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Relationship of Parental Support on Healthy Habits, School Motivations and Academic Performance in Adolescents

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Abstract: The objective of the study was to analyze how parental support relates to the physical activity practice, satisfaction with sports, level of physical activity, academic performance and alcohol consumption. Descriptive cross-sectional study, with 1100 adolescents (12–16 years old), where the factors related to parental support, gender and age acted as independent variables, and satisfaction with sport, level of physical activity (PA), academic performance and alcohol consumption acted as dependent variables. A multivariate statistical analysis was conducted. Adolescents with little parental support show ($p < 0.001$) more boredom, less fun, worse academic performance and higher alcohol consumption. Gender shows differences ($p < 0.001$) experiencing girls more boredom, less fun, less PA practice and higher academic performance than boys. Age establishes ($p < 0.01$) that older adolescents (15–16 years old) experience more boredom, less fun, less PA practice, lower academic performance and higher alcohol consumption than young boys and girls (12–14 years old). Parental support towards PA practice improves healthy habits, benefits academic performance and school satisfaction with physical and sports activity.

Keywords: parental influence; physical activity; school performance; alcohol consumption; adolescents; age differences; gender differences

1. Introduction

The parental influence on the behaviors of their teenage children can be related to the theory of social learning [1] projecting this influence on the physical activity (PA) practice by the implicit socialization component existing within it [2]. In addition, the influence exerted by paternal stimulation on the future PA practice by adolescents, is also reinforced by the importance that schoolchildren grant to physical education (PE) [3] and by the satisfaction or boredom experienced by these teenagers in the PE class [4]. In fact, school boredom in PE may be related to lower levels of future PA practice [5,6].

In order to explain the reasons why an individual decides to perform PA, it is necessary to take into account the motivation. This motivation allows us to understand the existing internal or external factors, which will favor the appearance or maintenance of a behavior or action [7]. This can be explained from the social cognitive theory [8] and the theory of self-determination [9], classifying motivation from three perspectives: intrinsic, extrinsic or not motivated [10].

Parents have a very important responsibility in terms of promoting and strengthening their children's PA practice [11,12]. Raise awareness among parents regarding the fact that all support they

provide to their children is a generator of adherence to PA and maintenance of sports participation in the future, is crucial [13]. Often, it is unknown that this influence can be expressed in different ways [1]. The most evident way is due to the example of physically active parents [14], but some others include the support and encourage of the children to practice PA [14,15], without forgetting their role as financial support [15]. Therefore, it is important that parents to be interested in the use of their children's free time, so that PA practice acquires a greater presence in their future [13].

Currently, parental support acquires greater relevance since adolescents invest a lot of time every day using screen devices [16], a circumstance that is aggravated when both parents act as a negative example, also making excessive use of these devices and having a sedentary leisure [17]. Although parental support is essential in both genders, it seems that maternal modeling of healthy habits has a greater influence on children compared to paternal modeling [17,18].

Adolescence is a decisive age period for the generation and consolidation of a healthy lifestyle, which inevitably needs a PA practice on a regular basis [19], being aware that positive habits consolidated at an early age have an impact on the adulthood [20]. Some of the benefits of PA practice include the prevention or improvement in certain diseases such as cardiovascular diseases, the improvement of physical condition [21], benefits at the psychosocial level such as the promotion of self-esteem, reduction of depression and stress [22], cognitive development [23,24], socialization and academic performance [25,26]. However, at present, PA practice does not comply with the recommendations established for adolescents [27], due to, among other reasons, the increasing use of new technologies and display devices [28,29]. Therefore, there is a higher risk that current adolescents become sedentary or less active adults [30].

Alcohol consumption is a major health problem currently, especially at adolescence [31–33]. There is no strong scientific evidence to ensure that the parents' alcohol supply to their teenage children is an effective strategy that reduces the prevalence of consumption at later ages. On the contrary, this practice of parental support for alcohol consumption poses a risk to the health of their children (to their children's health) [34]. Excessive alcohol consumption in parents may be a risk factor for excessive consumption in children [35]. It seems that mothers have more influence on their children's alcohol consumption compared to fathers [36]. In a recent study, it has been found that adolescents who practice more physical activity, enjoy physical-sporting practice more, consume less alcohol and have better healthy habits [37].

Despite the evidences proving the positive influence of parental support on the adherence to PA practice [11,12], not all studies appreciate this connection [38]. Therefore, and being aware that there are not enough previous studies relating parental support towards PA practice with the school sports satisfaction, with healthy habits and academic performance, this paper aims to study how parental support influences on PA practice, on the satisfaction with school sports, the level of PA, academic performance and alcohol consumption.

