MAN v FAT Soccer: A novel weight loss intervention for overweight and obese Australian men

Timothy Budden, BSc (Hons)

This thesis is presented for the degree of Doctor of Philosophy of The University of Western Australia

School of Human Sciences

2021
Thesis Declaration

I, Timothy Budden, certify that:

This thesis has been accomplished during enrolment in the degree of Doctor of Philosophy.

This thesis does not contain material that has been submitted for the award of any other degree or diploma in my name, in any university or other tertiary institution.

No part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of The University of Western Australia and where applicable, any partner institution responsible for the joint award of this degree.

This thesis does not contain any material previously published or written by another person, except where due reference has been made in the text and, where relevant, in the Declaration that follows.

The work(s) are not in any way a violation or infringement of any copyright, trademark, patent, or other rights, whatsoever of any person.

The research involving human data reported in this thesis was assessed and approved by The University of Western Australia Human Research Ethics Committee. Approval #: [RA/4/20/4411; RA/4/20/4281].

Written participant consent has been received and archived for the research involving participant data in this thesis.

Part of the work described in this thesis (Chapters 3 and 4) was funded by [Healthway, Health Promotion Research Agreement Project #33010].
This thesis contains published work and/or work prepared for publication, all of which has been co-authored.

Signature: 

Date: 10/03/2021
Executive Summary

The aim of the research presented in this thesis was to derive insight into men’s weight loss promotion. To do so, we explored the experiences of men involved in a real-world program that appeared to effectively attract and engage men in their weight loss, MAN v FAT Football. We then evaluated the feasibility and preliminary efficacy of wide-scale implementation of the program in Australia. Finally, we conducted a study exploring humour, or ‘banter’, humour that blurs the line between playfulness and aggression, and the role it plays in a men’s weight loss context.

In Chapter 1, a review of the literature relating to men’s weight loss interventions is provided. This review presents an argument supporting the notion that men are a hard-to-reach population, and this reflects two broad ideas: (1) men may be predisposed (by many factors) to be less ‘interested’, in general terms, in weight loss or some health behaviours, and (2) current interventions may fail to adequately attract men who might otherwise be interested in engaging in weight loss or health behaviours. We suggest practitioners focus on the latter idea, and address this by evaluating and exploring the mechanisms behind real-world initiatives that appear to effectively engage men with their weight loss. In Chapter 2, we follow this line of reasoning, by conducting a qualitative exploration of MAN v FAT Football, a popular competitive sport-based weight loss program for men in the United Kingdom, to derive insight into what about the program players and coaches believe ‘works’ for the men involved. Our results support the notion that working with formulations of identity—such as masculinities and leveraging competition to drive weight loss—attracts and engages hard-to-reach men with their health.

In Chapter 3, we present a study evaluating the feasibility and preliminary efficacy of the MAN v FAT Soccer program in Western Australia. Our results suggest
that the program is feasible for wide-scale implementation in Australia, and preliminary outcomes include noteworthy improvements in psychological and physical health indicators such as body weight, mental health, optimism, body appreciation, healthy dietary intake, and physical activity participation.

In Chapter 4, we employ a relatively under-utilised method of qualitative analysis, dialogical narrative analysis, to explore the role humour, or banter—humour that blurs the line between playfulness and aggression—plays in the program. Our results suggest that banter serves various positive and negative functions, and these reflect differing attitudes towards, and endorsement of masculine values. We suggest intervention developers aiming to attract and engage men ought to incorporate humour or banter into program design, and address the potential positive and negative effects of contentious forms of humour.

This thesis extends our understanding of gender-sensitized interventions that appeal to and engage men in weight loss programs. Further, our studies suggest that future research ought to involve randomized controlled trials to determine, conclusively, the psychological and physical effects of participation in this program (and other similar programs). Additionally, the concept of the program, leveraging competition to drive health behaviours, should be applied with different populations and with different behaviours.
# Table of Contents

Thesis Declaration...........................................................................................................ii

Executive Summary .........................................................................................................iv

Table of Contents ...........................................................................................................vi

List of Tables .......................................................................................................................xi

List of Figures .....................................................................................................................xi

Acknowledgements ..........................................................................................................xiii

Authorship Declaration ....................................................................................................xv

Conference Proceedings Arising from this Thesis..........................................................xix

Chapter 1: General Introduction & Literature Review ......................................................1

1.1 Introduction ..................................................................................................................1

1.1.1 Background .............................................................................................................1

1.1.2 Chapter Structure ..................................................................................................1

1.2 Men’s Engagement with Health: A ‘Hard-to-Reach’ Population? .........................2

1.3 Attracting Men to Weight Loss Interventions ...........................................................6

1.4 Humour and Men’s Health ........................................................................................12

1.5 Aims and Overview of Thesis Structure ..................................................................20

1.6 References ..................................................................................................................23

Chapter 2: Overweight and obese men’s experiences in a sport-based weight loss intervention for men .................................................................35

2.0 Chapter Foreword ......................................................................................................36
3.3 Methods

3.3.1 Participants

3.3.2 Procedure

3.3.3 Program Description

3.3.4 Assessment of Intervention Feasibility

3.3.5 Assessment of Preliminary Efficacy of the Program

3.3.6 Data Analysis

3.4 Results

3.4.1 Recruitment

3.4.2 Baseline Characteristics

3.4.3 Feasibility Components

3.4.4 Preliminary Efficacy

3.5 Discussion

3.5.1 Limitations, Future Directions, and Conclusions

3.6 References

3.7 Supplementary Materials

Chapter 4. Making sense of humour among men in a weight loss program: A dialogical narrative approach

4.0 Chapter Foreword

4.1 Abstract

4.2 Introduction

4.2.1 Study Aims
4.3 Methods................................................................................................................... 131

4.3.1 Philosophical and Theoretical Underpinning................................................. 131

4.3.2 Sampling Procedure and Participants......................................................... 131

4.3.3 Data Collection............................................................................................... 132

4.3.4 Data Analysis ................................................................................................ 133

4.3.5 Rigor.................................................................................................................. 134

4.4 Results.................................................................................................................... 135

4.4.1 Masculinity, Banter, and Responsibility...................................................... 135

4.4.2 Banter as a Multi-faceted and Adaptable Social Tool .................................. 137

4.4.3 Banter Causing ‘Trouble’ .............................................................................. 140

4.4.4 The Changing Face of Banter ...................................................................... 141

4.4.5 Dealing with Conflict when Banter Goes ‘South’ ...................................... 142

4.4.6 Pleasure-seeking and Banter ....................................................................... 143

4.5 Discussion............................................................................................................. 144

4.5.1 Recommendations for Future Research....................................................... 150

4.5.2 Practical Implications.................................................................................... 150

4.6 References............................................................................................................ 152

Chapter 5. General Discussion.................................................................................. 158

5.0 Chapter Foreword................................................................................................. 159

5.1 Research Summary............................................................................................. 160

5.2 Implications......................................................................................................... 161

5.2.1 Conceptual Implications.............................................................................. 161
List of Tables

Table 1. Data collection schedule and variables assessed
Table 2. Primary source through which players heard about the MAN v FAT Soccer program
Table 3. Descriptive characteristics of participants
Table 4. Participants’ experiences in the MAN v FAT Soccer program.
Table 5. Pre-to-post season changes on preliminary (physical health, mental health, and lifestyle) outcome

Supplementary Table 1. Participants’ perceptions of their registration process and information session
Supplementary Table 2. Perceptions of components of the MAN v FAT Soccer program.

List of Figures

Figure 2.1 Clockwork Orange team. October 2018, The University of Western Australia.
Figure 3.1 ‘Juggernauts’ players celebrating 5% and 10% weight loss achievements. November, 2018, The University of Western Australia. Craig (left) later became the weight loss coach for the MAN v FAT Soccer Joondalup (WA) league.
Figure 3.2 Participant flow diagram.
Figure 4.1 ‘Juggernauts’: Champions of the inaugural season and league of MAN v FAT Soccer. December 2018, James Oval, The University of Western Australia.
Figure 5.1 ‘Waist Ham United’ team members celebrate 5% weight loss achievement for a teammate. October, 2018, The University of Western Australia.

Figure 5.2 Player receiving award from Mr. Timothy Budden for achieving 5% weight loss in the MAN v FAT Soccer program. November 2018, University of Western Australia.
Acknowledgements

I have no shortage of people to thank: many people deserve credit for making this project possible.

Two gentlemen in particular stand out. All of this would not have happened (for me) had I not had that conversation over a pint in 2017. I am deeply grateful to my supervisors, Doctors Ben Jackson and James Dimmock, for your top notch supervision over the past few years. I admire your patience with my unsolicited regular (daily) office visits. And despite my preference for short shorts and Belgian beers (ft. orange slices), you were still happy to keep me on board. Thanks to you, I was able to be part of something that positively affected hundreds of Aussie men. I also got to drink beer in the United Kingdom and Germany, and chalk it up as a ‘research trip’ and an ‘academic conference’.

For my academic and intellectual development, I am grateful for the support provided by my co-authors Brett Smith, Mark Beauchamp, and Michael Rosenberg. I was privileged to work with several people who each offered their unique perspective, and their contributions greatly strengthened this work. In a similar vein, thank you to all of the fellow research students with whom I shared this journey.

Many hands make light work: thanks to the team at UWA Sport, I was able to rather effortlessly conduct research on the program. Thanks to Ian, Tara, Rodney, Lennon, Tim, Tom, Rhys, and many others. Thank you to the incredible coaches involved in the program. We are also grateful for the funding provided by the University (for my scholarship), and by Healthway and Sport Australia (for the program). Further, this research was supported by an Australian Government Research Training Program (RTP) Scholarship. And, thanks to the representatives of local councils who were critical for delivering the program to Australian men.
To the team at Thrive Tribe and MAN v FAT Football in the United Kingdom, for making me welcome during my visit to the United Kingdom, and for openly sharing your knowledge and wisdom about what makes this program tick: Rich, Terry, Tim, and Shan.

This project has an undeniable human element, and the following work aims to capture that. My gratitude and thanks goes to those who took part in my interviews in the United Kingdom, to the blokes who showed what the program was capable of in Australia, and to the gents who sat and talked to me about banter. Your insight will help other Australian (and international) men improve their lives.

To my friends, thank you for doing everything that good friends do (and especially, listening to me talk about my research). And finally, thank you to those who made me and raised me (and grew up with me): Mom, Dad, and Zoe.
Authorship Declaration

This thesis contains work that has been published and prepared for publication.


This paper appears in Chapter 2.


This paper appears in Chapter 3.


This paper appears in Chapter 4.
<table>
<thead>
<tr>
<th>Details of the work:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight and obese men’s experiences in a sport-based weight loss intervention for men</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location in thesis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student contribution to work:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection, analysis, interpretation, drafting, editing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Co-author signatures and dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assoc. Prof. Ben Jackson</td>
</tr>
<tr>
<td>Prof. James Dimmock</td>
</tr>
<tr>
<td>Prof. Brett Smith</td>
</tr>
<tr>
<td>Prof. Michael Rosenberg</td>
</tr>
<tr>
<td>Prof. Mark Beauchamp</td>
</tr>
</tbody>
</table>

9th March, 2021

<table>
<thead>
<tr>
<th>Details of the work:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAN v FAT Soccer: feasibility trial and preliminary efficacy of a sport-based weight loss intervention for overweight and obese men</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location in thesis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 3</td>
</tr>
</tbody>
</table>

| Student contribution to work: |
Data collection, analysis, interpretation, drafting, editing

Co-author signatures and dates:

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assoc. Prof. Ben Jackson</td>
</tr>
<tr>
<td>Prof. James Dimmock</td>
</tr>
<tr>
<td>Mr. Ian Fitzpatrick</td>
</tr>
<tr>
<td>Prof. Michael Rosenberg</td>
</tr>
<tr>
<td>Prof. Mark Beauchamp</td>
</tr>
<tr>
<td>9th March, 2021</td>
</tr>
</tbody>
</table>

Details of the work:

Making sense of humour among men in a weight loss program: A dialogical narrative approach

Location in thesis:

Chapter 4

Student contribution to work:

Data collection, analysis, interpretation, drafting, editing

Co-author signatures and dates:

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assoc. Prof. Ben Jackson</td>
</tr>
<tr>
<td>Prof. James Dimmock</td>
</tr>
<tr>
<td>Student signature:</td>
</tr>
<tr>
<td>Date: 9\textsuperscript{th} March, 2021</td>
</tr>
</tbody>
</table>

I, Ben Jackson certify that the student’s statements regarding their contribution to each of the works listed above are correct.

| Coordinating supervisor signature: |
| Date: 9\textsuperscript{th} March, 2021 |
Conference Proceedings Arising from this Thesis


Chapter 1: General Introduction & Literature Review

1.1 Introduction

1.1.1 Background

Globally, overweight and obesity are prevalent health problems (WHO, 2020). Numerous health risks are associated with an increasing body mass index (BMI), including greater incidence of type 2 diabetes, hypertension, cardiovascular disease, stroke, and depression (Kopelman, 2007; Luppino et al., 2010; Mokdad et al., 2003). Overweight and obesity in Australia has, for some time, been considered an ‘epidemic’ (Timperio, Cameron-Smith, Burns, & Crawford, 2000), and rates of overweight and obesity have been steadily increasing—two thirds (i.e., 67%) of Australian adults (aged 18 and over) were classified as overweight or obese in 2017-18, an increase of nearly 5% since 2014-15 (Australian Bureau of Statistics, 2015, 2018). Evidence also suggests that in Western countries such as Australia, the United States, and the United Kingdom, overweight and obesity are more prevalent in men (Australian Bureau of Statistics, 2018; Ng et al., 2014). Health practitioners ought to derive insight into the factors that contribute to this disparity, and to do so using real-world, successful interventions that appear to adequately target and engage men with their health.

1.1.2 Chapter Structure

This literature review is structured in three main sections. In the first section, discussion is devoted to the literature on men’s engagement with health, providing support for the notion that men are often ‘hard-to-reach’ when developing health interventions. In the second section, we discuss the current literature detailing interventions that may appeal to men. In the final section, we move to discuss one particularly salient aspect of health interactions and gender-sensitization of health interventions for men, namely humour.
1.2 Men’s Engagement with Health: A ‘Hard-to-Reach’ Population?

The guiding aim of this doctoral work was to better understand men’s engagement with their health—with a specific focus on weight loss—and to derive insight into how interventions might best support men’s engagement and experiences in weight loss interventions. In simpler terms, in light of knowledge that engaging men is potentially challenging, we were driven to better understand how we ‘reel men in’ to health interventions, keep them engaged, and help them lose weight. To address this problem, we first need to understand men’s health behaviour. Compelling evidence supports the notion that men are a ‘hard-to-reach’ population in terms of health engagement (Bottorff et al., 2015; Pringle et al., 2014; Zwolinsky et al., 2013). That is not to suggest that men do not ever engage with their health, or that the blame ought to be placed at their feet. In the section that follows, research supporting the notion that men are a hard-to-reach health population is presented. Complex biological, social, psychological, and behavioural factors contribute to this problem. Primary emphasis in this review is placed on social and psychological explanations.

We acknowledge that for the purposes of this literature review, we are making generalizations about men (and, at times, women). Nonetheless, many men may not view health, and health services, in the same light as (many) women. Australian men, for example, appear to be less concerned with their weight status (Timperio et al., 2000), despite more men being overweight than women, and: (a) are less interested in information pertaining to disease prevention and illness, (b) are less willing to seek an annual health check or engage with health professionals, (c) are less willing to attend sessions about health education, (d) use fewer community services than women, and (e) participate less in preventive health activities (Deeks, Lombard, Michelmore, & Teede, 2009; Levant, Wimer, & Williams, 2011; Suominen-Taipale, Martelin, Koskinen,
Holmen, & Johnsen, 2006; White et al., 2011; Yousaf, Grunfeld, & Hunter, 2015).

United States men, relative to women, are less likely to seek help from health professionals for depression, substance abuse, physical disabilities, and stressful life events (Galdas, Cheater, & Marshall, 2005). Help-seeking may be delayed by men due to a tendency to downplay certain symptoms and emphasize others such as (severe) physical symptoms. Qualitative interviews with young men aged 15-19 years, for example, have indicated that this group equates health to physical fitness. For these participants, a health problem should be sufficiently and physically severe to justify help-seeking. General practitioners were a popular choice for confiding with, due to perceptions of discomfort associated with communicating feelings of vulnerability and with unfamiliar situations (Richardson & Rabiee, 2001). Further, feelings of embarrassment may lead to reluctance to engage in health-care services (Gascoigne & Whitear, 1999). Using narrative interviews to investigate patients’ perspectives on why men with testicular cancer in the UK experience treatment delays, Chapple, Ziebland, and McPherson (2004) found that men delayed seeking treatment because they did not recognize testicular cancer symptoms, and feared appearing weak, as hypochondriacs, or lacking in masculinity.

Masculinity serves as a useful concept to aide our understanding of men’s health behaviour. Robertson and Williams (2009) argue that men face a dilemma when seeking help for health concerns. This general health dilemma is the ‘don’t care, should care’ paradox, whereby men profess not to care about health issues as to do so would contravene conceptions of stoicism, self-reliance, and masculinity, but as ‘good’ or responsible citizens, men feel that they should care about maintaining their health status (Robertson, 2003). A challenge facing practitioners seeking to engage men with their health is a prevalent perception that attending to one’s health contradicts masculine
norms of strength, self-reliance, and independence (Courtenay, 2000; Gough, 2006). These norms have consequences—for example, endorsement and alignment with traditional masculine ideals is linked to men’s experiences of depression, and reduced likelihood of help-seeking for mental health issues (Good & Wood, 1995; Sharpe & Heppner, 1991; Shepard, 2002). Deviating from traditional masculine ‘scripts’ of self-reliance for mental health, for instance, might attract significant societal and self-punishment for men. What is evident is that men appear to make a distinction between accessing health-services for ill-health (which is perceived as relatively acceptable for men to do), and services designed to help maintain health or prevent illness (which is viewed as outside of the responsibilities of health services; Robertson & Williams, 2009).

As mentioned previously, we see similar disinterest and disengagement with health among men in terms of weight (loss). With regards to weight status, a lack of (relative) concern among men could be attributed to a variety of causes, such as inaccurate self-perception, and gendered social pressures and bodily ideals (i.e., to be muscular, rather than thin). For instance, United States men have less accurate weight perceptions than women (Tsai, Lv, Xiao, & Ma, 2016), potentially reflecting different societal pressures on men and women regarding weight status. Researchers have documented a linear association between women’s BMI and body dissatisfaction—such that a larger BMI is linked to greater dissatisfaction, reflecting a pervasive cultural thin ideal for women—but this relationship is curvilinear, or U-shaped, for men. In other words, men at the ‘extremes’ of BMI distribution, with either a relatively small or relatively large BMI, are the most dissatisfied with their bodies (Austin, Haines, & Veugelers, 2009; Frederick, Forbes, Grigorian, & Jarcho, 2007). While it certainly has been observed that a ‘thin ideal’ can be endorsed by certain male populations (e.g., gay,
bisexual men; Feldman & Meyer, 2007), the pressure to achieve thinness appears to be placed more strongly on women. Different bodily ideals face men, favouring muscularity and size (Murnen & Karazsia, 2017). Overweight men are more likely to consider themselves physically attractive, relative to women, and this reflects an association between ‘bigness’ (i.e., increased size, musculature, and BMI) in men with good health and physical attractiveness (McCreary & Sadava, 2001). Further, overweight status, but not obesity, is linked to self-esteem in middle-aged men (Rosmond & Björntorp, 2000). This partially explains why men may be less concerned, and decide not to act on, their overweight status.

Evidence suggests men are also underrepresented in randomized controlled lifestyle weight loss trials (Pagoto et al., 2012); more specifically, Pagoto and colleagues reported that only 27% of participants in such trials are male. However, it is difficult to discern whether this under-representation of men in weight loss trials is because (a) men are disinterested in weight loss in general, (b) current efforts to engage men are unappealing to this population, but alternative approaches may work better, or (c) there is a tendency to target women in weight loss trials. In Pagoto and colleagues’ study, male-specific programs were less prevalent—only 5% of studies comprised of male-only samples, compared to 32% female-only samples. Authors rarely provided justification for exclusion or disproportionate representation of males, but those who did cited (a) focusing on a female-specific disease, (b) focusing on postmenopausal females, (c) excluding men to enhance power to detect effects, (d) focusing on ethnic minority women, (e) recruitment methods did not attract men, (f) prior research has excluded women, and (g) women are disproportionately affected by obesity (Pagoto et al., 2012). This disparity, in terms of men’s representation relative to women in weight loss trials, and the lack of useful insight into this disparity, is of concern given the relative
prevalence of obesity of and vulnerability to obesity-related diseases such as cardiovascular disease in men (Lovejoy, Sainsbury, & Group, 2009; Smith et al., 2005; Sundquist, Winkleby, & Pudaric, 2001). Having presented support for the notion that men are a ‘hard-to-reach’ population, and reflecting social and psychological factors primarily relating to the complicated relationship between masculinity and health, we now turn our attention to the current evidence for attracting men to engage with their health, and in particular weight loss interventions.

**1.3 Attracting Men to Weight Loss Interventions**

In terms of overweight and obesity treatment, the first systematic review of male overweight and obese treatment studies by Young and colleagues (2012) indicated that although the majority of male-only weight loss studies were considered effective, generally these interventions were of low methodological quality. Further, the results of this systematic review indicated potential publication bias (i.e., studies with positive results being more likely to be published). Therefore, it is reasonable to be sceptical regarding the conclusiveness of current evidence on this topic. Nonetheless, Young and colleagues identified a number of intervention characteristics associated with effectiveness in male-only weight loss interventions, including (i) prescribed energy restriction, (ii) inclusion of group face-to-face contact, (iii) higher frequency of contact (i.e., > 2.7 contacts per month), and (iv) a younger sample (samples with a mean age less than, or equal to, 42.8 years being more effective at weight loss). Five studies included in this review were ‘gender-sensitized’ (Andersson & Rössner, 1997; Egger, Bolton, O'Neill, & Freeman, 1996; Morgan, Collins, et al., 2011; Morgan, Lubans, et al., 2011; Morgan, Lubans, Collins, Warren, & Callister, 2009), and as such provide little additional evidence for whether or not gender-specific approaches were, broadly, more or less effective than ‘standardized’ approaches.
Archibald and colleagues (2015) conducted a realist synthesis of qualitative studies with the aim of investigating what weight management interventions work for men, which men, and under what circumstances. Twenty-two studies were identified for the review, including 5 qualitative studies associated with randomised controlled trials of weight maintenance interventions, 8 studies linked to non-randomised intervention studies, and 9 UK-based studies not linked to any intervention. Factors that appeared to motivate men to engage with weight management were health concerns, and a perception that a given program had ‘worked’ for men before. In particular, being specifically labelled ‘obese’, as opposed to merely overweight or being unaware of one’s weight status, raised the salience of addressing men’s weight and health. This reinforces evidence suggesting that men’s body dissatisfaction peaks at the extremes of BMI (i.e., Austin et al., 2009; Frederick et al., 2007). Further, the anxieties associated with health risks related to obesity, or specific life-threatening health events such as coronary or respiratory events, were crucial ‘triggers’ raising men’s motivation to manage their weight. According to Archibald and colleagues’ review, men identified several barriers to engaging in weight management, including (a) as previously mentioned, the notion that men do not ‘problematize’ their weight until labelled ‘obese’, (b) perceptions of a lack of support for new dietary choices by friends and family, and (c) a reluctance to take ‘extreme’ measures when dieting. Contrasting with these perceptions, attractive intervention features to men included (a) autonomy over what foods could be consumed, and flexibility regarding ‘treats’ and alcohol in intervention design, (b) focusing on delivering interventions through physical activity, (c) for many men, but not all, being part of a male-only environment, and (d) delivering interventions in appropriate settings such as sports clubs. Finally, notably, intervention features that facilitated men’s attendance and adherence included delivering interventions to groups,
which allows for the provision of social support, and employing humour in interactions with men involved and in intervention design. Archibald and colleagues (2015) concluded that men were “motivated to attend programmes in settings that were convenient, non-threatening and congruent with their masculine identities, but men were seldom involved in programme design” (Archibald et al., 2015, p. 1)

A recent qualitative study by Harcourt and colleagues (2020) explored men’s social relationships and their influence on diet, physical activity, and weight loss intentions and behaviours. Participants were healthy adult men aged 18-60 ($n = 19$) with a BMI of 24 or higher. Harcourt and colleagues’ analysis emphasized the importance of social relationships—such as with partners, children, and with friends—in shaping beliefs towards diet, physical activity, and weight loss. Men reported experiencing social pressures to diet ‘like a man’, and to be competitive—both in terms of physical activity and eating behaviour. Further, intriguingly, men emphasized that while it was acceptable to discuss exercise and food intake with male friends, this was explicitly not for support. Thus, for men, friends can play an ambiguous role in driving health behaviour. However, family social relationships appeared to be salient drivers of changing attitudes towards health behaviour. Important life events, such as becoming a parent, change beliefs and attitudes towards health behaviours (such as dieting) for men. Further, for men who endorsed hegemonic masculine beliefs (Connell & Messerschmidt, 2005), partners played a significant role in shaping dietary behaviour. Implications of the study are that family members, being key influences on men’s (weight) behaviours, should be interviewed for further insight into how best to facilitate men’s weight loss, and certain initiatives (e.g., Morgan et al., 2014; Morgan, Lubans, et al., 2011) have begun to leverage the relationship between fathers and children to drive men’s health behaviour.
It is also important to consider evidence highlighting the successful mediators of weight loss, to identify salient constructs to target. The Rethinking Eating and FITness (REFIT; Crane, Lutes, Ward, Bowling, & Tate, 2015) intervention was designed to target theoretical constructs derived from self-determination theory (Ryan & Deci, 2000) and social cognitive theory (Bandura, 1991), and was tailored to match men’s preferences for weight control. Data from a six-month REFIT trial (Crane, Ward, Lutes, Bowling, & Tate, 2016) compared changes in several theoretical (i.e., diet-related and exercise-related autonomous motivation, self-efficacy, and outcome expectations, and dietary self-regulation) and behavioural (i.e., dietary intake, exercise, and self-weighing frequency) mediators, and tested these variables as mediators of the intervention effect, compared to a control, on weight change at 6 months. The intervention group produced greater weight loss compared to the control (-5.57kg vs. -0.65kg), and a significant change in most of the theoretical (autonomous motivation for dieting, self-efficacy, outcome expectancies, and self-regulation) and behavioural (calorie intake, physical activity, self-weighing) mediators. The intervention effect on weight loss was mediated by autonomous motivation, self-efficacy, and self-regulation, and by dietary intake and self-weighing frequency. The results of this study support the notion that encouraging men’s autonomy with regard to food choices (i.e., not placing restrictions on what they can or cannot eat), making it clear that a given program has been effective for other men in changing their diet (i.e., supporting outcome expectations), and increasing men’s belief in their ability to complete the required behaviours to achieve the outcome (i.e., self-efficacy relating to diet) are salient factors to target in intervention design. Researchers have suggested that providing autonomy may be particularly salient when developing weight loss interventions for men, because independence is a key component of masculinity (Addis & Mahalik, 2003). Further, the study found a modest
relationship between physical activity and weight loss, consistent with general findings (Swift, Johannsen, Lavie, Earnest, & Church, 2014). In essence, research findings indicate that physical activity may attract men to engage with interventions, but dietary intake modification is more likely to support successful weight loss.

