

1 The role of motivation into the conceptual model of motor development in childhood

Cite as:

Menescardi, C., De Meester, A., Morbée, S., Haerens, L., Estevan, I. (2022). The role of motivation into the conceptual model of motor development in childhood. Psychology of Sport and Exercise. https://doi.org/10.1016/j.psychsport.2022.102188

Funding: This work was partially supported by the Spanish Ministry of Science, Innovation and Universities [grant CAS19/00194]; and the National Agency of Investigation/Project [PID2020-115075RA-I00].

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Abstract

3	The aim of this study was twofold: first, to investigate whether perceived motor competence
4	(PMC) mediates the relation between actual motor competence (AMC) and physical activity
5	(PA) according to the conceptual model of motor development, and second to examine the
6	role of different motivational regulations (i.e., intrinsic, identified, introjected, and external
7	regulation) in the relationship between PMC and PA. A sample of 504 Spanish students
8	(46.2% girls, 8-12 years old) voluntarily participated in this study. In relation to the first aim,
9	structural equation modeling revealed that PMC indeed mediates the association between
10	AMC and PA. In relation to the second aim, positive associations between AMC and PMC (ß
11	= .32, $p < .001$), which in turn was positively related to intrinsic and identified regulations (β
12	= .46 and β = .43 respectively, $p < .001$), were found. The model showed direct paths from
13	intrinsic and introjected regulation to PA ($\beta = .27$ and $\beta = .22$, $p < .05$) and indirect paths from
14	PMC through intrinsic motivation to PA (β =. 13, <i>p</i> < .05). This study confirms that intrinsic
15	motivation mediates the association between PMC and PA. Strategies targeting to build and
16	develop children's AMC and PMC, and fostering children's intrinsic motivation should be
17	targeted to promote children's PA engagement and motor development.

- *Keywords*: fundamental motor skills; perceived motor competence; motivational
 regulations; physical activity; structural equation analysis.
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The prevalence of overweight and obesity among children has increased globally in 2 the last decades (Abarca-Gómez et al., 2017; Ng et al., 2014). In Spain, this number is even 3 among the highest in Europe, together with Malta, Italy and Greece (Garrido-Miguel et al., 4 2019). More specifically, as many as 38.4 – 44.9% of Spanish children and adolescents (6- to 5 17-year-old) are overweight or obese (de Bont et al., 2019; Sánchez-Cruz et al., 2013), with 6 7 the majority of those overweight/obese youngsters failing to meet the current World Health's Organization's physical activity (PA) recommendations of at least 60 min of daily moderate-8 9 to-vigorous PA (Ajejas et al., 2017; Martínez-Vizcaíno et al., 2020; Mielgo-Ayuso et al., 2016). 10

The conceptual model of motor development (Robinson et al., 2015; Stodden et al., 11 2008) outlines how higher levels of PA in childhood prevent the development of overweight 12 and obesity, and that it is essential to gain insight in underlying factors that stimulate 13 children's PA engagement. Actual and perceived motor competence (AMC and PMC, 14 respectively) are factors preceding PA engagement and weight status, and are already 15 integrated in the model: AMC reflects an individual's proficiency in fundamental movement 16 skills (i.e., locomotion, object control and balance; Logan et al., 2018), and PMC refers to the 17 individual's perception of his/her actual movement capabilities (Estevan & Barnett, 2018). 18 Yet, while children's motivation to engage in PA (Deci & Ryan, 2002) is also an important 19 20 underlying factor of their PA involvement (Cairney et al., 2019; De Meester et al., 2016a), this factor is currently not included in the conceptual model (Robinson et al., 2015; Stodden 21 et al., 2008). In the present study, we examine several associations as outlined in the 22 23 conceptual model in a unique sample of Spanish children, while simultaneously addressing the question of whether and how the addition of motivation into the conceptual model could 24 improve the model. 25

Many of the pathways outlined in the conceptual model (Robinson et al., 2015; 26 Stodden et al., 2008) have been extensively examined in childhood (Barnett et al., 2021). 27 First, a positive association between AMC and PA has been found (e.g., Barnett et al., 2016; 28 Barnet et al., 2021; Logan et al., 2015) suggesting that AMC contributes to children's 29 engagement in PA (Jaakkola et al., 2016a; Stodden et al., 2008). Secondly, AMC is also 30 positively associated with PMC with evidence reporting low to moderate relations (De 31 Meester et al., 2020), suggesting that children who have high levels of PMC are more likely 32 to develop their AMC. Third, studies found that children with high levels of PMC might have 33 34 higher levels of PA (Babic et al., 2014; Bardid et al., 2016; Coppens et al., 2021), supporting the PMC-PA relation. Longitudinal studies further show that PMC not only has a short-, but 35 also a long-term impact on PA practice, predicting students' amount (METs) and intensity 36 (moderate and vigorous) of PA six years later (Jaakkola et al., 2016b). The more competent 37 children feel about their abilities, the less difficult they perceive tasks and the more engaged 38 in mastery attempts they are (Stodden et al., 2008). This persistence leads to further 39 development of AMC and more participation in PA (Hulteen et al., 2018). Fourth, while it is 40 suggested that PMC mediates the relation between AMC and PA (Stodden et al., 2008), a 41 recent systematic review of cross-sectional, longitudinal, and experimental evidence on the 42 conceptual model of motor development suggests that the evidence regarding mediation is 43 inconclusive so far (Barnett et al., 2021). Some studies in Australian, Chinese, Finish, and 44 American children provided evidence for a mediating effect (Barnett et al., 2008; Chan et al., 45 2019; Fu & Burns, 2018; Gu et al., 2017; Jaakkola et al., 2019). Others reported a partial 46 mediation in Iranian children (Khodaverdi et al., 2016) and some studies from the USA (De 47 Meester et al., 2018), Australia (Barnett et al., 2015) and Canada (Crane et al., 2015) did not 48 find evidence for a mediating effect of PMC in the relation between AMC and PA (Barnett et 49 al., 2021). These diverse findings could be due to the wide range of instrument types and 50