2. Materials and Methods

2.1. Design and Participants

A descriptive and cross-sectional study was designed, with a total of 1100 Spanish adolescents (55.1% girls), aged 12–16 years old (14.36 ± 1.61 years). The sample was distributed in five Compulsory Secondary Education (High School) centers of two Autonomous Communities of Spain and the data collection period was between February and May of 2019. We worked with an error <0.03 and with a confidence interval of 95%. This research respected ethical considerations established in the Declaration of Helsinki in its 2013. The rest of the ethical considerations and the inclusion and exclusion criteria, for the selection of the sample, were explained in detail in the procedure section.

2.2. Instruments

Socio-demographic questionnaire. It collected information on gender (male and female) and age (12, 13, 14, 15 and 16 years old).

Parental Support for Physical Activity Questionnaire (APAF, for its Spanish initials). The scale parental influence on physical activity [39], resulting from previous research, was used [40,41]. This questionnaire was made up of 14 items distributed in four subscales: general parenting support or APAF1 (1, 2, 3, 4, 5 and 6), active parents or APAF2 (7, 8, 9 and 10), past activity or APAF3 (11 and 12) and guiding support or APAF4 (13 and 14). It has a Likert-type scale with four possible options ranging from 1 (never) to 4 (always). This instrument in its original version presented a global α of 0.746 and a total explained variance of 67.5%.

Sports Satisfaction Questionnaire. The Sport Satisfaction Instrument (SSI) questionnaire adapted to physical education (PE) in Spain was used [42]. Made up of 8 items divided into two subscales: fun (1, 5, 6, 7 and 8) and boredom (2, 3 and 4). It has a Likert-type response scale of 5 options ranging from 1 (strongly disagree) to 5 (strongly agree). The internal consistency of the fun subscale was $\alpha = 0.92$ and of the boredom subscale $\alpha = 0.79$.

PA Practice Questionnaire. To analyze the level of PA practice, from moderate to vigorous, the questionnaire "MVPA" [43] was used. It consisted of two items that collect information on the days per week when at least 60 minutes of moderate to vigorous PA is practiced, both in the previous week and in a typical week. The response scale for both was the same (0 = no day, 1 = one day, 2 = two days, 3 = three days, 4 = four days, 5 = five days, 6 = six days and 7 = seven days). In this research, the average of both items was obtained [44,45].

Alcohol Consumption Questionnaire. This instrument was extracted from the Alcohol Consumption Scale Questionnaire [46], adapted to Spanish [47]. For this study, only the item related to the quantity and frequency of alcohol consumption was used, categorized into four response options: no consumption (1), low consumption (2), average consumption (3) and excessive consumption (4), as used in other researches [37].

2.3. Procedure

Ethical considerations. This research respected at all times the ethical considerations established in the Declaration of Helsinki in its 2013 revision as well as the Personal Data Protection Act [48]. Before the data collection setting in motion the study, school and parents or legal guardians of the participating adolescents were informed in detail about the type of study to be carried out. The anonymity and confidentiality of those involved were guaranteed at all times, through a code system. Those interviewed received no academic or monetary compensation. The principal investigator supervised the provision of the different questionnaires used. In practice, the development of the different instruments used was carried out by teachers with the concentration in physical education, who had at least ten years of teaching experience, and who had previously been trained with the different instruments and materials that were to be used.

Sample Selection. The eligible population was adolescents enrolled in educational centers included in the research with the following inclusion criteria: age between 12 and 16 years old. Among the inclusion criteria were voluntary participation with the consent of the parents or legal guardians, not to follow any food or diet restriction at the time of the study or in the previous six months and not to suffer from any disease incompatible with PA practice. The exclusion criteria were answering incorrectly or incompletely to any of the items, not presenting parental or legal guardian's authorization, not having the authorization or approval of the school to which they belong, presenting some type of disease during the period of study incompatible with PA practice and/or which requires a restrictive diet or a specific one during the study period or in the previous six months.

2.4. Data Analysis

The study data were analyzed with the statistical package SPSS version 24.0 (SPSS Inc., Chicago, IL, USA). Descriptive analyses of mean values and standard deviation were conducted. Multivariate analyses (MANOVA) were performed, studying the main effects of the gender and age factors (2 × 2) and the 4 factors of the APAF questionnaire (2 × 2 × 3), with boredom, fun, PA practice, academic performance and consumption of alcohol as dependent variables. Wilks' lambda, significance and the partial eta squared were calculated.

3. Results

3.1. Descriptive Analysis

The table below (Table 1) shows which factors were significant in relation to the different variables, the subject matter of the study. Out of the four parental support factors, the one presenting the greatest relationship with the analyzed variables was the first factor (APAF1).

