did to lose weight and to maintain that, there was no way that I could do that anymore…just no way my joints could handle that… (Maryanne, aged 25).

However, she persisted with this trial and error approach and developed solutions that she found beneficial.

Well it was quite frustrating, because it was quite a bit of guesswork, but once I sort of figured it out…it was quite useful (Maryanne, aged 25).

Likewise, Ryan was a young person who was keen to participate in physical activity but was unsure how to approach it. He did not have any models to draw on of others with a similar impairment and which made it harder to conceptualise how physical activity might work for him. His perception was driven by a belief that his leg did not assist him, and that it was defective, so he was not aware of the possibilities for use of his leg as well as its limitations. His perception of his inability to be physically active was symptomatic of a belief that impairment in one area equals inadaptability: a belief that people with physical impairments are inactive and that there are only certain ways of doing physical activity and that these are inflexible.

I was thinking about joining a martial arts club, or just checking it out. But I wonder how much the leg will disable me, or if I’ll even be able to do it probably (Ryan, aged 19).

Lack of understanding and knowledge among personal trainers and professionals

A fitness professional’s limited knowledge about the effects of impairment on physical activity was noted by one young person as a frustration when attending a gym. The lack of understanding of how activities could be modified to suit the capabilities of a person with impairment meant that the trainer could not give appropriate advice to the young person about the programme they could follow to reach their goals.

Well I did - a couple of times, try to go to a gym, and see if I could get some kind of assessment, and it was quite frustrating though, ‘cos they’d say oh, so what type of arthritis do you have, and I’d say sciatic, and they were like never heard of that. So that didn’t get me very far…So there wasn’t a whole lot of understanding about the limitations that it caused. So yeah, I
think that would have helped if there was a knowledge around that, with gyms, and things like that (Maryanne, aged 25).

**Anxiety about the attitudes of others**

Participants’ perceptions of what others thought about their impairment influenced their participation in physical activity. When the young people reflected on their own self-consciousness they alluded to reasons why other young people might not want to be open about their impairment and thus might be reluctant to take part in physical activities where it would be revealed.

‘Cos like when you know, you look at me...I just look like, you know, that I haven’t got a disability, but - so it’s - and I don’t like to tell everyone that I meet, you know, so it’s - yeah, it’s hard, that, as well. Cos I don’t want people to think that I’m, you know, different (Joanne, aged 19).

They implied that a reason for some young people with impairment being inactive was related to self-consciousness about having a different physical ability to peers who did not experience impairment. The dialogue revealed the inherent contradiction in how young people with impairment viewed the issue of inclusion for disabled people. While they saw the inclusion of difference as desirable, they also expressed a desire to not be seen as different.

Cos they don’t want to be different. Don’t want to be seen as strange, or sick, or weird, or - you know. Even if it’s you know, not, but they - you know, [they may be] embarrassed about it (Joanne, aged 19).

Some participants suggested that their participation in physical activity was limited by able-bodied people’s perceptions of what people with physical impairment could do. They felt that because there is limited exposure to disabled people in society and in media campaigns, negative attitudes towards the active participation of people with physical impairment remain unchallenged.

I guess their own sort of fears, and worries and things, about - maybe they’re just not used to be out, you know. And they might - you know, not used to sort of being out amongst people, and so they’re anxious about, you know, what if people look at me, and you know, don’t want to be stared at and things (Alastair, aged 21).
4.5.2 Factors that facilitate participation in physical activity

There were a number of factors identified by young people with impairment that encouraged or facilitated their participation in physical activity. Aspects that were related to positive engagement for these young people included: their transitional experiences; their relationship with peers, specifically other disabled people; whether young people were involved in adapted sport, or were aware of adapted activity options; information gained by word of mouth; and their access to role models with impairment who are active. In the following subsection, these aspects are explored further.

**Transitional experiences and opportunities to try things out**

For the five participants who had acquired or progressive conditions, most of their engagement with physical activity involved re-evaluation of their past exercise programmes. These participants appeared to be travelling through a process of re-identifying their physical identity and this affected how they approached their participation in physical activity. Re-evaluation of these participants’ physical identity relied on gaining information on the most appropriate activities to meet their exercise goals. They expressed a need to know how to best adapt an activity in order to make participation possible or to maximise participation. They then needed opportunities to try the exercises out and to learn how to evaluate their effectiveness in terms of their newly acquired impairment.

I was just like well I actually don’t know how to lose [weight], because my diet was reasonably healthy...yeah, just sort of experimenting with how much I could do, and what particular ones would make it worse...
(Maryanne, aged 25).

For these participants there was a period of adjustment and experimentation to ascertain the type of physical activity that was most suitable for their situation and that provided them with a sense of satisfaction and enjoyment.

**Relationships with peers**

Relationships that young people with impairment developed with other young people with impairment showed the importance of peer connections. One of the participants recalled an encounter they had with a peer who also had a physical impairment. Through observation of how a similarly disabled person conducted their life in an efficacious and independent manner, the participant had been able to reconstruct their own post-impairment identity in a positive way. Subsequently, the same participant was able to relate his own experience to that of a person with lifelong impairment to develop a sense of empathy and connection. In this way he had observed
someone who “gets on with it as best they can” (Duncan, aged 21) and gained strength from
knowing someone had a similar experience to his own.

I think someone who is active, so to speak, doesn’t have to be like
superman, but I guess a normal person...‘cos that guy I was talking to, he
just made it clear that even though it was like a different illness, like I
wasn’t alone, sort of thing...I think he sort of knew stuff like that, like he
was a real nice guy, like just made you feel at ease, and like very accepting
(Duncan, aged 21).

**Adapted sport**

Participants who were involved with adapted or disability sport seemed to have positive
experiences with professionals associated with those activities such as the coach and this
encouraged their participation. In contrast to the experiences of some participants regarding
fitness professionals’ poor knowledge of how to adapt activities for people with specific
disabilities in the mainstream, others described more positive experiences in both individual and
team sports whilst involved in adapted sports. Having a tutor or coach who was aware of the
nature of the person’s impairment and how this may affect their approach to the sport or activity
was a positive factor that encouraged enjoyment and engagement in physical activity.

I’ve got a swimming coach, yes. We swim for an hour on Sunday,
from six to seven, and we have a coach there. And during the week, we just
go down and get better...and keep it up...so we don’t loose the ability to do
that (Lillyanne, aged 24).

Three of the seven participants were involved in sports specifically for those with disabilities
such as Special Olympics, wheelchair rugby and wheelchair basketball where they received
expert guidance in building relevant skills. Involvement with these organisations also gave
opportunities to build relationships with groups of others with impairment that provided further
motivation. These participants spoke of the benefits of having team encouragement and added
competition in helping to build skills and engender a sense of individual and collective
accomplishment.

**Access to information**

Word of mouth information was a key means of finding out about physical activity
opportunities for the young people in this study. Participants’ interactions in the community
provided contacts with others involved in activities that might be suitable for them. Word of
mouth enabled participants to find out what activities were available and who they should contact
if they wished to take part.
You just ask round...choose a sport that you want...Yeah, so you just - it’s good to know someone...Yeah, so it’s word of mouth probably, a lot of the time. You need to know the right people to find out (Lillyanne, aged 24).

One young person heard about a wheelchair basketball team through his relationship with a regular taxi driver. As a result of this contact, the young person became regularly involved in the game. This involvement set up relationships, whereby the young person was able to meet other disabled people who were involved in an activity that was of interest to him.

I was playing wheelchair basketball a bit down in Christchurch, before I moved up to Wellington. And I sort of didn’t really know many people in Wellington and that, when I moved up. And it just so happened that my taxi driver, Gordon, he knew the guy that, you know, Jarrod, who’s the coach...And yeah, and I still went along with him, and yeah, it all went from there (Alastair, aged 21).

For another young person it was talking to others in her community that enabled her to access information about physical activities that might be suitable for her. Through utilising a past connection with a trusted individual she determined how confident she could be in the information she received.

Probably - yeah, talking to other people...Yeah, generally if I was looking for something particularly, I’d - I might go to the pharmacy, cos they’ve been quite good, or my doctor, or nurse at the clinic I used work for, things like that, yeah (Maryanne, aged 25).

Despite her ambivalence about the reliability of information obtained on the internet, the same participant found that an internet support group did provide some social support and information related to her condition. Her prior experiences with the internet had provided unsatisfactory medical information and different sites had provided conflicting information. Several of the participants commented that it was not always easy to determine the reliability of information available on the internet. They based their decisions on the level of trustworthiness of the information on whether it had been very positively referenced or whether someone that they trusted had recommended it to them.

And yeah, just recently found a whole load of support things, through Facebook, and other things, which started - cos there’s a support group for ‘young people’ with arthritis in [the city], and it - we’ve just been emailing each other (Maryanne, aged 25).
In addition to information obtained through social media groups, participants used organisations’ newsletters and television shows specifically aimed at disabled people such as *Attitude*, a New Zealand produced programme, as sources of reliable information.

**Importance of positive role models and family**

Several participants mentioned the influence of their families in encouraging a positive attitude towards physical activity for health benefits. These young people had people in their family whose example had encouraged them to be active. Effective role models for the young people in this study did not seem to be reliant on the role model being a person with impairment but rather that they demonstrated a personal motivation to be active; “if he wanted to go out for a walk, he would do it, he wouldn’t need somebody to tell him to” (Duncan, aged 21). The young people in this category related their attitude towards physical activity to the people that are closest to them.

I know for a fact my father, he works during the day...he’s about sixty three, but you wouldn’t actually know, like he’s pretty - well, fit. And like he’s never - yeah, as I said, he’s never home, he’s never really seen those *Push Play* ads, and he’s - I guess sort of like me, it’s a personal thing (Duncan, aged 21).

Apart from family role models, some participants mentioned media personalities and sports people who motivated them, or who they thought would be good role models. One young person identified characteristics that fitted his own aspirations in the performance of Paralympians and reflected on the extra level of determination that these sports people must have to succeed at the same level as other Olympians. However he pointed out that the Paralympians had less coverage on television than the Olympics even though they had performed well. He had been disappointed in the lack of primetime screening of the Paralympics as he saw these sports people as excellent role models, not only for young disabled people but for all young sports people.