measures used in these studies (e.g., subjective vs. objective measures of PA, and process vs. 51 product-oriented MC assessments), as well as the small number of studies considered, which 52 further highlights the need for more studies focusing on the mediation effect (Barnett et al., 53 2021). Fifth, the association of AMC and PMC with PA and weight status was exhibited 54 (Barnett et al., 2021; De Meester et al., 2016a, 2016b; Estevan et al., 2019a; Khodaverdi et 55 al., 2016; Markland & Ingledew, 2007) supporting the idea that children with high AMC and 56 57 high PMC levels were more physically active and had a healthier weight status (lower body mass index, BMI). However, to our knowledge, up to date no study tested the full pathway 58 59 from AMC via PMC towards PA and BMI, with most studies examining only the mediation role of PMC in the relation between AMC and PA. 60 Apart from AMC and PMC, Stodden et al. (2008, p. 292) also acknowledge 61 'enjoyment' as a common determinant of PA (Welk, 1999), suggesting that those who have 62 limited competence will be less likely to enjoy participating in PA. Such assumptions are in 63 line with Self-Determination Theory (SDT, Deci & Ryan, 2002), a broad and well-examined 64 theory on motivation. SDT suggests that when people participate in an activity out of 65 enjoyment, they are intrinsically motivated. Intrinsic motivation, could constitute one of the 66 explanatory mechanisms in the relation between (perceived) motor competence and PA, 67 because according to SDT, people who feel more competent are hypothesized to enjoy and 68 endure their physical activities to a greater extend. Yet, up until today, the enjoyment - or the 69 70 more general construct of intrinsic motivation - is not included in the conceptual model. Next to intrinsic motivation, SDT also recognizes that people may be extrinsically 71 motivated (Deci & Ryan, 2002). Extrinsic motivation refers to performing an activity for 72

when the behavior yields outcomes that are personally valued or important (Deci & Ryan, 74

satisfying an external requirement or in order to avoid punishment or an internal requirement

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2002; Ryan & Deci, 2017). Different regulation types of extrinsic motivation (i.e., external, 75

introjected, and identified regulation) vary in terms of the degree of self-determination or 76 internalization (Deci & Ryan, 2002; Estevan et al., 2021). External regulation is the least self-77 determined and describes behavior that is performed because of external demands (e.g., 78 awards or constraints), whereas introjected regulation is partially internalized and describes 79 behavior that is carried out to achieve social recognition or avoid internal pressures. 80 Identified regulation is the most internalized type of extrinsic motivation and describes 81 82 behavior that occurs from the perception of personal value. Intrinsic motivation and identified regulation are considered autonomous forms of motivation, while introjected and external 83 84 regulation are considered controlled types of motivation. SDT postulates that children who feel competent will be more likely to experience identified and intrinsic motivation, while 85 feelings of incompetence or failure will be more likely to lead to introjected or external 86 regulation (Haerens et al., 2015; Ryan & Deci, 2017; Ryan & Moller, 2017). Along these 87 lines, an enhancement of children's AMC, experiencing mastery and effectiveness, would 88 increase one's feelings of competence and thereby their level of autonomous motivation 89 (Vallerand & Losier, 1999). 90

In the field of motor development, and in line with the aforementioned SDT 91 postulates, studies in children (Bardid et al., 2016; Coppens et al., 2021; Rose et al., 1998) 92 and adolescents (De Meester et al., 2016a; Estevan et al., 2021; Kalaja et al., 2009, 2010), 93 revealed that AMC is positively associated with intrinsic motivation and identified regulation. 94 95 Evidence also showed that children and adolescents with high PMC have been found to be more autonomously motivated than their peers with a lower PMC (Bardid et al., 2016; De 96 Meester et al, 2016a; Estevan et al., 2021). Thus, high AMC and PMC might positively 97 influence children's autonomous motivation to engage and persist in PA (De Meester et al., 98 2016a; Ensrud-Skraastad & Haga, 2020) because children who feel good about themselves 99 and their abilities are resilient to challenges (Craven & Marsh, 2008; Rose et al., 1998). In 100

terms of controlled forms of motivation, the relation with AMC/PMC is less clear with 101 studies revealing a negative or no significant association between AMC/PMC and 102 introjected/external regulation (Boiché et al., 2008; Ensrud-Skraastad & Haga, 2020; Estevan 103 et al., 2021), and others revealing introjected regulation is positively related only with PMC 104 (Çağlar & Aşçi, 2010; McDavid et al., 2014; Sebire et al., 2013), maybe as a way to get 105 others' approval (Ryan & Deci, 2017; Ryan & Moller, 2017). 106 107 Finally, autonomous motivation (including both identified regulation and intrinsic motivation) has been found to be positively associated with PA in childhood (Coppens et al., 108 109 2021; Sebire et al., 2013) and adolescence (Kalaja et al., 2010; Markland & Ingledew, 2007), while evidence of the association between controlled motivation (including both introjected 110 and external regulation) and PA is inconsistent. Previous studies supported, against 111 theoretical expectations, a positive relation between introjected motivation and PA (Markland 112 & Ingledew, 2007; McDavid et al., 2014; Nogg et al., 2021; Taylor et al., 2017) while others 113 did not find a significant relation between controlled forms of motivation and PA (Sebire et 114

al., 2013). Although motivation is currently not included in the conceptual model (Stodden et

al., 2008), the above-cited evidence suggests that it clearly relates to several of the included

117 variables, specifically AMC, PMC and PA. Actually, eventhough scarce studies have

analyzed the mediated role of motivation into the model of Stodden there is supported

evidence that children who felt competent, also participated in PA mostly out of

120 enjoyment/intrinsic motivation. In this line, previous studies in British, Chinese, and

121 American children exhibited that children's intrinsic motivation/enjoyment mediated the

association between perceived competence and PA (Chang et al., 2019; Sebire et al., 2013;

123 Zhang et al., 2021). Yet none of these studies included a measure of AMC.

124 The first aim of this study was to examine the pathways outlined in the conceptual 125 model (Stodden et al., 2018), involving the relations from AMC to PMC, from PMC to PA,

