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Published in:
Public Health

DOI:
10.1016/j.puhe.2011.01.015

2011

Social Capital, Desire to Increase Physical Activity and Leisure Time Physical Activity: A Population-Based Study

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Word count (Abstract): 200
Word count (Text): 2928

Abstract

Objectives: The associations between social capital (trust) and leisure time physical activity were investigated. *Study design:* The 2004 public-health survey in Skåne is a cross-sectional study. *Methods:* A total of 27,757 persons aged 18-80 years answered a postal questionnaire (59% participation). Logistic regression models were used to investigate the associations between trust, desire to increase physical exercise and leisure time physical activity. *Results:* The prevalence of low leisure time physical activity was 15.3% among men and 13.2% among women. Middle-aged men and older women, respondents born abroad, with medium/low education, with desire to increase physical activity but needing support, and low trust had significantly higher odds ratios of low leisure time physical activity than their respective reference groups. The associations between low trust and desire to increase physical activity as well as between low trust and low leisure time physical activity remained in the multiple models. *Conclusions:* The positive association between low trust and low leisure time physical activity remained after multiple adjustments. There is a concentration of people with low leisure time physical activity among men and women who report a desire to increase their physical activity but think they need support to do it, and this group also has a significantly higher prevalence of low trust.

Keywords: Leisure time physical activity, desire to increase physical activity, social capital, trust, Sweden.

Introduction

Physical exercise has a beneficial effect on many aspects of health. The main recommendation to regularly perform moderate physical exercise, e.g. walking, for at least 30 minutes on five or more days of the week has been well-established for a long time,[1] although this exercise pattern may be substituted with other more intensive and less frequent exercise episodes.[2] The major part of the health benefits from physical exercise occurs when people with a sedentary lifestyle become moderately active.[3] Leisure time physical activity varies by individual characteristics such as age, gender, immigrant status, and socioeconomic status measured as education.[4,5,6] It also varies by contextual social characteristics such as social participation/ social networks.[7]

Contextual factors such as physical and social environment are thus also important for motivation as well as opportunity to exercise. Beautiful scenery, access to pavements, access to trails, and green surroundings have consistently been associated with higher levels of physical activity.[8,9,10,11] Larger amounts of required police attention and higher crime rates in neighbourhoods are negatively associated with physical activity.[11,12] Social capital is a contextual social factor which has been suggested to affect health by a decrease in psychosocial stress, by influencing the norms concerning health related behaviours, by increased access to health care and by a decline in violent crime.[13] Social capital has for instance been demonstrated to be associated with mental health,[14] and a lower likelihood of elevated waist circumference and overweight and obesity.[15] Generalized trust in other people is a major component of social capital.[16,17] The plausible causal connections between trust and leisure time physical activity may be mediated by feeling of security in high social capital areas which would increase the propensity to exercise outdoors, and by the norms and values

connected with exercise being more likely to penetrate in parts of the population with high trust, [18] although adverse "negative" norms which inhibit physical exercise may be present in some rare instances. High trust may enhance the adoption of norms, including the norm to increase leisure time physical activity.[19] Since both the WHO and the national authorities have issued recommendations concerning physical activity[6,20], both the recommendation to increase physical activity during leisure time and the recommended level of leisure time physical activity *per se* may be regarded as norms. These plausible causal connections between social capital and exercise may affect the propensity to change physical activity behaviour, which will also be investigated.

The association between trust and physical activity have previously not been investigated including the factor desire to increase physical activity. Different steps in the process to increase physical activity include *precontemplation*, *contemplation*, *preparation*, and *maintenance*. The crucial step from the contemplation stage to the stages of really increasing physical activity may entail the possibility that there may be need of support (psychosocial or material) in order to achieve this increase.[21,22]

It seems plausible that trust may be associated with both leisure time physical activity and desire to increase physical activity. The hypothesis may thus be stated that trust is associated with both desire to increase physical exercise and higher levels of actual physical activity.

Aims

The aim of this study is to investigate the associations between social capital (trust) and leisure time physical activity, adjusting for desire to increase physical activity, but also to investigate the association between trust and desire to increase physical activity.

