Changes from 1986 to 2006 in reasons for liking leisure-time physical activity among adolescents

B. Wold¹, H. Littlecott², J. Tynjälä³, O. Samdal¹, L. Moore⁴, C. Roberts⁵, L. Kannas³, J. Villberg³, L. E. Aarø¹.6

¹Department of Health Promotion and Development, University of Bergen, Bergen, Norway, ²DECIPHer UKCRC Public Health Research Centre of Excellence, Cardiff University, Cardiff, UK, ³Department of Health Sciences, Research Centre for Health Promotion, University of Jyväskylä, Jyväskylä, Finland, ⁴MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, UK, ⁵Social Research and Information Division, Welsh Government, Cardiff, UK, ⁶Division of Mental Health, Norwegian Institute of Public Health, Oslo, Norway

Corresponding author: Bente Wold, Department of Health Promotion and Development, University of Bergen, PO Box 7807, Bergen 5020, Norway. Tel: 47 90 53 26 67, Fax: +47 5558 9887, E-mail: bente.wold@uib.no

Accepted for publication 29 June 2015

Reasons for participating in physical activity (PA) may have changed in accordance with the general modernization of society. The aim is to examine changes in self-reported reasons for liking leisure-time physical activity (LTPA) and their association with self-reported LTPA over a 20-year period. Data were collected among nationally representative samples of 13-year-olds in Finland, Norway, and Wales in 1986 and 2006 (N = 9252) as part of the WHO cross-national Health Behaviour in Schoolaged Children (HBSC) study. Univariate ANOVAs to establish differences according to gender, year, and country were conducted. In all countries, 13-year-olds in

2006 tended to report higher importance in terms of achievement and social reasons than their counterparts in 1986, while changes in health reasons were minor. These reasons were associated with LTPA in a similar way at both time points. Health reasons for liking LTPA were considered most important, and were the strongest predictor of LTPA. The findings seem robust as they were consistent across countries and genders. Health education constitutes the most viable strategy for promoting adolescents' motivation for PA, and interventions and educational efforts could be improved by an increased focus on LTPA and sport as a social activity.

Physical activity (PA), exercise, and sport have many important health benefits for children and adolescents (Janssen & LeBlanc, 2010; Biddle & Asare, 2011; Ekelund et al., 2011). While there is no consistent evidence that leisure-time physical activity (LTPA) levels among adolescents have declined during the past decades (Samdal et al., 2007; Guinhouya et al., 2013), several studies using objective measurements (accelerometers) suggest that only about half of adolescents meet the PA recommendation of 60-min moderate-tovigorous activity per day (Guinhouya et al., 2013). With self-reported data, the prevalence is even lower, 24% among 13-year-old boys and 13% among girls (Currie et al., 2012). Thus, low levels of adolescent PA continue to constitute a major public health concern, pointing to the need for efforts to increase adolescent PA levels. Motivation is a major determinant of adolescent LTPA (Biddle & Asare, 2011; Biddle et al., 2011), and therefore one of the most important factors at the individual level. Several studies have concluded that adolescents are motivated to take part in PA for diverse reasons, in particular achievement (e.g., mastering skills, improving competence, and achieving good results), health (e.g., becoming fit and increasing well-being), and social (e.g., making or meeting friends and belonging to a group) reasons (Wold & Kannas, 1993; Stuntz & Weiss, 2010; Iannotti et al., 2013; Pannekoek et al., 2013). The present study aims at comparing changes in achievement, health, and social reasons for liking LTPA, and changes in associations between these reasons and LTPA across three Western European countries (Finland, Norway, and Wales) over a 20-year period. The focus is on LTPA because adolescents can choose to participate in such activities themselves, and their views on LTPA are likely to be more apparent and motivating than, for example, on physical education (PE) or other PA during school hours.

Reasons for liking LTPA indicate positive attitudes to LTPA, and are therefore expected to be related to higher motivation and intentions to engage in LTPA, and subsequently to undertake LTPA (Plotnikoff et al., 2013). Motivation and attitudes for LTPA may have changed in accordance with the general modernization of society (Inglehart, 2008). Sport is one of a number of expanding leisure industries that are assuming increasing importance in modern and developing economies (Sturm, 2004). This expansion is also reflected in the increased media attention to sports, such as the growing number of

TV channels devoted entirely to sports, as well as new technological developments such as the webcasting of sports events, i.e., media presentations distributed over the Internet using streaming media technology. Such developments may result in an increased interest in sports without direct participation.

At the same time, informal sports have become increasingly central to the PA and cultural lifestyles of young people, and a considerable part of current "sports" activity is not organized, nor conducted in official clubs, but is spontaneous in nature (Gilchrist & Wheaton, 2011). The emergence of the urban-based lifestyle sport parkour, also called free running or art de déplacement, is an example of a more diversified sports landscape (Gilchrist & Wheaton, 2011). Parkour has spread rapidly among young urban inner-city populations, though informal networks, Internet forums, and particularly its virtual presence on sites such as YouTube. The participants see parkour as a noncompetitive activity; they challenge themselves and their level of skill, and they do not compete against others. This type of lifestyle sports seems to reflect the increased value placed on selfexpression in modernization (Inglehart, 2008). Moreover, in their qualitative study among parkour participants (so-called traceurs), Gilchrist and Wheaton (2011) observed informal but extremely strong networks, and they suggest that these networks are based on strong social ties between similar people with relations, reciprocity, and trust based on ties of familiarity and closeness. This finding suggests that both achievement and social reasons are important for participation in such modern physical activities, and maybe more so than for traditional sport activities.

As physical activities (and sporting culture in general) have become more diverse, e.g., the number of different types of sport and exercise has dramatically increased, the motives of those who engage in different subgroups of activities (such as skateboarding) may also have become more diverse. The increased societal attention to sports and LTPA probably suggests that these activities are regarded as even more positive, prestigious, and socially desired than some decades ago. Accordingly, adolescents' views of PA and sports, including their reasons for liking and engaging in these activities, may have changed in terms of an increased approval of achievement, social, and health benefits during recent decades. However, very little is known about changes in reasons for liking LTPA over time, and whether associations between these reasons and participation in LTPA have changed in recent decades. Insight into such changes and how they relate to LTPA may contribute to improvements in health promotion and physical/sports education.

Public health concerns relating to the increased focus on the obesity epidemic have resulted in policy actions and interventions to increase child and adolescent PA in many countries. In Norway, for example, the parliamentary white paper, Proposition No. 16 (2002–2003), aimed to increase the proportion of children and youth in Norway who participate in at least 60 min of PA daily (Norwegian Ministry of Health, 2003). The determination of the Norwegian government to address population level PA behaviors is demonstrated by the recent publication by the Norwegian Health Directorate of a "Handbook for Physical Activity, guidelines for physical activity as prevention and treatment" (Norwegian Health Directorate, 2009). Similarly, "Creating an Active Wales" (Welsh Assembly Government, 2009), the Welsh Government's strategic framework for promoting PA, aims to increase the proportions undertaking 60 min or more of PA daily. More specifically, there is a focus on shifting the mean number of days where young people are active at this level from around four to five each week. This is underpinned by the strategic aim to support children and young people to live active lives and become active adults. In Finland, massive PA promotion programs have targeted schools, such as the "Finnish schools on the move" program (Finnish Government, 2012). The media attention and initiatives taken by schools and local communities as a response to such policy statements may have sensitized adolescents to the need for being physically active for health reasons. Consequently, an increase in the importance attached to health reasons for liking LTPA, as well as an increase in LTPA due to health reasons, could be expected.

Boys have generally been found to be more physically active (Samdal et al., 2007; Guinhouya et al., 2013; Kalman et al., 2015) and to report a more achievement-oriented motivation for PA than girls (Wold & Kannas, 1993; Hanrahan & Cerin, 2009). It is possible that the trend toward gender equality in the Western societies (Inglehart, 2008) may result in decreasing gender differences in LTPA and reasons for liking LTPA.

