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Conceptualizing, Defining, and Measuring Before-School Physical Activity: A Review With Exploratory Analysis of Adolescent Data

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ABSTRACT

1 Physical activity (PA) among children and adolescents is often reported by time segments centred
2 around the school day, including before school. However, there is no consistent approach to
3 defining the before-school segment, to accurately capture PA levels and facilitate synthesis of
4 results across studies. Therefore, this study aimed to: *a*) examine how studies with children and
5 adolescents have defined the before-school segment; and *b*) compare adolescents' before-school PA
6 using various segment definitions. We conducted a systematic search and review of literature from
7 six databases, and subsequently analysed accelerometer data from Australia ($n=472$, mean age 14.9,
8 40% male), to compare PA across five before-school definitions. Our review found 69 studies
9 reporting before-school PA, 59 of which used device-based measures. Definitions ranged widely,
10 but justifications were rarely reported. Our empirical comparison of definitions resulted in a range
11 of participants meeting wear time criteria (≥ 3 days at $>50\%$ of segment length) from the latest-
12 starting definition (30 minutes prior to school; $n=443$) to the earliest-starting definition (6:00am-
13 school start; $n=155$), implying that for many participants, accelerometer wear was low in the early
14 hours due to sleep or non-compliance. Statistically significant differences in light and moderate-to-
15 vigorous PA (mean minutes/school-day, proportion of segment length, proportion of wear time)
16 were found between definitions, indicating that before-school PA could potentially be
17 underestimated depending on definition choice. We recommend that future studies clearly report
18 and justify segment definition, apply segment-specific wear time criteria, and collect wake time
19 data to enable individualised segment start times and minimise risk of data misclassification.

1 INTRODUCTION

2 There are numerous health benefits for children and adolescents who engage in sufficient
3 physical activity (PA) (Cesa et al., 2014; McMahon et al., 2017; Poitras et al., 2016). Accordingly,
4 there is strong emphasis among governments, researchers and health agencies on monitoring and
5 improving PA levels (World Health Organization, 2018). Studies may focus on one or more parts of
6 the day, or discrete segments, when reporting results (Saint-Maurice et al., 2018). Such research can
7 enhance our understanding of variability in PA patterns (e.g., across the school day) and our
8 understanding of PA in specific temporal contexts that may benefit from intervention (Fairclough et
9 al., 2012). For example, one study found highly active primary school children engaged in more
10 moderate-intensity PA before school than low active children, prompting a recommendation to
11 focus PA promotion efforts on segments involving opportunities for ‘discretionary PA’ (Fairclough
12 et al., 2012).

13 While the start and end times of some segments, such as school-day and recess, may be
14 easily delineated by school timetables, other periods important for PA, such as before and after
15 school, are subject to ambiguity in how they are defined. This inexact interpretation of segments
16 outside of school hours has led to variability in their expression within PA literature. While some
17 variability is to be expected between contexts (e.g., different school start/end times, challenges may
18 arise if these segments are inconsistently operationalised or inadequately defined. For example, in
19 the before-school segment there is potential to underestimate (e.g., excluding PA accumulated early
20 in the morning, such as sport training) or overestimate PA (e.g., including PA accumulated during
21 school hours if accurate school bell times are not considered), and making meaningful comparisons
22 across studies is likely to be difficult (Fairclough et al., 2012). To overcome similar challenges, a
23 standardised definition of the *after*-school segment has been proposed (i.e., end of school to
24 6:00pm) (Arundell et al., 2013).

25 A need for higher quality research focused on the before-school segment has been identified,
26 along with a need for more studies examining PA outcomes (Woodforde et al., 2022). However,

1 this segment has not been standardised or conceptualised, and inconsistent definitions and time
2 parameters are likely to persist. Conceptually, a complete view of the before-school segment may
3 entail measurement of PA from waking until the time school officially starts, likely represented by
4 the beginning of timetabled classes. Typically, this period includes time spent at home, in transit to
5 school, and on school grounds before classes begin. Additional before-school activities away from
6 home or school may include early morning sport or shopping. Rather than including all waking time
7 before school, researchers may opt to measure only one component, such as PA at school, to
8 represent the before-school segment. Such differences in the conceptualisation and description of
9 before-school PA contribute to challenges in making comparisons and synthesising data across
10 studies.

