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1 **Associations between Fundamental Movement Skill Competence,**
2 **Physical Activity and Psycho-social Determinants in Hong Kong**
3 **Chinese Children**

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14

15 **Abstract**

16 Associations between fundamental movement skills (FMS), perceived competence,
17 enjoyment and physical activity (PA) have not been widely investigated among Chinese
18 school children. We hypothesised that FMS would be directly related to self-reported and
19 objectively measured PA, and indirectly related to these outcomes via perceived physical
20 and movement skill competence, and enjoyment. Participants were 763 primary school
21 children (age = 9.3 ± 1.7 years; 474 girls) across grades. FMS were measured for a
22 subsample (n = 603) using Test of Gross Motor Development-2. PA using accelerometers
23 was obtained from this subgroup (n = 238). All participating children completed a
24 questionnaire measuring their PA participation, enjoyment, and perceived physical and
25 movement skill competence. Structural equation modelling revealed positive associations
26 between locomotor skills and perceived movement skill competence ($\beta = .11$, 95% CI
27 [.001, .22]), and between perceived movement skill competence and objectively
28 measured PA ($\beta = .59$, 95% CI [.04, 1.14]). Perceived physical competence and
29 enjoyment mediated the association between locomotor skills and self-reported PA (β
30 = .08, 95% CI [.02, .12]), but not objectively measured PA. Given inconsistent findings
31 for subjective and objective measures of PA, further mediation analyses of the
32 association between FMS and PA may be warranted.

33

34 **Keywords:** fundamental movement skills; perceived physical competence; perceived
35 movement skill competence; enjoyment; physical activity

36

37 **Introduction**

38 Physical inactivity is a global public health issue (Kohl et al., 2012). Fundamental
39 movement skills (FMS) are the “building blocks” of more advanced, complex movements,
40 including locomotor, object control and stability skills (Logan, Ross, Chee, Stodden, &
41 Robinson, 2017). Proficiency in FMS is one of the most important predictors of
42 children’s physical activity (PA) (Holfelder & Schott, 2014). Increasing evidence
43 indicates that being competent in FMS is associated not only with multiple health
44 benefits (Lubans, Morgan, Cliff, Barnett, & Okely, 2010; Robinson et al., 2015a), but
45 also cognitive and academic outcomes (Haapala, 2013). A growing body of research
46 supports a positive relation between FMS and PA in children and adolescents, but the
47 strength of the association during childhood and adolescence has yet to be conclusively
48 demonstrated (Logan, Webster, Getchell, Pfeiffer, & Robinson, 2015; Robinson et al.,
49 2015a). Using an experimental design, Cohen, Morgan, Plotnikoff, and Lubans (2015)
50 showed that improving children’s FMS competency mediated increases in PA. According
51 to Harter’s competence motivation theory (Harter, 1978), actual competence precedes
52 perceived competence, with perceived competence more directly affecting motivation
53 than actual competence. Therefore, children who have high levels of perceived
54 competence are more likely to enjoy PA, exert greater effort and persistence, and
55 continue PA involvement (Harter, 1978).

56 Stodden et al. (2008) suggest that motor skill competence and PA are associated
57 indirectly via perceived competence. Nonetheless, some studies exploring these
58 associations have been limited by focusing only on a more general perception of physical

59 competence (Barnett, Morgan, Van Beurden, Ball, & Lubans, 2011; Crane, Naylor, Cook,
60 & Temple, 2015; De Meester et al., 2016) rather than assessing perceptions of the same
61 movement skills that clearly align with the actual movement skills being measured.
62 Recent studies have investigated the association between actual and perceived movement
63 skill competence, and moderate-to-vigorous PA (MVPA) assessed via accelerometry in
64 English speaking children younger than 8 years old (Barnett, Ridgers, & Salmon, 2015;
65 Slykerman, Ridgers, Stevenson, & Barnett, 2016). Although these two studies used
66 matched assessments did not find perceived skill competence to be associated with
67 MVPA in young children, further investigation on the specificity of these associations
68 across childhood may help understand the contribution of different types of physical self-
69 perceptions to children's (lifelong) activity levels (Robinson et al., 2015a).