As changes in modern values seem to have been similar in Western European countries such as Finland, Norway, and Wales (Inglehart & Baker, 2000), it is reasonable to expect similar changes in reasons for liking LTPA across these countries. However, these are three different countries with different cultures, including different languages, politics, education systems, gender equality, and structure of leisure-time sport and PA for adolescents. Thus, changes in reasons for liking LTPA may be contextualized according to cultural changes such as transport patterns, school PE curriculum, advancements in technology and electronic entertainment, and sociocultural changes, such as the home environment, roles of family members, the school environment, demographics, and time use (Dollman et al., 2005). It is possible, therefore, that changes in reasons may differ somewhat between countries.

A change in perceived importance of the three types of reasons may also produce changes in how they are related to participation in PA. Hence, if reasons change in a similar way among both genders in the three coun-

Table 1. Sample size and response rate by country, year, and gender

Country	1986			2006		
	Boys n	Girls n	Response %	Boys n	Girls n	Response %
Finland Norway Wales	468 612 1038	467 691 1125	89 86 94	828 824 755	897 761 786	90 58 57

tries, their associations with LTPA may also change accordingly. The specific research questions addressed were:

- To what extent do achievement, health, and social reasons for liking LTPA, and their associations with LTPA, differ between young adolescents in 1986 and 2006?
- 2. To what extent do changes in reasons for liking LTPA and their associations with LTPA differ between boys and girls, and between adolescents in Finland, Norway, and Wales?

Methods

The WHO cross-national survey of Health Behaviour among School-aged Children (the HBSC study, http://www.hbsc.org) is an international study covering Europe and North America, designed to increase our understanding of health behaviors, life-style, and their context among 11-, 13-, and 15-year-olds (Currie et al., 2012). The surveys are currently carried out by an international network of research teams in collaboration with the World Health Organization Regional Office for Europe every 4 years, with each participating country able to combine mandatory questions within selected sections of standardized questionnaires. Questions regarding reasons for liking LTPA were included in three of the countries among 13-year-olds both in the 1985–1986 and 2005–2006 surveys, these time points referred to throughout as 1986 and 2006.

Sample

Data are from national representative samples of students aged 13 years in Finland, Norway, and Wales in 1986 and 2006. Sample sizes and response rates are displayed in Table 1. Randomly stratified samples were selected, with school class the primary sampling unit (PSU) in Norway. In Finland and Wales, school was the PSU, with a class randomly selected within each year group. Response rates refer to individual level response rates. The Finnish response rate signifies pupil response rate at schools where the headmasters accepted to take part in the survey, while the response rates in Norway and Wales are based on the total number of eligible pupils (in the original sample of schools/classes).

Measures

LTPA was measured by asking how often students were physically active outside of school hours so much that they get out of breath or sweat, indicating moderate-to-vigorous activity. The students were provided with the following response categories: "never" (0), "less than once a month" (0), "once a month" (0.5), "once a week" (1), "2–3 times a week" (2.5), "4–6 times a week" (5), "every day" (7). The test–retest reliability of this measure of general LTPA has

been found to be acceptable (Booth et al., 2001; Vuori, 2005; Rangul et al., 2008). In addition, the fact that adolescents' scores on this item were relatively stable in a study in seven European countries from 1986 to 2002 adds to the reliability of the instrument (Samdal et al., 2007). With regard to validity, a simple self-report question of LTPA should not be expected to be highly correlated to overall energy expenditure, but a similar single "sweat" question has been found to correlate well with maximal oxygen uptake (Aarnio et al., 2002).

Reasons for participation in LTPA in 1986 and in 2006 were measured using the following multiple-choice question: "Here is a list of some reasons children give for liking sport/PA. Please read each one and tick how important this is to you." Nine reasons were the same in 1986 and 2006. These were: "have fun," "make new friends," "see friends," "improve health," "get in good shape," "enjoy the feeling of using my body," "be good," "looking good," and "to win". Each reason had three response categories: "very important," "fairly important," and "not important." This question was formulated in a way that allowed each child to respond, even if they were not physically active. Responses provided by physically active children probably reflect their reasons and motives for taking part. All questions require evidence of reliability and validity in adolescents from multiple countries before they can be utilized within the HBSC study, and these measures have been shown to have good reliability and reasonable validity (Iannotti et al., 2013).

Factor analysis (principal components analysis, varimax rotation) of the nine reasons for participating in sport which featured in the questionnaire at both time points was conducted separately by sex, year, and country, with three factors rotated in each analysis in order to directly compare across countries and time points. Each analysis yielded three factors with an eigenvalue greater than 1.0. These were consistent with previous studies (Wold & Kannas, 1993; Iannotti et al., 2013) and formed the basis of the subsequent analysis. From these data, a sum-score index was constructed for each factor by adding the values of the variables in each factor (0 = not important, 1 = fairly important, 2 = very important). Each index was composed of three variables, thus sum-scores ranged from 0 to 6. The social index was composed of the items "have fun," "make new friends," "see friends"; the health index consisted of "improve health," "get in good shape," "enjoy the feeling of using my body"; and the achievement index included "be good," "looking good," and "to win." Participants with one or more missing values were excluded from the analysis. Fewer than 5% of responses were missing on each variable. Cronbach's alpha values for each index within the whole sample were .64 for social, .58 for achievement, and .63 for health. Cronbach's alpha values in the subgroups were (2006 estimates in parenthesis): achievement reasons index in 1986: .51 (.58) for Finland, .62 (.66) for Norway, and .46 (.60) for Wales; health reasons index in 1986: .61 (.67) for Finland, .61 (.68) for Norway, and .59 (.64) for Wales. Finally, Cronbach's alphas for the social reasons index in 1986 were .55 (.68) for Finland, .63 (.65) for Norway, and .57 (.62) for Wales.

Procedure

Questions were translated into Finnish and Norwegian and were available in both English and Welsh in Wales. The 1986 survey was carried out in February–March 1986 in Finland, November–December 1985 in Norway, and March 1986 in Wales. The 2006 survey was carried out between March and May 2006 in Finland, November–December 2005 in Norway, and January–March 2006 in Wales. The students completed the questionnaire during one lesson period at school. Teachers were asked to follow a standard set of instructions to lead classroom data collection. In 2006, external interviewers (i.e., not teaching staff) administered data collection in Wales. Student anonymity was ensured in each

Wold et al.

country, with ethical approval being granted from the relevant authorities, using a procedure of passive consent from parents and students.

Analysis

The indices of reasons to like LTPA were used to calculate means and standard deviations for each reasons index, while Student's *t*-tests and one-way analyses of variance (ANOVAs) were used to assess differences between gender, country, and year.

Univariate ANOVAs were performed to establish whether or not each reasons index changed according to gender, year, and country. A univariate ANOVA was then performed to investigate to what extent reasons predicted frequency of PA and whether this effect was significantly different across the two time points. A top-down approach was applied, taking higher order interactions into account first, and removing those that were not statistically significant from the model. All analyses were conducted in SPSS version 20 (IBM Corp. Armonk, NY, 2011).

The 1986 data files did not include consistent school class identifiers for each country, making it impossible to analyze the data taking the clustered design into account. The design effects for the three reason indices and LTPA in the 2006 study were less than 2 (with the exception of the social index for Wales which was 2.4), suggesting that the dependency in the data is not likely to have substantially affected the estimations. Acknowledging potential cluster effects, the significance level was set to P < .01.

Results

Five percent of boys and 9% of girls reported that they never engaged in LTPA. The means and standard deviations for LTPA and each PA reasons index according to gender, year, and country are presented in Table 2. As indicated in Table 2, boys' overall mean level of times per week in LTPA during leisure-time and mean score on the achievement reasons index were significantly higher than those of girls, while there were no statistically significant gender differences in the means of health and social reasons for PA.