Among several strategies that have been used to combat overweight and obesity, combining physical activity participation and diet modification is considered particularly efficacious for promoting weight loss (Curioni & Lourenco, 2005). Regular physical activity offers clear benefits, including reducing the risk of more than 25 chronic medical conditions, and premature mortality (Warburton & Bredin, 2016, 2017). Further, physical activity-based interventions may have greater impact on fat loss in men than women (Bottorff et al., 2015; George et al., 2012). Interventions that successfully increase men’s engagement in physical activity could significantly alleviate the disparity in health outcomes between genders. A review by George and colleagues (2012) provided a critical evaluation of health-promoting physical activity-only, and combined physical activity and nutrition interventions, that targeted adult men. The most common intervention types included in this review were face-to-face, group-based, and print-based interventions. Ten (out of 14) physical activity-only and four (out of nine) combined physical activity and nutrition interventions included in this review demonstrated significant positive effects on physical activity outcomes. A number of effective intervention characteristics were identified in this review, including (i) the provision of regular feedback, (ii) gender-specific tailored advice, (ii) access to self-monitoring tools or online components, (iii) social support, (iv) variety in activities provided, and (v) a degree of friendly competition.

Bottorff and colleagues (2015) expanded on these findings in an updated review of interventions that included promotion of physical activity for adult men. Of note,
included in this review were 12 programs that were explicitly gender-sensitized (i.e., these programs integrated innovative approaches to promoting physical activity by acknowledging men’s interests and preferences). The findings of this review were largely consistent with the previous review by George and colleagues, reinforcing the notion that individualized, tailored advice or personal contact positively affect the general effectiveness of men’s physical activity promotion interventions. Further, the mode of delivery of physical activity—specifically, group-based exercise or sporting environments—may motivate men to engage in exercise in individual settings, or “increase adherence and motivation” for physical activity in men. Further, the authors noted that although men’s hypercompetitive homo-social practices within sporting contexts, for example, have been critiqued (Kidd, 2013), men’s willingness to do physical activity appears to be a central concern for the success of health promotion efforts with men. As such, physical activity is the most likely facet of health promotion to engage men with their health (Lee & Owens, 2002). Physical activity provides men with opportunities to affirm masculinity and competitiveness, and this may be a more appropriate means through which health practitioners could approach men’s health promotion. Instead of ‘changing men’, Oliffe, Bottorff, and Sarbit (2012) suggest it may be better to develop interventions that play to men’s ‘strengths’, or in other words, that accentuate masculine characteristics that are associated with health.

Several health promotion initiatives have been developed that are explicitly gender-sensitized for men, and these inform, to a great extent, the previously cited literature. These include SHED-IT (Blomfield et al., 2013; Morgan, Lubans, Collins, Warren, & Callister, 2011; Morgan, Warren, Lubans, Collins, & Callister, 2011), the Football Fans in Training (FFIT; Hunt et al., 2014; Wyke et al., 2015) program and its European (Pietsch et al., 2019), Canadian (Gill et al., 2016), Australian (Kwasnicka et
al., 2020; Quested et al., 2018), and New Zealand adaptations (Maddison et al., 2019), the HAT-Trick program (Caperchione et al., 2017), and the Healthy Dads, Healthy Kids (Morgan et al., 2014) program in Australia. This list of programs is by no means intended to be an exhaustive one, and there are many differences between these aforementioned programs (interested readers are encouraged to consult the relevant citations). While it is clear efforts are being made to provide gender-sensitized weight loss programs for men, at least, predominantly in ‘Western’ English speaking countries, the literature on this topic is still relatively sparse. More evidence and interventions are needed, and drawing from successful, ‘real-world’ interventions will provide additional insight into what works when engaging men with health and weight loss. Testing these interventions in different contexts and countries provides evidence for (or against) consistent cross-cultural aspects of gender-sensitized interventions. In the following section, we discuss a key consideration for gender-sensitized approaches to men’s health promotion, namely the effective use of humour.

1.4 Humour and Men’s Health

In the following section, we discuss humour—we do so primarily because humour has frequently been explicitly highlighted as a component of several male gender-sensitized interventions. Several football and other sport-based programs have addressed the use of humour or ‘banter’, with the aim of adding levity and disarming men, supporting the prospect of addressing more sensitive topics such as weight and health (Bunn, Wyke, Gray, Maclean, & Hunt, 2016; Gill et al., 2016; Kwasnicka et al., 2020; Maddison et al., 2019; Quested et al., 2018; Wyke et al., 2015). This notion is worth considering in depth, and in the section that follows we provide a brief theoretical overview of humour, and discuss research demonstrating that humour may, to an extent,
be gendered, and worthy of further research to explore the role it plays in gender-sensitized weight loss contexts.

Humour is a complex social phenomenon that usually occurs spontaneously in interactions between two or more people (Martin & Kuiper, 1999). Effective humour usage has many positive personal and interpersonal outcomes, such as allowing people to regulate stress (Geisler, Wiedig-Allison, & Weber, 2009) and appear credible (Wrench & Punyanunt-Carter, 2005), interpersonally competent (Graham, Papa, & Brooks, 1992), and attractive as a potential partner (Buss, 1988). Humour has been studied in many contexts, ranging from education to mental health, and has been lauded as potentially salutogenic in itself (Cernerud & Olsson, 2004). Numerous theories have been presented about what exactly makes something humorous, with significant overlaps and contradictions between them. Nonetheless, three perspectives dominate the literature—the relief theory of humour (Berlyne, 1972), the superiority model of humour (Morreall, 1983), and the incongruity model of humour (Deckers & Kizer, 1975)

According to proponents of the relief theory of humour, humour unsurprisingly provides relief (see, for example: Berlyne, 1972). People experience humour and laugh because they sense a reduction of stress in some way or another. The “symptom” or manifestation of humour arises due to the release of tension that may either be intentionally or incidentally created or engendered by a situation or other persons. The relief theory has also been expressed in terms of the release of (libinal or repressed) energy, which subconsciously contravenes or overcomes socio-cultural inhibitions (Freud, 1960).

Secondly, the superiority theory of humour (alternatively the degradation theory of humour; Sully, 1902) traces its origins to brief observations on humour made by
Plato and Aristotle, as well as Thomas (1968) *Leviathan*. Proponents of this theory argue that people laugh, either inwardly or outwardly, at others when a feeling of triumph or superiority arises within them. Laughter is fundamentally scornful (Morreall, 1983), reflecting a “derogatory impulse in man, his tendency to look out for and to rejoice over what is mean and undignified” (Sully, 1902, pp. 119-120). The oldest theory of humour, the superiority theory “is basically a theory of mockery” (Billig, 2005, p. 39) and is the most out of tune with the notion that humour has a positive, or purely positive, function.

Incongruity theories of humour, alternatively, articulate that people laugh at things that are odd, surprising, or unexpected in a non-threatening way (see, for example: Deckers & Devine, 1981; Deckers & Kizer, 1975; Veatch, 1998). Emphasis within incongruity theories of humour is placed on cognition (rather than physiological or emotional aspects of humour) and the capacity of an individual to rationally identify normal patterns of ‘reality’. Indeed, this baseline level of understanding of ‘reality’ is required for the individual to be aware of, comprehend, and categorize incongruities in order to perceive an incongruous message as humorous (Meyer, 2000). Veatch (1998), in his articulation of the incongruity theory of humour, places “affective absurdity” at the centre of his theory. Three conditions are “necessary and (jointly) sufficient” (p. 163) for humour perception, namely that (1) the perceiver has in mind a view of a situation as normal, (2) the perceiver views something in the situation as wrong and in violation of a natural or moral order (i.e., an affective commitment of the perceiver to the way the situation ought to be), and (3) both 1 and 2 are held in the mind of the perceiver at the same time. If one or more of the aforementioned perceptions is absent, then humour will not be present. A subtle variation of this theory, the benign-violation hypothesis (McGraw & Warren, 2010), incorporates and builds on Veatch’s (1998)
three necessary and sufficient criteria for humour, positing three ways in which a violation of moral norms can be made to seem benign (i.e., non-threatening): a salient norm suggests that something is wrong, but another salient norm suggests that the situation is acceptable, the perceiver of humour has only made a weak commitment to the violated norm, and the violation is psychologically distant to the perceiver. In simple terms, a joke will be funny if it threatens one’s sense of how the world “ought to be”, but the threat is also (relatively) harmless.

It is not clear that any of these theories accounts for every instance of humour, and there is evident overlap. An alternative approach is to take a ‘functional’ view of humour (Meyer, 2000; Ziv, 1984), positing that humour serves functions in communication. Meyer (2000), for instance, posited four functions, reflecting humour’s capacity to unite communicators by serving identification and communication purposes, or divide communicators by serving enforcement and differentiation functions.

Evidently, consistent throughout theory and functional models of humour is that there is a general positive versus negative distinction with humour. At times, or according to some perspectives, humour may bring people together and serve (broadly) positive functions. At other times, or from other perspectives, however, humour can be used to enforce rules, disparage others, and highlight differences between people and groups.

Returning to the notion that humour can be, and has been, leveraged by intervention developers to promote men’s engagement and experiences in health and weight loss interventions, caution should be taken. There is evidence suggesting that using negative types of humour, such as aggressive humour, can actually lead to greater experiences of social support among men (Dyck & Holtzman, 2013). This seems counter-intuitive: how can aggression lead to perceptions of closeness and support? Early humour research, and qualitative and sociological research exploring men’s
experiences of humour in health settings, and education, may provide insight into why this may be the case.

Early research on humour focused on two-way relationships between joke-tellers and the targets of their jokes, or the reactions of audiences to systematically varied jokes in terms of targets, structures, and themes. For instance, a predominance of early research published in gender studies explored the presentation of cartoons to men and women, with the aim of discovering sex differences in the preferences for (typically) aggressive or sexual humour (Lampert & Ervin-Tripp, 1998). This research paradigm has certain limitations, however, namely a disconnect between the use of humour in a laboratory and in natural settings, the absence of a social context—where the majority of humorous production occurs—and the use of non-representative materials. In essence, presenting ‘canned’ material or cartoons fail to replicate the typical manner in which humour takes place. In the content that follows, we do not claim that these findings are definitive, nor that they account adequately for influences such as social expectations. Nonetheless, research in this tradition demonstrates a difference between how men and women perceive different types of humour presented this way. For instance, women may react more sensitively to aggressive humorous stimuli—such as aggressive cartoons—than men. Aggressive cartoons were perceived as more aversive, and less funny, relative to non-aggressive cartoons (Samson & Meyer, 2010). Samson and Meyer (2010) observed a negative linear relationship between the cruelty of a joke and women’s appreciation for humour, but this relationship was not observed for men. Brodzinsky, Barnet, and Aiello (1981) observed that masculine and androgynous females, and masculine, feminine, and androgynous males (as measured using the Bem Sex Role Inventory) were more appreciative of sexual humour (particularly when women, not men, were the object of the joke), whereas feminine females displayed a
preference for absurd humour. Aillaud and Piolat (2012) examined gender differences in the perception of dark humour (i.e., humour that deviates from and transgresses social values and norms) and non-dark humour. Dark humour differs from non-dark humour in several ways (i.e., the nature of the incongruity developed, the extent of surprise experienced, and the level of comprehension of the situation as humorous), and as such provides a means to explore the interaction of several structural characteristics and inter-individual variability in the perception and appreciation of humorous cartoons. Results revealed a gender effect on incongruity, comprehension, and funniness with regards to dark humour. Women rated dark humour cartoons as higher in incongruity, less comprehensible, and less funny than men, reinforcing previous research that suggests women may be slightly more sensitive to the transgression of particular moral norms such as care (Jaffee & Hyde, 2000). Crucially, Jaffee and Hyde asked an important question, alluded to above—do men and women genuinely perceive humorous cartoons differently, or do they behave as if they do, in accordance with cultural beliefs and roles?

Sociological and qualitative research on men’s use of (and perceptions regarding) humour in various contexts may provide insight into this question. Humour appears to play a role in the formulation and performance of masculine identities. For instance, in an ethnographic study, Kehily and Navak (1997) focused on the use of humour among male students in two secondary schools in the United Kingdom. The authors employed various qualitative approaches to gathering data such as observations and semi-structured interviews with groups and interviews with approximately 100 students and teachers. The authors aimed to explore the commonalities of masculine power exchanges in English schools. Rituals of game-play, mythic storytelling, and ritual insults were salient aspects of the male pupil culture in this context. The authors
suggested that humour operates as an organizing principle. Humour is used as a means to demonstrate physical and/or sexual prowess, as a means to defend against (accusations of) gender norm non-conformity (i.e., homosexuality), and as a means for male pupils to regulate and structure the appropriate performance of masculine identities. ‘Cussing matches’ or ‘blowing competitions’, which involve the interchange of formulaic insults, provide a means of ‘testing’ other males’ prowess, without resorting to the “dangerous, and somewhat more determining, consequences of fights” (p. 84). Although these ‘cussing’ matches could be highly charged showdowns within a classroom context, these exchanges “transformed in the contexts of friendship groups…indicating that it was not the language per se that was immediately regarded as offensive.” (p. 74). Interpersonal relationships, and how individuals construe a given context, regulate the appraisal of an insult as aggression, or more innocently as ‘play’.

In a qualitative study using semi-structured interviews with 36 white Australian men, Smith and colleagues (2008) explored the core qualities men valued when communicating with general practitioners in primary care settings. Core qualities identified included the adoption of a “frank approach”, demonstrable competence on the part of the general practitioner, thoughtful use of humour, empathy, and prompt resolution of health issues. Humour was perceived as a tool to lessen the perception of seriousness of consultations, and reduced tension, facilitating communication: “A thoughtful use of humour means more than just sharing a joke. It is about facilitating a laid-back and friendly environment in which men feel comfortable to speak openly about their health concerns.” (p. 620). The creation of such an environment is a key aspect of gender-sensitization of health environments, and involves a delicate balance of seriousness and “humour and positive tone” (Sabinsky, Toft, Raben, & Holm, 2007, p. 530). Humour intersects, as previously mentioned, with the performance of
masculinities. Oliffe and colleagues’ (2009) ethnographic study supplemented with semi-structured interviews exploring men’s perceptions of the use of humour in prostate cancer support groups highlight humour’s capacity to serve multiple positive functions—promoting inclusiveness, marking the appropriate boundaries for men to provide and receive mutual help, and to develop a sense of masculine group norms around men’s evolving sexuality. However, humour can go ‘wrong’, and can cause harm. While humour could provide a socially sanctioned, common form of masculine behaviour whereby men could address sexual problems, it could also constrain and limit addressing potentially difficult topics of conversation. Humour could be used as a defense against addressing emotions such as anger in a constructive way, as a form of avoidance. Group leadership was vital for preserving the aforementioned benefits of humour.

Williams (2009) expanded on the literature within anthropology and sociology by exploring the meaning of humour within fathers’ health experiences. Williams explored fathers’ stories about humour shared with other men, and the link between gender, masculinity, and health. The authors suggest that humour is an integral part of fathers’ experiences of social connectedness with other men. Men often used humour negatively—objectifying, humiliating, and ridiculing others. Further, fathers’ stories were mediated by masculinities—it was masculinities that enabled fathers to avoid disclosing vulnerabilities regarding their health experiences to other men. The study further highlighted gendered aspects of humour, notably where competitive ‘banter’ between men, involving striving to take risks to be “the funniest or the most transgressive joker” is used to reinforce power relationships between men, consistent with Kehily and Nayak’s (1997) investigation of humour usage by young men in schools.
In summary, research from various perspectives, including early humour research within the ‘cartoon’ paradigm, sociological research, and qualitative research in education and health settings, suggests that humour plays a vital role in men’s lives. Further, aggressive humour, perhaps somewhat counter-intuitively, is linked to social support among men. Future research ought to explore what role contentious humour, or humour that blurs the line between playfulness and aggression (i.e., banter), plays in gender-sensitized health interventions. Exploring how men make sense of such contentious forms of humour would be useful insight given the important role humour plays in gender-sensitized health and weight loss interventions. It would have implications for how intervention developers ought to ‘deal with’ conflict that arises as a result of exchanges of humour ‘going wrong’.

1.5 Aims and Overview of Thesis Structure

The purpose of this literature review was to provide support for the notion that men are a hard-to-reach population, synthesize the current best-practice evidence for developing interventions that attract and engage men in health and weight loss, and then discuss one salient aspect of gender-sensitization of health interventions for men, namely humour. As discussed previously, it is difficult to determine whether men are hard-to-reach because they are not interested in health, or because many health interventions simply fail to appropriately target men. We suggest that it is more productive to consider the latter, and draw evidence from real-world, successful interventions that appear to attract men. Contemporary research provides some insight into factors that appear to work with men. Nonetheless, more work needs to be done—we need to know more about how men experience these effective ‘real-world’ programs, what makes them work, and how key issues (like humour) operate in these contexts. In other words, we need to better understand when and why they are positive,
and when and why they are not so positive. We previously mentioned the notion that sport and physical activity are effective ‘lures’ that ‘reel men in’. Several interventions have leveraged identification with sports teams, delivering interventions in sport settings, and using physical activity to drive men’s weight loss (e.g., the Football Fans in Training program; Wyke et al., 2015). It is worth mentioning, however, that these programs did not engage men in football, but instead leveraged their identification with specific football teams.

MAN v FAT Football, however, does engage men in sport. Established in the United Kingdom (UK) in January, 2016, prior to COVID-19, the MAN v FAT Football had spread to accommodate over 4,000 players in 70 locations throughout the UK. In the following section, we describe this program, and emphasize that the program is well suited to provide us with more insight into how best to engage men with weight loss (and health, more generally). The program leverages competition and engagement in sport to drive weight loss. Players enrol in 14-week seasons, during which they play one weekly 30-minute game of football (soccer) with teammates. The program employs a unique scoring system designed to drive weight loss—not only do the goals scored on the pitch contribute to the final result of the game, players are also rewarded for weight loss. Prior to the game, they weigh-in with the league weight loss coach. If they have recorded any amount of weight loss, they are awarded half a goal towards winning the match. If they achieve certain milestones (e.g., 5% weight loss), they are awarded several goals. The results of the weekly matches are determined by combining weight loss goals and on-pitch scores, thus providing players multiple ways to contribute towards their team’s performance. The program incorporates several other mechanisms to drive weight loss behaviour and social support, including a weight loss handbook, in which they record their dietary intake and physical activity, a league weight loss coach,
whose role is to conduct weigh-ins and provide feedback on players’ entries in their weight loss handbook, and league and team WhatsApp groups, where players can converse with teammates and provide support. The program appears to incorporate many of these core elements of what makes a program gender-sensitized for men, including physical activity, sports, sport settings, a male-only environment, regular weigh-ins, and the incorporation of humour in the design and delivery of the program. The program is popular in the UK, and to date has helped UK men lose over 270,000 lbs (i.e., 120,000 kilograms). However, to date, no research evidence or evaluation has been conducted on or disseminated about this program. At the beginning of my doctoral studies, there was also no program like MAN v FAT Football in Australia, and no insight had been derived into whether this kind of men’s weight loss intervention, leveraging competition to drive weight loss, would ‘transfer’ to another country or context. In this thesis, we address the key issues mentioned above:

- In Chapter 2, by qualitatively exploring the experiences of players and coaches in MAN v FAT Football in the UK, we address the question of what it is that ‘works’ about the program.
- In Chapter 3, we evaluate the feasibility and preliminary efficacy of implementing the program in Australia, as “MAN v FAT Soccer”.
- In Chapter 4, we employ dialogical narrative analysis to make sense of the role of ‘banter’, humour that blurs the line between playfulness and aggression, in the program.
- In Chapter 5, we conclude with a discussion of the wider implications of thesis.
1.6 References


Blomfield, R. L., Collins, C. E., Hutchesson, M. J., Young, M. D., Jensen, M. E., Callister, R., & Morgan, P. J. (2013). Impact of self-help weight loss resources with or without online support on the dietary intake of overweight and obese
men: The SHED-IT randomised controlled trial. *Obesity Research & Clinical Practice, 8*(5), e476-e487.


McCreary, D. R., & Sadava, S. W. (2001). Gender differences in relationships among perceived attractiveness, life satisfaction, and health in adults as a function of
body mass index and perceived weight. *Psychology of Men & Masculinity, 2*(2), 108.


Chapter 2: Overweight and obese men's experiences in a sport-based weight loss intervention for men.

This chapter is based on the peer-reviewed paper published in *Psychology of Sport and Exercise*.


https://doi.org/10.1016/j.psychsport.2020.101750
2.0 Chapter Foreword

In Chapter 1, we reviewed existing evidence for the promotion of men’s weight loss engagement. We concluded by noting that further research is needed to derive insight from real-world examples of programs that appear to adequately attract and engage men. MAN v FAT Football appears to do so, and in the following chapter we present the results of a study exploring what ‘works’ about the program for players and coaches involved.

Figure 2.1 Clockwork Orange team. October 2018, The University of Western Australia.
2.1 Abstract

In Western countries, such as Australia and the UK, a significantly greater proportion of men (relative to women) are overweight and obese, yet relatively few weight loss interventions have been developed that sufficiently target men. This lack of male-focused programming may be in part because ‘traditional’ weight loss programs are unappealing for what is considered a ‘hard-to-reach’ population. One program that appears to have such appeal for men is the MAN v FAT Football (MVFF) program, based out of the United Kingdom, which is designed for men with a body mass index of (or greater than) 27.5. MVFF encourages men’s participation in a community-based weight loss program that incentivizes weight loss through participation in a football league, and since 2016 MVFF has supported the weight loss efforts of several thousand men. Using MVFF as an exemplar, our aim was to derive insight into how men experience a male-only competitive, sport-based weight loss program. We recruited twenty-seven players (Mage = 41.13, SD = 9.93), and ten coaches (Mage = 31.8, SD = 11.55) from program locations throughout the United Kingdom. Using semi-structured interviews and thematic analysis, we identified several appraisal aspects of the program that players and coaches considered important, including the appeal of sport, competition on a level playing field, being part of a team, camaraderie, accountability, men sharing issues with other men, gender-sensitized environment, likeminded and similar men, and perceptions that traditional weight loss programs are tailored towards women. Player experiences (i.e., competence and enjoyment) and functional supports in the program (e.g., player handbook, weight loss coach) were reported to drive outcomes of effective weight loss and program retention. Interventions aiming to target men may be more successful working with rather than against formulations of identity such as masculinities, and this can be achieved by tailoring program content (e.g., messaging).
settings (e.g., among men sharing similar characteristics such as body-type or goals), and mode of delivery (e.g., through organized sports, and leveraging competition to drive healthy behaviours).

Key words: competition; hard-to-reach; sport; weight loss; masculinity
2.2 Introduction

Globally, on average, women outlive men by five years, yet the causes of this disparity in life expectancy are not fully understood (Pinkhasov et al., 2010; Rochelle, Yeung, Bond, & Li, 2015). Although biological factors (Mehta & Josephs, 2011; Phillips, 2005) and patterns of illness contribute (Kaplan & Erickson, 2000), behavioural and social-contextual differences between sexes/genders also likely account for the disparity. Compelling evidence suggests men engage more frequently in health risk behaviour (e.g., alcohol consumption, substance abuse; Erol & Karpyak, 2015; Galdas, Cheater, & Marshall, 2005; Kuhn, 2015), are more likely to engage in multiple health risk behaviours (French, Rosenberg, & Knuiman, 2008; Kritsotakis, Psarrou, Vassilaki, Androulaki, & Philalithis, 2016), and utilize health services less than women (e.g., Galdas, Cheater, & Marshall, 2005). Despite overweight and obesity being more prevalent in men, relative to women, in the United Kingdom, Australia, Canada, and the United States (Australian Bureau of Statistics, 2018; Ng et al., 2014), men are also less likely than women to attempt to lose weight, or be concerned about their (over)weight (Timperio, Cameron-Smith, Burns, & Crawford, 2000).

It is widely recognised that, for overweight and obese individuals, 5-10% weight loss can account for substantial health benefits (National Institute for Health and Clinical Excellence, 2006). It is perhaps not surprising though, given that overweight and obese men appear less concerned about their weight status and are less likely to attempt to lose weight (Timperio et al., 2000), that men in general are underrepresented in randomized controlled lifestyle weight loss trials (Pagoto et al., 2012). Pagoto and colleagues (2012) reported that in the trials they reviewed, only 27% of participants were male, and males were less likely to be targeted in weight loss trials – only 5% of trials targeted male-only samples, compared to 32% female-only samples. This under-
representation of males is noteworthy because of the prevalence of obesity and vulnerability to obesity-related diseases in men (Lovejoy, Sainsbury, & Group, 2009; Smith et al., 2005; Sundquist, Winkleby, & Pudaric, 2001). Pagoto and colleagues (2012) suggest this under-representation may be due to (a) men being less motivated to lose weight than women, as women experience greater societal pressure than men to lose weight, (b) men may be less interested in seeking outside help for their weight, relative to women, or (c) men are not interested in the type of interventions put forth in lifestyle weight loss studies. Only 24% of studies that underrepresented men provided an explanation for sex-distribution, with the most common reasons being (1) focusing on female-specific disease (34%), (2), focusing on postmenopausal females (13%), (3) excluding men to enhance study power (13%), (4) focusing on ethnic minority women (10%), (5) recruitment methods failing to attract men (8%), and (6) previous research has excluded women (8%). In sum, despite their poorer overall health status relative to women (Pinkhasov et al., 2010), men are a ‘hard-to-reach’, underrepresented, and under-targeted population when it comes to designing, promoting, and recruiting for lifestyle weight loss programs in particular, and health promotion and illness prevention programs in general (Bottorff et al., 2015; Pagoto et al., 2012).

Relatively little evidence exists to provide robust guidelines for improving men’s uptake of health services in general (Robertson, Douglas, Ludbrook, Reid, & van Teijlingen, 2008), or within overweight and obese treatment (Young, Morgan, Plotnikoff, Callister, & Collins, 2012). There is, however, some evidence regarding the intervention components that may contribute to successful weight loss initiatives among men. George and colleagues (2012) provided a critical evaluation of physical activity-only versus physical activity-and-nutrition interventions targeting adult men. A number of effective intervention characteristics were identified in this review, including the
provision of regular feedback, gender-specific tailored advice, access to self-monitoring tools or online components, social support, variety in activities provided, and a degree of friendly competition.

