Enhancing the social and cultural relevance of interventions: the inter-disciplinary science of behaviour change

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Enhancing the social and cultural relevance of interventions: the inter-disciplinary science of behaviour change: FFIT – a case study

Back to the ‘80s

“...focus on the individual as a unit of analysis emphasising unthinking, reckless or irresponsible behaviour or incautious lifestyle as the moving determinant of health”
Prevalence of insufficient physical activity: adults, age 18+ (age standardised estimates), WHO 2010

Effective interventions
- Intervene at many levels
-simultaneously & consistently

Community-level
Population-level
Individual-level

Research Effort

Women
Men

BCT Taxonomy v1: 93 items in 16 groupings

<table>
<thead>
<tr>
<th>#</th>
<th>Goal and planning</th>
<th>Definition</th>
<th>Example</th>
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<tr>
<td>1.1</td>
<td>Goal setting (behaviour)</td>
<td>Set or agree on a goal defined in terms of the behavior to be achieved, either immediately or in the future, provided that the goal is sufficiently challenging that it is not set as part of interventions (explicitly specified or as a behavioural objective). (1, 3, 7, 11) Behaviour change: individual approaches.</td>
<td>Agree on a diet walking goal (e.g. 3 miles) with the patient and then re-agree about this on a weekly basis. Note the goal is to increase the duration of walking to 7 miles.</td>
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Problems with individual level intervention: Reach and Engagement

Low reach: programmes reach a small proportion of those who could benefit
e.g. 11.4% of obese men who attended a men’s health clinic took up the offer of a specifically designed weight management programme1

Engagement: it is hard to keep going with changes; our programmes struggle to retain people; long term maintenance low
~ 20-54% of people maintain weight loss to a year2,3


The Sociological Imagination

“...the vivid awareness of the relationship between experience and the wider society.”

Human activity: shaped by, and

“Human agency and social structure are in a relationship with each other, and it is the repetition of the acts of individual agents which reproduces the structure.”1

“The basic domain of the social sciences ... is neither the experience of the individual actor, nor the existence of any form of social totality, but social practices ordered across space and time”2


Social Practice is....

“...a routinised type of behaviour which consists of several elements, interconnected to one other: forms of bodily activities, forms of mental activities, things and their use, a background knowledge in the form of understanding, know how, states of emotion and motivational knowledge”1


A focus on social practice enables a broader view than a focus on behaviour

Behaviours – lots of single, unique, actions
Social practices – endure between and across specific moments of enactment
Practices are performed. The practice is carried by its performers

Meanings
Materials
Competencies

Meaning: Symbols, ideas and aspirations
Materials: Stuff – things, technologies, tangible resources
Competencies: skills, embodied know-how, technique


Smoking – gender differences vary geographically and historically

- Typically, smoking diffuses through populations, establishing itself first among elite men, then working down class and status hierarchies and through the population’ (Greaves, 1996)

Source: Health at a Glance

Smoking – gendered promotion

“The tobacco industry recruits and retains smokers by associating its products with excitement, sex, wealth, rebellion and independence”

Stanton A Glantz, BMJ Editorial, 2001

“Remarkably elastic meanings”, even “contradictory meanings” (Brandt 1996) of smoking for men and women historically and cross-culturally

What is ‘normal’, socially sanctioned, expected, taken-for-granted

is ‘tacit’ knowledge

located very specifically in time and space

Smoking – “old ‘normals’”:
Smoking in confined spaces

Smoking in promotion for ‘good’ parenting
Health-related behaviours are often related to gender.

