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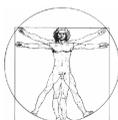
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## How Do Men's Female Relatives Feature in Their Accounts of Changing Eating Practices During a Weight-Management Programme Delivered Through Professional Football Clubs?

*Social support is essential for weight loss but we know surprisingly little about how family relations are (re)negotiated when men attempt to lose weight. We use qualitative data from a men-only weight loss and healthy living programme (observations and focus group discussions) to investigate how men talk about the women in their families in their accounts of modifying their eating practices. Men constructed partners, mothers and mothers-in-law as highly influential, portraying their roles in responding to their changed eating practices in different ways as: facilitative or detached allies, undermining change, or resistant to or threatened by change. We suggest our analysis points to the need to explore how the broader social context can be acknowledged in weight management programmes to facilitate negotiation of changes to eating practices. At a more fundamental level it raises the potential for a broader renegotiation of the relationship between performances of masculinity and health.*

*Keywords:* obesity, masculinity, health behaviour change, family food practices, professional sports clubs

The UK prevalence of male obesity is amongst the highest in Europe (International Association for the Study of Obesity, 2010). It is expected to rise at a faster rate than female obesity in the next 35 years (Government Office for Science, 2007) and nearly 50% of UK men are expected to be obese by 2030 (Wang, McPherson, & Marsh, 2011). These trends pose a threat to individual health (through increased risk of cardiovascular disease, diabetes and cancer), a burden on health services and a challenge to public health (Counterweight Project, 2008; Gortmaker et al., 2012; Greener, Douglas, & van Teijlingen, 2010; King, 2011; Wang et al., 2011). The development and evaluation of weight management strategies

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which are effective and appealing to men is a public health priority (Gortmaker et al., 2012; Hunt et al., 2014a; Morgan, Lubans, Collins, Warren, & Callister, 2011c).

Weight management strategies that focus on individual behavioural change and ignore the socio-economic and socio-cultural context in which behaviours are enacted, whereby “food, bodies and eating are disembodied and disengaged from the social contexts in which people live their lives” (Warin, Turner, Moore, & Davies, 2008, p. 98), are unlikely to be successful. Behavioural “choices,” such as eating less and undertaking more physical activity, need to be understood as embedded within and influenced by social and cultural contexts (Hunt, McCann, Gray, Mutrie, & Wyke, 2013). The place of gender in understanding and influencing these in context, i.e. as social practices, is important not least because health behaviours such as eating and physical activity are an important means through which performances of gender are achieved (Bennett & Gough, 2013; Gough & Conner, 2006).

We have argued elsewhere (Hunt et al., 2013) that prevailing cultural constructions of masculinity are closely related to men’s decisions about health-related behaviours, including help-seeking (Galdas, 2009; Hunt, Adamson, & Galdas, 2010; O’Brien, Hunt, & Hart, 2005) and alcohol consumption (De Visser & Smith, 2006; Emslie, Hunt, & Lyons, 2012; Lyons & Willott, 2008), as well as eating (Bennett & Gough, 2013; De Souza & Ciclitira, 2005; Gough & Conner, 2006; Jensen & Holm, 1999; Sloan, Gough, & Conner, 2010) and physical activity (PA) (Messner, 1992; Sloan et al., 2010; Welsh, Robinson, & Lindman, 1998). These constructions are often presumed to be inherently health-damaging (Courtenay, 2000), mitigating against men taking care of their health, or putting them in an ambiguous position between wanting to care for their health as responsible citizens, without appearing to care “too much” as men (Robertson, 2003). We have also argued that weight management strategies which take account of cultural ideals of masculinity, so that interventions are seen to bolster rather than threaten valued aspects of men’s identities, are more likely to be successful (Hunt et al., 2013). Promising results have been found when cultural constructions of gender are harnessed and used to inform the design and delivery of weight management programmes for men (Gray et al., 2009; Gray et al., 2011; Gray et al., 2013; Hunt et al., 2014b; Morgan et al., 2011a; Morgan et al., 2011c).

Support from family and friends is important in facilitating weight loss (De Souza & Ciclitira, 2005; Faw, 2014; Morgan et al., 2011b; Wing & Jeffrey, 1999), but little is known about how changes in family practices are experienced when men are trying to lose weight. It is thought this is a complex process which can “draw attention to the tacit but regular and routine roles and rules that construct family life” (Gregory, 2005, p. 379) and can reveal processes of negotiation and compromise, as well as constraints and flexibilities, within families generally and within gender relations more specifically (Henson, Gregory, Hamilton, & Walker, 1998; Mroz, Chapman, Oliffe, & Botorff, 2011a, 2011b).