11 There is a need to understand decisions made in defining, measuring and reporting before-
12 school PA, and the potential implications of these decisions for before-school PA estimates and
13 opportunities for intervention. Therefore, this study's aims were: *a*) to examine how the before-
14 school segment has been defined in the literature, and how before-school PA has been measured in
15 studies among children and adolescents; and *b*) to conduct exploratory analyses comparing
16 adolescents' PA estimates derived from various before-school segment definitions.

17 **METHODS**

18 To address each aim, this study's methods are twofold. Part A involved a systematic search
19 and review (Grant & Booth, 2009) to synthesise evidence relating to definitions of the before-
20 school segment and measurement of before-school PA. As defined in Grant and Booth's (2009)
21 typology of reviews, the systematic search and review "combines strengths of critical review with a
22 comprehensive search process" and "typically addresses broad questions to produce 'best evidence
23 synthesis'". This review method, which distinguishes itself from systematic review by not requiring
24 quality assessment, is appropriate for synthesising evidence and appraising recommendations for
25 practice (Grant & Booth, 2009). This aligns with the first aim of the study. Part B, informed by the
26 findings of Part A, involved quantitative analysis of adolescents' accelerometer data to consider

1 potential implications for PA measurement by applying existing definitions of the before-school
2 segment.

3 **Part A**

4 *Search strategy*

5 PubMed, Embase, Scopus, SportDiscus, ERIC, and CINAHL were searched in August
6 2021. The search strategy (Supplemental File 1) was finalised following a scoping search of the
7 literature and consultation with an academic librarian.

8 *Inclusion and exclusion criteria*

9 English-language peer-reviewed articles reporting on original research were eligible for
10 inclusion. Articles were included if they reported primary or secondary school children or
11 adolescents' PA in a distinct before-school segment, derived from either observational or
12 experimental studies. Articles were excluded if they reported (i) sedentary behaviour only, (ii) PA
13 for a segment overlapping with school time, or (iii) combined PA during the before-school segment
14 and another segment.

15 *Article selection*

16 Search results were exported to EndNote (The EndNote Team, 2013) for duplicate removal.
17 Unique articles were imported into Covidence (*Covidence systematic review software*) for
18 independent title/abstract and subsequently full-text screening by two reviewers (██████).
19 Disagreements at either screening stage ($n=48$ at title/abstract, $n=9$ at full-text) were resolved
20 through discussion.

21 *Data extraction and synthesis*

22 Using an electronic spreadsheet, the following characteristics were extracted by one
23 reviewer and confirmed by another (██████): publication year, country, study design, sample size
24 (schools, participants), participant age, school stage, PA measurement type and tool, reported unit
25 of PA, wear time criteria and before-school wear time (device-based PA measurement studies), and
26 challenges reported relating to measurement of before-school PA. For enhanced rigour, the

1 following characteristics that are critical to the study's first aim were independently extracted by
2 two reviewers (██████): definition applied to the before-school segment, and justification provided
3 for the definition. Disagreements were resolved through discussion. All characteristics were
4 descriptively synthesised.

5 **Part B**

6 *Context and participants*

7 The empirical component of this study used cross-sectional data from the ██████████
8 ██████████ study, collected between August 2014 and December 2015.

9 Participants were adolescents from schools selected from each of four stratifications of walkability
10 and income within ██████████, Australia. Principals from 18 schools consented for their school to
11 participate. Additional recruitment details have been reported elsewhere (Parker et al., 2019).

12 Consent was received for 528 participants, of whom 472 provided accelerometer data. Despite not
13 including younger children, the sample of adolescents was suitable for Part B's exploratory
14 purposes to examine the potential for differences in PA estimates when applying different segment
15 definitions.

16 *Device-based physical activity measurement*

17 Participants were asked to wear an ActiGraph model GT3X+ accelerometer on their waist
18 during waking hours for eight consecutive days, removing it for water-based activities. This device
19 is reliable for measuring PA in adolescents (De Vries et al., 2009). Some participants were asked to
20 wear the accelerometer on additional days due to insufficient overall wear (<4 weekdays with 10
21 hours and no weekend days with 8 hours). Periods with ≥ 60 minutes of consecutive zero counts
22 were classified as non-wear time (Chinapaw et al., 2014). Light PA (LPA) and moderate-to-
23 vigorous PA (MVPA) were defined using age-specific, validated, cut-points (MVPA: ranging from
24 ≥ 2220 counts per minute [cpm] to ≥ 3499 cpm, LPA: >100 cpm and less than MVPA threshold)
25 (Troost et al., 2002). For participants aged >18 years, Freedson adult cut-points were used (MVPA:
26 ≥ 1952 cpm, LPA: >100 cpm and less than MVPA threshold) (Freedson et al., 1998).