Like so the fact that they’re doing it shows their commitment, their determination, and yeah, just their desire to succeed. Yeah, I guess - I don’t know if they do for that, be to be treated as normal, I guess. Just yeah, respect and recognition, I guess (Duncan, aged 21).

**4.6 Participants’ responses to media campaigns**

This section of the study examines the reactions of the participants to social marketing media promoting physical activity and outlines their suggestions for more effective campaigns to encourage participation.
4.6.1 Perceptions of media campaigns

Some of the young people in this study did not watch television but those who had seen social marketing media campaigns promoting physical activity were able to identify the aims of the campaigns and agreed that the message that physical activity contributes to health was important. However, they dismissed the campaigns they had seen as not being relevant to them, and indicated that these media campaigns were not influential in their decisions to participate in physical activity. The participants in this study were often more likely to be physically active because of a personal positive attitude towards physical activity than because of external motivating factors such as media campaigns.

So the media - like I will never be persuaded by a media campaign to exercise. It would always be a personal thing (Duncan, aged 21).

Awareness of media campaigns

When asked about any physical activity or health promotion media they had seen, a majority of the participants identified the *Push Play* campaign although some participants were only able to remember the content of the advertisements and not the name of the campaign. The campaign’s message of ‘30 minutes a day’ was firmly embedded in their memories.

Oh, I remember those old - was it thirty minutes a day, I remember those ads (Ryan, aged 19).

Like those ones that - you know, *Push Play* ones, and yeah, like the ones where they give away the free beach ball and stuff (Joanne, aged 19).

One participant mentioned the Healthy Eating, Healthy Action campaign in which advertising and surrounding material showed “how simple it was...It’s just a sort of lifestyle choice, you know” (Alastair, aged 21).

Lack of representation and relevance of campaigns

While they remembered the campaign, the participants in this study did not identify with the people represented in the *Push Play* advertisements. They reported that the advertisements did not meet their needs for information about how they might participate in the activities. They did not feel that the advertisements were relevant to them, or even that the target audience for the advertisements included people with disabilities at all. The participants identified that the inclusion of people with disabilities in advertising was important for demonstrating awareness of their capabilities. They suggested that social marketing campaigns have the potential to not only influence young people with impairment to be active, but that they can be a way of increasing
awareness in the general public about the importance of increasing the inclusion of disabled people leading to the acceptance of disabled people as participants in a range of activities.

You know, not just for the people with physical disability...But also for the, you know, general community, it would be good to have people with disabilities in the ads, so that you know, just to illustrate the point that, you know, you can join in and stuff (Alastair, aged 21).

4.6.2 Ways media can encourage participation in physical activity

The participants in this study identified a number of ways in which media could encourage physical activity in young people with physical impairments. These included increased use of the internet, changes to the scheduling of programmes that feature disabled people, and increasing the representation of disabled people.

The internet

The participants identified a strong preference for gaining information on ways to engage in physical activity through the internet. They valued the ease of accessing information on the internet and they also valued the way in which the internet could connect them with other people with a similar impairment. The internet was also seen as a convenient and a relatively cheap way of accessing information about physical activity and their individual impairment. Many of the young people interviewed were students who used the internet extensively to research for study or to view current affairs and so they were very familiar with this form of new media and technology.

…’cos it’s easier to access. And internet’s pretty much free, so you know, it’s quite easy to find stuff, you know. And the advertising’s - like you know, on TV, if you watch TV, the ads are there, and you just turn them down and go and so something else. But with the internet, it’s kind of like the ads are just on the side, and you just kind of see them, and yeah (Joanne, aged 19).

Changes to scheduling of media

Participants noted their feeling that disability sport and adapted activity were inappropriately sidelined within mainstream television. They mentioned the placement of impairment specific programming such as Attitude, which focussed on stories of disabled people and coverage of the Paralympics, in early morning or late evening timeslots when the audience was small. This had the effect of reducing the impact that these programmes could have in providing physical activity role models to young people with physical impairments. It also sent a message to society that this
type of physical activity and disabled people who succeed in their chosen physical activity are not as important as other sport and activities conducted in the mainstream.

I was very disappointed with the Paralympics, how they weren’t on at a good time...despite the fact that New Zealand won - the paralympians won three of four times as many medals as the - you know, the other Olympians, I think the fact that they didn’t get the respect was, quite frankly, disgusting...I guess that kind of comes to the fact that there’s not a whole lot of professional disability sports on, if not on prime time TV, then TV at all (Duncan, aged 21).

Not good quality. Well, not enough coverage...I think they can do a bit better on that one. Yeah (Lillyanne, aged 24).

Increasing representation in the media

One suggestion about what might make social marketing campaigns promoting physical activity more effective and relevant to young people with physical impairment was to include a more diverse range of people participating in activities. Participants in this study suggested that media could be used to develop increased awareness around the capabilities of people with disabilities by showing physically active disabled people, including young disabled people.

Well I think with the ads at the moment, one thing that I found a little bit difficult with them was that all the people in them are very able bodied. So it sort of gave me a feeling well, you know, they’re sort of saying oh, you can - if I can do it, you can do it, like well actually maybe that’s not true (Maryanne, aged 25).

There was a sense of alienation that resulted from the absence of people with observable impairment in advertising that suggested every New Zealander can feel the benefits of regular physical activity. The young people in this study did not perceive people with observable impairment as included in this group because they did not see them in the advertising. Whilst it may be difficult to include all manifestations of physical impairment in advertisements, it was suggested that it would be more appropriate to show a wider diversity of people being active, including people with physical impairment. This would send a more inclusive message about who can be engaged in physical activity and take satisfaction in it.

Yeah, it’s - but I kind of felt like - well it says on it, aye, it says every New Zealander can feel great and so on, they’re saying. So - but then they got pictures of people walking around, and playing sports and stuff, and so if they had someone in a wheelchair or whatever, being involved, then it would probably look better, like to include everyone (Jack, aged 22).
Perceptions of exclusion

The young people in this study identified the message that the Push Play campaigns were trying to convey about the benefits of physical activity and the suggested strategies for developing fitness. However, they did not identify with the social context of the advertisements and they did not perceive the advertisements as acknowledging the efforts of those who might not be able to reach the standard that was modelled as desirable and achievable. Participants saw the campaign giving a message that being physically active is not a role that is available to young people with physical impairment.

A desire for inclusion permeated the comments that the young people made about social marketing advertising they had seen. Though most of them commented that they did not identify with the advertising, they had ideas about how better to target young people with disabilities in order to motivate them to engage in physical activity. Most frequently commented on was the perception that advertising did not depict disabled people engaging in physical activity. They suggested that if people with disabilities were to feel included in social marketing this could be done by writing a person with impairment into the script.

Oh, perhaps, like a group of people playing ball games, and someone in a wheelchair, or you know, using crutches or something, joining in. Or you know, maybe a kid bunch of kids playing soccer or something and you know, a kid on crutches, you know, running after them, or running with them (Alastair, 21).

Feelings of exclusion from social marketing through lack of depiction of disabled people were intensified by what some participants perceived as an absence of young disabled people of a similar age to them in physical activity advertising. They saw the advertising as mainly focused on children or older adults.

With the sort of getting fit programs, it was generally people, probably like twenties and over, and then they did some stuff about kids getting fit, but there wasn’t a whole lot about sort of young people (Maryanne, aged 25).

I don’t feel that - like that I’m a targeted group in that, cos they’re generally either children or adults. Yeah, it just doesn’t really appeal to me, like I don’t see that I’m targeted in that audience (Joanne, aged 19).

Participants suggested that there needed to be a change of approach in social marketing promoting physical activity to make it relevant to young disabled people. While current approaches engendered feelings of exclusion, they suggested that a new approach would involve,
as a first step, showing young disabled people that they can be active; the next step would be to show examples of how disabled people approached their activity and different options for activity including recognition of a possibly lengthy trial and error process. One participant commented that the advertising could “show the journey” (Maryanne, aged 25). On reflection, these young people concluded that it would have been good to have examples in the media that they could identify with and that they could adapt to their own lives.

[Disabled people] probably feel more included, and accepted, and understood maybe. And feel like its okay to you know, disclose it, and be included… [People without disabilities] probably feel maybe a bit more accepting. And not feel like it’s such a difficult thing to talk about, maybe, and not feel that they’re going to easily offend someone, or- yeah. Maybe more likely to include them if they’re going to you know, go and do something, and yeah (Joanne, aged 19).

The same young person however expressed reservations that the inclusion of people with observable disabilities in advertising could be tokenistic and might only include those impairments that are highly visible. She expressed a need for advertising to include physical impairment that is not readily obvious, so that “having a person in a wheelchair” (Joanne, aged 19) is not the only representation of people with physical impairment. While the symbol of the wheelchair is a widely recognised indicator of physical impairment and disability she saw a need for more inclusion through other examples in advertising of impairment that reflected the diversity of this group.

…’cos a lot of ads, you don’t really see people with disabilities there, and if you do, then it’s kind of like - you feel like they’re there so that [the advertising is] inclusive...just like the token disability, yeah...So yeah, I think maybe being more inclusive about it all, and maybe having people with disabilities that aren’t obvious (Joanne, aged 19).

One of the challenges, however, that emerged from this study was the difficulty associated with representing even just the diversity of physical abilities within this one small sample population of people with disabilities. When asked, the participants struggled to come up with ideas that would easily include the range of physical impairments within various disability groups, including groups where a physical impairment was not immediately obvious.

Maybe if they talked about what their disability was, the person on the ad. But yeah, it would be quite hard if you can’t really see it. It’s not, you know, when you see those ads with someone dying in a car crash, you know, it’s obvious, and it’s in your face, kind of thing. But you’ve got to
make it captivating for the audience, and that’d be difficult (Joanne, aged 19).