Some studies have investigated the negotiation of dietary change in response to a medical diagnosis among heterosexual couples (Gregory, 2005; Henson et al., 1998; Mroz et al., 2011a). They found that gendered roles in relation to food and eating practices changed very little; necessary changes to practices were described as being absorbed by the partner normally “in charge” of these practices (usually, but not always, the men’s wives). This was justified in terms of their “personal responsibility” for the family’s diet (Henson et al., 1998) and efforts to preserve a sense of continuity and normality (Gregory, 2005). In their research with men diagnosed with prostate cancer, Mroz et al. (2011a) found that despite men increasing their involvement in their diet and food practices, female partners maintained leadership, albeit deferring to their husband’s preferences. They suggest that hetero-normative gender roles are re-inscribed as both partners limited men’s deeper engagement with

their diets, thus maintaining power dynamics that simultaneously put women in control of family food, but positioned them as subordinate to men. In contrast, a study which analysed men's discussions on an online weight loss forum reported that men rarely mentioned their partner's involvement or help in their efforts to lose weight and, instead, positioned themselves as gaining knowledge of, and control over, food content, preparation and consumption (Bennett & Gough, 2013). This research suggests that family relationships and practices are important social contexts for men's individual behaviours, but there is a need to explore further the ways in which men's efforts to change behaviours in order to lose weight are embedded within and influenced by these relationships and practices (Bennett & Gough, 2013; Sloan et al., 2010).

This paper draws on qualitative data from men who had taken part in Football Fans in Training (FFIT), a weight loss and healthy living programme delivered in Scottish professional football clubs under the auspices of the Scottish Premier League (SPL) Trust (which became the Scottish Professional Football League (SPFL) Trust in June 2013) to men aged 35-65 years who were overweight (BMI > 28kg/m<sup>2</sup>) (Hunt et al., 2014b). The development, optimization and content of the FFIT programme is described elsewhere (Gray et al., 2013). In brief, FFIT was designed to work with rather than against prevailing conceptions of masculinity and was gender-sensitised in context, content and style of delivery. FFIT components specifically designed to appeal to men include the traditionally male environment of football clubs; participation in men-only groups; information about the science of weight-loss presented simply; an emphasis on the role of alcohol in weight gain; club-based incentives and branding (e.g., club T-shirts); elements of competition (e.g., through quizzes); and participative and peer-supported learning that encouraged male "banter" to facilitate discussion of sensitive issues (Gray et al., 2013; Hunt et al., 2014a; Hunt et al., 2013; Hunt et al., 2014b). Our aim in this paper is to understand more about the ways in which the efforts of men taking part in FFIT to change their food and eating practices are embedded within and influenced by their relationships with the women in their families (partners, mothers and mothers-in-law). We a) explore the ways in which these women featured in FFIT participants' accounts of their food and eating practices before, during and after their participation in FFIT and, b) investigate more specifically FFIT participants' accounts of negotiating changes in their eating and food practices with the women in their families.

## METHOD

### Participants

Between August 2011 and December 2012, 1053 men took part in FFIT at 13 top flight professional football clubs. Men taking part in deliveries in August 2011 and August 2012 constituted the intervention and comparison groups of a randomised controlled trial of the effectiveness of FFIT (Hunt et al., 2014b). The men who took part in the qualitative research reported here were sampled from 306 men who undertook a non-trial delivery of FFIT commencing in February 2012 at 12 clubs. Analysis of the characteristics of men participating in the RCT deliveries of FFIT show that it attracted men at high risk of future disease (Hunt et al., 2014a) (mean BMI 35.3; standard deviation 4.9), mean waist 118.4 (11.7), 35% from two most deprived quintiles of deprivation, 42% with no qualifications post-school) (Hunt et al., 2014b); men taking part in the February 2012 deliveries shared similar characteristics (mean BMI 34.9; standard deviation 5.6), mean waist 116.6 (13.3), 36% from two most deprived quintiles of deprivation, 83% married/cohabiting). To protect

anonymity we have not linked survey-collected data with the qualitative data presented here. However, the men who took part in the focus groups were predominantly white Scottish and spoke of being in heterosexual relationships.

### **Overview of the FFIT programme**

A detailed description of recruitment to the 2011-2012 deliveries of FFIT is provided elsewhere (Hunt et al., 2014b). In brief, this included club-based recruitment (e.g., club websites, in-stadia advertising), media coverage, emails to local employers and word-of-mouth).

FFIT was delivered free of charge to participants by community coaching staff employed by clubs trained over two days by the research team; to groups of up to 30 overweight/obese men (participant/coach ratio: 15:1) over 12, weekly, sessions at the club's home stadium. At one club a female coach delivered FFIT with a male colleague, but all other coaches were male. Each 90 minute session combined a physical activity session led by the coaches with a "classroom" session, which covered advice on healthy eating, taught behaviour change techniques known to be effective in physical activity and dietary interventions (self-monitoring, specific goal setting, implementation intentions, feedback on behaviour) (Michie, Abraham, Whittington, McAteer, & Gupta, 2009) and promoted social support. Men were also given a pedometer and shown how this could help them increase physical activity in their daily life. The balance of "classroom" and physical activity sessions changed over the 12 weeks; later weeks focused more on physical activity and the shorter classroom sessions focused on reinforcing earlier learning. Coaches were available at the end of sessions to discuss any issues men wished to raise. The 12-week active phase was followed by a "light touch" weight maintenance phase with six e-mail prompts over 9 months and the offer of a group reunion at the club (Gray et al., 2013; Hunt et al., 2014b). Detailed analysis of qualitative data from men participating in the trial intervention group show that a number of factors attracted men to FFIT. "Push" factors included growing health concerns and wanting to lose weight to "be there" for family, and the "draw" of taking part in a programme delivered at the football stadia was a powerful "pull" factor (Hunt et al., 2014a).

