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Article

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Résumé

Nous visons à décrire les expériences d'activité physique chez les hommes âgés et leurs préférences en matière de programmes d'activité physique. Nous avons mené des entrevues auprès de 14 participants à une étude pancanadienne sur l'intervention en activité physique intitulée "Men on the Move", et de cinq hommes issus d'un autre échantillon (non participants à l'étude). L'analyse de contenu a été utilisée pour décrire les expériences d'activité physique et les programmes préférés des répondants. La recherche a été menée dans une perspective socio-écologique et à la lumière d'un cadre de référence basé sur la masculinité hégémonique. Obstacles à l'activité physique : faible motivation, santé, temps, intérêts, finances, connaissance, crainte de se blesser, influences sociales, incommodité, météo, soins, environnements construits/naturels, faible qualité des instructeurs et structure du programme. Facteurs de facilitation de l'activité physique : tâches, santé, intérêts, motivation, influences sociales, mode de transport actif, environnements bâtis/naturels, météo, structure du programme et instructeurs compétents/initiés. Préférences en matière de programmes d'activité physique : ambiance de petit groupe, attention/activités personnalisées, nombre égal d'hommes et de femmes, activités sportives, cours d'activité physique et instructeurs chevronnés. Les hommes âgés ont des expériences distinctes de l'activité physique. La promotion et la conception de programmes axés sur leurs expériences pourraient accroître leur degré d'activité physique.

Abstract

We aim to describe older mens' experiences with physical activity (PA) and their preferences for PA programs. We interviewed 14 men from a Canada-based PA intervention study called Men on the Move, and 5 men from a supplementary sample (who were not intervention participants). Content analysis was used to describe their experiences with PA and program preferences. The socio-ecological perspective and the hegemonic masculinity framework guided the research. PA barriers were low motivation, poor health, lack of time, interests other than PA and a lack of interest in PA, finances, lack of knowledge about PA, injury fear, social influences, inconvenience, weather, caregiving, built/natural environments, low-quality fitness instructors, and program structure. PA facilitators were chores, health, interest, time, motivation, social influences, active transportation, built/natural environments, good weather, program structure, and skilled/knowledgeable fitness instructors. PA program preferences were small group atmosphere, individualized attention/programming, equal number of men and women, sports programming, PA classes, and experienced instructors. Older men have distinct PA experiences. Promoting and designing programs that address their experiences may increase their PA.

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Introduction

Mobility disability has been defined as an individual's inability to walk 400 meters in 15 minutes without sitting or assistance (Connell & Messerschmidt, 2005; Fielding et al., 2011; Pahor et al., 2014). Older adults with mobility disability are at increased risk for dependence in daily activities, decreased quality of life, and mortality (Mackey et al., 2014; Yeom, Fleury, & Keller, 2008). Therefore, it is essential to prevent mobility disability in the growing older adult population (World Health Organization, 1998).

Regular physical activity (PA) can prevent mobility disability, reduce chronic disease risk, enhance quality of life, and improve cognitive function and social, and mental health (Bauman, et al., 2016; Manini et al., 2006; Pahor et al., 2014; Tremblay et al., 2011; Warburton, Nicol, &

Bredin, 2006). PA is any bodily movement produced by the skeletal muscles that results in energy expenditure, and it can be accrued in daily life from leisure-time, occupational, household, and other activities (Caspersen, Powell, & Christenson, 1985).

PA guidelines state that older adults 65 years of age and older should participate in at least 150 minutes of moderate-to-vigorous aerobic PA per week (in 10-minute increments), along with twice-weekly balance training and muscle/bone-strengthening activities to attain health benefits and improve functional abilities (Piercy et al., 2018; Tremblay et al., 2011). Notably, more PA produces more benefits (Tremblay et al., 2011; Warburton et al., 2006). Almeida et al. (2014) highlight how older men (65–83 years) who engage in 150 minutes or more of moderate-to-vigorous PA live 10–13 years longer without cognitive or functional limitations compared with men who are not physically active (Almeida et al., 2014).

Despite the known benefits of PA, only 13 per cent of Canadian older adults meet the PA guidelines (Government of Canada, 2017; Hughes et al., 2011). Furthermore, few older adults ever reach vigorous intensity activity, as it is currently defined. In the United States, older adults 60–69 years of age achieve only 1.4 minutes of vigorous activity per week (Tucker, Welk, & Beyler, 2011). Although few older adults achieve the recommended amounts of moderate-to-vigorous PA, light-moderate intensity PA also provides health benefits and is encouraged, for example in Canada's new 24-hour movement guidelines for older adults (Ross & Tremblay, 2020; Spartano et al., 2019).

Community-based interventions can help older adults achieve more PA (Pahor et al., 2014; Stewart et al., 2001). However, men are less likely than women to participate in community PA groups and healthy lifestyle programs (Hughes et al., 2011; Sinclair & Alexander, 2012). One reason for men's lower participation rates in community PA programs may be that these programs are often designed using data from studies that include both men and women wherein more women participate (Fennell & Davidson, 2003). Furthermore, there are few men-only studies on PA (Baert, Gorus, Mets, Geerts, & Bautmans, 2011; Morgan, Willmott, Ben-Shlomo, Haase, & Campbell, 2019). In a meta-analysis of 104 studies on PA interventions for older adults 65 years of age and older, on average 83 per cent of participants were women, and no studies were designed and implemented for older men (Chase, 2015).

To our knowledge, there have been only five qualitative studies on older men's PA. Three used focus groups, wherein the emphasis was on participants with prostate cancer (Keogh, Patel, MacLeod, & Masters, 2014) or HIV (Neff et al., 2019), or on those transitioning to retirement (Bredland, Söderström, & Vik, 2018). Two employed interviews; one conducted semi-structured interviews with four older men on PA engagement and the implications for health promotion (Thandi et al., 2018), and the other was a case study on a subset of men who were members of a fitness-centre-based older men's PA program (Dunlop & Beauchamp, 2013).