Further, independent *t*-tests (see Table 2) showed significant overall differences between year in LTPA, achievement reasons, and social reasons, but not in health reasons. Achievement and social reasons were rated as more important in 2006 compared with 1986. The effect sizes were small for achievement reasons, and moderate for social reasons.

Univariate ANOVAs were performed to establish whether or not each reasons index changed according to gender, year, and country (Table 3). Statistically significant differences (at the P < .01 level) between countries in the three types of reasons were observed. As indicated in Table 2, Wales had the highest and Norway had the lowest means for achievement reasons for both genders, while overall ratings of health reasons were highest in Wales and lowest in Finland. As shown in Fig. 1, ratings of social reasons being important were higher in Norway. Statistically significant interaction effects (P < .01) were observed on the health reasons index for year × country and gender × country, but the effect sizes were very low (Table 3). Regarding achievement

Table 2. Means and standard deviations of times per week in leisure-time vigorous physical activity and reasons for liking LTPA indices by gender, year, and country; *t*-test for mean differences between genders the year mentioned in the same row (indicated by ^a); *t*-test for mean difference between year within gender (indicated by ^b), with effect size (Cohen's *d*)

Country	Sex	Year	M	SD	N	t	d	Р
Physical a	ctivity							
Overall	Boys	1986	3.4	2.24	2113	16.21 ^a	.52	.000
	Girls	2006 1986	4.1 2.3	2.16 1.98	2368 2271	–10.08 ^b –14.48 ^b	32 44	.000
	anis	2006	3.2	2.12	2368	13.4ª	.42	.000
Finland	Boys	1986 2006	3.1 4.1	2.17 2.09	471 826	6.21 ^a -8.37 ^b	.45 47	.000
Norway	Girls	1986	2.2	1.83	463	-0.37° -11.25b	47 67	.000
	Davis	2006	3.5	2.02	885	5.80 ^a	.29	.000
Norway	Boys	1986 2006	3.0 3.9	1.90 2.07	611 801	2.89ª -8.39 ^b	16 48	.004 .000
	Girls	1986	2.7	1.87	690	-5.48 ^b	25	.000
Wales	Boys	2006 1986	3.2 3.8	2.05 2.39	730 1031	5.98ª 16.37ª	.34 .71	.000
vvaios	Doyo	2006	4.2	2.32	725	-3.86^{b}	17	.000
	Girls	1986	2.2	2.09	1118	-6.54 ^b	30	.000
Achievem	ent reasons	2006 s	2.9	2.24	753	11.46ª	.57	.000
Overall	Boys	1986	2.5	1.68	2045	3.48^{a}	.06	.001
	0:-1-	2006	3.0	1.73	2267	-8.39b	29	.000
	Girls	1986 2006	2.4 2.7	1.57 1.56	2220 2308	-6.15 ^b 6.65 ^a	19 .18	.000
Finland	Boys	1986	2.0	1.46	468	2.28a	.01	.023
	Girls	2006	3.2 1.8	1.58 1.35	807 457	–13.39 ^b –13.93 ^b	79 70	.000
	GILIS	1986 2006	2.9	1.44	863	3.64 ^a	79 .20	.000
Norway	Boys	1986	2.2	1.65	557	1.82ª	.12	.069
	Girls	2006 1986	2.5 2.0	1.80 1.58	746 658	–2.79 ^b –0.98 ^b	17 06	.005 .325
	GIIIS	2006	2.0	1.59	697	-0.98 3.98 ^a	.24	.000
Wales	Boys	1986	3.0	1.66	1020	2.44 ^a	.17	.015
	Girls	2006 1986	3.3 2.8	1.69 1.52	714 1105	–3.80⁵ –0.85⁵	18 07	.000 .394
	anis	2006	2.9	1.52	748	4.96ª	.25	.000
Country	Gender	Year	M	SD	N	t	d	P
		Year	M	SD	N	t	d	P
Country Health rea		1986	4.7	1.33	2063	-1.62 ^a	<i>d</i> 08	.105
Health rea	isons Boys	1986 2006	4.7 4.7	1.33 1.39	2063 2272	-1.62 ^a -0.30 ^b	08 0	.105 .763
Health rea	isons	1986 2006 1986	4.7 4.7 4.8	1.33 1.39 1.24	2063 2272 2215	-1.62 ^a -0.30 ^b -0.22 ^b	08 0 0	.105 .763 .830
Health rea	isons Boys	1986 2006 1986 2006 1986	4.7 4.7 4.8 4.8 4.4	1.33 1.39 1.24 1.26 1.42	2063 2272 2215 2310 468	-1.62 ^a -0.30 ^b -0.22 ^b -1.50 ^a -1.86 ^a	08 0 0 08 07	.105 .763 .830 .133 .063
Health rea Overall	isons Boys Girls Boys	1986 2006 1986 2006 1986 2006	4.7 4.7 4.8 4.8 4.4 4.5	1.33 1.39 1.24 1.26 1.42 1.45	2063 2272 2215 2310 468 806	-1.62 ^a -0.30 ^b -0.22 ^b -1.50 ^a -1.86 ^a -1.3 ^b	08 0 0 08 07 07	.105 .763 .830 .133 .063
Health rea Overall	isons Boys Girls	1986 2006 1986 2006 1986	4.7 4.7 4.8 4.8 4.4	1.33 1.39 1.24 1.26 1.42	2063 2272 2215 2310 468	-1.62 ^a -0.30 ^b -0.22 ^b -1.50 ^a -1.86 ^a	08 0 0 08 07 07	.105 .763 .830 .133 .063
Health rea Overall	isons Boys Girls Boys	1986 2006 1986 2006 1986 2006 1986 2006 1986	4.7 4.7 4.8 4.8 4.4 4.5 4.5 4.8 4.6	1.33 1.39 1.24 1.26 1.42 1.45 1.26 1.21 1.33	2063 2272 2215 2310 468 806 461 866 572	-1.62 ^a -0.30 ^b -0.22 ^b -1.50 ^a -1.86 ^a -1.3 ^b -3.52 ^b -4.67 ^a -1.21 ^a	08 0 0 08 07 07 24 22 11	.105 .763 .830 .133 .063 .194 .000 .000
Health rea Overall Finland	Boys Girls Boys Girls Boys Girls Boys	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.7 4.8 4.8 4.4 4.5 4.5 4.5 4.8 4.6 4.8	1.33 1.39 1.24 1.26 1.42 1.45 1.26 1.21 1.33 1.38	2063 2272 2215 2310 468 806 461 866 572 751	-1.62 ^a -0.30 ^b -0.22 ^b -1.50 ^a -1.86 ^a -1.3 ^b -3.52 ^b -4.67 ^a -1.21 ^a -2.45 ^b	08 0 0 08 07 07 24 22 11 15	.105 .763 .830 .133 .063 .194 .000 .000 .225
Health rea Overall Finland	asons Boys Girls Boys Girls Boys Girls	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.7 4.8 4.8 4.4 4.5 4.5 4.8 4.6	1.33 1.39 1.24 1.26 1.42 1.45 1.21 1.33 1.38 1.25 1.35	2063 2272 2215 2310 468 806 461 866 572 751 654 697	-1.62 ^a -0.30 ^b -0.22 ^b -1.50 ^a -1.86 ^a -1.3 ^b -3.52 ^b -4.67 ^a -1.21 ^a	08 0 0 08 07 07 24 22 11	.105 .763 .830 .133 .063 .194 .000 .000
Health rea Overall Finland	Boys Girls Boys Girls Boys Girls Boys	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986	4.7 4.8 4.8 4.4 4.5 4.5 4.8 4.6 4.8 4.7 4.7	1.33 1.39 1.24 1.26 1.42 1.45 1.26 1.21 1.33 1.38 1.25 1.25	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023	-1.62 ^a -0.30 ^b -0.22 ^b -1.50 ^a -1.86 ^a -1.3 ^b -3.52 ^b -4.67 ^a -1.21 ^a -2.45 ^b 0.27 ^b 1.60 ^a 0.08 ^a	08 0 0 08 07 07 24 22 11 15 0 .07	.105 .763 .830 .133 .063 .194 .000 .000 .225 .014 .786 .109 .933
