

The influence of social relationships on men's weight

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INTRODUCTION

There is a clear link between the development of obesity with poor diet and exercise behaviours¹. In the UK, excess weight is more prevalent among men than women: 41% of men and 31% of women are classed as overweight (BMI 25.0 -29.9 kg/m²); 68% and 58% of men and women respectively are overweight or obese (BMI ≥ 25 kg/m²)². An increase in BMI is also associated with a greater risk of mortality in men than in women³ however men are under-represented in lifestyle interventions for weight loss⁴: In 2016, 7% of Slimming World members were men⁵. It has been argued that men may perceive larger bodies to be more masculine and more desirable to women⁶. Furthermore, factors contributing to male obesity such as eating large portions and consuming large volumes of alcohol, can be viewed as quintessentially masculine behaviours⁶⁻⁸.

To promote weight loss and reduce obesity among men, it is useful to understand which social interactions influence male weight loss behaviours. It is known that men in heterosexual relationships often gain weight after getting married⁹ however the extent of women's influence on men's food intake and weight is unclear. Research studies investigating the influence that women and female partners have on male dietary and weight loss have been mixed; while some suggests they have a positive impact,¹⁰ other research suggests the impact is mixed or negative¹¹⁻¹⁵. Friends, peers and colleagues are also referenced regarding men's diet and physical activity behaviours and behavioural intentions¹⁶. The qualitative literature in the UK which

25 explores how social relationships influence men's weight and weight-related
26 behaviours is, however, limited, therefore this research study sought to address this
27 literature gap. The primary research question was to explore men's perceptions and
28 attitudes of dietary and physical activity behaviours in relation to weight and weight
29 management.

30 **METHOD**

31 **Study Design**

32 A qualitative design was used to explore the subjective experiences and perceptions
33 of men surrounding their dietary, physical activity and weight loss behaviours. The
34 Theory of Planned Behaviour (TPB)¹⁷, which has been found to be a valuable tool to
35 explain and understand behaviours, was used to interpret the findings.

37 **Procedure**

38 Participants were recruited over a five-month period by author 1 using convenience
39 sampling. Recruitment posters were placed in shop windows in a County in the
40 South West of England and on social media platforms. Posters detailed the nature of
41 the study and invited interested individuals to contact the lead author for an
42 information sheet. The study was conducted among men in the target County with a
43 BMI \geq 24 kg/m², thereby capturing the views of those nearing (BMI 24.0-24.9 kg/m²),
44 as well as those already in an overweight or obese BMI classification (BMI \geq 25
45 kg/m²). Men were eligible to participate if they were not currently attempting weight
46 loss, were non-smokers and had no known pre-existing health conditions. By
47 excluding men with known health conditions, the research could focus on social, and
48 not health-related, barriers and facilitators surrounding weight behaviours. On first

49 contact with the lead author, men were screened for eligibility. Following this, if still
50 interested in participating, men scheduled to meet the first author at a public location
51 of their choice, and of mutual convenience, (eg. pub, café) to undertake a semi-
52 structured interview and to complete a short socio-economic status questionnaire.
53 Nineteen men agreed to be interviewed and gave informed consent. Participants
54 could withdraw from the interview with no consequences, and from the study up to
55 the point of data analysis. All interviews were conducted by the lead author, were
56 digitally audio recorded, and transcribed verbatim. Transcripts were anonymised to
57 remove identifying details such as people's names and locations discussed.
58 Interviews lasted on average 46 minutes. A reflexive diary was used to record
59 interactions and thoughts following the interview, these were revisited during the
60 analysis processes¹⁸. A dictaphone with microphone was used to ensure participants
61 could discuss topics while speaking at usual or quiet volume. Participants were
62 provided with a £15 Amazon voucher at the end of their interview as thanks for their
63 time.

