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"You've Got to Walk Before You Run": Positive Evaluations of a Walking Program as Part of a Gender-Sensitized, Weight-Management Program Delivered to Men Through Professional Football Clubs

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Objective: To explore men's views of a pedometer-based walking program, part of a weight-management intervention delivered through Scottish Premier League football clubs, and the congruence or challenge this poses to masculine identities. ***Methods:*** Semistructured telephone interviews with a sample of participants in a gender-sensitized, group weight-management program. Interviewing continued until data saturation was reached ($n = 29$). ***Results:*** All men were positive about the context, style of delivery, and content of the broader intervention. These things encouraged men to increase their physical activity (and adopt other behavioral changes) that they may not otherwise have found appealing. The success and acceptability of the walking program resided in three interrelated factors: (a) the utility of pedometers as a technology for motivation, self-monitoring and surveillance, and target setting; (b) the speed with which fitness was regained and weight reduced (enabling men to begin to do more desired forms of physical activity, and so regain visceral, experiential, and pragmatic masculine capital); and (c) bolstering their masculine identities through the receipt of the program in a valued, masculinised context. ***Conclusions:*** These data suggest that men will enthusiastically embrace a graduated walking program when the presentation is gender sensitive in context, content, and delivery. Pedometers were viewed as a valuable, reliable technological aid which motivated men and empowered them in self-monitoring of progress toward self-defined goals. Many men experienced the walking program as a means of regaining fitness, thereby enabling them to also regain valued masculine identities and activities, and a step toward regaining a more acceptable masculine body.

Keywords: masculinities, physical activity, obesity, men, health behavior

Obesity has "escalated" over the last four decades (Gortmaker et al., 2011), and the prevalence in men in the U.K. is among the highest in Europe (International Association for the Study of Obesity, 2010). Sixty-nine percent of men in Scotland are classed as "overweight" (body mass index [BMI] > 25 kg/m^2) or "obese" (BMI >30;Logue et al., 2010). On current trends, 70% of British people will be overweight/obese by 2020, and nearly 50% of men in the U.K. will be obese by 2030 (Wang, McPherson, Marsh, Gortmaker, & Brown, 2011).

These trends pose a threat to individual health, a burden on health services (Counterweight Project Team, 2008; Wang et al., 2011), and a challenge to public health (Gortmaker et al., 2011;

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Greener, Douglas, & van Teijlingen, 2010; King, 2011). Obesity increases the risk for many aspects of ill-health, and it contributes to premature mortality. Being obese at age 40 decreases life expectancy for men by 5.8 years (Logue et al., 2010). Obese men are three times as likely to have high blood pressure (BP) as men of normal weight (Cancer Research, U.K., 2005), and 90% of cases of type 2 diabetes can be attributed to excess weight. There is a more than twofold increase in the risk of coronary artery disease and stroke among obese people (Government Office for Science, 2007), and obesity is the second most important preventable cause of cancer after smoking (Cancer Research, U.K., 2005). Obesity has also been linked to adverse sexual health outcomes in men, more than doubling the odds of erectile dysfunction in comparison with men of "normal" weight (Bajos, Wellings, Laborde, & Moreau, 2010). These obesity-associated comorbidities contribute to gender and socioeconomic inequalities and premature mortality, and they may affect men's concerns about their own bodies and health status.

A 5–10% weight loss can produce significant health benefits (National Institute for Health & Clinical Excellence, 2006). Although there is debate about the best means to achieve this given the complex, multifactorial origins of the obesity "problem" (Greener et al., 2010; Swinburn et al., 2011; or indeed whether it is even appropriate to do so, see, e.g., Campos, Saguy, Ernsberger, Oliver, & Gaesser, 2006), individual behavioral change modifying the balance between energy input through dietary intake and output through physical activity (PA) is one part of the picture. Individual attempts to lose weight, as with all behavioral choices, are embedded within social and cultural contexts. As one consequence of this, they are gendered in myriad ways, not least because health behaviors are one important means through which performances of gender are achieved, as discussed below.