Health rea Overall Finland	sons Boys Girls Boys Girls Boys Girls Boys	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.8 4.8 4.4 4.5 4.5 4.8 4.6 4.8 4.7 4.7 4.9	1.33 1.39 1.24 1.26 1.42 1.45 1.26 1.21 1.33 1.38 1.25 1.35 1.25	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023 715	-1.62 ^a -0.30 ^b -0.22 ^b -1.50 ^a -1.86 ^a -1.3 ^b -3.52 ^b -4.67 ^a -1.21 ^a -2.45 ^b 0.27 ^b 1.60 ^a 0.08 ^a 0.19 ^b	08 0 0 08 07 07 24 22 11 15 0 .07	.105 .763 .830 .133 .063 .194 .000 .000 .225 .014 .786 .109 .933 .851
Health rea Overall Finland Norway Wales	Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Boys	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.8 4.8 4.4 4.5 4.5 4.8 4.6 4.8 4.7 4.7	1.33 1.39 1.24 1.26 1.42 1.45 1.26 1.21 1.33 1.38 1.25 1.25	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023	-1.62 ^a -0.30 ^b -0.22 ^b -1.50 ^a -1.86 ^a -1.3 ^b -3.52 ^b -4.67 ^a -1.21 ^a -2.45 ^b 0.27 ^b 1.60 ^a 0.08 ^a	08 0 0 08 07 07 24 22 11 15 0 .07	.105 .763 .830 .133 .063 .194 .000 .000 .225 .014 .786 .109 .933
Health rea Overall Finland Norway Wales Social rea	sons Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.8 4.8 4.4 4.5 4.5 4.8 4.6 4.7 4.7 4.9 4.9 4.9	1.33 1.39 1.24 1.26 1.42 1.45 1.26 1.21 1.33 1.38 1.25 1.35 1.25 1.30	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023 715 1100 747	$\begin{array}{c} -1.62^a \\ -0.30^b \\ -0.22^b \\ -1.50^a \\ -1.86^a \\ -1.3^b \\ -3.52^b \\ -4.67^a \\ -1.21^a \\ -2.45^b \\ 0.27^b \\ 1.60^a \\ 0.08^a \\ 0.19^b \\ 0.86^b \\ 0.64^a \end{array}$	08 0 0 08 07 07 24 22 11 15 0 .07 0	.105 .763 .830 .133 .063 .194 .000 .225 .014 .786 .109 .933 .851 .389
Health rea Overall Finland Norway Wales	Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Boys	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.7 4.8 4.8 4.4 4.5 4.5 4.6 4.8 4.7 4.7 4.9 4.9 4.9	1.33 1.39 1.24 1.26 1.42 1.45 1.21 1.33 1.38 1.25 1.35 1.25 1.30 1.20	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023 715 1100 747	-1.62a -0.30b -0.22b -1.50a -1.86a -1.3b -3.52b -4.67a -1.21a -2.45b 0.27b 1.60a 0.08a 0.19b 0.86b 0.64a	08 0 0 08 07 07 24 22 11 15 0 .07 0	.105 .763 .830 .133 .063 .194 .000 .000 .225 .014 .109 .933 .851 .389 .521
Health rea Overall Finland Norway Wales Social rea	sons Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.7 4.8 4.8 4.4 4.5 4.5 4.5 4.8 4.7 4.9 4.9 4.9 4.9 4.9 3.9 4.6 3.9	1.33 1.39 1.24 1.26 1.42 1.45 1.26 1.21 1.33 1.38 1.25 1.35 1.25 1.30 1.20 1.22	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023 715 1100 747	-1.62a -0.30b -0.22b -1.50a -1.86a -1.3b -3.52b -4.67a -1.21a -2.45b 0.27b 1.60a 0.08a 0.19b 0.86b 0.64a 0.32a -16.81b -16.32b	08 0 0 08 07 07 24 22 11 15 0 .07 0 0 0	.105 .763 .830 .063 .194 .000 .000 .225 .014 .786 .109 .933 .851 .389 .521
Health rea Overall Finland Norway Wales Social rea Overall	sons Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Sons Boys Girls	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.7 4.8 4.8 4.4 4.5 4.5 4.8 4.7 4.9 4.9 4.9 4.9 4.9 4.9 4.9 4.9 4.6	1.33 1.39 1.24 1.26 1.42 1.45 1.26 1.21 1.33 1.38 1.25 1.35 1.25 1.30 1.22 1.47 1.37	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023 715 1100 747 2064 2278 2220 2319	-1.62a -0.30b -0.22b -1.50a -1.86a -1.3b -3.52b -4.67a -1.21a -2.45b 0.27b 1.60a 0.08a 0.19b 0.86b 0.64a 0.32a -16.81b -16.32b 1.04a	08 0 0 08 07 07 24 22 11 15 0 0 0 0 0 0 0 0 0 0 0 0 0	.105 .763 .830 .063 .194 .000 .225 .014 .786 .109 .933 .851 .752 .000 .298
Health rea Overall Finland Norway Wales Social rea	sons Boys Girls Boys Girls Boys Girls Boys Girls Boys Boys Girls Boys	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.7 4.8 4.8 4.5 4.5 4.5 4.7 4.7 4.9 4.9 4.9 4.9 4.9 4.9 4.9 4.9 4.9 4.9	1.33 1.39 1.24 1.26 1.42 1.45 1.26 1.21 1.33 1.38 1.25 1.35 1.25 1.30 1.20 1.22	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023 715 1100 747	-1.62a -0.30b -0.22b -1.50a -1.86a -1.3b -3.52b -4.67a -1.21a -2.45b 0.27b 1.60a 0.08a 0.19b 0.86b 0.64a 0.32a -16.81b -16.32b	08 0 0 08 07 07 24 22 11 15 0 .07 0 0 0	.105 .763 .830 .063 .194 .000 .000 .225 .014 .786 .109 .933 .851 .389 .521
Health rea Overall Finland Norway Wales Social rea Overall	sons Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Sons Boys Girls	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.8 4.8 4.4 4.5 4.5 4.6 4.8 4.7 4.9 4.9 4.9 4.9 4.9 4.9 4.9 4.9 4.9 4.9	1.33 1.39 1.24 1.26 1.42 1.45 1.26 1.21 1.33 1.38 1.25 1.25 1.30 1.20 1.22 1.47 1.37 1.24 1.26	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023 715 1100 747 2064 2278 2220 2319 465 809 457	-1.62a -0.30b -0.22b -1.50a -1.86a -1.3b -3.52b -4.67a -1.21a -2.45b 0.27b 1.60a 0.08a 0.19b 0.86b 0.64a 0.32a -16.81b -16.32b 1.04a -2.92a -3.66b -1.53b	08 0 0 08 07 24 22 11 15 0 0 0 0 0 49 56 .01 22 22 22	.105 .763 .830 .063 .194 .000 .000 .225 .014 .786 .109 .933 .851 .389 .521 .752 .000 .000 .298 .004