Table 1. Descriptive analysis of the dependent variables of boredom, fun, physical activity (PA) practice, academic performance and alcohol consumption. Analysis according to the factors of gender, age and Parental Support for Physical Activity Questionnaire (APAF).

Factor	Classification		1 Boredom	2 Fun	3 Physical Activity	4 Academic Performance	5 Alcohol Consumption	<i>p</i> (Significance)	
SEX	Male (<i>n</i> = 494)	M	1.99	4.44	3.62	6.78	1.30	(1) <i>p</i> < 0.001	
		SD	0.76	0.64	1.78	1.42	0.73	(2) <i>p</i> < 0.001	
	Female (<i>n</i> = 606)	M	2.24	4.05	2.83	7.07	1.32	(3) <i>p</i> < 0.001	
		SD	0.81	0.76	1.68	1.46	0.730	(4) <i>p</i> < 0.001	
AGE	Young (<i>n</i> = 600)	M	2.06	4.28	3.39	7.10	1.12	(1) <i>p</i> = 0.003	
		SD	0.87	0.73	1.78	1.34	0.47	(2) <i>p</i> < 0.001	
	Higher (<i>n</i> = 500)	M	2.20	4.16	2.94	6.76	1.54	(3) <i>p</i> < 0.001	
		SD	0.69	0.74	1.72	1.56	0.90	(4) <i>p</i> < 0.001	
	APAF1	Low (<i>n</i> = 294)	M	2.27	3.91	2.56	6.80	1.39	(5) <i>p</i> < 0.001
			SD	0.80	0.86	1.91	1.55	0.80	(1) <i>p</i> < 0.001
Medium (<i>n</i> = 520)		M	2.15	4.22	3.29	6.90	1.30	(2) <i>p</i> < 0.001	
		SD	0.78	0.67	1.72	1.39	0.71	(3) <i>p</i> < 0.001	
High (<i>n</i> = 286)		M	1.92	4.56	3.62	7.17	1.25	(4) <i>p</i> = 0.031	
		SD	0.80	0.52	1.54	1.43	0.69	(5) <i>p</i> < 0.001	
APAF2	Low (<i>n</i> = 382)	M	2.13	4.13	2.95	6.96	1.43		
		SD	0.74	0.82	1.73	1.43	0.84		
	Medium (<i>n</i> = 278)	M	2.05	4.23	3.28	6.97	1.22	(2) <i>p</i> = 0.006	
		SD	0.68	0.67	1.88	1.53	0.61	(5) <i>p</i> < 0.001	
	High (<i>n</i> = 400)	M	2.17	4.31	3.32	6.91	1.26		
		SD	0.91	0.68	1.72	1.42	0.68		
APAF3	Low (<i>n</i> = 348)	M	2.14	4.16	3.05	7.02	1.40		
		SD	0.77	0.81	1.85	1.49	0.817		
	Medium (<i>n</i> = 242)	M	2.00	4.25	3.26	7.12	1.36	(1) <i>p</i> = 0.003	
		SD	0.80	0.73	1.61	1.45	0.771	(4) <i>p</i> = 0.003	
	High (<i>n</i> = 510)	M	2.18	4.26	3.24	6.80	1.23	(5) <i>p</i> = 0.002	
		SD	0.81	0.68	1.79	1.41	0.629		
APAF4	Low (<i>n</i> = 428)	M	2.08	4.18	2.98	6.87	1.41		
		SD	0.76	0.78	1.89	1.55	0.82		
	Medium (<i>n</i> = 178)	M	2.00	4.19	3.38	6.94	1.24	(1) <i>p</i> = 0.001	
		SD	0.64	0.71	1.61	1.52	0.66		
	High (<i>n</i> = 494)	M	2.21	4.28	3.29	7.01	1.25		
		SD	0.87	0.70	1.70	1.33	0.66		

APAF1: general parental support; APAF2: active parents; APAF3: past parental activity; APAF4: guidance support. M: average; SD: standard deviation, PA: physical activity; RA: academic performance; *p*: significance. Note: in the column of *p* (sig) the number in brackets “()” corresponds to the independent variables (numbered 1–5). Note: the M and SD value is weighted according to the response scale corresponding to each of the independent variables analyzed: Boredom and fun (from the SSI questionnaire) with Likert-type response scale ranging from 1 (“strongly disagree”) to 5 (“strongly agree”); PA from 1 to 7 days; RA of a score from 0 to 10; Alcohol consumption with a response scale ranging from 1 does not consume, 2 low consumption, 3 average consumption and 4 excessive consumption. Young (12, 13 and 14 years) and higher (15 and 16 years).