1) Categorisation as ‘male’ or ‘female’ occurs in daily interaction: “Sex-class placement is almost without exception exhaustive of the population and life-long” (Goffman, 1977)

2) Gender dichotomisation: “Common sense knowledge [that] men and women act differently” (Goffman, 1990)

3) (Re)producing an appropriate ‘gender identity’ is learnt, rehearsed and learnt through social interaction

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Doing health, doing gender

“I MACHO MISTAKES: WHY BEING A MACHO, MACHO MAN IS BAD FOR YOUR HEALTH”

Real Men:
- Can Handle Their Booze; Drive Fast; Don’t Get Sick;
- Are Never Vulnerable; Don’t Eat Vegetables;
- Are a Turn-on for Others; Work Out Hard

http://www.everydayhealth.com

‘strong public narrative … men will be strong, stoical and silent in matters relating to health and well-being’

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Alcohol consumption: intensely social and culturally located

HUGH (70 units): I think it’s a communal attitude… sort of “your brother’s your brother”… I think for guys our age… you’re in a GROUP, you stand your ROUND… it’s a kind of act of friendship isn’t it, saying, “do you want a pint?” You know, it’s a human thing, it’s a sociable thing.

EWAN (85 units): When someone says… “would you like a drink?”… it’s an olive branch. It’s a social exchange that sends a sign “I think you’re OK”… Men the world over, certainly men in the industrial west of Scotland aren’t going to start hugging each other and saying “let’s do a latest”. It gets round the sort of awkwardness you might have in the sort of male to male relationships

Emslie et al., Health Psychology, 2013

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‘Hegemonic’ masculinities

• “not fixed entity(ies) embedded in the body or personality traits of individuals” but as “configurations of practice that are accomplished in social action ... in a particular social setting” (p836)”

• “hegemony works through the production of exemplars of masculinity (e.g. professional sports stars), symbols that have authority despite the fact that most men and boys do not fully live up to them” (p846).

• “patterns of masculinity are socially defined in contra-distinction to some model (whether real or imaginary) of femininity” (p848)

Connell and Messerschmidt, Hegemonic Masculinity: Rethinking the Concept Gender & Society 2005
Gender, health and health-behaviours

By dismissing their health care needs, men are constructing gender. When a man brags, ‘I haven’t been to a doctor in years’, he is simultaneously describing a health practice and situating himself in a masculine arena.’ (Courtenay, 2000)

Doing health, doing gender

Balancing ‘man points’

Doing health, doing gender

Male group – role of the pub

Young men and drinking: trading ‘masculine competencies’, Jonny Wilkinson, ‘Man points’

A national sporting hero in a tough sport = MANPOINTS++
de Visser and Smith, 2007; de Visser and McDonnell, 2013

Young men and drinking: trading ‘masculine competencies’, Jonny Wilkinson, ‘Man points’

Really fit girlfriend and ‘other things’ = MANPOINTS++
de Visser and Smith, 2007; de Visser and McDonnell, 2013

Will: But do you think Jonny Wilkinson is any less of a man because he doesn’t drink? I mean, he’s a national hero!
Jack: He’s still a one trick pony.
Will: He didn’t have a pint in the pub after he won the World Cup.
Tim: Yeah, that’s a bit lame I think.
Charlie: But he’s got a really fit girlfriend.
Tim: Yeah, he’s got other things, which kind of lifts him back up again.

But doesn’t drink = MANPOINTS --
de Visser and Smith, 2007; de Visser and McDonnell, 2013

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Really fit girlfriend and ‘other things’ = MANPOINTS++
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Over 75% of men are overweight or obese in Scotland
5-10% weight loss can produce significant health benefits
Men are reluctant to attend traditional weight management services
- Less than 15% of referrals to commercial services
- Only 23% referrals to commercial sector

Men often prefer to control their weight through exercise

Innovation needed to attract men to weight loss and healthy living interventions

Professional football remains a male-dominated environment
Threats of ‘weight-management’ to ‘masculine capital’ offset by enhanced physical and symbolic proximity to the club.

That is:
‘Man points’ lost by ‘dieting’ might be gained from doing a health and fitness programme based in a football club.