126	and from PA to BMI in a sample of Spanish children (see hypothesized model 1; Figure							
127	S1.1). Moreover, we wanted to specifically examine the intervening role of PMC in the AMC							
128	and PA relation. The second aim was to examine whether the addition of the motivational							
129	regulations in between the PMC-PA relation improves the conceptual model (see							
130	hypothesized model 2; Figure S1.2).							
131	Method							
132	Study design and participants							
133	A convenience sample of 504 (233 girls, 46.2%) 8- to-12-year-old students ($M = 9.48$,							
134	SD = 1.16) was recruited from six elementary schools in (CITY AND COUNTRY							
135	BLINDED FOR PEER REVIEW) to participate in this study (response rate 89.7%). The data							
136	were collected between November 2019 and February 2020 and were not published in							
137	previous studies. Written consent from a parent or guardian, and oral child assent, was							
138	obtained for all participants prior to participation. The study was approved by the Ethics							
139	Committee of the first author's university (CODE BLINDED FOR PEER REVIEW).							
140	Measures							
141	Actual motor competence							
142	The Canadian Agility Movement Skill Assessment (CAMSA) (Longmuir et al., 2017)							
143	was used to assess AMC, which has been proven to be a valid and reliable measure of motor							
144	competence in Australian, Chinese, Danish, Greek, and Spanish children (Cao et al., 2020;							
145	Dania et al., 2020; Elsborg et al., 2021; Lander et al., 2015; Lander et al., 2017; Longmuir et							
146	al., 2017; Mendoza-Muñoz et al, 2021; Menescardi et al., 2022). This motor test battery can							
147	be considered an authentic and hybrid assessment tool including both product- and process-							
148	oriented measures (Tyler et al., 2018). It requires children to engage in a series of seven							
149	movement tasks: (1) 2-footed jumping into and out of three hoops on the ground, (2) sliding							

from side to side over a 3 m distance, (3) catching a ball and then (4) throwing the ball at a

wall target 5 m away, (5) skipping, (6) 1-footed hopping in and out of six hoops on the 151 ground, and (7) kicking a ball between two cones placed 5 m away to be completed in a row 152 in a continuous dynamic obstacle course. Children's performance was assessed using the time 153 taken to complete the obstacle course (product-based criteria) and the performance on 14 154 items assessing the quality of movement patterns (process-based criteria). Tests that include 155 both product-oriented and process-oriented measures can provide a comprehensive 156 157 assessment of AMC (Robinson et al., 2015). Regarding the product-based criteria, the timekeeping started when the participant began 2-foot jumping (i.e., the first task) and was 158 stopped when the participant kicked the ball (i.e., the 7th and final task). Time was converted 159 into a score out of 14 points (Longmuir et al., 2017). Regarding the process-based criteria, 160 participants' technical performance was scored on 14 criteria, with one point awarded for 161 each skill performance criterion that was correctly executed. Both product and process scores 162 provided a CAMSA score ranging from 0 to 28 (Lander et al., 2017; Longmuir et al., 2017). 163 This CAMSA score was used as a measure of AMC. In a subsample (n = 90; 43 girls, 47.8%) 164 the concurrent validity of the CAMSA was established by examining the association between 165 the children's CAMSA score and the Körperkoordinationstest für Kinder (Kiphard, & 166 Schilling, 2007) motor quotient. A moderate correlation between both tests was observed (r =167 .45, p < .01). The reliability of the CAMSA was established in two ways. First, a subsample 168 of 69 children performed the test twice at a 1-week interval. As such, 138 video-recorded 169 170 performances were coded to determine test-retest reliability. Intra-class correlation coefficients (ICCs) were moderate-to-excellent for time score (ICC = .83, 95% CI [.76, .88]), 171 item scores (ICC = .70, 95% CI [.58, .79]), and total CAMSA scores (ICC = .82, 95% CI 172 [.75, .87]). Secondly, the same 84 performances were coded twice with a 1-week difference 173 in between observations by two different observers to assess intra- and inter-rater reliability. 174 Intra-rater reliability was excellent for time scores (ICC = 1.00), item scores (ICC = .99, 95%175

- 176 CI [.98, .99]), and total CAMSA scores (ICC = .99, 95% CI [.99, 1.00]). Inter-rater reliability
- was also excellent for time scores (ICC = .1.00), item scores (.83, 95% CI [.75, .89]), and
- total CAMSA scores (ICC = 95, 95% CI [.86, .96]) (Fleiss, 1981).

179 *Perceived motor competence*

The second version of the pictorial scale of the Perceived Movement Skill 180 Competence (PMSC; Johnson et al., 2016) validated in Spanish (Estevan et al., 2019b) was 181 182 used to assess participants' PMC by means of thirteen pictographic tasks (run, gallop, hop, jump, step slide and skip, throw upper arm, catch, kick, hit, bounce, throw underarm, and 183 184 racket). According to the validated protocol, the child's perception in each skill was rated from 1 (lower perception) to 4 (higher perception) by using a double dichotomy process in an 185 interview conducted by a research assistant (Johnson et al., 2016). Results from the 186 confirmatory factor analysis (CFA) with all items loading on one latent factor showed 187 satisfactory fit indexes ($\chi^2(65) = 103.635$; the Comparative Fit Index (CFI) = .94; the Root 188 Mean Square Error of Approximation (RMSEA) = .03; and the Standardized Root Mean 189 Residual (SRMR) = .04). Cutoff values were established at CFI > .90 and RMSEA/SRMR < 190 .08 to indicate good model fit (Cangur & Ercan, 2015; Hu & Bentler, 1999). In this model, all 191 item loadings ranged from .38 to .55. The scale showed good reliability ($\alpha = .76$). The 192 average score of the 13 items was used as a measure of PMC in the analyses. 193

194 *Motivation*

A shortened child-adapted version of the Behavioural Regulation in Exercise Questionnaire (BREQ) was used to measure participants' motivational regulations (Sebire et al., 2013). Before data collection, the scale was translated into Spanish using a back- and fordward-translation procedure (i.e., English-Spanish-English) by two independent English specialist translators. In line with previous studies (Estevan et al., 2019b), the translations were inspected by two Spanish-speaking expert-authors who validated the content of the

201	scale and suggested minor language adjustments to the translated items. This questionnaire
202	consisted of 12 items with a five-point Likert scale, which varied between 1 ("not true for
203	me") and 5 ("very true for me") preceded by the stem "I am active because". Three items
204	measured intrinsic motivation (e.g., "being active is fun"), three measured identified
205	regulation (e.g., "it is important to me to do active things"), three measured introjected
206	regulation (e.g., "when I am not active I feel bad"), and three measured external regulation
207	(e.g., "other people say I should"). One item of the introjection scale (i.e., "I want to
208	show other people how good I am") was ultimately removed based on the results of the
209	modification indices that suggested this item loaded more strongly on external than
210	introjected regulation. A CFA of the three-item factors of intrinsic, identified, and external
211	regulation and the two-item factor of introjected regulation showed satisfactory fit indexes
212	$(\chi^2(38) = 61.489; CFI = .97; RMSEA = .04; SRMR = .04)$. All factor loadings ranged from
213	.39 to .74. Internal consistencies were acceptable with Cronbach's alphas of .72, .54, .61, and
214	.66 for intrinsic, identified, introjected and external regulations, respectively (Hair et al.,
215	2014; van Griethuijsen et al., 2015).