The IPAF1 factor was significantly correlated to all the variables studied, showing that adolescents with little general parental support are those who get bored more ($p < 0.001$; low support $M = 2.27$ and high support $M = 1.92$), have less fun ($p < 0.001$; low support $M = 3.91$ and high support $M = 4.56$), are less physically active ($p < 0.001$; low support $M = 2.56$ and high support $M = 3.62$), have lower academic performance ($p = 0.031$; low support $M = 6.80$ and high support $M = 7.17$) and consume more alcohol ($p < 0.001$; low support $M = 1.39$ and high support $M = 1.25$).

The IPAF2 factor was significantly correlated to the variables of fun ($p = 0.006$; low support $M = 4.13$ and high support $M = 4.31$) and of alcohol ($p < 0.001$; low support $M = 1.43$ and high support $M = 1.26$), showing that high parental support of active parents was correlated to more fun and less alcohol consumption.

The IPAF3 factor, corresponding to the past parental activity, was significantly correlated to the variables of boredom ($p = 0.003$), detecting that the adolescents who were most bored were those who feel a lower support ($M = 2.14$) and a higher support ($M = 2.18$), being those who were less bored the adolescents receiving a medium support ($M = 2.00$); of academic performance ($p = 0.003$), having the best grades those with medium support ($M = 7.12$) and having the worst grades those with a higher support ($M = 6.80$); of alcohol consumption ($p = 0.002$), being those who drink the most, the adolescents with the lowest support ($M = 1.40$) and the ones who drink the least, those with a higher support ($M = 1.93$).

The IPAF4 factor, the guidance support, was significantly correlated to the variable of boredom ($p = 0.001$), those with high support show more boredom ($M = 2.21$) than those with low ($M = 2.08$) and medium ($M = 2.00$).

Gender marked differences ($p < 0.001$) in the variables of boredom, fun, PA and academic performance. Thus, girls experienced more boredom, less fun, less PA practice and greater academic performance than boys. There were no differences in alcohol consumption.

Age was significantly correlated to the variable of boredom ($p = 0.003$), fun ($p < 0.001$), PA ($p < 0.001$), academic performance ($p < 0.001$) and alcohol consumption ($p < 0.001$). The older adolescents show more boredom, less fun, less PA practice, lower academic performance and higher alcohol consumption.

3.2. Multivariate Analysis

The multivariate analysis shows significant effects both in the different factors and in the interactions among them, as well as in many of the dependent variables. Firstly, the main effects of the factors were analyzed and secondly, those significant and most relevant interactions (Table 2).

3.3. Main Effects Between Parental Support Factors with Age and Gender in Relation to Dependent Variables: Boredom, Fun, PA Practice, Academic Performance and Alcohol Consumption.

The figures shown below are a selection of the most significant interactions ($p < 0.05$) found among the different variables analyzed.

It was observed that when girls receive a greater general parental support, they experience less boredom, while in the case of boys, the boredom level is independent from the parental support (Figure 1). In older adolescents, more parental support from active parents equals to them experiencing more fun, while in young boys and girls, parental support was less related to fun (Figure 2).

Table 2. Multivariate analysis of APAF factors, gender and age and the dependent variables of boredom, fun, PA practice, academic performance and alcohol consumption.

Factor	Boredom			Fun			Physical Activity		Academic Performance		Alcohol Consumption	
	Λ	<i>p</i>	η^2	<i>p</i>	η^2	<i>p</i>	η^2	<i>p</i>	η^2	<i>p</i>	η^2	
(B) Gender	0.918	<0.001	0.016	<0.001	0.041	<0.001	0.038	<0.001	0.014	0.605	<0.001	
(C) Age	0.896	0.003	0.008	<0.001	0.003	<0.001	0.013	<0.001	0.013	<0.001	0.082	
B × C	0.955	0.254	0.001	0.002	0.008	0.290	0.001	<0.001	0.026	0.179	0.002	
(A1) APAF1	0.889	<0.001	0.015	<0.001	0.090	<0.001	0.034	0.031	0.006	0.953	<0.001	
A1 × B	0.963	<0.001	0.017	0.013	0.008	0.041	0.006	0.115	0.004	0.072	0.005	
A1 × C	0.976	0.018	0.007	0.064	0.005	0.471	0.001	0.060	0.005	0.247	0.003	
A1 × B × C	0.964	0.359	0.002	<0.001	0.019	0.926	<0.001	0.042	0.006	0.041	0.006	
(A2) APAF2	0.963	0.172	0.003	0.006	0.009	0.089	0.004	0.432	0.002	<0.001	0.013	
A2 × B	0.911	0.933	<0.001	0.684	0.001	0.904	<0.001	0.749	0.001	0.020	0.007	
A2 × C	0.963	0.001	0.012	0.019	0.007	0.059	0.005	0.935	<0.001	<0.001	0.018	
A2 × B × C	0.983	0.528	0.001	0.094	0.004	0.178	0.003	0.270	0.002	0.077	0.005	
(A3) APAF3	0.964	0.003	0.011	0.261	0.002	0.282	0.002	0.003	0.011	0.002	0.011	
A3 × B	0.900	0.128	0.004	0.842	<0.001	0.862	<0.001	0.163	0.003	0.376	0.002	
A3 × C	0.961	0.006	0.009	0.467	0.001	0.972	<0.001	0.001	0.013	<0.001	0.018	
A3 × B × C	0.976	0.041	0.006	0.025	0.007	0.001	0.013	0.182	0.003	0.287	0.002	
(A4) APAF4	0.962	0.001	0.012	0.200	0.003	0.127	0.004	0.491	0.001	0.109	0.004	
A4 × B	0.979	0.433	0.002	0.118	0.004	0.233	0.003	0.015	0.008	0.619	0.001	
A4 × C	0.947	<0.001	0.029	0.019	0.007	0.813	<0.001	0.660	0.005	<0.001	0.023	
A4 × B × C	0.966	0.499	0.001	0.001	0.012	0.654	0.001	0.001	0.013	0.068	0.005	