70 Children find PA fun and challenging when they are provided with opportunities
71 to master skills and experience success (Weiss, 2000). Under these circumstances they
72 will likely develop positive feelings toward PA and maintain their motivation to be active
73 over time (Dishman et al., 2005; Owen, Smith, Lubans, Ng, & Lonsdale, 2014). Indeed,
74 children's perceptions of competence and enjoyment of PA are essential influences on
75 their PA participation (Fairclough, 2003). The association between FMS and PA over
76 time may be mediated by the combined effect of these psycho-social variables. There has
77 been research elucidating the association between FMS and PA among children and
78 adolescents in Western countries (Holfelder & Schott, 2014). Less work has been
79 conducted with primary school children across levels and almost none have examined the
80 associations between FMS, perceived competence (both general perception of physical
81 ability and specific perception relative to FMS), enjoyment and PA simultaneously in

82 Asian children. Given that popular sports in Western and non-Western contexts may lead
83 to potential differences in children's experiences with some movement skills measured in
84 existing assessment batteries (Bardid et al., 2016; Spessato, Gabbard, Valentini, &
85 Rudisill, 2013), these cultural influences on motor development may affect the
86 association between FMS and PA.

87 Considering more than half of the Hong Kong children and youth did not meet the
88 recommended PA level (Huang et al., 2016), an enhanced understanding of the
89 association between FMS and PA and the psychosocial variables among Chinese children
90 will augment current literature with valuable information about the prevention of physical
91 inactivity. This study aimed to examine associations between FMS, perceived physical
92 and movement skill competence, enjoyment, and PA among Hong Kong Chinese primary
93 school children using structural equation modelling (SEM). Based on Harter's
94 competence motivation theory (Harter, 1978), and previous research (Barnett, Morgan,
95 van Beurden, & Beard, 2008; Crane et al., 2015), it was hypothesised that FMS would be
96 directly associated with self-reported and objectively measured PA, while perceived
97 physical competence, perceived movement skill competence, and enjoyment of PA would
98 mediate the association between FMS and PA.

99

100 **Method**

101 *Participants and setting*

102 A total of six primary schools from six (i.e., Central & Western; North; Sha Tin; Tsuen
103 Wan; Wanchai; and Yuen Long) of 18 Hong Kong districts returned written principal
104 consent to participate in the study (75% consent rate). Participants in the study were 763

105 primary 1 to 6 students (62% girls; mean age = 9.3 years, $SD=1.7$ and mean BMI = 17.5,
106 $SD=3.4$). Their parents provided written consent for the child to be included in the
107 research and the child provided verbal assent. The university ethics committee granted
108 ethical approval prior to the commencement of the project. Anthropometric data (height
109 and body weight) collected by physical education teachers were used to compute the
110 body mass index (BMI) for each participant. All of the 763 students completed
111 questionnaires measuring PA level, enjoyment and perceived physical and movement
112 skill competence. For FMS measurements conducted during scheduled PE classes, 603
113 children were randomly selected from the entire sample based on their student ID
114 numbers. A total of 571 children (40.5% boys; mean age = 9.3 years, $SD=1.7$) completed
115 all 12 FMS tests. A random sample from this subset of FMS sample was asked to wear an
116 accelerometer device. Among those 238 agreed, 191 (40.3% boys; mean age = 9.2 years,
117 $SD=1.6$) had valid data. No differences were found between the groups in terms of their
118 basic characteristics. The Chinese version of the questionnaire was administered by a
119 trained research assistant in a classroom setting to guide children through each question
120 in each section.

121

122 *Measures*

123 *Fundamental movement skills*

124 The Test of Gross Motor Development, second edition (TGMD-2; Ulrich, 2000) was
125 used to measure FMS competency. The test is comprised of assessments for six
126 locomotor skills: horizontal jump, run, leap, hop, slide and gallop; and six object control
127 skills: overhand throw, kick, underarm roll, strike, catch and dribble. The TGMD-2 is a

128 validated standardized test, commonly used to assess the qualitative aspects of FMS of
129 children aged between three and ten (Ulrich, 2000). Measurements took place at the
130 child's school during the scheduled PE lessons in accordance with the testing procedure
131 outlined in the TGMD-2 Examiner's Manual (Ulrich, 2000). The test examiner assessed
132 the 12 FMS in small groups (3-4 children) in the field and the group rotated around the
133 stations (1 skill per station) until the assessment was completed. Five hundred and
134 seventy-one (94.7%) students completed all 12 FMS tests. Participants who were unable
135 to take the entire test battery were excluded from the analysis.