### **Observation of Week 2 FFIT Sessions**

We conducted direct observations of the Week 2 session of FFIT at 10 of the clubs which delivered the programme in February–April 2012. The educational part of this session focuses on food and eating, with the key messages being that participants should try to eat fewer fatty and sugary foods, and more fruit and vegetables, wholewheat bread, pasta and brown rice. The dietary component of FFIT is designed to deliver a 600 kcal daily deficit (from estimated daily energy requirements) in line with recent obesity management guidance (National Institute for Health and Clinical Excellence, 2006; Network SIG, 2010). Participants are encouraged to make dietary changes which suit their individual preferences while contributing to gradual adoption of nutrient-dense foods and reduction of the portion size of energy dense foods and of sugary and alcoholic drinks (Gray et al., 2013). In the week prior to session 2, the delivery protocol states that participants should be asked to keep a food diary of everything they eat and drink on a work day and a leisure day. During the session, participants are presented with the Eatwell Plate ([www.nhs.uk/Livewell/Good-food/Pages/eatwell-plate.aspx](http://www.nhs.uk/Livewell/Good-food/Pages/eatwell-plate.aspx)) which provides a graphic representation of the relative proportions of the five food groups that should be eaten as part of a healthy diet. The large

plastic mat depicting the Eatwell Plate is laid out on a table that the men can congregate around. Plastic representations of key common foodstuffs (e.g., chicken breast, slice of bread, portion of carrots, etc.) are pre-placed on the plate in their appropriate food group. Coaches outline the nutritional benefits of each food group, the daily recommended number of portions from each and what constitutes a single portion of various foods in each group. Participants are then asked to compare their typical patterns of foodstuffs using their food diaries with the healthy eating recommendations that have been explained to them using the Eatwell Plate, and to identify changes they could make to improve their diet. Coaches were encouraged to draw men's attention to dietary practices which tend to be associated with men (in general and their practices as football supporters), such as the consumption of large portions of red meat, eating energy dense snacks, such as pies, which are commonly available at football matches, and not eating the recommended number of portions of fruit and vegetables. Emphasis is placed on gradually reducing portion sizes rather than advocating what might be considered a more "feminised" approach of counting calories. The information is presented in a non-didactic way, giving men plenty of opportunity to raise their own experiences, observations and questions within the group. Indeed, it is often men's reactions to being given this information and their thoughts about what might help or prevent them from changing their diets that provoke discussions relating to gendered roles around food. Participants are encouraged in this session to take responsibility for what they eat and to avoid placing responsibility or blame with their partners or other family members. This ethos of taking personal control and responsibility is echoed in a later session when men learn about food labelling and are asked to take part in the family shopping as their "homework" for that week.

With the informed consent of all men present, the sessions were audio- and video-recorded and transcribed. Detailed field notes were also taken to document men's reactions to the information they were given. The Week 2 delivery observation field notes were used to inform the focus group topic guide. The video-recordings were used to help check transcripts for accuracy and to annotate transcripts with any significant non-verbal interactions not captured in the observer's field notes.

## Focus Groups

Men who attended measurement sessions at 12 weeks (i.e., after completing the 12-week programme) were asked to give their contact details if they were willing to take part in a follow-up group interview. From these lists, up to 7 men, chosen randomly, were invited to a 60-minute discussion at the club stadium; 39 men from 8 of the clubs participated in focus groups soon after the 12-week programme had finished (in May 2012). The numbers of participants in the groups ranged from 2 to 7 men. All focus groups were facilitated by female researchers (AM, KH, CG) and the majority by (AM) who had also acted as field-work team leader at some of the baseline and 12-week measurement sessions and conducted some of the week 2 session observations. None of the researchers facilitating the groups were involved in leading the intervention; it is likely however that some focus group participants will previously have seen members of the research team (AM, KH) at measurement or observation sessions prior to the focus groups.

Focus groups were chosen as the data collection method for practical and substantive reasons; not only do they provide an efficient means of generating data with a substantial number of participants, but they additionally facilitate data on interactions between group members (allowing insights into individual and group performances of gender). We judged

this to be particularly useful here because these focus group participants were already used to interacting with each other in an atmosphere of trust over the course of the 12-week FFIT programme. The focus groups explored a range of topics, including: men's reactions to the dietary information presented in the Week 2 session and their subsequent experiences of trying to make changes to their own food and eating practices (including specific questions on how easy or difficult this was within the context of their family circumstances); the potential emotions raised by participating in FFIT (such as apprehension about taking the first step and feelings of achievement); and men's reflections on whether it was important that FFIT was delivered to men-only groups. Focus groups were audio- and video-recorded with the consent of participants. Audio-recordings were transcribed verbatim and the video-recordings were used to help check transcripts for accuracy, particularly to ensure that data were correctly attributed to individual focus group participants.