216 *Physical activity*

The Physical Activity Questionnaire for Older Children (PAQ-C; Kowalski et al., 217 2004) adapted to Spanish was used (Manchola-González et al., 2017). The PAQ-C is a self-218 reported 7-day recall questionnaire that assesses participation in different types of physical 219 activities (e.g., "Have you done any of the following activities...? If yes, how many times?"), 220 as well as the level and frequency of PA during PE, lunch break, and recess (e.g., "...what 221 did you do most of the time at recess?"), after school, in the evenings (e.g., "...on how many 222 evenings did you do sports, dance, or play games in which you were very active?"), and at 223 weekends by the use of nine items scored on a five-point Likert scale ranging from 1 (low) to 224 5 (high). The following item "During your physical education classes, how often were you 225

226	very active (playing hard, running, jumping, throwing)?" was removed because the item
227	loading was lower than .30 (Field, 2018). Next, one last item assessed whether the
228	participants were sick in the week previous to completing the questionnaire, or whether
229	anything prevented them from engaging in their normal PA. This item is not included in the
230	sum of the PAQ score but is used to detect individual's unusual PA levels. For those children
231	reporting illness, the PAQ-C was re-administered two weeks later. A CFA on the PAQ-C
232	after item removing revealed a good fit ($\chi^2(20) = 33.583$; CFI = .98; RMSEA = .04; SRMR =
233	.03). The scale showed good reliability ($\alpha = .73$). All item loadings ranged from .36 to .74.
234	Anthropometry

Height and weight were measured without shoes, using a stadiometer scale (SECA, Hamburg, Germany) and an electronic body composition analyzer (Tanita BC-601; Tanita Corporation of America, Inc, Arlington Heights, IL), respectively. For each child, body mass index (BMI) was first calculated as weight/height² (kg/m²). Subsequently, an age- and sexadjusted BMI percentile score was calculated using a children's BMI group calculator– metric, provided by the Centers for Disease Control and Prevention (CDC, Kuczmarski et al., 2002).

242 **Procedure**

The administration of questionnaires (PAQ-C, PMSC, and BREQ) and anthropometry 243 measurements were conducted prior to the assessment of AMC. CAMSA measurements were 244 245 conducted in a large sports hall by three trained research assistants. Two were involved in the AMC assessment directly, that is, one research assistant operated the camera and another 246 threw a soft ball to the participants and placed the ball at the kicking line. The third research 247 assistant was responsible for demonstrating the tasks at a second, identical CAMSA circuit 248 prior to the actual measurements. Participants were divided in groups of three and were 249 instructed to complete the assessment as fast as possible while performing the skills to the 250

- best of their ability (Longmuir et al., 2017). Each child was allowed to perform two-practice
- attempts and two assessment trials. Each child's performance was video recorded at 25 Hz
- with a Lumix TZ7 camera (Panasonic, Japan [©]) for subsequent coding.
- 254 **Plan of analysis**

255 *Preliminary analyses*

Descriptive and correlation analyses were conducted to examine whether age was correlated with any of the study variables, and to examine the correlation among study variables, using SPSS (Version 24; SPSS Inc., Chicago, IL, USA). To examine whether the main study variables differed according to student sex, we conducted a MANOVA with student sex as an independent variable and with the eight study variables (AMC, PMC, the four regulations, PA, and BMI percentile) as dependent variables.

262 **Primary analyses**

In relation to our first aim, a structural equation modeling (SEM) approach was used 263 to test the hypotheses embedded in the conceptual model (Stodden et al., 2008; see Figure 264 S1), using Mplus v.8 (Muthén & Muthén, 2017). Apart from direct paths (1a) from AMC to 265 PMC, (1b) from AMC to PA, (1c) from PMC to PA, (1d) from PA to BMI, also indirect 266 effects were tested from AMC to PA via PMC. In relation to our second aim, motivational 267 regulations were added to the second model. This led to the following direct paths: (2a) from 268 AMC to PMC, (2b) from PMC to motivational regulations, (2c) from motivational 269 270 regulations to PA, (2d) from PCM to PA, and (2e) from PA to BMI. In addition, indirect effects were tested between (i) AMC and motivational regulations via PMC and (ii) PMC and 271 PA via motivational regulations through the model indirect procedure in Mplus (Muthén & 272 Muthén 2017). These models were computed with age and sex as covariates (see preliminary 273 analyses). 274

In order to reduce the number of parameters that would be estimated, item parceling 275 was conducted (Heitzler et al., 2010) with the PMSC and PAQ-C scales. Item parceling 276 constitutes a common practice in SEM analyses, which involves summing together two or 277 more items by combining the items which have the highest and lowest loading in an 278 exploratory factor analysis (Fuller et al., 2006). In the current study, three and four parcels 279 per factor were created (also see Haerens et al., 2015; Chan et al., 2019) for the PMSC and 280 PAQ-C, respectively. To determine the amount of variability possibly explained by the 281 selected factors, the R-squared (R²) was calculated (Khodaverdi et al., 2016). Model 1 and 2 282 were compared by using the χ^2/df ratio, which smaller ratio suggests better model fit (Cangur 283 & Ercan, 2015). 284

285

Results

286 **Preliminary analyses**

Acording to the CDC norms, a total of 65.9% of children were classified as under or 287 normal weight (BMI percentile < 85th, Kuczmarski et al., 2002), while the remaining 34.1% 288 were classified as overweight or obese (> 85th percentile). Means, standard deviations, and 289 correlations among the study variables are presented in Table 1. Pearson bivariate 290 correlations between participants' age and six of the eight study variables (AMC, PMC, 291 identified regulation, introjected regulation, PA, and BMI percentile) were significant. 292 Positive relations were found between age and AMC, and between age and BMI, indicating 293 294 that older children obtained better scores for AMC and had a higher BMI. All other relations were negative indicating that older children reported lower PMC, identified regulation, 295 introjected regulation, and PA. 296

The multivariate effect of participants' sex was significant (Wilks' Lambda = .89, $F(9,494) = 6.89, p < .01, \eta_p^2 = .11$). Univariate tests were significant for AMC ($F(1,502) = 22.42, p < .01, \eta_p^2 = .04$), PMC ($F(1,502) = 16.29, p < .01, \eta_p^2 = .03$), introjected regulation

300	$(F(1,502) = 4.60, p = .03, \eta_p^2 = .01)$, and PA $(F(1,502) = 13.54, p < .01, \eta_p^2 = .03)$. Boys
301	scored higher on AMC, PMC and PA than girls, while girls scored higher on introjected
302	regulation (see Table 1). In light of these findings, we controlled for age and sex in the model
303	tested in the primary analyses.

