According to the research, more than 30% of the global adult population and over 80% of adolescents do not meet the physical activity recommendations. This makes physical inactivity comparable to the established risk factors of smoking and obesity. Also, physical activity has been shown to decline with age, with the greatest decline during adolescence, then later among older adults (over 60). Meanwhile, there is a body of evidence that regular physical activity (150 minutes of moderate-to-vigorous physical activity weekly for adults and 60 minutes for children and adolescents aged 5-17) is associated with numerous health benefits regardless of age, e.g., reduced risk of chronic diseases and premature death, better physical, psychological and cognitive functioning. As multiple studies investigated effects of socio-cognitive factors, such as self-efficacy and social support, on health is there anything new to add? A closer look into gathered evidence indicates a common problem in a vast majority of research conducted to date: they do not clarify what comes first. It is crucial to establish if these factors are chained in a specific way, with either enabling function of social support (enabling hypothesis: social support prompts self-efficacy) or cultivation function of self-efficacy (cultivating hypothesis: self-efficacy prompts social support) (Benight & Bandura, 2004). So far, studies testing the two effects, including author's own work, were conducted among diverse clinical groups and in the context of various beneficial outcomes in different emotional and behavioral domains, such as quality of life or post-traumatic growth among different cancer patients. Furthermore, only a few studies tested both effects, and never in the context of physical activity among general population.

Taking above under consideration, the main aim of this research is to extend knowledge about the reciprocal relationship between self-efficacy beliefs and social support (namely the so-called enabling and cultivation effects) in the context of initiating physical activity in general population. Furthermore, the effect will be tested among age groups with the greatest decline of physical activity across the lifespan (that is adolescents aged 10-14 and older adults over 60 years old).

Two longitudinal trials with three measurement time-points (at baseline, after 10 weeks and after 6 months) will be conducted to assess the causal pathways between investigated factors. Study 1 will be conducted among adolescents aged 10-14 and Study 2 will enroll two age-groups of adults: younger (18-60) and older (over 60). We will apply subjective methods of measurement (self-report of self-efficacy beliefs, received social support, physical activity) and objective measurement of physical activity (with accelerometers which allow determining the quantity and intensity of movements).

This study will provide an insight into mechanisms of reciprocal relationships of modifiable socio-cognitive factors, that is self-efficacy beliefs and social support in the context of initiating and maintaining physical activity in general population. The insight into enabling and cultivating effects would help to understand the functions of both variables, how they operate in the context of other predictors of health behaviors in social-cognitive models, and which of the two should be enhanced first to secure effective interventions facilitating PA. Furthermore, establishing if the effects are specific or of more general nature among groups with the largest decline of PA (that is adolescents and older adults) would allow for the clinical application of findings and help to form tailored guidelines for these groups.