A tension existed for the young people: on one hand they wanted to see inclusive social marketing campaigns in mainstream visual media where people with physical impairments, including those with impairments that were not visible, were represented as part of the general population who would benefit from messages regarding physical activity. On the other hand, the participants wished such campaigns to acknowledge the diversity of experiences amongst disabled people and for information and guidance regarding physical activity to be relevant to their individual situation. This would suggest that any campaign that is directed at young disabled people should be planned to provide multiple sources of information about physical activity, using a range of media. In mainstream media, particularly television advertising, this may mean including more examples of young people with physical impairment involved in active recreation and sport. In new media such as the internet, participants suggested there might be more opportunity for specific, good quality information about how to be active as a young person with an impairment.
5 Discussion

5.1 Purpose of study

Young people are surrounded by media in their everyday lives and this can be purely entertaining or educative depending on how media is disseminated, interpreted and interacted with. The research question was ‘How do young people with physical impairment aged 18-25 perceive social marketing campaigns that promote physical activity?’ My study aimed to explore how young people with physical impairment perceive physical activity and the influence of social marketing media on their participation in physical activity for corresponding health benefit.

Seven young people with physical impairments shared their perceptions of their involvement in physical activity and with social marketing media that promoted physical activity in one to one semi-structured interviews. This chapter explores the key themes and concepts that arose from the findings from these interviews in the context of developing some ideas that could inform a model of their perception of behaviour change media. While it had been my original objective to develop a theory, consistent with the methodology I chose, of interaction between young people with physical impairment and media that aim to change physical activity behaviour, it became readily apparent through the course of the research that this was beyond the scope of my thesis. I intend instead to highlight how Bandura’s (1986) Social Cognitive Theory and Brown and Steele’s (1995) Adolescent Media Practice model are useful for explaining the meaning of the key results of this study. In the following sections the interaction of young people in this study with media that promote physical activity will be elaborated on in view of background literature explored in Chapter Two. Following this, the implications and limitations of the main findings of this research to the research question will be reflected upon.

5.2 Perceptions and beliefs about disability, physical activity and the media

5.2.1 Perceptions and discourse about impairment

To reiterate, within the social model of disability the term ‘impairment’ is used in reference to what the individual has (e.g. muscle weakness, pain, paralysis), while the term ‘disability’ is used to refer generally to the social and environmental impacts of having an impairment (Ministry of Health, 2001). These impacts include issues of access to resources as well as social attitudes towards disabled people which may serve to be disabling or affirming depending on the context. Young people in this study however most often used ‘disability’ to refer both to their individual lived experience and the general social implications of impairment. The precise use of language to describe the young people’s impairments and disabilities was secondary to the importance of
being able to express their identities and have meaningful experiences in their social worlds without an emphasis on their impairment. Duncan, a young man with an acquired impairment, summed it up in terms of how he felt when he was with his friends. He felt that “there’s no disability … it’s just that acceptance”.

The young people’s emphasis on “no disability” suggests that the discourse around disability, at least with this group of young people, is not the main focus in their established relationships. Their focus is on the similarities they share with their peers and on whether aspects of their impairment affect these relationships and their ability to do what they want to do. There is no specific discourse around impairment possibly because it is not the main factor in group cohesion and the common interests that have been established over the course of the relationship. There may be specific occasions when an individual’s impairment is mentioned, but this is usually only when there is a problem with access or when others bring it up. When a ‘stranger’ came into an established group, they did not know how to act towards the person with an impairment. This was possibly because it was foreign to their own experience. When outsiders view the situation the disability becomes more of a focus than it may be in a young impaired person’s view of themself.

However, for some of the young people in this study the impact of loss on their perception of self after acquiring their impairment was apparent. Accepting these personal experiences is part of moving on to develop new constructions of impairment that can be adaptive (Zitzelberger, 2005). Andrews (2005) found it was necessary to discuss both social and medical influences on perceptions of impairment effects in interviews in order to allow wheelchair users who volunteered to describe their full lived experience in the United Kingdom. In terms of positive youth development for young people with impairment, if a young person is socialised into environments where their impairments are not seen as oddities but as a normal component of their social world they have a better chance of having a positive sense of wellbeing than if their difference is seen as a negative trait (Berntsson et al., 2007). This negative lens of disability experience is experienced both socially and individually; it is not enough to just look at societal attitudes towards impairment, it is important also to look at how our internal cognitive processes construct experiences in light of lived experience of impairment.

5.2.2 Perception of physical activity

An interesting finding from this study was that there appeared to be differences between the views of young people with lifelong impairment and young people with acquired impairment in relation to their perceptions of physical activity. Kristiansen, Vehmas, and Shakespeare (2009) describe social constructionism as a framework for understanding the way disability is constructed socially and individually. The way in which a young person sees their impairment as being either something that they can adapt to or something that is inherently disabling is
important to consider in terms of both their cognitive and psychological development and how social factors such as society’s attitudes towards impairment and having access to facilities can impact on their sense of self. Social cognitive theory offers some ways of making sense of these findings and suggests how a sense of being ‘able’ to do something is central to participation in social environments, specifically in this study, where physical activity occurs. Bandura’s (1986) theory of social cognition has, as a main tenet, the idea of self-efficacy: the individual’s perception of whether or not they will be successful if they attempt an activity.

Through this research study I had the opportunity to interview young people with acquired impairment as well as those with lifelong impairment. What I saw emerging from the data were distinct differences in individual constructions of the meaning of impairment and perceptions of physical activity based on the lived experience of the young people. As a person with lifelong impairment I found it relatively easy to identify with the stories of young people who also had long term impairment as I could also identify with how this experience shaped their perception of their self-identity. Those with long term impairment had constructed their physical activity based on their interest in sport and active recreation over a period of time; this was part of their established identity. To keep this identity consistent they found opportunities to be involved that fitted their experience of impairment. Their perception of physical activity was congruent with their impairment experience. Young people with acquired impairment however were in the position of having to re-adjust their construction of what physical activity means to a person with impairment because their core construct was based on their experience of involvement in sport and recreation as an able bodied person.

The young people with lifelong impairment in this study expressed the idea that their impairment was a normal part of life and therefore treated it as normal. They considered that they were able to interact within their society in ways in which other young people without impairment interact with society in general. That is, they were mostly able to do what they wanted to do, or do anything that anyone else could do with appropriate adaptations where necessary. They seemed to know where to find the information that they needed to participate in the activities that they enjoyed and that were part of their existing identity. Young people with acquired impairments perceived their participation in physical activity differently. This was mainly because these young people had already established identities related to physical activity during their able-bodied years, which was then incongruent with their newly impaired status. The young people with acquired impairment in this study did not want to be seen as dependent on others in a team, and instead participated in individual activity, or went to the sidelines. One young man with acquired impairment did not want to attempt activities that he had done previously as he perceived that he would fail and this would interfere with his memories of success in sport. Other young people with acquired and gradual onset impairment chose to do individual activities so that
they did not have to feel as if they let anyone else down if they became fatigued, or could not
attend regularly. This highlights a perception of limited possibilities for young people’s
participation in sports and active recreation as the options chosen by those with acquired
impairment were related to loss of abilities, rather than a change in abilities or focus on different
abilities that is apparent for those with long term impairment.

In talking with these young people with acquired impairment it became apparent that there
was a transitional need that was not being met for them in their thinking about their impairment to
enable them to make a connection between their past experience and ways in which they might
meet similar aspirations or goals as an active person with an impairment; between what they
perceive as able bodied athleticism and being a disabled athlete. They need support to understand
and then to make the necessary steps to move from their conceptions of what their body could do
before impairment and what is possible now. New approaches to social marketing media and
community initiatives could potentially ‘show the journey’ so that these young people move from
viewing their impairment as ‘loss’ to seeing it as adaptable and functional for their daily living
and enjoyment of physical activity.

Saebu and Sorensen (2010) also found differences in perceptions of physical activity between
those with acquired and those with lifelong impairment among Norwegian 18-30 year olds with
impairments. They found that those with acquired disability reported more physical activity than
those with congenital impairment. In contrast with this study by Saebu and Sorensen (2010), my
study suggested a different conclusion: that people with lifelong impairment were more likely to
engage in a more diverse range of physical activities that those with acquired impairments. A
possible explanation for this difference could be found within the International Physical Activity
Questionnaire that was used to measure levels of physical activity in Saebu and Sorensen’s (2010)
study. This measure was adapted for their study to also include vigorous and moderate pushing of
a wheelchair considering the population under study. It was unclear from the results however
how many participants used a wheelchair for mobility, and it was unclear exactly how many in
the sample had an acquired impairment compared with those that did not. The reported activities
that the participants were involved in explicitly indicated only one sport that was impairment
specific, namely boccia, a sport adapted to people with cerebral palsy. The measurement may
also not account for incidental ‘vigorous activity’, for example, walking for a person with cerebral
palsy is more strenuous than for a person with no impairment because of the nature of the
impairment to impact on the free movement of muscles. This indicates a need to choose
measurement tools in terms of their appropriateness for measuring physical activity for disabled
people and in looking at comparisons and measures within impairment populations rather than
comparing activity levels and types of activities with an able bodied norm.

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In Saebu and Sørensen’s (2010) study they found that there was more participation in activity by young people who had an existing identity tied to sport and activity. They highlighted that intrinsic motivation and identity as an active person were stronger indicators of participation than environmental factors or levels of functioning after acquiring disability. The difference may be explained by indications that the young people with congenital or long term impairments did not have the same identity developed around their sport and activity participation as those with acquired impairments had. The difference my study found that this identity congruence was also seen in those young people with long term impairment who were involved in adapted sport. What is interesting is that young people in my study who had acquired an impairment also had an active identity but having an impairment was not consistent with their perception of achievement in their past sports. This could indicate a perception around impairment that links it with inactivity, rather than ability to adapt to the environment and to decrease levels of dissonance between an active identity and what it means to have an impairment.

The young people in my study with an acquired impairment appeared to experience a cognitive dissonance between their past sports and recreation experience as a person who did not have impairment with their new status as a person with impairment. They had a conscious awareness of the opportunities that there were for people with acquired impairment to be elite sports people and to be physically active, but it was not yet congruent with their own identity as a physically active person. So these young people needed to revise their idea of participation in physical activity in order to prevent activity with impairment interfering with their past experiences of achievement in sport. Additionally, it was apparent that they would need to change their perception of impairment to be better aligned to their past experience of achievement. Achieving in adapted sport would then be at a similar level of achievement competitively, but it would be different enough to not conflict with their past ideals of achievement in sport. Those who had experience of life long impairment appeared to not have the same feeling of loss associated with their impairment. Involvement in adapted sport was consistent with their identity as an active person, so their perceptions of achievement in physical activity and their lived experience were congruent. This conclusion is supported by background studies on the positive relationship between athletic identity, quality of life, and involvement in adapted sport amongst disabled peoples (Groff & Kleiber, 2001; Groff et al, 2009).