1 *Data processing*

2 Using a customised Excel macro, accelerometer files were processed to provide wear time,
3 LPA and MVPA in the before-school segment, defined in five ways: *Definition 1 (D1) 6:00am-*
4 *school start, Definition 2 (D2) 7:00am-school start, Definition 3 (D3) 8:00am-school start,*
5 *Definition 4 (D4) 60 minutes prior to school start time, and Definition 5 (D5) 30 minutes prior to*
6 *school start time.* These definitions were chosen to replicate the three most common definitions
7 found in Part A (establishing *D1, D4, and D5*), and to examine implications of delaying the start
8 time of the most common definition, *D1* (establishing *D2 and D3*). A segment on a given day was
9 considered valid when wear time exceeded 50% of segment length. Given the lack of guidelines
10 regarding minimum wear time in the before-school segment, we based our decision on exploratory
11 analyses with our data, considering wear time and sample size. Specifically, we found a mean wear
12 time of 53% using the longest segment definition and decided that a wear time criterion of 50%
13 would provide sufficient PA data for each definition, without severely compromising sample size.
14 For each definition, a minimum requirement of 3 weekdays of valid wear during the segment was
15 established, consistent with recommendations for reliable whole-weekday estimates of PA for a
16 school week (Mattocks et al., 2008).

17 *Statistical analysis*

18 Data analyses were conducted using Stata (version 17.0) (StataCorp, 2021). Segment length
19 for each definition, age and sex of participants (self-reported) providing valid accelerometer data
20 under each definition (≥ 3 days at $>50\%$ of segment length), days of valid accelerometer wear, and
21 accelerometer wear time (minutes and proportion of segment length) were examined through
22 descriptive statistics.

23 For each participant, duration, proportion of segment length (variable between schools in
24 segments *D1, D2 and D3* due to variable school start times), and proportion of segment wear time
25 spent in LPA and in MVPA were calculated and averaged per school-day. PA was descriptively
26 summarised for each definition, with the inclusion of bias-corrected and accelerated bootstrap 95%

1 confidence intervals around the mean. For each definition, descriptive analyses were conducted to
2 include all participants with valid data for the segment as defined, and repeated to only include
3 participants who had valid data for all five definitions (balanced sample between segment
4 definitions). Group differences between the participants with complete data across segment
5 definitions and those without were examined using *t*-tests for age and daily MVPA, and a chi-
6 square test for sex.

7 Nonparametric tests were used to examine differences in PA across the five before-school
8 segment definitions, as most variables were not normally distributed according to Shapiro-Wilk
9 testing. First, a Friedman test was conducted for each of the LPA and MVPA variables (minutes per
10 school-day, proportion of segment length, proportion of wear time) among the balanced sample of
11 participants with valid data for all segment definitions. We included analyses of PA minutes and PA
12 relative to segment length and wear time to determine implications of practices identified in Part A
13 (absolute and relative reporting of PA) on adolescents' PA estimates. Finally, to test for differences
14 between pairs of segment definitions, Wilcoxon signed-rank tests were used. Significance was
15 determined at $p < .05$, after applying a Bonferroni correction by multiplying each probability by the
16 number of paired combinations.

17 **RESULTS**

18 **Part A**

19 *Study and sample characteristics*

20 Seventy-five articles reporting on 69 unique studies were included^[1-75] (Figure 1).
21 Information extracted from each study is provided in Supplemental File 2, which also contains the
22 numbered bibliography for citations used in this section. Fifty-nine percent of articles were
23 published in 2015 or later^[5-7, 14-16, 21, 22, 24, 25, 28, 30-33, 36-38, 41, 43-50, 52-56, 60-66, 69, 70, 72, 74, 75] (Table 1). The
24 majority of studies were conducted in the US (26 studies)^{[1, 3, 5-7, 12, 14, 23, 26, 27, 32, 34, 37, 39, 40, 42, 48, 50, 51,}
25 ^{53, 59, 61, 63, 66, 68, 75]}, followed by England (seven studies)^[4, 13, 18, 20, 29, 44, 58]. Fifty-seven percent of
26 studies were conducted with primary/elementary school students^{[1, 3, 5, 9, 13, 14, 17, 18, 20, 22-24, 26, 27, 29, 31,}

1 32, 35-37, 40-42, 44, 47, 51-54, 58-64, 66-69], 20% with secondary school students^[2, 12, 21, 30, 38, 39, 55, 56, 65, 70-74], and
2 14% involved both primary and secondary school students^[9, 15, 28, 33, 34, 45, 46, 48, 50, 75]. Almost half of
3 included studies (49%) had sample sizes between 100 and 500 participants<sup>[4, 11, 12, 14, 15, 20, 23, 27, 28, 30-
4 32, 35, 37, 41-48, 50, 52, 55, 56, 59, 61, 65, 69, 71, 72, 74, 75]</sup>.

