



Too Tired, Too Busy, Still Trying: Perspectives on Exercise Participation Among Latino Parents of Children with Developmental Disabilities

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Received: 17 July 2025 / Accepted: 20 January 2026
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Abstract

Purpose Latino parents of children with developmental disabilities (DD) face elevated risk of depression, chronic pain, and other health disparities. While physical activity can support their well-being, little is known about the factors that influence their exercise participation. The purpose of this study was to explore factors that influence exercise participation among Latino parents of children with DD in Wisconsin, United States, and Puerto Rico.

Methods A descriptive qualitative study was conducted using semi-structured interviews in Spanish. Participants were recruited employing purposive and snowball sampling strategies. Fifteen Latino parents (11 mothers and 4 fathers; 43.3 ± 6.83 years) of children aged 3 to 21 with developmental disabilities, residing in Wisconsin ($n=7$) and Puerto Rico ($n=8$), were interviewed. Interview data were transcribed and analyzed using reflexive thematic analysis.

Results Four themes related to the perceived barriers and facilitators to exercise participation were constructed: (1) the everyday struggles to exercise; (2) there are no places to exercise; (3) taking care of ourselves for them and for us; and (4) with support, we stay active.

Conclusion Latino parents highlight key barriers, including limited time, exhaustion, cultural expectations, financial constraints, and lack of program awareness. Despite these challenges, parents identified facilitators that either supported or could help their exercise participation, such as personal health goals, family support, and the use of creative planning strategies. These findings may support the design of culturally responsive strategies to increase physical activity participation and reduce health disparities in Latino families of children with developmental disabilities.

Keywords Challenges · Disability · Exercise · Health · Latino parent · Physical activity

Introduction

Physical activity (PA) offers numerous health benefits, including a reduced risk of chronic diseases, improved mental well-being, and enhanced overall quality of life (Biddle, 2016; Centers for Disease Control and Prevention, 2024; Miller et al., 2016). For parents of young children

and adolescents, engaging in regular PA can help reduce stress, improve well-being, and support their quality of life (Fahrenwald et al., 2004; Limbers et al., 2020; Norman et al., 2010). Still, many parents find it difficult to stay active because of competing responsibilities, time constraints, and limited social support (Brown et al., 2001; Mailey et al., 2014; Zhou et al., 2024).

These barriers tend to be even more challenging for parents raising children with developmental disabilities (DD) such as autism spectrum disorder (ASD) and intellectual disabilities (Columna et al., 2020; McGarty et al., 2021; Njelesani et al., 2015; Yu et al., 2022). Research consistently shows that these parents engage in less PA than parents raising children not diagnosed with a disability (Diaz, 2020; Ku & Sung, 2022; Siebert et al., 2017). For instance, Zhang et al. (2023) found that parents of children with ASD were less likely to participate in vigorous and muscle-strengthening

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exercise. Reduced participation is often linked to intensity of caregiving demands. Parents frequently manage behaviors such as self-injury, aggression, or elopement, which can be physically and emotionally draining, leaving little time and energy for self-care (Kageleiry et al., 2017; Park & Nam, 2019). As a result, many parents consistently prioritize their children's needs, often at the expense of their own physical and mental health. Although regular PA could help parents reduce stress and support their well-being, opportunities to engage remain limited and frequently overlooked for this population (Lee et al., 2017; McConkey et al., 2011; Patton et al., 2018; Scherer et al., 2019).

While many studies have examined barriers to PA among parents and caregivers (Cramp & Bray, 2011; Mailey et al., 2014), far less attention has been given to Latino parents of children with DD. Most existing research has focused on how Latino parents support their children's PA rather than their own participation (Columna et al., 2020; Ku & Rhodes, 2020). Studies have shown that Latino adults, especially Latina women, have some of the lowest levels of PA in the United States (Elgaddal et al., 2022; Piercy et al., 2018). These low levels are often linked to limited access to affordable fitness programs, concerns about neighborhood safety, demanding work schedules, and language barriers (Marquez et al., 2016; Pérez-Flores et al., 2023). For Latino parents, language barriers can make it difficult to learn about available programs and communicate with instructors (Bantham et al., 2021). Therefore, they may also feel less comfortable participating in group activities or community classes conducted in English, which limits their opportunities to meet PA guidelines (Bautista et al., 2011).

These challenges are especially important given the rapid growth of the Latino population in the United States and the persistent health inequities many Latino families experience (Jensen et al., 2021). In Wisconsin, for example, the Latino population grew by 7.6% between 2010 and 2020 (Escobedo et al., 2023). Families with limited English proficiency or restricted access to healthcare face additional barriers to health-promoting activities. Because Latino families live in many different places, their opportunities to be active can vary across communities. This makes it important to consider the two settings included in this study, Wisconsin and Puerto Rico.

Puerto Rican families living in Puerto Rico, often face challenges such as limited healthcare resources, economic instability, and the long-term effects of natural disasters (Gannotti et al., 2001; Garriga-López, 2020). Latino families in the continental United States, including those in Wisconsin, frequently encounter language barriers, limited transportation, and a lack of culturally relevant programs (Lafarga Previdi & Vélez Vega, 2020). These differences show why PA programs must be responsive to the needs

of families in each setting. Even with these concerns, little research has examined how Latino parents of children with DD experience PA in their daily lives (Centers for Disease Control and Prevention, 2025).