Another explanation for the difference in perceptions of physical activity between young people with life-long impairment and those with acquired impairment may be that the young people with acquired impairments had had less opportunity to gain positive experiences of participation in physical activity as a person with an impairment and less exposure to alternatives for addressing the challenges that they faced in engaging in physical activity. Therefore they may simply have had a narrower view of what was possible than those young people who had longer
experience as a person with impairment. This could be addressed by ensuring that provisions are made for people with recently acquired disability to have opportunities to learn more about the options open to them, how other people have made the transition, and what they might be capable of. Given the importance of physical activity for health and wellbeing (World Health Organisation, 2010; Foster et al, 2005), investment in the provision of some professional input to help people with acquired impairments gain this knowledge may well be a cost effective initiative in the long term through the reduction in secondary health problems associated with inactivity such as heart disease, obesity, and diabetes. Past research has identified that disabled peoples are at high risk of these secondary conditions (Rimmer, 2002; Nosek et al, 2006; Hogan et al, 2000; Fowler et al, 2007), therefore investment of public funds in providing this kind of educational support for people with newly acquired impairments may well be cost-effective if it results in reduction of these secondary conditions.

The young people who participated in this study all had a positive personal attitude towards physical activity and the role of activity in maintaining their health. Young people with long term impairments tended to have well established networks of people involved in adapted sport so their perception of what activity was possible for them as a person with impairment was broader than those who had acquired their impairment later. However, for those with an acquired impairment there was a difference in terms of their perceptions of what activities they could participate in because of their disability. This appeared to be centred on their past physical activity involvement compared with their experience of adapted activity. One young person with acquired impairment perceived Paralympic athletes as people who should be more highly respected than Olympians because of a perception of disabled athletes having to overcome more challenges to excel in their sport. He had not quite related this to his own experience of physical activity and how he could be involved in elite or professional sport as a person with impairment. Other young people who had acquired impairments in this study said that they could see themselves becoming involved on the sidelines or in a coaching capacity but not active in sports that they had previously taken part in because they did not want previous good memories of participating well to be tainted. Involving these young people in adapted or disability sport may be a way to increase participation and keep those memories separate as it would be somewhat different from mainstream sport but at the same level of competition and challenge.

A change in values and hopes for the future was shown in the ways that young people with acquired impairments chose to focus on academic pursuits as ways in which they could succeed. There was also an aspect of the value placed on enjoyment of the activity and whether they would gain the same level of enjoyment from another activity. There also appeared a need to provide more examples of how other people with acquired impairment had made the transition to adapted activity and sport.
5.3 Influences on engagement in physical activity

5.3.1 Factors that facilitate participation in physical activity

The participants in this study identified a number of factors that facilitated their participation in physical activities. This included a positive attitude and self-efficacy towards physical activity, family role models, and the availability of adapted sport. The key factors that these young people said encouraged participation in physical activity were family and peer support, social opportunities, and link to a sense of achievement.

Positive attitudes and self-efficacy

From the results, the importance of believing in one’s ability to be physically active and attempt activities is an aspect that came through in the stories of these young people. This attitude was related to a social context where they had supportive peers and a community that enabled their participation. The young people who participated in this study were all involved in at least some form of physical activity that ranged from incidental activity such as walking to university through to organized sport. They associated physical activity with a sense of achievement which could result from everyday activities such as using hand modifications in a car or pushing trolleys in a supermarket as well as from participation in competitive sport and training events. The young people had a perception of what they needed to do to keep healthy including physical activity which they perceived as contributing to the maintenance of general health and wellbeing and reducing stress while giving them a sense of enjoyment. This was also noted in background studies as a benefit of physical activity to disabled people (Santiago & Coyle, 2004; Groff & Kleiber, 2001; Groff et al, 2009; van der Ploeg et al, 2008).

Participation in physical activity was related to social participation in the communities where the young people with impairment lived, as it helped connect them to a sports team where there was also a social component. The young people in this study mentioned that their engagement with physical activity involved socializing with peers and others with similar disability. This resulted in increased feelings of belonging and of being comfortable to participate positively in the community and in general society. This is supported in background studies (Bedini & Anderson, 2005; Dodd, Taylor, Denisenko & Prasad, 2006; Groff, Lundberg & Zabriskie, 2009) who found that those involved in group activities, especially impairment adapted activities, identified the way this provided a social network that created a sense of connection to the community and other people with similar impairment experience.

Supportive attitudes of others towards those with disabilities and the inclusion of disabled people in physical activity and activities that other young people were involved in had a positive effect on engagement of those with impairment and their willingness to ‘try it out’. Past research
has indicated that these factors make it possible for disabled people to create meaningful social relationships through their physical activity pursuits (Santiago & Coyle, 2004; Devine & Lashua, 2002). Devine and Lashua (2002) in their social constructivist qualitative study also supported the idea that the social context of disabled people needs consideration and concluded that the opportunity to build relationships based on shared experience was important to creating an inclusive leisure context that was meaningful for disabled people. This approach required, however, an expectation that members with impairment would be fully included in all aspects of the leisure programme, and that all members of the inclusive leisure context were given equal status. What is needed is a process that includes a focus on both the responsibility of an individual and the public responsibility to create social and policy systems that support an individual to achieve their health goals. Social cognitive theory encompasses the role of collective efficacy in developing social change policy and practice in public health (Bandura, 2004).

The results of this study, supported by social cognitive theory, suggest that the quality of information available to young people with impairment influences whether their attitudes towards attempting physical activity are positive and lead to the creation of goals around involvement in physical activity and participation. All of the young people had a positive attitude towards participating in physical activity and in being able to achieve their goals, though some of them expressed a need for more relevant information that would tell them what options they had and examples of how others may have approached the activity that they wanted to be involved in. The Adolescent Media Practice model (Brown & Steele, 1995) supports the notion that young people go through a process of applying or rejecting information they obtain through the media based on how well it fits with their identity and the way they make sense of the world. The young people in this study suggested that media based initiatives to increase physical activity could be improved and could be useful tools if they provided richer information about the positive consequences of a person with an impairment participating in that activity, relevant role models, and utilised the new media formats that are a central part of young people’s everyday experience rather than relying on only mass media formats.

**Positive family and peer attitudes**

Family attitudes towards physical activity were a strong influence on some of the participants. In these cases family members were supportive of involvement in physical activities, organising activities and/or participating themselves. Consistent with Berntsson et al (2007), some young people in this study commented on how they felt that support from their peers indicated an acceptance of them as a person. Young people in this study indicated that a positive view of physical activity was a key part of maintaining physical activity behaviour, especially the expectation that the young person would be active from an early age. Early
intervention in preparing young people for active lives resulting from family members establishing links with disability agencies was perceived as a significant factor in continuing involvement in physical activity. Bandura (1986) indicated that people develop expectations of outcomes from certain behaviours by observing how events are responded to in the environment around them. In the case of young people in this study it seemed that they were more likely to engage in a wider range of activity when they had the chance to observe others participating in similar activities. There seemed to be more reluctance or apprehension when the young person had not had any opportunity to observe others engaged in the activity that they were interested in.

The view of sport and physical activity of those young people in this study with acquired impairment was informed by their past experiences and by a lack of knowledge or experience regarding what could be involved in participating in adapted or disability sport. The Adolescent Media Practice model suggests that a key aspect of adolescence is identity formation and this in part is influenced by the media that young people choose to attend to. This period of life involves the development of values, abilities, and hopes for the future. Relationships are a key focus at this time (Arnett, 1995). In my study the importance of peer relationships was shown in the ways that young people in this study described their relationships with other disabled people and their relationships with their friends. A feeling of acceptance was integral to the success of these relationships. There may have also been a question of peer acceptance by participant’s able-bodied peers in the case of the two males with amputations as they were not sure if they would be able to succeed in an activity and did not want to ‘fail’ at an activity that they were previously good at as a person with no impairment.

Having opportunities to connect with social networks that were affirming of the young people’s impairment alongside opportunities to share in training and development that were inclusive of impairment was an important aspect of young people’s participation in physical activity. It was apparent that a positive attitude towards exercise in the individual was a key factor in motivating young disabled people to participate in physical activity but the young people also identified the attitudes of others, and other factors within their environment such as role models, good information, and support in encouraging their active engagement in physical activity. This was particularly significant for people with acquired disability.

**Role models**

Duncan, Maryanne, Alastair and Lillyanne all commented on the influential role of peers with experience of impairment and community role models, including health professionals, in their understanding of activity that considered impairment. Some of the young people mentioned specific role models in sports in which they had special interest, including Paralympians. They
also identified role models who are able-bodied, the important factor being that there was a relatable factor, for example, they were also interested in cricket and they were a similar age.

Maryanne highlighted both opportunity to observe others successfully involved in physical activity and having professional knowledge available in adapting activities to impairments as being factors in the participation of young people with physical impairment. Bandura’s (1986) theory suggests that self efficacy helps maintain motivation to persist with a goal or activity. If young disabled people have only examples of people without impairment being active or if there is no encouragement for them to explore possibilities for physical activity their persistence in acquiring competence in an activity may be compromised. If they are able to observe a person with a similar impairment being successful in the activity then, even if they have not tried it themselves, they will have the observational knowledge to adapt the activity to their own needs. This may be also true of people who work with or teach young people with physical disability to be active, or those who are involved in classes with mixed ability students. Their efficacy in utilising successful pedagogy may also be compromised if they do not have the knowledge acquired from seeing disabled people being active. Those teaching or guiding young people may also see more health risks in involving young disabled people in physical activity than health benefits gained through weight management, stress reduction and control of secondary conditions.

Arnett (1995) in supporting the importance of adolescents’ use of media for identity formation and youth culture identification suggested that media can, through the use of role models, lead adolescents to identify with a certain occupation or lifestyle, which could also include seeing athletes and active people with and without disability. The lack of role models and representation in the media is discussed in section 5.4.1 of this chapter. An implication of a lack of role models with an impairment who are participating in physical activity is that young people with impairment will see this role as unavailable to them. This may not be confined to physical activity involvement, but could include participation in wider society.