5 *Physical activity measurement and outcome characteristics*

6 Table 2 summarises PA measurement and reporting characteristics. Most studies (94%)
7 measured PA using a single method of assessment. The majority (86%) of studies included a
8 device-based assessment of before-school PA<sup>[1, 2, 4, 6, 7, 9, 12-18, 20-24, 26, 28-32, 34-38, 41-48, 50-52, 55, 56, 58-61, 63-
9 75]</sup>. Seven studies (10%) included self-report data^[15, 23, 27, 48, 53, 54, 62, 67], and seven studies (10%)
10 measured PA using direct observation methods in the school environment^[3, 5, 33, 39, 40, 57, 75].

11 Most studies using device-based measures (76%) reported before-school PA in absolute
12 terms (e.g., total MVPA minutes)<sup>[1, 2, 4, 9, 12-16, 18, 20-22, 24, 27, 29, 30, 32, 34-38, 41, 43-48, 51, 52, 55, 56, 59-61, 63, 64, 67-
13 69, 71, 73, 74]</sup>. Several device-based studies (42%) included a before-school PA outcome adjusted to a
14 period of time (e.g., proportion of segment length in MVPA)<sup>[4, 13, 17, 21, 23, 24, 26, 28, 29, 41, 42, 44, 45, 50, 55, 58,
15 60, 61, 63-66, 70, 72, 75]</sup>, while five studies (8%) reported before-school PA relative to accelerometer wear
16 time^[6, 7, 31, 46, 48].

17 *Before-school segment definitions*

18 A range of definitions were applied to the before-school segment. Among device-based
19 studies, the before-school segment was most commonly operationalised as commencing at 6:00am
20 and concluding at the start of school, which varied (19%)^[9, 12, 15, 29, 31, 45, 46, 51, 52, 61, 72]. Other
21 common approaches included defining the segment as the 60 minutes (12%)^[13, 24, 30, 55, 60, 73, 74] or 30
22 minutes (10%)^[4, 19, 20, 49, 50, 59] preceding school start time. Additional studies measured before-
23 school from wake time until school start time (8%)^[16, 35, 43, 68, 69] or arrival at school (7%)^[17, 22, 56, 67].
24 Definitions were unable to be determined for five studies (8%)^[6, 7, 21, 23, 28], while another three
25 studies (5%) used segments aligned to the school timetable, however specific details about start or
26 end times were not provided^[47, 65, 70].

1 In studies using self-report, recall periods included PA after waking but before going to
2 school^[67], 6:00am-school start (reflecting the most common definition within device-based
3 studies)^[15], and school arrival time to school start time^[67]. Among studies that used direct
4 observation, most used the SOPLAY tool (57%)^[3, 5, 39, 40], which requires the first observation to
5 commence up to 40 minutes before school and the last observation to commence 15 minutes before
6 school, occurring on school grounds (McKenzie, 2002).

7 *Segment rationale*

8 Fifty-four articles (72%) did not justify their definitions of the before-school segment^{[1, 3-14,}
9 16-21, 23, 24, 26-30, 33, 35-40, 42-44, 46-48, 51, 53-57, 61, 62, 65, 67-70, 72, 73]. Eight articles (11%) followed precedents
10 for their segment definition by referring to literature^[2, 25, 31, 41, 49, 50, 52, 74]. Seven articles (9%)
11 justified their definition based on suitability for capturing a specific activity type (e.g., active
12 transport)^[22, 32, 59, 63, 66, 71, 75], and six articles (8%) provided other reasoning^[15, 34, 45, 58, 60, 64], such as
13 having missing data^[64] or recording negligible PA for most participants^[58] in the time preceding the
14 set segment start time. All segment justifications are reported in Supplemental File 2.