Researchers have explored related issues within Latino families (Magaña & Smith, 2006; Magaña et al., 2015;), but there remains limited understanding of how cultural values, caregiving demands, and environmental barriers influence Latino parents' ability to engage in PA. Little is also known about how these factors vary across different Latino communities in the United States and Puerto Rico (Bautista et al., 2011; Columna et al., 2020; Lafarga Previdi & Vélez Vega, 2020). Addressing this gap is essential for developing culturally responsive programs that support parents' health and well-being. Thus, the purpose of this study was to explore the factors that influence exercise participation among Latino parents of children with DDs in Wisconsin and Puerto Rico. Specifically, it examined their perceived barriers to and facilitators for engaging in PA. The following research questions guided this study:

1. What are the perceived barriers to exercise participation among Latino parents of children with developmental disabilities?
2. What are the perceived facilitators of exercise participation among Latino parents of children with developmental disabilities?

Methods

Design

This study was guided by an interpretivist research paradigm, which focuses on understanding how people interpret and make sense of their experiences (Kivunja & Kuyini, 2017). This approach is grounded in the idea that reality is socially constructed through people's interactions and cultural contexts (Alharahsheh & Pius, 2020). It also assumes that knowledge is created through shared understanding between researchers and participants (Alharahsheh & Pius, 2020; Goodwin, 2020). Aligned with these philosophical assumptions, this study used a descriptive-qualitative approach to explore the barriers and facilitators influencing exercise participation among Latino parents of children with DD (Sandelowski, 2010). Because research on PA within this population is limited, this study also served as a needs assessment to identify barriers and inform the development of culturally relevant exercise interventions (Sullivan-Bolyai et al., 2005). By focusing on Latino parents in Puerto Rico and Wisconsin, this study acknowledged that reality is constructed through social, cultural, and environmental

influences and sought to understand how these factors influenced PA participation.

Recruitment and Participants

University research ethics board approval was obtained prior to participant recruitment. Participants were recruited using purposive and snowball sampling (Johnson, 2014). Recruitment efforts focused on Latino communities in Puerto Rico and Wisconsin, utilizing community networks and social media. Additionally, recruitment efforts included outreach to parents of autistic children through school districts and community organizations that supported autistic students and their families. To acknowledge their time and contributions, participants received a \$25 gift card after completing the interview. Inclusion criteria required that participants: (a) identify as Latino/Latina, (b) have a child aged 3 to 21 with a DD (e.g., intellectual disability, ASD), (c) be fluent in either Spanish or English, (d) have an interest in exercise, and (e) be willing to participate in an interview. Individuals who did not live with their child were excluded.

Puerto Rico and Wisconsin were intentionally chosen to represent different Latino communities in distinct social and geographic settings. Having participants from both places made it possible to explore how each environment influenced parents' opportunities and experiences with PA. A total of 15 Latino parents (4 males, 11 females) participated in the study, with 8 from Puerto Rico and 7 from Wisconsin. The average age of parents was 43.3 ± 6.83 years. All participants identified as Latino/Latina. In the Wisconsin group, seven parents were of Mexican descent, and one was of Honduran descent. Pseudonyms were used for all participants. The children of participating parents had an average age of 11.5 ± 4.73 years. Detailed demographic data is presented in Table 1.

Data Collection

Data were collected through two sources: a demographic questionnaire and semi-structured interviews. Participants first completed a demographic questionnaire that obtained information about their background, including their role (e.g., mother or father), age, race, country of origin, marital status, education, family income, and employment status. It also collected information about their children's age, type of disability, and gender. The questionnaire was translated into Spanish and reviewed for accuracy by two of the bilingual co-authors and three external researchers to ensure that the translation was accurate and that the content was conceptually consistent. Data were recorded in Qualtrics® and coded in Excel®.

Following the questionnaire, participants took part in semi-structured interviews that explored their experiences with PA. The interviews were guided by open-ended questions that encouraged participants to share what shaped their participation. Interviews were conducted in Spanish by the lead author, who was a bilingual graduate student at the time of data collection. She had completed training and coursework in qualitative research and had participated in multiple qualitative research projects under the supervision of the senior author, a professor with over 20 years of experience in this area.

The interview protocol was developed based on an extensive literature review (Baker et al., 2023; Benitez et al., 2024; Pérez-Flores et al., 2023) and modified from previous interview protocols led by the senior author (Columna et al., 2011). To ensure completeness and coherence, a panel of five professionals with expertise in PA and education for autistic children evaluated the interview guide. The panel included two adapted PA professors, a psychology professor, and two physical education professors with expertise

Table 1 Participant's demographics

Pseudonym	Sex	Age	Residence	Child's disability	Civil status	Education level	Employment status
Emilia	F	40	WI	ASD	Married	High School	Part-time
Amanda	F	39	WI	Intellectual	Married	High School	Full-time
Carla	F	42	WI	ASD	Married	Some University	Full-time
Ian	M	40	WI	ASD	Married	High School	Full-time
Natalia	F	43	P.R.	ASD	Separated	Some University	Housewife
Valentina	F	36	P.R.	ADHD	Never Married	Bachelor's Degree	Full-time
Claudia	F	42	P.R.	ASD	Married	Graduate Degree	Housewife
Olivia	F	47	WI	ASD	Married	Middle School	Unemployed
Miguel	M	48	P.R.	Tourette syndrome	Divorced	Graduate Degree	Full-time
Paulina	F	41	P.R.	Cerebral Palsy	Divorced	Some University	Self-employed
Romina	F	37	P.R.	Neurodevelopmental	Married	Bachelor's Degree	Full-time
Elisa	F	42	WI	ASD	Married	Some University	Housewife
Victoria	F	43	P.R.	Cerebral Palsy	Married	High School	Part-time
Daniel	M	65	P.R.	Neurodevelopmental	Married	Graduate Degree	Retired
Ricardo	M	45	WI	ASD	Married	Bachelor's Degree	Full-time