64 The interview guide was developed based on literature and knowledge gaps
65 identified in a review undertaken by the lead author. The guide was structured
66 around the following topics: overweight and obesity, diet, physical activity, exercise,
67 Type 2 diabetes, and weight loss groups. Verbal prompts (could you tell me more
68 about that?) and non-verbal prompts (nodding, smiling, eye-contact) were used to
69 encourage participants to elaborate fully on topics of relevance to the research
70 question¹⁹. Amendments were made to the interview guide after the first three
71 interviews to further explore emerging themes and ideas from participants regarding
72 social influences on their health behaviours and intentions: this resulted in the
73 inclusion of questions that specifically asked men about perceived gender

74 differences in their experiences compared to women regarding dieting, exercising
75 and weight loss, questions about their sources of information about diet exercise and
76 weight loss, and their thoughts on what support they might want if they were to
77 consider losing weight.

78 Six participants were known to the researcher however through the use of a
79 structured interview guide, systematic coding of data and use of multiple
80 researchers, it is not thought that this biased the data collection or analysis process.
81 Steps were implemented, which included carrying a personal alarm, torch, mobile
82 phone and using public transport, to ensure researcher safety as a lone worker
83 conducting interviews.

84

85 **Data Analysis**

86 Data analysis was primarily conducted by the lead author [KH] who had undertaken
87 training in qualitative design and analysis, and had prior experience of conducting a
88 small qualitative study. Data analysis was closely supervised and guided by two
89 experienced qualitative researchers who also participated in initial coding of several
90 transcripts [JA, LH]. All interviews were transcribed verbatim. Transcripts were
91 analysed thematically using NVivo 11 software (NVivo, QSR International, 2015).
92 Within NVivo, nodes were developed, to represent themes and sub-themes of the
93 data. A sufficient number of participants were recruited such that coding reached
94 saturation, and no new codes were developed during coding of the final transcript;
95 the majority of the codes and themes had been developed in the analysis of the
96 earlier transcripts²⁰. All members of the research team discussed themes and sub-
97 themes alongside extracts of transcripts until any disagreements regarding analysis

98 were resolved. All members of the research team are listed as authors, and all
99 contributed to the development of the final version of results. Findings were
100 presented and discussed in relation to the Theory of Planned Behaviour¹⁷.

101

102 **Ethics**

103 Ethical approval was granted by the University Research Ethics Committee at Oxford
104 Brookes University (EAN: 150910).

105

106

RESULTS

107

108 Participants (*n* 19) ranged in age from 19 to 60 years (M=44.0 SD 12.6 years) and
109 BMI from 24.0 to 31.5 kg/m² (M=27.9 kg/m² SD 2.6 kg/m²). Over half of the study
110 participants identified their marital status as being married or were living as married
111 (*n*=10); had a University degree (*n*=11) and were working full time (*n*=13). Four
112 themes were inductively derived; 'how experiences shape beliefs', 'being a proper
113 bloke', 'adapting to family life', and 'support from outside the home'. To aid
114 understanding of how these themes influence men's behaviours they are discussed
115 in relation to the TPB, which argues that behaviour is a result of behavioural
116 intention, which is in turn influenced by attitudes, subjective norms and perceived
117 behavioural control)¹⁷. The derived themes and sub-themes are presented in Table 1
118 [included at end of manuscript] in conjunction with exemplar participant quotes and
119 participant characteristics.

120

121 Theme 1: How Experiences Shape Beliefs

122 This theme suggests that past experience shaped attitudes and future behavioural
123 intentions in relation to diet, physical activity and weight loss. Sub-themes included
124 “integrating sport with a social life”, “feeling judged by other people” and
125 “experiences of weight loss groups”.