The limited number of studies that specifically engage older men limits knowledge about their experiences with (e.g., barriers or facilitators) and preferences for PA (Fennell & Davidson, 2003). PA programs designed using data that over-represent perspectives from women may leave masculine values and perspectives unaddressed, contributing to low attendance and adherence of men in community PA programs (Pringle et al., 2014). PA choices are shaped by men's gender and masculinity, and may be specific to the setting where activity occurs (Caperchione et al., 2017). Therefore, health-promoting programs must address men's needs, interests, and motivations, and they must consider the influence of

gender norms, relations, and identities (Tannenbaum, Greaves, & Graham, 2016). It is therefore paramount to understand older men's experiences with PA to inform future design of PA programs and accommodate the specific needs and interests of older men (Caperchione et al., 2017).

Research Aim

The primary aim of this study was to describe older men's experiences with PA. As part of a broader PA intervention study with older men (Mackey, Perkins, Hong Tai, Sims-Gould, & McKay, 2017, 2019), our specific objectives were: (1) to describe barriers to and facilitators of PA among older men, and (2) to describe preferred features of PA programs for older men.

Theoretical Foundations

The socio-ecological perspective (intrapersonal, interpersonal, environmental, and organizational factors) and the hegemonic masculinity framework guided our study. Both provide insight into understanding older men's experiences and engagement with PA.

Socio-Ecological Perspective

Bronfenbrenner created the socio-ecological perspective to explain how physical, social, and sociocultural environments interact to influence individuals' behaviours (Bronfenbrenner, 1977; Stokols, 1992). This perspective argues that every level of the socio-ecological network influences all other levels (McLeroy, Bibeau, Steckler, & Glanz, 1988; Reverby, 1979). The intrapersonal level refers to personal attributes, such as disposition, genes, and the individual's behaviour (Stokols, 1996). The interpersonal level describes the relationships between people, such as family, friends, or coworkers (McLeroy et al., 1988). The environmental level refers to geography, temperature, or built and natural environments (Stokols, 1996). The organizational level is the final level relevant to this article, which refers to social/local/national institutions' (formal and informal) methods of operation (McLeroy et al., 1988).

The socio-ecological perspective guided our understanding of older men's experiences with PA, as many factors, such as men's personal attributes, their relationships with people, their environments, and the overarching systems within which men's environments operate all interact together to influence their PA behaviours (Dishman, Sallis, & Orenstein, 1985; Macniven et al., 2014). Although other models such as the Self-Efficacy Model (Bandura, 1977) or the Stages of Change Model (Prochaska & DiClemente, 1984) may provide insight into older men's PA experiences, we chose to adopt the socio-ecological perspective, because these other theories do not explore the influence of environmental factors on behaviour to the same degree (Baert et al., 2011).

Hegemonic Masculinity

We chose to incorporate the hegemonic masculinity framework, because it might specifically and independently impact older men's PA experiences at these different socio-ecological levels. Masculinity is defined as "socially generated ideas, behaviours, and practices surrounding the group named men" (Kerfoot & Knights, 1993, p. 661–662). The hegemonic masculinity framework suggests that masculinity embodies the "idealized man" and requires all other men to measure themselves against these ideals (Connell &

Messerschmidt, 2005). Ideals such as possessing technological skills, having a sense of adventure, courage, aggression, toughness, inner direction, hardiness of body and mind, group camaraderie, non-femininity, possession of money or work, denial of emotion, and power over other men and women are a few examples of these masculine ideals (Brod, 1987; Donaldson, 1993; Fuller, 1996). These masculine ideals may also impact older men's participation in community PA groups (Hughes *et al.*, 2011). Health-promoting behaviours are often viewed as feminine or weak, and oppose the masculine identity of independence, self-reliance, and strength (Cohen, Chávez, & Chehimi, 2010; Courtenay, 2000; Gough, 2006; Robertson, 2007). Hegemonic masculinity provides a useful framework for examining older men's experiences with PA as these masculine ideals may impact their perspectives regarding PA.

Study Overview

To meet the need for more research on older men and to address their physical inactivity, our research team designed a physical activity intervention called Men on the Move (MotM). MotM was a 12-week, choice-based, telephone-assisted, PA promotion and active transportation intervention designed specifically for low-active community-dwelling men 60 years of age and older in Vancouver, British Columbia, Canada (Mackey *et al.*, 2017, 2019). A randomized controlled trial assessed the feasibility of MotM, including estimation of participant recruitment and retention rates, intervention adherence, and initial impacts on various health outcomes, such as PA, active transportation, and mobility (Mackey *et al.*, 2019).

Trained and experienced activity coaches worked one-on-one with MotM participants to help them develop and implement a personalized PA and active transportation action plan. Participants were given pedometers to track their daily step counts and had the option to be physically active on their own or join group-based or individual PA programs at a community center for free. Participants had monthly motivational and educational meetings with other participants and their activity coach, and weekly telephone check-ins with their activity coaches. Participants received public transportation travel planning services and complimentary transit passes to aid with their active transportation goals. Participants were also trained to use iPads, which were used to monitor PA and support individualized PA programs (e.g., PA videos, recreation centre hours of operation, transit schedules, and weather updates).

All 29 participants in the intervention group of MotM were invited to participate in an optional qualitative sub-study, aimed at understanding older men's PA perspectives and experiences. Fourteen participants agreed and provided informed consent. We conducted 1-hour semi-structured interviews in 2015 with 14 participants at baseline and 13 participants at 12-week follow-up (post-intervention) to assess participants' experiences with PA, mobility, social interaction, and transit use, in addition to their perspectives on the intervention.

Although MotM interview data described older men's experiences with PA and the MotM intervention, they only reflected the perspective of a small subset of motivated older men who were predisposed (volunteered) to being physically active. It was therefore important to also assess perspectives of other community-dwelling older men with similar demographics who were not involved in MotM to represent a more general population, including older men who were not necessarily wanting to engage in PA (Creswell & Miller, 2000). Therefore, we conducted five additional

interviews with community-dwelling men who were 60 years of age and older in 2018 and who were in no way associated with MotM. Non-Men on the Move participants (non-MotM) were recruited from an independent living older adult community in Vancouver, British Columbia, Canada.