Bottorff and colleagues (2015) conducted a comprehensive review of physical activity programs involving men to expand on these findings, reinforcing the notion that tailored advice and personal contact positively contribute to the general effectiveness of men’s physical activity promotion interventions. Further, the mode of delivery of physical activity—specifically through group-based exercise or sporting environments—may motivate men and encourage them to engage in exercise on their own, outside of the group or sport setting. Bottorff and colleagues identified twenty programs that were offered exclusively to men, twelve of which adopted innovative approaches to promoting physical activity in men by developing the programs from the ground up as sex-specific and gender-sensitive. Four notable examples of such gender-sensitive programs drew on men’s interests and involvement in football, based in England, Scotland, and Australia. These programs, delivered through football clubs, involved participation in a 12-week “gender-sensitized” program focused on providing overweight and obese men weight loss, physical activity, and healthy eating advice. The success of these programs was attributed to men’s familiarity and comfort within the football club settings, and adopting an approach to weight loss and physical activity promotion that works with masculine ideals, rather than against them (Bottorff et al., 2015; Wyke et al., 2015). Given our relatively limited understanding of how to improve men’s involvement in health services and weight loss programs, it is important for researchers to generate new insight in this area. We sought to provide such insight in this study by understanding men’s experiences in an established and popular male-only weight loss intervention. In doing so, we used the focal program as an exemplar for the
investigation of participant motives for, and experiences in, a gender-sensitized, male-only weight loss program.

2.1.1 The Present Study

The MAN v FAT Football (MVFF) program originated as a United Kingdom (UK)-based weight loss program that centers on involvement in a 14-week, small-sided football (i.e., soccer) league designed exclusively for men with a body mass index of 27.5+. Each week, men visit a facility to play a small-sided football match with teammates, the result of which is determined by players’ weight loss in the preceding week as well as their score on the pitch. Before each weekly match, players are weighed-in by their league’s weight loss coach. Players are rewarded with a weight loss ‘goal’ if they lose any amount of weight in the preceding week, and are rewarded with further off-field goals for reaching various other weight loss milestones throughout the season. The majority of players join the program as individuals and are placed into teams with people they did not know before joining the program. There are a number of program elements—outside of the structured physical activity—that are designed to support weight loss, including weekly brief consultations with a league weight loss coach, the use of player handbooks, and web-based and mobile communication forums. The MVFF program appears to satisfy several of the components that have been highlighted as potentially supporting the uptake and effectiveness of male health promotion (and weight loss) programs (Bottorff et al., 2015; George et al., 2012). Specifically, the program incorporates, among other things, sport-based physical activity, social support, contact with other men, gender-specific advice, access to self-monitoring tools, and an element of competition. The popularity of the program attests to this assertion; at December 2019, prior to the COVID-19 outbreak and the temporary cessation of the program, four thousand men were participating in sixty-three MVFF
locations throughout the UK, and the cumulative amount of weight loss recorded in the program stood at over 230,000lbs (or 104,000kgs).

As noted previously, it is unclear whether men are simply ‘hard-to-reach’ (i.e., due to lack of motivation to lose weight, reflecting societal pressures that disproportionately affect women) or are poorly targeted in weight loss interventions in particular, and health promotion interventions more broadly. As Pagoto and colleagues (2012) suggest, qualitative research methods may be particularly helpful in generating insight into intervention features that men find attractive and effective. For instance, previous qualitative research by Lozano-Sufrategui and colleagues (2016) indicates that while the experience of weight stigma may undermine men’s senses of self-concept and masculine values, participation in men-only weight management programs provides a safe environment for men to repair this damaged self-concept. Similarly, qualitative insight into older men’s experiences of a men-only, football-led weight management program suggests that men value playing sports and physical activity in environments that offer ‘inclusive’ (i.e., collaborative and cooperative) competition and caring interpersonal relationships. This football-led program provided participants with an opportunity to ‘do’ things together, facilitating a strong bond between men, promoting a sense of an inclusive environment (Lozano-Sufrategui, Pringle, Carless, & McKenna, 2017). The aim of this study, then, was to derive insight into how men experienced MVFF as a competitive sport-based weight loss program. We explored player and coach perspectives on men’s motives for joining the program and their experiences in the program, with the hope that this insight could be used as a vehicle for understanding how to develop weight loss interventions that are attractive to, and effective for, men. In short, we wanted to understand: What was it about the MVFF program that worked (or didn’t work) for the men involved in the program?
2.3 Method

2.3.1 Philosophical Perspective

An interpretivist paradigm was adopted in this study, underpinned by the concepts of ontological relativism (i.e., there are multiple realities) and a subjectivist epistemology (i.e., that interviewer and interviewee co-create understandings; Denzin & Lincoln, 2013). Within this paradigm, knowledge created during the process of research focused on understanding participant accounts of lived experiences is the result of a co-creation of reality. There are no objective criteria with which to verify that the mutual understanding created reflects an objective social reality; instead, this co-constructed understanding is situated socially, culturally, and historically. Throughout data analysis and manuscript preparation we were guided by the notion that “qualitative researchers realize the futility of attempting to achieve objectivity. They do seek, however, to be *reflexive* about their work and to show that the data they produced can be traced back to its origins” (Sparkes & Smith, 2013, p. 181). A reflexive approach to research involves “thoughtful, self-aware analysis of the intersubjective dynamics between researcher and researched… It demands acknowledgement of how researchers (co)construct their research findings” (Finlay & Gough, 2003, p. ix). With a reflexive approach in mind, this research was situated in a ‘Western’, English-speaking perspective, as the program was located in the United Kingdom, the country of birth of three members of the research team. All members of the research team have prior experience with involvement in team sports, and the three from the United Kingdom have personal experience, in particular, with Football \((n = 2)\) and Rugby \((n = 1)\) environments, and as such are familiar with the types of language and the culture in such environments. This no doubt shaped our initial interest in conducting this research and exploring this topic; we certainly imagined that, were we ever to find ourselves in a similar position (i.e., we
were overweight or obese), we would find a competitive, sport-based program to be an attractive option to lose weight. With that in mind, we also note the potential limitations and dangers of relying on one’s ability to imagine oneself in another’s situation. Our capacity to ‘truly’ understand the lived experience of another is limited by our bodies and by alterity (i.e., otherness, the absolute distance between ourselves and the ‘other’; (Levinas, 1998; Smith, 2008). Further, the first author (who conducted the interviews), was, or is (a) from a different country to all but two participants (i.e., Australia), (b) younger (i.e., aged 22 at the time of data collection), than the majority of interview participants, (c) white, (d) male, (e) physically active, (f) ‘healthy’ BMI range, and (g) pursuing a doctoral degree in exercise and health psychology. At times, various regional accents meant that terms used by participants required elaboration and although no substantial language barrier was evident, it may be presumptive to assume that the usage of certain words have identical meanings across United Kingdom and Australian cultures. Age or physical appearance is unlikely to have been a salient feature for the majority of interviews, which were held over the phone. Issues of misunderstanding or misinterpretation were considered in discussion with other authors. This research was conducted over a three week period during a research trip to the UK, during which the first author had the opportunity to experience firsthand the culture, not only of the UK more generally, but also of specific league locations. The environment and feeling in the program became more tangible and real, and this shaped his later understanding of interview texts by providing first-hand, contextual experiences of the things players spoke about in interviews.

2.3.2 Sampling Procedure and Participants

The Human Research Ethics Committee at the first author’s institution granted ethical approval for this study. Twenty-seven players (Mage = 41.13, SD = 9.93) and 10
coaches (Mage = 31.8, SD = 11.55) participated in the study. Three coaches had previous experience as players in the program, and two coaches were women. Three players were no longer involved in the program. The mean starting BMI for players and coaches who had participated in the program was 37.16 (SD = 5.77), mean end BMI 31.89 (SD = 6.35), with an average weight loss of 18.48kg (SD = 12.39). Participants (MVFF players and weight loss coaches) were recruited through a combination of criterion-based, maximum-variation, and snowball sampling methods (Sparkes & Smith, 2013). Players were eligible to participate if they were adult males (aged 18 or over) and were a current or former participant in a MVFF league. Maximum-variation in the sample was sought by recruiting players from a variety of locations (n = 8) throughout the UK, and were primarily recruited using a flyer distributed through a messaging platform (i.e., league WhatsApp groups). Potential participants were invited to contact the lead author, and prior to all interviews, participants were provided with information about their rights and the purpose of the study. The first author also attended a number of league match nights, where players were approached in person and invited to participate in interviews. Snowball methods were used (i.e., through discussions with league coaches, and during interviews with players) to identify and contact information-rich cases (i.e., players who had experienced substantive weight loss, had been involved in the program for an extended period of time, or were vocal and likely to share their experiences in the program). Coaches were approached and invited to participate in interviews via a member of the organization itself (i.e., MVFF). Coach eligibility criteria were adult male or female, and a current or former coach in a MVFF league. All players and coaches provided their informed consent at the beginning of their interview.
2.3.3 Data Collection

A semi-structured interview guide was developed with two faculty members (BJ and JD) who have prior experience conducting semi-structured interviews. Semi-structured interviews, as co-construction (process co-constructing finite knowledge). No a priori theoretical or analytical framework informed the development of the interview guide; instead, the final interview guide included open-ended questions developed to gain an understanding of participant motives for joining the program (e.g., “Can you give me a back story for why you joined the program?”) participant experiences within the program (e.g., “Can you tell me about your experiences participating in MAN v FAT Football?”), experiences of the various aspects of the program (e.g., “What was it about the program that worked, or didn’t work, for you?”), “How did you experience the aspect of competition in the program?”) and factors related to program retention and attrition (e.g., “What works / doesn’t work about this program compared to other weight loss programs?”). Semi-structured interviews provide researchers with the flexibility to pursue lines of inquiry that are of interest, while entering into the interview with a certain degree of structure. The majority of interviews were held over the phone (n = 30), with the remainder conducted in person at a setting the interviewee selected (e.g., cafes, local pubs; n = 7). All interviews (except two) were conducted with one participant and one interviewer (the first author). One face-to-face interview was conducted with two players, and in one phone interview, two co-authors (who contributed to the interview guide) were present. The data collection period was conducted during a research trip to the UK. At the time of data collection, the notion of data saturation guided the lead author’s approach to qualitative research. Data saturation refers to the point at which the information collected begins to repeat itself, and as such conducting additional interviews is relatively unlikely to yield novel information.
relevant to the research question (Sparkes & Smith, 2013). It should be noted that the consistency between this approach and a reflexive thematic analytic approach has been questioned (Braun & Clarke, 2019; O’Reilly & Parker, 2013), and it is important to qualify that we use the term saturation in this study pragmatically. Our conception of saturation is not a ‘realist’ one; we do not make claims to ‘finalizing’ the range of men’s experiences in the MVFF program. Being reflexive about saturation, it is possible that conducting more interviews, or conducting follow-up interviews with participants, would yield potentially novel findings; rather, we were guided by pragmatic concerns – data were conducted during a relatively brief (i.e., three week) window, and it became evident during data collection that interviews began repeating themselves.

2.3.4 Data Analysis

Data analysis was led by the first author. All audio-recordings were transcribed verbatim by the first author, and an inductive, reflexive thematic analysis approach was adopted, following Braun, Clarke, and Peate’s (2016) guidelines. This approach included an initial stage of familiarization with the interview transcripts, listening to audio-recordings, and generating an initial code guide. Initial codes were created by identifying units of text that referred to the same or very similar semantic (i.e., a unit of text directly expressed an idea or experience) content. Following this initial familiarization, the entire dataset was then systematically coded by the lead author, and a tentative framework of themes were identified. Themes were developed by primarily identifying the semantic meaning of participant responses during interviews, although this was supplemented by exploring, in some cases, the latent meaning (i.e., coding for implicit ideas or meaning behind what was explicitly stated) of participant responses. This tentative thematic framework was then subsequently refined and re-ordered in a series of ‘critical friends’ (Sparkes & Smith, 2013) meetings, wherein the lead author
met with one, two, or three of the co-authors to discuss their critical interpretations of the initial findings. Themes were re-ordered, re-defined, re-categorized, re-structured and represented, and in several cases abandoned, based on discussions around how themes fit with the aims of this research project, and the guiding research question: what was it about the program that worked (or didn’t work) for the men involved? The original framework consisted of many isolated themes, and the restructuring process allowed us to identify three distinct higher-order categories of themes presented in the results below. These higher-order themes were (1) appraisal aspects of the program, which refers to elements of the program that players and coaches appraised as driving positive (or negative) outcomes within the program, (2) perceived experiences within the program, referring to internal perceptions regarding experiences during the program, and (3) functional supports within the program, perceptions regarding specific functional aspects of the program that supported players’ weight loss efforts. The approach informed by the philosophical and epistemological assumptions above is evident (a) in the open-ended nature of the research questions, and (b) the process used in refining themes, namely the adoption of a ‘critical friends’ approach (Sparkes & Smith, 2013), wherein all co-authors were invited to interrogate, question, and provide alternate interpretations of the codes and themes generated by the analysis completed by the first author. The process of writing the manuscript also served as part of the process of analysis, and this is captured in the attempt at presenting our findings in a ‘narrative’ fashion, as opposed to attempting to describe themes in isolation – what became evident in the process of data analysis and writing is the interconnection between various elements of the program.
2.4 Results

The aims of this study were to—using MVFF as an exemplar of a male-only weight loss program—derive an understanding of how men experience a competitive sport-based weight loss program. Interviews generated 245 pages of 12-point, single spaced text. Themes were grouped together in higher-order categories reflecting participants’ perceptions of appraisal aspects of the program, perceived experiences in the program, and functional supports of the program. Participants were provided with pseudonyms to protect anonymity. Each of the aforementioned higher-order categories are interrelated, and rather than attempting to create or magnify (artificial) distinctions between themes, it is our hope that readers will gain some sense of how they combine to form a complete ‘whole’. That being the case, the accounts below follow a narrative structure to illustrate the interconnections between themes. The frequency of meaning units are not reported, which is consistent with the philosophical assumptions underpinning this research (Sparkes & Smith, 2013).

2.4.1 Appraisal Aspects of the Program

Players and coaches described aspects of the program as drivers of (a) recruitment, (b) program effectiveness, and (c) retention. These aspects included the appeal of sport, competition, and playing on a level playing field. Sport was closely linked to being part of a team, wherein a sense of camaraderie and accountability was fostered with likeminded and similar men. These concepts collectively created a space where men shared issues with other men—contrasted against a perception that traditional weight loss programs were tailored towards women—in a gender-sensitized environment.

Appeal of sport
Players and coaches described the importance of the appeal of sport, competition, and playing on a level playing field as crucial drivers of men’s recruitment, retention, and effectiveness in weight loss programs. For coach Talib (C3), a key attractor for enrolment for many players was sport:

I think it’s sport itself, I think that’s the key word I think, just sport. Because the only reason this is working in football here, is because these guys love football. But if you had a bunch of guys that love cricket, you could apply it. You could apply this to virtually any sport.

Players and coaches alike attributed the popularity of the program throughout the UK to football, “…because men love football in England, it’s just like, the perfect thing to lose weight to be honest.” (Coach Ryan, C4). For former player Conrad (P19), football is an activity in which men are often socialized, typically play with other men, and are more prone to think about:

I think because it’s football, it’s generally something that men think about more than other activities. It was something that you are kind of geared at, geared towards from when you were little. The whole thought process of football as a young boy, you’re playing football with boys. Most of the time. You hardly ever play football with girls. Something to attract men, for me would be quite good.

**Competition**

For Talib, structuring the program around football allowed players to address weight loss, but they “don’t have to face it in a really serious way. It’s a sporting environment and [players] know they’re there to lose weight and they know…the off-pitch results make a massive difference to the league tables, and the league table is everything.” Closely linked to the notion of participation in sport is the prospect of
engaging in competition, and the multi-layered (i.e., on- and off-pitch) competition was appealing to men because “Men thrive on competition, so having the element of…[playing] against other teams in a football environment…for a man, it’s always going to be competitive…” Talib continued, stating that “although the football is kind of the main attraction, it’s not the main focus, because you’re there to lose weight”.

The multiple layers of competition motivated enrolment in the program, affording players the flexibility to endorse one element over the other. Some players placed a primary emphasis on the football element of competition in the program, whereas others, such as Carl (P11), placed greater emphasis on the weight loss side, as “[the] weight loss part…I cottoned onto and focused on. I didn’t really have any football skills, so I knew that was a way that I could contribute to the team.” Carl compensated for a perceived lack of ability by contributing to the team score on the scales. Some tensions existed between the two approaches outlined above. Some players perceived that the emphasis on the football competition could “go too far”, leading to negative experiences, as “some people…[forget] that it is a weight loss program and take the football side a bit too serious” (Charles, P18).

**Level playing field**

For many players, prior re-entry into social football leagues had become (apparently) unattainable. Gradual weight gain and shifting priorities due to work or family, perceptions that players would be unable to keep up with “18, 19, 20 year-olds who are all in fantastic shape”, and perceptions that gyms or other traditional exercise settings would be “full of guys that have been going for years”, “built like Hercules and you’re out of breath just removing his weight…it’s really intimidating for some” (Patrick, P5). The program provided an attractive alternative for players who perceived barriers to entering such traditional spaces, as they were able to engage in competition
on a level playing field, or as Cory (P16) put it, “I like playing football against guys like my weight or heavier…it’s good to play against your peer group because sometimes you’re with younger, faster guys and smaller guys…if you’re with guys your own size you realize you’re still a good player.” Posters and website advertisements for MVFF showed overweight or obese men playing football, supporting player perceptions of a level playing field, given “the fact that they’re actually advertising, they’re clearly able to participate” (Damian, P26). Players would not be “up against real sportsmen”, they would be “able to play with a load of fat blokes” (Rob, P21).

**Part of a team**

Being part of a team was an integral aspect of the program motivating enrolment, retention, and effectiveness in the program. Players “form really thick fast bonds with their teammates which I think inspires them to keep on going” (Coach Leah, C6). The team was reported to serve multiple functions in the program such as driving accountability, adherence, and interpersonal support as Derek (P25) explains:

It’s the team, 100%. I went there knowing absolutely nobody, it was just me I thinking what am I doing, the first week when I got there, I wasn’t sure what’s going on, what was going to happen, weighed in, joined the team and straight way, everyone is there for some reason and everyone’s also there to play football. So you get a massive kick as a team and you don’t want to let that team down, but the first couple of weeks, you’re not too sure, but after that, you realise you’re letting 9 other blokes down, if you don’t lose weight, so that is the massive push that keeps you going, keeps you coming back.

For Dennis (C10), the team provides a valuable support network to players:
Knowing that their team player is there to support them, knowing that there’s a team player to talk to and just having a group of male friends. For some of these guys that can be an issue especially if you’re married and you don’t get to socialise with your friends anymore.

**Camaraderie**

Although teams were randomized, strong bonds, or a sense of camaraderie, were reported to quickly develop. The “team ethic” and “support network” that developed in the program, meant that some teammates took a softer “arm around” the shoulder approach, whereas others were “straight talkers” (Coach and former Player Liam, C8). Camaraderie was often likened to ‘pub-talk’. Through the development of trust and a feeling of being in a ‘safe environment’, men were able to support each other, as Grant (P10) elaborated: “When you get a load of blokes down at the pub, they quite openly talk about stuff like this…once you get that camaraderie, that’s how it happens. You support each other, don’t you?” The camaraderie that developed between teammates was reported to support retention in the program, as Carl (P11) explained, “Everyone was quite social about it…it was something that I definitely enjoyed, I think it was the main part that kept me staying there.”

**Accountability**

The notion of camaraderie closely linked to a feeling of accountability to lose weight for one’s team. Losing weight can be a “lonely” process of abstaining from enjoyable activities. The program appeared to raise awareness about healthy behaviour; players were members of a team with a shared purpose as Paul (P14) stated, “if you put weight on, you’re letting the guys down…it’s psychological probably, how much that affects you…you’re conscious of that team responsibility”. Feelings of accountability
did not necessarily develop instantly. Coach and former player Brian (C9) elaborated, “some players will turn up and just literally want to be held accountable”, whereas for others, it appeared to take a process of getting to know players until the “smallest click”, based on “common ground and I think a friendship or a partnership that they’re more accountable to”. Grant (P11) noted that accountability to oneself was insufficient to drive weight loss behaviour, as “…I know if I stop MAN v FAT Football, the weight would go back on.” Feelings of accountability were not universally positive for all players. Accountability could be interpreted as external pressure to lose weight, leading to maladaptive, avoidant strategies, as “…that pressure sometimes can lead to people not turning up some weeks because they know they’ve gained weight and stuff” (Coach Ryan, C4).

**Likeminded and similar men**

Likeminded and similar men surrounding players supported notions of camaraderie, accountability, and being part of a team. Players were able to connect over common issues, as Grant (P11) indicated, “…you’re ultimately among other blokes who, even if they do not have those issues themselves, they can personally sympathize with how it might happen because you are ultimate dealing with people that had had weight problems.” Two salient aspects of identity, gender and body-type, appeared to promote perceptions of similarity, as Rob (P21) intimated: “There was just fat blokes having a kick around. There is nothing else that you can get involved in that’s anywhere close to that.” One coach (Leah, C6) identified the process of self-identification as “fat”, and the direct, honest approach (or ‘language’) of the program as a positive: “everyone turns up and they are in accord so they already all self-identified as fat, like they already realize that they are fat. It is not like someone has sprung it on them like ‘Surprise! We think you’re fat!’” Matt (P2) described his feelings attending the initial registration
session at the beginning of his first season as “quite refreshing” entering a room with a range of men of different sizes, reassuring him that there was nothing to be embarrassed about, as “some of the guys [were] significantly bigger than me…You feel less self-conscious as a result almost immediately. Everybody there is there for the same reason, there is nothing to be embarrassed about.” This created a supportive environment, where “people...do praise each other…That is important”. Matt expressed ambivalence over whether the same result could be achieved with a mixed-gender group: “I’m not saying you couldn’t do that in an environment of men and women, you could, but I think it would feel different. I would just mean they would feel more self-conscious”.

**Men share issues with other men**

The combination of camaraderie, gender-sensitization, and perceptions of like-mindedness and similarity between players in the program fostered an environment where men share issues with other men, including weight loss, body-image, or mental health. Coach Ben (C1) explained that MVFF created an environment where “blokes…see that they’ve got somewhere that is for them”:

I think because we are all men together, we’re always amazed by how much men talk about their mental wellness as well. In amongst other men, whereas if you’re just in the pub with somebody, you have the kind of conversations our guys have on the pitch or in the changing room, or on the WhatsApp. It’s not unusual for someone to put in their WhatsApp group, ‘Guys I’m having a really shit time this week, I just cannot get my head around this, this, or this in my life’, and the amount of consolation, support, advice, whatever you want to call it, that the other guys come up with, and I think that is crucial to the way we work.
Traditional weight loss programs are tailored towards women

Players and coaches frequently highlighted the contrast between the approach men and women adopt to weight loss, lamenting that traditional weight loss programs are tailored towards women. Cory elaborated on his experience attending such a program, finding “success on and off, but I felt that it was mainly a group for women, and I think it was mainly recipes and it’s mainly mothers…I couldn’t relate much to them” whereas, in contrast, MVFF better suited his needs, as it was “more positive, more competitive, more dynamic, and more aggressive.” Traditional weight loss programs are typically tailored, intentionally or not, towards the expectations and demands of women. This was described by the participants as due to the content of group meetings (e.g., discussing “fitting in bikinis”, “wedding dresses”, “slimming down”, or “eating salads”), demographics (i.e., majority women), and nature of meetings (i.e., sedentary).

Gender-sensitized environment

MVFF was described as allowing men to engage in weight loss in a stigma-free, gender-sensitized environment, instead of feeling “completely alienated”. Ben (C1) described the social environment in his leagues, run “very much on the fact that they are men”, and his “changing room was full of blokes’ banter”. Players would make jokes at each other expense, but “there’s no judgement about that at all”. For Lorne (C5), the program creates a comfortable yet fun environment for men:

For me, the spirit of MANvFAT is it's a comfortable but fun environment for blokes to come along and speak freely about any health issues and speak freely about weight loss issues as well, without feeling stigmatised and everything like that as well, and it just offers men an opportunity where they can feel
comfortable, where they might not feel comfortable in other commercial programs such as [commercial weight loss programs] which are much more designed for a female audience as opposed to a male audience.

Leah (C6) had a unique perspective working as a female coach in a male-dominated environment. She adopted a male online pseudonym for her correspondence with new players, to which she attributes the “attraction” and rapport developed with players when they initially express interest in joining the program:

I think although I’m a girl [laughter] it’s a very masculine environment [and] I think that does probably make the guys a bit more comfortable. I have a male name which I think sometimes can help a little bit before they come along because the attraction they’ve had with someone called [male pseudonym], so they do come in a little bit shocked that I’m a girl but like it’s not a problem that I am but I feel it works a lot better being a male only program.

For coach and former player Liam (C8), the environment in MVFF starkly contrasted with previous experiences in female-dominated weight loss programs, leading to him feeling more comfortable being weighed in front of a group of men, instead of a group of women:

Yeah it was good, I found it better than going into weighing rooms previously, and they're dominated by ladies talking about things that you can’t necessarily relate to, talking about wedding dresses and baby weight that they’ve gained and things like that and you know it’s very relevant to them, buts it’s just something where you feel a little bit excluded because you know you couldn’t relate to it directly. So to be with a group of guys, I think guys just feel a little bit more comfortable. For me I felt very self-conscious so in that kind of environment, so
being surrounded by a group of guys I certainly felt more comfortable in the
room. I didn’t shy away from standing on the scales as much as I would if
maybe I was standing next to ladies all round me.

2.4.2 Perceived Experiences in the Program

Players and coaches provided accounts of two broad experiences within the
program, competence and enjoyment.

Competence

Related to notions of competition, sport appeal, and level playing field, players
described perceptions of competence regarding weight loss, football ability, and fitness
improvements over the course of participation in the program. For Brian (C9), “the
easiest part for me to sticking to [the program] is because I had success with it so
quickly”. Amit (P1) found his early success surprising, in contrast with his previous
failures at losing weight, which “is a big deal, because I’ve never had this sort of change
in my life…this is certainly something that’s worked for me, so in that sense, very
positive with achieving weight loss.” Carl (P11), who went from playing a few minutes
to a whole game found that he “had a lot more fitness and was able to out-run people on
the pitch…[which] was something that was good”.

Weight loss was described as leading to a change in body image. For Sam (P27),
“…that makes a big difference…with clothes and things like that…the last time I was
this weight was probably before I started university.” These changes were a source of
enjoyment for Sam: “the reason why I’m doing it again is because I’ve really enjoyed it
and we’ve got a great team and I want to be able to lose some more weight.”

Enjoyment
Players often attributed perceptions of enjoyment or fun to playing sport and engaging socially (i.e., in banter) with other players. For Lyle, (P3) the football was a “nice add on” to the weight loss aspect of the program, providing an additional reason to attend game nights every week, because making it “enjoyable gives you the reason to go”. Martin (P4) echoed this sentiment, comparing his experiences in gyms—wherein his motivation would gradually fade over time—with his “love of the game”, his love of “being out on that field…I actually look forward to going to MAN v FAT; I get excited about the football.” For Orson (P2), being able to enjoy the football in the program allowed players to integrate physical activity into their lifestyle, “…almost like a ritual…it has that sort of ritual element, which I find very powerful…I love the football.”