126 “Integrating sport with a social life” illustrates how joining a physical activity group
127 provided an opportunity to make friends and to be social. Two men discussed
128 coaching sports teams, and several other participants referred to the friendships or
129 feelings of inclusion they gained from being active with others. Being active alone
130 was preferred by a small proportion of study participants. Making friends in a
131 sporting context seemed socially acceptable for men and normative behaviour;
132 almost all accounts of making friends occurred in this context. The sub-theme
133 “Feeling judged by other people” explored how a few participants actively avoided
134 health behaviours such as monitoring step count. Attitudes, which here appeared to
135 be informed more by subjective norms than personal experience, included that these
136 behaviours were seen as embarrassing and as inviting negative comments criticism
137 or teasing or judgement. Being active in a group, however, could subvert feelings of
138 being observed. The final sub-theme “Experiences of weight loss groups” showed
139 that participants had little experience with commercial weight loss groups and
140 generally felt that a weight loss group designed specifically for men was not
141 available. This is in line with men's attitudes that weight loss groups were for women,
142 and social norms wherein weight loss and weight loss groups attendance is not
143 considered masculine. Experience of attending any form of weight loss group was
144 limited to two men. One had experience of attending an employee-devised weight
145 loss group with approximately 8 of his colleagues; his attitude was that a group

146 approach enhanced his motivation to eat well and to exercise more through
147 competitiveness. Another had attended commercial weight loss groups which was
148 contrary to social norms for heterosexual men however this gentleman made
149 references to having a husband: he described making friends at his group, but he
150 also had received criticism from a female attendee.

151

152 **Theme 2: Being A Proper Bloke**

153 This theme captured the ways in which participants conceptualised their diet and
154 activity behavioural intentions. There was a strong focus on social norms and
155 masculinity, particularly in the younger men's narratives. Sub-themes included
156 "pressures to diet like a man", "body image across the lifespan", and
157 "competitiveness". "Pressures to diet like a man" showed how participants regarded
158 weight loss groups as a "women's thing" (*Participant 18*): "real men" (*Participant 12*)
159 would not be interested in counting calories. The terms "diet" and "dieting" were
160 strongly associated with women, men embodied social norms by distancing
161 themselves from these, reporting mainly negative experiences or perceptions about
162 dieting. Many men discussed the high caloric content of alcoholic beverages but
163 were reluctant to compromise on alcohol consumption in the company of peers for
164 fear of censure due to contravening socially normative behaviours. It was not
165 considered normative male behaviour to calorie count or to limit alcohol consumption
166 for the sake of their weight and therefore they did not intend to do so. Being a
167 "proper bloke" and adhering to social norms meant not openly discussing diet or
168 weight concerns with friends, although some men would talk to friends, for "advice"
169 or "hints" on these matters, and had copied a friend's or peer's weight loss diet. A
170 small number of men made it clear that they did not receive "support" for weight loss

171 from friends. It seemed more acceptable to seek support for health or weight from
172 online forums which could provide anonymity. Men's attitudes surrounding dieting
173 were that this was a feminine pursuit, whereas exercise was considered manly. A
174 few of the participants commented that the social norm was for male role models to
175 promote exercise, while women's role models promoted dieting.

176 The sub-theme named "Body image across the lifespan" explored how men
177 discussed their body sizes, and how perceptions about weight changed with time.
178 Approximately half of the study participants acknowledged that they were heavier or
179 larger than ideal; many seemed discontent with their bodies and described them in
180 unflattering and emasculating ways. Over half of all participants discussed being
181 aware of their body size and shape in relation to how their clothes fit and felt on
182 them; old clothes felt tight, and this was a cue to lose weight. Being concerned with
183 body image is generally not considered masculine and contradicts social norms for
184 male bodies. A desire to fit into old clothes was a cue to lose weight; a further
185 example of how this sample of men did not adhere to typically masculine behaviours.
186 Two participants had received negative comments about body size from a friend or
187 family member about a photograph of themselves which, although hurtful, had
188 subsequently motivated them to lose weight.

189 The sub-theme of "Competitiveness" encapsulated interactions primarily with friends,
190 regarding physical activity or drinking alcohol, although for one competitiveness did
191 occur at a weight loss group with colleagues. Competitiveness was perceived as a
192 way to demonstrate masculinity and was a powerful cue to action.

193

194

195 **Theme 3: Adapting To Family Life**

196 This theme explored the ways in which men's lives had changed once children were
197 a part of the family. The transition from bloke to family man and father precipitated a
198 change in attitudes, beliefs and behavioural intentions. Sub-themes included "being
199 a parent", "change in priority", "partnership" and "the control of the "housewife"".