15 *Wear time*

16 While whole-day wear time criteria for device-based studies (e.g., ≥ 10 hours per day, 3 days
17 per week) were reported in 58% of articles^[4, 6-13, 15-20, 22, 29, 31, 34, 35, 37, 38, 41-45, 47, 55, 56, 58-60, 64, 69-71, 74],
18 these articles did not report specific criteria for the before-school segment. Twelve articles (18%)
19 reported before-school wear time criteria^[2, 14, 28, 30, 32, 46, 49, 50, 52, 65, 72, 75], while 15 articles (23%) did
20 not report any wear time criteria^[1, 21, 23-26, 36, 48, 51, 61, 63, 66-68, 73]. Where reported, before-school wear
21 time criteria most commonly required 30 minutes of valid wear (segment length range: 90-145
22 minutes) (25%)^[32, 46, 72]. Mean wear time in the before-school segment was reported for 10 studies
23 (17%)^[2, 14, 32, 46, 47, 49, 50, 56, 72, 75]. Of the studies for which before-school wear time and segment
24 length were both reported, average wear time ranged from 66%^[2] to 88%^[49] of segment length.

25 **Part B**

26 *Segment characteristics and wear time among adolescents*

1 The results of our descriptive analyses of characteristics of the before-school segment
2 definitions are displayed in Table 3. Due to variation in school start times among participating
3 schools (range 8:30am-9:10am), segment length varied by school within the *6:00am-school start*
4 (*D1*), *7:00am-school start* (*D2*), and *8:00am-school start* (*D3*) definitions. Four-hundred and
5 seventy-two adolescents provided accelerometer data (mean age 14.9 ± 1.61 years, 40% male). After
6 application of wear time criteria (≥ 3 days at $>50\%$ of segment length), 155 participants provided
7 valid accelerometer data in *D1*, ranging upward to 443 participants in *D5*. Mean days of valid wear
8 was lowest in *D1* (4.2 days) and highest in *D5* (6 days). Mean wear time as a proportion of segment
9 length was also lowest in *D1* (66.2%) and highest in *D5* (97.0%).

10 Overall, 155 participants met wear time criteria for all five definitions and form the sample
11 for the remainder of the analyses. These participants were younger (-0.4 years, $p=.01$) and included
12 a greater proportion of girls ($\chi^2=6.68$, $p=.01$) than participants ineligible for analysis (Supplemental
13 File 3). The two groups did not significantly differ in daily MVPA. Before-school PA data from the
14 full sample are available in Supplemental File 3.

15 *Moderate-to-vigorous physical activity*

16 Table 4 compares time spent in LPA and MVPA across definitions. Average MVPA ranged
17 from 3.7 minutes in *D5* to 9.6 minutes in *D1*. As a proportion of segment duration, mean values
18 ranged from 5.5% of *D1* in MVPA, to 12.5% of *D5* in MVPA. Relative to accelerometer wear,
19 MVPA accounted for 8.4% of wear time in *D1*, through to 12.7% of wear time in *D5*. Box plots
20 showing the distributions of PA data in each segment definition are presented in Figure 2.

21 There were statistically significant differences in MVPA minutes ($\chi^2=488.1$, $p<.001$),
22 proportion of segment in MVPA ($\chi^2=285.6$, $p<.001$), and proportion of wear time in MVPA
23 ($\chi^2=162.3$, $p<.001$) among definitions. Post-hoc tests (Supplemental File 4) showed significant
24 differences in MVPA by wear time ($p<.05$) between all pairs of segment definitions except for *D1*
25 and *D2*.

26 *Light physical activity*

1 Average LPA accumulated before-school ranged from 10.1 minutes in *D5* to 35.6 minutes in
2 *D1*. This amounted to a range of 20.6% of total segment length in *D1* to 33.8% of segment length in
3 *D5*. Adjusted for wear time, mean proportions of LPA ranged from 31.4% in *D1* to 34.3% in *D5*.

4 There were statistically significant differences in LPA minutes ($\chi^2=572.7, p<.001$),
5 proportion of segment in LPA ($\chi^2=316.7, p<.001$), and proportion of wear time in LPA ($\chi^2=25.1,$
6 $p<.001$) among definitions. Post-hoc tests showed differences in LPA as a proportion of wear time
7 were statistically significant ($p<.05$) between some segment definition pairs (Supplemental File 4).