2.4.3 Functional Supports in the Program

Players and coaches described various functional elements in the program that supported player experiences and weight loss, including the player handbook, weight loss coach, captains, team WhatsApp groups, and the online forums.

**Player handbook**

The player handbook allowed players to monitor and draw awareness to salient weight loss behaviours such as physical activity and dietary intake, and served as a tool for the weight loss coach to provide feedback on player progress. As Orson (P2) elaborated: “I’ve religiously recorded all my meals. I’ve found that really helpful to be able to look back and review exactly what you ate that week, and where I went wrong, where I ate what I shouldn’t have and patterns emerging.” For Lyle (P3), feedback was “more about changing your lifestyle rather than criticizing it, and the understanding that it doesn’t happen overnight and you do have bad weeks.”
**Weight loss coach**

The player handbook was closely linked to the relationship between player and weight loss coach. For some coaches, the role was an active one; they were in a position of leadership within the league, and had a responsibility to “set the tone for the league. If you can be positive and outline what the league’s trying to achieve and what players are expected [to do] and what help you can give them…it’s really key to the success” (Coach Brian, C9). “The best coaches always keep the players focused for as long as possible.” Not every player is “reachable”, and not every player “wants to chat all the time”. Nonetheless, as long as the coach placed the primary focus on losing weight, then players were reported to benefit from the coaches’ leadership. The players also emphasized the importance of coaches promoting camaraderie and accountability. According to John (P23) “if you put on one [week], [coach]’d be like “What happened, what did you do wrong? If you’re going to have to explain yourself, it was another reason to lose that weight.”

**Captains**

Teams nominated captains, a liaison between coach and teams, with some captains taking the role seriously. As Ben (C1), a player- / captain-turned-coach, elaborated that as he lost weight, he began to think about “helping the other guys in my team”, which is “one of the massive things about MAN v FAT…that kind of camaraderie and collaboration amongst the players to help each other.” The captain was reported to be a source of motivation for some players, rallying the team around “the 5% and 10% weight loss” targets (Paul, P14).

**Team WhatsApp groups**
Players were encouraged to engage during the week in team WhatsApp groups. These groups contained all members of each team, accentuating camaraderie, accountability, and men sharing issues with other men. Whatsapp groups allowed for open communication because, “although it’s not private, it is in a way because it’s all people [players] know and people they can trust and then build friendships with and that is a go-to group for people that struggle” (Coach Brian, C9). A wide variety of issues were raised, and support provided for, in these chats, from “people losing weight” to “people going through divorce”. In light of perceptions that men rarely disclose personal issues, Brian highlighted that the added social connectivity provided by the league supported the development of an environment where men feel able to disclose personal issues, which is “not a very ‘Man thing’ to do, to reach out when a guy’s divorced…to have this group of guys that understand and are now ready to talk to you…just puts them in a better state of mind.” The WhatsApp groups facilitated this disclosure, as Brian continued: “…you can be open and honest. With the WhatsApp groups, there’s no criticism, and whatever you’ve been through, someone else has been through as well.” Further, the WhatsApp groups served to remind players of the outcome of the league, as Alex (P17) explained: “…when it gets to Friday night, which would normally be take away night, but then they would see 20 messages on their phones from their team members…They would almost go “I can’t eat take away when the rest of the team are doing so well”. So that really helped.”

**Online forums**

Finally, an optional resource players reported making use of were the online forums, primarily as a tool for finding information, and connection to a broader online community, as coach and previous player Liam (C8) explained: “The forum is really useful, it has guys from all walks of life, and it’s great to read their stories. It’s another
way of supporting guys when they’re going through struggles to look at what other people are doing. Not just from the UK but from all over the world”.

2.5 Discussion

The purpose of this study was to use MVFF to provide insight into how men experience a sport-based, male-only weight loss program. By examining player and coach experiences in the program, our results shed light on the factors that may motivate men to engage in weight loss efforts and with their health more broadly. More specifically, the results provided insight into how salient issues such as identity, gender-sensitization, and male communication make MVFF an attractive alternative to ‘traditional’ weight loss programs. Players and coaches also highlighted how online spaces, self-monitoring strategies, and leadership roles (e.g., team captains, coaches) are intervention characteristics that can be opted-in-to, and accentuate other intervention characteristics. In the material that follows, and without wishing to ‘finalise’ the participants in this study (i.e., by claiming to have the ‘final word’ on their or others’ experiences in the program) we present what we consider to be the most salient overarching conclusions that can be drawn from these results.

2.4.1 Masculine capital

Our results indicate that the popularity of MVFF stems from the pragmatic, competitive approach toward weight loss. Dieting and weight loss are typically seen as feminized activities (Gough, Seymour-Smith, & Matthews, 2016), and for many men in the program, the prospect of joining traditional weight loss programs was unattractive, due to expectations or prior experiences that the conversations and settings (and demographics) would tend toward ‘feminine’ issues. Further, many players had previous experience playing football or other sports during their youth, and the appeal of sport and team membership were common factors attracting these men to join
MVFF. Sport is a common socializing force in the lives of many men: preadolescent boys are often embedded in a sporting culture by the age of 8, and performance (i.e., in sport) is important in the display and maintenance of masculine identities (Tatangelo & Ricciardelli, 2013). For men who have, over the years, allowed a process of bodily inattention (Malik, Grogan, Cole, & Gough, 2019) to lead to gradual weight gain and fitness loss, re-entering into exercise environments can be daunting. Gyms are unappealing for many, and the prospect of joining social sport leagues can also be unattractive due to the perceived need to be fit to keep up. These two broad issues pose a problem for men seeking to lose weight.

These concerns around the feminine nature of weight loss and the daunting prospect of re-engaging in sport reflect the way men often appear to approach health; men appear to view their bodies as ‘machines or tools’ for getting work done (Gough et al., 2016), reflecting pragmatic and normative embodiment concerns that appear to predominate and shape men’s discussions of health practice (Robertson, Sheikh, & Moore, 2010; Watson, 2000). Experiences in health-related contexts that undermine men’s feelings of physical competence (i.e., being able to keep up), or fail to address how men often view their bodies (i.e., as functional tools) present a dilemma for men seeking to re-engage with healthful behaviours. MVFF, by allowing men to participate in sport on a level playing field, circumvents this problem. Men (and women) exist in social contexts that reflect certain norms regarding the expression of gender identity – in other words, how they ought and ought not to behave. Certain expressions of masculinity are more desirable or idealized over others (Connell, 1995; Connell & Messerschmidt, 2005), and the link between masculinities and health practices appears complex. Traditional researchers in sport and health psychology, leveraging Connell’s (1995) model of hegemonic masculinity, for instance, proposed a negative relationship
between subscription to masculine ideals and health (e.g., those who endorse such masculine ideals are more likely to engage in excessive alcohol consumption). This model may be too simplistic, however; recent research challenges a direct link between health and masculinity (De Visser & McDonnell, 2013; De Visser, Smith, & McDonnell, 2009). Linked with the notion that men take a pragmatic (i.e., functional) view of health practices, sport (or physical prowess) is one domain where men are able to offset, or compensate for, non-masculine behaviours such as abstaining from drinking (De Visser et al., 2009), and a parallel exists in MVFF between a player holding up expectations (i.e., accountability) to teammates, and accruing ‘masculine capital’.

‘Masculine capital’ (De Visser et al., 2009) refers to the notion that men trade capital earned by engaging in certain health-related masculine behaviours (i.e., demonstrating skill on the pitch, or scoring points by losing weight) to compensate for other non-masculine behaviours required to succeed in the program, that may undermine masculinity (e.g., abstaining from drinking, eating healthy, low-calorie foods). We suggest that the reason for the success of the program, with this particular population of men, is in its ability to circumvent the ‘masculinity’ problem certain men face when attempting to lose weight, through competition and sport on a level playing field. These results suggest that interventions aiming to target men may be more successful working with, rather than against, formulations of identity such as masculinities.

2.4.2 Group identification processes

Consistent with previous research (Beauchamp, 2019; Beauchamp & O'Rourke, 2020), our results also indicate that group identification processes contribute to the success of the MVFF program. Namely, players described perceptions of homogeneity (i.e., body-type and gender), like-mindedness (i.e., purpose for joining, goals), social support (i.e., camaraderie, men sharing issues with other men), and homo-sociality (i.e.,
gender-sensitization) as appraisal aspects of the program that drove retention and effectiveness within the program. Evidence for the management of obesity among men suggests men may benefit from group-based weight loss programs (Robertson et al., 2014), and interventions that are men-only, explicitly target weight loss, and include the provision of feedback are significantly associated with effectiveness (Borek, Abraham, Greaves, & Tarrant, 2018). Indeed, men-only interventions have been shown, on average, to be twice as effective as women-only interventions (Robertson et al., 2014; Young et al., 2012). Group-based behaviour change interventions are cost-effective, can drive psychological and behaviour change in ways individual or self-delivered interventions cannot, through provision of social support, establishment of group norms and trust, and group identification processes (Borek & Abraham, 2018).

The importance of shared characteristics (e.g., body type or goals) for driving group identification processes have been previously acknowledged in a similar men-only, community-based weight loss management intervention (Lozano-Sufrategui, Pringle, McKenna, & Carless, 2019). According to Lozano-Sufrategui and colleagues, participants in this program described perceptions of being in a ‘shared safe place’, encompassed by feelings that everybody in the program was ‘in the same boat’. In our study, players experiencing settings with men of a similar body type and gender offset expectations of negative social comparison, on the basis of shared ground. One area of tension in the MVFF program is reconciling mindsets prioritizing football or weight loss. Teams that internalize weight loss goals appear to adopt clearer group roles and discuss weight loss more frequently. When these mindsets clash, as evident in accounts of excessive competition, this may undermine some players’ motivation to stay enrolled in the program.

2.4.3 Self-disclosure, humour, and camaraderie
Self-disclosure is risky, because it opens the self to external negative judgement, but may also be rewarding – group members may validate and affirm one’s issues or challenges by acknowledging their similar beliefs, problems, or experiences (Jourard, 1971). These are validating experiences—potentially for both the receiver and giver of social support (Liang, Krause, & Bennett, 2001)—and provide a basis for group identification, cohesiveness, and future social support, and are important for driving personal change (Abraham & Gardner, 2009). The gender-sensitized environment, sense of camaraderie with teammates, and perceptions of like-mindedness and similarity between players in the MVFF program were reported to create an environment where some, but not all, players felt comfortable disclosing personal issues with other men involved in the program.

The sense of a male or gender-sensitized environment in the program is clearly linked to a shared understanding that players were there for the same reasons, could engage in banter, share light-hearted jokes, and be competitive. Other qualitative research, for instance on the effects of surfing and the natural environment on combat veterans’ well-being (Caddick, Smith, & Phoenix, 2015), has shed light on the importance of ‘laddish’ and masculine forms of banter, and how these are linked to providing a comfortable context where men are able to engage in traditionally masculine behaviours and relationships. Such forms of communication may be constrained by the demands of regular, ‘civilian’ life – and finding a format through which to express these masculine identities, reinforced by military experience, appears crucial for helping veterans engage with surfing, and drawing benefits for their subjective well-being. Further, Oliffe and colleagues’ (2009) qualitative investigation of men’s health practices in the context of prostate survivor groups suggest that the benefits of humour include promoting inclusiveness, marking boundaries for providing
and receiving mutual help, and allowing men to develop masculine group norms around their developing sense of sexuality. As noted by Borek and Abraham (Borek & Abraham, 2018), using humour within the restraints of established group norms may encourage engagement, contribution, manage disruptive behaviour, and ultimately create a positive group climate. Researchers would be well served to consider examining how players experience and use humour within weight loss contexts.

2.4.4 Online spaces, behaviour change theory, and leadership in health

Our results corroborate previous findings that suggest that online spaces, self-monitoring, and leadership roles accentuate positive weight loss outcomes. Online spaces such as the WhatsApp groups and online forums add a dimension of communication to the program, and accentuate (and reinforce) perceptions of camaraderie, accountability, social support, ‘male communication’, and banter. At the same time, people promoting health by using online spaces such as WhatsApp groups, ought to consider the accessibility of such digital means of health promotion. Certain groups (e.g., working class, people with disability; Smith & Wightman, 2019) may have relatively limited access to smart phones or other digital devices, particularly during times of austerity. Promoting health through such digital means has the potential of exasperating the digital divide.

Further, the use of self-monitoring in weight loss interventions has a strong theoretical foundation. Frequent self-monitoring has been shown to predict weight loss (Burke, Wang, & Sevick, 2011), and is one of the most effective intervention components for increasing physical activity and eating behaviour in healthy populations (Michie, Abraham, Whittington, McAteer, & Gupta, 2009). Finally, coaches and captains in MVFF can act as ‘ambassadors’ of healthy attitudes, taking a hands-on approach, emphasizing self-monitoring, providing social support, and setting team
challenges. Alternatively, they can take a more hands-off approach, setting the direction and tone of the league to players. In future, researchers might investigate the characteristics of effective leadership in such a male health environment, by observing *in situ* interactions and discourse exchanged between players, captains, and coaches.

### 2.6 Limitations

There are certain influences that we were not able to consider in this study, such as how socio-cultural, socio-economic, or cultural influences affected men’s experiences in the program. Future research could explore in depth how such influences (e.g., ethnicity, cultural background, and social class) impact overweight and obese men’s experiences in competitive, sport-based weight loss programs.

Further, a growing body of literature suggests that utilizing sport as a weight loss strategy may incur certain psychological detriments, such as undermining enjoyment or intrinsic motivation for, and adherence to, physical activity (e.g., Pickett & Cunningham, 2017). Tylka and colleagues (2014), for instance, question the use of weight-normative approaches (i.e., prescribing weight loss), favouring weight-neutral approaches. Placing an emphasis on weight loss may lead to weight cycling, and Tylka and colleagues draw a link between weight stigma associated with such weight-normative approaches and adverse health and well-being outcomes. Although many players cited the appeal of sport as a lure for joining the program, and one of the programs’ strengths, tensions arose around the emphasis on competition – particularly when players personally focus on one element of competition (e.g., weight loss) but feel that others place too much emphasis on the other (e.g., performance on the pitch).

Future research ought to examine the perspectives, in further depth, of players who have negative or disconfirming experiences in the program. How do they experience self-identifying as fat, or do they position themselves in opposition to fat (as the name of the
program would suggest)? Do either of these processes of self-identification drive positive or negative outcomes for health and well-being, long-term adherence to physical activity, or weight loss? Future research should also examine how inclusive these kinds of competitive, sport-based programs are. This is not to suggest that they are not (or do not have the potential to be) inclusive: for instance, are men who relate to masculinity in non-traditional ways comfortable in, or attracted to this type of program? Do men experiencing various forms of disability find the program accessible?

A limitation that affected our potential sample reflects the BMI cut-off criterion for the program. The criterion for joining the MVFF program requires that participants have a BMI equal to, or greater than 27.5. This cut-off restricts entry into the program for men who qualify as overweight (i.e., BMI of 25+) but do not meet this (what might be considered arbitrary) criterion. This places limits on the conclusions we can reach in terms of the efficacy of the program for overweight men. It is notable that the average starting and end BMI of our recruited sample is markedly higher than the cut-off, suggesting our results speak more predominantly to a sample of obese (rather than overweight) men. Finally, researchers may in the future want to consider the naturalistic generalizability of this program. The ‘active ingredients’ of the program are relatively straightforward: leveraging competition to drive health behaviours by ‘rewarding’ weigh loss. In terms of naturalistic generalizability, future research could explore instances where this mechanism has emerged ‘naturally’ in local exercise groups (e.g., group fitness classes), in other communities, or other countries.

2.7 Conclusion

In this study, we explored player and coach experiences in a case study exemplar of a male-only, sport-based weight loss program that is attractive to men, with the aim of deriving broader insights into intervention characteristics that may be appealing to
this population. Interventions that aim to target this population may be more successful at attracting and retaining this population by working \textit{with}, rather than \textit{against}, formulations of identity such as masculinities; this can be achieved by tailoring program content (e.g., messaging), settings (e.g., among men who share similar characteristics such as body type, goals, or intentions), mode of delivery (e.g., through organized sports, or activities that allow men to ‘indirectly’ address health while engaging in enjoyable activities), and leveraging competition to drive healthy behaviours. Future research could examine whether competition-based programs facilitate health behaviour change in other populations (e.g., women), or in other health behaviours in similar hard-to-reach populations.
2.8 References


Braun, V., & Clarke, V. (2019). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales.


care utilization and health risk behavior in men and women in the United States.


Chapter 3. MAN v FAT Soccer: feasibility trial and preliminary efficacy of a sport-based weight loss intervention for overweight and obese men

This chapter is based on the paper submitted and under peer review in

Translational Behavioral Medicine.


Translational Behavioral Medicine.
3.0 Chapter Foreword

In the following chapter, we present the results of our evaluation of the feasibility of the MAN v FAT Soccer program in Australia. In the previous study on the United Kingdom version of the program, we gained valuable insight into the mechanisms that drove the success of the program for the men involved. We used this insight to inform the design and delivery of the program in Australia. No such program existed (at the time) in Australia, and we were eager to see whether the program would transfer to and be effective in Australia. Funding for this project was provided by Healthway (a health promotion funding agency in Western Australia) and Sport Australia.

Figure 3.1 ‘Juggernauts’ players celebrating 5% and 10% weight loss achievements. November, 2018, The University of Western Australia. Craig (left) later became the weight loss coach for the MAN v FAT Soccer Joondalup (WA) league.
3.1 Abstract

MAN v FAT Soccer is a sport-based weight loss program for overweight and obese men that appears to successfully engage men with weight loss. We examined the feasibility of wide-scale implementation of MAN v FAT Soccer in Australia. Results indicate that the program is feasible, and preliminary efficacy results indicate positive changes in weight ($d = -.97$), BMI ($d = -.90$), physical activity ($d = .76$), dietary intake (fatty food, $d = -.50$; sugary food, $d = -.40$; fruit and vegetable intake, $d = .35$), depression ($d = -.52$), stress ($d = -.55$), anxiety ($d = -.23$), optimism ($d = .42$), self-esteem ($d = .20$), body appreciation ($d = .88$), and quality of life (mental, $d = .45$; physical, $d = .25$). Our findings provide support for wide-scale implementation of MAN v FAT Soccer, and the notion that leveraging competition and masculinity may help drive men’s health behaviour change.

Keywords: men, feasibility, weight loss, masculinity, sport
3.2 Introduction

Men are often labelled a ‘hard-to-reach’ population with respect to engaging them in health promotion initiatives (Robertson et al., 2008). Despite men displaying a higher prevalence of overweight and obesity in predominantly Western English-speaking countries such as Australia, Canada, United Kingdom, and USA (Ng et al., 2014), relatively few weight loss programs have been developed that appear to adequately target this population (Pagoto et al., 2012). It is important that researchers and practitioners continue to improve their understanding of how best to support weight loss efforts for overweight and obese men, not least because of the substantial health benefits associated with weight loss. For example, 5-10% weight loss is associated with substantial health benefits (National Institute for Health and Clinical Excellence, 2006).

A growing literature suggests that to address men’s health issues, interventions aiming to attract and engage men should be gender-sensitized (Robertson et al., 2014). In other words, by working with, rather than against constructions of identity such as masculinity, interventions aiming to promote men’s health may be more attractive to men, and facilitate longer-term adherence. Support for this approach has been provided by several reviews (Bottorff et al., 2015; Robertson et al., 2014; Robertson et al., 2008; Robertson et al., 2013). Robertson and colleagues (2014), for instance, provided a comprehensive synthesis of the economic, quantitative, and qualitative evidence for men’s weight loss in the United Kingdom. Robertson and colleagues suggested that health promotion interventions incorporating physical activity (along with diet) may be particularly appealing for men. In a separate review of health promotion interventions, Robertson and colleagues (2013) identified several key themes to consider when delivering interventions to men. These included: (1) interventions ought to be delivered in appropriate settings that facilitate men’s engagement (e.g., sport); (2) adopt an
intervention ‘style’ or approach that leverages masculine stereotypes to ‘hook’ men in
and approaching health indirectly (e.g., by emphasizing the sport aspect of an
intervention as opposed to the health aspects); (3) incorporate men’s feedback at project
inception, and before implementing the intervention; (4) ensure those delivering the
intervention are adequately trained to ‘understand’ men and provide on-going support,
and; (5) deliver interventions with the support of established local community groups
and businesses.

Sport-based interventions have been used to attract men to weight loss
programs, and appear to satisfy the majority of the aforementioned characteristics that
make interventions male gender-sensitive. For example, the Football Fans in Training
(FFIT) program (Hunt et al., 2014) was a program designed to appeal to overweight and
obese football fans in Scotland, leveraging their identification with specific football
teams. The program has since been adapted to different sports—including rugby in
England (Gray et al., 2014), ice-hockey in Canada (Gill et al., 2016), and Australian-
rules football in Australia (Kwasnicka et al., 2020)—and has been shown to support
men to lose weight. Another particularly successful football- (soccer-)based weight loss
program, MAN v FAT Soccer, appears to generate similarly positive outcomes for men.
Developed in the UK in 2016, the program has since spread to accommodate over 4,000
players in over seventy UK locations. As a point of difference, it is important to note
that FFIT programs involve dietary and physical activities, delivered within the
facilities of professional soccer clubs, but they do not involve participants’ playing
competitive soccer. In contrast, MAN V FAT Soccer involves participants playing
soccer (within competitive soccer leagues), augmented with dietary guidance, and
corresponding behavior change techniques. Budden and colleagues (2020) conducted a
qualitative evaluation exploring what works about the program for the players (and
coaches). Reflexive thematic analysis identified several aspects of the program that attracted men to, and facilitated engagement in, the program. For instance, the appeal of sport, accountability, camaraderie, and being part of a team with likeminded and similar ‘blokes’ contributed to perceptions of a gender-sensitized environment where men could share issues with other men. These perceptions of the program were held in contrast with the view that traditional weight loss programs are typically tailored towards women. In the current study, our aim was to evaluate the feasibility of wide-scale implementation of the MAN v FAT Soccer program in Australia. Our broad goals in doing so were to determine how the program was received by Australian men, to support future research efforts (e.g., a randomized controlled trial), and to document the capacity of the program to bring about positive change in men’s health status.

3.2.1 Study aims

The aim of this study was to evaluate the feasibility of wide-scale implementation of the MAN v FAT Soccer program. A feasibility trial is a smaller version of a main study, or larger planned program, designed primarily to test whether (and how) components of the larger program can work effectively (Eldridge et al., 2016). Feasibility trials are considered an appropriate first stage in program development, because feasibility trials provide insight into the key components of the program that are successful and can be implemented in specific contexts. No specific feasibility evaluation of the MAN v FAT Soccer program has been conducted, either in England or Australia. As this was a feasibility evaluation, our aim was not to specifically test the effectiveness or outcomes of the MAN v FAT Soccer program. Instead, our aim was to (a) establish a foundation for the implementation of the program on a larger scale, (b) determine how large-scale implementation is most feasible, and (c) obtain preliminary insight into the potential health outcomes for which the program
may be responsible. Accordingly, we measured the following: in terms of feasibility, we were interested in evaluating participant perceptions of the registration process, the information session (see below), and at the end of the season, perceptions of various components of the program and experiences in the program as a whole. Further, to provide insight into the potential health outcomes associated with the program, we measured weight, BMI, waist and hip circumference, physical activity and dietary intake, and several measures of psychological health and well-being.

3.3 Methods

This study is reported in line with Consolidated Standards of Reporting Trials (CONSORT) guidelines extension for randomized pilot and feasibility trials (Eldridge et al., 2016).

3.3.1 Participants

Our feasibility study included an evaluation of the initial (15-week) season of seven leagues (locations) of the MAN v FAT Soccer program. Six leagues were in Western Australia, and one league was in South Australia. Participants for the MAN v FAT Soccer program were recruited via a variety of methods. These included the distributions of posters and advertisements in catchment areas surrounding each league location. Further, the program was promoted via targeted adverts on Facebook and (in some cases) local radio. On registration, participants indicated where they had first heard of the program (see Results section). Potential participants in the program registered their interest by completing a registration form on the program website (see www.manvfatsooccer.com.au/Home/Registration). This form required that participants enter their height and weight to determine eligibility. The program inclusion criteria were: aged 16 years or older, identify as male, and have a body mass index (BMI) of greater than 27.5 (i.e., are overweight or obese) prior to program commencement.
Participants were allowed to continue in the program should their BMI fall below the initial 27.5 cut-off after beginning the program. These inclusion criteria were based on the requirements to join the original (UK) version of the program, and were not mandated by the research team. Participant demographics are reported in Table 3 (in the results section).