200 The sub-themes "Being a parent", and "Change in priority" focused on the
201 experiences of four of the five men (Participants 3, 5, 16 and 19) who had young
202 children. The men's accounts conveyed a sense of responsibility about the way in
203 which children were raised. Participants believed upbringing could influence weight
204 status and health, therefore, to be a good father meant providing a healthy home
205 environment. Meal times were an opportunity for everyone to be together and for
206 fathers to spend time with their children. Families appeared to experience more
207 barriers to being active as a unit than eating together. One participant's desire to be,
208 and to be seen to be, a good father also prompted him to change his attitudes and
209 behaviours towards his own weight: he wanted to be a healthy role model for his
210 children and not to be a "*fat dad*" (Participant 16). Parenthood also prompted
211 reflections on the participants' own upbringings; a small proportion of participants
212 held the belief that the eating messages they themselves had received, had had a
213 lasting impact on their weight.

214 The sub-theme "Change in priority" further highlighted how fatherhood triggered a
215 prioritising of the needs of their family and a change in health attitudes. Instead of
216 striving to improve body image or muscle mass through exercise, men believed it
217 was now more important to engage in family activities such as walks, playing games
218 in the garden or park with their children, and to prioritise health over looks. As

219 fathers, men faced barriers to doing structured exercise, but saw health and social
220 benefits of active play with their children. Being physically active with their children
221 also formed a part of their identities as good dads and was treasured as an
222 opportunity to promote father-child bonding: men *"loved"* it and thought that their
223 children also enjoyed this, which seemed important to them.

224 The sub-themes of "Partnership" and "The control of the "housewife"" focus on
225 relationship influences and perceived behavioural control. Many of the participants
226 talked about having a girlfriend, partner or wife, and there was a strong sense of
227 togetherness in the way they spoke about their partners. For a small proportion of
228 study participants, partnership meant taking it in turns to go to the gym because of
229 shared childcare duties, or cooking and making food choices together.

230 Approximately one quarter of study participants discussed goal-setting and making
231 lifestyle changes with their partner. They framed partners as a buddy; someone they
232 felt comfortable discussing their personal goals with, and someone who facilitated
233 their goals by sharing them. However, "The control of the 'housewife'" captured how
234 participants framed their female partners as being in control of the kitchen,
235 responsible for household nutrition, and how they lacked control over aspects of their
236 weight-related behaviours. Two participants discussed how their meals would be
237 decided and prepared by their partner and they perceived they lacked control over
238 what they ate. Male attitudes were that partners were viewed as primarily facilitating
239 weight loss through nutrition rather than physical activity. Although being a "proper
240 bloke" meant being in control, only two participants seemed to discuss being in
241 control of their dietary choices. Indeed, several participants described ways in which
242 their partners encouraged or facilitated unhealthy behaviours. One participant
243 revealed how he and his girlfriend appeared to have developed joint unhealthy

244 eating habits through a shared and mutually reinforcing attitude about what they felt
245 constituted a healthy diet. One man felt perceived he lacked control to abstain from
246 drinking when his wife opened a bottle of wine, whereas another thought that not
247 having a partner to cook healthy meals for him was a barrier to healthy eating.
248 Additionally, a small number of participants discussed how the food preferences of
249 their partners were a barrier to eating some foods (such as fish and meat) together.

250

251 **Theme 4: Support From Outside The Home**

252 Most participants talked about having someone in their lives that they would turn to
253 for advice or support when engaging in weight loss behaviours. For some, support
254 came from within the home but others sought advice from professionals, or
255 infrequently, from personal trainers. Sub-themes included "GP support", "perceptions
256 about support from weight loss groups" and "personal trainer support".