304

[Table 1]

305 Primary analyses

The first model showed an acceptable fit to the data ($\chi 2(33) = 116.130$; $\chi^2/df = 3.52$; 306 CFI = .92; RMSEA = .07; SRMR = .04). In this model, all indicator loadings ranged between 307 .51 and .94. This model explained 18% of the variance in PA. Figure S2 represents the results 308 of the path analysis, controlled for age and sex. In terms of direct paths, the model showed 309 that AMC was positively associated with PMC ($\beta = .23, p < .001$), which in turn was 310 positively related to PA ($\beta = .27$, p < .001). A marginally significant direct positive relation 311 was found between AMC to PA ($\beta = .11$, p = .07), while PA was not significantly associated 312 with BMI ($\beta = -.07$, p = .20). The indirect path from AMC via PMC to PA (standardized 313 indirect effect = .06, p = .03, 95% CI [.01, .12]) was significant. 314 Adding motivation in Model 2 improved the model fit ($\chi^2(182) = 332.818$; $\chi^2/df =$ 315 1.83; CFI = .92; RMSEA = .04; SRMR = .05). In this model, all indicator loadings ranged 316 between .38 and .78. The addition of the motivational regulations increased the explained 317 variance in PA to 32%. Findings thus revealed that Model 2 exhibited a smaller χ^2/df ratio 318 $(\chi^2/df = 1.83)$ and explained a larger percentage of PA (32%) than Model 1 ($\chi^2/df = 3.52$; 319 320 18%). Figure 1 represents the results of the path analysis, controlled for age and sex. In terms of direct paths, the model confirmed that AMC was positively associated with PMC ($\beta = .32$, 321 p < .001). PMC in turn was positively related to intrinsic and identified regulations ($\beta = .46$ 322 and $\beta = .43$, p < .001), and a marginally significant direct positive relation was also found 323 between PMC and introjected regulation ($\beta = .15$, p = .05). The direct relation between PMC 324

325	and PA was marginally significant ($\beta = .13$, $p = .07$). The model further showed direct
326	positive relations from intrinsic ($\beta = .27, p = .04$) and introjected ($\beta = .22, p = .04$) regulations
327	to PA. PA was not significantly associated with BMI ($\beta =08, p = .13$).
328	When moving along the model from left to right, we note that indirect paths from
329	AMC via PMC to intrinsic (standardized indirect effect = $.15$, $p < .001$, 95% CI [.08, .22])
330	and identified regulation (standardized indirect effect = .14, $p < .001$, 95% CI [.07, .21]) were
331	significant. The indirect path from PMC to PA via the four motivational regulations was also
332	significant (standardized sum of indirect effect $\beta = .20$, $p < .001$, 95% CI [.11, .29]).
333	Inspection of the indirect paths for each motivational regulation separately showed that the
334	indirect effect from PMC towards PA through intrinsic motivation was significant
335	(standardized indirect effect = .13, $p = .049$, 95% CI [.00, .25]). All other indirect paths
336	through the motivational regulations were not significant ($p < .05$).
337	[Figure 1]
338	Discussion
339	Examining the association among factors related to PA and in turn BMI is highly
340	valuable in light of the promotion of a healthy lifestyle (Cairney et al., 2019; Deci & Ryan,
341	2002; Robinson et al., 2015; Ryan & Deci, 2017; Stodden et al., 2008). The first aim of this
342	study was to examine the pathways from AMC via PMC to PA and BMI as outlined in the

conceptual model of motor development (Robinson et al., 2015; Stodden et al., 2008) in a 343 sample of 8- to 12-year-old Spanish children. A second aim was to test, for the first time, 344 whether the addition of SDT's motivational regulations (Deci & Ryan, 2002) improved the 345 conceptual model. In line with what is postulated by SDT, our model hypothesis is fulfilled 346 as children's AMC was associated with their PMC and PA, with the AMC-PA relation fully 347 mediated by children's PMC. The findings also supported that motivation should be 348

349 considered as a crucial factor in relation to children's participation in PA (Coppens et al.,

350 2021; Sebire et al., 2013; Ryan & Deci, 2017).

351 Relations between AMC-PMC and children's physical activity levels

In line with previous research (e.g., Logan et al., 2015; Barnett et al., 2021), we found 352 a positive association between AMC and PA. This association suggests that children who are 353 more motor competent are also more physically active (and vice versa). Yet, we did note that 354 this association was weak and only borderline significant in the full model when controlling 355 for other influencing factors such as PMC and motivation. The relationship between AMC 356 357 and PA was thus rather weak, which aligns with the findings of Barnett and colleagues (Barnett et al., 2021) who found an unclear or non-robust association between AMC and PA 358 when considering all available literature on this topic. We further found a positive relation 359 between AMC and PMC, suggesting that children who are more competent will also perceive 360 themselves as more competent. The strength of the relation was weak though, which aligns 361 with findings from a recently published meta-analysis that reported consistent evidence for 362 low to moderately strong relations (De Meester et al., 2020). These findings are not 363 surprising as children (8- to-12-year-old) tend to overestimate their PMC levels (De Meester 364 et al., 2020), thereby generating discrepancies between AMC and PMC, which could explain 365 the weak relation found. 366