Methods

Participant Recruitment

MotM recruitment was conducted in August and September 2015. Advertisements were posted in community newspapers, health centres, senior centres, and public libraries; through e-mail; and by word of mouth. Recruitment for non-MotM participants was conducted in May 2018. Based on common practice, we aimed to enrol 5–20 participants (Fridlund & Hildingh, 2001). We advertised the study and shared our contact details in four ways: (1) hanging posters in an independent living older adult community's mail rooms, at the front desk, and by the elevators; (2) displaying advertisements on TV monitors in the community lobbies; (3) including an advertisement in the weekly newsletters distributed to all residents; and (4) through personal phone calls made by the older adult community's staff. The staff used purposive sampling and invited individuals who met the inclusion/exclusion criteria to participate. A university ethics board approved both the Men on the Move study and the non-MotM interviews.

Inclusion/Exclusion Criteria

Inclusion criteria were men who: (1) were community-dwelling, (2) were 60 years of age or older, (3) did not have plans to be out of town for 7 or more days during the study period, (4) were able to read, write, and speak English, and (5) had acceptable auditory and visual abilities (i.e., were able to read and sign the consent form and hear the interviewer's questions).

Additional MotM criteria were: (1) wanting to be more physically active, (2) had not been active in the past 3 months, and (3) were able to be physically active (as demonstrated by the Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) questionnaire or a letter of recommendation from their physician). Non-MotM participants needed to live at an independent living older adult community in Vancouver, British Columbia, Canada.

Exclusion criteria were older men who: (1) lived in a nursing home or an assisted living facility, and (2) would be out of town for 7 or more days during the 12-week intervention. Additional non-MotM criteria were: (1) being in the early stages of dementia (which could pose a problem with memory/recall during the interview; staff verified that this criterion was met through discussions with the multidisciplinary health team at the facility) and (2) not being independently mobile (e.g., relying on a wheelchair). Program staff had access to this information, so they verified that volunteers met entry criteria.

Qualitative Interviews

We conducted 14 MotM semi-structured interviews at baseline (pre-intervention) and 13 interviews with the same participants at their 12-week follow-up (post-intervention); one participant was away and was unable to attend the final interview. Two research personnel conducted the 1-hour interviews in 2015. One asked the questions outlined in the interview guide and the other took notes.

There were five interviewers (two were men) who worked as research coordinators, project coordinators, or research assistants. Interviewers had a Master of Public Health, a Bachelor of Arts, or a Master of Science degree. All had completed graduate course work in qualitative methods. Most interviews took place in an office setting with one in hospital (the spouse was present during this interview). One interviewer, one recorder, and the participant were present during each interview. Interviewers did not have prior relationships with participants outside of the MotM study.

The five non-MotM interviews took place in 2018. S.W., who is female, conducted all 1-hour-long interviews and collected field notes in an office at the independent living older adult community. At the time of the interviews, this researcher was working towards an MSc degree and held a Bachelor of Arts in sociology and communications. This researcher had had previous experience and training in conducting interviews from her employment as a research assistant, and was the only person other than the participant in the room during the interviews. We adapted the semistructured interview guide used for the MotM participants by removing questions that were specific to the intervention. The researcher had met two of the five men who had volunteered for the study a year prior when she had been working at the independent living community. Participants knew that this study was being conducted to better understand older men's experiences with PA. They also knew that the project was part of the researcher's Masters degree. [Table 1](#) outlines the participants' demographics for both groups. Participants were asked questions about their past and present PA and any barriers to and facilitators of PA, and for descriptions of their ideal PA programs. Interview audio recordings were professionally transcribed for data analysis. Transcripts and findings were not provided to participants for their review.

Table 1. Description of MotM and Non-MotM demographics

Demographics	MotM (n=14)	Non-MotM (n=5)
Age	Average Age: 73.5 Range: 63-86	Average Age: 81.6 Range: 60-94
Country of birth	42.9% Born in Canada 57.1% Born outside of Canada	60.0% Born in Canada 40.0% Born outside of Canada
Marital status	64.3% Married 21.4% Single 14.3% Widowed	60.0% Married 20.0% Single 20.0% Unknown/ participant did not answer
Education status	14.3% Completed secondary school 7.1% Some trade/technical school 21.4% Had some university 14.3% Completed university degree 7.1% Some graduate education 28.6% Completed graduate degree 7.1% Unknown/ participant did not answer	40.0% Completed university degree 60.0% Completed graduate degree
Employment status	100.0% Retired and not working	80.0% Retired and not working 20.0% Unknown/ participant did not answer

Data Saturation

Five additional interviews were deemed sufficient for data saturation in alignment with common qualitative practice for data saturation (Brod, Tesler, & Christensen, 2009). Following the five interviews with the supplementary group, the investigator coded the interviews to identify whether new themes or categories were being identified, which would indicate that sampling should continue (Glaser & Strauss, 1967). When additional themes were not uncovered in the data and the themes that had been developed were not further enriched at 19 interviews (MotM and non-MotM), we concluded that we had reached enough theoretical saturation to richly describe the barriers to and facilitators of older men's PA (Saunders et al., 2018), and that more interviews would not add to the overall story (Strauss & Corbin, 1998).

Data Analysis

We used NVivo 11 and 12 to manage and analyze the qualitative data and to determine broad themes from the data. Our approach may be considered as abductive, given our use of both theoretical frameworks – socio-ecological and hegemonic masculinity – to inform the coding process. Our method of analysis had three analytical phases: (1) preparing, (2) organizing, and (3) reporting (Elo & Kyngäs, 2008). During the preparation phase, we became familiar with these data by reading all transcribed interviews and field notes. For the organizing phase, we created categories of similar information using coding nodes in Nvivo software. In the reporting phase, we interpreted these data by using themes that represented our research objectives (Elo & Kyngäs, 2008). To ensure rigour, another researcher coded a subset of the data (Roberts, Dowell, & Nie, 2019). We looked for consistency of judgment across themes and categories in a subset of data by examining the number of agreements and disagreements across coding (Miles & Huberman, 1994). We then reviewed the themes from the non-MotM participants and the MotM participants to evaluate if there were any similar or unique themes.

Results

We categorized participants' barriers and facilitators using the levels of the socio-ecological perspective, while emphasizing the impact of hegemonic masculinity at the (1) intrapersonal, (2) interpersonal, (3) environmental, and (4) organizational levels. We summarized all themes identified as barriers and facilitators in [Figures 1 and 2](#), and [Tables 2 and 3](#), with the following examples.

