Socioeconomic aspects of lifestyle and women´s health: a primary care and population perspective

Akademisk avhandling
som för avläggande av medicine doktorsexamen vid Sahlgrenska akademin, Göteborgs universitet kommer att offentligen försvaras i hörsal 2119, Hälsovetarbacken, Arvid Wallgrens Backe, hus 2, Göteborg, fredagen den 27 mars 2020, klockan 13.00

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Avhandlingen baseras på följande delarbeten


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ABSTRACT

Aims: To estimate growth characteristics and socioeconomic factors in relation to overweight/obesity among 4-year-old children. To explore whether a primary care lifestyle programme reached and engaged socioeconomically vulnerable groups to the same extent as higher socioeconomic groups. To examine trends in physical activity, well-being and mental stress in relation to socioeconomic position in middle-aged women.

Methods: I (n=309) was a cross-sectional study. From medical records we compared growth and development of overweight/obesity among 4-year-old children in two socioeconomic diverse areas (Child Health Centres) in Gothenburg. BMI standard deviation scores were used. II (n=2121) was a prospective study. Patients aged 18-79 years, visiting primary care centres, were offered to attend a lifestyle programme “Pro-Health”. The participants answered in addition questions concerning education, employment, ethnicity, living situation, and motivation for change. III (n=977) was a cohort comparison study. Women recruited in 1980 and 2004 in the Population Study of Women in Gothenburg (PSWG) were studied regarding physical activity in relation to socioeconomic position. IV (n=1550) was a cohort comparison study. Women recruited in 1980, 2004 and 2016 in the PSWG were studied regarding well-being and mental stress in relation to socioeconomic position.

Results: I showed a significantly higher proportion of children with overweight in the district with lower socioeconomic status. II showed that socioeconomically vulnerable groups could be reached and engaged in “Pro-Health” and had comparable odds for lifestyle improvements after one year, compared to other participants. III showed increased physical activity levels among middle-aged women with no significant differences between the socioeconomic groups. IV showed increased perception of good well-being in 50-year-old women 1980 to 2016. Women with low socioeconomic position had lower well-being in 1980 but not in 2016. High mental stress increased from 1980 to 2016 concerning all women, irrespective of socioeconomic position.

Conclusions: Low socioeconomic status was an independent determinant of overweight for four-year-olds. Socioeconomically vulnerable groups can be reached and engaged in “Pro-Health” to the same extent and with the same positive results as higher socioeconomic groups. Women in different socioeconomic groups improved their physical activity to the same extent from 1980 to 2004. Women of today generally have high good well-being and high mental stress irrespective of socioeconomic position. Primary health care - reaching the entire population - needs a socioeconomic perspective. It is urgent to improve the conditions for preventive work to reduce health disparities.

Keywords: Socioeconomic position, childhood obesity, lifestyle, primary health care, motivation for change, women, physical activity, well-being, mental stress

ISBN: 978-91-7833-786-6 (TRYCK)  http://hdl.handle.net/2077/62686
ISBN: 978-91-7833-787-3 (PDF)