Methods

Population

The 2004 public-health survey in Skåne is a cross-sectional study. A total of 27,757 randomly selected persons aged 18-80 years (random sample from 0.9 million people in this age interval of a total population 1.2 million) living in the county of Skåne (official population registers including all inhabitants including citizens of other countries than Sweden) answered a postal questionnaire in the autumn (September-December) of 2004, resulting in a 59% participation rate. Two letters of reminder were also sent to the respondents, and a subsequent phone call was made to the remaining non-respondents. The random sample was weighted by age, sex and geographic area in order to increase the statistical power in some smaller administrative areas. In the statistical calculations of this study this has been corrected by a weighting variable, so that the representative prevalence (%) for the entire Skåne region are given. The differences in prevalence between the uncorrected and corrected data are very small.

Outcome

Leisure time physical activity was assessed with an item with four alternative answers. One alternative is a sedentary leisure time physical activity status (less than two hours walking, bicycling or similar activity per week), while the other three alternatives entailed moderate exercise (walking, bicycling or similar activities at least two hours per week *without* sweating), moderate and regular exercise (exercising at least 1-2 times per week at least 30 minutes per occasion which leads to sweating), and, finally, regular exercise (at least three occasions per week during at least 30 minutes per occasion which leads to sweating). The leisure time physical activity item was dichotomised into high leisure time physical activity (the three latter alternatives) and low leisure time physical activity (the first alternative).

Independent variables

Age groups were divided into the age groups 18-24, 25-34, 35-44, 45-54, 55-64 and 65-80 years. *Country of origin*. All persons born in countries other than Sweden were merged into a single category, which yielded the two categories 'Sweden' and 'other'. *Education* was divided by length of education into 9 or less years, 10-12 years, and 13 years of education or more. *Desire to increase physical activity* was assessed by the question "Would you like to increase your physical activity?" with the alternative answers "No", "Yes, and I can do it on my own", and "Yes, but I need support" (support not specified). *Generalised trust in other people (horizontal trust)* is a self-reported item which reflects the respondent's perception of generalised trust in other people. It was assessed by the item "Generally, you can trust other people" which contains four alternatives: "Do not agree at all", "Do not agree", "Agree", and "Completely agree". It was dichotomised with the first two alternatives as low trust and the two latter alternatives depicting high trust.

Statistical analyses

Prevalences (%) of leisure time physical activity, demographic, socioeconomic, desire to increase physical activity, and trust variables were calculated. Sex differences for each variable were calculated with chi square tests (table 1). Crude odds ratios and 95% confidence intervals (OR, 95% CI) were calculated in order to analyse associations between demographic variables, socioeconomic variables, desire to increase physical activity and trust, and low leisure time physical activity (table 2). The association between desire to increase physical activity and trust was investigated adjusting for age as well as age and other socio-demographic variables (table 3). The multivariate analysis was performed using a logistic regression model in order to investigate the potential importance of possible confounders (age, country of origin, education, and desire to increase physical activity) on the association

between trust and leisure time physical activity (table 4). All analyses were stratified by sex. The statistical analysis was performed using the SPSS software package.[23]

Results

Demographic characteristics

Table 1 shows that the prevalence of low leisure time physical activity was 15.3% among men and 13.2% among women. The age distribution was rather even in the whole age interval 18-80 years. People born in countries other than Sweden constituted 11.5% of the men and 12.0% of the women. The proportion with high education was 32.4% among men and 39.0% among women. Thirty three percent of all men and 28.5% of all women did not desire to increase their physical activity. Fifty two percent of the men and 50.4% of the women expressed desire to increase their physical activity and also believed they could achieve this increase by their own efforts. In contrast, 14.9% of the men, and an even higher 21.1% of the women wanted to increase their physical activity but did not believe that they could achieve this increase without support. The prevalence of low generalized trust in other people was 40.7% among men and 44.4% among women. The sex differences were statistically significant for all variables.