Guiding principles - The ‘hook’

Delivery
Line led by trained club community coaches
12 weekly, weight loss sessions with ‘classroom’ education and PA ‘training’ at Scotland’s top professional football clubs
Incremental walking programme with pedometers
Light touch ongoing maintenance to 12 months

Gendered
Content: Healthy eating, not diet, focus PA/alcohol
Context: Football clubs, t-shirts, club coaches
Delivery: men-only, participative, peer-supported, banter

Gendered content and style of delivery

Enhancing the social and cultural relevance of interventions: the inter-disciplinary science of behaviour change: FFIT – a case study

Information (enhancing competencies)
- Energy balance and alcohol
- Food: portion size, food labeling, balance; not a diet
- “Science but not rocket science”

BCTs (enhancing competencies)
- Goal setting and review; Implementation intentions;
- Feedback on behaviour and outcomes; Encouraging social support
- Competency + Materials: self-monitoring – scales and pedometer
- “It’s really good, … it’s the best amazing a wee device”

Social environment (enhancing competencies)
- Coaches welcoming and value men;
- Lots of time for discussion, mutual goal review and feedback, vicarious learning; mutual support; support for group cohesion

Innova3on needed to attract men to weight loss and healthy living interventions

Counterweight Project Team: BrJ Gen Pract 2008, 58:548-554.;

RCT in 13 clubs and embedded process evaluation

Results from a Randomised Controlled Trial: Weight loss (kg) at 12 months (primary outcome)

Men at very high risk of ill health from all walks of life

Men who had done FFIT programme

Adjusted between-group difference 12 weeks 5.18kg (CI 6.00, 4.35) p<.0001
Adjusted between-group difference 12 months 4.94kg (CI 3.95, 5.94) p<.0001

Hunt, Wyke et al. Lancet 2014

Mean Weight loss (kg)

Intervention
Comparison

Over 90% clinically obese

BMI Category

Mean age: 47.1 (±8.0) yrs
Mean BMI: 35.3 (±4.9) kg/m²
Mean BP: 140/89mmHg

What makes men want to attend FFIT?

It worked with not against sociological understandings of masculinities

The ‘push’ of health and the ‘pull’ of the club

P1: I’ve struggled with my weight since, maybe, early twenties and I’ve tried various diets, various things, ... So, when I seen this advertised in the paper ... I think the main thing that drew us to it was because it's [Club]. You're going to be involved at [Club]. That was what really attracted me to it.

the trouser size was getting bigger, and I just wasn't happy with that ... I just wanted to address it. And with it being, having a tie in with the team I've supported all my life, I felt that the two kind of – they, it fitted nicely. It meant I could do something and I could maybe get a wee sneaky peek behind the scenes at [Club].

Men like me

P1: The good thing was, straight from the start, we all had something in common with each other. Rather than being sixteen strangers, we'd all something in common, and that was the club and a love for it.

P5: Two things in common. We were fat and we supported [Club].

P1: Sorry, we were cuddly and supported [Club], and that was the big factor. So in matter, you met up the first few weeks, you didn't know each other's names, we immediately were able to converse with each other easily.

Men like me with ‘insider’ access

Insider view

P1: But the enjoyment of coming along and being involved in the club – even walking round (Club ground), to me, was an exciting part of the Monday night, and you know, walking up and down the terraces. You might only be restricted to one area when you come to a game, but you know, the fact that you've got carte blanche, you can go wherever you like, other than the pitch.