Health rea Overall Finland Norway Wales Social rea Overall Finland	sons Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Sons Boys Girls Boys Girls	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.7 4.8 4.8 4.4 4.5 4.8 4.6 4.7 4.9 4.9 4.9 4.9 4.9 4.9 4.9 4.9 4.9 4.9	1.33 1.39 1.24 1.26 1.42 1.45 1.26 1.21 1.33 1.38 1.25 1.35 1.25 1.30 1.20 1.22 1.47 1.37 1.24 1.26 1.39	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023 715 1100 747 2064 2278 2220 2319 465 809 457 864	-1.62a -0.30b -0.22b -1.50a -1.86a -1.3b -3.52b -4.67a -1.21a -2.45b 0.27b 1.60a 0.08a 0.19b 0.86b 0.64a 0.32a -16.81b -16.32b 1.04a -2.92a -3.66b -1.53b -1.18a	08 0 0 08 07 24 22 11 15 0 0 0 0 0 49 56 .01 22 28 07	.105 .763 .830 .133 .063 .194 .786 .000 .225 .014 .786 .933 .851 .389 .521 .752 .000 .298 .004 .000
Health rea Overall Finland Norway Wales Social rea Overall	sons Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Sons Boys Girls Boys Girls Boys Girls Boys	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.7 4.8 4.8 4.4 4.5 4.5 4.6 4.8 4.7 4.9 4.9 4.9 4.9 4.9 4.9 4.3 4.3 4.3 4.3 4.3 4.3 4.3 4.3 4.3 4.3	1.33 1.39 1.24 1.26 1.42 1.45 1.21 1.33 1.38 1.25 1.35 1.25 1.30 1.20 1.22 1.47 1.37 1.24 1.26 1.39 1.46 1.39 1.46 1.39	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023 715 1100 747 2064 2278 2220 2319 465 809 457 869 457 879 751	-1.62a -0.30b -0.22b -1.50a -1.86a -1.3b -3.52b -4.67a -1.21a -2.45b 0.27b 1.60a 0.08a 0.19b 0.86b 0.64a 0.32a -16.81b -16.32b 1.04a -2.92a -3.66b -1.53a -1.18a -2.55a -9.5b	08 0 0 08 07 07 24 22 11 15 0 0 0 0 0 49 56 .01 22 28 07 0	.105 .763 .830 .063 .194 .000 .000 .225 .014 .786 .109 .933 .851 .389 .521 .752 .000 .000 .298 .004
Health rea Overall Finland Norway Wales Social rea Overall Finland	sons Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Sons Boys Girls Boys Girls	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.8 4.8 4.4 4.5 4.5 4.6 4.8 4.7 4.9 4.9 4.9 4.9 4.3 4.3 4.3 4.3 4.3 4.5 4.5 4.5 4.5 4.5 4.5 4.5 4.5 4.5 4.5	1.33 1.39 1.24 1.26 1.42 1.45 1.21 1.33 1.38 1.25 1.35 1.25 1.30 1.20 1.22 1.47 1.37 1.24 1.26 1.39 1.46 1.36 1.44 1.39	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023 715 1100 747 2064 2278 2220 2319 465 809 457 864 579 751 661	-1.62a -0.30b -0.22b -1.50a -1.86a -1.3b -3.52b -4.67a -1.21a -2.45b 0.27b 1.60a 0.08a 0.19b 0.86b 0.64a 0.32a -16.81b -16.32b 1.04a -2.92a -3.66b -1.53b -1.18a -2.53a -9.5b -8.23b	08 0 0 08 07 24 21 15 0 0 0 0 49 56 .01 22 22 22 22 22 23 37	.105 .763 .830 .063 .194 .000 .225 .014 .786 .109 .933 .851 .389 .521 .752 .000 .000 .298 .004 .000 .000 .225 .014 .000 .000 .000 .000 .000 .000 .000
Health rea Overall Finland Norway Wales Social rea Overall Finland	sons Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Sons Boys Girls Boys Girls Boys Girls Boys Girls Boys	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 2006	4.7 4.7 4.8 4.8 4.4 4.5 4.8 4.6 4.7 4.7 4.9 4.9 4.9 4.9 4.3 4.3 4.3 4.3 4.3 5.1	1.33 1.39 1.24 1.26 1.42 1.45 1.26 1.21 1.33 1.38 1.25 1.35 1.25 1.30 1.22 1.47 1.24 1.24 1.26 1.39 1.46 1.39 1.46 1.39 1.47	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023 715 1100 747 2064 2278 2220 2319 465 809 457 864 579 751 661 705	-1.62a -0.30b -0.22b -1.50a -1.86a -1.3b -3.52b -4.67a -1.21a -2.45b 0.27b 1.60a 0.08a 0.19b 0.86b 0.64a 0.32a -16.81b -16.32b 1.04a -2.92a -3.66b -1.53b -1.18a -2.53a -9.5b -8.23b -0.86a	08 0 0 08 07 24 22 11 15 0 0 0 0 49 56 .01 22 28 07 0 25 37 0 0 0 0 37	.105 .763 .830 .063 .194 .000 .000 .933 .851 .389 .521 .752 .000 .000 .298 .004 .297 .000 .298 .001 .000 .000 .000 .000 .000 .000 .00
Health rea Overall Finland Norway Wales Social rea Overall Finland	sons Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Sons Boys Girls Boys Girls Boys Girls Boys Girls Boys	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.7 4.8 4.8 4.4 4.5 4.5 4.6 4.8 4.7 4.9 4.9 4.9 4.9 4.9 4.9 4.3 4.3 4.3 4.3 4.3 4.3 4.3 4.3 4.3 4.3	1.33 1.39 1.24 1.26 1.42 1.45 1.26 1.21 1.33 1.38 1.25 1.35 1.25 1.30 1.20 1.22 1.47 1.37 1.24 1.39 1.46 1.39 1.46 1.39 1.44 1.39 1.44 1.39 1.44 1.39	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023 715 1100 747 2064 2278 2229 465 809 457 864 579 751 661 705 1020 718	-1.62a -0.30b -0.22b -1.50a -1.86a -1.3b -3.52b -4.67a -1.21a -2.45b 0.27b 1.60a 0.08a 0.19b 0.86b 0.64a 0.32a -16.81b -16.32b 1.04a -2.92a -3.66b -1.53a -1.18a -2.53a -9.5b -8.23b -0.86a 4.16a -15.01b	08 0 0 08 07 24 22 11 15 0 0 0 0 0 49 56 .01 22 28 07 0 15 22 28 07 0 0	.105 .763 .830 .063 .194 .000 .225 .014 .786 .933 .851 .389 .521 .752 .000 .000 .127 .237 .001 .000 .000 .000 .000 .000 .000 .00
Health rea Overall Finland Norway Wales Social rea Overall Finland	sons Boys Girls Boys Girls Boys Girls Boys Girls Boys Girls Sons Boys Girls Boys Girls Boys Girls Boys Girls Boys	1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006 1986 2006	4.7 4.7 4.8 4.8 4.4 4.5 4.8 4.6 4.8 4.7 4.9 4.9 4.9 4.9 4.9 4.9 4.3 4.3 4.3 4.3 4.3 4.3 4.3 4.3 4.3 4.3	1.33 1.39 1.24 1.26 1.42 1.45 1.26 1.21 1.33 1.38 1.25 1.35 1.25 1.30 1.20 1.47 1.37 1.24 1.26 1.39 1.46 1.39 1.46 1.39 1.46 1.39 1.46 1.39 1.46 1.39 1.40 1.40 1.40 1.40 1.40 1.40 1.40 1.40	2063 2272 2215 2310 468 806 461 866 572 751 654 697 1023 715 1100 747 2064 2278 22319 465 809 457 864 579 751 664 579 751 664	-1.62a -0.30b -0.22b -1.50a -1.86a -1.3b -3.52b -4.67a -1.21a -2.45b 0.27b 1.60a 0.08a 0.19b 0.86b 0.64a 0.32a -16.81b -16.32b 1.04a -2.92a -3.66b -1.53b -1.18a -2.53a -9.5b -8.23b -0.866a 4.16a	08 0 0 08 07 24 22 11 15 0 0 0 0 0 0 0 0 0 0 0 0 0	.105 .763 .830 .133 .063 .194 .000 .225 .014 .786 .851 .389 .521 .752 .000 .298 .004 .000 .127 .011 .000 .000 .000 .000 .000 .000 .00