**Adapted sport**

Individuals in this study who participated in adapted sport reported that it had a positive effect on their wellbeing and their sense of achievement. It provided an opportunity to train and build skills related to the physical activities and to compete, but also provided a social network that was affirming of the young people’s impairment status. Berntsson et al (2007) found in their qualitative study (elaborated in Chapter Two) that if young people with long term impairments are supported to participate in society without being over-protected and if appropriate demands and opportunities for personal growth are placed on young people then they are more likely to experience positive wellbeing. Previous studies by Groff, et al (2009) and Groff and Kleiber (2001) found a significant relationship between individuals with cerebral palsy involved in
adapted sport, their athletic identity, and their perceived quality of life. Groff and Kleiber (2001) conducted a qualitative study of 11 youths aged 15-21 in which they found that participation in adapted sport appeared to provide young people with impairment with a context which affected their personal and social identities positively. Groff and Kleiber (2001) found that sport was significant as an outlet for expression. Participation in sport contributed to the young people’s development of their self perception, their identity with the group, lowered awareness of their own impairment, and it allowed them to be themselves. Saebu and Sørensen (2010) also found that adapted facilities at activity sites and functional personal activity equipment were likewise positively correlated with physical activity participation. It is difficult to ascertain how representative the small sample in my study was of the wider population of people with physical impairment who are participants in adapted sport, but those participants, especially those with lifelong impairment, who took part in adapted sport reported positive effects.

5.3.2 Barriers to participation in physical activity

Lack of information

The findings from this study have indicated that young disabled people wanted to be more active, and perceived that there were benefits to them in being active, but that they did not always know what to do or what other options were available other than swimming and walking. Maryanne and Ryan, for instance, mentioned the lack of knowledge that they had regarding the most appropriate activities for their impairment. They had trouble accessing this information and the advertising they mentioned promoting physical activity did not supply them with sufficient examples of exercising with an impairment. Furthermore, this research suggests that a social marketing campaign on its own, even with examples of people with an impairment, would not be sufficient for ongoing maintenance of physical activity. These young people expressed a need for opportunities to observe others involved in adapted activities and opportunities to try out the activity in a supervised forum such as with coaches, trainers, or rehabilitation professionals with a holistic practice style. It was important to them that activities align with their interests and lifestyles and took into account their social context and any factors in their surrounding environment that may be facilitative or restrictive to ongoing participation in physical activity. Opportunities could be provided that give guidance to those with acquired impairment on how to re-engage in sporting activities which could include adapted versions of an activity that they had previously enjoyed. Young people already involved in adapted activity could talk about their experiences online, at community events, and festivals. Showing the variety of options for physically activity would be important in that it does not necessarily have to be confined to sport. For instance, physical activity could be involvement in the performing arts, or yoga and Pilates. Information on factors related to physical activity could also be beneficial, for example, aspects of good nutrition and how this effects different impairments. Equipment expos or similar events
also give opportunities for young people with impairment to know what equipment is available, where they can source equipment and modifications, and how they can apply for funding; offering an opportunity to look at what specialist sport and activity equipment is available for various impairments and adapted sport. Having the opportunity to learn about what the journey has been for people with an acquired impairment could assist in bridging the gap of how to make the transition. Lack of information on exercise techniques and what is available to a person with impairment was identified as a barrier for all the young people in this study and in studies found in the background search (Ruiz, 2004; Block et al, 2005; Rimmer, 2002). Accessibility of these opportunities is important; transport and cost associated with attending an activity or an event such as mentioned above was one of the main barriers cited in this study and in the background literature (Iezzoni et al, 2001; Francis and Adams, 2010; Rimmer, 2002; Block et al, 2005).

**Cost**

A significant challenge to regular participation in physical activity for young people with impairment was the cost of transport, especially when taxis were the only option for regular participation and where the young people were on limited budgets. Economic considerations were also a factor in accessing gym facilities where the effects of their impairment limited regular attendance. More investment in providing a wider range of activity subsidies, or provision of low cost alternatives to encourage maintenance of activity for young people with impairment could be one solution. Transport and other activity associated costs were mentioned as barriers in background studies on activity and disabled people (Rimmer, 2002; van der Ploeg, 2008; Block et al, 2005).

**Equipment**

Accessing the right type of mobility equipment, for example prostheses for those who are amputees can be a barrier to participation in certain types of physical activity. The two young people in this study who had acquired impairment mentioned aspects related to their mobility and activity related to the fit of their prosthesis. Education for these young people in what equipment is available and how they can fund this equipment should be included in rehabilitation, and where possible, discussed in the context of different activities that appeal to the young person. Another consideration for young people with impairment is accessing fitness equipment at a gym or recreation centre (Rimmer et al, 2004). Saebu and Sørensen (2010) mentioned the availability of functional person exercise equipment as a factor in decisions about participation in physical activity for disabled people.

**Fatigue**

Two participants in this study reported fatigue as a significant barrier to regular participation in physical activity. They were both female and had rheumatic conditions. Further studies could
provide a more significant indication of whether fatigue is a strong factor in young disabled people’s sports participation, as the sample size of this particular study was too small to make a strong conclusion on this aspect of participation. It may be important to combine quantitative and qualitative methods to ascertain an effect. It could also be a feature of a particular impairment that a person experiences fatigue and needs to modify their participation in physical activity to avoid burn out. The young disabled people in this study may have needed to create a balance with lifestyle activities in order to participate in sufficient physical activity for health benefits. The significance of fatigue was highlighted by a US study, which found a statistically significant relationship between social isolation and impairment when secondary conditions put up barriers to participation of women with impairments in physical activity (Santiago & Coyle, 2004). Over 75% of respondents in this study reported fatigue as a secondary condition while over half of the women experienced secondary conditions such as, mobility problems, social isolation, access problems and muscle and joint pain as a result of physical activity. (Santiago & Coyle, 2004).

5.4 Participants responses to media campaigns

This study found that young people with impairment perceived media campaigns that used traditional mass media, particularly television, as being ineffective and largely irrelevant to them. They made the observation that they did not generally watch a lot of television and that they did not choose television as their first option when looking for health and physical activity information. There were two main reasons for this. Firstly, they perceived a lack of representation of young people with impairment in mass media campaigns. Secondly, they preferred to use new media such as the internet. New media is more likely to be chosen and utilised by youth, as it is part of their lived identities and experiences (Brown & Steele, 1995).

The young people in this study used new media regularly and chose to access information about physical activity using new media in addition to contacts that they already had in their immediate family and community networks. Most young people in this study who were interested in specific sports organisations or activities, either impairment specific and mainstream, mentioned the use of a website as their first point of contact for information gathering. One young person in this study mentioned that their involvement in an activity in their previous place of residence, mainly facilitated by their family, led them to independently connect with the organisation online when they moved to a new residence, allowing them to maintain an ongoing interest and their identification with sport and physical activity. Another participant mentioned the value of social networking media platforms in developing networks with other people with a similar impairment. Arnett suggested that young people with physical impairments may use media to cope with negative life experiences and stress including the negative aspects of impairment (Arnett, 1995). He suggests that for young people with a physical impairment,
interacting with new media could simply be a distraction from their daily lives and impairment related conditions and provide a form of entertainment. However, the participants in my study reported that the internet provides young people with a chance to explore the range of different roles that disabled people play in society, and acts as an interactive tool for finding information and resources, including other people, that can influence identity development positively.

5.4.1 Perceptions of media

Arnett (1995) suggested that media can, through the use of role models, lead adolescents to identify with a certain occupation or lifestyle. Arnett (1995) supported the idea that the media can provide young people in general with a sense of being connected to a larger peer network. Young people with impairment are also connected to role models and images of impairment and how this role is defined in their society. Arnett (1995) discussed gender role identity, suggesting that young people are informed by ideals of what it means to be a man or a woman partly from their interaction with the media. I would suggest that young disabled people take into account wider cultural ideals and stereotypes of what it means to have an impairment and this construction is influenced by the media. That is, their interactions with the media can influence, positively or negatively, the way they socially construct their identity which includes their impairment. If there is a lack of effective role models of young people with physical impairments being active in the media then this may affect the formation of their identity as a physically active person.

A young male amputee in this study commented on the off-peak screening time of the Paralympics as disrespectful to the achievements of the athletes involved. Groff and colleagues (2009) supported the idea that professional disability or adapted sport does not get the same coverage or attention as sport for individuals who do not have disabilities. Thomas and Smith (2003) analysed newspaper coverage of the Sydney Paralympics in 2000. Sixty-two articles were examined from four British newspapers to discover how the reporters described athletes’ impairments and what images were chosen to represent the participants. They found that a significant number of articles compared the Paralympic athletes’ achievements with athletes who were non-disabled. Photographic images tended to hide the athletes impairment. They concluded that this way of reporting the Paralympics may be reinforcing stereotypical perceptions of disability and reinforcing an able-bodied norm (Thomas & Smith, 2003). The participant in my study may have been attending to media coverage of the Paralympics because he could relate in some way to the elite status of the athletes and their desire to succeed which was something he personally held as valuable. This may be important to the way in which he conceptualised his involvement in physical activity as he evaluated his values and future direction towards his goals. This finding also indicates the limitations of mainstream television to offer young people with impairment information on disability and thus the reduced range of choices of media available for young disabled people to engage with. Arnett (1995) describes adolescents as active media users.
who make choices of media based on their particular interests and preferences, and that media choice becomes a self-socialising process.

The Adolescent Media Practice model (Brown & Steele, 1995), a cyclical model that describes the process by which young people interact with media, supports the idea that young people make active and critical choices about which aspects of media and messages they apply or reject. They make these decisions and interpret and evaluate the media based on how well it and its messages fit with their lived experience and identity. The young people in this study showed that they also engaged with, judged and applied media by incorporating, appropriating or resisting content based on their lived experience as a young person with a physical impairment. For the young people with acquired impairment in the study, there were gaps in the knowledge that they had to make decisions about what physical activity was available to them. Media did not give these young people enough options to make a decision on how they could participate in physical activity because there was not enough of a link made between how they perceived their physical ability now and what the steps were to participating in regular physical activity. For these young people even images of Paralympians seem to portray unrealisable achievements unless the athletes stories are also elaborated on alongside the images. These young people still perceived their involvement in physical activity based on their able bodied identity and this would not fit with their perceptions of what a person with a disability can do.