3.3.2 Procedure

The Human Research Ethics Committee at the first author’s institution provided ethical approval for the evaluation of the MAN v FAT Soccer program (RA/4/20/4411). A single intervention group trial was adopted, which is standard practice for non-randomized feasibility studies (Eldridge et al., 2016). The MAN v FAT Soccer program consists of one information session (i.e., week 1) followed by a 14-week season of 28-minute soccer matches (i.e., week 2-15). Participants registered online and received information through an automatically generated email informing them of the date and location of their league information session (see Program Design section). During each information session, participants received information about the structure of the MAN v FAT Soccer program and the accompanying research project. Participation in the research was voluntary, and participants provided informed consent when completing surveys or providing initial weight and waist-hip circumference measurements. After a brief welcome and summary of what participation in the program involved, all participants completed weight, height, and waist and hip circumference measures (we collected no waist and hip circumference data in one league location, in South Australia). Baseline weight and height measurements indicated participants’ initial BMI. Following the information session, participants received an email invitation to complete the baseline survey, with (up to) two reminder emails automatically generated within the following two weeks. At week 15, we collected waist and hip circumference
measurements and participants received another email invitation to complete an end-of-season survey, with (up to) two reminder emails generated over the following two weeks. All measurement information is below in Table 1. A feature of the MAN v FAT Soccer program is that recruitment remains open as the season progresses. As such, participants were able to join the program as the season progressed. For the sake of presenting coherent pre-to-post season (change) data, participants who joined the program after week 2 were not able to complete the baseline survey—accordingly, we do not report preliminary efficacy for these participants. However, these participants were still invited to complete the end of season survey, as well as provide weight, waist, and hip circumference measurements throughout the season.
**Table 1. Data collection schedule and variables assessed**

<table>
<thead>
<tr>
<th>Focal variable/s</th>
<th>Data collection details</th>
<th>Time points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic information</td>
<td>Age, education, income, relationship status, children</td>
<td>Week 1 (baseline only)</td>
</tr>
<tr>
<td></td>
<td>Registration process perceptions</td>
<td>Week 1 (baseline only)</td>
</tr>
<tr>
<td></td>
<td>Information session perceptions</td>
<td>Week 1 (baseline only)</td>
</tr>
<tr>
<td></td>
<td>Program perceptions</td>
<td>Week 15 (end of season only)</td>
</tr>
<tr>
<td></td>
<td>Perceptions of program elements</td>
<td>Week 15 (end of season only)</td>
</tr>
<tr>
<td></td>
<td>Program satisfaction</td>
<td>Week 15 (end of season only)</td>
</tr>
<tr>
<td></td>
<td>Satisfaction with weight loss</td>
<td>Week 15 (end of season only)</td>
</tr>
<tr>
<td></td>
<td>Communication with teammates, staff, and other players</td>
<td>Week 15 (end of season only)</td>
</tr>
<tr>
<td></td>
<td>Identification with team, league, and program (Single Item Social Identification: SISI)</td>
<td>Week 15 (end of season only)</td>
</tr>
<tr>
<td>Feasibility evaluation</td>
<td>Height</td>
<td>Week 1 (baseline only)</td>
</tr>
<tr>
<td></td>
<td>Weight (kg)</td>
<td>Weekly (1-15)</td>
</tr>
<tr>
<td></td>
<td>Waist and hip circumference (cm)</td>
<td>Weeks 1 and 15</td>
</tr>
<tr>
<td>Anthropometric data</td>
<td>Godin Leisure Time Exercise Questionnaire (GLTEQ)</td>
<td>Weeks 1 and 15</td>
</tr>
<tr>
<td>Physical activity</td>
<td>The Dietary Instrument for Nutrition Education Questionnaire (DINE)</td>
<td>Weeks 1 and 15</td>
</tr>
<tr>
<td>Psychological health and</td>
<td>Depression, Anxiety and Stress Scale (DASS-21)</td>
<td>Weeks 1 and 15</td>
</tr>
<tr>
<td>well-being</td>
<td>Rosenberg Self-Esteem scale (RSE)</td>
<td>Weeks 1 and 15</td>
</tr>
<tr>
<td></td>
<td>Quality of Life (SF-12)</td>
<td>Weeks 1 and 15</td>
</tr>
<tr>
<td></td>
<td>Revised Life Orientation Scale</td>
<td>Weeks 1 and 15</td>
</tr>
<tr>
<td></td>
<td>Body Appreciation Scale – 2 (BAS-2)</td>
<td>Weeks 1 and 15</td>
</tr>
</tbody>
</table>
3.3.3 Program Description

Several elements of the MAN v FAT Soccer program align with recommendations for tailoring interventions to target men (Robertson et al., 2014; Young et al., 2012). These elements include a league information session, league weight loss coach, weekly weigh-ins, the scoring system, weight loss handbook, weekly forum posts, team captains, league and team WhatsApp groups, league website, weekly emails, and information regarding player health concerns. We provide a detailed description of the structure of the program in the following section. 3.7.1 Program description

League information session. Each league commenced with a formal league information night (i.e., week 1). Players registered online for a given league, and were informed of the details of their information session through an automatic email generated upon registration, with information presented on the website’s league page (see below) and the league WhatsApp group (see below). During the information session, players were introduced to the league weight loss coach and were informed of the structure of the program, including information regarding the scoring system (see below), their responsibilities regarding their health, and the rules of participation in the program. Participants received information about the research project alongside the program, and were informed that they could contact the first author should they have any questions about the research project. Players then met their teams (see below) and visited the three measurement stations (i.e., height, weight, and waist and hip circumference) with their teammates.

League weight loss coach. Each league had a league weight loss coach. The league weight loss coach were present at every weekly match night, was responsible for
conducting the weekly weigh-ins, discussing weight loss goals, progress, and challenges with players during the ‘brief intervention’ weigh-in before every match, checked with players’ handbooks, disseminated league-specific information through the league WhatsApp group, and prepared a weekly forum post (see below).

*League characteristics.* Following the information session, a 14-week season of soccer matches commenced (i.e., weeks 2-15 of the season). Each league can hold up to 8 teams, with up to 11 players per squad. Every week, each team played one 28-minute small-sided (i.e., 5 or 6-a-side) soccer match against another team in the league. Each game was separated into two 14-minute halves, with a two minute transition period between halves. The result of these games contributed towards the final score for each match and the team’s position on the league table (or ladder). Players remained eligible to re-register for subsequent seasons at the end of their first season (and any successive seasons).

*Weekly weigh-ins.* During the 30 minutes preceding each weekly game, players conducted their weekly weigh-in with the league weight loss coach. During the weigh-in process, the coach would aim to have a brief 1-2 minute discussion with players regarding their weight loss progress, and provided feedback on the dietary and physical activity behaviours documented in the weight loss handbook.

*Scoring system.* The program employs a competitive scoring system whereby scores on the pitch and weekly weight loss (but not amount of weight lost) form a team’s total score for a given week.

*Weight loss handbook.* At the information session (or, if an individual joined during the season, at their first session in the program) players were provided with a weight loss handbook. The weight loss handbook allowed players to record their weekly dietary intake (i.e., breakfast, lunch, dinner, and snacks, including both food and drink)
and physical activity. During the weekly weigh-ins, coaches recorded the week’s weight loss in the handbook, and provide players with an opportunity to evaluate their eating and physical activity behaviour and discuss weight loss progress.

**Weekly forum posts.** Following each weekly match night, the league weight loss coach prepared and uploaded a weekly forum post on the MAN v FAT website, and distributed a link in the league WhatsApp group. Relevant to each league, forum posts included highlights of player achievements (e.g., during games, and in terms of weight loss) and would cover salient weight loss and lifestyle topics players discussed with the coach during weigh-ins.

**Team captains.** During the information session, teams nominated a team captain. The responsibilities of the captain were to act as a liaison between league coaches and individual teams. The team captain was also responsible for creating and managing the team’s WhatsApp group.

**League and Team WhatsApp groups.** Every league in the program had a dedicated league WhatsApp group. On registration, players received an email with a link to join their league WhatsApp. The league WhatsApp enabled the league weight loss coach and program coordinators to distribute league-specific updates (e.g., share links to forum posts and updates to fixtures). Further, during the information session teams were encouraged to establish a team name (often satirical) and a team WhatsApp group. These team WhatsApp groups were intended as an online space for teams to manage players and fixtures, get to know one another, share weight loss (dietary and physical activity) advice, and communicate with one another during the weeks between matches.
League website. Each league had a dedicated page with league-specific information. On this page, players were able to access their weekly fixtures, the league table, and league-relevant forum posts.

Weekly emails. Following each game night, players received an automatic email tracking their weight loss progress. These emails provided players with their current weight loss, their progress towards their 5 and 10% weight loss targets, and their position (i.e., ranking) with respect to all of the players in their league.

Health concerns. On registration, and during the each league’s information night, as a part of participation in the program it was emphasized that participants were responsible for discussing any health concerns regarding participation in the program with an allied health professional (e.g., a general practitioner, or allied health professional with requisite expertise to prevent, diagnose, and treat a range of conditions and illnesses).

3.3.4 Assessment of Intervention Feasibility

Items for each of the following feasibility assessments are presented in their respective tables (i.e., Tables 1, 2, 3, 4, and 5, and Supplementary Tables 1 and 2)

Recruitment and retention. Recruitment rates (i.e., the proportion of men who registered interest in participating in the program, and subsequently participated in the program) were not reportable given the community-wide nature of the program (with online and radio advertising and on-going recruitment). Instead, to provide insight into the most effective means of program recruitment, we collected information regarding where participants heard about the program. We also recorded retention rates (i.e., the proportion of men who re-enrolled in a subsequent season in the program following their initial season). These outcomes are reported descriptively (see Tables 3 and 4).
**Demographics.** In the baseline survey, participants reported their age, annual household income, number of children, education status, and relationship status.

**Registration process perceptions.** In the baseline survey, participants completed a 5-item questionnaire assessing their perceptions regarding the registration process. All items were scored on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), with higher scores corresponding to more positive evaluations.

**Information session perceptions.** In the baseline survey, participants completed a 9-item questionnaire assessing their perceptions regarding the information session. All items were scored on a 7-point Likert scale ranging from *strongly disagree* to 7 *strongly agree*, with higher scores corresponding to more positive evaluations.

**Program perceptions.** In the end of season survey, participants completed a 14-item questionnaire assessing their perceptions regarding the program, including intentions to re-enroll and to recommend the program to others. All items were scored on a 7-point Likert scale ranging from *strongly disagree* to 7 *strongly agree*, with higher scores corresponding to more positive evaluations. Participants reported their satisfaction with the program and (separately) with their weight loss during the season using an 11-point response scale, ranging from -5 (*Very dissatisfied*) to +5 (*Very satisfied*). Participants also responded to three versions of the Single Item Social Identification measure (SISI; Postmes, Haslam, & Jans, 2013). The SISI involves rating one’s agreement with the statement ‘I identify with my [group]’. In this study, the item was adapted to measure identification with participants’ team, the league in which they participated, and the program as a whole. Respondents indicated the extent to which they agreed with each statement on a 7-point scale ranging from 1 (*Not at all*) to 7 (*Very much*). Finally, a three-item survey was developed to measure the frequency with which participants communicated with their team, players in the league other than their
teammates, and program staff (e.g., the league weight loss coach) by any means (e.g.,
in-person, over the phone, Skype, or Facebook messenger). Responses were anchored
from 1 (Never) to 6 (Very frequently).

Perceptions of program elements. In the end-of-season survey, participations
were presented with a questionnaire focused on their perceptions of their frequency of
use (6 items) and usefulness of (6 items) various elements of the program, including (1)
weekly forum posts, (2) weight loss handbook, (3) league and (4) team WhatsApp
groups, (5) organized warm-ups, and (6) the MAN v FAT Soccer website. Further,
participants completed a questionnaire evaluating their perceptions regarding the league
weight loss coach (4 items) and their team (5 items). All items were scored on a 7-point
Likert scale ranging from (strongly disagree) to 7 (strongly agree), with higher scores
 corresponding to more positive evaluations.

3.3.5 Assessment of Preliminary Efficacy of the Program

Our aim was also to assess preliminary outcomes of involvement in the (first 15-
week season of the) program. As such, our primary outcome measure was weight loss
(or change), supplemented with waist and hip circumference reduction. We also
measured a number of self-report physical activity, dietary intake, and psychological
measures indicative of mental health and well-being, including depression, anxiety and
stress, quality of life, self-esteem, body appreciation, and optimism.

Anthropometric measures. Players recorded weight measurements on a weekly
basis. To ensure consistency, the same weight scale was used for the entire season at
each league location (but scales differed between leagues). The first author or a
practicum student (from the first authors’ institution, under supervision by the first
author) conducted in-person waist and hip measurements. Given time constraints at
each location, we conducted each measurement once or a second time if the measurement differed substantially to the previous measurement.

**Dietary intake.** Dietary outcomes were assessed using a version of the Dietary Instrument for Nutrition Education-based measures (Roe, Strong, Whiteside, Neil, & Mant, 1994) adapted to an Australian population. Participants reported how many times over the past 7 days they ate or drank specific foods. From these responses an average fatty food (e.g., cheese, fried food, bacon or processed meat) score, fruit and vegetable score, and sugary food (e.g., chocolate and sweets, sugary drinks, biscuits) score are calculated. Higher scores indicate higher levels of consumption.

**Physical activity.** The Godin Leisure-Time Exercise Questionnaire (GLTEQ; Amireault & Godin, 2015; Godin, 2011) was used as a brief measure of self-reported physical activity. In the GLTEQ, participants report the number of times they engaged in mild, moderate, and strenuous bouts of physical activity (lasting at least 15-minutes in duration) over the previous seven days. We calculated a single composite score using the following formula: (number of mild sessions x 3) + (number of moderate sessions x 5) + (number of strenuous sessions x 9).

**Depression, stress, and anxiety.** The Depression, Anxiety, and Stress Scale (DASS-21; Henry & Crawford, 2005) is a widely-used non-diagnostic measure of depression, anxiety, and stress symptomatology that has been validated with non-clinical samples. The DASS-21 consists of 21 items, and respondents are prompted to consider their feelings over the previous week. Scores for each of the three sub-scales (i.e., depression, stress, and anxiety) were generated from the sum of scores from sub-scale items. Example items include: “I felt downhearted and blue” (depression), “I felt I was close to panic” (anxiety), and “I found myself getting agitated” (stress). Responses were anchored at 1 (never) and 4 (almost always), where higher scores indicate higher
levels of depression, anxiety, or stress. In the present study, internal consistency estimates ($\alpha$) were .89 and .90 (depression), .70 and .75 (anxiety) and .85 and .87 (stress), at baseline and follow-up respectively.

**Self-esteem.** The Rosenberg Self-Esteem scale (RSE; Rosenberg, 1965), a 10-item self-report measure, was used to assess participants’ self-esteem. Respondents were asked to consider their feelings over the previous week and to indicate the extent to which they agreed or disagreed with statements regarding their general feelings about themselves. Example items included, “On the whole, I am satisfied with myself”, and “I feel I do not have much to be proud of.” Five items in the scale are reverse coded. Item responses are anchored from 1 (Strongly agree) to 4 (Strongly disagree), with lower scores indicating higher self-esteem. In the present study, internal consistency estimates ($\alpha$) were .88 and .90, at baseline and follow-up respectively.

**Optimism.** Optimism was measured using a revised version of the Life Orientation Test (LOT; Scheier, Carver, & Bridges, 1994). The revised LOT is a six-item instrument that can be modified to measure trait or state optimism (Kluemper, Little, & DeGroot, 2009). In this study, we adopted the state optimism measure. Respondents were asked to consider how they had been feeling over the past 7 days, and indicate their agreement with six statements reflecting their current state of optimism. Response anchors range along a 5-point scale from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating higher levels of optimism. Example items include “I’ve been optimistic about my future”, and “I expected more good things to happen to me than bad.” In the present study, internal consistency estimates ($\alpha$) were .80 and .83, at baseline and follow-up respectively.

**Body appreciation.** The Body Appreciation Scale-2 (Tylka & Wood-Barcalow, 2015) is a 10-item unidimensional measure of body appreciation, considered a salient
aspect of positive body image (Tylka & Wood-Barcalow, 2015). Participants are
prompted to indicate whether statements regarding their perceptions of their body are
true for them, with response anchors ranging from 1 (never) to 5 (always); higher scores
indicate greater body appreciation. Example items included, “I appreciate my body”,
and “I am attentive to my body’s needs.” Scores derived from the BAS-2 have been
evaluated for convergent, incremental, and discriminant validity, and have demonstrated
internal consistency and stability for US women and men (Tylka & Wood-Barcalow,
2015). In the present study, internal consistency estimates (α) were .93 and .96, at
baseline and follow-up respectively.

**Quality of life.** The Short Form-12 (SF-12; Gandek et al., 1998) is a 12-item,
multi-dimensional measure of health-related quality of life. The SF-12 is a generic
instrument, does not target a specific age or disease group, and is designed to provide a
measure of mental and physical health. Physical health is comprised of physical
functioning (2 items), general health (1 item), bodily pain (1 item), and physical role
functioning (2 items). Mental health is comprised of vitality (1 item), social functioning
(1 item), emotional role functioning (2 items), and general mental health (2 items).
Responses to each item are weighted and composite mental (MCS) and physical health
(MCS) scores are generated. Higher composite scores for MCS and PCS indicate higher
health-related quality of life.

### 3.3.6 Data Analysis

Data were initially screened for missing values. When participants failed to
respond to items for an entire variable, sub-scale, or isolated items within a sub-scale,
data were not replaced. Our analyses were conducted based on the available data.
Descriptive data were generated to illustrate participant demographics and responses to
feasibility measures (e.g., retention, program satisfaction). Changes in outcome
variables from start-of-season to end-of-season were assessed using paired samples t-tests as appropriate and standardized Cohen’s $d$ effect sizes were calculated to indicate the magnitude of any change.

3.4 Results

3.4.1 Recruitment

We were unable to record the number of participants who received information about the program and subsequently joined (i.e., reach). However, the registration process did allow us to record the primary source through which participants became aware of the program (see Table 2 below). The most prevalent was Facebook / Facebook ads (39.86%), via a friend or other word of mouth (19.57%), from an existing MAN v Fat Soccer player (11.42%), or a flyer or poster (9.79%).

Table 2. Primary source through which players heard about the MAN v FAT Soccer program

<table>
<thead>
<tr>
<th>Source</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook / Facebook ads</td>
<td>39.86</td>
</tr>
<tr>
<td>Via a friend or other word of mouth</td>
<td>19.57</td>
</tr>
<tr>
<td>Existing MAN v FAT Soccer player</td>
<td>11.42</td>
</tr>
<tr>
<td>Saw a flyer or poster</td>
<td>9.79</td>
</tr>
<tr>
<td>TV</td>
<td>4.49</td>
</tr>
<tr>
<td>Other</td>
<td>3.50</td>
</tr>
<tr>
<td>Article in local newspaper</td>
<td>2.79</td>
</tr>
<tr>
<td>Article online</td>
<td>2.07</td>
</tr>
<tr>
<td>Radio</td>
<td>1.71</td>
</tr>
<tr>
<td>Twitter</td>
<td>1.08</td>
</tr>
<tr>
<td>Google</td>
<td>1.08</td>
</tr>
<tr>
<td>Reddit ad</td>
<td>0.81</td>
</tr>
<tr>
<td>Via my employer</td>
<td>0.81</td>
</tr>
<tr>
<td>Article in national newspaper</td>
<td>0.72</td>
</tr>
<tr>
<td>MAN v FAT Weight Loss Coach</td>
<td>0.18</td>
</tr>
</tbody>
</table>

We present the participant flow diagram (including retention and re-enrolment rates) in Figure 3.2. A total of 479 participants registered for the program, but only 419 provided initial weight data (i.e., by attending the initial registration session). We are
unable to report why these participants did not continue in (or begin) the program. Of the 419 participants who provided initial weight data, 3 (who attended the information session) were ineligible due to not meeting the BMI cut-off (i.e., < 27.5+ BMI). A total of 323 participants completed the first season, and 93 participants dropped out—representing a program (i.e., first season) completion rate of 67.4% (i.e., 323 of an original 479). Of those who completed the first season, 69.0% (i.e., 223 out of 323) enrolled in a subsequent season of the program.

Figure 3.2 Participant flow diagram
3.4.2 Baseline Characteristics

We report participant baseline demographic information in Table 3 below. The average age of participants at recruitment was 40.08 years (SD = 10.37). The average BMI at baseline was 34.64 (SD = 4.63). All but one participant who completed our baseline survey (209 out of 479 total possible respondents) had completed secondary school. The majority (i.e., 87%) of participants were in a relationship, and 75% had 1 or more children.

Table 3. Descriptive characteristics of participants

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at initial registration (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>468</td>
<td>40.08 (10.37)</td>
</tr>
<tr>
<td>Minimum, maximum</td>
<td></td>
<td>17, 71</td>
</tr>
<tr>
<td>Height (cm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>473</td>
<td>178 (6.86)</td>
</tr>
<tr>
<td>Minimum, maximum</td>
<td></td>
<td>157, 201</td>
</tr>
<tr>
<td>Weight (kg)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>418</td>
<td>109.74 (19.93)</td>
</tr>
<tr>
<td>Minimum, maximum</td>
<td></td>
<td>73.15, 195.25</td>
</tr>
<tr>
<td>BMI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>418</td>
<td>34.64 (5.63)</td>
</tr>
<tr>
<td>Minimum, maximum</td>
<td></td>
<td>24.82 (58.29)*</td>
</tr>
<tr>
<td>Annual household income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $50,000</td>
<td>17</td>
<td>8.1</td>
</tr>
<tr>
<td>Between $50,000 and $80,000</td>
<td>40</td>
<td>19.1</td>
</tr>
<tr>
<td>$80,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between $80,000 and $110,000</td>
<td>31</td>
<td>14.8</td>
</tr>
<tr>
<td>$110,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between $110,000 and $150,000</td>
<td>32</td>
<td>15.3</td>
</tr>
<tr>
<td>$150,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over $150,000</td>
<td>62</td>
<td>29.7</td>
</tr>
<tr>
<td>Rather not say</td>
<td>27</td>
<td>12.9</td>
</tr>
<tr>
<td>Educational status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary School Education</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Secondary School Education</td>
<td>32</td>
<td>15.5</td>
</tr>
<tr>
<td>Certificate I Qualification</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Certificate II Qualification</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Certificate III Qualification</td>
<td>13</td>
<td>6.3</td>
</tr>
</tbody>
</table>
Certificate IV Qualification 25 12.1
Diploma 19 9.2
Advanced Diploma 13 6.3
Associate Degree 3 1.5
Bachelor Degree 42 20.4
Bachelor Honours Degree 15 7.3
Graduate Certificate or Diploma 13 6.4
Masters Degree 20 9.7
Doctoral Degree 4 1.9
Relationship status
   Single 21 10.1
   In a relationship 181 87.0
   Rather not say 6 2.9
Number of children
   0 52 25.0
   1 34 16.3
   2 82 39.4
   3 30 14.4
   4 7 3.4
   5+ 3 1.4

Note: Despite inclusion criteria requiring that participants were 27.5+, three participants were given special dispensation to remain in the program despite a lower baseline BMI.

3.4.3 Feasibility Components

Registration process and information session

Results from the baseline questionnaire assessing the feasibility of the registration process and information session are reported in Supplementary Table 1 (see supplementary materials). An average of 84.83% of participants agreed or strongly agreed with 12 out of 14 of the items (mean scores for those items, on a possible 1-7 point scale, ranged from 6.00 to 6.23). Broadly, it appears that the information session, and the general registration process, was acceptable.

Program perceptions and perception of program components
Descriptive data for all program experiences and perceptions are reported in Table 4 (below). Participants’ perceptions regarding their experience in the program were positive, with average responses to all items ranging from 5.61 to 6.67 (on a 1-7 scale). For example, a majority of participants intended to re-enroll in the program (88.2%), would recommend the program to others (95.9%), believed the program was important (93%), and indicated that they enjoyed the competitive element of the program (i.e., 93.1%), the banter with teammates (89%), and felt accountable to their teammates to lose weight (i.e., 77.3%). On average, 83.63% of participants identified with their team, their league, and the program. For more information, readers can refer to Table 4.

Participants’ perceptions about the components of the program are reported in Supplementary Table 2 (see supplementary materials). These responses were more variable. The components of the program participants rated most positively were the team WhatsApp groups, their teammates, and the league weight loss coach. Items rated less positively included the league WhatsApp groups, weight loss handbook, forum posts, and league website, with average responses for usefulness and frequency of use ranging from 4.93 to 5.73 (on a 1-7 scale). Readers can refer to Supplementary Table 2 for more information.
### Table 4. Participants’ experiences in the MAN v FAT Soccer program

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>Mean (SD)</th>
<th>Agree/Strongly Agree (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assuming one is available for me, I intend on re-enrolling in another season of MAN v FAT Soccer (at the same league or elsewhere).</td>
<td>144</td>
<td>6.44 (1.02)</td>
<td>88.2</td>
</tr>
<tr>
<td>It was easy to contact a member of the MAN v FAT Soccer admin team when needed.</td>
<td>145</td>
<td>6.40 (0.89)</td>
<td>89.6</td>
</tr>
<tr>
<td>If I had any weight loss issues or questions, the MAN v FAT Soccer admin team provided me with useful support.</td>
<td>145</td>
<td>6.09 (0.94)</td>
<td>81.3</td>
</tr>
<tr>
<td>The WhatsApp communication from the MAN v FAT Soccer staff has been useful.</td>
<td>145</td>
<td>6.34 (0.82)</td>
<td>88.3</td>
</tr>
<tr>
<td>I would recommend this program to others.</td>
<td>145</td>
<td>6.67 (0.73)</td>
<td>95.9</td>
</tr>
<tr>
<td>The program was well organised.</td>
<td>145</td>
<td>6.21 (0.94)</td>
<td>83.4</td>
</tr>
<tr>
<td>I think the MAN v FAT Soccer program is important.</td>
<td>143</td>
<td>6.57 (0.62)</td>
<td>93.0</td>
</tr>
<tr>
<td>The MAN v FAT Soccer program helped me lose weight.</td>
<td>145</td>
<td>6.32 (0.98)</td>
<td>82.0</td>
</tr>
<tr>
<td>I enjoyed the competitive element of the program.</td>
<td>145</td>
<td>6.51 (0.81)</td>
<td>93.1</td>
</tr>
<tr>
<td>I enjoyed the banter between teammates.</td>
<td>145</td>
<td>6.39 (0.85)</td>
<td>89.0</td>
</tr>
<tr>
<td>I am confident I will be able to maintain the weight loss I have attained during this season.</td>
<td>145</td>
<td>5.61 (1.06)</td>
<td>59.3</td>
</tr>
<tr>
<td>I am confident I would be able to lose weight if I enrolled in another season of MAN v FAT Soccer.</td>
<td>145</td>
<td>6.37 (0.79)</td>
<td>88.3</td>
</tr>
<tr>
<td>I felt accountable to my teammates to lose weight.</td>
<td>145</td>
<td>5.97 (1.27)</td>
<td>77.3</td>
</tr>
<tr>
<td>I enjoyed feeling accountable to my teammates to lose weight.</td>
<td>145</td>
<td>5.91 (1.15)</td>
<td>71.8</td>
</tr>
</tbody>
</table>

#### Identification

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>Mean (SD)</th>
<th>Agree / Strongly Agree (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I identify with my MAN v FAT Soccer team.</td>
<td>143</td>
<td>6.22 (0.98)</td>
<td>80.5</td>
</tr>
<tr>
<td>I identify with my MAN v FAT Soccer league.</td>
<td>141</td>
<td>6.23 (1.04)</td>
<td>83.7</td>
</tr>
<tr>
<td>I identify with the MAN v FAT Soccer program.</td>
<td>143</td>
<td>6.36 (1.00)</td>
<td>86.7</td>
</tr>
</tbody>
</table>

#### Communication

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>Mean (SD)</th>
<th>Frequent / Very Frequent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How frequently have you been communicating with your teammates?</td>
<td>145</td>
<td>4.77 (0.98)</td>
<td>66.2</td>
</tr>
<tr>
<td>How frequently have you been communicating with players in the league other than your teammates?</td>
<td>143</td>
<td>3.08 (1.38)</td>
<td>12.6</td>
</tr>
<tr>
<td>How frequently have you been communicating with MAN v FAT staff (e.g., the league coach)?</td>
<td>145</td>
<td>3.90 (1.09)</td>
<td>28.2</td>
</tr>
</tbody>
</table>

#### Satisfaction

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking about the season you just completed, how satisfied are you overall with the amount of weight you lost in the program?</td>
<td>142</td>
<td>2.56 (2.40)</td>
</tr>
<tr>
<td>Thinking about the season you just completed, how satisfied are you overall with the MAN v FAT Soccer program?</td>
<td>140</td>
<td>4.09 (1.20)</td>
</tr>
</tbody>
</table>

Note: Items were scored 1-7, where higher scores denote more positive perceptions. Communication items were scored 1-6, where higher scores denote more frequent communication. Satisfaction items were scored from -5 to 5, where higher scores denote more positive perceptions.
3.4.4 Preliminary Efficacy