8 **DISCUSSION**

9 Our systematic search and review findings highlight large variability in before-school
10 segment definitions reported in studies of child and adolescent PA. While some definitions are more
11 common, substantial variability was identified across studies using the most common approach to
12 measuring PA (device-based), which collectively applied 16 definitions. This supports concerns
13 regarding challenges in drawing meaningful comparisons between outcomes related to before-
14 school PA across studies. We also identified inconsistencies in the level of reporting of segment
15 definitions and device wear time criteria. Further, a rationale for the definition used was lacking in
16 many studies. It is, therefore, appropriate and timely to consider segment-specific measurement and
17 reporting recommendations, particularly as our review has shown an increasing number of
18 publications reporting before-school PA.

19 Best practice guidelines for studies using accelerometers have emphasised the importance of
20 clearly reporting “decision rules” – how data are processed and analysed – to allow comparisons
21 across studies (Ward et al., 2005). In the manner that accelerometry studies of overall habitual PA
22 are recommended to report their definition of a day and minimum wear time criteria constituting a
23 valid day (Ward et al., 2005), studies reporting PA in segments of the day should also describe
24 segment characteristics, including segment definition and wear time criteria, with appropriate
25 justifications. Our results indicate that for before-school PA, segment definition was reported in
26 most studies, however, specific before-school device wear time criteria were only found in one-fifth

1 of relevant articles. Most articles reported total day wear time criteria. These wear time criteria
2 reflect common practice and recommendations (Cain et al., 2013), but may not be the most suitable
3 approach for before-school PA studies, where segment-specific criteria could be applied.
4 Commentary to this effect was provided by Noonan et al. (2017), noting that their results may have
5 underestimated segment-specific PA due to low wear time for the segment.

6 Challenges discussed in the literature regarding measuring before-school PA largely relate
7 to the potential for misclassification of data. Given before-school definitions have been primarily
8 anchored to school start times as an end point, limitations regarding availability of school timetable
9 data, particularly in large scale surveillance studies, may blur boundaries between the before-school
10 segment and the school day (Long et al., 2013; Saint-Maurice et al., 2017). This may lead to
11 classification of before-school time as sedentary, given the predominance of sitting throughout the
12 school day (Egan et al., 2019). Similarly, in several studies, segments were defined by wake times
13 as their start point. This too may present a challenge for data collection and may result in
14 misclassification (i.e., classifying sleep time as sedentary or non-wear time) – a limitation observed
15 in a study that assigned generalised wake times to participants in the absence of sleep data
16 (McLellan et al., 2020). To address compliance issues with device wear and improve the accuracy
17 of sleep detection, automated algorithms have been developed that accurately determine periods of
18 sleep during 24-hour hip or wrist accelerometer wear (see Smith et al., 2020; van Hees et al., 2018,
19 for example). With these developments, 24-hour wear protocols should be considered as an
20 alternate approach to waking-hours protocols, as sleep logs may have poor completion rates and
21 waking wear time is higher through continuous wear (Tudor-Locke et al., 2015).

22 Limitations were acknowledged among reviewed studies that focused on PA from active
23 transport, pointing to before-school PA measurement challenges that should be considered in future
24 studies. In accelerometer studies that assigned fixed time periods to capture active commuting to
25 school, authors identified that no objective definition of this period exists, and that a generalised
26 time period will lead to the inclusion of non-commuting PA behaviours (Sasayama et al., 2021; Van

1 Dijk et al., 2014). However, Suzuki et al. (2018) used self-reported school arrival time within their
2 definition of before-school PA. Use of self-report logs is a strategy that may be applied in studies
3 examining active commuting to school, as may combined use of accelerometers and global
4 positioning systems (GPS), recommended to reduce reliance on self-report (Suzuki et al., 2018).
5 Finally, Fairclough et al. (2012) reflected on potential underestimation of segment-specific PA,
6 given the inability of the devices used to measure “upper body movements, water-based activities,
7 and cycling”, which may take place before school. The use of monitor wear logs or tools that
8 capture this type of activities may therefore be useful within before-school PA studies.

9 Less common than device-based measures in the before-school PA literature are self-report
10 and direct observation approaches, however their potential to add value within this segment should
11 be recognised. For instance, some studies exemplified the ability of self-report or direct observation
12 methods to record frequency of specific activity types before school (Going et al., 1999). Although
13 these approaches do have limitations (e.g., self-report measures may be susceptible to recall bias
14 and participant burden) (De Baere et al., 2015; Dollman et al., 2009), these should be weighed
15 against their strengths. The ability to capture environmental and contextual characteristics is one
16 strength of these approaches, enabling examination of where children and adolescents are located
17 (e.g., inside or outside), who they are with (e.g., adults or peers), and what resources are accessible
18 (e.g., presence of supervision and equipment) (Li et al., 2017; McKenzie et al., 2010). As these
19 characteristics include modifiable contextual factors, their assessment can contribute to
20 identification of future before-school intervention opportunities. If feasible, researchers may
21 consider using a combination of PA measurement methods, including direct observation or self-
22 report in conjunction with devices, to contextualise active before-school behaviours.