5.4.2 Representation in media

This study found that young people with physical impairments believed that there was a lack of representation of young people like them in the social marketing media campaigns. Calvert and Cocking (1992) found support for a hypothesis that people act upon media messages when they perceive the messages as personally relevant and when they believe that they can translate those messages into action. The Adolescent Media Practice model (Brown & Steele, 1995) supports this idea that if young people do not identify with people in the media or media advertising then they will not incorporate or appropriate media messages into identity and behaviour. If they do not identity they may also actively resist, and in terms of physical activity and health promotion, this would serve to discourage young people from participating. The behaviour will be interpreted as not relevant to them and their lived experience. They are not targeted, so there is no reason for them to pay attention to the message (Brown & Steele, 1995).

There is a possibility that if the person with an acquired impairment does not see themselves represented in the images of physical activity in the media they access then they are less likely to try to adopt these desirable behaviours. In this study, young people were actively weighing up the costs and benefits of participating in physical activity. One young man with acquired impairment talked about being unsure whether he would be able to do an activity that he wanted to try out.
person needs to perceive adequate opportunity and personal ability to invest in behaviour change. This self assurance or self efficacy relates to an individual’s belief that they will be able to attempt the activity with some measure of a successful outcome (Bandura 1986; Andreasen, 2006).

Alastair commented that the use of a positive message was more encouraging than showing the punitive effects of not carrying out behaviour. In view of physical activity promotion, a positive approach has been effective with young people in general. A previous campaign to encourage uptake of physical activity, VERB™, used positive messages that emphasised opportunities to explore, play, and have fun with friends (Huhman, 2008). VERB™ was successful in creating emotional affinity between the product and the target – youth wanted to be more active because activity was seen to be fun. Use of positive messages is consistent with a strengths based youth development approach where young people are empowered to change and be in control of their future (Ministry of Youth Affairs, 2002).

Arnett’s (1995) work considered gender role identity and the media, suggesting that young people are informed by ideals of what it means to be a man or a woman partly from their interaction with the media. Similarly, Arnett (1995) discussed how the media is an important influence on many aspects of identity development in addition to gender role identity. He suggests that young people’s identities are informed by societal and cultural values, norms and ideals and that many of these are communicated and presented to young people in the media. I would suggest that young people with impairment take into account ideals and stereotypes of what it means to have impairment partly from the media also. The young people in this study indicated that increased representation of disabled people in media campaigns would influence the relevance to them of the information being presented. A relationship with the characters and depictions in the media is part of the social construction of identity so if there are few or no representations that young people can relate to they feel that this is ‘not for me’ and that being physically active is not a role available to young people with physical impairment.

5.4.4 Young people’s suggestions for social marketing

Social marketing media were perceived by the young people in this study as an opportunity to normalize young disabled people’s involvement in physical activity and show young people with physical impairments how they could be active and maintain their activity. Showing young people being active can indicate the possibilities of an activity and can identify a range of options for adapting mainstream physical activity to benefit the young person with impairment. Additionally, as expressed by the participants in this study, social marketing campaigns could be used to educate society in general about ways in which young people can be involved in physical activity.
This study showed the potential of social marketing campaigns to change people’s attitudes and contribute to positive social change. Young people in this study suggested approaches that social marketing campaigns could use to increase uptake of adapted physical activity which included the use of disabled people in advertising. It was suggested by the young people in this study that social marketing could be used to show young people like themselves ways in which to be active and to increase information to the public about physical activity that could include those with impairment. Some of the young people also expressed the idea that social marketing campaigns could be used to challenge society’s perceptions of what a person with impairment could do.

Social marketing media have a firm basis in social and behaviour change principles (Andreasen, 2006). In terms of highlighting social issues and changing social outcomes, social marketing aims to reach a big audience quickly. Internationally, and in New Zealand, social marketing campaigns have shown success in creating awareness, increasing levels of physical activity, and linking people with opportunities for ongoing assistance. Social marketing campaigns with a focus on people being rewarded in tangible ways for socially desirable behaviours or providing facilities and structures that support changes in health promoting behaviour are more likely to produce change. For young people, particularly for those people transitioning into acquired impairment, viewing advertising showing a positive image of a disabled person carrying out an activity would be more meaningful than the suggestion that if you do not participate in physical activity you will suffer terrible consequences. This is especially likely if a young person does not believe it is possible to participate in physical activity.

Social marketing campaigns in New Zealand have covered issues such as stopping smoking, preventing drink driving, and sexual health for young people (Thornley & Marsh, 2010). Smith and Henry (2009) used social marketing and community involvement plus social science methodology to implement a health promotion programme for the Early Presentation of Cancer Symptoms programme. They concluded that it was important to have social marketing approaches combined with effective community involvement in the development and design of health promotion and knowledge sharing initiatives. Andreasen (2006) suggested that for social marketing to be the most effective there is a need to focus on behavioural changes that an individual can make alongside changes in overarching structures and public processes that are potentially operating on an individual’s ability to enact personal changes. A coordinated approach that takes into account the additional structural, political or social barriers that may operate in relation to a person’s take up of behaviour is supported to produce effective social marketing campaigns (Thornley & Marsh, 2010).
Approaching a model of interaction between young people with physical impairment and social marketing media promoting physical activity was one of the main reasons for undertaking this study. Social marketing media, in the perception of these young people, was a means to normalize young disabled people’s involvement in physical activity and show young people with physical impairments how they could be active and maintain their activity. One way to normalize an active lifestyle for young people with physical impairment is to have representations in the media of them being active. Showing young disabled people being active can indicate possibilities of an activity, and can identify a range of options for adapting mainstream physical activity to benefit the young person. Additionally, as expressed by the participants in this study, social marketing campaigns could be used to educate society on ways in which young people can be involved in physical activity and to promote the inclusion of people with impairment in physical activity.

5.5 Implications of this study

Research into the lived experience of impairment conducted by disabled people is not presently extensive and requires more development and resource backing to grow. The significance of this study is that it involved a researcher who was close in age and lived experience of impairment to those involved in the research. Whilst this is not to say that those experiences were the same as those of the young people who I interviewed, it is to say that research by disabled people has the potential to enhance the general knowledge base of the personal and social experience of impairment. Ideally, this should complement research done in partnership with disabled people by researchers who do not have lived experience of impairment. This research study indicated that within this shared experience there are individual differences in perspective of physical activity between those young people with acquired impairment and those who had experienced their impairment long term which is worth pursuing in future research. What this research has indicated is that a research focus on the personal lived experience of those with impairment involved in physical activity warrants further study.

Implications for future research

Further research is needed in determining the potential of social marketing campaigns for creating sustainable social changes for disabled people. This may include looking at the types of initiatives and surrounding factors that enable the ideas in social marketing campaigns to be delivered over long terms so that altered behaviours are maintained long enough to produce lasting change. Brown and Cantor (2000) suggested that youth research conducted for public benefit may be in competition with marketing research directed at youth for private profit. Researchers conducting youth studies for marketing purposes may in fact know more about how youth behaviour is shaped than the social researchers. To maximise the effectiveness of social
marketing campaigns this should be reviewed by in a timely way by stakeholders, including parents, youth workers, policy makers, and youth themselves. Brown and Cantor suggest that youth research should be multidisciplinary, and utilise new research methods that can account for the new media environments including looking at long term behaviour change across fluid media environments such as the internet. There is more potential in interactive media and virtual platforms than other traditional channels to create useful research channels. Opening up research to the internet does pose its own ethical and social challenges, but it also provides opportunities to reach a wider audience and to carry out more interactive forms of social research.

A significant part of this thesis has included discussions of identity and specifically the identity formation process and perception building of young people with physical impairment. There is further research potential in exploring how lived experience of impairment shapes young people’s identity. Further studies could compare this identity development across those who have life long impairment and those who acquire an impairment within their youth, while identity development is in a transitory state. There is still a lack of quality research conducted about disabled people, especially young disabled people, which examines how their experiences have shaped their perceptions of physical activity in the media. Addressing ways to engage young people who have cognitive and intellectual impairment warrants further investigation into the best methods to gain their perspectives, as they may not have only one impairment. There may be benefit in further investigation into specific aspects of physical activity and identity related to differences between young women and young men. Brown and Cantor (2000) argued that one core developmental task of adolescence “is establishing a sense of identity or place in the larger culture” (p.5). They suggested that little is known about the place of media in providing role models regarding this aspect of disabled youth development. Another component of exclusion of people with impairment in media that promotes physical activity is in the sense of how it may mirror wider social exclusion. If interactive media is an extension of a young person’s social space then it needs to reflect a wider range of people. The risk is that young disabled people will not find their ‘place in the world’ if they do not have enough support for their participation in their wider context.

If health promotion initiatives are based on medical models then they may be more likely to produce a dependence on a support provider. To be effective, long term support needs to foster a sense of mastery and to boost motivation to meet self defined goals. Social support and guidance from social agencies involved in the care of young people in the early stages that is focussed on raising self efficacy is likely to be more beneficial to young people. This study suggests that developing tailored advice, guidance and motivation on the internet about adapted sport or other activities may be assistive. Bandura (2004) suggested that guidance needs to be structured in ways that build motivational and self management skills as well as guide habit changes in order to
be most effective for those who are struggling with participation in health promoting behaviours such as physical activity. Having advice and stories of how people have approached adapting an activity to their particular needs could be useful.

Research methodology can assist in developing quality evaluation systems for assessing community and primary care practices that will best assist young people with physical impairment. Studies mentioned in Chapter Two indicate that for long term effectiveness of social marketing campaigns well resourced, targeted supporting community initiatives aligned with the core strategy of a campaign are also important (Thornley & Marsh, 2010; Smith & Henry, 2009; Bauman et al, 2003). If social marketing campaigns which aim to increase awareness of physical activity for young people are to be inclusive of those with physical impairment, they also need inclusive supporting community initiatives.

**Recommendations for practice**

Internet access provides an opportunity for young people to search out a range of facilities and ask questions about access and the knowledge of coaches and staff about impairment before they commit to an activity or join a fitness or recreation centre. For some people with physical impairment this may make decisions about the how and why of fitness easier and more efficient. The internet also creates opportunities to connect with others with impairments that already use the facilities. Quality visible information on facilities for disabled people should be provided on the websites of all facilities that promote physical activity.