Univariate analysis

Table 2 illustrates that middle-aged men and older women had significantly higher odds ratios of low leisure time physical activity than the youngest reference groups for men and women, respectively. Both male and female respondents born in other countries than Sweden, with medium and low education, and low trust had low leisure time physical activity to a significantly higher extent than men and women born in Sweden, with high education and high trust, respectively. The prevalence of low leisure time physical activity was 10.8%

among men and 9.2% among women who expressed no desire to increase their physical activity, and 12.5% among men and 9.4% among women who expressed a desire to increase their physical activity and believed they could manage this on their own. In contrast, 34.5% of the men and 26.1% of the women who expressed a desire to increase their physical activity but thought they needed support to do this also reported low leisure time physical activity. The prevalence of low leisure time physical activity was also significantly higher among men who expressed a desire to increase their physical activity and who believed they could achieve this by themselves compared to the no desire to increase physical activity reference group.

Multivariate analyses

Table 3 shows that the positive association between low trust and desire to increase physical activity but with need of support remained significant throughout the multiple analyses. Table 4 shows that the significantly higher odds ratios of low leisure time physical activity among men and women with low trust remained throughout the multiple adjustments. The odds ratios decreased to some extent when country of origin, education and desire to increase physical activity were added, but remained significant for both men, 1.3 (1.1-1.4), and women, 1.2 (1.1-1.3), after multiple adjustments.

Discussion

This study shows that the associations between low trust and desire to increase physical activity among those who express a need of support, as well as between low trust and low leisure time physical activity remained in the multiple models. Middle-aged men and older women, respondents born abroad, with medium/low education, with desire to increase physical activity needing support (both men and women) and who did not need support (only men), and low trust had significantly higher odds ratios of low leisure time physical activity

than their respective reference groups. There seems to be a concentration of people with low leisure time physical activity among men and women who report a desire to increase their physical activity but think they need support to do it, and this group also has a significantly higher prevalence of low trust as opposed to both the group that reports a desire to increase physical activity and think they can manage on their own, and the group that does not report any desire to increase physical activity.

The hypothesis that trust would be consistently associated with the desire to increase physical activity was partly supported in this study. Low trust is positively associated with self reported desire to increase physical activity but only in the group indicating that help is needed to achieve it. In contrast, the group with self reported desire to increase physical activity who believes it is possible to manage without help, and the group that does not desire to increase physical activity both report significantly higher trust. Furthermore, these two latter groups also report significantly lower prevalence of low leisure time physical activity compared to the group with self reported desire to increase physical activity but that needs help. People who report a desire to increase physical activity and who think that they can manage this on their own as well as those who do not desire to increase their physical activity already exercise significantly more. It is plausible that the lower levels of physical activity in the group which desires to increase physical activity but which needs support may be partly due to lack of generalized trust in other people and social networks in this group.[7]

The notion that the association between social capital and health may be mediated by health related behaviours has been questioned. In one study adjustments for smoking, alcohol consumption and fruit and vegetables did not affect the association between trust and self reported health.[24] However, it should be remembered that physical activity was not included in that study, that self reported health is only one subjective measure of health, and that

current health status in a cross-sectional study is partly a product of previous patterns of health related behaviours.

In Sweden a system of prescribing physical activity by the family physician has recently been introduced.[6] It may be that an assessment of desire to increase physical activity combined with an assessment of need of help may identify the correct individuals in primary health care as well as in hospitals for such prescriptions. However, the significant association between generalized (horizontal) trust in other people and leisure time physical activity only reflects one aspect of trust (and ultimately social capital). Future studies also need to analyse other aspects of trust such as vertical trust in politicians and the health care system before any implications for health policy and implementation can be recommended.

Neighbourhood context, e.g. whether an individual lives in low or high socioeconomic areas or in low or high crime areas, may potentially interact with individual-level factors such as age, sex and education. The lack of data on relevant geographic contexts in the 2004 public health study may confound the relationship between trust and physical activity, which is a limitation in the data collection and hence a limitation in the scope of the analyses.