257 The sub-theme "GP support" captures the positive attitudes that most men had of
258 their GP or other health-care professional. A shared subjective norm respecting
259 advice from health professionals was apparent, and GP advice was generally
260 respected and considered reliable, and participants talked about ways in which GP
261 support, or better GP support, would have benefited weight loss efforts. Some men
262 voiced frustrations or feelings of being let down by their GP, or the lack of dietary
263 guidance provided by their GP. GPs were trusted to care for participants' health and
264 raise any issues regarding weight, diet, exercise, risk of disease that were necessary
265 particularly in the absence of a partner. Participants interpreted an absence of these
266 conversations as a signal that they did not need to undertake weight loss. Contrary
267 to the general consensus, one participant was deterred by the potential for

268 embarrassment from heeding his doctor's encouragement and incentives to attend a
269 weight loss group.

270 The sub-theme "perceptions about support from weight loss groups" highlighted
271 men's perceptions of key aspects of a desirable weight loss group for men. A crucial
272 element was the possibility of one-to-one support, ensuring men had the opportunity
273 to privately discuss their concerns and progress with the group leader. Participants
274 were almost equally divided about whether they would prefer a single or mixed sex
275 group. Some were happy to attend a mixed-sex weight loss group with partners,
276 because they thought weight was an issue among men as well as women; other's
277 preferred a "blokes-only" approach. Many participants thought that weight loss
278 groups could be very supportive; members could share weight loss goals and also
279 make friends.

280 The sub-theme "Personal trainer support" encompassed the views of a small number
281 of participants who discussed personal trainers and health coaches. These men
282 valued having someone to instruct them, and importantly it seemed more acceptable
283 to seek professional support than to ask friends for support. Personal trainers were
284 perceived to be knowledgeable, trusted sources of information, physical activity
285 experts and in a small number of instances, nutrition experts. In one instance, a
286 personal trainer was specifically enlisted to help a young participant (Participant 15,
287 aged 19) become fitter in order to reduce his risk of future ill health.

288

289

DISCUSSION

290 This small qualitative study explored the social influences on men's nutrition,
291 physical activity and weight loss behaviours among a sample of 19 men in a single

292 county in South West England. Findings are thus limited to this demographic and
293 may not be transferable to other settings. Within the small sample, men's accounts
294 seemed to vary depending on where they were in their life trajectory; those without
295 children or partners focused more on fitness and body image, those with younger
296 children focused on health and active play. Older participants without a partner relied
297 on the GP for health advice, whereas those with a partner sought advice from them.
298 The themes generated from the data analysis will now be further discussed in
299 relation to the wider literature and the TPB ¹⁷.

300 The findings of this study, in agreement with other literature, indicated that perceived
301 gender norms and a strong belief about the femininity of weight loss groups appears
302 to be negatively associated with men's behavioural intentions around dieting and
303 participating in weight loss groups ²¹. Social norms encourage male bodies to be
304 large and muscular, discouraging weight loss efforts ^{22, 23}. Among this small sample
305 of men, low perceived behavioural control over aspects of their diet and health, low
306 autonomy over their food choices, and a belief that women knew more about
307 nutrition than they did reduced their behavioural intentions to modify their diet, as
308 also seen in other research^{13, 14, 24, 25}. It has been previously found that women are
309 the household members who undertake the majority of food work in the home ^{14, 26,}
310 ²⁷. Men stereotypically delegate responsibility for their health care to their female
311 partners and men are often passive receivers of care by way of adhering to gender
312 norms^{8, 28}. Concurrent with UK, US and Australian-based literature, this study found
313 that men predominantly relied on partners for diet support^{29, 30}. However, the current
314 study also highlights how participants' female partners could be seen as a barrier, or
315 could introduce barriers to men's weight loss efforts. Some men therefore may be
316 more likely to react negatively to a dietary regime which they may perceived as

317 compromising aspects of their masculinity, or poor dietary knowledge, habits or
318 preferences of a partner could impede men's healthy eating behaviours.

319 In line with traditional gender norms, some men within this study held the attitude
320 that it was not appropriate to discuss dieting intentions or behaviours with friends.