Intrapersonal Factors

At the intrapersonal level, eight themes emerged from our interviews: (1) motivation, (2) health, (3) time, (4) interests, (5) lack of knowledge, (6) finances, (7) fear, and (8) chores.

Motivation

Motivation referred to a person's inner drive or incentive to engage in PA. Self-perceived laziness or a lack of desire prevented many participants from engaging in PA. "I am a bit lazy to go for a long walk" (Charles - MotM).

The motivation to accomplish a predetermined task facilitated PA for older men. "[I need an] objective [to be physically active] ...

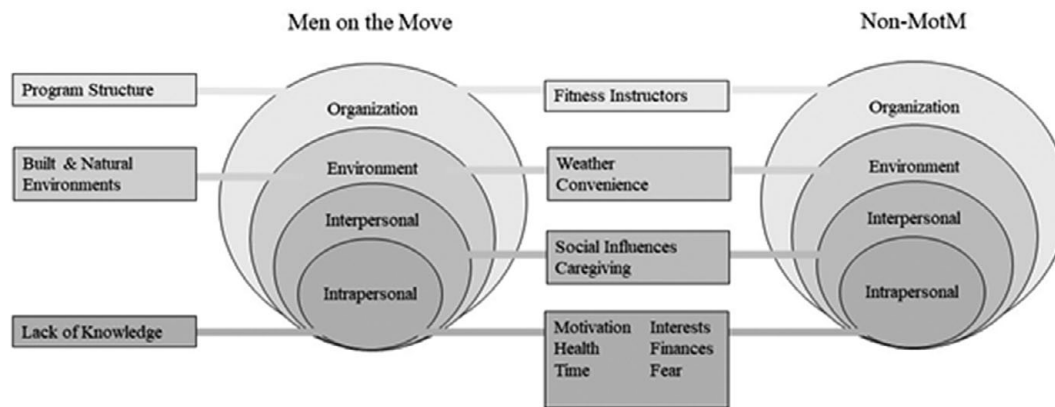


Figure 1. A description of themes that emerged as barriers to physical activity from interviews with MotM participants ($n = 14$) and non-MotM participants ($n = 5$) across levels of the socio-ecological perspective.

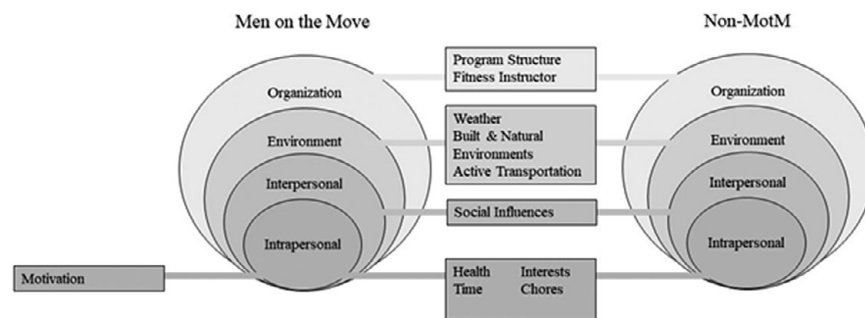


Figure 2. A description of themes that emerged as facilitators of physical activity from interviews with MotM participants ($n = 14$) and non-MotM participants ($n = 5$) across levels of the socio-ecological perspective.

for example, doing errands or need[ing] to return a DVD to the library” (Charles - MotM). The commitment to attend a PA program or create a plan for PA (what to do and for how long), helped participants engage in PA. “I sort of set up little goals for myself, and I keep achieving it” (David - MotM). A step counting goal also increased several participants’ PA by reminding and motivating them to walk. “It’s got me to the point where I have to go out and exercise. I have to get in my 10,000 steps a day” (Michael - MotM).

Health

Health challenges were a barrier to older men’s PA in our interviews. “I pulled out of the hiking group...Every Saturday we used to go hiking...Three-hour hikes. But I was having a hip problem” (Steven - MotM). Some participants compared men’s health behaviours to those of women. “Women are more attuned to their health, [and] go to the doctors more often... [Men are] resistant...[they] don’t go for regular checkups ... or don’t take advice about exercise or don’t watch their weight” (Thomas - MotM). Others stated that men rarely attended PA programs compared with women. “I’m the only guy. The rest are all women” (Gary - MotM).

Health benefits facilitated older men’s PA.

[PA]helps with the Parkinson’s. Another side effect of Parkinson’s is depression, so [PA] certainly helps. I just feel better and it’s fun engaging with other people (Edward - non-MotM).

I think you feel more mobile...sometimes I lay in bed...[with] pain, and through the exercises it’s gone. I haven’t had [pain] for [a] couple years now...I definitely think that exercise works” (James - MotM).

Time

Having more unstructured time during retirement was a barrier to PA. Getting out of the business [reduced my PA]. Because...I was fairly hands-on (Henry - MotM).

I can give five or ten minutes to a thing like that [referring to a PA program] without feeling I’m wasting the time...Not like the hour in the gym where I’m not doing the things I want to do (Dennis - non-MotM).

However, retirement also facilitated PA for some participants. Participants replaced the time they spent at work with PA to maintain an active schedule.

I just need activity in my life...I retired five years ago. If it comes down to it, I really miss work. So, I guess it’s me building some structure into my life...I need the routine (Robert - MotM).