WI = Wisconsin; P.R. = Puerto Rico; ADHD = attention-deficit/hyperactivity disorder; ASD = autism spectrum disorder

in qualitative methods. Based on their feedback, the interview guide was revised and finalized. The revised version was then piloted with two Latino parents, one from Wisconsin and one from Puerto Rico. Feedback from the pilot interviews led to revisions before data collection began. Example questions included: “What are your thoughts about exercise?” “What challenges make it difficult for you to exercise?” “What motivates you, or what could help you stay motivated to exercise?” All interviews were conducted and recorded online using Zoom ($n=3$) or over the phone ($n=12$), depending on the participant’s preference. Each interview lasted between 45 and 75 min. During and after the interviews, the interviewers took reflective notes to highlight key points and document any additional thoughts that emerged.

Data Analysis

The 15 interview recordings were transcribed in Spanish using Word Transcribe in Microsoft 365[®]. Two bilingual researchers cross-checked the transcriptions for accuracy against the original audio. Data were analyzed using reflexive thematic analysis (Braun & Clarke, 2019), which involves six phases: familiarizing with the data, generating codes, developing initial themes, reviewing and refining the themes, naming them, and producing the final write-up. NVivo 14 software was used to organize codes, merge them into categories, and develop themes, with reflexive memos guiding the process (Braun & Clarke, 2019; Lumivero, 2023; McGrath, 2021).

In the initial phase, the lead researcher immersed herself in the data by carefully reviewing the interview transcripts, listening to the audio recordings, examining participants’ questionnaires, and writing reflexive memos (Braun & Clarke, 2006). An inductive approach guided the analysis, allowing patterns and meanings to emerge from the data rather than being shaped by pre-existing frameworks (Braun & Clarke, 2019). In the next phase, similar codes were grouped into preliminary categories, which informed the development of initial themes. Themes were then reviewed to ensure that they were supported by sufficient participant quotes and showed consistency across data segments (Braun & Clarke, 2019). The fifth phase involved refining the themes so they remained grounded in the data and reflected participants’ experiences clearly and authentically (Braun & Clarke, 2006). Instead of using inter-coder agreement, which contrasts with the interpretivist approach, the lead author met regularly with the senior author to review and discuss emerging codes, themes, and subthemes. These discussions served as a form of peer debriefing to enhance reflexivity and ensure that the analysis remained closely connected to participants’ perspectives. This iterative

process allowed for the construction of themes that reflected participants’ lived experiences and cultural contexts, consistent with the study’s interpretivist orientation.

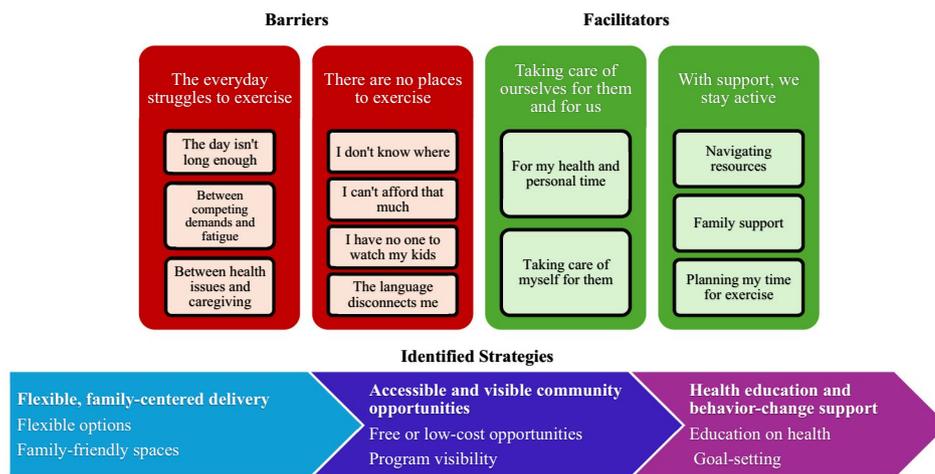
Research Team Positionality

The research team brought diverse cultural, linguistic, and professional perspectives to the study. The lead author, a bilingual Latina graduate student at the time of data collection, had training in adapted physical education and health promotion and experience leading physical activity programs for adults. By sharing a similar cultural and linguistic background with participants, she may have helped build trust and made conversations feel more natural and open. Two additional co-authors, both White female scholars, had extensive experience developing physical activity programs for individuals with disabilities and mentoring Latino students in research and community settings. The senior author, a Latino faculty member with more than two decades of experience in qualitative research and PA intervention design, supervised the project and guided the analysis. As a team, we regularly reflected on our backgrounds and professional roles during team meetings and memo writing to consider how these perspectives may have influenced data collection and interpretation (Braun & Clarke, 2019; McGrath, 2021). The interviews were treated as conversations in which both the interviewer and participants worked together to create meaning (Braun & Clarke, 2006; Tracy, 2010).