Existing commercial and UK National Health Service weight-loss programs are seldom used by men (Bye, Avery, & Lavin, 2005; Ross, Laws, Reckless, Lean, & Counterweight Project Team, 2008; Wilkins, 2007; Wolfe & Smith, 2002), both because weight-loss facilities and programs are perceived to be feminized "spaces" and because of longstanding links between dieting and female bodies (Orbach, 1978/2006). Idealized perceptions of male and female bodies differ; the construction of differential distributions of body fat and muscle by sex (Jonvallen, 2010) is one manifestation of a wider social project to construct sex and sex differences through emphasizing distinct morphologies and functions for the male and female body (see, e.g., Fausto-Sterling, 2005; Oudshoorn, 1994). Women are more likely to aspire to conventional biomedical definitions of "normal" weight, whereas many men may seek to achieve a body weight and shape that is not consistent with these definitions (Gill, Henwood, & McLean, 2005;Monaghan, 1999, 2007). Men are more willing to challenge the validity of biomedical definitions of "overweight" and "obesity" (BMI >25 and >30, respectively; Gray, Hunt, Lorimer et al., 2011), citing male film stars (e.g., Brad Pitt, Arnold Schwarzenegger) and international rugby players who are archetypes of physical fitness and health but whose BMI would categorize them as "obese" (Monaghan, 2007).

While accepting that not all men who exceed biomedical definitions of "obesity" will want to lose weight, cultural constructions of masculinity and body shape, health, and health behavior arguably present particular challenges for those obese men who *do* wish to lose weight and regain fitness. First, eating (see, e.g., de Souza & Cicllitira, 2005;Mróz, Chapman, Oliffe, & Bottorff, 2010, 2011) and physical activity (see, e.g., Robertson, 2003a) patterns are important ways of "doing gender" (West & Zimmerman, 1987), although as performances of masculinity they have received less attention than other behaviors such as help-seeking (Galdas, 2009; Hunt, Adamson, & Galdas, 2010; O'Brien, Hunt, & Hart, 2005) and drinking (de Visser & Smith, 2006, 2007; Emslie, Hunt, & Lyons, 2012; Lyons & Willott, 2008). While weight loss may be desired, certain body morphologies challenge notions of acceptable masculinities (Stibbe, 2004), and concerns about being too thin or unhealthy-looking contribute to men being less likely to diet (Kiefer, Rathmanner, & Kunze, 2005; McPherson & Turnbull, 2005; Monaghan, 2007; Pliner, Chaiken, & Flett, 1990). Men view dieting as "feminine" (Gough, 2007), they are more likely to use exercise to control their weight (Kiefer et al., 2005), they are more resistant to healthy-eating campaigns (Gough & Conner, 2006), and they are less aware of links between diet and ill health (Fraser, Welch, Luben, Bingham, & Day, 2000; Kiefer et al., 2005). Furthermore, alcohol may pose additional problems for men's weight (Duvigneaud et al., 2007; The NHS Information Centre for Health & Social Care, 2010), both because consumption is higher in men (Emslie, Lewars, Batty, & Hunt, 2009), and because drinking, alongside sport, is such an important resource in building masculine identities and masculine "capital" (De Visser, Smith, & McDonnell, 2009). Many have argued that hegemonic performances of masculinity are inherently health-damaging (Courtenay, 2000), and they mitigate against men taking care of their health. As Robertson (2003b) has argued, men are caught in an ambiguous position between being seen to care for their health as responsible citizens, without appearing to care too much as men.

There is limited evidence on what obese people would actually like to help them to lose weight. Participants (106 obese women and 36 obese men) in an Australian study wanted "noncommercial interventions . . . focused on encouraging individuals to make healthy lifestyle changes" (including PA changes) which were "nonjudgemental, nonstigmatising and empowered individuals to improve their lifestyles rather than focusing on weight loss per se" (Thomas, Lewis, Hyde, Castle, & Komesaroff, 2010).

Walking is an ideal mode of PA for adults, and it has been described as "the nearest activity to perfect exercise" (p. 328) because it is a cheap and safe way of increasing PA with minimal adverse effects (Morris & Hardman, 1997). For sedentary adults, walking can result in physiological benefits, by decreasing weight, BMI, percentage body fat and resting diastolic BP (Murphy, Nevill, Murtagh, & Holder, 2007), and it can also enhance psychological health (Baker et al., 2008). Individually tailored interventions delivered on a one-to-one, household or group basis are the most successful at increasing walking in those who are most sedentary and/or most motivated to change (Ogilvie et al., 2007). Pedometers have been shown to be a motivational tool; for example a 12-week pedometer-based program in combination with a PA consultation increased walking, reduced sedentary behavior and increased positive affect in a community sample not meeting current PA recommendations (Baker et al., 2008). However, a limitation of the existing literature on walking interventions is a bias toward recruiting women (Ogilvie et al., 2007); most evidence is based on studies with entirely, or predominantly, female samples. When walking projects have been offered in research contexts, more