When compared to the relation between AMC and PA, the relation between PMC and PA was relatively stronger. It thus appears that PMC is more decisive than AMC when it comes to PA engagement in children as was also suggested in prior research (De Meester et al., 2016a). It has been suggested that the more competent children feel about their abilities, the more engaged in mastery attempts they are (Stodden et al., 2008), which affects their persistence in PA (Hulteen et al., 2018). Yet, the role of AMC should not be ignored as there appears to be a dynamic and synergistic role between AMC and PMC in driving PA

engagement (Bardid et al., 2016; De Meester et al., 2016b). Specifically, we found an indirect 374 effect from AMC to PA via PMC. In that respect, our findings align with prior studies in 375 Australian and Finish 8- to-12 years-old, Chinese 11-12 years-old, and American 9-13 years-376 old children that provided evidence for a mediated relation (Barnett et al., 2008; Fu & Burns, 377 2018; Gu et al., 2017; Jaakkola et al., 2019). As motor abilities represent a source of 378 information for constructing the physical self-concept (Jekauc et al., 2017), we can support 379 that children with higher abilities (i.e., AMC) seem to be confident in relation to their motor 380 skills (i.e., PMC) which encourages them to engage in further physical activities (De Meester 381 382 et al., 2020; Jekauc et al., 2017; Stodden et al., 2008). Accordingly, children engage more in PA not only when they are competent but particularly when this leads them to feel more 383 competent (De Meester et al., 2018; Jaakkola et al., 2019). 384

385 Adding SDT's motivational regulations to the conceptual model of motor development

The second purpose of the current study was to examine whether the conceptual 386 model could be improved by adding SDT's motivational regulations. Up until now, few 387 studies have analyzed the role of motivation in relation to the variables of the conceptual 388 model (Robinson et al., 2015; Stodden et al., 2008) even though there is plenty of evidence 389 that children's competence and success experiences can affect their motivation (Bardid et al., 390 2016; De Meester et al. 2016a; Estevan et al., 2021; Sebire et al., 2013; Vallerand & Losier, 391 1999). We found an indirect effect from AMC to intrinsic and identified regulation via PMC. 392 393 The results of the tested model suggest that well-developed AMC is positively associated with psychological factors, such as PMC and motivation to engage and persist in PA. These 394 findings align with a prior study in Belgian children (aged from 9- to 13-year-old, Coppens et 395 al., 2021) reporting autonomously motivated children to have a higher AMC. These results 396 are not surprising as competent children are more likely to experience a positive affect when 397 they master experiences (i.e., increased PMC) and, it has been shown that they are also more 398

intrinsically motivated to accept challenges (Craven & Marsh, 2008; Jekauc et al., 2017; Rose
et al., 1998).

To the best of our knowledge, this study represents the first attempt to examine the 401 indirect role of the four motivational regulations into the sequence of the conceptual model, 402 hereby displaying that the addition of the four motivational regulations clearly improved the 403 model with a substantial increase in explained variance in PA. The findings largely confirm 404 405 the conceptual model's suggestion (Stodden et al., 2008; p. 292) that 'enjoyment' needs to be considered as one of the most common determinants of PA. Stodden and colleagues (2008) 406 407 particularly suggested that those children who have limited perceived competence (low PMC) are less likely to enjoy participating in PA. The findings of the current study provide 408 empirical support for this premise by identifying an indirect relation from PMC towards PA 409 via intrinsic motivation. Children who felt more competent, also reported participating in PA 410 mostly out of enjoyment, which in turn related to increased PA levels. These findings are 411 consistent with prior research. In 7- to 11-year-old British children, Sebire et al. (2013) 412 showed how intrinsic motivation mediated the relation between the basic psychological needs 413 (including competence) and PA (Sebire et al., 2013). More recently, in a sample of 7- to 12-414 year-old Chinese children, Chan et al. (2019) also provided evidence for the mediating role of 415 children's enjoyment in the relation between perceived physical competence (which includes 416 perceived competence, social acceptance and athletic competence) and PA. Similarly, in a 417 418 sample of 10- to 12- year-old American children, Zhang et al. (2021) found that PA enjoyment mediated the relationship between perceived competence (in basketball, overhand 419 throwing, and striking) and PA. It seems there is consistent support of the indirect relation of 420 intrinsic motivation in the association between PMC and PA in childhood. All together the 421 findings of our study and prior research (Sebire et al., 2013, Chan et al., 2019, Zhang et al., 422 2021) confirm the postulates of SDT (Deci & Ryan, 2002), highlighting that children need to 423

be competent (i.e., high AMC) and *feel* competent (by fostering their PMC) as well as enjoy
PA in order to regularly participate in it.

SDT (Deci & Ryan, 2002) suggests that not only intrinsic motivation, but also 426 identified regulation stems from enhanced feelings of competence, while feelings of 427 incompetence or failure will more likely lead to introjected or external regulation (Haerens et 428 al., 2015; Ryan & Deci, 2017; Ryan & Moller, 2017). These theoretical premises were only 429 partially confirmed. As expected and in line with prior research (Cağlar & Aşçi, 2010; 430 Coppens et al., 2021; Estevan et al., 2021; McDavid et al., 2014; Sebire et al., 2013) a 431 432 positive relation was found between PMC and PA with identified regulation next to intrinsic motivation, supporting a sequential model where children's perception of competence 433 influences their motivation which also determines their PA levels (Sebire et al., 2013; 434 Vallerand & Losier, 1999). Children who feel more competent are thus more likely to 435 participate in PA because they value and enjoy it. Yet, in contrast to our expectations, the 436 relation between PMC and introjected regulation appeared positive rather than negative. 437 Thus, children who feel more competent seem also more likely to feel internally pressured to 438 participate in PA. Previous studies have argued that competence satisfaction in the absence of 439 autonomy satisfaction may lead to introjected reasons to participate in an activity (Cağlar & 440 Aşçi, 2010; Deci & Ryan, 2002; McDavid et al., 2014). Such findings were also reported in 441 previous studies in 10- to 13- year-old U.S. children (McDavid et al. 2014-), 11 to 14 years-442 old Spanish (Estevan et al. 2021) as well as 16- to 19-year-old Turkish adolescents (Çağlar & 443 Asci, 2010). As we did not measure childrens' autonomy satisfaction, it was not possible to 444 test this premise. PMC though did not relate to external regulation. Feelings of competence 445 are thus unlikely to influence external regulation (and vice versa, Ryan & Moller, 2017; 446 Sebire et al., 2013). These findings are in line with prior research in children and adolescents 447 (e.g., Çağlar & Aşçi, 2010; Estevan et al., 2021; McDavid et al., 2014), which showed that 448

external regulation did not relate to PMC. Moreover, external regulation did not relate to PA
in the full model confirming prior research results in 10- to 13-year-old U.S. Children
(McDavid et al., 2014), 12- to 17-year-old U.S. (Nogg et al., 2021) and British adolescents
(Markland & Ingledew, 2007; Taylor et al., 2017), thereby supporting the hypothesis that PA
motivation associated with others' demands would be negatively associated with PA levels.