Club setting: ‘men like me’ with ‘insider’ access

The setting: an uplifting and exciting context

‘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. Its fantastic’

Understanding mechanisms - Team spirit, group identity and support: Emile Durkheim’s collective effervescence

Collective effervescence is a perceived energy formed by a gathering of people as might be experienced at a sporting event, a carnival, a rave, or a riot. This perception can cause people to act differently than in their everyday life (collectiveeffervescence.com)

"a community or society may at times come together and simultaneously communicate the same thought and participate in the same action. Such an event then causes collective effervescence which excites individuals and serves to unify the group"

Durkheim’s analysis of acts of religious ritual and worship as ‘moments of socio-genesis’

- Participants allow/experience a symbolic fusion of self and collective symbols to take hold of them through ‘collective effervescence’ – group narration, singing, dancing, moving (Durkheim, 1926)
- Through such processes of assimilation, the participant ‘approaches the world with confidence and the feeling of energy’

Bunn et al, under review
‘Effervescent’ experiences across the 12 week FFIT programme


‘Effervescence’: joining FFIT

Effervescence and club ‘seams’ and context
P4: The first time... I just didn’t want to be there. I felt very nervous about the whole thing ... it [getting weighed] was very embarrassing. ... There was the first time I met [Coach], and I genuinely thought, “After I get out here, I’m just going in the car, ignore the phone calls, ignore the emails, I’m not doing [doing] that...” And I sat in here with [Coach T], and he was telling us, “right, you know, of course we train here [club ground]; we’ll get you some training gear ... you’ll be running about [about] in the [club’s] training gear.” And honestly, I couldn’t get the grin off my face. I was like a bairn [child]. I thought, “I want to be training at [at the club ground],” with the ... with the kit

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‘Effervescence’, support, the team

P2: The group helped, eh, because to be honest... we aw [all] got on. We were on the park and we were helping each other, kens, “come on, dae [do] this.” And we were aw hoping that everybody came every week and lost weight ...
P1: I think self-encouragement is, we’re there, because we’re part of a group, we were all encouraging each other. It’s not, you were no longer an individual. You were part of a team.

‘Effervescence’ – enjoyment of being there

P4: And the craic was great.
P3: The biggest thing, I think, in life, is laughing because, you know, aw [all] the chemicals go off and you know ......
P5: It was [like] going to the pub for the banter without [without] the drink.
P1: Aye. [Laughing ]
P5: You know? That’s what it was.
P2: Right enough. [Club11_12wkFGD]

‘Effervescence’ – renegotiating ‘acceptable’ male diets within the ‘team’

M4: Blokes don’t do it ...Until we get that support from each other and then we start looking at portion controls, and what you’ve said there, what’s on the labels – blokes would just go and look for the easy option. That’s what men do.
D1: It was funny, listening to men – and I don’t want to sound sexist – but men going on about weighing themselves in the morning and what diet they were on and what they were eating, and, “I had my porridge every morning,” and I think and it was good. And there was a really camaraderie about the course.

Greater sustainability through ‘new’ identity?

Recognition of wanting to address existing weight problems
Discomfort about alternative weight management programmes available
Not at work: “I work in a pub,” said the gym
Not at home: “I don’t work,” said the gym
Not at work: “I don’t work,” said the gym
Not at home: “I don’t work,” said the gym

Attendance at (initial) FFIT sessions – this is for men ‘like me’

P4: It was [like] going to the pub for the banter without [without] the drink.
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Social practices changed through FFIT

Materials: the materials of the club, the pedometers helped support changed meanings and enabled change.

Meaning: through participation in FFIT the meaning of what men ate (or did not eat) of physical activity, was re-negotiated.

Competencies: learning from others and skills in BCTs were applied.

AIM: To use current evidence of best practice, state-of-the-art psychological and sociological theory and co-development with end-users (fans and football coaches) to develop a culturally-sensitive programme that engages inactive men aged 30-65, with BMI ≥ 27 in becoming more active, sitting less and eating a healthier diet.

Men can, want to, will lead healthier lives

FFIT: How does it work?

American football – Culture

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Towards an interdisciplinary science of behaviour change

Competencies

Capability

Opportunity

Attitudes

Means

Materials

FFIT Programme Delivery SPL Trust – Billy Singh, Euan Miller, Stuart McPhee, Mark Dunlop and Iain Blair. Coaches in SPL clubs

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Thank you

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