women than men have participated. This could reflect a general bias for women to take a more active part in health, and particularly weight-management initiatives, or a disinclination among men to adopt this form of PA, perhaps because it conflicts with preferred performances of masculinity (Connell & Messerschmidt, 2005). If the latter were the case, it would present a challenge in the provision of weight-management programs for men, given evidence that walking is the most effective and achievable means of increasing PA levels in those who are classed as obese and that have low fitness levels.

This paper reports on men's receptivity to a walking program which forms a key part of the PA component of an innovative weight-management and healthy-living program, Football Fans in Training (FFIT), for men who are overweight and obese. FFIT is a men-only, evidence-based (National Institute for Health & Clinical Excellence, 2006;Scottish Intercollegiate Guidelines Network, 2010) group intervention delivered over 12 (normally weekly) sessions at Scottish Premier League (SPL) football stadia by community coaches trained in diet, nutrition, PA, and behavior change techniques to a standard protocol. A range of behavior change techniques based on control theory (e.g., self-monitoring of weight and physical activity [including pedometer steps], intention formation, goal setting and review, and feedback) have been drawn on in developing FFIT (Michie, Abraham, Whittington, McAteer, & Gupta, 2009). The program is designed to be gender-sensitized in context, content and style of delivery, building on sociological understandings of gender. In addition to advice on diet, alcohol, and sustainable behavior change strategies, FFIT has a focus on PA through an incremental pedometer-based walking program and pitch-side sessions led by club coaches (supplemented for some men with more vigorous forms of PA in their own time). It strives to present men with new ways of "doing health," that are consistent with hegemonic ways of "doing gender" (West & Zimmerman, 1987), exploiting the traditionally male environment of football clubs (Ireland & Watkins, 2010), existing loyalty to football teams and the opportunity to participate in men-only groups to maximize men's engagement (Gray et al., 2009). The program's location within SPL football clubs reflects growing recognition of the potential of sporting organizations to deliver health initiatives to men and other hard-to-reach populations (Priest, Armstrong, Doyle, & Waters, 2008b).

The delivery of FFIT through SPL clubs is currently overseen by the SPL Trust, and it is funded by the Football Pools and Scottish Government. The program was piloted in 11 SPL clubs during the 2010–2011 football season. At the same time, a feasibility trial was undertaken in two clubs (Heart of Midlothian and Kilmarnock) in preparation for a full-scale randomized controlled trial (RCT; Gray et al., in press), alongside qualitative research on the coaches' and participants' experiences of the program (including those reported here). These informed refinements to the FFIT program and the design of the subsequent RCT. The feasibility findings suggest that FFIT is likely to be successful in helping men to lose weight and gain other mental and physical health benefits, and it demonstrated that FFIT was extremely popular with the vast majority of participants (Gray, Hunt, Mutrie et al., 2011). A full RCT is ongoing, powered to assess whether participation in FFIT helps overweight/obese men to lose at least 5% of their body weight 12 months after baseline (preprogram) measurement. Secondary outcomes include BP, quality of life, self-esteem, mood, self-reported PA, and an economic evaluation.

One part of our developmental work focused on men's experiences and views of the walking component of FFIT as this is the key means to initially reengage participants in increased PA (many of whom are very overweight [mean BMI of participants in the pilot deliveries was 34.5] and sedentary). This reflected a concern that men may not consider walking a sufficiently masculine form of PA to embrace, given the lack of evidence on men's views of this form of PA promotion. The data we report here demonstrate that this concern was ill-founded.

Methods

Semistructured telephone interviews were conducted with men who participated in pilot deliveries of FFIT in September-December 2010 at three clubs. These are located within the Central belt of Scotland, in/close to the urban areas in which the majority of the Scottish population lives. The data presented constitute one part of a broader evaluation of the feasibility and acceptability of conducting a RCT to evaluate the effectiveness of FFIT, as described above. Following a short period of advertising via the SPL clubs and local media, 355 men (aged 35–65 years, average BMI 34.5 kg/m^2) from a wide range of backgrounds (roughly equal proportions from the five quintiles of socioeconomic deprivation) were enrolled on FFIT at 11 of the 12 SPL clubs in September 2010 (including 52 men who formed the waiting list comparison groups in our feasibility trial). Ethical approval was granted by the School of Nursing, Midwifery and Health, University of Stirling.