In further reference to work and retirement’s influence on older men, when Robert was asked to describe his history, he outlined his work history. When asked why, he explained,

Men define themselves by their work. And when their work is no longer there, they suddenly kind of lose their identity...Men have a much more difficult time with retirement, and they have a harder time

Table 2. A description of barriers and themes related to older mens' participation in PA (both groups)

Barriers	Themes			
	MotM (n = 14)		Non-MotM (n = 5)	
	Theme	# of Participants	Theme	# of Participants
Intrapersonal (Ranked first)	Motivation	14	Health	5
	Time	12	Interests	4
	Health	11	Time	3
	Interests	8	Motivation	1
	Finances	8	Finances	1
	Lack of knowledge ^a	7	Fear	1
	Fear	3		
	Total mentions: 63		Total mentions: 15	
Interpersonal (Ranked third)	Social Influences	13	Social influences	2
	Caregiving	6	Caregiving	1
	Total mentions: 19		Total mentions: 3	
Environmental (Ranked second)	Convenience	12	Weather	4
	Weather	11	Convenience	3
	Built & natural environments ^a	5		
	Total mentions: 28		Total mentions: 7	
Organizational (Ranked fourth)	Fitness instructor	5	Fitness instructor	1
	Program structure ^a	5		
	Total mentions: 10		Total mentions: 1	

Note. Barriers are listed as per levels of the socio-ecological perspective (rank order based on how many participants mentioned themes within each level is noted in brackets). Themes are listed in rank order based on how many participants mentioned each theme.

^aUnique themes

Table 3. A description of facilitators and themes related to older mens' participation in PA (both groups)

Facilitators	Themes			
	MotM (n = 14)		Non- MotM (n = 5)	
	Theme	# of Participants	Theme	# of Participants
Intrapersonal (Ranked first)	Chores	14	Chores	5
	Health	14	Health	5
	Interests	14	Interests	4
	Time	9	Time	3
	Motivation ^a	8		
	Total mentions: 59		Total mentions: 17	
Interpersonal (Ranked fourth)	Social influences	14	Social influences	5
	Total mentions: 14		Total mentions: 5	
Environmental (Ranked third in MotM and second in Non-MotM)	Active transportation	13	Active transportation	5
	Built & natural environment	8	Built & natural environment	3
	Weather	5	Weather	3
	Total mentions: 26		Total mentions: 11	
Organizational (Ranked second in MotM and third in Non-MotM)	Program structure	14	Program structure	5
	Fitness instructor	14	Fitness instructor	1
	Total mentions: 28		Total mentions: 6	

Note. Facilitators are listed as per levels of the socio-ecological perspective (rank order based on how many participants mentioned themes within each level is noted in brackets). Themes are listed in rank order based on how many participants mentioned each theme.

^aUnique themes

re-establishing or maintaining social contacts...Mens' identity... [is] tied to their job. And then when they're cut loose from their job... they have a little bit more of a difficult time adjusting (Robert - MotM).

Interests

Lack of interest in or boredom with specific physical activities prevented some participants from engaging in PA. "I got so terribly bored with working in a gym...I used to try to take a book or a newspaper with me to read while I'm exercising. Didn't work very well" (Dennis - non-MotM).

In contrast, PA was facilitated when participants were interested in activities that involved PA. Hiking, gardening, fishing, walking, cycling, and running were activities that participants enjoyed. "[Cycling is] something I actually enjoy doing. If I was getting anything out of it, it's a side benefit" (Robert - MotM). Being able to choose one's own activities and seeing new things, such as visiting landmarks and new destinations in the city using active transportation also facilitated PA. "Exploring my own city [helps me get out and about]" (Thomas - MotM).

Lack of knowledge

Lack of knowledge was a barrier to PA. Knowledge is a key component of self-efficacy, defined as "a person's confidence in his or her ability to be physically active on a regular basis" (Trost, Owen, Bauman, Sallis, & Brown, 2002, p. 1998). Some older mens' PA was inhibited by feelings of vulnerability in gym settings because of a lack of knowledge about exercises and how to use the equipment.

I had a community centre pass before, with the idea that...I'd like to use their exercise facilities. But I often found it a little overwhelming. If you walk into an exercise facility and you've got all these machines and gadgets...it tends to be a little overwhelming. And I usually just walked out. So, having the benefit of some advice and somebody actually designing a structured kind of program, I found that very useful (Robert - MotM).

Finances

The cost of PA participation was a barrier to PA. "Since my income condition now, I cannot do everything I want...If I find [the] kind of exercise class that suits me and it is... free or very low paid, I could go. I'd be happy to go" (Charles - MotM).

Fear

Being the only man in a PA class, not knowing anyone, or having young instructors who were women intimidated some older men. "[Being one of only a few men in an exercise class might be a little bit intimidating]" (Robert - MotM). These feelings prevented some men from engaging in certain forms of PA. A fear of injury was also a barrier to PA for men of across our age range (63 years old, 81 years old, and 91 years old).

I'm scared to ski now...I dislocate[d] my shoulder [and] broke my arm...I was young enough I recovered. But I know that recovery is not guaranteed" (Robert - MotM). "I would like to play some pickleball [but I am] kind of afraid because I could fall down...and hurt [myself]" (Joseph - MotM).

Very much a fear of injury...when you're young...you can just leap over that big puddle. But when you're older and your legs are not as strong as

they were, if I miss...I'm going to break my hip...you get more realistic [and]...should know your limitations (Andrew - non-MotM).

Chores

Chores motivated participants to engage in PA. Chores were described as routine tasks required for daily living that often involved walking to various destinations, utilizing public transit, or moving about while completing a task. "If we've got some shopping we need to do I will go out. I'll walk up the road to the shops" (Dennis - non-MotM).

Interpersonal Considerations

The interpersonal level referred to the social connections or interactions that participants had with other people. Social influences were either a barrier to and or a facilitator of PA, and caregiving was a barrier to PA.

Negative social influences

PA was less likely to be initiated and sustained in this study if participants felt unwelcome, uncomfortable, or intimidated in a PA group. Gender inclusivity and the absence of homogeneity were also barriers to PA.

I've been doing Spin Cycle, but then I stopped...one man and 10 women... I just felt sort of, like, what's he doing here... Nobody ever greeted me. Nobody said, "Hi, nice to see you." The women would coalesce together... I just didn't feel the environment was great. (Gary - MotM).

Some other men also felt similarly

I'm working out Saturday morning, I'm the only male there. So I think females are more active than men are (John - MotM).

My Tuesday class, my Thursday class, my Saturday spin class, they are predominantly women...I have this theory that women...gain from the social context of joining a group...women tend to relate to other women, and they tend to go to these classes...It's a little bit more difficult to drag men into this sort of program (Robert - MotM).

Positive social influences

Social connectedness facilitated PA. Encouragement, companionship, social contact, role modelling, having someone to participate in PA with, and peer inspiration were other common facilitators to PA.