### **Analysis**

The Week 2 observation and focus group data (in particular the sections relating to men's reactions to the dietary information, their experiences of trying to make changes to their eating habits and practices, and reflections on how they tried to do this within the family context) were analysed using a structured, thematic approach (Ziebland & McPherson, 2006). A sample of transcripts was read and discussed by several authors to familiarise themselves with their content. A coding frame was then developed inductively based on the broad themes emerging from the data. This coding frame was then applied to all transcripts by AM using NVivo8.

The coding frame included four broad themes relevant to this paper ("family," "food practices," "gender relations" and "performing masculinity"); each was examined in detail by AM. Each coded extract was read line by line to identify all sub-themes. Working systematically through each theme for each transcript consecutively, these sub-themes were summarised schematically. Each occurrence of every sub-theme was noted and compared with data from subsequent groups, using the "one sheet of paper" (OSOP) method (Ziebland & McPherson, 2006). In practice, the OSOP method involves close reading of the data coded to each broad theme, and noting, under separate headings, all instances of sub-themes or issues raised in the coded data, taking care to mark respondent identifiers next to each note or quote. This method of analysis ensures systematic comparison of data from different participants/groups, noting anticipated and unanticipated themes (Pope, Ziebland, & Mays, 2000), as well as paying attention to "deviant cases" to ensure all perspectives are captured (Pope et al.). Mapping the data using this method allowed us to identify two over-arching themes relating to our aim of investigating the ways in which the women in men's families featured in their accounts of changing their food and eating practices. These themes are explored in the results section below.

### **Ethics**

Ethical approval was granted by the University of Glasgow, College of Social Sciences Ethics Committee, which complies with the UK Economic and Social Research Council's Framework for Research Ethics. Men were offered travel expenses and a £20 football club shop voucher as a gesture of thanks for their contribution to the focus group discussions.

## RESULTS

The findings are discussed below in relation to the two over-arching themes which emerged from the analysis: men's descriptions of the central role of the women in their family in their eating practices and choices; and men's accounts of their experience of making changes to their former eating practices in relation to these women. Given that we do not have women's own accounts of these negotiations, what follows is our interpretation of men's presentations of these negotiations. In presenting the findings we have drawn data from observations of the sessions as well as the focus groups.

### **Men's Accounts of Female Family Members' Influence on Their Food and Eating Practices**

An analysis of the Week 2 observation data showed wives, partners, mothers and mothers-in-law were constructed as highly influential when men discussed influences on their eating practices. For example, in one observed session:

Coach: Can you think of anything that might help you lose weight, when you're talking about your starchy foods?

P5: My wife!

(Laughter)

Club02 Week 2 observation

This was reinforced by interactions in the focus group discussions when men reflected back on their food and eating practices before they had started the FFIT programme. With some notable exceptions, most men spoke in ways which suggested that the food bought for the household, how it is prepared and the portion sizes served was generally left up to their partners. The majority of men implied that it was principally their partner's responsibility to make the necessary changes to their diet to help them lose weight. The men therefore appeared to be constructing their accounts using a framework of stereotypical gender relations wherein women are positioned as taking up nurturing roles while men are portrayed as the passive receivers of care. It is possible that the men did this during the earlier stages of the FFIT programme, and when talking about their lives previous to taking part in FFIT, in order to minimise their personal responsibility for their prior weight and former eating practices.

Participants constructed women's influence over food practices as having the potential to be both positive and negative for men's diets, depending on whether women bought, prepared and served food which was more or less healthy:

P3: ...my fiancé will do a lot of the cooking, now and she'll insist upon, because she likes her veg [vegetables] and tatties [potatoes] and, whereas I'll go for pasta and cheese, you know, with a smoked sausage cut up on top of it cos [because] it's convenient, it's easy and it's quick. But see when it's put in front of you [the partner's healthier choice of food], it's fine. You enjoy it.

Club12 Week 2 observation

I live on site at work so I don't get out much, so I don't do any of the shoppin' so my wife buys what she wants to buy. Although she says she buys healthy she also

buys a lot of convenient food. So there'll be a lot of pizzas, frozen chips and that sort of thing and she just, cos we've got three kids, she just wants to cook something that's quick and easy.

Club06 12wk FGD\_P2

Across the data from the observations and focus groups, there was a relatively even balance of men who said that their partners already ate healthily and encouraged them to do so too, and men who said that their partners served portions that were too large or who cooked a lot of less healthy convenience foods.

### **Men Negotiating Changes to Food and Eating Practices in Relation to the Women in Their Families**

As well as helping men to identify changes they could make to the food they eat in the Week 2 session, FFIT encouraged men to be more involved in practical aspects of their food consumption, such as buying food. In week 8 men were taught how to make sense of food labels and, for “homework”, they were asked to take part in the household food shop. In the focus groups, men referred to a range of changes they had made to their food and eating practices during the FFIT intervention. Most men talked about actively taking greater responsibility for and gaining an element of control over these practices. For example, a number of men spoke about increasing their involvement in food shopping for the household, either going with their partner or doing their own shopping. One man said accompanying his wife to the supermarket had “the dual advantage of keeping your step count up [...] plus you're also, you know, cutting down on things that might find its way into the basket” (Club12 12wk FGD\_P2); thus a trip to the supermarket could both provide a chance to increase men's activity levels and to decrease household purchases of energy dense, high calorie foods which would otherwise be a source of temptation at home. Despite it being acknowledged that many people might consider talk about and counting calories to be a “female activity,” men spoke about how, post-FFIT, they were much more likely to read food labels for fat and calorie content. Men also said they had increased their consumption of meals cooked from scratch, with a corresponding decrease in their consumption of convenience foods, and now chose healthier options over higher fat foods, e.g., using low-fat mayonnaise. They spoke too about changing some of their previous “bad” habits, such as finishing off leftovers.