For this research on experiences of the walking program, FFIT participants in three clubs were asked by their coaches if they would be willing to take part in a telephone interview asking about their views of the program, and if so, to sign a sheet giving permission for their contact details to be forwarded to the research team. One researcher (CM), who was not otherwise involved in the SPL clubs or in the development of FFIT or the feasibility trial/RCT, then contacted these participants, choosing at random from these lists. Four of the 31 men approached were unable to take part because of time constraints. We chose not to conduct this additional qualitative research in the two feasibility trial clubs because some of our research team were in close contact with men at these clubs, and we wanted to minimize the likelihood that our telephone interviewees might express more positive views about the program because of their familiarity with research team members. Nevertheless, data (including interviews with men who did not complete the course) from the feasibility trial clubs on other aspects of the program (e.g., general views on the program) are very consistent with those expressed by the men in the telephone interviews. Interviews were audio-recorded with participants' informed consent, transcribed verbatim, and checked for accuracy.

Men were interviewed in the last third of the 12-week program. As part of the consent procedure, they were assured that they could withdraw from the interview at any time, they could choose not to answer any questions, and their participation/lack of participation would not affect future participation in FFIT or activities at their club. The topic guide included men's experiences of various aspects of FFIT (including the walking and PA components, the setting and overall views of the program, and what had attracted them to sign up for FFIT). Because informal feedback from par-

ticipants at the feasibility trial clubs had been so positive, CM specifically prompted men in ways that would make them feel comfortable about expressing any negative views. For example, all were asked if there was anything they had not liked about the program, whether they saw any disadvantages to having a wide age range, and whether the program had led to any negative changes in their life. With respect to walking, men were asked "How have you got on with the suggested walking program?" To encourage them to express any negative views, CM said "Some people have said that this kind of walking program may not be the most appealing kind of exercise for men. What do you think about that? Do you agree?"

Originally, we planned to undertake 20 telephone interviews focusing on men's experience of the walking program. In practice, to ensure that we had allowed for a range of opinions in all three clubs, we continued until 27 interviews had been completed—by that time, we were very satisfied that data saturation had been achieved. Transcripts were read repeatedly by two researchers (KH, CM) to identify both responses to questions of interest and emerging, unexpected themes (Braun & Clarke, 2006; Pope, Ziebland, & Mays, 2000). For this paper, analysis focused on men's receptivity to the walking program, in the context of the wider program and its setting. The full range of accounts of the walking program was indexed, and all issues relevant to each heading were noted, along with Participant ID numbers (Ziebland & McPherson, 2006). As explanations for men's receptivity to the walking program were formulated, constant comparison (checking the emerging analysis against every instance of similarly indexed data) allowed reformulation and amendment of explanations, and it ensured that all perspectives were represented. This process was undertaken by KH. QSR nVivo 8 (http://www.qsrinternational.com/) was used to facilitate handling of the transcripts, and it was used to ensure that all material relating to each theme was considered. Extracts which typified key themes were chosen to illustrate the analysis; deviant cases were actively sought, including rereading all transcripts in their entirety postcoding to check that no negative views had been overlooked in the coding process.

Findings

Almost all respondents were very enthusiastic about FFIT; they described it as "brilliant" (e.g., TI-1, TI-26), "superb" (TI-5), "ideal" (TI-16), "very, very good" (TI-20), "very beneficial," and "excellent" (TI-10). Many felt that the SPL club setting and the delivery of the course by coaches were key to the program's acceptability. As one (TI-1) said, "You're doing it at a place where you go to support your team and you are actually involved in it (the team) you're inside the stadium and you are actually getting shown about. It's fantastic."

A small number of men were more muted in their evaluations, saying that the program had been "quite good" (TI-17, TI-21) or "quite useful" (TI-23), but none were negative. When prompted to express any negative views (e.g., "Were there any things you didn't like about the program?"), men at most suggested "a few tweaks" (TI-11): a few said they would have liked more challenging in-stadia exercise sessions earlier on, and a few men at one club said the coaches seemed unconfident about the classroom material to start with, recognizing that it was the first delivery of the program.