Quality Evaluation

To ensure the trustworthiness and validation of the findings, we followed the eight indicators of good quality research described by Tracy (2010). First, the study addressed an important gap in the literature by examining the exercise experiences of Latino parents of children with DD. Second, rigor was demonstrated by collecting rich data through in-depth interviews and conducting a thorough analysis led by the first author, with the rest of the research team serving as critical friends throughout the process (Petroelje Stolle & Frambaugh-Kritzer, 2025). Third, sincerity was reflected in the research team’s self-awareness and ongoing reflexive discussions about how their backgrounds and experiences may have influenced the research process. Fourth, the authors demonstrated credibility by presenting detailed participant quotes and examples that accurately represented participants’ perspectives. Fifth, the Findings and Discussion sections were written to engage readers and convey the participants’ lived experiences. Sixth, the study offered a significant contribution by expanding current understanding of how culturally relevant PA programs can support Latino

Fig. 1 Perspective on exercise participation among Latino parents of children with developmental disabilities



families of children with DD. Seventh, the study was conducted ethically, ensuring formal approval processes were followed and that participants were treated with care and respect throughout the research. Lastly, meaningful coherence was achieved by ensuring that the study's objectives, interpretivist perspective, and methods were consistent throughout the research process.

Findings

To capture participants' voices, four themes were constructed: (1) *Las luchas diarias para hacer ejercicio* (The everyday struggles to exercise), (2) *No hay lugares para hacer ejercicio* (There are no places to exercise), (3) *Cuidándonos para ellos y para nosotros* (Taking care of ourselves for them and for us), and (4) *Con apoyo, nos mantenemos activos* (With support, we stay active). Subthemes supported these themes (See Fig. 1).

Theme 1: *Las Luchas Diarias Para Hacer Ejercicio* (The Everyday Struggles to Exercise)

Parents described the difficulty of balancing daily responsibilities with their desire to exercise. The demands of caregiving, job obligations, and limited family support often led them to deprioritize their health. Cultural expectations of putting family first further complicated efforts to carve out personal time. Some mothers also reported health conditions that made exercise even more difficult. Three subthemes support this theme.

Subtheme 1: *El Día No Da Para Más* (The Day Isn't Long Enough)

A major barrier was the lack of time. Full-time jobs, children's activities, therapy appointments, and household responsibilities, left little room for self-care. Claudia (Puerto Rico) described how her child's schedule dominated her day. She said, "You need to stop, and you need to exercise, but in order to do that, I need to stop time... my [own] calendar is empty... It's the kid who has a full calendar." Elisa (Puerto Rico) shared a similar struggle. She shared, "I work all day... and when I get home, it's about doing assignments... dealing with the girls, and there's no time to exercise... I like [exercise], but I can't because of the time." Daniel (Puerto Rico) explained the challenge of juggling responsibilities, stating, "In order to exercise, I need free time...but being responsible means you have to prioritize things. And in this case, [daughter's name] is our priority, but I also have to manage my work commitments."

Parents in Wisconsin reported similar issues. Carla (Wisconsin) said, "Sometimes it's the time, the appointments... In the afternoon, sometimes I can't go either, because when they come home from school, I have to take care of them [and] help them with their homework." Miguel (Wisconsin), who worked multiple jobs, noted, "And the secondary work schedule... trying to generate some income... that's what limits your time a bit." In summary, parents across both sites described how constant scheduling pressures and caregiving demands left them feeling that there was never enough time to focus on their own health or well-being.

Subtheme 2: *Entre Las Demandas y El Cansancio* (Between Competing Demands and Fatigue)

Parents often described how the competing demands of work, caregiving, and household responsibilities made it

difficult to prioritize their own well-being. Even when they had time, they often placed their children's and families' needs first. Claudia (Puerto Rico) reflected on this shift in priorities. She commented,

My husband and I met at the gym...He still tries to do it; he goes to the gym about three times a week. I don't have that possibility, because mom [has to] stay with the kids... Before it was a priority; now, the kids are my priority.

Elisa (Puerto Rico) recognized how this pattern reflected broader family values. She noted, "Maybe a parent wouldn't do it because they're focused on their child... I believe that would be the excuse... the priority would be the child and not their health." Several parents described how cultural norms influenced their decisions to put others first. Carla (Wisconsin) shared, "As a Hispanic, one often prefers to work over exercising, even though it's vital for health... sometimes one prefers to work and doesn't think about their own health." Emilia (Wisconsin) added, "Parents work a lot... they always prioritize work...they don't take care of themselves... just dedicating one hour to yourself is nice, but many people don't think that way."

Beyond competing priorities, parents also described how physical and emotional exhaustion intensified the challenge. Natalia (Puerto Rico) explained, "I know that many parents are very exhausted... working with a child with special needs...It's very tiring; often, those children can be very aggressive... I think that's a factor." Daniel (Puerto Rico) shared a similar experience, "Many parents who have these children... are overwhelmed with so much therapy and medical issues. Often, the mental and emotional fatigue makes them think, 'Oh, another commitment or another situation.'"

This exhaustion often left parents without the motivation or energy to exercise, even when they had time available. Romina (Wisconsin) said, "Now I'm aware that I'm not exercising like I used to... I felt a bit lighter... but now, I haven't found the motivation to get back to that." Miguel (Puerto Rico) also acknowledged the struggle to maintain consistency. He noted, "First of all, laziness... Not having the desire, I always had or tried to run, but one starts and quits." Constant fatigue, caregiving responsibilities, and strong family commitments often worked together to leave parents with little time or energy to focus on their own health.

Subtheme 3: Entre Problemas De Salud y El Cuidado (Between Health Issues and Caregiving)

All participants who discussed this topic were from Puerto Rico. Health concerns compounded by caregiving made

exercise difficult for mothers in Puerto Rico. Paulina explained,

I'm interested in [exercise], but all I do is start the treadmill, I haven't even been there two minutes, and my heart gets too agitated... I also start walking around my house... I get dizzy, I have to sit down.