The process of making these changes involved negotiation between men and the women in their families. From our analyses of men's descriptions of these negotiations, we have identified and named five typologies which capture the way that women were constructed in this process: men's partners, but sometimes also their mothers and/or mothers-in-law, were positioned as: “facilitative allies”; “detached allies”; “undermining change”; “resistant to change through wanting to feed”; and “threatened by change.” It is important to note that these typologies are not rigidly bound. Women were sometimes portrayed as changing over time and displaying behaviours associated with more than one typology at the same time.

**Women as “facilitative allies.”** The majority of the men described ways in which their partners had been “facilitative allies” who helped them to make changes to their food and eating practices which, in turn, helped them to lose weight. Partners were described as supportive in many ways, ranging from taking an interest in progress and being encouraging, to actively joining in by making changes to their own diet and lifestyle. For example:

...wife's pretty supportive. She likes to eat, you know, we've always eaten quite healthily, but it's just the portion size, cutting that back you know, saying, "just four potatoes, please." You know "just the one pork chop, thank you. Plenty veg if you don't mind." But, you know, she's going along with it fine...

Club12 12wk FGD\_P3

Well my wife's looking to lose weight as well so she's kinda joined in [...] she's kinda been following the same diet so that's worked for me as well because it helps me because if she's not sittin' eating the stuff that I want to eat but can't. We're both eatin' the same thing so...

Club09 12wk FGD\_P1

Many of the men referred to themselves as "lucky" to have supportive and encouraging partners who were doing what they could to help them make changes.

A small number of men appeared to rely heavily on their partners to help them make dietary changes. For example, one man said that the information about food labels had gone over his head and he asked his wife "whether it's good for you or not [because] she reads the labels" (Club10 12wk FGD\_P2). By constructing women as facilitative of their needs in this way, some men's accounts continued to evoke hegemonic images of gender roles and relations. Many, however, positioned themselves as leading these changes and their partners as facilitating by "backing," "supporting" or "going along with it," as well as following their lead by "joining in." Sometimes men talked about "educating" their partners about portion sizes and "encouraging" them to buy healthier foods. While still positioning women as facilitative to men, these accounts challenge conventional notions that women are more dominant and knowledgeable within domestic and health spheres (Gough & Conner, 2006); instead men can be seen as positioning themselves as being "the experts." It may be the case that, in order to guard against casting doubt on their masculinity by talking about being proactive in relation to a typically feminised area such as diet, some men played up other aspects of hegemonic masculinity, such as the existence of hetero-normative gender relations as well as traits such as mastery and autonomy. However, this was not always the case. For example, one focus group participant talked about how his wife had been attending Weight Watchers and how FFIT "was an ideal opportunity for me to join in [with the changes she was making]" (Club12 12wk FGD\_P2). Another talked about being in the supermarket with his partner "and you'd go and get something and she'd be like that, 'Do you really need that? You know, come on think of your diet here. That food plan. You know, that doesnae [doesn't] fall into it'" (Club05 12wk FGD\_P1). Thus, negotiations were not always presented as being led by the men themselves; a few men presented negotiations as being more equal and led by their partner at times.

**Women as "detached allies."** This typology was evident when partners were described as neither being active in helping the men make changes or joining them to the same extent as "facilitative allies," nor as preventing men from making changes. For example:

...my partner's with me sort o' the, part o' the way, you know she'll eat the salads 'n' eat what I'm eatin' most o' the time, you know, but I'll still see her comin' through after I've went through and sat down wi' my pint o' water, she'll come through wi' the chocolate. (Laughter) The chocolate on her lips [...] so obviously she will snack when I'm not there which helps me because obviously I don't see it.

Club 07 12wk FGD\_P3

I probably do ninety-nine percent o' shopping now. Used to be wife would do a lot of it. [...] because I think she was a bit fed up because, we'd, she would come home and ask what I want for dinner. "No I don't want that and I don't want that." So it's now, the thing was eventually "do it yourself."

(Laughter)

Club10 12wk FGD\_P4

In the first quote, the participant suggests he has greater willpower and discipline than his partner, and it could be inferred that he is portraying himself as doing better than her at eating healthily. The second quote implies the participant's independence and autonomy in taking over the role of food shopping; a task which he states was primarily his partner's responsibility in the past. These references to women's reduced involvement in practices relating to men's eating, and indeed their relinquishing of control in some cases, suggests a shift away from conventional gender roles which ascribe women a leading role in health-supporting activities. Perhaps it was to guard against any negative implications for their masculinities of these less conventional gender relations and their active participation in the feminised realm of healthy eating, that men laid claim to other masculine traits, such as discipline and autonomy, through the accounts they gave of female family members as "detached allies."