Λ : Wilks' lambda for multivariate analysis; *p*: significance; η^2 : Partial eta squared. APAF1: general parental support; APAF2: active parents; APAF3: past parental activity; APAF4: guidance support.

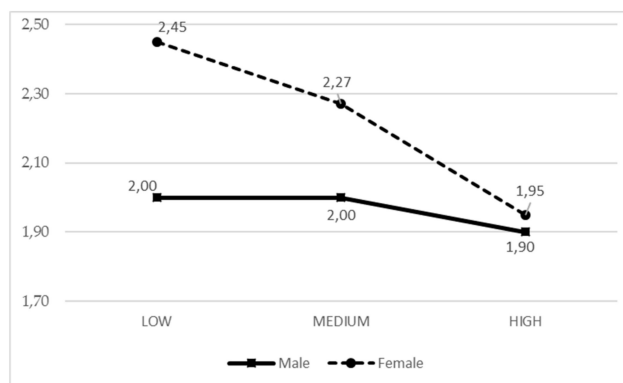


Figure 1. Means of the IPAF1 parental style based on the adolescent gender for boredom.

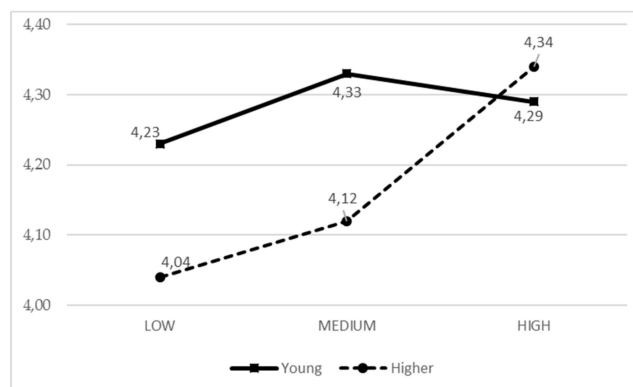


Figure 2. Means of the IPAF2 parental style based on the adolescent age for fun.

In general, PA practice was high in men, especially when they were young, the moment when their parental support (from past parental activity) means are more active, while in those older the practice is independent from the parental support received. In girls, to some extent, this trend is reversed, since parental support does not influence young girls, but it does influence those older, where average parental support increases PA practice (Figure 3). In younger adolescents, alcohol consumption is lower and independent from parental support from past activity. However, with an older age, alcohol consumption increases with low parental support (Figure 4).

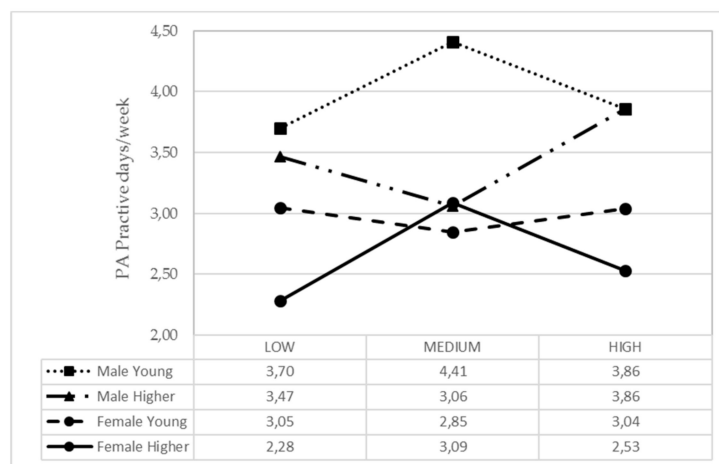


Figure 3. Means of the IPAF3 parental style based on the adolescent gender and age for PA practice.