23 Our empirical analysis of accelerometer data illuminated potential implications for studies
24 examining before-school PA given the variability in segment definitions and wear time criteria
25 found in our review. Potential wear time issues before school were evidenced by the reduction in
26 the number of participants meeting criteria from the latest-starting, shortest segment definition (*D5*)

1 to the earliest-starting segment definition requiring the most minutes of wear (*DI*). To meet our
2 wear criteria and contribute data in *DI* (6:00am start), participants needed to attach the device no
3 later than 7:15am-7:35am, and wear it continuously until school start time. While the average
4 school-day wake time of Australian adolescents falls earlier than 7:15am (Olds et al., 2010), high
5 variability of wake time means it is likely that several participants would not wake early enough for
6 inclusion in *DI*, contributing to the lower sample size observed with this definition. Even for
7 participants whose wake time precedes the cut-off, delays in device attachment may result in
8 exclusion from analyses, which may be overcome by implementing a 24-hour device wear protocol
9 (Tudor-Locke et al., 2015).

10 Some studies applied before-school segment definitions encompassing 60 minutes or less
11 time in the lead up to the start of school. It is plausible that they did so to account for challenges of
12 classifying sleep time and non-wear time, by focusing on segments where most participants are
13 likely to be awake and more compliant with device wear. Alternatively, these studies may have held
14 a conceptual view of the before-school period that focuses on transport-related and on-campus
15 activity, or they may have required a standardised one-hour duration. When interested in segments
16 of the day, a further decision rule that authors should report is the reasoning for selecting the given
17 segment definition or parameters. While some studies included in our review were explicit in their
18 reasoning for only analysing time immediately prior to school, such as to capture travel behaviours,
19 72% did not justify their definition.

20 In our comparison of adolescents' before-school PA levels using various definitions, MVPA
21 differences were significant between definitions when expressed as absolute minutes, proportion of
22 segment length, and proportion of wear time. By magnitude of difference, MVPA captured between
23 definitions differed the most when presented as absolute minutes and appeared most similar when
24 expressed as proportion of wear time. The decision to examine PA relative to segment length and
25 wear time was made to align with common practice identified in our systematic search and review
26 (Brusseau et al., 2018; Dessing et al., 2013). This practice addresses the potential for PA minutes to

1 be confounded by varying segment lengths and wear times and to facilitate comparison across
2 studies.

3 Differences in LPA were also largest between definitions when expressed as absolute
4 minutes. There was a threefold difference in minutes of LPA between *D1* and *D5*, but only a 3%
5 absolute difference when expressed as a proportion of wear time, again suggesting that minutes of
6 PA is impacted by total wear time. While these results show the potential to exclude 25 minutes of
7 LPA by opting for a shorter before-school segment, it is promising that definitions share more
8 similarity when accounting for wear time and segment time. As scholarly attention directed towards
9 LPA increases (Contardo Ayala et al., 2020; Gråstén et al., 2021), studies examining this behaviour
10 before school should consider potential implications demonstrated here in their selection of segment
11 definition and presentation of data.

12 Observed differences in PA captured between differentially defined segments, and the
13 variable nature of contextual factors surrounding the before-school period (e.g., school start time,
14 wake time, sunrise time) preclude widespread standardisation of the segment. However, several
15 recommendations for best practice in the measurement and reporting of before-school PA can be
16 derived from this study:

- 17 • In addition to reporting absolute PA levels (e.g., minutes), studies should clearly define the
18 before-school segment being used, including sufficient information about segment length,
19 and provide a summary of participant wear time within the segment, to allow for estimates
20 of PA relative to segment length and wear time. Further, sensitivity analyses of PA using
21 other commonly applied before-school segment definitions may be conducted and presented
22 as supplementary material for comparative purposes.
- 23 • Segment-specific wear time criteria should be reported when using device-based measures
24 to reduce risk of bias from participants who meet overall wear time criteria but have
25 insufficient wear time before school.