I have a neighbour who also has a bad heart. We go walking, visiting... about three times a week (David - MotM).

Knowing that other guys are trying as hard as I am...I'm not alone in the process, there's other people who are struggling too and wanting to do this for their long-term physical health...Thinking, well, somebody else can do it, I can...[a friend], who is 94...he swims a kilometre a day...I'm doing six lengths and he's doing thirty-two lengths? I think I can try a little harder (Thomas - MotM).

Caregiving

Caregiving (e.g., caring for a spouse or grandchildren) was a barrier to PA, because some participants had less time for PA.

[I want to] be doing more but with the constraints of my mother-in-law and some other things that are going on, I don't have the time for myself

that I would really like to have...commitments to children, grandchildren, now mother-in-law...sort of restricts what I can do and when I can do it (Michael - MotM).

Environmental Barriers

Environmental barriers referred to geography, temperature, or built and natural environments (Stokols, 1996). Environmental barriers to PA fell into four main themes: (1) built and natural environments, (2) convenience, (3) active transportation, and (4) weather.

Built and natural environments

Issues with built and natural environments, such as hills and unaesthetically appealing environments were PA barriers. "I don't walk around the neighbourhood...Because of the hill" (William - MotM).

In contrast, living in a walkable area near shopping centres, having places to rest, and flat walking environments facilitated PA. "There's a bird sanctuary... there's benches every now and again. So I get a chance to sit down" (William - MotM). PA was also enhanced by close proximity to PA facilities. Michael chose swimming as his activity for MotM "because the pool is at where I live... And the water's warm. It's not that cold Olympic-type pool" (Michael - MotM).

Convenience

Convenience referred to the ease with which participants could access and engage in PA. Inconvenient logistics around being physically active were a barrier to PA.

I'm in a car culture...my parents never took the bus...when I go grocery shopping, yes, technically I could walk that mile. But then I got to haul all the groceries back. And do I want to haul them back on the bus? No. That's not going to happen. (Henry - MotM).

Active transportation

Public-transportation-related challenges were a barrier to PA. Active transportation was defined as any non-motorized mode of transport (Sallis, Frank, Saelens, & Kraft, 2004). We also included public transit as a form of active transportation because of the walking required to and from the bus stops and participant's destinations (Davis et al., 2011). Wait times, limited routes, and buses that were slow, late, and unreliable prevented some from using public transportation. "The transit system is too slow...the buses are not on time. The transit system doesn't have enough buses. There are all kinds of issues" (Steven - MotM).

In contrast, active transportation facilitated PA for some participants when they lived in close proximity to public transportation stations.

I'm not sure...what other people's reasons are for not liking transit. But maybe it's because they're not all that in a convenient location...I'm centrally located when it comes to transit. So that is actually one of the main reasons why it's so convenient for me (Robert - MotM).

Weather

Bad weather was a barrier to PA, whereas good weather facilitated it. "If it's raining and snowing I'd probably choose another day [to be physically active]" (Andrew - non-MotM).

Organizational Factors

Program structure and fitness instructors were both a barrier to and a facilitator of older men's PA at the organizational level.

Program structure

Program structure refers to the way a PA class is organized or led. Participants avoided PA programs designed specifically for "seniors" because of the connotation that "senior" had with being "old".

Maybe I don't want to be considered an old man yet. I don't know, maybe that's part of the reason [for not attending a seniors PA program] (Robert - MotM).

Guys don't like to think that they're getting old and weak...I don't think men really accept it, that they are ageing, and not capable of doing stuff that they used to be able to do (Michael - MotM).

"Feminine" program content may also prevent older men from participation in certain PA programs.

What I noticed in the exercise class are much more women than men... Maybe we men should be more brave...some classes...they are afraid because they consider that's only women's stuff. Some men, not everybody. For example, yoga (Charles - MotM).

My wife is quite active...and she goes to fitness classes whereas I didn't...I didn't care for the class. So it was kind of a bridge between yoga and other stuff. It's not for me (John - MotM).

Classes that were too easy or too hard for a participant were a barrier to their engagement.

I tried the walking club...but they go out for an hour. It's too long...for me (Gary - MotM).

They all got walkers and canes and oxygen tanks and so we don't... really get into any kind of heavy exer[cise]...I barely get my heartbeat going above normal (Joseph - MotM).

Conversely, program structure also facilitated PA. Involvement in a structured and scheduled PA program facilitated PA.

I'm the kind of person that doesn't necessarily self-motivate...I have a treadmill...I should go down there and spend 15 minutes... But I don't. I far prefer having an activity where I'm with people... you sort of feel you have to go (Steven - MotM).

The inspiration of this particular program [helped]...I got a lot of benefits...I got a fitness pass...a transit pass...an amazing [activity] coach...everybody's got a good attitude. So it encouraged me to try and do something 'cause I was doing nothing. As a result of...being involved in the Men on the Move project, I've totally changed my lifestyle (Thomas - MotM).

Although some participants were motivated to be physically active by their involvement in a scheduled PA class, others preferred having the flexibility to attend different programs or engage in less formal methods of PA.

I'd like the option to be able to just go in for one day and try something versus having to be scheduled to do something for a certain period of time...For example, drop-in curling...Pick-up hockey game. Bowling, just something where you just go and do it, that type of thing versus... having to do it once a week (Michael - MotM).

Programs that were engaging, flexible, and appropriate for different fitness levels; content that appealed to men; and environments of competition and comradery facilitated PA in older men.

Fitness instructors

Fitness instructors influenced PA engagement. Participants lacked confidence in instructors who were inexperienced and who did not account for attendees' medical conditions.

One of the problems...especially for seniors, [is] they [fitness instructors] don't know my medical condition...They never ask... What's your heart rate? Are you on medications? Have you had any incidence...They just walk in...and they say, 'On the bike'(Steven - MotM).

In contrast, high quality fitness instructors who were "very encouraging...supportive and lots of fun" (Thomas - MotM), who provided individualized, tailored exercises, provided sympathy, monitoring, flexibility, and feedback were valuable attributes of instructors, which facilitated PA.