We recognize that the study was not designed to be powered to detect (statistical) differences over time; however, we present the output from paired sample t-tests, effect sizes, and associated p values and confidence intervals, for the interested reader below. Summary data for pre-to-post season changes in ‘outcome’ variables are presented in Table 5 (below). Participants displayed large effect size reductions in objectively-assessed weight ($d = -.97, p = <.001, 95\% CI 5.61-4.48$), and body mass index ($d = -.90, p = <.001, 95\% CI 1.88-1.48$) and moderate effect size reductions in objective assessments for waist ($d = -.62, p = <.001, 95\% CI 10.86-7.03$) and hip ($d = -.46, p = <.001, 95\% CI 5.84-4.00$) circumference. Average weight at baseline was 109.02kg, and end of season weight 103.97kg, with an average weight loss of 5.04 kg. BMI reduced from an average 34.48 to 32.80, a difference of 1.68. Participants’ self-reported physical activity increased by 88.52%, representative of a medium-to-large effect size ($d = .70, p = <.001, 95\% CI 15.05-25.85$). With regard to dietary intake, participants’ self-reported fatty food and sugary food intake decreased by 13.80% and 13.40% respectively—indicative of a medium effect size difference ($d = .50$ and $.40, p = <.001, 95\% CI 2.01-4.72$ and $.28-3.82$)—and fruit and vegetable intake increased by 28.89%, which represented a small-to-medium effect size increase ($d = .35, p = .001, 95\% CI 1.03-3.42$). In terms of mental health and wellbeing indicators, participants reported medium effect size reductions in depression ($d = -.52, p = <.001, 95\% CI 2.25-5.04$), stress ($d = -.55, p = <.001, 95\% CI 2.83-5.38$), and a small effect size reduction in anxiety ($d = -.23, p = .030, 95\% CI .13-2.21$). Participants reported a large effect size increase in body appreciation ($d = .88, p = <.001, 95\% CI .39-.64$), a medium effect size increase in state optimism ($d = .42, p = <.001, 95\% CI .16-.49$) and mental health quality of life ($d = .45, p = <.001, 95\% CI .32-3.22$), and a small effect size increase in
physical health quality of life \((d = .25, p = .017, 95\% \text{ CI 2.49-6.62})\). A small effect size increase was observed for self-esteem \((d = -.20, p = .066, 95\% \text{ CI .20 to .01})\).
Table 5. Pre-to-post season changes on preliminary (physical health, mental health, and lifestyle) outcome

<table>
<thead>
<tr>
<th></th>
<th>M pre (SD)</th>
<th>M post (SD)</th>
<th>M diff (SD)</th>
<th>% diff</th>
<th>Lower</th>
<th>Upper</th>
<th>t</th>
<th>df</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anthropometric Measurements</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight (kg)</td>
<td>109.02 (19.83)</td>
<td>103.97 (19.61)</td>
<td>-5.04 (5.18)</td>
<td>-4.62</td>
<td>-5.61</td>
<td>-4.48</td>
<td>-17.51</td>
<td>322</td>
<td>&lt;.001</td>
<td>-.97</td>
</tr>
<tr>
<td>BMI</td>
<td>34.48 (5.60)</td>
<td>32.80 (5.48)</td>
<td>-1.68 (1.86)</td>
<td>-4.87</td>
<td>-1.88</td>
<td>-1.48</td>
<td>-16.24</td>
<td>322</td>
<td>&lt;.001</td>
<td>-.90</td>
</tr>
<tr>
<td>Waist circumference</td>
<td>116 (12.88)</td>
<td>107.53 (19.12)</td>
<td>-8.47 (13.74)</td>
<td>-7.30</td>
<td>-6.09</td>
<td>-10.86</td>
<td>-7.03</td>
<td>129</td>
<td>&lt;.001</td>
<td>-.62</td>
</tr>
<tr>
<td>Hip circumference</td>
<td>115.15 (10.43)</td>
<td>108.93 (6.92)</td>
<td>-6.22 (13.66)</td>
<td>-5.40</td>
<td>-5.84</td>
<td>-4.00</td>
<td>-10.66</td>
<td>128</td>
<td>&lt;.001</td>
<td>-.46</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leisure-time PA</td>
<td>23.09 (18.03)</td>
<td>43.54 (26.97)</td>
<td>20.44 (26.95)</td>
<td>88.52</td>
<td>15.04</td>
<td>25.85</td>
<td>7.51</td>
<td>97</td>
<td>&lt;.001</td>
<td>.76</td>
</tr>
<tr>
<td><strong>Dietary Behaviour</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatty food score</td>
<td>25.22 (7.12)</td>
<td>21.74 (7.61)</td>
<td>-3.48 (7.03)</td>
<td>-13.80</td>
<td>-4.94</td>
<td>-2.01</td>
<td>-4.72</td>
<td>90</td>
<td>&lt;.001</td>
<td>-.50</td>
</tr>
<tr>
<td>Sugary food score</td>
<td>4.39 (1.44)</td>
<td>3.81 (1.20)</td>
<td>-.59 (1.48)</td>
<td>-13.44</td>
<td>-.89</td>
<td>-2.8</td>
<td>-3.82</td>
<td>93</td>
<td>&lt;.001</td>
<td>-.40</td>
</tr>
<tr>
<td>Fruit and vegetable score</td>
<td>2.25 (1.50)</td>
<td>2.90 (1.71)</td>
<td>.65 (1.84)</td>
<td>28.89</td>
<td>.27</td>
<td>1.03</td>
<td>3.42</td>
<td>93</td>
<td>.001</td>
<td>.35</td>
</tr>
<tr>
<td><strong>Mental Health &amp; Well-being</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>21.10 (7.31)</td>
<td>17.38 (4.92)</td>
<td>-3.72 (7.12)</td>
<td>-17.63</td>
<td>-5.19</td>
<td>-2.25</td>
<td>-5.04</td>
<td>92</td>
<td>&lt;.001</td>
<td>-.52</td>
</tr>
<tr>
<td>Anxiety</td>
<td>18.24 (4.51)</td>
<td>16.99 (4.15)</td>
<td>-1.25 (5.41)</td>
<td>-6.85</td>
<td>-2.38</td>
<td>-1.3</td>
<td>-2.21</td>
<td>90</td>
<td>.030</td>
<td>-.23</td>
</tr>
<tr>
<td>Stress</td>
<td>23.64 (8.30)</td>
<td>19.15 (5.61)</td>
<td>-4.49 (8.12)</td>
<td>-18.99</td>
<td>-6.15</td>
<td>-2.83</td>
<td>-5.36</td>
<td>93</td>
<td>&lt;.001</td>
<td>-.55</td>
</tr>
<tr>
<td>Body appreciation</td>
<td>2.72 (.71)</td>
<td>3.24 (.82)</td>
<td>.52 (.59)</td>
<td>19.12</td>
<td>.39</td>
<td>.64</td>
<td>8.30</td>
<td>89</td>
<td>&lt;.001</td>
<td>.88</td>
</tr>
<tr>
<td>State optimism</td>
<td>3.32 (.82)</td>
<td>3.65 (.83)</td>
<td>.33 (.79)</td>
<td>9.94</td>
<td>.16</td>
<td>.49</td>
<td>3.97</td>
<td>92</td>
<td>&lt;.001</td>
<td>.42</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>2.02 (.50)</td>
<td>1.92 (.55)</td>
<td>-.10 (.51)</td>
<td>-3.36</td>
<td>-.20</td>
<td>-.01</td>
<td>-1.86</td>
<td>92</td>
<td>.066</td>
<td>-.20</td>
</tr>
<tr>
<td><strong>Quality of Life</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical health</td>
<td>47.79 (6.69)</td>
<td>49.56 (7.68)</td>
<td>1.77 (7.07)</td>
<td>3.70</td>
<td>2.49</td>
<td>6.62</td>
<td>2.422</td>
<td>94</td>
<td>.017</td>
<td>.25</td>
</tr>
<tr>
<td>Mental health</td>
<td>48.33 (10.22)</td>
<td>52.88 (7.16)</td>
<td>4.56 (10.07)</td>
<td>9.44</td>
<td>.32</td>
<td>3.22</td>
<td>4.389</td>
<td>94</td>
<td>&lt;.001</td>
<td>.45</td>
</tr>
</tbody>
</table>

Note. All values (except p values) rounded to 2 decimal points. Positive differences for leisure-time PA, body appreciation (BAS-2), state optimism, physical health (PCS; SF-12) and mental health (MCS; SF-12) all represent positive increases. Negative differences for BMI, waist and hip circumference, waist-hip ratio, depression, anxiety, and stress (DASS-21) and self-esteem, represent positive reductions in scores. Reductions in fatty food and sugary food scores represent positive reductions, whereas increases in fruit and vegetable score represents positive increases. 98 participants provided responses to both baseline and end-of-season surveys, and were included for comparison. 130 participants provided waist circumference at baseline and end-of-season, and were included for comparison. 323 participants provided weight comparison data at baseline and end-of-season.
3.5 Discussion

Developing interventions that specifically appeal to men is an important challenge facing health promotion researchers and practitioners. This is an important problem to address, given the health disparities between men and women, such as reduced life expectancy (Rochelle et al., 2015), and lack of interest and engagement in health services (Levant et al., 2011; Yousaf et al., 2015). Traditionally, relatively few weight loss interventions target men (in comparison to women; Pagoto et al., 2012). Recently though, we have begun to see greater attention directed toward devising and implementing male-focused initiatives. In order to better understand how such interventions work (or why they fail), and to support effective community-wide dissemination, it is important to investigate the feasibility and efficacy of these programs. In this study we examined the MAN v FAT Soccer program. In this study, we conducted a single-group, non-randomized feasibility trial of MAN v FAT Soccer—a novel Australian-based version of the original UK program. To date, there is no evidence in the literature to document the feasibility or preliminary efficacy of either the UK or the Australian version of the program. The feasibility of the MAN v FAT Soccer program was assessed by evaluating recruitment methods, retention, re-enrolment, perceptions of the registration process and information (initial) session, experiences of the program and of various program components, as well as satisfaction with the program as a whole. We also aimed to provide insight into the preliminary efficacy of the program by measuring participants’ weight loss, BMI change, waist and hip circumference, self-reported physical activity and dietary behaviour, alongside various psychological and well-being outcomes including depression, anxiety, stress, self-esteem, optimism, body appreciation, and quality of life. In the material that follows, we
consider feasibility and preliminary efficacy findings, and highlight study limitations and directions for future research.

In general, consistent with other sport-based weight loss programs for men that have been examined in the recent literature (e.g., Hunt et al., 2014; Kwasnicka et al., 2020; Wyke et al., 2015), our findings indicated that MAN v FAT Soccer is feasible and was well received by program participants. The importance of this finding is underscored by the fact that, to our knowledge, MAN v FAT Soccer is the first program in Australia to leverage competition alongside aspects of masculinity to drive men’s weight loss. We were unable to gauge program reach (i.e., the proportion of men who received information about the program and subsequently joined), but a variety of recruitment methods appeared to be effective, with Facebook / Facebook ads and communication by ‘word of mouth’ (e.g., from friends) accounting for the most participants recruited. It was particularly noteworthy that despite many participants joining as an individual (e.g., without friends), their initial experiences in the program (e.g., registration process, information session) were viewed positively. Given the potential for individual registrants to feel apprehensive in the early stages of the program, it is important to ensure that men view their early experiences as comfortable, welcoming, and useful. Retention from baseline to end-of-first-season rates was 67.4% (i.e., 323 out of 479 participants completed the season). Notably, 88.2% of participants who completed our end-of-season survey reported intending to enroll in a subsequent 15-week season of the program, and 69% of participants who completed the season enrolled in a subsequent season (at the same, or a different location).

Participant responses were also positive with respect to their experiences in the program. We were unable to draw firm conclusions as to why some participants did not continue with the season; however, average participant satisfaction rates with the
program were high; 95.9% of participants reported that they would recommend the program to others, and 93% endorsed the view that the program was important. Balanced against their general satisfaction with the program, on average, participants did not appear to be fully satisfied with their own weight loss achievements by the end of the program. The majority (i.e., 88.3%) of participants were confident that were they to enrol in another season, they would be able to lose more weight. In comparison, 59.3% of participants agreed or strongly agreed that they were confident in their ability to maintain their weight loss in general. This finding suggests that greater time may be required to instil such confidence in all participants, but also indicates that the program played an important role in supporting men’s perceptions about their ability to lose weight. Indeed, evidence suggests that weight loss often cycles after interventions, regressing towards (but not necessarily returning to) initial weight before intervention.

Feasibility questions relating social aspects of the program provided insight into the processes that may have supported men’s experiences and engagement. In line with findings from Budden et al.’s (2020) qualitative study of the UK version of the program, participants in this study appeared to enjoy or endorse aspects of competition, banter with teammates, accountability to teammates to lose weight, and perceptions of support from teammates and the league weight loss coach. It is important to note, however, that participant perceptions of some aspects of the program, such as the league WhatsApp, weight loss handbook, warm-ups, website, and forum posts were more variable, and less positive. For instance, aspects of the program designed to support behaviour change such as self-monitoring through use of the weight loss handbooks (Michie et al., 2011) were only positively received by approximately half of the participants who responded to our end-of-season survey. Behaviour change techniques such as self-monitoring have been shown to support physical activity behaviour (Michie
et al., 2009), but may not be intrinsically motivating, as our results indirectly suggest. Instead, the key aspects of this program that appear to drive uptake and men’s (largely positive) experiences correspond to group identification processes, leveraging of competition and masculine identity, enjoyment of sport, and the receipt of social support.

Our results support the notion that group-based behaviour change interventions (Borek & Abraham, 2018; Borek et al., 2018) are potentially efficacious means of promoting health behaviour. Aspects of the program relating to social atmosphere—such as accountability to teammates, competition, banter, identification with teammates and the program, and the quality of interactions with teammates—were among the most important and well received elements of the intervention. In the future, it would be worthwhile to continue to examine these processes in more detail and to determine the extent to which they drive (directly or indirectly) retention in and effectiveness of male-focused weight loss programs. Our findings relating to social processes are consistent with previous research (Beauchamp, 2019; Beauchamp & O'Rourke, 2020) emphasizing the role of group identity processes as drivers of exercise adherence. Put simply, exercising in groups may have advantages over exercise alone (Burke et al., 2006). In our previous study on the UK version of the program, interview data from players and coaches indicated that perceptions of social support (i.e., camaraderie and banter, and men sharing issues with other men), like-mindedness (i.e., similar goals and values), and similarity (i.e., body-type and gender) supported program appeal and retention (Budden et al., 2020). Perceptions of similarity and like-mindedness supported the perception that participants were ‘in the same boat’ as their teammates and other program participants, and our findings in this study regarding participants’ identification with their teammates, the league, and the program appear consistent with this existing
evidence (Beauchamp & Rhodes, 2020). Despite researchers having demonstrated that ‘competition’ may at times be daunting (Ford et al., 2017), it was interesting that in this program participants appeared to respond positively to the competitive element of weight loss and match-play. It is possible that the feeling of ‘playing on a level playing field’ with other (also overweight or obese) men may have offset concerns related to lack of physical competence. Previous research has demonstrated an association, for instance, between stronger group identification in exercise classes, and greater comfort in exercise class attendees (Steffens et al., 2019). To summarize, the program appeared to be feasible, and this is supported by our positive findings regarding participants’ experiences in, and perceptions of, the various components of the program.

Evidence of the feasibility of the program is important, but a health initiative such as MAN v FAT Soccer ought to provide evidence of positive health outcomes. In that respect, it appears that MAN v FAT Soccer is a potentially important and effective program for men: our findings regarding the preliminary efficacy of the program are noteworthy and comparable with other sport-based and gender-sensitized weight loss programs (e.g., Hunt et al., 2014; Kwasnicka et al., 2020). Given the design of the study (and absence of a control arm), conclusions about the effects of the first 15-week season of the MAN v FAT Soccer based on these data must be made with caution. However, our results indicated that the first season of MAN v FAT Soccer involvement coincided with desirable changes (and in some instances, changes of a large magnitude) in men’s weight and BMI status, and waist and hip circumference. For instance, average weight loss in the program was 5.04kg, or 4.64%, over 15 weeks. BMI reduced, on average, by 1.64. These are notable reductions in weight and BMI, given the concomitant health benefits associated with weight loss (National Institute for Health and Clinical Excellence, 2006). It appeared that positive adaptations in men’s lifestyle behaviours
may have been partly responsible for these beneficial weight outcomes—we observed increases in men’s physical activity participation and improvements in their dietary intake (e.g., reduced fatty and sugary foods) across their first MAN v FAT Soccer season. As important as these physical and lifestyle outcomes were the noteworthy changes that we also witnessed on several indices of mental health and wellbeing are encouraging. Specifically, data revealed desirable (and in some cases, substantial) changes on self-reported perceptions of depression, anxiety, stress, optimism, mental and physical quality of life, self-esteem, and body appreciation. Positive findings regarding improvements in participants’ mental health are particularly important, given the severe detrimental effects, and prevalence of, men’s depression, anxiety, and stress (Bilsker et al., 2018).

3.5.1 Limitations, Future Directions, and Conclusions

Single-arm, non-randomized designs are appropriate and a well-recognized approach for feasibility trials (Lancaster & Thabane, 2019). As noted above, however, the lack of a suitable control does preclude us from drawing firm causal conclusions regarding the effectiveness of the (first season of the) program. Nonetheless, given typical weight trajectories for men (and women), weight maintenance or loss is unlikely to occur without significant environmental or external intervention. An extension of this work and the inclusion of such a control would be a valuable next step in evaluating the effectiveness of this program. In doing so, researchers ought to employ a design that accommodates the collection of suitable follow-up or ‘maintenance’ (e.g., 3- and 6-month) weight and health assessments. We were also unable to record the number of people who engaged with the registration process (i.e., reach) but did not subsequently register—such information would be valuable in the future by way of identifying potential barriers to ‘activating’ men. Given the geographic spread of locations and the
sample size, we were not able to include objective measures of physical activity or dietary intake, sleep quality, and alcohol consumption. In fact, we did not assess (even through self-report) possible changes in sleep quality or alcohol consumption—including these outcomes in future research on this program would be valuable given that they may play a significant role in supporting men’s overall health (Carrao et al., 2004; Kohn et al., 2020).

On a separate note, although participants were generally confident that they would continue to lose weight should they remain in the program (for subsequent seasons), they appeared to be less confident that they would maintain weight loss should they leave the program. Unfortunately, we were not able to conduct any retention or follow-up weight assessments, and as a result we do not know whether participants maintained their weight loss (or cycled weight) following participation in the program. In addition, we could not provide insight into whether the program was suitable for participants of different demographic backgrounds such as ethnicity, as we did not collect this ethnographic information. Anecdotally, a significant proportion of participants were Caucasian males and immigrants from the United Kingdom—it would be worthwhile in the future to explore the extent to which competitive sport-based weight loss programs appeal to men from diverse ethnic backgrounds, and in other populations such as children or women. Finally, there are interesting questions associated with further examination of the large (positive) effect size we observed for change in body appreciation scores. There is a relative dearth of research on men’s experiences of facets of embodiment (Piran et al., 2020), and it would be meaningful and worthwhile for the advancement of men’s health outcomes to explore the extent to which (and the mechanisms driving) men’s experiences of embodiment develop as a
result of experiences in pragmatic, competition-based weight loss programs such as MAN v FAT Soccer.

In conclusion, our study achieved the objective of evaluating the feasibility of wide-scale implementation of the MAN v FAT Soccer program. Given the relative underrepresentation of men in weight loss programs, it is widely recognized that efforts ought to be made to address this disparity (Pagoto et al., 2012). Programs are beginning to address this problem, and MAN v FAT Soccer is one such program. We provide the first evidence of the feasibility of MAN v FAT Soccer, with evidence indicating preliminary efficacy of the program in terms of weight loss, physical activity and dietary modification, and psychological well-being. Our research provides support for the notion programs aiming to engage men with weight loss, or in health behaviour in general, could operationalize certain ‘levers’ such as masculinities and competition.
3.6 References


doi:10.1016/S0140-6736(14)60460-8


doi:https://doi.org/10.1016/j.bodyim.2020.05.007


### 3.7 Supplementary Materials

**Supplementary Table 1.** Participants’ perceptions of their registration process and information session

<table>
<thead>
<tr>
<th>Item</th>
<th>Baseline</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean (SD)</td>
<td>Agree/Strongly Agree (%)</td>
</tr>
<tr>
<td>The registration process was easy for me.</td>
<td>209</td>
<td>6.22 (0.98)</td>
<td>89.5</td>
</tr>
<tr>
<td>The MAN v FAT Soccer team provided sufficient support for me leading up to the information session.</td>
<td>209</td>
<td>6.18 (0.91)</td>
<td>88.9</td>
</tr>
<tr>
<td>It was easy to contact a member of the MAN v FAT Soccer team when needed.</td>
<td>208</td>
<td>6.03 (1.23)</td>
<td>81.2</td>
</tr>
<tr>
<td>When I had issues with registration, the MAN v FAT Soccer organisation provided me with useful support.</td>
<td>204</td>
<td>5.54 (1.37)</td>
<td>63.3</td>
</tr>
<tr>
<td>It was clear to me that I was expected to attend the information session.</td>
<td>208</td>
<td>6.23 (1.17)</td>
<td>89.0</td>
</tr>
<tr>
<td>The information session provided me with the information I needed about the MAN v FAT Soccer program.</td>
<td>206</td>
<td>6.11 (1.18)</td>
<td>85.9</td>
</tr>
<tr>
<td>The information session was well organised.</td>
<td>207</td>
<td>6.09 (1.07)</td>
<td>82.6</td>
</tr>
<tr>
<td>The information session was useful for me.</td>
<td>206</td>
<td>6.00 (1.15)</td>
<td>82.5</td>
</tr>
<tr>
<td>The MAN v FAT Soccer coordinators were effective</td>
<td>207</td>
<td>6.18 (1.00)</td>
<td>86.5</td>
</tr>
<tr>
<td>After the information session, I now know who to contact if I have any questions or queries about the MAN v FAT Soccer league.</td>
<td>205</td>
<td>6.20 (1.07)</td>
<td>86.3</td>
</tr>
<tr>
<td>I felt at ease throughout the information session.</td>
<td>206</td>
<td>6.16 (1.06)</td>
<td>85.9</td>
</tr>
<tr>
<td>I understand all the different parts of the MAN v FAT Soccer program (i.e., handbook rules, appropriate outfit, weigh-in before games)</td>
<td>206</td>
<td>6.00 (1.07)</td>
<td>79.1</td>
</tr>
<tr>
<td>I am aware of the safety procedures during MAN v FAT Soccer games (i.e., first aid, fire safety procedures)</td>
<td>206</td>
<td>5.66 (1.43)</td>
<td>69.0</td>
</tr>
<tr>
<td>The information session made clear my responsibilities in the program (e.g., possible health checks, handbook completion)</td>
<td>207</td>
<td>6.05 (1.08)</td>
<td>80.6</td>
</tr>
</tbody>
</table>

Note: Items were scored 1-7, where higher scores denote more positive perceptions.
**Supplementary Table 2.** Perceptions of components of the MAN v FAT Soccer program

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>Mean (SD)</th>
<th>Agree/Strongly Agree (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I found the weekly forum posts useful.</td>
<td>145</td>
<td>5.43 (1.18)</td>
<td>54.5</td>
</tr>
<tr>
<td>I frequently read the weekly forum posts.</td>
<td>143</td>
<td>5.01 (1.69)</td>
<td>47.6</td>
</tr>
<tr>
<td>I found the weight loss handbook useful.</td>
<td>144</td>
<td>5.17 (1.44)</td>
<td>47.9</td>
</tr>
<tr>
<td>I frequently used the weight loss handbook.</td>
<td>144</td>
<td>4.99 (1.81)</td>
<td>47.9</td>
</tr>
<tr>
<td>I found the league WhatsApp group useful.</td>
<td>145</td>
<td>5.73 (1.32)</td>
<td>71.1</td>
</tr>
<tr>
<td>I frequently used the league WhatsApp group.</td>
<td>145</td>
<td>5.29 (1.56)</td>
<td>53.1</td>
</tr>
<tr>
<td>I found the team WhatsApp group useful.</td>
<td>145</td>
<td>6.22 (1.09)</td>
<td>86.9</td>
</tr>
<tr>
<td>I frequently used the team WhatsApp group.</td>
<td>145</td>
<td>6.01 (1.32)</td>
<td>81.4</td>
</tr>
<tr>
<td>The weight loss coach was easy to talk to.</td>
<td>145</td>
<td>6.21 (0.97)</td>
<td>82.8</td>
</tr>
<tr>
<td>I was able to seek advice from the weight loss coach if I needed it.</td>
<td>145</td>
<td>6.09 (1.03)</td>
<td>79.4</td>
</tr>
<tr>
<td>The weight loss coach gave me useful advice.</td>
<td>145</td>
<td>6.01 (0.98)</td>
<td>77.3</td>
</tr>
<tr>
<td>The weight loss coach expressed interest and concern about how I was doing.</td>
<td>145</td>
<td>6.16 (1.03)</td>
<td>82.1</td>
</tr>
<tr>
<td>I was able to seek advice from my MAN v FAT Soccer teammates when I needed it.</td>
<td>145</td>
<td>5.83 (1.07)</td>
<td>73.1</td>
</tr>
<tr>
<td>My MAN v FAT Soccer teammates were easy to talk to.</td>
<td>144</td>
<td>6.20 (0.86)</td>
<td>86.1</td>
</tr>
<tr>
<td>My MAN v FAT Soccer teammates gave useful advice.</td>
<td>144</td>
<td>5.75 (1.09)</td>
<td>66.7</td>
</tr>
<tr>
<td>I enjoyed playing with my MAN v FAT Soccer team.</td>
<td>144</td>
<td>6.53 (0.65)</td>
<td>93</td>
</tr>
<tr>
<td>I would play with my MAN v FAT Soccer team again.</td>
<td>145</td>
<td>6.49 (0.81)</td>
<td>92.4</td>
</tr>
<tr>
<td>I found the organised warm-ups useful.</td>
<td>145</td>
<td>4.54 (1.64)</td>
<td>29.7</td>
</tr>
<tr>
<td>I frequently participated in warm-ups when offered.</td>
<td>145</td>
<td>4.42 (1.83)</td>
<td>34.5</td>
</tr>
<tr>
<td>I found the MAN v FAT Soccer website useful.</td>
<td>144</td>
<td>5.33 (1.24)</td>
<td>51.4</td>
</tr>
<tr>
<td>I frequently used the MAN v FAT Soccer website.</td>
<td>144</td>
<td>4.93 (1.59)</td>
<td>40.3</td>
</tr>
</tbody>
</table>

Note: Items were scored 1-7, where higher scores denote greater endorsement of each statement.
Chapter 4. Making sense of humour among men in a weight loss program: A dialogical narrative approach

This chapter is based on the paper submitted and under peer review in

*Qualitative Research in Sport, Exercise and Health:*

4.0 Chapter Foreword

In the previous chapter, we presented the results of our feasibility study. One aspect of the program that appeared particularly salient from interviews with participants mentioned in Chapter 2, in the literature on men’s health promotion, and from observation of player interactions in our first league, was humour. In the following chapter, we present the results of our exploration of the role humour, or specifically banter, plays for the men involved in the program.