Strengths and limitations

The 59% participation rate is acceptable given the current participation rates in western countries. The age, sex and education distributions correspond well with the age, sex and education distribution in the general population registers in Skåne. In contrast, persons born in countries other than Sweden are underrepresented in this study and constitute approximately 12% of the population in this study compared to approximately 16% in the general Skåne population. The risk of selection bias was considered low in a previous study with almost exactly the same sampling design in Skåne in 2000.[25]

The participants included in each of the four categories assessed with the question on leisure time physical activity may have considerably varied physical activity levels. The leisure time physical activity item used in this study is not totally up to date in the sense that the recommendations are no longer related to “sweating”. A very recent consensus statement concerning recommended physical activity levels states that moderate intensity physical activity is instead related to increased “heart rate” and “breathing”, although the main recommendation to exercise moderately for at least 150 minutes a week remain essentially unaltered, which means that the less than two hour moderate exercise sedentary alternative captures respondents who are definitely below the recommended level for moderate exercise.[26] The validity and repeatability of similar four-level self reported physical activity items have been reported to be acceptable when compared with golden standard methods assessing 4-day heart rate monitoring which had previously been validated against whole-body calorimetry and doubly labelled water.[27] The dichotomisation between the lowest physical activity alternative and the other three alternatives approximately represents the cut-off for the lowest level of physical activity daily. The trust item is a self reported item which is hard to validate, but the one used in this study is the most commonly used.[16,17] Further division of country of origin into different country of origin categories has no effect on the associations investigated in this study at all (data not presented in tables).

Age, sex, country of origin, and education might be confounders of the association between desire to increase physical activity and trust. Age, sex, country of origin, education and desire to increase physical activity may be confounders of the association between trust and leisure time physical activity and trust. Adjusting for these variables, and stratifying for sex, affected the estimates as demonstrated in tables 3 and 4. The influences of social capital on health are dependent on country and other geographic contexts. The findings of this study may thus have limited generalizability.

The cross-sectional study design is a weakness. It is thus only possible to draw inferences concerning association and not causation in this study.

Conclusions

The positive association between low trust and low leisure time physical activity remained after multiple adjustments. There is a concentration of people with low leisure time physical activity among men and women who report a desire to increase their physical activity but think they need support to do it, and this group also has a significantly higher prevalence of low trust.

Ethical approval

This study was approved by the ethical committee at Lund University.

Competing interests

There are no competing interests.

Funding

This study was supported by the Swedish research Council (Vetenskapsrådet) (K2008-70X-01-3), Swedish Research Council Linnaeus Centre for Economic Demography (VR 79), the Swedish ALF Government Grant Dnr M 2007/1656, and the Research Funds of the Malmö University Hospital.

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Table 1. Prevalence (%) of leisure time physical activity, demographic, socioeconomic, desire to increase physical activity and trust variables, and significance test of sex difference for each variable (chi^2-test). N=27,757. The Public Health Survey in Skåne 2004.

	Men (N=12,623)	Women (N=15,134)	Total (N=27,757)	Sex difference (p)
Leisure time physical activity				
High	84.7	86.8	85,7	p<0.001
Low	15.3	13.2	14.3	
(Missing)	(185)	(359)	(544)	
Age				
18-24	8.9	9.6	9.3	p<0.001
25-34	14.0	15.9	15.0	
35-44	17.5	18.2	17.9	
45-54	18.2	17.6	17.9	
55-64	20.6	19.2	19.9	
65-80	20.9	19.5	20.1	
(Missing)	(0)	(0)	(0)	
Country of origin				
Sweden	88.5	88.0	88.2	p<0.001
Other countries	11.5	12.0	11.8	
(Missing)	(570)	(477)	(1047)	
Education				
13- years	32.4	39.0	36.0	p<0.001
10-12 years	23.9	23.6	23.7	
-9 years	43.7	37.4	40.3	
(Missing)	(1095)	(1592)	(2687)	
Desire to increase physical activity				
No	33.2	28.5	30.7	p<0.001
Yes, and I can do it	51.9	50.4	51.0	

myself				
Yes, but I need support	14.9	21.1	18.3	
(Missing)	(690)	(743)	(1433)	
Trust (horizontal)				
High	59.3	55.6	57.3	p<0.001
Low	40.7	44.4	42.7	
(Missing)	(85)	(154)	(239)	

Table 2. Prevalences (%) and odds ratios (OR:s) with 95% conficence intervals (95% CI) of low leisure time physical activity according to demographic, socioeconomic, desire to increase physical activity and trust variables. N (men)=12,623 and N (women)=15,134. The Public Health Survey in Skåne 2004.