Restrictions on involvement in physical activity for the young people in this study were not limited to physical barriers such as inaccessible buildings and other people’s attitudes towards disabled people. They also included factors associated with the psychosocial and internal attitudes and knowledge of the young people on how to relate to their impairment and the subsequent effect on their physical identity. The social model of disability on its own is not enough to support all the health needs of young people with physical impairment. Clinical practice can be supported by knowledge of a young person’s social context and its effect on their participation in physical activity. A consideration of the way in which young people perceive their impairment may be useful in understanding their participation in physical activity. Psychosocial models offer insights into how behaviours are initiated and maintained. Further investigation of the applicability of these models in inclusive sport and recreation may benefit practice when interacting with young people with physical impairment.

**Recommendations for professional development**

This study found that attitudes differ markedly between persons with long term and acquired disability and that this should be taken into account in the professional training of persons who are supporting disabled people. Young people with physical impairments are not a homogeneous
group, but are sometimes treated as such. In relating to young people on a professional level individual background and preferences should be taken into account by trainers. The programme of exercise and training that may suit a young person with long term impairment may be different to the programme that may be beneficial to a person with an acquired impairment. They may also have different perceptions of what they want to achieve in physical activity. It may also be of benefit to consider whether current ideas around rehabilitation are suitable for all young people. A structured trial process using suitable research methods may be beneficial to the development of new programmes for young people with both life long and acquired impairment.

Considering the age of the young people interviewed in this study it may be beneficial for those who are involved in supporting the transition from school to be aware of the physical activity options for young people with physical impairment when they leave school. Professional development of teachers and trainers to help them include young people with impairment in physical education classes would also support ongoing interest in being active in young disabled people. If these young people are excluded from such activities they may not develop knowledge of the role of physical activity in their health. They may not learn the exercise terminology that can be used to help to adapt activities to their own mobility levels and the way in which they move. The professional development of people who work with and design policies for young people with impairment should have an inclusive focus that includes the consideration of ways to maximise opportunities for young people to participate in physical activity programmes.

Social marketing media has the potential to influence attitudes towards disabled people and to create a less disabling environment for young people with impairment. Young people should be connected to their social worlds and be active within their societies for their health and wellbeing. However, there is still a lack of knowledge and awareness about environments such as inaccessible ones that that create disadvantage and adversely affect disabled people’s quality of life and their perception of who they are as people. There needs to be education for policy makers and facility designers about the changes that are required in the physical structural environment to increase participation of disabled people in physical activity. But equally important is the need to address the psychological impacts of impairment and disabling societies on the positive development of young people with impairments and how those who do not have this experience can respond positively to difference.

**Implications for social marketing and media campaigns, and policy**

The participants in this study discussed ways in which they interacted with media channels to gain information on activity options. Such an approach would offer enormous potential for future social marketing campaigns. Internet advertising is cheap and can be easily produced. It
allows for difference to be presented. Awareness building advertising can be displayed on Youtube™ and can connect people through social networking sites.

Having an opportunity to participate in activities where the activity is able to be adapted to suit their individual needs is a way that young disabled people gain confidence and skill. This is regardless of whether individuals want to participate in competitive sports and activities or simply want to increase their fitness. Policy needs to address ways in which to successfully engage young people with impairment in those issues that directly affect them and in the development of programmes that allow them the greatest level of social participation, including physical activity. Funding needs to be in place to support quality community programmes in partnership with rehabilitation, health and disability professionals to ensure that there is sustainability in providing opportunities to young people with physical impairment to learn about options available to them and to try out activities.

For a young person with an acquired impairment there is a significant difference between being active as an able bodied person and being active when you have an impairment. For these young people to develop positive identities around active recreation and sport there is a need to scaffold their learning about how to make the transition between their prior experiences and living well with an impairment. Showing an image of an elite athlete in the media will not be sufficient in itself to show the journey of how that athlete made the transition between their prior life and their life with an impairment. Likewise a young person with a physical impairment who has not always been active needs opportunities to see other people with a similar impairment taking part in physical activity and to learn about the process required to become active themselves. They also need adequate support to take part in activities regularly. Public policy should recognise that not all young people will have equal access to opportunities to participate in physical activity because of factors associated with costs, care needs, the location of activities and availability of professionals with the level of expertise to support inclusive sport and recreation. More research into the links between young disabled people’s participation in physical activity and social barriers such as costs and accessibility to recreation needs to be conducted.

This research project has suggested that young people want to see, and are more likely to be influenced by, examples of media where positive behaviour is represented. In consultation with disabled people, those who produce policy on health and disability need to reflect on what behaviour is to be reinforced. Potentially, if young people with impairment are not represented positively in mass media, especially socially educative and beneficial media, then inactivity and poor health outcomes may result. Social marketing initiatives would benefit from a strengths-based perspective. Instead of a focus in social change media on those most at risk as defined by health statistics it may be better to focus on building realistic images and outlets for young people.
to create their own media. The challenge is in determining the ways in which young people do or do not interact with social marketing media in more depth.

There is limited information available on the health and support needs of young people with physical impairment on which to base policy decisions, especially in relation to their personal perception of and meaning attributed to health. Most of the research comes from the USA or UK and is not always applicable to the New Zealand context. Young people with impairment are less likely to be visible in health information and advertising, and in statistical reporting about the use of health centres. Quality information available in a range of media formats can be a way for young people with impairment to access information and support more readily if there are no physically accessible health centres available at the time information is required. Furthermore, young people with impairment are more likely to be in low bracket incomes, unemployed or studying, so may have to minimize travel and visits to doctors to obtain information. There is a shortage of relevant evaluative information on disability and physical activity, or evaluations of community initiatives in New Zealand to inform policy makers.

5.6 Study limitations

The young people in this study were all fairly active and motivated to keep healthy. They were involved in a variety of sports and recreation activity. However, this is not indicative of a range of perspectives as it may not reflect the views of young people who have low activity or are not active. Further study that includes those with impairment who are not currently active would give a more comprehensive indication of what would be needed in a general campaign aimed at increasing physical activity in this population of young people.

One limitation of this study was in eliciting opinions from young people aged 18-25. As I elaborated in Chapter Three, there was a need to review the interview questions that I used with the cohort of young people interviewed in order to gain more in depth perspectives. Other ways to handle this limitation in future studies may include the use of prompts such as focussing advertisements or pamphlets, or the use of scenarios to start discussion of the topic and possibly make it easier to talk about specific aspects of the young person’s own experiences. Providing a pre-interview questionnaire may also have helped to focus the discussion and give more time for the young person to reflect. One to one interviews may not work well for all young people, and some may have preferred to have talked whilst doing an activity or being involved in a group situation. Role play scenarios may also be a useful tool for some young people who may not want to talk directly about their own experiences. The use of the internet and communications technology in getting responses from young people with physical impairment who may find it difficult to attend a focus group is also something that needs further research. Linking youth in collaborative projects using video conferencing technology and mini creative projects online
might be more engaging for some young people. In working with this group of young people, I noticed that there was tendency to want to tell me what they thought I wanted to hear and this may be mitigated by more anonymous ways of collecting information such as forum groups on the web. Using a focus group may be a more appropriate way of approaching research for young people, as it allows for ideas to be generated by what another person in the group might say. It may also be an opportunity for young people to brainstorm their particular challenges in a supportive environment. While, a researcher would not be able to input on particular problems unless it was ethically warranted, other young people with impairment would know from their own experience what has worked for them and would be able to share if they wanted to in the context of the group. A focus group also allows for more interactive activities to prompt discussion which may appeal for active young people.

A further limiting factor was the difficulty of recruiting from this particular cohort of young people. One way around this is to develop connections with young people with impairment whilst they are still in the formal education system or to make links through their areas of interest in the community, such as through music and sports, or festivals or events, or websites. Although, the sample had provided enough rich data to draw relevant conclusions, it was a small sample and included no young disabled Maori or Pacific Island people. It was also not large enough to draw general conclusions about this population. This could have been due to a relatively small population of young people who identify with physical impairment in New Zealand, and the number who do not show in current statistics. While those who have an accident or injury or those who may be receiving government funding will appear in national statistics young people with an impairment, unless they have been linked by early intervention into a disability service, may not appear in national or local totals. Young people in this impairment group may be distracted from linking to services because they are under different pressures such as study, training, or work and this makes them difficult to contact. They may also need support to participate in research and this could have interfered with their ability to independently show interest in the study criteria. Having seen the advertisements for participants some may not have thought that physical activity is relevant to them, and so were not interested in taking part in a study on physical activity participation. A solution may involve the setting up of a closer relationship with disability services and agencies that work with young disabled people including universities, and other tertiary institutions, clubs and social networking websites.

This study specifically focused on young people with physical impairments. To broaden the key finding of the differences in conceptualisation of the experience of impairment between those with long term and those with acquired impairment, comparative studies could look at this particular difference in more detail across a range of impairment groups. Further studies could look at other impairment groups such as young people with intellectual impairments, and those
who have sensory impairments and how social marketing media impacts on their conceptualisation of health and physical activity.
6 Conclusion

The young people in this study preferred to use the internet to source information on physical activity rather than television-based social marketing campaigns and they had ideas about how social marketing media could be made more relevant to young people with impairment. Existing theories of development and media interaction, such as the social cognitive model and the Adolescent Media Practice model, offer an opportunity to evaluate aspects that can help inform a more critical, in depth social-psychological understanding of the factors and processes that shape the interactions of young people with media. These interactions may subsequently shape young people’s participation in physical activity, along with their identity and lived experience.

Of particular note, the results of this research and discussion indicated a difference in the way that young people with acquired impairment and those with lifelong impairment perceived their impairment and their engagement in physical activity. Other studies reviewed in this thesis did not reveal any similar finding and did not differentiate the meaning construction of impairment by those with acquired from those with lifelong impairment. This is an important consideration for future policy and practice development and reveals differences that may be of value to explore further in the context of youth identity and health. It also gives a context for targeting youth with different physical impairment differently in messages about the importance of physical activity.