321 This finding resonates with Australia research with obese (BMI ≥ 30 kg/m²) men
322 ($n=36$)²³. Our findings that men perceived it as favourable to exercise with a group of
323 men particularly with whom they share commonalities, were also supported by other
324 research³¹. Generally speaking, other research has found that younger men are
325 motivated to lose weight to improve body image, and older men do so for health³².

326 The assertion by the youngest participant in the current study, that he was motivated
327 to lose weight to improve his health, challenges previous understandings of young
328 male's weight loss motives. If found to hold true among a larger sample of young
329 men, this could indicate a potential for health-based weight loss interventions to be
330 of interest to both younger and older men. While the wider literature suggests men
331 avoid seeing their GP unless pressured by a partner^{28, 33}, and have fewer health
332 consultations than women³⁴, the current study highlights the potential positive role
333 for GPs to influence men's weight loss efforts.

334 The potential to harness fathers' motivation to be a healthy role model for their
335 children is an important finding of this study. A similar finding regarding men's desire
336 to be a healthy role model for their children was also found among men in The
337 Netherlands²⁸. Father-child bonding has been utilised as a lever for health among
338 men in the Australian "Healthy Dads, Healthy Kids" study³⁵: however, the research
339 found greater improvements in the fathers' physical activity behaviours than their
340 dietary behaviours. The current study highlighted men's perceived interest in their

341 children's nutrition, however it was usually female partners who provided meals for
342 the whole family.

343 Using the TPB to understand men's discussions surrounding weight loss behaviours,
344 several key findings emerged; men's attitudes about the dietary knowledge women
345 hold, the perceived control that women have over food in the home, and men's
346 acceptance that nutrition and dieting are feminine activities, resulted in limited talk of
347 "dieting" experience. Men's positive attitudes surrounding the role that physical
348 activity played in health and weight loss influenced their actions; fathers engaged in
349 physical activity with their children to be a good dad, and to be healthier and to
350 improve their child's health. Men prioritised time to be active with their children than
351 to exercise alone. This study also found that men who were fathers often
352 experienced a lack of control over family food intake and were unable to use this as
353 their way to be a healthy role model for their children, so instead, they educated their
354 children about healthy eating and physical activity. Overall, the TPB provided a
355 useful tool to organise and interpret the study findings. However, the role of past
356 experience was not accounted for in the model but emerges as a contributing factor
357 to attitudes and behavioural intentions in the current study.

358

359 **Limitations**

360 Since the conclusions drawn are based on a small convenience sample of men the
361 findings from this research may not be transferable to other settings. The study
362 results could have been improved if BMI had been objectively measured rather than
363 self-reported, however due to the nature of the interview locations, this was not
364 appropriate. It was considered that the use of a public space to conduct interviews

365 could have had implications regarding data quality, however, a more natural setting
366 was chosen over an institutional setting to ensure participants felt comfortable and
367 not intimidated by the "interview" process. Furthermore, no direct comparison group
368 of women were interviewed as a part of this research study and therefore the
369 conclusions drawn and comparisons made between men and women have
370 limitations. Anonymity issues relating to small sample size, public interview location
371 and restriction of recruitment to one county were addressed and mitigated against.
372 Further limitations include the use of one coder for the majority of the transcripts with
373 limited reliability information, who coded all interviews. While steps were undertaken
374 to minimise bias and multiple researchers were involved in transcript coding, it is
375 likely that bias was not eliminated. The acquaintance of the lead author who
376 conducted interviews with six of the participants is a limitation regardless of the steps
377 that were undertaken to minimise this bias.

378

379 **Implications For Research And Practice**

380 The results from this small qualitative study suggest that weight loss behaviours are
381 influenced by concepts of masculinity which develop and change over the life span.
382 Since men do not enact masculinity equally ³⁶, future research may seek to explore
383 weight loss behaviours beyond gender alone and consider further the social, cultural
384 and physical context across the lifespan. Greater insights into the nature of social
385 influences would have been uncovered if interviews with the men's partners,
386 individually and as a couple had been undertaken. This study provides rich accounts
387 and context surrounding the social influences men discussion in relation to their
388 dietary, exercise and weight-related intentions and behaviours. It is the first study to

389 explore this topic among men who may be at risk of overweight (BMI 24.0-24.9
390 kg/m²) and to report detailed participant characteristics.