[My fitness instructor] encourages me. She monitors my progress. She changes the routine and encourages me to exercise on my own. She gives me homework to do. But it's fun homework... She's so lively, goes at a good tempo (Edward - non-MotM).

Participant's Ideal Features of a PA Program

Older men's ideal PA program features fell into three categories: (1) program structure, (2) program content, and (3) fitness instructors. Table 4 outlines the themes that emerged.

Program structure

Several participants preferred PA programs in a small group setting. Motivation was one reason why participants preferred a small group setting. "I prefer [PA classes] in a group...it gets me motivated, gets me there" (Joseph - MotM). Individualized attention was another reason why a *small* group setting was preferred. "It would be better one-on-one or [in] small groups [so fitness instructors can take care of individual needs]" (Charles - MotM). Opportunity for social contact was another reason older men preferred a small group program.

A group would definitely be a lot more enjoyable...social contact... that's one of the things I miss from work...I don't miss the actual work. But I do miss the social contact that I had at work (Robert - MotM).

Although 12 MotM participants and 3 non-MotM participants preferred a small group setting, others favoured one-on-one programs.

I prefer to have a fitness coach... [and] one-on-one...coaching... it'll take the heart attack into [account] and I'll be doing things which will help to strengthen the heart. And I am a loner. I like doing things by myself. So I'm not crowd-oriented anymore (David - MotM).

One MotM participant preferred to have an equal number of men and women in a program, as opposed to more women. "Sometimes they're all females. I am the only male or one more. So I feel more comfortable when it's balanced" (Charles - MotM). A men-only PA program was the ideal PA program structure for another MotM participant. "I think this program would be ideal just for men, otherwise you [will] have 75 percent women and 25 percent men" (Michael - MotM). Other participants did not seem to mind if there

Table 4. A description of themes related to older men's ideal PA program features (both groups)

Categories	Themes			
	MotM (n = 14)		Non-MotM (n = 5)	
	Theme	Participant #	Theme	Participant #
Program structure (Ranked second)	Group setting	12	Group setting	3
	One-on-one or alone	5	Outside	2
	Individualized programming	3	Flexible	1
	Men only or balanced	2	At home	1
	Total mentions: 22		Total mentions: 7	
Program content (Ranked first)	Gym exercises/ fitness class	6	Gym exercises/ fitness class	3
	Sports	6	Sports	2
	Walking	5	Walking	1
	Swimming	5	Cycling	1
	Dancing	2	Stretching	1
	Sightseeing	1		
	Cycling	1		
	Stretching	1		
	Yoga	1		
	Total mentions: 28		Total mentions: 8	
Fitness instructor (Ranked third)	Has a fitness instructor	5	Has a fitness instructor	3
	Total mentions: 5		Total mentions: 3	

Note. Categories are ranked in order based on how many participants mentioned themes within the category. Themes are listed in rank order based on how many participants mentioned each theme.

were more women. “[My PA class was] 90 percent women. But it was a good class. Good hour and a quarter class” (Thomas - MotM).

Participants most often described their ideal PA program as a program located outside of their home. “It’ll probably be going out to some kind of class or program...community centre...two or three times a week.” (Thomas - MotM).

Program content

Six participants from MotM preferred sports programming.

I wanted to get back to... sports because I played tennis and I played golf. But I can’t play tennis anymore...So what I’d like to do is play pickleball” (Joseph - MotM, 81 years). “I would like to get in with a group of guys that I was friends with, and do pick-up sports. Maybe...soccer. A pick-up hockey game be it ice hockey or floor hockey...that I would enjoy... Bike rides with a group (Michael - MotM, 70 years).

Some sort of sport that you played two or three times a week...That you’d be letting other people down if you didn’t go...I found the social aspect of the badminton very good. Because you meet people of the same age group...Now I feel comfortable and know their names. They know my name and we joke and banter back and forth. That’s a nice outlet (Michael - MotM, 70 years).

The preference for sport programming as an ideal PA program was shared by many participants.

It would be one that would...involve a sport...that I liked where I had accessibility to a coach for either physical or mental help as to how to play the game. And I had the freedom to have it at an ideal time in the day, week or month...it would have to have other people (Andrew - non-MotM, 91 years).

Participants described strength training as ideal program content for falls prevention. “I want to increase my strength, so in case I fall...I have a chance of stopping my fall using my own strength” (Joseph - MotM). Participants also preferred programs tailored to individual abilities. “[An ideal PA program would] give you some exercise to your ability” (Gary - MotM).

Dancing, swimming, aerobic fitness, strength, and balance classes were also considered components of an “ideal” PA program.

Fitness instructors

A program led by a fitness instructor was also considered an ideal feature of a PA program. An “ideal” fitness instructor was someone who was an expert in their field, experienced with older adults, able to take criticism, and offered fun and individualized programming.

I respect [my activity coach’s] expertise. I feel as though she is extremely competent. So I’m wanting to give her a hundred percent (Joseph - MotM).

My fitness instructor is very encouraging...supportive and lots of fun” (Thomas - MotM).

She [fitness instructor] encourages me. She monitors my progress. She changes the routine and encourages me to exercise on my own. She gives me homework to do. But it’s fun homework... She’s so lively, goes at a good tempo (Edward - non-MotM).

Some participants preferred an older fitness instructor and explained that instructors were often “Young... [they] don’t know what the

joint pains are...Where coming from an older individual I think [PA guidance] would be more realistic or beneficial” (Michael - MotM).

Discussion

Among the many barriers to and facilitators of PA that older men described in our study, some aligned closely with previous multi-gendered literature (Morgan et al., 2019), whereas others pertained more specifically to men. From the socio-ecological perspective, we will discuss some of the more novel themes for older men.

Intrapersonal Factors

Many participants thought that women took more care of themselves than men. One reason for the discrepancy in some older men’s health behaviours may be that some older men may try to portray the “ideal” masculine image of independence, self-reliance, strength, youthfulness, and non-femininity by avoiding health-promoting behaviours, which some may view as feminine (Cohen et al., 2010; Courtenay, 2000; Gough, 2006; Robertson, 2007). These hegemonic masculinity perspectives may negatively impact some older men’s willingness to seek help for health issues, and may lower their participation in PA programs and activities because of untreated conditions or pain, resulting in more inactivity-related health problems and pain.