454 Relations with BMI

The postulated association between PA and children's weight status (Stodden et al., 455 2008) was not exhibited in the current study. Consistent with previous literature (Morrison et 456 457 al., 2012), our findings suggest that PA engagement did not depend on BMI (and vice versa) in 8- to 12-year-old children. One explanation that has been put forward in the literature is 458 that a higher BMI may be beneficial for some types of PA/sports such as those wherein object 459 control (e.g., shot-put and discus throw) and/or defensive position are key (e.g., basketball, 460 and/or rugby; Holway, & Spriet, 2011; Klungland & Sundgot-Borgen, 2012). The 461 aforementioned reason might also explain why the hypothesized negative association 462 between weight status and AMC (Barnett et al., 2021) was not confirmed. That is, in the 463 current study BMI did not relate to AMC or PMC. It is proposed that children's weight status 464 does not have to play an important role in how competent children are and feel (Deforche et 465 al., 2003; Morano et al., 2011). For instance, in stationary activities that do not require 466 locomotion children with unhealthy BMI can be and feel as motor competent as their 467 counterparts with healthier BMI (Duncan et al., 2017; Southall et al., 2004; Trecoci et al., 468 2021). 469

We did find that children with a higher BMI tend to have a lower intrinsic and identified regulation, and higher external regulation, reflecting that a negative weight status is associated with less self-determined and more controlled forms of motivation. It is possible that children with a higher BMI feel more pressured by their environment to engage in PA

(Hwang & Kim, 2013; Markland & Ingledew, 2002). This matches findings from previous 474 studies in South Korean (Hwang & Kim, 2013) and British adolescents (Markland & 475 Ingledew, 2002), which showed the positive relation between controlled forms of motivation 476 (external and introjected regulation) and BMI while a negative relation was found between 477 intrinsic motivation and BMI. As the reduced individual's autonomous motivation toward PA 478 could lead to a long-term disengagement, it is suggested that PA strategies in obese and 479 480 overweight children should be tailored to increase identified and intrinsic motivation to contribute to higher PA levels (Hwang & Kim, 2013). 481

482 The role of children's age and sex

The findings regarding children's age and sex were largely in line with prior research. 483 AMC increased with increasing age (Bolger et al., 2018) while PMC (Estevan & Barnett, 484 2018; van Veen et al., 2019) and PA (Griffiths et al., 2016) seemed to decrease with 485 increasing age. The negative relation between PMC and age has been reported earlier and is 486 subscribed to the fact that younger children seem to overestimate themselves while PMC 487 seems to become more aligned with AMC when children grow older, as supported by the 488 findings of the current study (see Table S1), because their cognitive ability improves (Estevan 489 & Barnett, 2018; van Veen et al., 2019, Harter, 2012). 490

Furthermore, sex disparities in PA, PMC and AMC have been well-documented in 491 prior research, with some studies reporting values in favor of boys (Barnett et al., 2015, 2016; 492 493 De Meester et al., 2018; Duncan et al., 2018; Estevan et al., 2019b; Lubans et al., 2010; van Veen et al., 2019). The Spanish boys in the current study appeared to be more proficient in 494 fundamental movement skills (also see Barnett et al., 2015, 2016; Duncan et al., 2018; 495 Lubans et al., 2010; van Veen et al., 2019), had more positive self-perceptions (also see 496 Duncan et al., 2018; Estevan et al., 2019b) and were more physically active (also see Barnett 497 et al., 2015; De Meester et al., 2018) than their female counterparts. 498

499 Limitations and future directions

Some limitations of this work must be noted. Even though the BREQ scale used in the 500 current study was translated through robust back-and-forward translation procedures with 501 content validity of the items being confirmed by two independent Spanish experts, the 502 internal consistency of the scales was borderline acceptable (Hair et al., 2014; van 503 Griethuijsen et al., 2015). One of the reasons for this lower internal consistency may be that a 504 505 shortened version of the original scale was used to increase the feasibility of the measures with younger children. Evidence in terms of reliability was inconsistent though with some 506 507 studies using this shortened scale reporting good reliability scores (Sebire et al., 2013, 2016). As a result, particular attention could be given to further testing how to improve the internal 508 consistency of the identified, introjected and external items and whether a longer version of 509 the scale is needed. Also, a pictorial-based scale for children (Davies et al., 2021) has been 510 recently published which could provide a more accurate measurement of motivational 511 regulations in children. The second limitation was the use of self-reported PA questionnaires 512 which has been extensively critiqued (i.e., Power et al., 2011), because in younger children it 513 might capture biased and imprecise perceptions of PA levels (Jiménez-Pavón et al., 2010) 514 even though PAQ scores have reported being a valid and reliable, low cost and ease of 515 administration alternative to an accelerometer measures of PA (Janz et al., 2008; Manchola-516 González et al., 2017; Martínez-Gómez et al., 2009). The third limitation is related to the 517 518 BMI norms (i.e., CDC, WHO, etc.) and the method of analysis (i.e., raw, percentile, or zscore) used because it might impact the findings in terms of children's distribution in 519 different group of weight status (Martínez-Vizcaino et al., 2008). In line with previous studies 520 in Spanish populations (de Bont et al., 2019; Sánchez-Cruz et al., 2013), a large percentage of 521 the current sample (34.1%) was classified as overweight or obese based on CDC norms 522 (Kuczmarski et al., 2002). Although the prevalence rates of overweight and obesity were 523

similar to those reported in prior studies in Spanish children that relied on CDC (Martínez-524 Vizcaino et al., 2008) or WHO norms (de Bont et al., 2019; Sánchez-Cruz et al., 2013), the 525 chosen norm and method of analysis may have influenced the categorization of children as 526 overweight or obese (Martínez-Vizcaino et al., 2008). In future studies, BMI-measures could 527 be used in conjunction with a measure of waist circumference, which has been proven to be 528 more related to healthy weight status (Lehto et al., 2011). For these reasons, future studies 529 530 could: 1) include pictorial scales to assess psychological variables, 2) measure PA levels by using accelerometers, and 3) incorporate a diversity of variables assessing weight status (i.e., 531 532 not only BMI percentiles but also waist circumference; Clark et al., 2020) to gain insights into the factors that are related to children's PA engagement under the umbrella of the motor 533 development framework. 534