Figure 4.1 ‘Juggernauts’: Champions of the inaugural season and league of MAN v FAT Soccer. December 2018, James Oval, The University of Western Australia
4.1 Abstract

Humour appears to be an important aspect of health-promoting efforts for men. A better understanding of the role humour plays in men’s health contexts may provide insight into the optimal design of health interventions for men. In this study, we explored the role banter, humour that blurs the line between playfulness and aggression, plays for men in a men’s weight loss context. We applied dialogical narrative analysis to thirty interviews conducted with men involved in a men’s weight loss program that leverages competition to drive weight loss. Banter served several functions for men in the program, including allowing them to determine their social position during early group formation, feel good, develop camaraderie, experience respite, provide male inter-personal support in a counter-intuitive way, and ‘be themselves’. Men could use banter as a tool to develop resilience for themselves, but could also adapt their approach to use banter as a means of providing support for others. Banter could also cause trouble, through conflict and misunderstandings, primarily understood through a lens of narratives of progressiveness, inclusiveness, and a ‘changing culture’. Banter could do harm, by positioning oneself against certain characteristics, and as a tool to get under people’s skin. However, an approach-orientation to one’s problems may allow misunderstandings that arise due to banter to lead to enhanced group cohesion. Intervention developers ought to explicitly address the potential for banter (and humour more broadly) to have positive and negative effects in men’s health contexts.

Keywords: humour, banter, men, masculinities, health, sport
4.2 Introduction

Humour is a complex and dynamic social phenomenon that typically occurs spontaneously in interactions between two or more people (Martin & Kuiper, 1999). In situ use of humour involves constructing messages that ‘break the ice’, deflate tension, and ideally elicit positive responses such as laughter, smiling, or sudden exhalations indicative of positive experiences (Booth-Butterfield & Booth-Butterfield, 1991; Meyer, 2000). Effective humour usage may afford individuals with various positive interpersonal outcomes—‘funny’ people are seen, for instance, as attractive mates (Buss, 1988) and desirable friends (Wanzer, Booth-Butterfield, & Booth-Butterfield, 1996). In addition to important interpersonal properties, humour also affords individuals with various personal benefits such as regulating stress and negative emotions (Francis, Monahan, & Berger, 1999; Geisler, Wiedig-Allison, & Weber, 2009), lower depression and state-trait anxiety, higher optimism, self-esteem, and well-being (Martin, Puhlki-Doris, Larsen, Gray, & Weir, 2003). It is perhaps unsurprising, given the array of desirable personal and interpersonal effects with which it may be associated, that humour has been recognised in the public health literature for its potential salutogenic properties—that is, that humour “has the potential for health promotion in itself” (Cernerud & Olsson, 2004, p. 396).

Humour appears to be an important aspect of health interactions for men. For instance, Smith and colleagues (2008) identified the thoughtful use of humour as a core quality that men valued in interactions with general practitioners. Humour lessened the perception of seriousness of consultations and reduced tension, creating a laid-back and friendly environment where men felt comfortable speaking about their health. Understanding (and harnessing) humour may also support men’s involvement in health promotion activities, by serving multiple functions. These include (a) promoting
inclusiveness, (b) marking appropriate boundaries, and (c) and developing masculine norms (e.g., around men’s evolving sexuality in men’s prostate cancer support groups; Oliffe, Ogrodniczuk, Bottorff, Hislop, & Halpin, 2009). Humour can provide a socially sanctioned means for men to address health problems, and experience social connectedness with other men (Williams, 2009). However, heightened masculinity (i.e., rigid and fixed conceptions of men’s gender roles) can contribute to men avoiding the disclosure of vulnerabilities regarding their health, and competitive ‘banter’ can also reinforce power relationships among men.

Based on the evidence documented above, humour appears to be important for men, and may play a role in determining the appeal (or lack thereof) and effectiveness of health promotion initiatives. We were guided by this principle in devising the present study and sought broadly to examine men’s stories about humour—including its use and function—within a male-only health promotion (specifically, a weight loss) program. In an effort to stimulate men’s engagement in weight loss initiatives (within ‘Western’ countries), several sport-based programs have been developed recently with the goal of engaging and retaining men by leveraging their identification with sport teams and/or their desire to be involved in sport itself (e.g., Kwasnicka et al., 2020; Maddison et al., 2019; Wyke et al., 2015). Explicitly addressed within the design and style of delivery of these programs is the value of humour or ‘banter’, with the aim being to use and encourage humour in a way that supports men’s ability to address sensitive topics such as weight gain. Support for this approach was provided by Robertson and colleagues’ (2014) synthesis of qualitative, quantitative, and economic evidence for the management of obesity in men. Given that humour is recognised as a particularly important process within health interventions for men, a better understanding of how it
is used and how it ‘operates’ in these settings promises to provide valuable insight into the optimal design of such programs.

4.2.1 Study Aims

In this study, we sought to explore men’s stories of humour, or more specifically ‘banter’, in MAN v FAT Soccer (MVFS), a male-only, sport-based weight loss program. In formulating this broad research aim, we were guided by the literature reviewed above, and by recent qualitative research highlighting the determinants of men’s experiences in this type of weight loss program (see Budden et al., 2020). A note on terminology is important—in this study we adopted the term ‘banter’ for several reasons: (1) the word ‘banter’ appears frequently in the literature discussing men’s use of humour in health contexts; (2) ‘banter’ is often used in common parlance in sporting contexts in the United Kingdom and Australia, and most men in MVFS come from these countries; (3) the word ‘banter’ was commonly used by participants in the aforementioned investigation of this type of program (i.e., Budden et al., 2020); (4) we believe the word ‘banter’ evokes more potentially contentious uses of humour than ‘humour’, and likely provides more insight into the potential for humour to ‘go wrong’ in this context. Our approach is grounded in the relational analytical approach described below. In essence, stories become embodied (Frank, 2010; Smith, 2013). Stories do things, shape us, and we in turn shape them. As such, we were specifically focused on addressing the following theoretically informed questions: (a) what does humour or ‘banter’ ‘do’ for these men, and what role does it play in this health context?; (b) how and when does humour or ‘banter’ go ‘right’, and how and when does it go ‘wrong’?; and (c) how are men’s humour or ‘banter’ stories positioned within their broader experience in a male-only health promotion activity?
4.3 Methods

4.3.1 Philosophical and Theoretical Underpinning

Narrative analysis is a way of engaging with and presenting storied data (Smith & Monforte, 2020). By focusing on “people as active social beings” and “on the way personal and cultural realities are constructed through narrative and storytelling” (Sparkes, 2005, p. 191), narrative approaches enrich our understanding of people’s health-related experiences. Narrative analysis is a practical medium (Smith, 2016), and the broad focus of narrative approaches is to analyse the stories people tell. In this study, we conducted a dialogical narrative analysis (DNA; Frank, 2002, 2012), in which a narrative constructionist approach informed our analysis (Smith & Monforte, 2020), rooted in epistemological constructionism and ontological relativism (Sparkes & Smith, 2013). From a narrative approach, humans are meaning-makers, and stories serve a practical role in that they help constitute experience and guide action (Frank, 2010). Whilst people tell stories, we draw on the narratives that circulate around us in the cultural discursive landscape we live in, and these narratives help shape us.

4.3.2 Sampling Procedure and Participants

The Human Research Ethics committee at the first author’s institution granted ethical approval for this study. A purposive sampling strategy was used to recruit men who had participated in the first season of one of seven MVFS leagues (six in Western Australia, and one in South Australia). The sample included 30 players (aged 21 to 71 years, average age 40.5, SD = 11.2). A combination of snowball and maximum-variation sampling methods were used to recruit participants (Sparkes & Smith, 2013). Participants were eligible for the study if they were adult males (aged 18 or over) who had completed a 14-week season at a league following a given league site’s first season. At the end of each initial season, players were invited to participate in interviews to
discuss their experiences in the program with the first author via a generic email and
WhatsApp message (i.e., all participants in each league were in a league-wide
WhatsApp group). On the recommendation of league coaches, specific information-rich
participants were contacted. The first author conducted the interviews, and scheduled
visits to each league location (except the league in South Australia) during the season.
The average start-of-season body-mass index (BMI) for the participants was 35.23 (SD
= 6.9), average end-of-season BMI was 32.43 (SD = 7.1), with the average weight loss
9.7kg (SD = 6.1). Eligibility for the MVFS program required that participants identify
as male and have a BMI greater than 27.5. This inclusion criteria for the program
incidentally narrows the focus of this study to the experiences of men who were
overweight (i.e., BMI > 25.0) or obese (i.e., BMI > 30.0) at the beginning of the
program. Two players in the sample had achieved a ‘healthy’ weight according to BMI
by the conclusion of their first season.

4.3.3 Data Collection

After providing informed consent, participants were involved in semi-structured
interviews with the lead author, which were conducted either face-to-face at a
convenient location of the participants’ choosing (e.g., a café, pub) or over-the-phone.
During the interviews, an interview guide (developed with co-authors BJ and JD) was
used in a flexible manner to elicit participant responses. Data presented in this study
were collected as part of a broader program of research evaluating the feasibility of
wide-scale implementation of the MVFS program in Australia. Specifically, in addition
to telling stories in these interviews about their experiences and use of humour within
the program, participants were also asked to offer insight into program feasibility. The
aspects of the interviews relevant to this study (and these specific research questions)
are outlined below. Participants were first asked to provide a back-story for their
involvement in the program (i.e., “I’d like to understand a little about your personal story in terms of why you enrolled in MAN v FAT Soccer. Can you give me a bit of a back story for joining the program?”). Participants were then asked to reflect on their experiences with ‘banter’ during their involvement in the program. Initially, participants were asked to describe what they considered banter to be (i.e., “In your own words, what is banter? How do you define it?”), and then asked to provide examples of it (i.e., “Can you give me some examples from within the program?”), how they use it (i.e., “How do you personally use banter?”), how their team used it (i.e., “How does your team use banter?”), and the potential positive and negative effects of banter (e.g., “What are your thoughts about how it can be used best, and what to avoid?”). In total, 29 interviews were conducted (with one joint interview, involving two participants), lasting between 20 minutes and 1.5 hours. Participant names were replaced with pseudonyms during transcription.

4.3.4 Data Analysis

All interviews were recorded and transcribed verbatim by the first author. DNA involves an iterative process of engaging in a dialogue with storied data. The process involved the first author immersing himself in the data by listening to audio-recordings, as well as reading and re-reading interview transcripts, notes, and observations recorded following interviews. Transcripts were condensed to produce thirty individual player stories, which were then subjected to DNA. First, each story was explored for content: what narrative themes and relationships could we identify within each story? What (if any) were the common trends across stories? Second, each story was subjected to a series of dialogical questions relevant to our study aims (Frank, 2012). We focused on connection, identity, function, and also ethical questions (see Smith & Monforte, 2020): “Who do these stories of banter connect you with?”; “How might groups be formed
through a shared understanding of a story?”; “Who does the storyteller speak against?”; “What stories give this person a sense of who they are?”; “What does banter do for or against this person?”; “What are the ethics of banter, how does it go right or wrong?”.

Third, ‘small’ stories were analyzed to derive further insight into the how (i.e., mechanisms) of narrative activity. Small stories refer to the fleeting and spontaneous stories told in everyday interactions and occurrences, whilst a ‘big’ story refers to a participant’s ‘whole’ story about a certain topic that is invited during interviews (Griffin & Phoenix, 2016). Small stories are rarely examined. Yet they are important to consider as small stories reveal how speakers convey a sense of self and identity in context, and how talk as a form of social action acts in what might appear mundane ways but is nonetheless vital to understanding everyday psychology (Griffin & Phoenix, 2016).

4.3.5 Rigor

Commensurate with our philosophical approach, we adopted a number of strategies to ensure that our findings were rigorously explored and presented. These included the first author engaging in a series of ‘critical friends’ (Sparkes & Smith, 2013) meetings with each co-author, and at times, with them collectively. Ahead of each of these meetings, summary ‘findings’ and the complete analysis document were shared, so that each co-author could challenge and provide alternative interpretations. Further, throughout the analysis process the first author recorded emerging analytical interpretations in a reflexive diary, an important aspect of being reflexive about one’s position as researcher in analysis. The stories presented below are representative of the key narratives that we identified in the thirty interviews conducted with participants. We present five stories below, and while these are specific stories, they were representative of a blend of stories from across participants, based on similarities between themes identified across types of stories, and key narratives shaping participants’ stories. Some
nuance has been omitted, for the sake of presenting a concise article, and we do not claim to have presented an exhaustive account of men’s stories of banter—had more participants been interviewed, for example, we may have been able to generate additional narratives.

4.4 Results

Our results highlight several roles banter played for men in a men’s health promotion setting. The results are presented as follows—first, we present stories that illustrate the ‘good’ things banter could do for men. The stories presented are representative of the kinds of work stories of banter could do for men, as captured in the data collected for this study. In the second section, we present stories that discuss the potential of banter to cause ‘trouble’ for men, through conflict and misunderstandings. We also provide insight into how banter could initially cause ‘trouble’, but certain stories allow this ‘trouble’ to be averted, and ultimately help build team cohesion. Finally, we highlight that banter could have a complicated relationship to health behaviour, as a form of pleasure seeking

4.4.1 Masculinity, Banter, and Responsibility

The most important aspect of our findings was that banter enabled men to perform masculinities. Masculinities reflects the notion expressed by participants that the environment in the program allows men to behave “like men”—they can be competitive, demonstrate prowess on the pitch, and ultimately are responsible for and accountable to their teammates, to lose weight, be healthy, and maintain their relationship with members of their team. This first story, exemplified by Peter, demonstrated how being ‘caught up’ in a story of masculinity, accountability, and camaraderie shaped communication between men involved in the MVFS program. Stories of banter did things for the men in the program: in light of the circulating
narratives in the context of MVFS of responsibility and accountability to lose weight, be healthy, and maintain their relationships with their teammates, banter allowed men to provide inter-personal support in a ‘counter-intuitive’ way. By using ‘aggressive’ forms of banter, that are intended to be playful, men may feel good, develop camaraderie, and get over ‘heated moments’ during games.

Peter felt responsible and accountable to his teammates to lose weight. This narrative shaped how he communicated with this teammates—not only did he feel a “sense of commitment” to lose weight, he expected a similar commitment from them. The program worked for Peter because “It’s just men being men”, and it’s not “fancy dancy. That is to say, tell the truth, speak the truth, you know? You speak the truth. It’s fine. What’s working and what’s not, and there’s no embarrassment.” Banter did good things for Peter, in that in light of this narrative of accountability and responsibility driving health behaviour, banter allowed men to develop camaraderie, strengthen team ‘spirit’, and ‘get over’ heated moments on the pitch:

[Banter] just builds up spirit. It just because you’re having a laugh and you’re, you’re enjoying it. It just brings you together, makes you more to get over stuff. A few times people lost their rag on the pitch, and it’s like ‘Sorry, it’s just heat of the moment.’

Banter allowed Peter to feel good and account for his competitive behaviour on the pitch, keeping the relationships with his teammates going. Banter also allowed men to support each other in a counter-intuitive way, in that they could use aggressive forms of humour with people with whom they were familiar, that was intended to be playful: “You wouldn’t walk up to a stranger and call them a fat bastard. You wouldn’t, whereas it’s one of your mates. It’s encouragement. It’s sort of encouragement in an arse-about-face way.” Banter can cross social boundaries:
If you’re being nasty, it’s not banter. It’s that line. Do you know where you can say something and it’s, you make someone laugh about it. They know you’d like if I, for instance, if you’re all about like, you’re calling someone the fat bastard. But they get it and its okay. It’s not, it’s not like it’s being nasty about it. It’s having a laugh.

Banter also allowed men to become familiar with one another, to understand each other’s personality, and this developing sense of familiarity shaped what humour was considered acceptable in on-going interactions. “It’s getting, you’ve got to know who you’re dealing with. I guess something one person finds funny, another person won’t. So you’ve got to know them and once you know them you can use it.”

4.4.2 Banter as a Multi-faceted and Adaptable Social Tool

The crux of the second story frequently expressed by participants is that banter is a multi-faceted and adaptable social tool that does things for men. During the initial stages of group formation in the program, banter was a tool that enabled men to determine their position in the social hierarchy. Over time, banter then allowed men to ‘let their guard down’. Banter provided men with respite (i.e., from mental health concerns, every-day responsibilities as husbands, fathers, employees). Men could use banter to develop resilience for themselves, but banter also enabled them to provide support in different ways for different people. Finally, banter provided a means of reprimanding inappropriate social behaviour.

This story is exemplified by Lucas. Throughout Lucas’ story circulates a narrative of ‘personal’ responsibility. However, while this personal responsibility may be felt internally, it exists in relation to others. Lucas noted that personal responsibility was the driving force that compelled men (and, particularly, fathers) to join the initiative in the first place. Throughout Lucas’ story, banter played several important roles. At the
beginning of the program, banter allowed men to ‘peacock’, and determine their initial social position:

…First week of an initiative like this, banter is peacocking. Nobody knows each other, nobody knows what to say to each other. Banter starts as showmanship, and then turns into the verbal form of camaraderie, as the weeks go on and the guys get to know each other, and by the end of it your team is speaking their own language which they would consider to be their banter… Banter can be inclusive, it can be exclusive, it can be offensive, it can be harmless, it can be everything… Banter is everything you wouldn’t say in a formal setting, and this definitely is not a formal setting, it never feels like a formal setting, it always feels like you can put your guard down.

For the storyteller, banter helped alleviate anxieties during the initial stages of meeting his teammates, and played a vital role in developing a sense of familiarity with the other men in the program. After an initial process of showmanship, whereby banter allowed men to constitute their position in the social hierarchy, banter contributed to creating a sense that men were in an informal setting, where they could ‘be themselves’. Against the backdrop of the circulating narrative within the context of MVFS of personal responsibility, banter allowed men respite—from their responsibilities, “escapism for Dads, men with a lot of responsibility at work”. For the storyteller, banter provided an attractive alternative to the seriousness of the men’s everyday lives, as a social tool that “consistently informalizes”. Serious conversations have their place, but:

A lot of guys don’t want to have serious conversations…but sit around for an hour…and talk about their problems, when there’s such a good opportunity to sort of have fun and try and take some positives. When there’s an opportunity to go and play sport, do that, if you want to meet outside and not have banter, yeah,
you probably couldn’t have a serious conversation in most of the teams which is kind of refreshing.

For Lucas, there was more to be had from “burning energy and trying to see an improvement in yourself physically…the knock-on effects of that for your own mental health are huge and…banter is a prime tool”. Lucas used banter for himself in that it helped affirm a sense of resilience: “I’m more inclined to rate the quality of your insults than worry about the damaging effects of them”. Whilst banter was used to help constitute a sense of resilience for the storyteller, it also worked differently, at different times, for others, as a tool to encourage other men to continue in the program. While the narrative of responsibility is pervasive and circulates between the men in the program, it is not universally positive. Responsibility could be a difficult or heavy narrative to bear, as was demonstrated by the story of one player in Lucas’ team, Jack. Jack struggled during the season, both to lose weight and on the pitch. He also experienced personal issues outside of the program. Lucas, and his team, adapted their approach to using banter to encourage this player. At first, driven by a narrative of accountability and responsibility, they adopted a “Let’s push this guy a little bit, see if we can squeeze something out of him” approach. Over time, they realized that he was on a “completely different journey” and that this approach would not work. Instead, they adopted a “less stick driven and more carrot driven approach”, giving the player “little targets to try and hit”, congratulating him for “even the smallest effort”. Ultimately, Lucas was able to jettison this story or, perhaps, conceive of a different story that made sense for this struggling player, and banter served as a malleable tool to aid this process. Jack, in his interview, reflected on this process:

I thought [the program] was a great idea. And it comes down to the whole banter thing. If we didn’t have a good week, it wouldn’t just be banter, but the
teammates would also rally behind us and try to actually motivate us to succeed. Because if we didn’t lose weight, we were not only let-ting ourselves down, but we were letting everyone else down. It wasn’t something that we wanted to do.

Finally, banter can be used as a means to demonstrate the appropriate social ‘boundary’, the ‘line’ that ought not to be crossed, and to reprimand inappropriate social behaviour. There were some comments Lucas considered inappropriate about some female support staff in the program. Lucas noted there were:

…certain things that were said by certain people that weren’t cool, that kind of banter…as far as [Lucas was] aware [the girls] probably didn’t hear too much of it, nothing was said in proximity, but … certain people had to step up and say ‘Hey, knock it off, there’s a line’.

In summary, the crux of this story is that banter can do things for someone, and this aligns with narratives such as masculinity, resilience, accountability, and responsibility. At the same time, this story suggests that such a masculine, personally adaptive approach to banter does not mean that Lucas was not self-aware, or that he did not engage in self-reflection. While recognizing the benefits of such an approach to humour for himself, Lucas was capable and motivated to adapt this approach to suit others.

4.4.3 Banter Causing ‘Trouble’

In this section, we highlight instances where stories of banter caused ‘trouble’. The following three stories are used as examples of the ‘trouble’ banter can cause in health programs. In the first, in light of a narrative of cultural change, progressiveness, and a desire to create an ‘inclusive’ environment, banter allowed men to position themselves against certain characteristics (such as age, gender, and sexuality). As such, banter is a tool people can use to their own advantage, and at the detriment of others.
The second story provides insight into stories where banter initially caused ‘trouble’—conflict or misunderstandings—but a narrative of approaching one’s problems and responsibility lead to conflict-resolution and a more cohesive team environment. In the third story, while banter can be used to ‘feel good’, it can also be used to ‘get under people’s skin’, and may reflect, to some extent, sensation-seeking.

4.4.4 The Changing Face of Banter

The first story, exemplified by Max, represents the ‘changing face of banter’. Within a broader narrative of cultural change, progressiveness, and a desire to create an ‘inclusive’ environment, emphasis within this story is placed on the potential of banter to do harm. Within this story, banter undermined male interpersonal support. For Max, the program was a means to connect with men socially. A narrative of accountability and responsibility circulated within his team, shaping the ways they communicated and supported one another. For Max, banter was a means to create and magnify differences between people. Banter “used to be, back in the old days, [banter] used to be a behaviour whereby typically males would make fun of, laugh at, perhaps inappropriately, with a whole air of humour, towards each other”, and culturally it was “largely accepted”. Banter was a tool people “use to their own advantage”, to “position yourself against, or to pick on” differences between people. Max evoked a narrative of a changing, progressing society, stating that “the face of banter today is changing, or has changed”, and “it’s almost no longer acceptable, because, you know, we are more educated as a society, we’re now more accepting as a society”. Banter “in traditional ways” does harm by transgressing “social exacted guidelines”, whether it is “bullying, humiliation, sexual orientation”. Banter undermines male interpersonal support within this story for Max. For Darryl, discussions with his teammates were “normally around weight, ‘Did you weigh in, did you lose weight’ so to be honest, on reflection, I didn’t
hear a great deal of banter, it was more…we were more encouraging and engaged in the aims of the program other than I guess banter.” In Max’s story, we see the narratives of accountability and responsibility acting on Max in a different way to Lucas and Peter. In summary, we see the potential of banter to do harm, and this makes sense in light of an evolving narrative of cultural change and progressiveness.

4.4.5 Dealing with Conflict when Banter Goes ‘South’

The second story is a small story told by Kyle. Kyle, an older player (aged 59 at the time of the interview) told a story where a joke, a contentious form of banter (that blurred the lines between aggression and playfulness), went ‘wrong’. In this story, though, we see how drawing on a broader narrative of an approach-orientation to problems allowed this ‘trouble’, an initial misunderstanding that could have become conflict, to create cohesion in his team based on a shared understanding of the program context, the personalities of the members of the team, and the intent behind banter. Banter allowed the men to shape their team culture and the way they communicated with one another. One player, Paul, in Kyle’s team, was a particularly “outspoken” person who “could offend people…if they were not aware of his personality”. Paul joked about Kyle’s age in their team WhatsApp. Privately, the team captain contacted Paul, concerned that Paul had offended Kyle. Paul called Kyle on the phone, saying “Oh, have I offended you, I apologize if I had”, to which Kyle replied “No, you haven’t at all”, because “That’s the kind of thing I love, where you can take the p*ss out of each other”. Banter does several things for Kyle: it affirms his personality, connects him to others, and allows him respite by letting him “look at life a bit light-heartedly and then have a laugh about it.” In this story, we see the potential ‘trouble’ banter can cause being dissipated by Kyle’s ability to draw on his understanding of the multi-faceted nature of banter, and the many roles it can play for him.
However, relating to the ‘trouble’ (i.e., conflict, misunderstandings) banter can cause, Kyle stressed the importance of knowing others’ personalities for banter to ‘go well’. You can say something “that’s aggressive”, or “you can be having a laugh”. For Kyle, understanding where someone is coming from (i.e., the intention of a contentious joke), and their personality, allows team cohesion to develop, as was the case in this story: “From that day on, [the team captain] and Paul were really, really friendly, you know, they got on really well because they’d actually had this discussion.” The storyteller draws on a narrative of approach-orientation to make sense of this story: Paul’s “that sort of guy, where he’s a sociable guy and he won’t hide away from his problems, he will go and approach that problem and sort it out.” Further, Kyle draws on the narrative of a changing, progressive cultural environment but this story acts on him in a different way than it does for Max. “In this day and age where everything is ‘You can’t say this to somebody, you can’t say that’”, it is important for men to have an environment where “you got a group of guys who understand each other, you say what you like, you say something that you can’t say in the ‘real world’”.

Within Kyle’s story we see how banter certainly could cause ‘trouble’, based on the types of ‘positioning’ against characteristics (such as age) that Max mentioned in his story, but by drawing on narratives such as an approach-orientation to conflict, allowed a cohesive team culture based around a shared understanding of banter to develop. One can also see how, in light of narratives around the changing cultural climate, Kyle perceives a need for this type of space. Creating such a context is important for these men to address their physical and mental health.

4.4.6 Pleasure-seeking and Banter

Another small story illustrates that banter has a complicated relationship to health, for some. In this story, we see banter as a means to produce momentary instances
of pleasure. Banter allows people to feel good, but this can also be achieved at the expense of others. Dennis experienced tough situations in his life outside of the program. An academic facing job insecurities, Dennis was a self-described “functional alcoholic” who used alcohol to alleviate writing anxieties. He lost weight in the program, but certain changes, such as going teetotal and abstaining from alcohol, weren’t sustainable for him. He went through tough periods “in [his] own head”, and the drinking allowed him to “numb” the “mental pain”. In a similar sense, banter allowed him to “[push] humour to the limit. It’s not always politically correct, can’t always share it with your partner. Definitely don’t want to say what you’ve said at a sports time at work.” “[Trying] to find the comedy out of a sh*t situation is a good first pass for banter, but I think it’s also trying to get under people’s skin. So not always for positive reasons, but I think, encouraging people with a comical attitude can also work.” Dennis’ account above highlights the multifaceted nature of banter. Dennis was not, perhaps, able to engage in banter the way he normally would in the program, he “didn’t feel comfortable enough to go ‘full street’ when it came to banter, and from where I’m from, it gets pretty choice [laughs].” Banter does important things for Dennis, namely that it allows him to make light of his anxieties and in a similar vein as alcohol, perhaps “numb” mental pain, producing momentary instances of pleasure.