LTPA, leisure-time physical activity.

Table 3. Univariate analysis of variance testing interaction effects of gender, year, and country on index of achievement reasons (N = 8840, $R^2 = .08$)

Variable	df	F	η	Р
Achievement reas	ons (N = 8	$8840, R^2 = .08$		
Intercept	Ì	21548.92	.709	.000
Year (Y)	1	214.441	.024	.000
Gender (G)	1	58.145	.007	.000
Country (Ć)	2	213.427	.046	.000
YXG	1	5.637	.001	.018
YXC	2	82.387	.018	.000
GXC	2	.207	.000	.813
YXGXC	2	.645	.000	.525
Social reasons (N	t = 8881, F	$R^2 = .12$		
Intercept	1	81734.64	.902	.000
Year (Y)	1	424.19	.046	.000
Gender (G)	1	.33	.000	.566
Country (Ć)	2	206.57	.045	.000
YXG	1	2.38	.000	.123
YXC	2	62.38	.014	.000
GXC	2	21.28	.005	.000
YXGXC	2	1.46	.000	.234
Health reasons (A	I = 8860, F	$R^2 = .02$		
Intercept `	1	109́774.36	.925	.000
Year (Y)	1	7.32	.001	.007
Gender (G)	1	5.35	.001	.021
Country (Ć)	2	52.79	.012	.000
YXG	1	.36	.000	.550
YXC	2	4.71	.001	.009
GXC	2	8.18	.002	.000
YXGXC	2	2.78	.001	.062

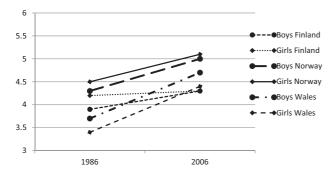


Fig. 1. Mean level of perceived importance of social reasons for liking leisure-time physical activity by gender, country, and year.

reasons, significant interaction effects were found for year \times country (Table 3). Achievement reasons increased more in Finland than in the other countries.

Significant interaction effects were observed for social reasons for gender × country and year × country (Table 3), but the effect size (indicated by partial eta²) is very small. As shown in Fig. 1, the mean level of social reasons increased for both genders in all countries during the 20-year period. The increase was smaller in Finland compared with Norway and Wales.

A univariate ANOVA was then performed to investigate to what extent reasons predicted frequency of LTPA and whether this effect was significantly different across the two time points (Table 4). No four-way interaction effects were observed at the P < .01 level, while

Table 4. Univariate analysis of variance testing interaction effects of gender, year, country, and reasons for liking leisure-time physical activity on physical activity levels (N = 8610, $R^2 = .15$)

Variable	df	F	η	Р
Intercept	1	16772.10	.662	.000
Year (Y)	1	169.26	.019	.000
Country (C)	2	4.13	.001	.016
Gender (G)	1	331.57	.037	.000
Achievement reasons (A)	1	31.83	.004	.000
Social reasons (S)	1	19.97	.002	.000
Health reasons (H)	1	280.01	.032	.000
YXC	2	3.67	.001	.025
YXG	1	.47	.000	.493
YXA	1	1.13	.000	.288
YXH	1	1.12	.000	.291
YXS	1	.00	.000	.951
CXG	2	41.35	.010	.000
CXA	2	6.54	.002	.001
CXH	2	4.77	.001	.008
CXS	2	2.93	.001	.053
GXA	1	.06	.000	.813
GXH	1	.41	.000	.521
YXCXG	2	3.38	.001	.034
YXGXA	1	6.94	.001	.008
YXGXH	1	6.60	.001	.010
YXGXS	2	1.44	.000	.238

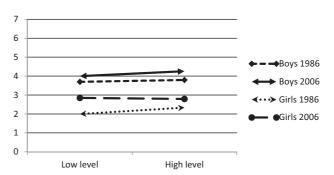


Fig. 2. Mean number of times per week in leisure-time physical activity by perceived importance of achievement reasons for liking leisure-time physical activity¹, gender, and year.

¹Low level denotes 1 standard deviation below, and high level 1 standard deviation above, the estimated mean value of achievement reasons.

year \times gender \times achievement was significant, but with a low effect size. Figures 2 and 3 illustrate the three-way interaction effect between gender, year, and level of achievement and health reasons on the outcome variable LTPA. The estimates are based on unstandardized betas from the regression coefficients derived from the ANOVA. Higher levels of LTPA were observed for those girls and boys who rated achievement and health reasons as more important. The association between high and low levels of achievement and health reasons, and LTPA, was very stable among boys. Among girls, there was a tendency for the association between achievement reasons and LTPA to decrease (Fig. 2), while there was a small increase in the strength of the association between health reasons and LTPA (Fig. 3). However, as indicated by the effect sizes, and also illustrated in Figs 2 and 3,

Wold et al.

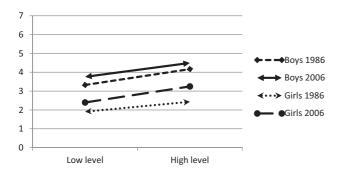


Fig. 3. Mean number of times per week of leisure-time physical activity by perceived importance of health reasons for liking leisure-time physical activity², gender, and year. ²Low level denotes 1 standard deviation below, and high level 1 standard deviation above, the estimated mean value of health reasons.

these interaction effects were very small, and most likely not important in terms of practical significance.

Discussion

The findings suggest that in general, the 13-year-olds in 2006 tended to report higher importance of achievement and social reasons for liking LTPA than the same age group 20 years earlier, while the changes in health reasons were minor. These reasons were associated with PA in a similar way at both time points.

Change in perceived importance of reasons

The findings suggest that reasons for liking sport and LTPA changed among 13-year-olds over the 20-year period, with young adolescents in 2006 appearing to attach a higher value on achievement and social reasons than in 1986. The increase in social reasons was high, as indicated by a substantial mean difference between the two time points in all countries. The increase in importance of social reasons indicated by the current study also seems to correspond to the more recent advances in understanding PA motivation. There has been an increasing acknowledgement of PA as having complex, interacting determinants, moving away from a narrow focus on individual factors. Thus, the attention to acknowledge and emphasize social goals, such as suggestions about "socializing" the achievement goal theory (King & Watkins, 2012), and proposals to consider social orientations alongside task and ego orientations (Stuntz & Weiss, 2009) has proliferated in recent years. Both mastery and performance goals can be construed as individualistic goals because they both neglect the social reasons for striving to achieve in the physical domain and focus instead on personally endorsed reasons. King and Watkins (2012) suggest that social affiliation goals and social concern goals should be included when investigating motivation. Moreover, many types of LTPA may constitute a good alternative to socializing through social media because adolescents actually meet others face-to-face, perhaps satisfying social needs in other – and more attractive – ways than is possible through the virtual social world.

Because of the increasing public and political concern caused by the obesity epidemic, as well as the exponential growth of the fitness industry (Sturm, 2004) during the period 1986-2006, an increase in the perceived importance of health reasons for being physically active was expected. However, the findings did not indicate substantial change in the responses of 13-year-olds to questions regarding the importance of engaging in LTPA to improve their health. Based on the mean values, health reasons for liking LTPA were considered most important among the different types of reasons at both time points. It is possible that a ceiling effect has occurred, in that the perceived importance of health reasons was already very high in 1986, leaving little room for an increase. It is also possible that the values underlying health motivation have changed in line with societal changes. Thus, it is conceivable that adolescents in 2006 liked LTPA for different types of health reasons than adolescents in 1986, and that the items in the questionnaire did not tap into these differences.

In this study, the perceived importance of reasons for liking LTPA seems to increase in all countries, but the magnitude of the increase varied between them. The highest increase in achievement reasons, and the lowest in social reasons, was observed in Finland compared with Norway and Wales. Finnish adolescents had the lowest rating of importance of achievement reasons in 1986, so it is possible that the increase was higher because there was more room for change. Another possibility is that the underlying cultural values related to achievement in PA may have changed in a different way in Finland than in the two other countries.