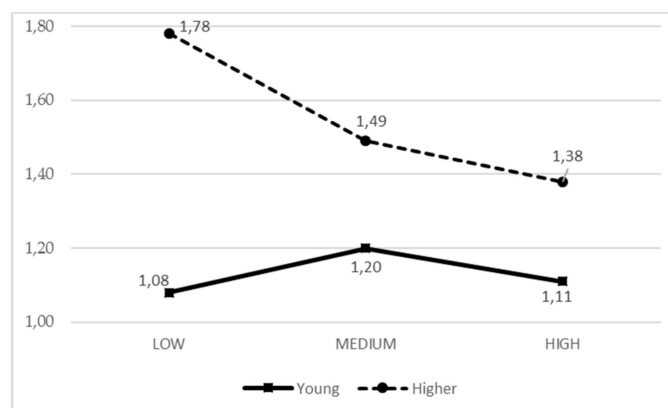


Figure 4. Means of the IPAF3 parental style based on the adolescent age for alcohol consumption.

In younger adolescents, alcohol consumption is lower and independent from parental guidance support. However, those of older age, it was observed that those with lower parental support drink more alcohol than those with medium and higher parental support (Figure 5). There were clear differences between boys and girls concerning fun, depending on whether they were younger or older, depending on IPAF4. In the group of young people, if they had greater parental support, they experienced more fun in the case of boys and less in the case of girls (Figure 6). In the young group, girls showed more academic performance when they received average parental support. On the contrary, young boys got better academic performance when parental support was low or high. In the older group, girls had more academic performance than boys, and regardless of parental support. In the case of older boys, the higher parental support, the better the academic performance (Figure 7).

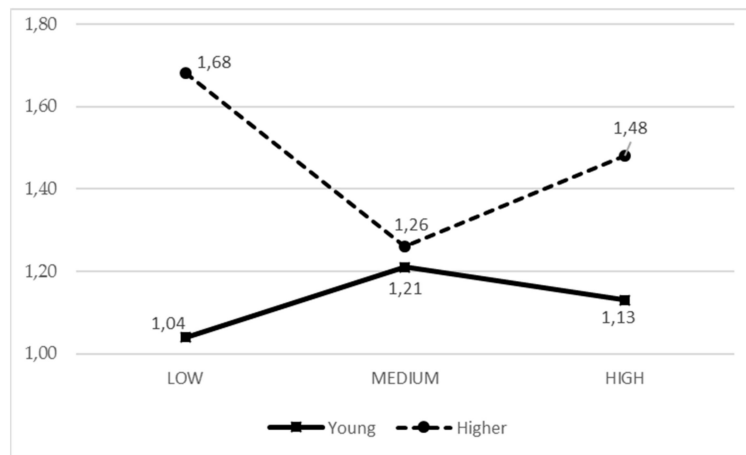


Figure 5. Means of the IPAF4 parental style based on the adolescent age for alcohol consumption.

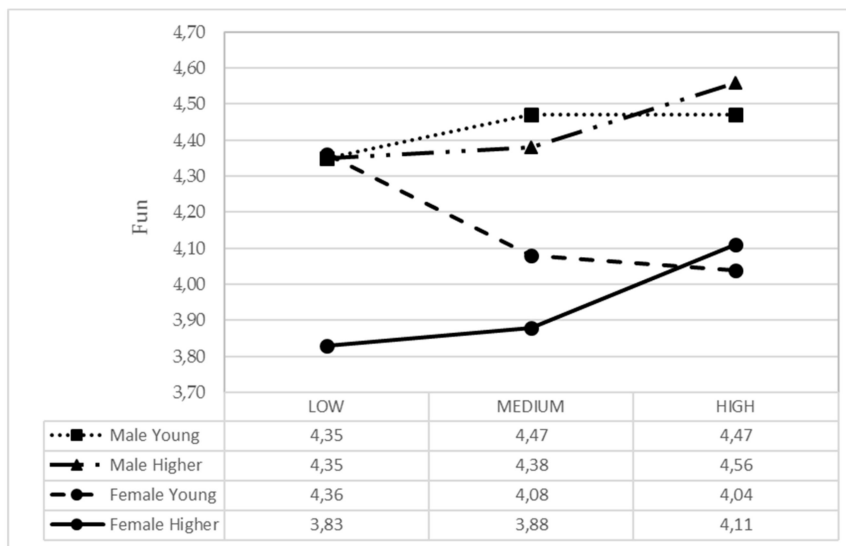


Figure 6. Means of the IPAF4 parental style based on the adolescent gender and age for fun.