Romina, who experienced joint pain, said, "Because of my [health] condition, I cannot exercise much... Maybe a mother who is physically well and strong can exercise... but when you have a condition, it gets more complicated." Caregiving responsibilities added to this strain. Natalia, reflected, "Sometimes... there are ups and downs... I can't take my medications... and I quickly notice it in my body, the energy goes down." Victoria reinforced this by sharing, "I really feel a lot, but such strong pains in my back that right now...sometimes I say, 'I would like to stretch... but my God, the pain is so intense that I can't.'" For several parents, ongoing health problems combined with the physical effort of caregiving made regular exercise feel almost impossible.

Theme 2: "No Hay Lugares Para Hacer Ejercicio" (There are No Places to Exercise)

Parents encountered multiple barriers when trying to find exercise programs that fit their schedules or meet their children's needs. The most common challenges included the high cost of programs, lack of childcare, limited awareness of exercise opportunities, and language barriers. This theme is supported by four subthemes.

Subtheme 1: "No Sé Dónde" (I Don't Know Where)

Many parents in both Wisconsin and Puerto Rico struggled to find information about local exercise programs. Victoria (Puerto Rico) expressed this frustration, stating, "I don't know of anything like that in the community. If it exists, I'm not aware of it." Similarly, Olivia (Wisconsin) shared, "If I knew of it, I would attend with pleasure, but I don't know."

Cultural factors also influenced how parents accessed information. Elisa (Puerto Rico) explained, "Sometimes I look for things online and I find that there are indeed options, but one doesn't know they exist. As a Hispanic, one isn't much of a searcher." Both groups struggled to find information about exercise opportunities. However, parents in Wisconsin more often mentioned language barriers, whereas those in Puerto Rico emphasized a general lack of available programs.

Subtheme 2: “No Puedo Pagar Tanto” (I Can’t Afford That Much)

Financial constraints were a major barrier to participation, especially when given the additional costs of therapy and medical care. Natalia (Puerto Rico) pointed out, “Many therapies are not covered by the plans.... You can’t offer specialized training at no cost.” Miguel (Wisconsin) noted, “If it has a very high cost for them, they might prefer not to participate.”

Even when parents were aware of programs, affordability remained a challenge. Emilia (Wisconsin) shared, “I know there are places where one has to exercise, but sometimes they are very expensive.” Ricardo (Wisconsin), the sole provider for his family, explained, “Since I’m the only one working, it would be a barrier for us to be able to [participate in an exercise program].” For many parents, the cost of living and family expenses took priority, leaving little room to spend on exercise programs. Although affordability was a shared concern, parents in Puerto Rico linked it to broader economic limitations on the island, while those in Wisconsin referred to the high cost of private gyms and classes.

Subtheme 3: “No Tengo Quién Me Cuide Los Niños” (I Have No One to Watch My Kids)

The lack of childcare was another major barrier. Victoria (Puerto Rico) explained, “[Exercise] hasn’t become a priority...when you’re alone and don’t have anyone, [like] family, to lend a hand, you learn to live with it, and you stop thinking about yourself to think about others.” Claudia (Wisconsin), who lacked nearby family support, said, “I am alone here. It would be ideal to have family nearby and be able to count on them, but in my case, it doesn’t exist. I have no one. My life is my family.”

Even parents with partners did not always have support. Elisa (Puerto Rico) described how her husband’s schedule left her with sole caregiving responsibilities. She stated,

[It] is basically me at home. My husband is always working... He never has the time either [for exercise]... I see him at night...I don’t count on him at all...He has his things, and I have mine with the girls.

She added, “You don’t have anyone to leave the children with, you create a routine from work to home, and...you neglect yourself.” Romina (Puerto Rico) explained that her children’s needs made it difficult for her to focus on exercise. She commented, “If the girls were at home, [they] want to be with me, and I [can’t] focus on exercise.” For families with young children, childcare was a major limitation. Ricardo (Wisconsin) acknowledged the impact of childcare

on participation. He shared, “As a father... not thinking about myself, but about families with young children, they didn’t have anyone to leave them with... it was a barrier to participate.” Paulina (Puerto Rico) noted the issue with program timing, saying, “The schedules they give are not very favorable for me, because early in the morning I have no one to stay with [child’s name].”

Emilia (Wisconsin) emphasized the lack of support in fitness centers explaining, “I know there are places where you go to exercise...They don’t have the capacity to take care of our children who are special.” Without appropriate childcare, many parents struggled to make time for exercise and often felt frustrated by their inability to prioritize their health. This challenge was consistent across both sites, though parents in Wisconsin more frequently noted the absence of extended family support.

Subtheme 4: El Idioma Me Desconectó (The Language Disconnected Me)

Language barriers were discussed only by participants in Wisconsin, where limited access to Spanish-language resources affected their ability to participate in exercise programs. This was not a concern among parents in Puerto Rico, where Spanish is the primary language. Elisa explained, “I understand a little English, but I can’t speak it...There may be programs available, but one doesn’t know because they can’t speak the language.” Amanda shared, “In [exercise] groups, language can sometimes be a barrier.” This lack of accessibility discouraged many from seeking out programs. Carla noted how newcomers felt uncomfortable joining these programs. She commented, “Newcomers [who] haven’t learned enough English feel uncomfortable and say, ‘Oh no, I’m not going to go.’...” Ricardo added, “There are gyms for kids, but they speak English... I’ve called places but can’t explain it well in English...” Without bilingual staff or materials, many Latino parents felt excluded from exercise opportunities, reinforcing a sense of isolation and disconnection.