Almost all of the men were positive about the walking program. For example, one said he had learned how "easy exercise is to do without any equipment. That's really helped" (TI-17). Another said that "everybody's taken to it" (TI-13), and another said that he had "thoroughly enjoyed it, cause like everything else you've got to walk before you can run. Pardon the pun" (TI-26). This did not mean that all men had found the walking program easy; some cited specific difficulties such as dark nights, very cold weather, or constraints of night shifts or other aspects of their work. The few men who were less enthusiastic about the walking program were those who already walked quite a bit, or who were much more active than the majority of participants. The most negative (TI-14) had recently trained to do a long sponsored walk through work. He said "that's maybe put me off the walking side of it . . . I wear my pedometer religiously . . . [but] I don't enjoy going out walking the street . . . I much prefer going to the gym." Another man said that he was getting "bored now with my walks 'cause there's only so many routes you can take" (TI-24).

Analysis suggested that for the vast majority of men the success and acceptability of the walking program derived from three interrelated factors: (a) the utility of the pedometers as a technology for motivation, self-monitoring, and self-competition (target setting); (b) the speed with which most men regained a degree of fitness and lost weight (thereby, as we will argue, enabling them to regain the prospect of undertaking more desired forms of physical activity, and so regaining visceral, experiential, and pragmatic masculine capital; De Visser et al., 2009; Watson, 2000); and (c) bolstering their masculine identities through the receipt of the program in a valued, masculinised context (the football setting).

Pedometers as a Technology for Motivation, Self-Surveillance, and Self-Competition

The walking program within FFIT was inextricably linked by the men to the pedometer, which proved to be a highly accepted and acceptable piece of technology. Each man was given a pedometer during the first session, and all were encouraged to set individual targets week-on-week to increase their step counts from their baseline level. Initially, the pedometer demonstrated to some men just how sedentary their lives had become:

> In my work, I'm either you know, sitting driving, or I'm sitting in a meeting, or I'm sitting at a desk, but the worst for me is actually the working from home because I will get up in the morning, come downstairs, do some work, grab a shower, come back downstairs, sit and do some work . . . . . having a look and seeing that you know, the sort of general average for unfit people was about two thousand steps and you know, I'm like that . . . a couple o' hunner [hundred]! (TI-2)

The pedometer acted as an objective, reliable, and indisputable technology to bring this message home. As one man said, "It was really, really fascinating. I mean, at the beginning, there's no two ways, I was sedentary . . . and I remember at the beginning thinking that, oh, this is just awful. It's just never gonna happen" (TI-7). Just one man disputed the reliability of his device ("The only thing I find a wee bitty disappointing is when sometimes I think I've actually walked more but the steps [pedometer] are saying I've not. I had to check the pedometer a few times" [TI-16]).

Almost all men made some comment which demonstrated that pedometer use quickly became habitual and routine. For example,

one (TI-18) said he wore it "religiously," and another said that it was "like fastening a seatbelt" (TI-21). One related a story demonstrating the taken-for-grantedness of pedometer use in their daily lives:

> One of the guys got so attached tae [to] it that he actually went for a swim, forgot he was changing out of his trousers intae [into] his shorts and put the bloody pedometer on when he went to the pool! Naw, it's been as I say, I really canny [can't] say enough good things about it, honestly. (TI-7)

Thus, men quickly appreciated the utility and dependability of their pedometer, and they incorporated it into their daily lives. They made men's daily physical inactivity levels visible and indisputable. Importantly, the pedometer provided a means for self-monitoring which motivated the men, particularly in the early weeks of the program: as one said, "It helps me- because I've got a target that I'm looking for" (TI-24). Men liked its accessibility and tangibility:

> [Its r]eally good, . . . it's amazing a wee [little] device like that can-you're, you know- before you maybe thought you'd been staying active but, you know when you look at your pedometer you realize you hadnae [hadn't]. . . . need to go out, do something cause I really havenae done that much today. (TI-18)

> I love that part of it but I never go without my [pedometer] . . . it's amazing, it really is amazing, I mean I wear it every day and record it every day . . . That's another thing that's tangible, something you can touch and see you know, . . . It was one of the best things they done to be honest wi' [with] you . . . I think everybody was highly delighted wi' the pedometer. (TI-12)