- Authors should justify the selection of before-school segment definition. This may provide important information to inform readers' interpretation of results and for researchers conducting similar research, such as whether decisions were made as a trade-off between segment length and sample size, or to align with a specific aim (e.g., measuring active transport or before-school play on school grounds). A rationale should also be reported for choice of wear time criteria as this can affect PA estimates (Toftager et al., 2013).
- Before-school PA study protocols should include collection of data about participants' wake times over the course of PA measurement. Following a 24-hour wear protocol and applying a wake-time algorithm is one possible approach (Tudor-Locke et al., 2015). Individualised segment start times may then be established, to overcome the issue of misclassifying sleep as non-wear, or, alternatively, excluding waking time.

The combined methods of a systematic search and review with analyses of before-school PA data is a strength of this study. Availability of specific school start times for each school facilitated an additional strength, as these could be applied as the end point to each segment definition to minimise previously observed challenges regarding misclassification of school time. However, participants did not keep sleep logs, preventing our ability to examine another segment definition identified in the literature: *wake time–school start time*. This also limited our ability to distinguish sleep from accelerometer non-compliance, potentially causing the exclusion of participants who adhered to accelerometer wear protocols through the application of wear time criteria relative to standard segment lengths. Further, as our analyses of accelerometer data facilitated an exploratory aim to examine the potential for segment definition selection to influence PA estimates, we drew upon available data from Australian secondary school adolescents only. Before-school PA habits and patterns may differ between primary and secondary school students (resulting from differing school start times and prevalence of active transport, for example), therefore the results from Part B can only be applied to the specific context studied. To expand on our research, it would be valuable

1 to examine the influence of segment definition selection on before-school PA among primary
2 school students or in settings outside Australia. Additionally, while our aim was not to examine
3 before-school PA levels, nor to generalise recorded PA levels to wider populations, it is worth
4 noting that the group of participants with valid data for all definitions ($n=155$) included more girls
5 and is likely biased to include those with earlier wake times. Future research should explore this
6 potential for bias, as some participants may be excluded from analyses despite having PA measured
7 for their entire wake period before school. Our sample was also drawn from a wider, non-
8 representative sample. Reported PA levels should therefore be interpreted with caution.

9 **CONCLUSION**

10 This study aimed to examine before-school PA measurement and definition practices, and to
11 compare PA levels in differentially defined before-school segments. Although studies focusing on
12 before-school PA are increasing in number, we found variability in how the before-school segment
13 is represented, and few studies justified their definition. Our data analysis highlighted some
14 challenges that researchers using device-based measures may face in capturing before-school PA.
15 For instance, using protocols that require accelerometer removal for sleep may result in low wear
16 time relative to segment length when definitions with early start times are applied (due to either
17 sleep patterns or delayed device attachment). In acknowledging that challenges exist when
18 measuring before-school PA, we proposed recommendations that may address comparability issues
19 across studies. These recommendations respect that flexibility is needed to fit differing contexts, but
20 encourage detailed reporting to allow researchers to understand other before-school contexts, and
21 how to apply and compare findings. These recommendations should be applied in future research
22 aiming to enhance understanding of the before-school segment, such as identifying correlates of
23 before-school PA and examining effects of targeted interventions to increase before-school PA.

24 **DECLARATIONS**

25 **Ethics approval and consent to participate**

1 [REDACTED] received ethical approval from [REDACTED]
2 [REDACTED], [REDACTED] and
3 [REDACTED]. An ethics modification to conduct the current
4 analysis was approved by [REDACTED] and ratified by [REDACTED]. Written
5 consent was received from the parents/caregivers of all participants.

6 **Availability of data and materials**

7 The data extraction spreadsheet used for the review component of this study (Part A) is available
8 from the corresponding author on reasonable request. The dataset analysed during Part B of the
9 current study is not publicly available due to ethical restrictions related to participant consent. An
10 ethically compliant dataset may be available on reasonable request.

11 **Competing interests**

12 None declared.

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18 **Authors' contributions**

19 [REDACTED] conceived the study. [REDACTED] and [REDACTED] initiated the [REDACTED] study. [REDACTED] conducted
20 the literature search; [REDACTED] and [REDACTED] contributed to article screening and selection; [REDACTED], [REDACTED] and [REDACTED]
21 contributed to data extraction and synthesis. [REDACTED] was involved in processing accelerometer data; [REDACTED]
22 performed the statistical analysis. [REDACTED] prepared the first draft of the manuscript; all authors
23 contributed to manuscript revisions and reviewed the final manuscript.

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