136 The primary researcher provided a total of six hours of training on the procedures
137 and techniques necessary to score and interpret the TGMD-2 to the test examiners prior
138 to research. They practiced scoring pre-recorded video clips of children's common
139 performance patterns at different ages to compare with the ratings by the primary
140 researcher until reaching a high degree of agreement determined by Intra-class
141 correlation coefficient ($ICC \geq .90$) (Landis & Koch, 1977). Inter-rater reliability for each
142 individual skill using ICC was assessed following completion of training. A total of 90
143 video-clips with different performance levels were reviewed under conditions similar to
144 those of the actual data collection procedures. The test examiners were instructed to rate
145 one skill trial after viewing each vignette for once or up to a maximum of twice. The
146 ICCs across the 12 skills ranged from 0.91 (for strike) to 0.99 (for slide).

147 Preceding actual measurement of each skill, the test examiner provided a
148 standardized demonstration video clip on a smartphone or tablet to the group of children.
149 The use of multimedia was to ensure the accurate demonstration of the skills, thus
150 minimising discriminatory practice commonly faced in live demonstrations (Robinson et

151 al., 2015b). Each of the 12 skills was evaluated twice on three to five performance criteria.
152 The children performed individually the 12 skills tested. For each criterion, and for each
153 trial, students' performance was marked as one (behavioural component presented) or
154 zero (not presented). Scores of all criteria for the skill, and across both trials, were
155 summed to obtain a raw score for each skill. The skill scores were then summed to obtain
156 a locomotor subtest score (range 0-48), and an object control subtest score (range 0-48).

157

158 *Perceived physical competence*

159 The physical competence subscale of the Pictorial Scale of Perceived Competence and
160 Social Acceptance for First-Second Grades (PSPCSA) (Harter & Pike, 1984) and the
161 athletic competence subscale of the Self-Perception Profile for Children (SPPC) (Harter,
162 1985) were administered to children attending Primary 1-2 and Primary 3-6 respectively.
163 These scales, each with six items, measure a general perception of competence in the
164 physical domain (e.g. general motor performance, and feel good about themselves in
165 athletic ability). The range of scores for each item on the subscale is one to four. A score
166 of four reflects highest perceptions of physical competence and a score of one reflects the
167 lowest perceptions of physical competence.

168

169 *Perceived movement skill competence*

170 Children's perceived movement skill competence was assessed using 12 items
171 specifically related to the actual skill competence test battery (Jones, Okely, Caputi, &
172 Cliff, 2010; Southall, Okely, & Steele, 2004), and written in an identical format to that of
173 the SPPC items (Harter, 1985), except that skill illustrations were also provided alongside

174 to assure that students understand what was asked in each item. For example, ‘Some kids
175 are good at dribbling or bouncing balls’, but ‘Other kids don’t feel that they are good at
176 dribbling or bouncing balls’. Items were scored the same as the Harter’s SPPC (Harter,
177 1985), on a one to four scale (from low to high perceived skill competence, respectively).
178 It was considered a valid measure to assess children’s perceived FMS competence and
179 internal consistency ($\alpha = 0.87$) has been documented (Southall et al., 2004).

180

181 *Enjoyment in physical activity*

182 Enjoyment in PA was measured by a 16-item (PACES) using a 5-point Likert-type scale
183 (1 = “Never”; 2 = “Almost never”; 3 = “Occasionally / sometimes”; 4= “Almost every
184 time”; 5 = “Every time”). The PACES was found to be a valid and reliable measure of
185 enjoyment of PA in children and adolescents (Eather, Morgan, & Lubans, 2011; Liang,
186 Lau, Huang, Maddison, & Baranowski, 2014; Motl et al., 2001). The 16 bi-polar
187 statements begin with the stem “when I am physically active ...” and end in statements
188 regarding affective responses (e.g. “... I enjoy it”; “... I feel bored”). The responses were
189 summed to give a total score ranges from 16 to 80. Higher PACES scores reflect greater
190 levels of enjoyment.