Theme 3: Cuidándonos para Ellos y para Nosotros (Taking Care of Ourselves for Them and for Us)

Participants recognized the value of regular exercise, not only for their own well-being but also to better support their families. Many expressed a strong sense of responsibility to care for their children, while also acknowledging the need to prioritize their health. This theme is supported by two subthemes.

Subtheme 1: “Por Mi Salud y Tiempo Personal” (For My Health and Personal Time)

Parents frequently described how physical activity helped improve both their physical and mental well-being. Romina (Wisconsin) explained how working out increased her energy and motivation, saying, “It gives me a lot of energy, and it is logical to know that you are doing something good for you; that motivates.” Miguel (Puerto Rico) emphasized the mental health benefits, noting, “Health, mainly...Feeling good. [Lowering] stress, lowering tension.” Daniel (Puerto Rico) viewed exercise as a long-term investment in his well-being. He explained, “I enjoy exercising...The main reason is to stay active and healthy...so that even as the years go by, I still feel that I have all my skills.”

Personal health concerns often served as a motivation. Claudia (Puerto Rico) described how her outlook changed over time. She commented, “Before, I used exercise to relieve stress...Now I need it more for my health because of my hectic daily life. I’m experiencing daily spasms... my chiropractor recommended I get back to exercising because I’ve lost muscle mass.” Similarly, Natalia (Puerto Rico) shared, “After I got sick and the side effects from the surgery...I decided to look, so I started CrossFit.”

Despite caregiving demands, many parents viewed exercise as an important personal time. Valentina (Wisconsin) explained, “It’s time for me, and it also helps with health. [Physical] activity gives me more energy; I feel better.” Natalia (Puerto Rico) called this time “sacred.” She stated, “For me, that time [for exercise] is mine, and I want it to be sacred.” She set clear boundaries when her children asked to join her, explaining, “Sometimes the girls say, ‘Mom, I want to go with you,’ and I say, ‘No...because I can’t do it peacefully, I need to have this hour that is mine, and no one can take it away.’” These accounts showed that exercise was not only a way to improve health but also a chance for parents to care for themselves and reclaim personal time amid daily responsibilities.

Subtheme 2: Cuidándome para Ellos (Taking Care of Myself for Them)

For many, exercising was not just about self-care, it was an act of love toward their children. Emilia (Wisconsin) shared, “From being overweight or eating poorly comes disease, so I want to be healthy for my son... it’s like loving him too because I’m taking care of myself.” Victoria (Puerto Rico) reinforced this view and said, “I have to love myself first in order to love my family. I have to be okay for her.” Amanda (Puerto Rico) explained how staying healthy supported her ability to care for her daughter. She explained, “To stay healthy so I can have more life and take care of

my daughter... to have the strength and carry her when needed.” Daniel (Puerto Rico) emphasized both physical and emotional wellness. He stated, “To give the child a good quality of life, we have to be physically and emotionally healthy.” Parents described how their motivation to exercise was connected to their sense of responsibility and love for their children. They viewed their own well-being as essential to their caregiving role.

Theme 4: Con Apoyo, nos Mantenemos Activos (With Support, We Stay Active)

Participants discussed how they maintained exercise habits through access to community resources, family support, and careful time management. Whether through formal programs or family-centered activities, they emphasized that having support was essential. Some relied on existing networks to help them prioritize exercise, while others developed strategies to plan ahead. This theme is supported by three subthemes.

Subtheme 1: Navegando Recursos (Navigating Resources)

Parents sought out both community-based and online resources to help them stay active. Romina (Wisconsin) described local programs that worked for her. She asserted,

I got to go to Zumba classes a lot. There was a time when I went to a boot camp...I belonged to the YMCA, which [offers] lower membership and childcare... [A Hispanic center] also has yoga and relaxation classes for parents.

Natalia (Puerto Rico) also found options that matched her interests. She said, “I know there are gyms in the area. I found a CrossFit gym I liked. I was thinking of doing HIIT in the morning and CrossFit in the afternoon.” Emilia (Wisconsin), added how community programs met her family needs. She shared, “We go to the gym and Zumba. We also swim in the summer, and now we’re switching to another gym with a pool...” While families like Emilia’s turned to structured programs, others found ways to stay active through informal or family-centered activities. Some parents incorporated recreational activities with their children. Miguel (Puerto Rico) shared, “We’ve played doubles together... We go to the town where they play recreationally.” For others, home-based exercise was more convenient. Valentina (Puerto Rico) explained, “Cardio and weights... I’m doing it at home with a program. I have an app, I put it on the TV, and I work out.” Parents showed creativity in exploring options that fit their schedules, adapting to local resources

and family routines to make exercise feasible within their daily lives.

Subtheme 2: El Apoyo De La Familia (Family Support)

Support from family members played a key role in motivating parents to stay active. Many described how spouses and relatives offered encouragement that helped them make time for exercise. Emilia (Wisconsin) shared, “I have a very important pillar in my husband, he always tells me, ‘Spoil yourself, go, do it.’ He’s always supporting me. Now my daughter also motivates me, and my family inspires me.” Exercising with a partner helped some parents stay consistent. Carla (Wisconsin) explained, “I go [to the gym] because my husband goes, and I feel like I have company. Since I know he’s going, we go together.”