	Men		Women	
Low leisure time physical activity	**%**	**OR (95% CI)**	**%**	**OR (95% CI)**
Age				
18-24	12.4	1.0	12.4	1.0
25-34	14.6	1.2 (0.96-1.5)	11.7	0.9 (0.8-1.1)
35-44	17.2	1.5 (1.2-1.8)	13.4	1.1 (0.9-1.3)
45-54	18.0	1.6 (1.3-1.9)	12.5	1.0 (0.8-1.2)
55-64	15.6	1.3 (1.1-1.6)	12.2	1.0 (0.8-1.2)
65-80	13.1	1.1 (0.9-1.3)	16.5	1.4 (1.2-1.7)
(Missing)	(185)		(348)	
Country of origin				
Sweden	14.2	1.0	11.5	1.0
Other countries	23.1	1.8 (1.6-2.1)	22.1	2.2 (1.9-2.5)
(Missing)	(807)		(870)	
Education				
13- years	9.9	1.0	8.0	1.0
10-12 years	16.5	1.8 (1.6-2.1)	15.8	2.2 (1.9-2.5)
-9 years	18.8	2.1 (1.9-2.4)	16.9	2.3 (2.1-2.7)
(Missing)	(1301)		(1915)	
Desire to increase physical activity				
No	10.8	1.0	9.2	1.0
Yes, and I can do it myself	12.5	1.2 (1.04-1.3)	9.4	1.0 (0.9-1.2)
Yes, but I need support	34.5	4.3 (3.8-5.0)	26.1	3.5 (3.0-4.0)

(Missing)	(829)		(989)	
Trust (horizontal)				
High	13.0	1.0	11.3	1.0
Low	18.9	1.6 (1.4-1.7)	15.4	1.4 (1.3-1.6)
(Missing)	(322)		(543)	

Table 3. Prevalences (%) and crude, age- and multiple adjusted odds ratios (OR:s) with 95% confidence intervals (95% CI) of low trust according to desire to increase physical activity categories. The Public Health survey in Skåne 2004.

Desire to increase physical activity	Low trust (%)	OR (95% CI)[a]	OR (95% CI)[b]	OR (95% CI)[c]
Men				
No	39.2	1.0	1.0	1.0
Yes, and I can do it myself	38.8	1.0 (0.9-1.1)	0.95 (0.87-1.03)	1.0 (0.9-1.1)
Yes, but I need support	50.5	1.6 (1.4-1.8)	1.5 (1.4-1.7)	1.5 (1.3-1.7)
Women				
No	41.1	1.0	1.0	1.0
Yes, and I can do it myself	42.4	1.06 (0.98-1.14)	1.0 (0.9-1.0)	1.05 (0.96-1.14)
Yes, but I need support	53.8	1.7 (1.5-1.8)	1.6 (1.5-1.8)	1.6 (1.4-1.7)

a Crude.

b Adjusted for age.

c Adjusted for age, country of origin and education.

Table 4. Prevalences (%) and age- and multiple adjusted odds ratios (OR:s) with 95% conficence intervals (95% CI) of low leisure time physical activity according to trust among men and women. N (men)=12,623 and N (women)=15,134. Public Health Survey in Skåne 2004.

	OR (95%CI)[a]	OR (95%CI)[b]	OR (95%CI)[c]	OR (95%CI)[d]
Men				
Trust				
High	1.0	1.0	1.0	1.0
Low	1.6 (1.4-1.7)	1.5 (1.4-1.7)	1.4 (1.2-1.5)	1.3 (1.1-1.4)
Women				
Trust				
High	1.0	1.0	1.0	1.0
Low	1.4 (1.3-1.6)	1.4 (1.3-1.6)	1.3 (1.2-1.4)	1.2 (1.1-1.3)

a Adjusted for age.

b Adjusted for age and country of origin.

c Adjusted for age, country of origin and education.

d Adjusted for age, country of origin, education and desire to increase physical activity.