191

192 *Self-reported physical activity*

193 The Physical Activity Questionnaire for Older Children (PAQ-C) (Kowalski, Crocker, &
194 Donen, 2004) has been identified as a valid instrument to assess PA during the last seven
195 days in children (8–14 years of age) from culturally diverse populations (Crocker, Bailey,
196 Faulkner, Kowalski, & McGrath, 1997; Janz, Lutuchy, Wenthe, & Levy, 2008; Wang,

197 Baranowski, Lau, Chen, & Pitkethly, 2016). PAQ-C comprises of nine items, each
198 question is scored between 1 (low) and 5 (very high PA) and the average score of all
199 items constitutes the PAQ summary score that can be compared between groups or time
200 points. PAQ-C is designed to provide a general estimate of PA levels in children's
201 participation in different physical activities, as well as activity during PE, lunch break,
202 recess, after school, in the evenings and at weekends. PAQ-C serves as a cost-effective
203 and easy-to-use instrument for gaining insight into PA types and domains, but it does not
204 directly capture the absolute level of PA or specific estimates of time spent across
205 different levels of PA intensity (Voss, Dean, Gardner, Duncombe, & Harris, 2017). It is
206 common to establish its validity against objective measures of PA such as accelerometers
207 ($\rho = 0.47$ for total PA and $\rho = 0.49$ for MVPA) (Janz et al., 2008). PAQ-C score was
208 related to accelerometry-based MVPA ($r = 0.33$) in Hong Kong Chinese children (Wang
209 et al., 2016).

210

211 *Moderate-to-vigorous physical activity (MVPA)*

212 MVPA was objectively measured for seven consecutive days using ActiGraph GT3X+
213 accelerometers. Following standardized accelerometer protocols (Troost, McIver, & Pate,
214 2005), a total of 238 participants were randomly selected to wear the devices.

215 Accelerometers enable the collection of real-time data on the frequency, duration and
216 intensity of all activities. They are relatively small and lightweight, provide a reliable and
217 valid measure ideal for assessing children's PA (Corder, Ekelund, Steele, Wareham, &
218 Brage, 2008; Loprinzi & Cardinal, 2011). Accelerometer data was collected and stored in
219 15-s epochs (Evenson, Catellier, Gill, Ondrak, & McMurray, 2008), and the Evenson et

220 al.'s MVPA cut-point (≥ 2296 counts \cdot min $^{-1}$) was used to categorize children's PA into
221 moderate-to-vigorous intensity activity and minutes spent in this activity intensity. The
222 Evenson cut points provided acceptable classification accuracy to estimate time spent in
223 MVPA in children (Area under the receiver operating characteristic curve [ROC-AUC =
224 0.90]) (Troost, Loprinzi, Moore, & Pfeiffer, 2011). Participants were included in the
225 analysis if they had valid data, defined as a minimum of three days including a weekend
226 day with at least ten hours (600 minutes/day) of total wear time recorded. Non-wear time
227 was defined as strings of consecutive zeros equating to 20 minutes (Cain, Sallis, Conway,
228 Van Dyck, & Calhoun, 2013). A total of 191 (80.3%) students met wear-time criteria.

229

230 **Data analysis**

231 The hypothesised structural relations between multiple independent and dependent
232 variables were tested using SEM. It was deemed an appropriate technique for testing the
233 fit of a hypothesised model with the observed data through goodness-of-fit statistics
234 (Byrne, 2013). Before performing SEM, covariance and correlation matrices were
235 obtained to allow better estimate the direct and indirect effects among the variables in the
236 model (Table 1).

237

238 ****Table 1 near here****

239

240 The analyses were conducted using MPLUS 7.0. The root mean square error of
241 approximation (RMSEA), with associated 90% confidence interval, the comparative fit
242 index (CFI), and the standardized root mean square residual (SRMR) were calculated to

243 evaluate model fit (Byrne, 2013). The interpretation of what constitutes good fit varies
244 across studies (Marsh, Hau, & Wen, 2004). In the current study, RMSEA less than or
245 equal to .08, and CFI greater than .90 were considered indicative of adequate fit (Byrne,
246 2001). The chi-square statistics (χ^2) for model fit was also presented in the manuscript.
247 However, this test is sensitive to sample size and therefore was not used to determine
248 model fit.