The few men who were already "in charge" of family food practices, such as shopping and cooking, prior to taking part in FFIT can also be seen as constructing their partners as "detached allies" and suggested little need for the negotiation of changes to their eating practices. For example, one participant suggested that he is in control of the food that is bought and how it is cooked: "I'm the [...] cook at home. I think I've been more conscious of what I cook now, as opposed to sort of rich food. I actually think, you don't really need to do that so yeah, it's made me think and also what you buy" (Club03 12wkFGD\_P5). Another participant gave a similar impression, saying "I do the cooking in my house, so it's [changing what and how much he eats] not such a big deal for me" (Club07 12wkFGD\_P1). He went on to explain how at first he only cooked differently for himself, at which stage his wife could be seen as a "detached ally," but then began cooking healthier food for his wife too when she started to like the look of what he was eating, perhaps suggesting his wife had become more of a "facilitative ally" over time.

**Women constructed as "undermining change."** A small number of men talked about ways in which they felt that their partners could undermine their efforts to change their diet and lifestyle. This was either by putting temptation in their way or questioning the changes they had made. For example:

...sometimes my wife'll maybe open a bottle of wine, and, you know, I'll be kind of undermined, you know, by that. And really, you know, it was, if I was doing it myself I probably wouldn't have it, but sometimes I'll say "no," you know, "I don't want it."

Club05 12wk FGD\_P3

My wife had the approach that "you've done your twelve weeks so you've lost your weight now so just walk away." I said "I cannae walk away [...] I'm no' packing it in 'n' I've told her that.

Club07 12wk FGD\_P4

These accounts suggest an assumption, for some of the men, that partners should demonstrate their support of the changes men were making by showing interest, providing encouragement and/or changing their behaviours in ways which would make it easier for men to sustain changes (in keeping with the aims of the FFIT programme). This assumption can perhaps be seen as informed by traditional gender relations frameworks which would dictate that women do what is required to meet men's needs. Although men expressed disappointment when they felt partners did not respond in supportive ways, they could also be seen as taking up rebellious positions, perhaps as a means of offsetting any challenge that the counter-conventional gender relations they referred to may represent to their masculine identities. For example, some men suggested that they had the strength to resist temptation and distanced themselves from approaches that might be considered "feminine," such as, being "on" a diet (an approach that was discouraged by the FFIT programme, which stressed instead the importance of making changes that could be sustained long-term).

It is debatable, however, whether we should interpret these data as examples of partners "undermining" men's efforts to change or if there is an element of men trying to relinquish responsibility for their own potential setbacks or failures to sustain change by ascribing blame to their partner, as in the next example:

P2: I think a bit o' it tae is trying to educate, likesa my wife for example she loves bakin' eh? And I can walk in the hoose [house] some night and there's like home-made scones and it's tryin' tae avoid a' that, eh? I'm tryin' to saying to her "ken you need to stop that, eh." And she'll say "but you didnae have to eat it."

P7: It's no' that easy, is it?

P2: It's not. [...] So she's always baking and you cannae, cause the reasons why she's baking for like charities and that it's hard to say "look..."

P7: You cannae do it anymore.

P2: "you need to stop it eh." But I dae try and cut back but sometimes it's hard.

Club09 12wk FGD

As opposed to the foregrounding of masculine traits such as independence, control and discipline, this extract suggests a lack of autonomy and demonstrates the difficulties some men experienced trying to sustain changes, especially if they did not feel supported by their partner. It could therefore be argued that, in this instance, these men are unsuccessful at positioning themselves as able to sustain changes independently of their partners' support.

**Women constructed as "resistant to change through wanting to feed."** A small number of men provided accounts which suggested that negotiating change could be difficult and they constructed partners, and in this case also mothers and mothers-in-law, as resistant to men making the changes that they wanted to make, in particular because of deeply engrained cultural values about feeding family members. For example:

My wife [will] put far too much on of certain things, like chips [...] She would put a more or less like a plateful on and I'm "I'm no' gonna eat that" and she's "oh you're a man, you need it, you're always needin' it." "But I'm no' gonna eat it." And I just end up leavin' it all because I can't eat it, I don't enjoy it 'n' but she still does it.

Club10 12wk FGD\_P2

P2: There's too many feeders out there, that's what it is [...] if it's your mum or some-thin' like that, you feel...

P3: You try 'n' say to them [but they say], "ach it's awright [alright] son"...  
[...]

P2: Yeah, if you do leave something they're like "are you feeling awright, is there anything wrang?" [...] "Is there something wrang wi' it? Do you want me to go and heat it up? Has it went cold?"