The interviews showed how men used the pedometers to calibrate their physical activity, adjusting daily routines to increase their step count. The pedometers thus enabled men to monitor their activity and progress toward their goals. The immediacy of the objective feedback was highly motivating for the majority. TI-20 said it had:"really, really focused my mind . . . when I get up in the morning . . . first thing that goes on is the pedometer. And it's the last thing that comes off at night. Cause you're obviously trying to squeeze in as many steps as you can." The pedometer appealed as a masculinised piece of technology, enabling the men to apply rational problem-solving skills to achieving self-negotiated targets:

> That [pedometer] has been my Godsend. It becomes almost like, competitive with yourself. You know you're sitting at 10 o'clock at night, I've only done 8,000, I'll need to go and take the dog back oot . . . I'm definitely going to keep that clipped on my belt, when I stop [FFIT]. . . . I'm walking places I'd just never have dreamed of walking you know . . . I find it's great, like I walk to football on a Saturday, I'd have took a taxi every time. But noo [now] it's a 40 minute walk to the football. I just don't even think aboot it noo . . . . I'm walking, getting up in the morning, taking the dog and stuff like that. . . . (TI-19)

> It's actually given me a good kick up the backside . . . it's made me consciously go out of my way to walk more. . . . every week I've built up the step count and I live in a modern block of flats . . . I now use the stairs and the, instead of the lift . . . it's just little things like that and I'm making a conscious effort every day . . . how am I doing? How can I get more out of this? (TI-6)

Through using their pedometers, men began to get a more experiential understanding of the level of exercise they needed to build into their daily lives, and they sometimes verged on the evangelical when promoting its benefits. For example, one said:

> This pedometer's instilled paranoia in me! I just . . . I mean I actually had a look at it today and . . . I was astounded that I hadnae walked enough so I need tae [to] go tae the gym . . . I think everybody should have one . . . I mean, I didn't know how many steps you know, the ratio of these steps tae miles was and noo that I know it's probably about four thousand to two miles, I can tell by this pedometer how much I've actually exercised . . . (TI-3)

On top of these practical utilities, a few men's comments suggested the pedometer had symbolic value in demonstrating their efforts to regain their fitness and their more youthful bodies:

> Again it's all daft psychology, the pedometer's actually really great . . . it's a bit like the track suit, you've got a badge saying, look I'm trying. . . . there was one of the days at work I forgot tae wear it and I got a row off one of the guys for no wearing it so . . . aye, again, I cannae [can't] say enough good things about that. (TI-7)

Regaining Masculine Capital and Ideals Through Regaining Fitness and Losing Weight

Many men talked about being pleased with how quickly the walking program helped them to begin to lose weight, and regain fitness and a more valued body shape:

> I've lost a reasonable amount of weight over the time I've been in it [FFIT], I do feel an awful lot more fitter, I know I walk a lot quicker than I ever did before. So in a relatively short time it has been a benefit to me. (TI-18)

These changes gave some men the ability and confidence to progress to forms of physical activity (such as squash or football) which are more traditionally seen as being valued by men, activities which just weeks before they would have felt unable to contemplate: "It's got me going back to the gym and stuff like that, on top of the walking" (TI-24). Quite quickly, men were able to conceive of progressing physically, psychologically, and in terms of taking up (again) activities which they valued, overcoming barriers which previously had seemed less surmountable:

> I'm actually moving differently you know, like previously tae [to] doing this I was probably moving in the most lethargic way possible, whereas noo it's you know, I'm getting my stomach involved and you know, and swinging my arms . . . as if I'm a youngster again . . . when I did go and do it myself you know, I sort of went off at full tilt you know, and having that sort of mindset you know, right, I'm going tae dae [do] it. You dae this many steps, want tae dae this . . . a common thing with the guys I mean, we're all the same . . . pretty much the same thing. I we walked up a flight of stairs we were kinda oot [out] of breath and you know, it took us you know, even borderline dizzy but noo we're all bouncing up the stairs as if we were you know teenagers. . . . I wouldn't quite go as far as saying life-changing but you know, it's certainly a reversal of something I didnae think was reversible which is, which is great . . . (TI-2)

Some were much more explicit about specific health benefits they felt that they had already gained through participation in the walking program:

> You're at an age where you've got to start thinking about what you're putting into your body and how much exercise you're taking because there'll come a time when you won't be able to take any exercise, it'll be too late. . . . I've known I've let myself get out of shape and you know and I'm almost back to where I want to be . . . the physical activity's actually a lot easier for me now, so going back to playing football and things like that and then there's spin-offs. There's the health side. My blood pressure's now back to normal . . . my gout's not as bad as what it was . . . So I can see the health benefits from it as well . . . it's the health thing that you've got to keep thinking about. (TI-8)

The language used in these accounts portrayed vitality ("bouncing up the stairs," "swinging my arms"). Also, it illustrated that the regaining of health and fitness was often aligned by the men with a regaining of youth, or of their younger selves ("as if I'm a youngster again," "as if we were teenagers," "a reversal of something I didnae think was reversible"). And, it suggested that many of the men had become more conscious that they could no longer take their physical bodies for granted.

Bolstering Masculine Identities Through Occupancy of a Valued Masculinised Space

All of the men made some reference to the context in which they undertook FFIT. The location in SPL football clubs served as a hook, an additional incentive to take on something that they felt they wanted to (or should) do but had felt unable to do in other contexts. The football club was a space they valued, felt comfortable in, thought other men would recognize as having intrinsic worth and appeal, and would attract men like them:

> It [FFIT] was ideal for me. . . . I wanted to actually join it because see the guys that are sort of similar to myself, put on a wee bit weight . . . . but obviously being a [club] supporter all my life, that was a big plus as well, because even talking to people saying "oh it was like I'm going to be on this 12, 13 week course, but it's with [club]", so that was an incentive as well. (TI-16)

In addition to, or because of, their low levels of activity and what they viewed as their compromised bodies, most of the men were starting from a point where they could not have contemplated trying to become more active in a context which exposed their loss of fitness, youth and physicality, and their compromised bodies.

> I'm no gonna join a gym or anything like that because I just don't like that kinda thing. I might have a look at the Jogging Buddies which is another local thing but it just makes me aw kinda nervous, all these kinda . . . you know, you know the types, you know wear all the gear and run wi' their wee jogging bottles and stuff like that. (TI-2)

Participation through the football club in a weight-management program, evidently geared to some degree toward addressing health concerns, thus did not threaten the men's masculine identities; in many ways, it even enhanced their masculine capital, emphasizing their increased proximity and closeness to a valued masculine space ("it's with the club"). As one said, in response to the prompt "Some people have suggested that type of walking program, you know with the pedometer and things, wouldn't appeal to men."

> It's not been my experience .. and to a man everyone's still used that . . . now and again the odd person says, "What's that [pedometer] you've got on? .. I think that's what helps, when you say "I'm training with [club]" . . . So it's not been a problem or any embarrassment or anything like that for me. (TI-24)

This man's denial that being seen to be doing something about his health, fitness or weight (wearing the pedometer) has "not been a problem or any embarrassment" suggests that he (perhaps subconsciously) recognizes a need to justify such health-related activities. Being able to say that he is training with club coaches in a masculinised space neutralizes any threat to his masculine identity ("I think that's what helps"). The program thus offered participants something that they could succeed and even excel at, a means of embracing exercise, an attempt to lose weight and/or health in a nonthreatening and valued environment:

> It was a bit weight watchers like for the first 5 minutes and I think if I had turned up and it wasn't [club] and if it wasn't the FFIT program I might have been tempted to just bail at that point but eh the fact that it's [the club] and it's your club you tend to stick it out that wee bit longer and I'm delighted that I did cos eh it has made a hell of a difference. (TI-2)

The wary reference to Weight Watchers in this man's comment similarly articulates the kinds of (feminised) activities that men might not wish to be seen to be doing, an example of rejected, discounted, or disprefered weight-loss programs or regimes that are theoretically available for men but which culturally feel inaccessible, inappropriate, or threatening to their identities as men.