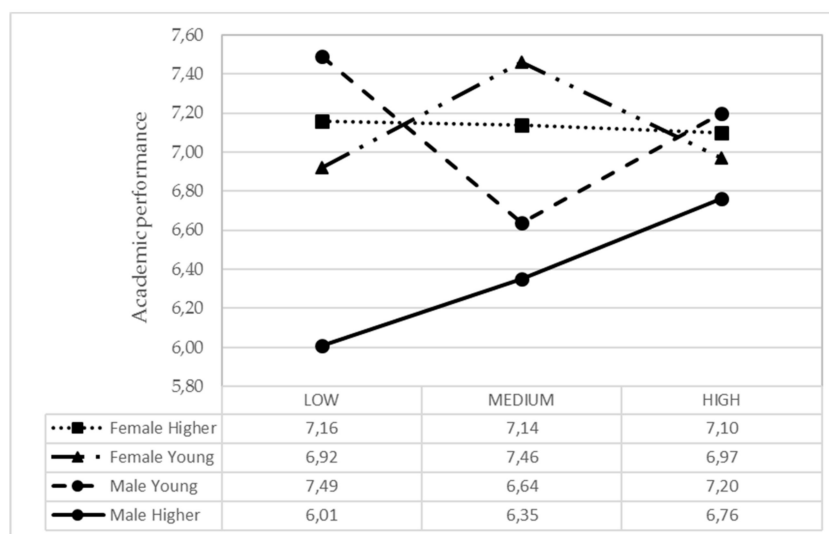


Figure 7. Means of the IPAF4 parental style based on the adolescent gender and age for academic performance.

4. Discussion

4.1. Correlation between Parental Support Factors, Age and Gender with the Variables of Fun and Freedom

Although the adolescents who have more fun in this study were those who felt more supported by their parents, parental support did not relate equally the feeling of fun or boredom depending on gender and age. Thus, within the group of young people, high levels of parental support in boys equaled more fun, but the same did not happen in the case of girls. These results partially coincided with other researches, where adolescents who appreciated more support from their parents felt more motivated towards PA practice, feeling with it greater enjoyment and fun [49–51], in line with the results of this study where the lower parental support towards PA increased the feeling of boredom of children. Consequently, it is convenient for parents to support their children in PA practice as a fun activity and not as a search for performance [52], since it is proven that fun physical-sports practice among young people positively influences future PA practice [6]. Several studies show that parents who support and get involved in PA practice manage to increase their motivation and reduce their children's boredom, thus favoring adherence to PA [53].

Additionally, the support with material and economic resources was correlated to greater motivation and enjoyment since the adolescents felt more satisfied with PA practice carried out [49]. It was also verified that the subjective well-being of having fun during PA practice generates greater adherence [54], considering the desire to have fun as one of the main and most important reasons why adolescents perform physical activity [55,56].

4.2. Correlation between Parental Support Factors, Age and Gender with the Variable of Physical Activity

According to this study, adolescents who have little general parental support are less physically active, which coincides with previous findings where teenagers who felt more support from their parents increased their motivation towards PA practice [49–51]. In addition to the importance of the parental support received, which can be logistic, economic or motivational [15], the fact of having physically active parents may influence the PA of their teenage children [22]. In fact, it is proven that a high level of parents' PA was associated with higher levels of PA practice in their children, up to the age of 24 [57], especially when both parents are active [58]. Even beyond PA practice by parents, there is a very positive significant influence of the parental support and child support self-perceptions, on the adolescent PA adherence [59], which positively results in a good physical condition [60] and even benefits children's self-esteem [61].

However, parental support affects PA practice in a different way according to the age and gender of adolescents. Thus, in this study, parental support is more related in young boys and more in older girls. In part, this may be explained by the different educational models that children have received from their parents. Therefore, fathers tend to spend more time with their children in sedentary activities and with screen devices, while mothers choose outdoor activities, which seems to have a greater and better influence on healthy habits [17]. Adolescents whose parents are more permissive and democratic feel more motivated towards PE and feel more parental support to practice PA in their free time [62].

4.3. Correlation between Parental Support Factors, Age and Gender with the Variable of Academic Performance

Academic performance is related in a different way by parental support according to age and gender. Thus, girls and younger adolescents have better academic performance. More specifically, among younger girls, show more performance when they have medium parental support while boys obtained them when the support is high. There is no clear agreement as to the influence that parental support has on academic performance. There are researches stating that if parents are very supportive of their children expecting academic successes from them and that they build a future for themselves, this may in some cases negatively impact their academic performance [63]. On the other hand, there are investigations considering that in addition to parental support, parental education seems to be a very important variable, since the children of those parents with a higher level of education obtain better

grades [64]. In fact, when children receive parental support through an understanding educational style, they obtain better academic performance than if their parents are authoritarian [65].