249 Random assignment of items to parcels was conducted with the perceived
250 movement skill competence (three four-item parcels) and enjoyment in PA (four four-
251 item parcels), in order to reduce the number of parameters that would be estimated
252 (Figure 1). Parcelling of items in SEM is common, and can have important impact on
253 parameter estimation and statistical conclusions (Bandalos & Finney, 2001). By summing
254 together two or more items and using the resulting sum as the basic unit of analysis is
255 desirable since more than about four items per latent variable in SEM often creates
256 serious problems of model fit (Bandalos & Finney, 2001).

257 The hypothetical model in Figure 1 consisted of four observed variables -
258 locomotor skills, object control skills, self-reported PA and MVPA; and three latent
259 variables - perceived physical competence (six indicators: PPC1 - PPC6), perceived
260 movement skill competence (three indicators: FM1- FM3), and enjoyment (four
261 indicators: EN1 - EN4). The model included paths that emanated from locomotor and
262 object control skills to each of the two latent variables (i.e. perceived physical
263 competence and perceived movement skill competence), and from each of the three latent
264 variables (i.e. perceived physical competence, perceived movement skill competence and
265 enjoyment) to PA (i.e. self-reported PA and MVPA). In addition, locomotor skills or

266 object skills were hypothesized to operate through perceived physical competence,
267 perceived movement skill competence and enjoyment to influence on PA (i.e. indirect
268 effects). The model included children's age, gender and BMI as covariates to account for
269 their influence on all of the latent constructs and indicators.

270

271 ****Figure 1 near here****

272

273 **Results**

274 The descriptive statistics of the sample are provided in Table 2. Hypothesized paths and
275 standardized parameter estimates are shown in Figure 2. The model provided an adequate
276 fit to the observed data, RMSEA = .047, 90% CI [.04, .05], CFI = .94, SRMR = .046.

277 After adjusting for child age, gender and BMI, significant associations were found
278 between (a) locomotor skills and perceived physical competence ($\beta = .16$, 95% CI
279 [.08, .25]), and perceived movement skill competence ($\beta = .11$, 95% CI [.001, .22]); (b)
280 perceived physical competence and enjoyment ($\beta = .50$, 95% CI [.10, .90]); (c) perceived
281 movement skill competence and MVPA ($\beta = .59$, 95% CI [.04, 1.14]); and (d) enjoyment
282 and self-reported PA ($\beta = .02$, 95% CI [-.35, .38]). FMS competency (both locomotor and
283 object control skills) had no direct effect on children's PA (neither self-reported nor
284 objectively assessed PA).

285

286 ****Table 2 near here****

287

288 ****Figure 2 near here****

289

290 After adjustments for age, gender and BMI, only the indirect effect of locomotor
291 skills on self-reported PA through perceived physical competence and enjoyment was
292 significant ($\beta = .07$, 95% CI [.02, .12]). Object control skills did not have an indirect
293 effect on either self-report PA or MVPA through perceived physical competence,
294 perceived movement skill competence and enjoyment.

295

296 **Discussion**

297 This study reported the associations between FMS, perceived physical and movement
298 skill competence, enjoyment in PA, self-reported and objectively measured PA among
299 Hong Kong Chinese children. While previous studies have found a positive association
300 between FMS competency and PA in children (Cohen, Morgan, Plotnikoff, Callister, &
301 Lubans, 2014; De Meester et al., 2016) and adolescents (Barnett et al., 2011), this direct
302 relationship was not observed in the study sample. Alternatively, perceived competence
303 and enjoyment mediated the association between movement skill competence and self-
304 reported PA (but not objectively measured PA). There is little research in this area
305 investigating the mediating effects of enjoyment or perceived competence among
306 children (Cohen, Morgan, Plotnikoff, Hulteen, & Lubans, 2017). To the authors'
307 knowledge, this study is the first to assess perceived physical competence, perceived
308 movement skill competence, and enjoyment of PA as potential mediators of the
309 association between FMS and PA among a large sample of Hong Kong primary-school
310 aged children.