Social marketing using new media such as the internet was perceived by the young people in this study as a valuable tool in promoting positive community attitudes towards young people with physical impairment. They saw the use of youth-produced media through channels such as Youtube™, social networking sites and blogs as offering opportunities to circulate narratives that reflect how young people construct meaning around their impairment and make decisions about their participation in physical activity. These new media have the advantage of offering an immediate, international audience.

This study showed, through reflection on the Adolescent Media Practice model, that young people can be active and critical ‘consumers’ who interpret and evaluate media based on their lived experience and identities. They interact with the media on cognitive, behavioural and emotional levels and may incorporate, appropriate or resist media messages based on what they perceive is relevant to their own identity. Future research could consider what mass media depictions are available both to young people about their role as disabled people in our societies and to the wider population about the capabilities of disabled people.
References:


Devine, M. A. (2004). Being a "doer" instead of a "viewer": The role of inclusive leisure


Appendix A: Letter of ethical approval

Dr William Levack  
Rehabilitation Teaching and Research Unit  
Department of Medicine  
University of Otago, Wellington  

28 May 2009  

Dear Dr Levack  

Re: What do you do if you don’t do stairs? Social Marketing campaigns for health promotion and young disabled people in New Zealand  

Thank you for your letter to me regarding the amendments you would like to make to the original ethics application. You have notified the Committee about undertaking interviews rather than focus groups, and you have provided the Committee with an updated Information Sheet.  

Your proposal, including the amendments, is now fully approved by the Human Ethics Committee for three years. If this project has not been completed within three years from the date of this letter, re-approval must be requested. If the nature, consent, location, procedures or personnel of your approved application change, please advise me in writing. I hope all goes well for you with your upcoming research.  

Yours sincerely  

[Signature]  

Gary Witte  
Manager, Academic Committees  
University of Otago  

cc. Dr Will Taylor (Head of Department), Rehabilitation Teaching and Research Unit
Appendix B: Advertising flyer

What do you do if you don’t do stairs?

Masters Research: Media campaigns for physical activity promotion and young people with physical disability in New Zealand.

Are you 18-25, with a physical/mobility disability?

I want to share your views on media that promotes active lifestyles, and where you get information on healthy living.

This could impact on how others see the relationship between health and disability, as told by you.

Receive a $10 grocery voucher for your time!

Contact:
Alexandra (Alex) Smith
smial658@student.otago.ac.nz
04 385 5591 ext 4032/ 021 2555 885

Thanks!
Appendix C: Consent form

What do you do if you don’t do stairs?
Social Marketing campaigns for health promotion and young disabled people in New Zealand

CONSENT FORM FOR PARTICIPANTS

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:-

1. My participation in the project is entirely voluntary;

2. I am free to withdraw from the project at any time without any disadvantage;

3. Personal identifying information in the collected audio-tapes will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for five years, after which they will be destroyed;

4. This project involves an open-questioning technique. The general line of questioning includes: levels of physical activity, reference to advertising for physical activity, perception of advertising, participation in physical activity, attitudes towards participation and barriers towards participating in physical activity. The precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops. Consequently, although the University of Otago Human Ethics Committee is aware of the general areas to be explored in the interview, the Committee has not been able to review the precise questions to be used.

5. In the event that the line of questioning does develop in such a way that I feel hesitant or uncomfortable I am reminded of my right to decline to answer any particular question(s) and also that I may withdraw from the project at any stage without any disadvantage of any kind.

6. Information gained from this study may be published in future and presented at a national conference. Some general information may be shared with government and non-government organisations and those that work with young disabled people to improve service provision. No personal information will be shared in this instance, unless permissions are previously obtained by participants. Participants will have the opportunity to review data before it is written up into the draft thesis. This study is funded by the Health Research Council of New Zealand.
7. The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve my anonymity.

I agree to take part in this project.

..........................................................
(Signature of participant)
(Date)

This study has been approved by the University of Otago Human Ethics Committee. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph 03 479 8256). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.
Appendix D: Information sheet

INFORMATION SHEET FOR PARTICIPANTS

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide not to take part there will be no disadvantage to you of any kind.

What is the aim of the project?
This project aims to examine how young people with physical impairments view themselves as physically active and the role that Social Marketing campaigns for promoting physical activity play in this. Participating in this project will give you an opportunity to share your ideas with other young people and to inform health promotion media campaigns to reflect you.

This project is being undertaken as part of the requirements of a Masters in Arts.

Who can participate in this study?
Young disabled people who identify with having a physical disability and who are between the ages of 18-25 inclusive. Participants need to be able to provide consent for themselves and participate in interviews, or focus group discussions, in English. Where the participant meets all other criteria, but, if transport within the Wellington region is a significant barrier, please indicate this to the researcher, who will then negotiate a solution.

What will participants be asked to do?
Should you agree to take part in this project, you will be asked to participate in one interview that will run between 40-60 minutes. You may be asked to participate in a second interview within the duration of the research.

If there is enough interest, a focus group may be held with the study participants during the second half of 2009, but attending the focus group will not be a requirement. This will be in place of a second interview. If a focus group is run, it will go for no more than two hours in duration. It is expected that this process will assist participants in expressing ideas and also learning from the ideas of others. Ground rules will be set as a group to encourage open but safe discussion of the research topic.

In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable participants will be reminded of their right to decline to answer any particular question(s) or to withdraw from the project at any stage without any disadvantage to yourself of any kind.

What data will be collected?
The interviews and any focus group sessions will be audio-taped and transcribed.
During the interviews, and any focus groups, you will be asked a series of questions related to the topic. The general line of questioning will cover: levels of physical activity, reference to advertising for physical activity, perception of advertising, participation in physical activity; attitudes towards participation in physical activity. The precise natures of the questions which will be asked have not been determined in advance, but will depend on the way in which the interviews and any focus group develops. This will allow you, and the group to develop your own areas of discussion related to this research topic as the study progresses. Consequently, although the University of Otago Human Ethics Committee is aware of the general areas to be explored in the interview, the Committee has not been able to review the precise questions to be used.

In addition to interview data, you will also be asked to provide general demographic information. This will include: age, gender, type of physical disability, levels of participation in physical activity, structural barriers to participation in physical activity (e.g. transport availability, on benefit, no accessible gym).

All of your research data, such as interview transcripts, will be kept confidential and anonymous. You will be allocated a false name that will appear on all information related to your participation in this study. No information that may identify you [such as the names of places or organisations] will be included in the transcripts, published or presented publicly. All audiotapes and transcripts will be stored in a locked case or filing cabinet.

Only the researcher and her supervisors will have access to the raw data. Any professional typists who assist with transcription of the audio-recording will be asked to sign a confidentiality agreement before undertaking the work.

**How will the data be used?**
This research project will take approximately one year to finish. After completing the research you will be able to receive a summary of the findings. At this stage, all audio-recordings will be destroyed but a copy of any interview and/or focus group transcripts will be stored in a locked filing cabinet at the University of Otago, Wellington for five years. Results from this research will be written up as a Master’s thesis.

Participants will have the opportunity to review data within a follow up interview or focus group. A summary of the key findings will be presented in a paper intended for publication in an international journal and at a national conference.

**What are your rights as a participant in this study?**

If you take part in this study, you have the right to:

- Pull-out of the study at any stage
- To not answer a question if you feel uncomfortable about it
- Have the tape turned off at any point
- Have your identity protected
- Receive a summary of the results from the study
• Contact myself or my supervisor for more information about this project.

What if Participants have any Questions?

If you have any questions about our project, either now or in the future, please feel free to contact either:-

Alexandra Smith
Rehabilitation Teaching and Research Unit, University of Otago (Wellington), Main Street, Newtown, Wellington
University Telephone Number: 04 385 5591 ext 4032

or

Dr William Levack
Rehabilitation Teaching and Research Unit, University of Otago (Wellington), Main Street, Newtown, Wellington
University Telephone Number: 04 385 5591 ext 6279

This study has been approved by the University of Otago Human Ethics Committee. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph 03 479 8256). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.
Appendix E: Initial interview questions

1) Tell me a bit about yourself
2) What do you like doing?
3) Are you studying, working?
4) How old are you?
5) Are you involved in any physical activity at present?
   a) If, so, how does this benefit you? Could you describe a typical physical activity that you are involved with?
6) What health promotion for physical activity ads have you seen recently?
   a) Where did you see them? What media did they use?
   b) Tell me about the messages that stood out for you?
   c) How, if at all, did your behaviour or attitudes change towards participating in physical activity? If it didn’t affect your behaviour or attitude, can you tell me more about why it didn’t?
   d) Who were they aimed at?
   e) How did they make you feel?
   f) What did you learn from the ads?
7) What do you think the role of media for promoting physical activity is?
8) Could you describe how you might use media forms to make decisions about being involved in physical activity?
9) Do you think people with physical impairments should be the focus of ad campaigns that seek to promote physical activity?
   a) …if not/why not?
   b) if yes?why?
10) If you were giving advice to someone producing a media campaign to get people with physical impairments to be more physically active, what would you suggest?
11) Could you describe other ways that may be more effective?
12) If there anything else that you want to mention, that you haven’t had a chance to?
Appendix F: Interview questions (revised version)

1) Will you tell me a bit about yourself
   a) What do you like doing?
   b) Are you studying, working?
   c) Are you involved in any physical activity at present?
   d) If, so, how does this benefit you? If not, will you tell me about that?
   e) How did you get involved?

2) What health promotion ads for physical activity have you seen recently?
   a) Where did you see them? What media did they use?
   b) Will you tell me about the messages that stood out for you?
   c) How, if at all, did your behaviour or attitudes change towards participating in physical activity? If it didn’t affect your behaviour or attitude, will you tell me more about why it didn’t?
   d) Who were the ads aimed at?
   e) How did you feel about them?
   f) What did you get from the ads?

3) What do you think the role of media for promoting physical activity is?
   a) Do you think it is informative, educative?
   b) How effective do you think some of the ads you have described are in doing this?
   c) Who do you think they are generally aimed at?

4) Do you think people with physical impairments should be the focus of ad campaigns that seek to promote physical activity?
   a) …if not/why not?
   b) If yes? why?

5) If you were giving advice to someone producing a media campaign to get people with physical impairments to be more physically active, what would you suggest to them?