4.5 Discussion

In this study, we utilized dialogical narrative analysis (DNA) to explore men’s stories of ‘banter’ within a men’s health context. Our aim was to shed light on what banter does for men in this kind of setting. In the following section, we discuss these findings in light of previous research on the MVFS program, contemporary theory and research on humour, and theory on men’s health promotion. With this theoretical basis, and findings from this study, we conclude by addressing suggestions for future research.
The stories presented in the results section demonstrate how narratives of masculinities, responsibility (i.e., to lose weight, and be healthy), accountability (i.e., to achieve weight loss and health for teammates, friends, or family), and resilience circulated between the men in the program, shaping the role banter (i.e., humour that can be interpreted as either playful or aggressive) played for the men. Banter served several reportedly positive functions, including allowing men to determine their social position during early group formation, feel good, develop camaraderie, experience respite (i.e., from mental health concerns), provide male inter-personal support in a counter-intuitive way, and after a period of developing familiarity, ‘be themselves’. Men could use banter as a tool to develop resilience for themselves, but also enabled them to provide support in different ways, for different people. Finally, banter provided a means to reprimand inappropriate social behaviour. On the other hand, banter could cause ‘trouble’, through causing conflict and misunderstandings, and this can be understood through a lens of critical narratives of progressiveness, inclusiveness, and a ‘changing culture’. As a tool for determining one’s position in the social hierarchy, banter had the capacity to do harm, by positioning oneself against certain characteristics (e.g., sexuality, appearance, age). Further, banter (and humour, more generally) is a tool that can be both positive (i.e., enabling someone to feel good) and negative (i.e., trying to get under someone else’s skin) at the same time. In some stories, a parallel between pursuing more aggressive or ‘offensive’ forms of humour and pleasure-seeking could be observed. For some, banter (and humour, more broadly), can therefore have a complicated relationship to health. Finally, adopting a narrative of an approach-orientation to one’s problems allows men to deal with, and prevent misunderstandings leading to group conflict, ultimately leading to enhanced group cohesion.
This analysis contextualizes the role ‘banter’ plays in this men’s health context. In our previous study with this cohort (Budden et al., 2020), we conducted a reflexive thematic analysis of interviews with players and coaches who were currently, or had previously participated in, the UK version of MVFS. The aspects that participants appraised as driving the effectiveness of the program included the appeal of sport, competition, being part of a team, and the opportunity to develop camaraderie with, and experience accountability to, likeminded and similar men. Each of these themes were clearly interrelated, and represented an overarching narrative of the program. Ultimately, the program provided a gender-sensitized space for men, in that it appealed to and was tailored towards them, and men could share issues (e.g., weight issues, mental health issues) with other men. Related to, and crucial for this narrative, was a prevalent perception that traditional weight loss programs are tailored towards women. In this study, we extend these findings by exploring how ‘banter’ is related to the narrative identified by Budden and colleagues (2020).

As mentioned in the introduction, humour has been highlighted as a potential means of health promotion in itself, but the notion that humour is universally positive has been criticized (see, for example: Billig, 2005). Many humour theories exist, and it is beyond the scope of this article to summarize these, but three are widely recognized (Billig, 2005; McCreaddie & Wiggins, 2008; Meyer, 2000): (1) the relief theory of humour (Berlyne, 1972); (2) the superiority model of humour (Sully, 1902); and (3) incongruity models of humour (e.g., Deckers & Kizer, 1975; McGraw & Warren, 2010). Readers are encouraged to consult Billig’s (2005) in-depth critique of these theories. While each theory explains humour in certain instances, it is not clear that any theory accounts for humour in its entirety. We propose, in line with other thinkers on this topic (e.g., Meyer, 2000), that it may be beneficial to take a functional approach to humour—
what does it do for people, and in this study, men in particular? Meyer (2000) proposed that humour serves four functions in communication, uniting communicators by serving identification and clarification functions, and dividing by serving enforcement and differentiation functions. Broadly, humour can be socially positive or negative (Martineau, 1972). Whether these functions are positive for an individual is subjective, and can only be understood as part of a broader picture. The narratives that circulate in culture around such an individual will shape what is considered good and dangerous in a given situation. Negative humour (i.e., humour that is disparaging) typically serves the latter two functions by enforcing (group) norms, leveraging ridicule, or punishing social non-compliance. This form (or role) of humour may not be an effective long-term strategy—effective leaders make little use of negative humour (Martin & Gayle, 1999), and when teachers use negative humour they are evaluated negatively by students (Wanzer et al., 2006). Synthesizing overlap between the dominant theories of humour and functional models of humour, Martin and colleagues (2007; 2003) developed a 2 x 2 conceptualization of the everyday functions of humour. Firstly, humour is differentiated in terms of whether it enhances the self or others, and secondly in terms of whether it is adaptive or maladaptive. Adaptive, other-oriented humour is affiliative: playful, warm, and benevolent, and used to enhance relationships. Adaptive, self-oriented humour is self-enhancement, and involves using humour “to enhance the self in a way that is tolerant and non-detrimental to others” (p. 52). Maladaptive, other-oriented humour is aggressive, involves hostile uses of humour, and is defined functionally as criticism that is expressed when socially inappropriate (Martin, 2007). Finally, maladaptive, self-oriented humour is self-defeating, involving “excessively self-disparaging humour, attempts to amuse others by doing or saying funny things at one’s own expense”
(Martin et al., 2004, p. 54) to gain social approval. This model enables us to contextualize the findings of our study, discussed below.

By exploring, dialogically, men’s stories of banter, we hoped to derive insight into the more contentious instances of humour that blur the lines between playfulness and aggression. Banter was (almost universally) described by participants as navigating a ‘line’—a subjective barrier between playful joking and out-right aggression that (generally) ought not to be crossed. Martin and colleagues (2003) stressed that “the distinction between potentially benign and deleterious uses of humour is one of degree, rather than dichotomy” (p.52). Essentially, playful humour can feature teasing, ‘ribbing’, and a degree of disparagement—such as when one group enhances group identity and cohesion by making fun of an outside group that poses threats to, or is disliked by, the group. The fact that playful humour that features insults can be positive is illustrated by Kyle’s story: “That’s the kind of thing I love, where you can take the p*ss out of each other.” While disparaging, this humour unites communicators. Further, humour that looks aggressive, when interpreted in a certain ways, can actually be play, as illustrated by Lucas: “I’m more inclined to rate the quality of your insults than worry about the damaging effects of them”. Adopting this kind of attitude towards what could easily be interpreted as aggressive and harmful could foster resilience, but also may be a coping mechanism.

Researchers have shed light on the differential outcomes associated with self-reported use of each aforementioned style of humour in communication. Generally, adaptive humour (i.e., affiliative and self-enhancement) is associated with positive outcomes for men and women, such as positive personality impressions (Kuiper & Leite, 2010; Plessen et al., 2020), adaptive or positive self-evaluative standards (Kuiper & McHale, 2009), improved mental health (Schneider, Voracek, & Tran, 2018) and
stable affect, well-being, and resilience (Cann & Collette, 2014). Maladaptive forms of humour (i.e., aggressive and self-defeating), generally, are related to negative outcomes such as negative self-evaluative standards (Kuiper & McHale, 2009), and negative personality impressions (Kuiper & Leite, 2010; Plessen et al., 2020). Nonetheless, as illustrated in Peter’s story, there may be a counter-intuitive relationship between aggressive humour and well-being, particularly for men in this context. Dyck and Holtzman (2013) found that while adaptive humour was related positively to well-being, and this relationship was mediated by greater perceived availability of social support (for men and women), moderation analyses revealed that aggressive humour may be related to higher levels of social support among men, but lower social support among women. Our results provide support for and partially explain this finding.

Finally, the complicated relationship between banter (and humour, more broadly) and health, illustrated by Dennis’ story, relates to prior research linking aspects of personality to humour appreciation. Researchers have previously explored the relationship between personality, humour appreciation, and various health outcomes (e.g., Lourey & McLachlan, 2003; Ruch, 1988; Ruch & Heintz, 2013). For example, Ruch (1988) observed a correlation between sensation seeking (e.g., experience seeking, boredom susceptibility, and disinhibition) and relatively low perceptions of aversiveness (i.e., negative feelings) when observing nonsense humour (i.e., humour where the punchline is unpredictable or highly incongruous, a central feature of incongruity theories of humour). Ruch (1988) noted that the enjoyment of different content in humour may reflect a disposition to seek out and enjoy different degrees of stimulus intensity, and may reflect a basic personality characteristic of sensation seeking. Sensation seekers may use humour to express a “need for intense, varied, novel and complex stimulation” (p. 14). Further, sensation seeking is associated with more overt
expressions of humour appreciation, and finding a greater variety of situations as funny (Lourey & McLachlan, 2003).

4.5.1 Recommendations for Future Research

One limitation of this study is that we are unable to contribute, by form of observation, to understanding how banter develops in a group of men. An unanswered question remains, what takes place first, ‘banter’, and with it open communication between men, or developing a sense of familiarity? Our results suggest that in certain instances taking ‘risks’ with humour allows men to show ‘who they are’, and that leads to social connection, but this can, of course, go wrong. Further insight, in particular in the form of ethnographic immersion, could answer this question. Several potential avenues of future research may follow. Similar research with family members could provide a deeper and broader understanding of the stories of men’s humour usage. For example, to what extent does an individual modify their style of humour in different contexts, with different group members, and to what end? Further, following one social unit (i.e., a team in a similar type of program) in an ethnographic study could provide a means to explore the perceptions of all people involved, and in relation to other forms of communication that occur in such a setting. This would provide more insight into the development of humour in such groups. It is also worth considering to what extent adaptive forms of humour can be trained (see, for example: Ruch & Hofmann, 2017).

4.5.2 Practical Implications

This study highlights the variety of functions that banter may serve for participants in men’s health contexts. Banter can bring men together, help them feel good, provide respite from responsibilities and mental health issues, and enable them to be themselves—making light of one’s own or others’ troubles with like-minded others can alleviate stress and provide a sense of validation. However, developers of men’s
health interventions should be mindful that, at times, banter may blur the line between playfulness and aggression, and accordingly, may isolate or offend. Incorporating humour into intervention design appears, on the whole, to be attractive to men, and this in part reflects norms around masculinities. Intervention developers are encouraged to address this issue by explicitly highlighting the potential positive and negatives effects of banter, for example, during initial meet-and-greet sessions and the formative stages of group development. Acknowledging that playful and well-meaning humour can at times look aggressive—featuring teasing, ribbing, and often insults—may help manage people’s appraisals of (and reactions to) such episodes and could alleviate potential conflict.

In this study, three factors appeared to frequently shape people’s interpretations of contentious humour, including context (i.e., whether contentious humour is appropriate in a given social environment or situation), intentions (i.e., the perceived intent behind someone else’s humour), and familiarity (i.e., the extent to which people know each other and have a shared understanding of one another’s personality). Addressing these issues during group formation may help to establish appropriate norms regarding how, when, and with whom participants may want to use certain kinds of banter. Fostering an environment where men feel comfortable voicing concerns about, and potential offense caused by, someone’s use of humour is also crucial. An inclusive approach to men’s health intervention design should support (rather than restrict) the use of humour, but should also protect against misinterpretations, embarrassment, or withdrawal that may result from appraisals of more contentious uses of banter.
4.6 References


doi:10.1080/01463379609369999


Chapter 5. General Discussion
5.0 Chapter Foreword

Chapter 5 is the final chapter of this thesis. Key findings from the previous studies are presented. Broad limitations, future research directions, and implications are also discussed.

Figure 5.1 ‘Waist Ham United’ team members celebrate 5% weight loss achievement for a teammate. October, 2018, The University of Western Australia.
5.1 Research Summary

The purpose of the research presented in this thesis was to (1) explore what ‘works’ in MAN v FAT Football for the men involved in the United Kingdom version of the program, (2) evaluate the feasibility and preliminary efficacy of wide-scale implementation of MAN v FAT Soccer in Australia, and (3) explore the role of ‘banter’, humour that blurs the line between playfulness and aggression, in the program.

In Chapter 1, we presented a review of the literature supporting the notion that men are a ‘hard-to-reach’ population. Firstly, men may (to an extent) be less interested in addressing their health, and specifically losing weight, relative to women. Secondly, our efforts to attract men to health interventions, and weight loss interventions in particular, may fail to appropriately appeal to men. This second problem is where intervention developers ought to direct their attention, as this places less ‘blame’ at men’s feet. Chapter 1 was also used to provide coverage of contemporary evidence for how practitioners might best engage men in weight loss interventions. Finally, Chapter 1 concluded with a discussion of theory and research relating to humour, as humour appears to be a salient aspect of gender-sensitization of health and weight loss interventions for men.

In Chapter 2, we presented a qualitative study exploring the experiences of players and coaches involved in MAN v FAT Football. Our results highlighted several inter-related themes that together suggest that the competitive aspect of the program drives weight loss behaviour (i.e., physical activity, and dietary modification) by working with, rather than against, masculinity. The results of this study informed the implementation of the program, which we evaluated in Chapter 3. In Chapter 3, we present a study exploring the feasibility and preliminary efficacy of wide-scale implementation of the program in Australia. Results from this study suggest that the
program was largely well-received by participants. Further, the outcomes that were measured as part of our preliminary efficacy assessment in this study indicated that the program may be efficacious in improving scores in several psychological and physical health indicators, including depression, stress, optimism, body appreciation, mental and physical quality of life, dietary intake, and physical activity.

In Chapter 4, we employed a novel method of qualitative analysis, dialogical narrative analysis, to explore the role that banter plays in the MAN v FAT Soccer program. By analysing participants’ perceptions of banter, in relation to their broader stories behind their involvement and experiences in the program, this study shed light on the crucial role such humour plays in creating a gender-sensitized environment that is attractive to men.

5.2 Implications

The research conducted in this thesis makes a valuable contribution to the literature, with conceptual and practical implications. In the following section, we address these broad considerations.

5.2.1 Conceptual Implications

As discussed in Chapter 1, researchers have shown that men, in general terms, ought to be considered a hard-to-reach population in terms of health promotion. Two broad explanations were presented: (1) for various reasons (e.g., masculinity) men may be simply less interested in health, and (2) current attempts to engage men in health promoting activities are often not attractive to this population. We argued that practitioners should place more emphasis on the latter reason, as this places less blame at men’s feet and provides an avenue to move forward. This thesis offers new insight into the potential for competition-based health programs to attract and engage men in health promotion, and in particular, weight loss. Chapter 2, our qualitative exploration
of ‘what works’ in the United Kingdom version of the program, highlighted several
inter-related appraisal aspects of the program that drove weight loss, including being
part of a team that offered accountability, camaraderie, and for many men, engaging in
competition on a level playing field alleviated many anxieties this population faced
when considering joining the typical exercise outlets available, such as commercial
gyms and regular football (or sport, in general) leagues. Our interpretation of these
results highlighted the importance of two inter-related concepts: masculine capital (De
Visser & McDonnell, 2013) and pragmatic embodiment (Watson, 2000). Conceptually,
leveraging competition to drive weight loss—by allowing dietary and physical activity
behaviours to contribute to one’s team—affords men the opportunity to accumulate
social (or, masculine) capital. Further, physical prowess is commonly cited as an aspect
of masculinity, and the multiple levels of competition offered in the program allow men
to contribute to their team in multiple ways, while contributing less in others.

In terms of other conceptual contributions, our study on humour in Chapter 4
supports the continued investigation of concepts such as banter, which certainly have
negative connotations, and highlights the complexity of such a social behaviour. While
practitioners may have desire to creative inclusive environments by adopting
progressive attitudes, discouraging the exchange of more contentious banter may
backfire when attempting to gain trust and engagement from the men who may be
hardest to reach, those who endorse masculine values. Further, this study has the quality
of emphasizing empathy: humour—in its many and varied forms—serves vital
functions for humans. Placing emphasis on the understanding of intent behind someone
else’s use of humour is an important skill. In our technologically interconnected world,
this is an incredibly salient concept. The participants involved in our study on humour
almost universally appreciated that banter navigates a line—an important consideration
is that this ‘line’ differs from person to person, and ‘hard-to-reach’ men who may distrust ‘clinical’ health interventions are unlikely to appreciate narrow conceptions of the ‘line’ being forced upon them.

The reverse is also true. Humour can (and sometimes is used to) demean, derogate, and exclude others. The difficulty arises in separating humour that inadvertently ‘misses the mark’—that fails to adequately establish context and by accident, harms others—and humour is deliberately aggressive and intended to divide people. Conceptually, our study showed the potential positive functions of humour in intervention design. While this has been addressed and incorporated in previous gender-sensitized studies for men (such as Football Fans in Training; Wyke et al., 2015), this thesis provides in-depth insight into why such consideration is important.

5.2.2 Practical Implications

This thesis also offers several important practical implications. By exploring ‘what works’ in the program in one context, and incorporating these findings into a large-scale feasibility evaluation of the program in another context, we provided preliminary insight into the efficacy of the program. In doing so, we confirmed that the concept of leveraging competition to drive weight loss behaviour works in two (relatively similar) countries—the United Kingdom and Australia. While our qualitative investigation conducted in the United Kingdom provides insight into men’s experiences of the program, our feasibility evaluation provides valuable practical insight into the components of the program that were quantitatively rated most positively by participants. Perhaps unsurprisingly, the aspects of the program that relate to social experiences were most positively received, whereas functional aspects (or behaviour change techniques), while helpful to many participants, were less positively rated. This emphasizes a relatively simple point that practitioners ought to place emphasis on group
processes for driving behaviour change. Further, emphasizing such an approach allows for flexibility among teams, provides autonomy for men’s self-directed weight loss behaviour, and supports men’s opportunities to accumulate masculine capital with peers. Our feasibility study was also important, from a practical perspective, in that it resulted in the establishment of a new, gender-sensitized weight loss program for Australian men. This is a notable development, and it is worth noting that since establishing the program during the feasibility study, the program continues to provide an avenue for weight loss, lifestyle change, and mental health improvement for a group of Australian men who—prior to the establishment of the program—may not have felt there was a community-based weight loss program for them. As of February 2021, the men in the program have collectively lost approximately 5,000 kilograms, and it is difficult to imagine this weight loss would have occurred without the program.

Our study on humour or ‘banter’ has practical implications. Intervention developers ought to directly address humour in intervention design, and incorporate discussions around the potential positive and negative functions of humour, discussed in Chapter 4. When doing so, we would caution against readily restricting participants’ use of humour, given the propensity of such regulations to undermine men’s perceptions of autonomy and the engagement of ‘hard-to-reach’ men with their health.

5.3 Limitations and Future Research Directions

The studies presented in this thesis are noteworthy from both conceptual and practical perspectives; there are, however, some broad limitations that are important to acknowledge. The first broad limitation of the work presented in this thesis is that our participants may not, by nature of being involved in a health promotion (weight loss) program, be representative of men in general. Referring to our feasibility study reported in Chapter 3, while we did collect information relating to men’s household income and
higher education status, we did not collect demographic information such as ethnicity, religion, or sexuality. Thus, we cannot draw conclusions as to whether the MAN v FAT Soccer program attracts a representative sample of men of various ethnic and religious backgrounds, or men of different sexualities. There is no specific structural element in the program that should actively exclude diversity, but whether the program appeals broadly has not been investigated. Second, as our study in Chapter 3 was a single-group study design (i.e., without a control group), we cannot make conclusive statements about the efficacy of the program relative to other programs or control conditions. As a result, one of our key recommendations for future research is for researchers to design and conduct appropriate randomised controlled trials of the MAN v FAT Soccer program according to CONSORT recommendations (Moher et al., 2010). In delivering a randomised controlled trial of the program, researchers should give careful thought to the selection of suitable controls (see, for example; Freedland et al., 2019). Obtaining detailed insight into demographic characteristics in such studies would (a) provide a more comprehensive understanding of participants in the program, (b) allow for more robust insight into the generalisability of intervention outcomes, and (c) enable tests of moderation (of intervention effects) according to different population and personal characteristics. In addition, future research could explore the potential effects of involvement in such programs beyond the effects for the participants in them, such as family functioning, or knock-on psychological, physical, and behavioural outcomes for partners or children of participants. Finally, we also cannot draw conclusions as to whether the competitive nature of the program would work in other contexts (e.g., countries), or with different, specific populations. While this was not an explicit aim of ours in conducting this thesis, it would be interesting to explore whether this concept
would work, for example, with overweight and obese women, or for different health behaviours.

5.4 Conclusions

This doctoral thesis provides new conceptual and practical insight into men’s health and weight loss. The studies in this thesis highlight several key findings, such the potential for competition to be incorporated in health interventions for men, the feasibility (and potential effectiveness) of wide-scale implementation of a new weight loss program (MAN v FAT Soccer) in Australia, and the various positive and negative roles humour or ‘banter’ plays in such programs.

One of the delights of working on this project has been the opportunity to influence and observe real changes in the lives of real people. I was fortunate to interview nearly seventy men (and one woman) involved in this program in the United Kingdom and in Australia. Numbers can only capture so much of our experiences and miss what makes things like this meaningful. I will leave the words of one of our (anonymous) participants to conclude this thesis:

For the past 20 years, I’d been on the larger size. I like cake, beer, and food, and wasn’t fond of pointless exercise. I hadn’t played any kind of sport in 21 years, I always knew I was overweight but had never done anything about it. I can’t sit here and say I’d tried everything—truth is, I’d tried nothing. A year before, my doctor had told me that she couldn’t sign a medical form for my commercial driver’s licence because of high blood pressure, and I still hadn’t done anything about it…

This player went on to lose 20kg (20% of his body weight) in the program, and reflected on it, saying:
Even though I’d only just met them and didn’t know them from a bar of soap, it turned out that I didn’t want to let the other fat blokes on my team down. Every week, I made sure I weighed less than the week before. And before I knew it, I wasn’t worrying about the weigh-ins because I was losing a kilo a week. I couldn’t have done it without encouragement of my teammates every week. Best of all, a year after starting MAN v FAT, my medical was due again… my blood pressure was perfect.

Figure 5.2 Player receiving award from Mr. Timothy Budden for achieving 5% weight loss in the MAN v FAT Soccer program. November 2018, University of Western Australia.
5.5 References


Appendices
Appendix A: Ethical Approval
Ethical approval (Chapter 2)
172

Dear Doctor Jackson,

HUMAN RESEARCH ETHICS APPROVAL - THE UNIVERSITY OF WESTERN AUSTRALIA

Evaluation of Man v Fat Football UK

Ethics approval for the above project has been granted in accordance with the requirements of the National Statement on Ethical Conduct in Human Research (National Statement) and the policies and procedures of The University of Western Australia. Please note that the period of ethics approval for this project is five (5) years from the date of this notification. However, ethics approval is conditional upon the submission of satisfactory progress reports by the designated renewal date. Therefore, initial approval has been granted from 12 April 2018 to 11 April 2018.

You are reminded of the following requirements:

1. The application and all supporting documentation form the basis of the ethics approval and you must not depart from the research protocol that has been approved.
2. The Human Ethics Office must be approached for approval in advance for any requested amendments to the approved research protocol.
3. The Chief Investigator is required to report immediately to the Human Ethics Office any adverse or unexpected event or any other event that may impact on the ethics approval for the project.
4. The Chief Investigator must submit a final report upon project completion, even if a research project is discontinued before the anticipated date of completion.

Any conditions of ethics approval that have been imposed are listed below:

Special Conditions
None specified

The University of Western Australia is bound by the National Statement to monitor the progress of all approved projects until completion to ensure continued compliance with ethical principles.

The Human Ethics Office will forward a request for a Progress Report approximately 90 days before the due date.

If you have any queries please contact the Human Ethics Office at human.ethics@uwa.edu.au.

Please ensure that you quote the file reference – RA24/21/1411 – and the associated project title in all future correspondences.

Yours sincerely,

Mark Davies

[Redacted]
Ethical approval (Chapter 3 and 4)
Our Ref: RA4/2019/281

26 March 2019

Dr Ban Jackson
School of Human Sciences
NEDP 5406

Dear Doctor Jackson

HUMAN RESEARCH ETHICS APPROVAL - THE UNIVERSITY OF WESTERN AUSTRALIA

Assessing the Feasibility of Man v Fat Football in WA

Ethics approval for the above project has been granted in accordance with the requirements of the National Statement on Ethical Conduct in Human Research (National Statement) and the policies and procedures of The University of Western Australia. Please note that the period of ethics approval for this project is five (5) years from the date of this notification. However, ethics approval is conditional upon the submission of satisfactory progress reports by the designated renewal date. Therefore initial approval has been granted from 28 March 2018 to 27 March 2018.

You are reminded of the following requirements:

1. The application and all supporting documentation form the basis of the ethics approval and you must not depart from the research protocol that has been approved.
2. The Human Ethics office must be approached for approval in advance for any requested amendments to the approved research protocol.
3. The Chief Investigator is required to report immediately to the Human Ethics office any adverse or unexpected event or any other event that may impact on the ethics approval for the project.
4. The Chief Investigator must submit a final report upon project completion, even if a research project is discontinued before the anticipated date of completion.

Any conditions of ethics approval that have been imposed are listed below:

Special Conditions

Note specified

The University of Western Australia is bound by the National Statement to monitor the progress of all approved projects until completion to ensure continued compliance with ethical principles.

The Human Ethics office will forward a request for a Progress Report approximately 30 days before the due date.

If you have any queries please contact the Human Ethics office at human.ethics@uwa.edu.au.

Please ensure that you quote the file reference – RA4/2019/281 – and the associated project title in all future correspondence.

Yours sincerely,
11-Apr-2010

Our Ref: RA/44/1411

16 July 2018

Dr Ben Jackson
School of Human Sciences
M36/04/08

Dear Dr Ben Jackson

HUMAN RESEARCH ETHICS OFFICE – AMENDMENT REQUEST APPROVED

Examination of Men v Fat Football UK

Approval has been granted for the amendment as outlined in your correspondence and attachments (if any) subject to any conditions listed below.

The next progress report for this project is due on 11-Apr-2019

The following is a brief description of the amendment and any conditions that apply:

1. Updated documents to evaluate the WA program;
2. Participant Information Form;
3. Participant Consent Form;
4. Baseline Survey;
5. Weekly Survey;
6. 14w-Week Survey;
7. Injury Report form;
8. Interview Outline;
9. Adult Pre-Exercise Screening tool.

If you have any queries, please contact the HEO at humanethics@uwa.edu.au

Please ensure that you quote the file reference RA/44/1411 and the associated project title in all future correspondence.

Yours sincerely,

[Signature]
Manager, Human Ethics

<table>
<thead>
<tr>
<th>Name</th>
<th>Faculty / School</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Ben Jackson</td>
<td>School of Human Sciences</td>
<td>Chief Investigator</td>
</tr>
<tr>
<td>Mr Timothy Budden</td>
<td>Student Body</td>
<td>Co-Investigator</td>
</tr>
<tr>
<td>Dr James Dimmock</td>
<td>School of Human Sciences</td>
<td>Co-Investigator</td>
</tr>
<tr>
<td>Mr Andrew Shoshani</td>
<td>Men v Fat Football UK</td>
<td>Co-Investigator</td>
</tr>
</tbody>
</table>