311 The findings generally indicate that being able to perform locomotor skills
312 competently is important for enhancing perceptions and enjoyment experienced in PA, in
313 turn increasing PA engagement in children. This confirms previous studies in the
314 Western population that locomotor skills may have a greater influence on children's PA,
315 in comparison to object control skills (Khodaverdi, Bahram, Stodden, & Kazemnejad,
316 2016; Williams et al., 2008). In the current study, this finding may reflect the cultural
317 specificity of the skills included in the TGMD-2. For example, the locomotor skills (e.g.,
318 jump, hop, and run) included in the TGMD-2 are prominent in physical activities like
319 running, dancing and jumping rope. They are more widely popular among Hong Kong
320 school children than many team sports (e.g., cricket, baseball, and hockey) that often
321 require object manipulation skills. A recent review of global data on child and adolescent
322 participation in sport and leisure-time physical activities has demonstrated that there is
323 diversity in popular sports and activities around the globe (Hulteen et al., 2017).
324 Therefore, it is important to note that traditional FMS might not be appropriate or
325 relevant across different cultures and countries. Further research in non-Western contexts
326 is warranted.

327 In contrast with our findings, two longitudinal studies conducted with Australian
328 children demonstrated that object control proficiency developed in primary schools
329 predicted subsequent engagement in adolescent PA (Barnett, Beard, van Beurden, Brooks,
330 & Morgan, 2009; Barnett et al., 2008), and a positive self-perception was a mediator of
331 this association (Barnett et al., 2008). One recent study conducted with Canadian pre-
332 schoolers (Crane et al., 2015) also found that object control skills were more closely
333 related to MVPA than locomotor skills, but perceived competence did not mediate the

334 association. The inconsistent results observed in these previous studies (Barnett et al.,
335 2008; Crane et al., 2015) may be that they did not align measures of actual and perceived
336 competence to examine their associations with PA (Robinson et al., 2015a). It is likely
337 that children may have different perceptions of their ability in movement skill and sport-
338 related or outdoor games.

339 In the current study, we measured both perceived physical competence and
340 perceived movement skill competence (based on the TGMD-2), but only the latter was
341 significantly associated with MVPA. This finding provides preliminary evidence that
342 perceptions of movement skill competence may also influence children's activity levels.
343 Increasing research has aligned the measures of actual and perceived movement skill
344 competence to investigate their association with objectively measured PA (Barnett,
345 Ridgers, & Salmon, 2015; Slykerman et al., 2016). In contrast, no association between
346 perceived movement skill competence and MVPA was found for young children (4-8
347 years old) in these studies. Our results extend previous knowledge in that, perceived
348 rather than actual skill competence is more important to MVPA in older primary school
349 children. More importantly, it provides support for the inclusion of perceived skill
350 competence to match with the assessment of actual movement skills in future studies.
351 Further investigations of the development of perceived movement skill competence in
352 children and its mediating role between FMS and PA may help better understand the
353 association (Barnett et al., 2015).

354 It should be noted, however, that inconsistent findings were found between
355 different PA measures in the current study. Perceived FMS was associated with MVPA,
356 but not for self-reported PA. This discrepancy highlights the importance of providing

357 comparative objective measures of PA (Kavanaugh, Moore, Hibbett, & Kaczynski, 2015),
358 and calls for valid and reliable PA measures to increase precision and accuracy in
359 detecting associations of PA with actual and perceived competence among children. Yet,
360 the mediation of physical competence and enjoyment was observed only for self-reported
361 and not objectively measured PA. The strength of associations may have been
362 systematically overestimated for self-report PA measures because of social desirability
363 bias in children (Adamo, Prince, Tricco, Connor-Gorber, & Tremblay, 2009). The
364 difference is also likely due to inflated method variance when both PA and psychosocial
365 correlates are assessed using self-report measures (Podsakoff, MacKenzie, & Podsakoff,
366 2012). However, it is argued that statistical techniques such as SEM can be used to
367 control method biases (Podsakoff et al., 2012).