Others found inspiration through extended family. Valentina (Puerto Rico) shared: “My mom helps me a lot, and my partner supports me with the kids. Having a family member to help makes a big difference.” Daniel (Puerto Rico) appreciated the mutual support in his relationship, explaining, “If we’re going to get a massage, we try to do it together... I take care of the child while she’s done, and then I go.” Family support, both emotional and practical, motivated parents to prioritize their health. This encouragement helped them keep up with their exercise routines.

Subtheme 3: Planificando Mi Tiempo Para El Ejercicio (Planning My Time for Exercise)

Participants also developed strategies to plan around their responsibilities. Amanda (Puerto Rico) used the time while her child was at school. She said, “I always try to carve out that little time, even if it’s just 40 minutes. I leave work, exercise first, and then I start doing other things before the girl gets back from school.” Emilia (Wisconsin) stressed the importance of scheduling. She commented, “I organize myself... I plan my time so I can go to Zumba with my daughter. I try to schedule my work in the morning to be free in the afternoon.” Claudia (Wisconsin) found ways to use time already built into her schedule. She explained, “We’re figuring out how to carve out at least some time [for exercise] ... even if it’s during therapy, I’ll go walk in the parking lot.” Parents emphasized that staying active required both planning and flexibility. They explained that being organized and disciplined helped them keep exercising despite their demanding schedules.

Discussion

The purpose of this study was to explore the factors influencing exercise participation among Latino parents of children with DD in Wisconsin and Puerto Rico. Specifically, it examined their perceived barriers to and facilitators for engaging in PA. Understanding these factors is essential for developing culturally relevant programs that promote family well-being and health equity. Although most participants were mothers, a few fathers also took part in the study. Their contributions add an important perspective and remind us that both parents play a role in supporting family health. While some barriers mirrored those seen in other parenting groups (Brown et al., 2001; Mailey et al., 2014; Zhou et al., 2024), the combination of caregiving responsibilities, cultural values, and limited access to resources created unique challenges for these families. At the same time, several factors supported participation, including health goals, family support, and access to community resources. Overall, the findings highlight how parents sought balance between caring for their families and caring for themselves. The following discussion is organized around the study’s two guiding research questions.

Research Question 1: What are the Perceived Barriers to Exercise Participation Among Latino Parents of Children With Developmental Disabilities?

A lack of time was one of the most commonly reported barriers. While time constraints are not unique to this population (Brown et al., 2001; Mailey et al., 2014; Zhou et al., 2024), they become more significant when coupled with the intensive caregiving responsibilities involved in raising a child with a DD. Many participants described days that revolved around school drop-offs, therapies, appointments, and work, leaving little time or energy for themselves. Even when brief periods became available, exhaustion and competing priorities made PA feel out of reach. These findings are consistent with research showing that caregiving fatigue can reduce PA participation among parents of children with DD (Ayvazoglu et al., 2015; Lee et al., 2017). This study builds on earlier work by showing how caregiving demands, work fatigue, and cultural expectations overlap. Thus, making it difficult for parents to view exercise as achievable. Programs should respond to these realities by offering flexible options such as short routines, home-based sessions, or activities that allow parents to be active alongside their children (Lai et al., 2020).

Parents also cited physical health concerns, particularly among mothers, as an added barrier. Many described ongoing pain, fatigue, or other medical conditions that made

exercise feel even more difficult. In Puerto Rico, these physical limitations were compounded by structural challenges such as financial instability and limited access to care (García et al., 2021; Garriga-López, 2020; Lafarga Previdi & Vélez Vega, 2020). This aligns with research showing that caregivers of children with disabilities often experience poor health outcomes, which in turn can limit their ability to engage in wellness activities (Miodrag et al., 2015; Stubbs et al., 2015). Programs that include education and strategies to manage chronic pain, stress, and fatigue may help parents feel more capable and confident about exercising.

Cultural values also played a role in influencing how participants approached self-care. Several parents expressed guilt about focusing on their own health, explaining that they were raised to put family first. This reflects *familismo*, a cultural value emphasizing loyalty, sacrifice, and prioritizing family needs over personal desires (Ayón et al., 2010; Katiria Perez & Cruess, 2014; Martin et al., 2021). Although this commitment to family can be a source of strength, it may also create internal barriers when parents view exercise as selfish or indulgent. Similar attitudes have been reported in studies of Latino families, where work and caregiving were consistently prioritized over personal well-being (Columna et al., 2011, 2020; King et al., 2024; Ochoa et al., 2023). Encouraging parents to view exercise as a way to sustain the energy and health they need for caregiving may help make participation feel more relevant and achievable. Programs that involve the whole family can also make PA more approachable and better aligned with parents' values (Columna et al., 2020). Framing PA as a way to support the family, rather than as a personal pursuit, may strengthen parents' motivation to participate.

In addition to time and cultural pressures, many parents lacked access to affordable and appropriate childcare, which made it difficult to attend structured programs. This finding is in line with research showing that parents of children with disabilities often struggle to find childcare that accommodates their child's unique needs, especially during non-work hours (Bantham et al., 2021; Bautista et al., 2011; Mailey et al., 2014). Without this support, exercise often became an afterthought. Programs could help by creating family-friendly spaces where parents can exercise while their children are safely engaged in supervised activities.

Financial constraints were another frequently mentioned challenge. Gym memberships and program fees were often unaffordable, particularly for families already managing the additional expenses of therapies and specialized services. This supports previous research showing that Latino families often face financial barriers to participating in recreational and wellness programs (Kageleiry et al., 2017; Xiong et al., 2011). Offering free or low-cost exercise options through

schools, clinics, or community centers could help make participation more feasible.