535 **Practical implications**

From a practical perspective, PE teachers should teach motor skills and foster AMC, 536 as well as provide experiences/tasks that ensure children success to foster their PMC (Estevan 537 et al., 2021) and enhance children's intrinsic motivation to encourage them to practice PA 538 (Lander et al., 2019). Despite its importance and being recognized as key components of the 539 PE curricula in many countries, PMC and motivation are not acknowledged in the Spanish 540 curricula explicitly (Estevan et al., 2021). Accordingly, it is necessary to enhance students' 541 cognitive understanding to promote a physically active lifestyle in a holistic way (McLennan 542 & Thompson, 2015), as suggested by Physical Literacy research (Cairney et al., 2019). In this 543 sense, a high-quality PE curriculum should promote lifelong PA engagement by providing 544 children with learning experiences that allow them to acquire and develop their motor and 545 emotional skills. As a result, PE interventions aiming to promote PA engagement, should 546 focus on increasing children's AMC and, aligning their PMC to their increased AMC in a fun 547 and safe environment. 548

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Conclusion

550	This study, which was the first to include motivational variables in the conceptual
551	model of motor development (Stodden et al., 2008), led to a more in-depth understanding of
552	the underlying mechanisms of children's PA involvement. Specifically, Spanish 8-12-year-
553	old children who felt more competent were more physically active, because they were more
554	likely to enjoy participating in PA. Results suggest that the inclusion of the motivational
555	regulations as discerned within SDT into the conceptual model of motor development will
556	enhance our understanding of why children do or do not engage in PA.
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558	References
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933 **Table 1**

934 *Descriptive statistics, results of the MANOVA and correlations analyses*

	Total sample Mean (SD)		Boys	Girls	Correlations							
		_ <i>F</i> - value	Mean (SD)	Mean (SD)	1	2	3	4	5	6	7	8
1. Age	9.48 (1.16)	.95	9.53 (1.17)	9.43 (1.15)	-	X						
2. AMC	19.53 (3.37)	22.42**	20.18 (3.42)	18.78 (3.16)	.39**							
3. PMC	3.08 (.44)	16.29**	3.15 (.39)	2.99 (.48)	20**	.17**	-					
4. Intrinsic	4.58 (.63)	1.00	4.61 (.61)	4.55 (.65)	08	.17**	.33**	-				
5. Identified	4.48 (.61)	.66	4.50 (.60)	4.45 (.63)	10*	.13**	.26**	.47**	-			
6. Introjected	3.04 (1.18)	4.60*	2.94 (1.18)	3.16 (1.17)	14**	02	.11*	.16**	.28**	-		
7. External	2.62 (1.16)	2.21	2.69 (1.19)	2.53 (1.13)	09	12**	.03	.00	.12**	.27**	-	
8. PA	3.11 (.73)	13.54**	3.22 (.73)	2.98 (.72)	12**	.10*	.27**	.31**	.28**	.22**	.10**	-
9. BMI %tile	63.20 (29.40)	2.07	64.94 (28.71)	61.17 (30.13)	.11*	05	01	17**	09*	02	.09*	04

935 Note: SD = Standard deviation, Age expressed in years, AMC = Actual motor competence (minimum -maximum: 1-28), PMC = Perceived motor competence (1-4), Intrinsic

936 = intrinsic motivation, identified = identified regulation, introjected = introjected regulation = external = external regulation (1-5), PA = physical activity (1-5), BMI %tile = 937 body mass index percentile value. $**p \le .01$, $*p \le .05$.

938

MOTIVATION INTO THE MODEL OF MOTOR DEVELOPMENT

939 Figure 1

940 Path model for relations between AMC, PMC, motivational regulations, PA, and BMI



941

- 942 *Note.* Representation of the standardized coefficients (β) and standard errors (SE) as estimated in the full model. Black and grey values refer to direct and indirect relations,
- respectively. Solid and dashed arrows indicate significant and non-significant relations, respectively. *p < .05; **p < .01. Latent variables are represented with circles and measured variables are represented with squares. Parceled items – perceived motor competence (PMC1-PMC3) and physical activity (PA1-PA4). PMC1 = items 9, 12, 17, 20;
- 945 PMC2 = items 8, 10-11, 15; PMC3 = items 13, 14, 16, 18, 19; PA1 = items 5, 6; PA2 = items 4, 9; PA3 = items 1, 7; PA4= items 3, 8. Factor loadings (λ): Intrinsic
- 946 motivation: $\lambda_{BRE01} = .682$; $\lambda_{BRE05} = .637$; $\lambda_{BRE09} = .717$; Identified regulation: $\lambda_{BRE02} = .543$; $\lambda_{BRE06} = .653$; $\lambda_{BRE010} = .381$; Introjected regulation: $\lambda_{BRE03} = .580$; $\lambda_{BRE07} = .756$;
- 947 External regulation: $\lambda_{BREQ4} = .441$; $\lambda_{BREQ8} = .747$; $\lambda_{BREQ12} = .772$; $\lambda_{PMC1} = .697$; $\lambda_{PMC2} = .743$; $\lambda_{PMC3} = .775$; $\lambda_{PA1} = .558$; $\lambda_{PA2} = .712$; $\lambda_{PA3} = .562$; $\lambda_{PA4} = .665$.

- The mediation role of children's perceived motor competence in the relation between their actual motor competence and physical activity is evidenced.
- The association between children's perceived motor competence and physical activity is mediated by intrinsic motivation.
- The examination of the role of the motivational regulations in between the children's perceived motor competence-physical activity relation into the conceptual model of motor development requires further research.
- Results suggest that it is not only important to build and develop children's actual and perceived motor competence, but also to foster their intrinsic motivation to promote children's physical activity engagement.



The role of motivation into the conceptual model of motor development in

childhood

Declarations of interest: none.

Conflict of interest: The authors of this study declare that they have no conflicts of interest relevant to the content of this article.

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