368 Due to logistics challenges, accelerometer data was only obtained in a subsample
369 which may have prohibited detecting a significant association between FMS and MVPA.
370 Further, children in densely populated city of Hong Kong with limited space for PA, may
371 be more often to engage in sedentary behaviours and habitual PA (i.e., light- to moderate-
372 intensity PA) than MVPA. It is thus possible to further investigate and determine the
373 association between FMS and PA using objective measures that may offer a more
374 accurate indication of actual PA involvement at different intensity levels (i.e. light,
375 MVPA, and vigorous PA). Although much of the research has been focused on MVPA,
376 there is some support for the associations among FMS, sedentary behaviour and light- to
377 moderate- intensity PA (Foweather et al., 2015; Gu, 2016; Johnstone, Hughes, Janssen, &
378 Reilly, 2017).

379 Utilising Harter's competence motivation theory, this study recruited a large
380 sample of children across the primary school years (P1–P6) to investigate the associations
381 between FMS, perceived physical and movement skill competence, enjoyment, self-
382 reported and objectively measured PA (Harter, 1978). This research goes beyond existing
383 knowledge by examining the potential mediating effects of enjoyment and perceived
384 movement skill competence on the association between FMS and PA, which may help
385 translate the theoretical links to applications for effective skill learning and PA behaviour
386 change in different settings. The strengths of this study lie in the use of a comprehensive,
387 process-oriented battery to assess children's FMS competence, and matched measures of
388 actual and perceived movement skill proficiency. Children's PA levels were obtained
389 using both objective (accelerometers) and subjective (questionnaires) measurement
390 techniques. Confounding variables were controlled in all analyses.

391 Some methodological limitations need to be acknowledged. As with all cross-
392 sectional studies, the data in the current study were collected at one specific period and
393 therefore causation cannot be established. Although SEM controlled for age, BMI, and
394 gender, the results of the potential mediating effects of enjoyment and skill perceptions
395 on the association between FMS and PA remained insufficient for making a confident
396 causal inference. Experimental and longitudinal studies can strengthen a directionality
397 argument. Considering the fact that estimation of the model may be affected by the
398 potential presence of multicollinearity (Vatcheva, Lee, McCormick, & Rahbar, 2016),
399 caution should be warranted when interpreting the preliminary results found in this study.
400 Another potential limitation is that social support as an important construct in Harter's
401 competence motivation theory was not measured in the current study.

402 The results of the study supported the conclusions drawn by a review, indicating
403 that perceived competence plays an increasing influential role in the promotion of PA
404 engagement across childhood (Babic et al., 2014). Further, findings from the current
405 study highlight that both general perceptions of physical competence and specific skill
406 perceptions appear to be important determinants of PA in children. Perceived physical
407 competence might be viewed as a multidimensional construct and thus, future research
408 could seek to combine multiple assessments of physical self-perceptions to investigate
409 the association between FMS and PA. Simultaneously, there has been growing evidence
410 regarding the use of process and product assessments to provide a holistic assessment of
411 children's FMS competence (Logan, Barnett, Goodway, & Stodden, 2017; Rudd et al.,
412 2016). Towards a better understanding of the examined relationships, it may be
413 particularly important to consider using a wider range of test batteries to capture
414 children's motor competence.

415 Given the rising levels of physical inactivity (Hallal et al., 2012), accompanied by
416 a growing concern in many countries about declining FMS proficiency in children across
417 all ages (Bardid et al., 2016; Foweather, 2010; Hardy, Barnett, Espinel, & Okely, 2013),
418 mediation analyses are warranted to explore the underlying mechanism to further define
419 the associations between FMS and PA at different intensities (i.e. light, MVPA, and
420 vigorous PA) as well as time spent in sedentary behaviours. The current study contributes
421 to the literature by utilising both objective and subjective measures of PA when
422 investigating their relationships with psychosocial variables among children. In
423 conclusion, the results of this study help improve the present understanding of the

424 association between FMS and PA in primary children as well as inform the design of
425 future effective FMS interventions.

426

427 **Disclosure of interest**

428 The authors report no conflicts of interest.

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