Finally, several parents expressed that they simply did not know what programs were available in their communities. This lack of awareness limited participation, regardless of interest. These findings are consistent with literature showing that Latino families of children with disabilities often struggle to access community wellness programs due to inadequate outreach and low program visibility (Columna et al., 2020; Resch et al., 2010). This communication gap may prevent families from using resources that are intended to support them. While a few participants noted language as a challenge, most emphasized the need for better promotion of available resources through culturally relevant outreach. Increasing program visibility through bilingual materials, community partnerships, and personal referrals could make information easier to find and build trust among families (Al Shamsi et al., 2020; Pandey et al., 2021).

Research Question 2: What are the Perceived Facilitators of Exercise Participation Among Latino Parents of Children With Developmental Disabilities?

Family and community support played an important role in helping parents stay active. Encouragement from spouses, children, and extended family made it easier for parents to find time and motivation for PA. Family support was more than simple encouragement; it helped parents keep exercising even during stressful times. This finding builds on earlier research showing that emotional support and hands-on help from loved ones made participation easier. (Ayvazoglu et al., 2015).

Many parents also described how their health concerns motivated them to stay active. Some were managing high stress, fatigue, or chronic pain and viewed exercise as a way to regain energy and maintain emotional balance. Others explained that being physically active helped them feel stronger and more capable of caring for their children. These findings are consistent with previous studies suggesting that recognizing the health benefits of exercise can encourage participation (Marquez & McAuley, 2006; Olvera et al., 2021). However, motivation alone was rarely enough. Programs that help parents set realistic goals, track progress, and celebrate small milestones may improve confidence and long-term participation (Etkin et al., 2008).

Family encouragement and joining activities together helped parents stay active. Some were inspired by their children, while others were supported by spouses, parents, or siblings who helped with caregiving. This aligns with previous research showing that strong family networks can help sustain PA participation in Latino families (Ayvazoglu et

al., 2015). Yet, not all parents had this type of support. Parents without a partner or nearby family could benefit from programs that offer social support, such as group classes or community activities where they can connect with others and feel encouraged (Sartore et al., 2021; Thomas et al., 2017).

Parents also developed creative strategies to fit exercise into their demanding routines. Some exercised while their children were at school or therapy, while others turned to online programs or home workouts using apps. These strategies suggest that flexibility is a key factor in maintaining PA. However, fatigue and unpredictable schedules continued to pose challenges, even for the most motivated parents. Offering options such as short online sessions, family-based activities, and flexible community classes could help parents fit exercise into their changing schedules (Eather et al., 2023).

From a public health perspective, these findings highlight the need for culturally and structurally supportive programs that promote exercise among Latino parents of children with DD. Collaborations with community health workers, schools, and local organizations could expand access to bilingual, family-centered programs that address both caregiving and health. Future initiatives should continue to integrate family values, flexible scheduling, and community partnerships to make exercise participation more accessible and sustainable for Latino families.

Strengths and Limitations

To our knowledge, it is one of the first to examine the PA and exercise behaviors of Latino parents of children with developmental disabilities in Wisconsin and Puerto Rico. The qualitative approach allowed us to center participants' voices and identify barriers and facilitators, providing insights into how exercise programs can be made more feasible, culturally relevant, and meaningful.

However, this study has a few limitations to consider when interpreting the findings. While four fathers participated in the study, the majority of participants were mothers, which means the findings may reflect more of a maternal perspective. Additionally, the majority of parents were married and caring for children with autism, which may limit how well the findings apply to single parents or those whose children have different DD. The relative homogeneity of the sample, composed primarily of Mexican American and Puerto Rican families, may also limit the cultural transferability of the findings across other Latino subgroups whose experiences and values may differ. Future studies should aim to include broader Latino representation to better reflect the diversity within this population. Researcher identity and relationships with the community may also have influenced

the interpretation of participants' narratives. *Future research should explore how researcher identity and community relationships influence interpretation of participant narratives.*

Conclusion

This study explored the barriers and facilitators influencing exercise participation among Latino parents of children with DDs. The findings reveal how caregiving demands, cultural values, and structural inequities shape parents' ability to stay active. While time and energy constraints were major obstacles, parents also identified key facilitators, such as health goals, family encouragement, and flexible resources. These findings highlight the need for culturally relevant programs that reflect the everyday experiences of Latino families. By addressing both individual and systemic factors, future interventions can better support the health and well-being of this underserved population.

Supplementary Information The online version contains supplementary material available at <https://doi.org/10.1007/s10803-026-07235-1>.

Acknowledgments The authors thank all the parents who participated in this study.

Author Contribution Jamie Lee Jaime Concepción: Conceptualization, methodology, data collection, formal analysis, investigation, writing, original draft. Tanu Shree Yadav: Formal analysis, writing, review, and editing. Kristen A. Pickett: Conceptualization, writing, review, and editing. Kecia L. Doyle: Conceptualization; writing, review, and editing. María del Carmen Ocete Calvo: Writing, review and editing. Luis Columna: Conceptualization, visualization, supervision, writing, review, and editing.

Funding The authors received no financial support for the research, authorship, and/or publication of this article.

Data Availability Data may become available with direct contact to the corresponding author.

Declarations

Ethical Approval Ethical Approval was obtained from the Institutional Review Board of the University of Wisconsin-Madison on 2024 March 8 (Reference number: 2024-0338) on March 8, 2024.

Consent to Participate Informed consent was obtained for all participants.

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