391

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394

395 **Declaration Of Conflicting Interests**

396 The Authors declare that there is no conflict of interest

397

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Table. The Influence of Social Relationships on Men's Weight

Theme	Subtheme	Quote	Participant Information
How experiences shape beliefs	Integrating sport with a social life	<i>I do squash, several of my good mates, my long-term mates I met through squash.</i>	Participant 17, aged 47 y, BMI 26.0 kg/m ² , divorced
	Feeling judged by other people	<i>They're worried that they might get judged and people will look at them, and to be fair, if I go [to the gym] . . . there will be people who can lift weights way higher than me and they're definitely looking at me.</i>	Participant 3, aged 31 y, BMI 25.4 kg/m ² , married
	Experiences of weight loss groups	<i>I heard the consultant say, "Our Slimmer of the Week is [participant's name]." I heard the person behind me say, "Well, yes, he always gets it because men lose weight faster." And I was, "Wow, thanks for ripping that one out of my hands."</i>	Participant 13, aged 40 y, BMI 31.5 kg/m ² , married
Being a proper bloke	Pressures to diet like a man	<i>I wouldn't go and see my mates and say, "I want to lose a bit of weight, what do you think I should do?" We would never talk about something like that. The friends I've got are my best friends, they've been my friends for 30, however many years . . . we don't talk about things like that.</i>	Participant 5, aged 37 y, BMI 26.9 kg/m ² , married
	Body image across the life span	<i>I had a picture with my girlfriend . . . One of my friends went, "Ah, what have you got up there, a spare tyre!" And actually you could see my fat podging around the side of my T-shirt, and I was like, ok I need to do something.</i>	Participant 3, aged 31 y, BMI 25.4 kg/m ² , married
	Competitiveness	<i>Squash – love it. I go off there and I am absolutely bloody soaked. [daughter's boyfriend] is, what, twenty-odd years younger than me, and he comes off equally drenched – I ensure of that [laughter]. Too right, "If I'm coming off soaking wet so are you, mate!" [laughter] . . . I am quite competitive when I get going.."</i>	Participant 16, aged 45 y, BMI 25.0 kg/m ² , married
Adapting to family life	Being a parent	<i>I want to lose weight. It's just what I want to do. You don't want to be a fat dad, do you?</i>	Participant 16, aged 45 y, BMI 25.0 kg/m ² , married
	Change in priority	<i>Body image isn't that important to me anymore . . . It goes back to the point of where I am in my life . . . What I need from my training is to be more physically fit and healthy rather than how big and how ugly and how, how I'm going to look.</i>	Participant 19, aged 46 y, BMI 29.2 kg/m ² , married
	Partnership	<i>I'd even say a dieting buddy, a healthy eating buddy then . . . So I suppose I've got that in my wife that we, kind of, set similar goals.</i>	Participant 5, aged 37 y, BMI 26.9 kg/m ² , married
Support from outside the home	The control of the "housewife"	<i>When you come home from work at night, if tea's cooked, you eat it. It doesn't mean I had a choice of saying what I wanted to eat.</i>	Participant 16, aged 45 y, BMI 25.0 kg/m ² , married
	GP support	<i>Every time I go to the doctor, he's never mentioned me going on a diet, you know.</i>	Participant 14, aged 60 y, BMI 26.1 kg/m ² , divorced
	Perceptions about support from weight loss groups	<i>. . . have a little catch-up quietly one-to-one. I hate the thought of that middle of the stage scales and everybody rolls up and, "Ooh, yeah." It's done quietly, it's done individually, it's done respectfully.</i>	Participant 6, aged 56 y, BMI 24.0 kg/m ² , widower
	Personal trainer support	<i>So I've got a coach, like a supervisor, who will guide me through my products, and it's because, well I haven't got time and I can't really be bothered to cook.</i>	Participant 15, aged 19 y, BMI 30.1 kg/m ² , single