Club09 12wk FGD

In these examples, the men construct women as reproducing elements of conventional gender roles as they use food preparation and provision as a way of providing care and love for men. The men suggest that they can be met by resistance when trying to negotiate smaller portions or refuse food, which could be read as men not fulfilling their expected role of passively receiving women's acts of care and, in turn, perhaps threatening women's roles as nurturers. The use of phrases such as "you're a man" and "it's awright son" show how men present the ways in which conventional constructions of masculinity can be used as a justification, and perhaps a persuasive tool, by women in these negotiations. Within their relationships with partners, men often presented themselves as having the strength and determination to refuse the extra food prepared, although some admitted sometimes finding it difficult to resist temptation, as described above. Within the context of the mother-son relationship, however, men suggested they were less able to assert control, mainly because of not wanting to hurt their mothers' feelings. It is likely that such interactions with mothers were less frequent than similar interactions with partners or less central to their everyday lives and these may be other reasons for men asserting less control with mothers. Nevertheless, these accounts suggest that men's abilities to exert control over what, when and how much they eat, and their interactions in relation to food and eating practices generally, are shaped by the tacit and taken for granted gender relations, roles and expectations which come into play in different relational contexts.

**Women constructed as "threatened by change."** This was the least evident typology. However, two participants highlighted ways that they felt their efforts to lose weight appeared to threaten their partners and bring insecurities to the surface. For example:

...at the beginning it was very encouraging. The words I got were really ken "oh I'm proud o' ye, you're daein' [doing] well," you know, that sort of thing. Slowly and surely and "yeah, yeah, you're daein' a' [all] the right things and it's good." [...] Then it flipped a tad to "oh aye so you'll soon be droppin' that much weight that you'll no' be bothered wi' me any mair [anymore]." [...] and that I found was a bit o' a, it was like a spoke in the wheel and [...] that brings a whole mockery into the relationship [...] because then it goes beyond losing weight and it just goes it's the confidence and the security.

Club07 12wk FGD\_P2

...and she kinda knocks you back a peg, you know, because she's wanting you to stay the way you are, and if you lose weight you'll become mair [more] attractive [to others].

Club05 12wk FGD\_P1

The use of phrases like “a spoke in the wheel” and “knocks you back a peg” suggest both men felt that their progress was hindered by their partners voicing their insecurities. As was the case with the men who felt undermined, these two men appeared to feel disappointed about their partners’ reactions and to experience them as a withdrawal of support. The men’s disappointment may stem from an expectation, informed by traditional gender relations frameworks, that women should support men to the exclusion of their own feelings and concerns.

## DISCUSSION

Family can be understood as created, or “done,” through mundane and everyday practices (Morgan, 1996), of which food provisioning and eating remain central and essential activities (Backett-Milburn, Wills, Roberts, & Lawton, 2010; DeVault, 1991). It is argued that “...eating is embedded in the flow of day-to-day life. People’s eating patterns form in relation to other people, alongside everyday activities that take place in family groups, work and school. Eating does involve isolated choice, but it is choice conditioned by the context in which it occurs” (Delormier, Frohlich, & Potvin, 2009, p. 217). Thus family food and eating practices are developed, negotiated and refined over time and are a vehicle through which family and individual identities are produced and reproduced (Gregory, 2005). The men who took part in this study constructed the women in their families as highly influential in their food and eating practices, lending support to assertions of the importance of understanding these practices within their social and relational contexts. The existing literature variously discusses gender relations and roles in relation to food and eating practices as a reflection of masculine dominance and female subordination (DeVault, 1991), as a way of women expressing feminine ideals of nurturing and caring (Lupton, 2000), and even as a means of women maintaining an element of power and control within the domestic sphere (Furst, 1997; Lupton). Women’s prominence in relation to food and eating rarely translates in practical terms to women simply providing the food that they want their families to eat or that they think they should eat. Instead, processes are complex and reflect the power dynamics which characterise gender relations and expectations within heterosexual relationships (Charles & Kerr, 1988; Gregory, 2005; Mroz et al., 2011a, 2011b). The data presented here shed further light on how gender identities, relations, roles and expectations were evoked within men’s accounts of making changes to their food and eating practices.

The men’s accounts suggested that the women in their families responded and contributed in a range of ways to the changes men wanted to make as part of their participation in FFIT. We identified five typologies which included women as “facilitative allies,” “detached allies,” “undermining change,” “resistant to change through wanting to feed,” and “threatened by change.” As found in previous research (Mroz et al., 2011a), the men’s accounts suggested that the (predominantly conventional) gender roles already existing within their relationships in relation to food and eating practices underwent little change as a result of negotiations. In contrast to Mroz et al. (2011a), most participants in our study did not suggest that their partners tried to limit their engagement with their diet or position themselves as more skilled in these matters than men. This may be due to some significant differences in those participating in the studies, including the fact that Mroz et al. interviewed predominantly older men (and their wives) who were also coming to terms with a diagnosis of prostate cancer. Instead, in our study, most partners were presented as wanting to help men make changes, or at least not obstructive to such changes. Typically hegemonic gender relations were evoked when men constructed their partners as “facilitative allies,” especially

when men positioned themselves as recipients of their partner's practical help and superior knowledge in relation to eating healthily. One aspect of men's accounts which could be interpreted as running counter to traditional gender role expectations, but still in line with masculine traits such as leadership and mastery, was their positioning of themselves as leading the changes to their diets, which included "educating" their partners about what foods to buy and healthy portion sizes. Elements of hegemonic gender relations were maintained as men largely constructed partners as following their advice and wishes in relation to dietary change. There are parallels here with Bennett and Gough's (2013) finding that men contributing to an online weight-loss forum used various discursive strategies to give a "masculinised spin" to their talk of gaining more knowledge of, and control over, food content, preparation and consumption. They highlighted ways in which men's discussions of diet-change and weight-loss were informed by notions of hegemonic masculinity so that "the healthy and the masculine [were] neatly combined—and proven to be effective" (p. 290). Perhaps it is because society constructs women as more knowledgeable, responsible and skilled in relation to most aspects of food, diet and family health and nutrition (Charles & Kerr, 1988; Courtenay, 2000; Gough & Conner, 2006), that when men talk about entering this arena they have to find ways of doing so without jeopardising their masculine identities, such as evoking hegemonic images of gender roles as well as laying claims to traits such as leadership and mastery (Bennett & Gough, 2013; Gough, 2007; O'Hara, Gough, Seymour-Smith, & Watts, 2013).