Discussion

These data show that (when presented in a way and a context which is congruent with, rather than challenging to, certain masculine ideals) trying to lose weight and taking care of/striving to improve one's health are not anathema to men's identities. Specifically, in relation to this paper's primary focus on walking, there was widespread enthusiasm for this form of PA, particularly among the majority who were very inactive prior to joining the program. We would argue that the context, setting, and style of delivery allowed men to participate in what might otherwise be presumed to be a less valued form of physical activity (Verdonk, Seesing, & de Rijk, 2010) and to absent themselves from a "don't care/should care" dilemma (Robertson, 2003b). Tannebaum and Frank have commented on how "ageing men must struggle to maintain a culturally accepted masculine identity as the Western ideal of manliness ends with middle age . . ., leaving ageing men without socially dictated parameters for gender expression . . ." (Tannenbaum & Frank, 2011, p. 244). They continue that, when confronted with a health threat (especially we would argue here, when combined with a concomitant threat of having an insufficiently well-functioning body), "men have a choice of denying the threat, modifying risk factors and health behaviors in an attempt to alleviate the threat, or seeking professional help" (Tannenbaum & Frank, 2011, p. 244). These data suggest that the FFIT program has enabled men to make tangible changes to the daily lives and routine health behaviors that bolster, rather than threaten, their masculine capital (De Visser et al., 2009): they have gained proximity to valued (usually inaccessible) masculine spaces, they have regained physical capacities and levels of functioning (and to some degree, physiques [Monaghan, 2005; Tiggemann, Martins, & Kirkbridge, 2007]) that they thought they had lost through aging

and substantial weight gain, and hence many have regained the confidence and ability to take up (again) more valued physical activities which are widely recognized as markers of valued enactments of masculinity (Gill et al., 2005; Moss, 2011). The walking component of FFIT was a crucial element of this success, one that proved far more universally popular than might have been predicted from some literature on gender and physical activity. These data provide just one illustration of how it is possible for men to "do health" in a health-enhancing way while not compromising the ways that they "do gender" (Connell & Messerschmidt, 2005; Sloan, Gough, & Conner, 2010; West & Zimmerman, 1987) in more traditional, hegemonic ways.

These data thus add to evidence which suggests that, when sociological understandings of gender and evidence-based, behavioral-change techniques are used to inform intervention design and delivery, men *will* engage with walking programs and other healthy lifestyle interventions. It demonstrates that a group-delivered weight-management/healthy-living program need not be experienced as "only for women" (Bye et al., 2005). It also demonstrates the potential of professional sports clubs and other innovative settings to engage men in programs designed to encourage more healthful practices and to reach traditionally difficult-to-access populations (Brady, Perry, Murdoch, & McKay, 2010; Daniel, 2000; Duffin, 2006; English Premier League, 2010; Priest, Armstrong, Doyle, & Waters, 2008a; Pringle, 2009; Snow, 2004). While the football setting proved to be the crucial hook, enabling these men to overcome prior barriers or reluctance to tackle their weight and other health issues, the underlying principle of siting interventions in loci that are highly valued and unthreatening suggests that, with small adaptations as dictated by context, the program could be transferred to other settings (e.g., rugby clubs, social clubs), and thus be accessible to other men.

The evidence that we present here is almost universally positive, despite prompting men specifically to discuss any negative experiences and our scrutiny of the data for deviant cases. This may be a straightforward reflection of men's experiences of the walking program. However, it is important to note some limitations. These interviews were with overweight and obese men who had responded to media or club-based advertisements about the FFIT program and had attended FFIT for at least six weeks. In this part of the research, we only had the means and the ethical permission to interview continuing attenders, but the minority of men who dropped out are likely to be less positive. Although the interviewer had no previous involvement with the FFIT program or the clubs, and men were assured that taking part (or not) would not affect their involvement with FFIT or their club, it may be that some still felt inhibited about giving negative feedback.

In conclusion, this paper focuses on men's experiences of making tangible changes to their physical activity patterns through the walking program; results of the ongoing RCT of FFIT will be available in due course. We would argue that these data provide strong evidence that a structured, group-delivered, pedometer-based walking program: (a) can be highly acceptable to men; (b) can act as a means of regaining fitness, and enable the regaining of valued masculine activities and identities; and (c) represent a step toward regaining a more acceptable masculine body. The analysis suggests that men's relatively low uptake of walking programs (in relation to women) in past research and community settings (Ogilvie et al., 2007) does not reflect a disinclination among men to adopt this form of physical activity. Rather, we agree with others (DeVille-Almond et al., 2011) who have suggested that there is an onus to continue to think more innovatively about making such programs accessible and appealing to men.

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