The high level of importance attached to social reasons in Norway compared with the other countries is noteworthy. Modernization processes of individualization and informalization appear to be resulting in a shift from traditional sports toward individual exercise, recreation/fun, and lifestyle sports (such as parkour) in Western countries, producing shifts in the character of the sports young people choose to play as well as their reasons for liking them (Green et al., 2015). This development is taking place at a different pace in the three countries, and perhaps more rapidly in Norway, due to the growth in individual and social prosperity during the 1990s (in an already prosperous country compared with Finland and Wales) alongside greater gender equality. Green et al. (2015) point out that in Norway, the growth of sports participation between 1997 and 2007 (from a high base in relation to many other countries) coincided with substantial increases in income across all age groups and both sexes alongside the maintenance of social mobility and the entrenchment of relatively generous leisure-time. In terms of values (which constitute the basis for attitudes toward sports), Green et al. (2015) suggest that the strong sporting and exercise culture in Norway, as compared with other countries, represents a large element of continuity in widely shared predispositions toward sport. Along this line of reasoning, it seems plausible to explain the high level and increase in social reasons for liking sport in Norway as compared with Finland and Wales in terms of changes alongside a continuity of high sport interest in already favorable structural (social and economic) conditions, (cultural) values, and (social) processes.

Changes in associations between reasons and LTPA

Differences in the magnitude of associations were observed between the three types of reasons and LTPA in the three countries. However, the associations did not change dramatically from 1986 to 2006 in any of the countries, suggesting stability in these findings across countries over time. Health reasons were the strongest predictor of LTPA at both time points.

The results show that all types of reasons for liking LTPA, achievement, health, and social, were weakly but significantly associated with LTPA, and that these associations were stable over time. This could be indicative of there being many complex determinants that interact to affect levels of LTPA. While knowledge of the health benefits of LTPA, wanting to achieve and seeking social support were weakly associated with LTPA, this may not be sufficient to overcome the many potential structural barriers, such as belonging to a low-income family or a lack of green or safe space or leisure facilities in the neighborhood, to elicit behavior change (Dishman et al., 1985; Giles-Corti & Donovan, 2002). Moreover, while there was a slight increase in LTPA during this time in the current study, 20 years may be a short time to observe changes in the relationship between reasons and levels of LTPA. The stability of the association between reasons and LTPA, alongside a change in how adolescents think about LTPA, suggests that traditional values may still prevail in terms of impact on behavior. The same seems to hold true with regard to gender inequality. Most sports are still male dominated, and the values associated with participation in sports are traditionally considered as expressions of masculine qualities (Kidd, 2013). The present study supports such a gendered distinction, as boys tended to report a higher participation level in LTPA, and to rate achievement reasons higher in importance, than girls.

Small changes in the relationship between reasons and LTPA over time were observed. Achievement reasons were more strongly associated with LTPA among boys in 2006, while the opposite was observed for girls. This may be due to girls' pressure to be feminine and hide interest and participation in sport to maintain an image of female physicality in modern society. Girls who do engage in sport tend to take on a double identity, leading

to conflict with regard to "sense of self" (Gorely et al., 2003). The small increase in the relationship between health reasons and LTPA for girls could possibly be explained by the inclusion of the item "to get in good form" within the health index. Modern society places great emphasis on the ideal female body shape, which has become progressively thinner during the past 30 years (Brown & Witherspoon, 2002). For example, the airbrushing of women and celebrities in magazines, decreasing weight of models compared with the average woman, and the clothing industry's continued development of tiny fits have been shown to exert pressure on young girls to strive for this idealized body shape (Brown & Witherspoon, 2002). Therefore, adolescent girls may be motivated to participate in PA in order to lose weight.

However, the interaction effects between gender and year on the associations between achievement and health reasons, and LTPA, were minor, and caution should be exercised when interpreting these findings. In general, the observed associations between reasons for liking LTPA were stable over time for both genders and in all countries.

Strengths and limitations

This study has a number of important strengths including a large sample size with high levels of statistical power, representative samples of adolescents from three countries over a 20-year period, and a standardized protocol for data collection ensuring internationally comparable data. Moreover, this is the only study detected by literature searches which addresses how reasons for liking LTPA change over time across generations.

A number of limitations should be recognized. The cross-sectional nature of these results means that caution should be taken when inferring causality. It is possible that the level of LTPA may affect how adolescents think about reasons for liking LTPA, rather than vice versa. Because of the large sample size and use of secondary data, it was not possible to measure PA using a more valid and reliable method, such as accelerometers. However, all questions have been validated within the relevant age group (Booth et al., 2001; Vuori, 2005; Rangul et al., 2008). Using only one LTPA question may give quite a one-sided picture of LTPA among young people. A serious limitation is linked to development of the theoretical basis and measurement of reasons for liking LTPA as a measure of motivation since the 2006 data collection exercise. The three sum-scores constitute crude and simple measures, compared with those generally applied in the research literature at present. More recent theories of motivation, such as the selfdetermination theory (Ryan & Deci, 2000), have obviously improved the understanding of PA motivation beyond what was known in 1983/1984, at the time when the first survey in the current study was planned and

Wold et al.

piloted. Reasons for liking LTPA and sports may also be quite different in many subgroups of young people according to the types of sport they undertake. Another potential limitation is that leisure was not directly specified in the questions about reasons for liking PA, making it uncertain whether they also included PE or other school PA in their responses. However, as the other questions regarding PA in the questionnaire were contextualized in the leisure context, it is likely that the respondents were mainly considering reasons for liking LTPA (and not PA in general) when they responded.

The internal consistency (as measured by Cronbach's alpha) of the reasons indices was moderate to low, possibly indicating that the reliability of these measures was low. However, as there were only three items in each index, and the items in each index were intended to cover a breadth of meaning within each of the types of reasons, high internal consistency is not to be expected (Peterson & Kim, 2013). Considering the small number of items and their necessary heterogeneity, even reliabilities of 0.4 are regarded as reasonable (European Social Survey Education Net, 2013). Moreover, the consistency of findings across countries and genders suggests that the reliability of these measures is satisfactory.

In conclusion, this study suggests that achievement and social reasons for liking LTPA and sport were rated as more important in 2006 than in 1986 among 13-yearolds, in particular with regard to LTPA as a context for socializing and meeting friends. The associations between achievement, health, and social reasons, and LTPA did not change dramatically from 1986 to 2006 in any of the countries. Thus, it may take a longer time than 20 years for a change in reasons to translate into a change in behavior, although the small increase in LTPA observed in the study may in part be due to adolescents being more motivated for sports and PA in general. At both time points, health reasons for liking LTPA were considered most important, and were the strongest predictor of LTPA. The findings seem robust as they were consistent across countries and genders. While acknowledging the limitations with regard to the measurements applied, the study offers unique and interesting insights into how adolescents' views on sport and exercise may have changed during 20 years. These insights may be useful when considering how and why existing youth programs in LTPA, such as organized sports, may be changed and improved, especially with regard to attrition issues. But this should be considered within the context of the multitude of complex, interacting determinants of, and structural barriers to, LTPA (Dishman et al., 1985; Giles-Corti & Donovan, 2002).

Implications

Although further research is required, these results could have practical implications for the recruitment and maintenance of sports and LTPA among adolescents.

Achievement, social, and health reasons for liking LTPA were associated with self-reported LTPA, and the importance of social reasons seems to have significantly increased over time. Therefore, interventions and educational efforts could be improved by an increased focus on LTPA and sport as a social activity. However, LTPA was more strongly associated with health reasons than social reasons, which may suggest that health education is still a viable strategy in PA promotion with adolescents. This should be implemented as a component of multilevel interventions in order to maximize effectiveness by overcoming structural barriers at the various levels of the social ecological model (Dishman et al., 1985; Giles-Corti & Donovan, 2002). Moreover, although this could be a highly motivating factor, a focus upon the benefits of PA with regard to body shape should be approached with caution due to the sensitive nature of this subject, the pressure from society, and the potential for mental health issues to arise (Brown & Witherspoon, 2002).

Perspectives

This paper demonstrated that adolescents' (health, achievement, and social) reasons for liking LTPA have changed in a similar way in Finland, Norway, and Wales from 1986 to 2006. In particular, the importance of liking LTPA for social reasons such as being with friends has increased. The importance of health reasons was similar at both time points, and health reasons were more strongly associated with LTPA than achievement and social reasons. Public health efforts to increase PA on the basis of knowledge about the beneficial health effects of PA therefore seem warranted.