Furthermore, PA practice correlates positively with academic performance, so it is advisable to reduce the time allocated to the use of screens, in order to maximize the positive effects that healthy habits have on academic performance [1]. Especially because parental support towards PA practice acquires greater importance since it has been confirmed that a higher energy expenditure or level of PA practice correlates positively with the academic performance of schoolchildren [24,66,67].

Consequently, it seems necessary to take into account the influence exerted by the motivation and PA practice on school grades. For this purpose, a positive association has been proved for both gender between the attraction to PA and the academic performance obtained [68]. For instance, according to the data from this study, girls have better academic performance than boys, which may be explained by the greater attention given to the academic issues they show compared to the boys [69,70].

Therefore, it is necessary to reinforce parental support and encourage the collaboration of school and family if the academic performance of children is to be improved [71], because it has been proven that regardless of the gender, age and ethnic group of schoolchildren, parental involvement is considered to be positive [72]. In fact, high parental support is associated with greater school satisfaction and better academic performance, also influencing the involvement of parents in the school adjustment of their children [73].

4.4. Correlation between Parental Support Factors, Age and Gender with the Variable of Alcohol Consumption

Although some investigations indicated that both the adolescent's individual PA practice, as well as the practice accompanied by their parents, did not seem to have a very clear relationship with alcohol consumption [74], it has recently been proven that the parental lifestyle and influence can be decisive in children's alcohol consumption [75]. In fact, it is known that when parents have healthy habits or do not support their children's alcohol intake, they have a lower consumption [76]. In addition, alcohol consumption is reduced to a greater extent among children of parents who have a restrictive attitude towards the access to alcohol [77]. Therefore, parents have a fundamental role in preventing and reducing their children's alcohol consumption [38,76,78]. There are even researches concluding that the perceptions by the children concerning their parents' alcohol intake, positively predispose them to alcohol consumption [74].

At the same time, parental support and alcohol consumption varies depending on gender. If girls have a bad relationship or influence from parents they are predisposed to excessive alcohol consumption. In turn, if boys are physically active, have a good relationship with their parents and the latter have a higher academic education, these factors act as protective variables against excessive alcohol consumption [79]. Hence, the maternal support received is more important in girls [75].

On top of that, alcohol consumption of schoolchildren in this study increased with age, aggravated by the fact that low parental support was associated with increased alcohol intake, which is consistent with previous researches [76]. Accordingly, while bearing in mind the importance of parents in reducing and preventing alcohol consumption [38,78], we must be aware that in adolescence, in addition to family relationships, the peer group exercises a clear influence on alcohol consumption among young people [80]. Actually, among young people alcohol consumption is not socially penalized and abstemious people are not seen as positive examples [81].

4.5. Final Synthesis

Currently, adolescents spend many hours using electronic devices, so at an earlier age the example and influence of physically active parents is greater and has more effect [16], especially if we want PA to be perceived positively and generate adherence [82–84], and even more taking into account the important influence that the peer group has on PA practice by adolescents [85]. Consequently, it is important to make parents see that the support they provide to their children is essential to generate adherence to PA practice, being aware that such influence may appear in different ways [58].

Some of them indicate that parents act as a model and children replicate their behaviors while being physically active [14]. Others are related to the parents developing a stimulating function towards PA practice [14,15] or being the economic or logistical support that encourages and promotes the adoption of healthy habits [15]. Without forgetting that parenting style may influence the well-being and self-esteem of their children. For example, greater personal well-being of children is associated with greater parental warmth, that is, a less rigid and authoritative education [86].

5. Conclusions

Parental support, whether as a stimulus, model or support, is related to the adoption of healthy habits, enjoyment with physical-sports practice and improves academic performance. Likewise, gender and age are related to the parental support perceived with physical-sports enjoyment, the level of PA practice, the academic performance and the alcohol consumption. Additionally, taking into consideration the current increase in the use of screens by adolescents, it is vital to design joint work programs between schools and families, in order to promote healthy habits, improve academic performance and achieve social and psychological benefits in schoolchildren. In a nutshell, it is transcendental that parents become aware of the importance of parental support, especially at an early age. This support has a positive impact on fields such as healthy habits, academic performance and satisfaction with physical and sports practice.

Due to its design, this study did not permit the extraction of causality relationships between the analyzed variables.

For future research, it is suggested that socioeconomic status should be included as a confounding variable between parental support and the rest of the variables studied.

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