In a few cases, however, there were references suggesting that hetero-normative role ideals were not always fulfilled during negotiations of change, such as men's description of women attempting to undermine the changes they wanted to make or women rescinding control to men of tasks related to their own food and eating (e.g., shopping and preparation). Such shifting of roles suggests a disruption of traditional and hegemonic ideals in which women act as nurturers and are dominant within domestic and health-related spheres while men are the passive receivers of care; it may also reflect the increasing prominence of men as experts in food preparation in the recent proliferation of television series featuring celebrity male chefs. Although some men expressed disappointment if partners reacted to negotiations in such "unexpected" ways, they could also be seen as bolstering their masculine identities by portraying themselves as responding to, or even rebelling against, these reactions with traditionally masculine traits such as autonomy and self-discipline. By playing up "masculine" traits in the absence of traditional gender relations, participants could be seen as drawing on similar discursive strategies to the men in Sloan et al.'s (2010) study who rejected some masculinised practices (such as eating a high-fat diet) while they laid claim to others (such as rationality and autonomy). These findings could therefore be interpreted as lending support to Bennett and Gough's (2013) assertion that the traits of hegemonic masculinity can be regarded as a "multi-faceted flexible resource" (p. 296) which can be drawn upon by men as they position themselves, discursively, in relation to their engagement in healthy practices.

There is some suggestion in these men's accounts that conventional ideals of women as nurturers and men as receivers of care are less flexible in the context of mother-son relationships. FFIT participants can also be seen as trying to change their food and eating practices following a period of gradual erosion of rigid gender roles in the employment and domestic spheres (Kemmer, 2000). It is possible, therefore, that FFIT participants are negotiating changes both within more traditionally framed gender roles, such as in relation to mothers and/or mothers-in-law who the men suggest want to retain control over their roles as food providers, and also with wives/partners in a world where the rhetoric and working

patterns have changed more than gendered divisions of labour and ideologies around men's and women's roles in food and eating practices.

A limitation of this research is that we were not able to interview participants' partners. Hence we are unable to fully explore the links between performances of masculinity and femininity in relation to men negotiating dietary change within the family context. In particular, we have not been able to investigate whether men initiating changes to established family food and eating practices represents a challenge to women's identities and disrupts existing gender roles and expectations in ways which are welcomed, unwanted or met with mixed reactions. In addition, these accounts were given by men in the context of other men and could therefore be seen as "public accounts." However, members of focus group discussions had already built up strong and largely trusting relationships whilst meeting weekly on the FFIT programme, and had already shared discussions on eating practices with other "men like themselves" in ways that built up considerable camaraderie (Gray et al., 2013) so that they had arguably moved beyond typical cultural constraints about their discussions of food, dieting, weight, cooking, shopping and other stereotypically "female" domains. Another potential limitation is that these focus groups were facilitated by female researchers, which may have influenced the accounts men gave and the types of masculine traits which were drawn upon by participants. For example, men may have tried to construct their accounts so as to minimise their chances of being perceived as sexist or chauvinist. It is possible that this may sometimes have occurred despite the group bonds already established between participants through FFIT, and the fact that men were encouraged to speak freely and honestly. Nevertheless, without comparable data from focus groups facilitated by a male researcher it is not possible to know the impact of facilitator gender on participants' accounts.

To inform the development of effective weight management strategies and interventions for men, there is a need to deepen understandings of the ways in which men's weight concerns and efforts to lose weight are situated within wider relationship and familial contexts (Bennett & Gough, 2013) and relate to the constructions of their identities as men. So as to uncover the tacit knowledge and understandings needed to inform how best to try and change behaviours (Delormier et al., 2009; Warin et al., 2008), future research should explore the more taken-for-granted and mundane influences that family relationships, practices and traditions can have on men's food-related values and practices, and the possibilities this understanding brings to enhance change. This analysis points to the need to unpack, and explore further, how the "social support" from co-participants in a group, from their families and their other associates can combine to facilitate or obstruct changing eating practices so that weight management programmes can provide more specific advice on how to elicit facilitation and develop more subtle strategies to deal with barriers in shared health behavioural practices. This analysis, together with analysis of qualitative data collected as part of the process evaluation of the FFIT RCT (Hunt et al., 2014a; Wyke et al., forthcoming) and other groups (Bennett & Gough, 2013), also suggest that there is potential at a more fundamental level to renegotiate the relationship between performances of masculinity and health.

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