The development of psychological theories of PA motivation during the past four decades seems to reflect the same process of modernization as suggested by the findings of the present study; an increase in emphasis on achievement and social reasons during the 20 years from 1986 to 2006. The increase in social reasons indicated by the current study seems to correspond to the more recent advances in understanding PA motivation, such as suggestions about "socializing" the achievement goal theory (King & Watkins, 2012), and proposals to consider social orientations alongside task and ego orientations (Stuntz & Weiss, 2009).

Key words: Young people, motivation, sport psychology, trends, modernization.

Acknowledgements

Health Behaviour in School-aged Children (HBSC) is an international study carried out in collaboration with WHO/EURO. The International Coordinator of the 2006 survey was Professor Candace Currie at Edinburgh University (now at St. Andrews University), Scotland, and the Data Manager was Professor

Oddrun Samdal at the University of Bergen, Norway. In 1986, Professor Leif Edvard Aarø at the University of Bergen was the International coordinator and Data Bank Manager. Professor Don Nutbeam was the Principal Investigator in Wales in 1986. The authors thank all the schools and students who took part in the HBSC surveys.

References

- Aarnio M, Winter T, Peltonen J, Kujala U, Kaprio J. Stability of leisure-time physical activity during adolescence – a longitudinal study among 16-, 17-and 18-year-old Finnish youth. Scand J Med Sci Sports 2002: 12: 179–185.
- Biddle SJ, Asare M. Physical activity and mental health in children and adolescents: a review of reviews. Br J Sports Med 2011: 45: 886–895.
- Biddle SJ, Atkin AJ, Cavill N, Foster C. Correlates of physical activity in youth: a review of quantitative systematic reviews. Int Rev Sport Exerc Psychol 2011: 4: 25–49.
- Booth M, Okely A, Chey T, Bauman A. The reliability and validity of the physical activity questions in the WHO health behaviour in schoolchildren (HBSC) survey: a population study. Br J Sports Med 2001: 35: 263–267.
- Brown JD, Witherspoon EM. The mass media and American adolescents' health. J Adol Health 2002: 31: 153–170.
- Currie C, Zanotti C, Morgan A, Currie D, de Looze M, Roberts C, Samdal O, Smith O, Rasmussen VB. Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) Study: International Report from the 2009/2010 Survey. Health Policy for Children and Adolescents. Copenhagen: WHO Regional Office for Europe, 2012.
- Dishman RK, Sallis JF, Orenstein DR. The determinants of physical activity and exercise. Pub Health Rep 1985: 100 (2): 158–171.
- Dollman J, Norton K, Norton L. Evidence for secular trends in children's physical activity behaviour. Br J Sports Med 2005: 39: 892–897.
- Ekelund U, Tomkinson G, Armstrong N. What proportion of youth are physically active? Measurement issues, levels and recent time trends. Br J Sports Med 2011: 45: 859–865.
- European Social Survey Education Net. Reliability. 2013.
- Finnish Government. Finnish schools on the move. http://www.liikkuvakoulu.fi/ in-english, 2012.
- Gilchrist P, Wheaton B. Lifestyle sport, public policy and youth engagement: examining the emergence of parkour. Int J Sport Policy Polit 2011: 3 (1): 109–131.
- Giles-Corti B, Donovan RJ. The relative influence of individual, social and

- physical environment determinants of physical activity. Soc Sci Med 2002: 54 (12): 1793–1812.
- Gorely T, Holroyd R, Kirk D.

 Muscularity, the habitus and the social construction of gender: towards a gender-relevant physical education. Br J Soc Educ 2003: 24: 429–448.
- Green K, Thurston M, Vaage O, Roberts K. "[We're on the right track, baby], we were born this way"! Exploring sports participation in Norway. Sport, Educ Soc 2015: 3: 285–303.
- Guinhouya BC, Samouda H, de Beaufort C. Level of physical activity among children and adolescents in Europe: a review of physical activity assessed objectively by accelerometry. Public Health 2013: 127: 301–311.
- Hanrahan SJ, Cerin E. Gender, level of participation, and type of sport: differences in achievement goal orientation and attributional style. J Sci Med Sport 2009: 12: 508–512.
- Iannotti RJ, Chen R, Kololo H, Petronyte G, Haug E, Roberts C. Motivations for adolescent participation in leisure-time physical activity: international differences. J Phys Act Health 2013: 10: 106–112.
- Inglehart RF. Changing values among western publics from 1970 to 2006. West Eur Polit 2008: 31: 130–146.
- Inglehart RF, Baker WE. Modernization, cultural change, and the persistence of traditional values. Am Soc Rev 2000: 65: 19–51.
- Janssen I, LeBlanc AG. Review
 Systematic review of the health benefits
 of physical activity and fitness in
 school-aged children and youth. Int J
 Behav Nutr Phys Act 2010: 7: 1–16.
- Kalman M, Inchley J, Sigmundova D, Iannotti RJ, Tynjälä JA, Hamrik Z, Bucksch J. Secular trends in moderate-to-vigorous physical activity in 32 countries from 2002 to 2010: a cross-national perspective. Eur J Public Health 2015: 25 (Suppl. 2): 37–40.
- Kidd B. Sports and masculinity. Sport in Soc 2013: 16: 553–564.
- King RB, Watkins DA. "Socializing" achievement goal theory: the need for social goals. Psychol Studies 2012: 57: 112–116.
- Norwegian Health Directorate. Handbook for physical activity, guidelines for physical activity as prevention and treatment. Oslo: Norwegian Directorate for Health and Social Affairs, 2009.
- Norwegian Ministry of Health.

 Prescription for a healthier Norway. In:

- Norwegian Ministry of Health, ed. White Parliament Paper No. 16 (2002–2003). Oslo: Norwegian Ministry of Health, 2003.
- Pannekoek L, Piek JP, Hagger MS. Motivation for physical activity in children: a moving matter in need for study. Hum Mov Sci 2013: 32: 1097–1115.
- Peterson RA, Kim Y. On the relationship between coefficient alpha and composite reliability. J Appl Psychol 2013: 98: 194–198.
- Plotnikoff RC, Costigan SA, Karunamuni N, Lubans DR. Social cognitive theories used to explain physical activity behavior in adolescents: a systematic review and meta-analysis. Prev Med 2013: 56: 245–253.
- Rangul V, Holmen TL, Kurtze N, Cuypers K, Midthjell K. Reliability and validity of two frequently used self-administered physical activity questionnaires in adolescents. BMC Med Res Methodol 2008: 8: 47.
- Ryan RM, Deci EL. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. Am Psychol 2000: 55: 68–78.
- Samdal O, Tynjälä J, Roberts C, Sallis JF, Villberg J, Wold B. Trends in vigorous physical activity and TV watching of adolescents from 1986 to 2002 in seven European Countries. Eur J Pub Health 2007: 17: 242–248.
- Stuntz CP, Weiss MR. Achievement goal orientations and motivational outcomes in youth sport: the role of social orientations. Psychol Sport Exerc 2009: 10: 255–262.
- Stuntz CP, Weiss MR. Motivating children and adolescents to sustain a physically active lifestyle. Am J Lifestyle Med 2010: 4: 433–444.
- Sturm R. The economics of physical activity: societal trends and rationales for interventions. Am J Prev Med 2004: 27: 126–135.
- Vuori M Reliability of physical activity items in the HBSC study. Pilot study among Finnish 11, 13 and 15-year-old school children. Jyväskylä: Research Center for Health Promotion, University of Jyväskylä 2005.
- Welsh Assembly Government. Creating an active Wales. Cardiff: Welsh Assembly Government, 2009.
- Wold B, Kannas L. Sport motivation among young adolescents in Finland, Norway and Sweden. Scand J Med Sci Sports 1993: 3: 283–291.