Lack of time was a barrier to PA in our study and in other multi-gendered studies (Macniven et al., 2014). It follows then that retirement sometimes facilitated PA. Older men and women often have more time available for recreational PA, especially if their previous work (e.g., a desk job) did not facilitate PA (Barnett, Guell, & Ogilvie, 2012; Hartley & Yeowell, 2014). Some participants in this study were motivated to maintain an active lifestyle in retirement by replacing some of the time that they had spent at work with PA.

Retirement also had the opposite effect for many older men in our study. Having more unstructured time during retirement was sometimes a barrier to PA, especially if participants’ previous work involved opportunities to be physically active (Barnett et al., 2012). Through the hegemonic masculinity lens, work often plays an integral role in men’s identity. Employment often provides men with intrinsic and extrinsic rewards by which men judge themselves and others (Lupton, 2002). Several participants noted that once they retired, their identities and lifestyles were impacted. This resulted in fewer physical activities (particularly when their work involved PA) and social connections.

Lack of knowledge was a barrier to PA in this study and in others (Bethancourt, Rosenberg, Beatty, & Arterburn, 2014; Cohen-Mansfield, Marx, & Guralnik, 2003). Vulnerability avoidance and unwillingness to ask for help is a hegemonic masculinity feature, which may be one reason why lack of knowledge is a barrier for some older men (Thompson & Langendoerfer, 2016).

Fear of injury was reported as a barrier to PA in this study, in alignment with other multi-gendered investigations (Morgan et al., 2019). Although our study included men from a wide age range (60–94), we found that many themes were consistent across these ages but were expressed differently. For example, although participants across our age range all reported fear of injury, the types and intensities of activities that they feared were different. For example, a 63-year-old participant expressed fear of skiing, an 83-year-old described their hesitancy toward pickleball, and a 91-year-old participant described fear of jumping over a puddle.

Interpersonal Factors

In our study and in previous studies, PA was less likely to be initiated and sustained if participants felt unwelcome, uncomfortable, or intimidated in a PA group (Franco *et al.*, 2015). Gender inclusivity and the absence of homogeneity were also barriers to PA for some participants in this study and in others (Hartley & Yeowell, 2014). Hegemonic masculinity influences some men to “consider all interactions as a form of competition in which [one] must be successful” (Thompson & Langendoerfer, 2016, p. 122). For example, if a man compares himself to a woman in a mixed-sex PA context and feels he is not successful in surpassing her physically, some men may feel like “less of a man.” Because some men may avoid anything that they view as feminine, PA classes with many women attendees may perpetuate a cycle of fewer men by inducing an environment contributing to “un-masculine” feelings of vulnerability. Because some men might avoid such vulnerability, this may deter them, and further reduce the number of men in multi-gendered PA programs (Fuller, 1996).

Social connectedness facilitated PA in this study and in others (Dunlop & Beauchamp, 2013; Oliffe *et al.*, 2019). Encouragement, companionship, social contact (Franco *et al.*, 2015), role modelling, having someone to participate in PA with (Bethancourt *et al.*, 2014), and peer inspiration (Dunlop & Beauchamp, 2013) were other common facilitators to PA across studies. Collectively, this reflects the masculine ideals of group solidarity and comradery.

Organizational Factors

Participants avoided PA programs designed specifically for “seniors” because of the connotation that “senior” had with being “old”, which opposed some people’s masculine ideal of youth, strength, and independence. Furthermore, many PA programs are viewed as “feminine” (e.g., yoga and Zumba), which may lead to some older men’s dismissal or avoidance of these types of programs. Some older men may avoid activities that they view as “feminine”, which highlights the influence of hegemonic masculinity ideals on some older men’s interests. Classes not suited to participants’ ability inhibited PA in our study and in others (Baert *et al.*, 2011). A lack of program options inhibited PA in our study and in others (Baert *et al.*, 2011; Franco *et al.*, 2015).

Programs that were engaging, flexible (Bethancourt *et al.*, 2014), and appropriate for different fitness levels facilitated PA for participants in this study and in others (Baert *et al.*, 2011; Costello, Kafchinski, Vrazel, & Sullivan, 2011; Franco *et al.*, 2015). Program content that appealed to men (like sport), and environments of competition and comradery facilitated PA in men-specific literature and in our interviews (Barnett *et al.*, 2012; Hartley & Yeowell, 2014). Sport content was another example in which participants across our age range consistently reported similar features of an ideal PA program.

Fitness instructors influenced PA in the literature and in our interviews. Fitness instructors who did not tailor their programs to participant ability, low-quality instructors, and instructors who pushed members too hard were barriers to PA (Baert *et al.*, 2011). In contrast, high-quality fitness instructors who were encouraging, supportive, and fun and who provided individualized attention (Baert *et al.*, 2011; Costello *et al.*, 2011; Franco *et al.*, 2015), tailored exercises (Dunlop & Beauchamp, 2013), sympathy, monitoring, flexibility, and feedback were valued, which facilitated older adult’s PA in the literature and in our interviews with older men.

Promoting and Sustaining Older Mens’ PA Behaviours

Healthy, preventative behaviours, such as attending PA programs, should be encouraged, normalized, and promoted. Advertisements should seek to promote health behaviours and PA as features of masculinity (e.g., using models, terminology, and color schemes (etc.) that are masculine) (Caperchione *et al.*, 2017). Advertising strategies that emphasize masculinity may increase attendance at PA programs by acknowledging men’s avoidance of anything feminine and by appealing more to their hegemonic masculine ideals, similar to the Movember campaign (men growing mustaches to create awareness about prostate and testicular cancer, as well as mental health and suicide prevention). This campaign has impacted the landscape of men’s health by normalizing preventative health behaviours among men, and now supports more prostate cancer research than any other non-government agency worldwide (Wassersug, Oliffe, & Han, 2015).

At retirement, men should be given resources and training to create an active lifestyle through advertisements and government and community programs specifically geared to this demographic. This transition is pivotal as new routines are instituted and may be more readily accepted, making this an ideal season for PA promotion (Barnett *et al.*, 2012). PA programs should seek to provide older men with a sense of purpose and fulfillment (Barnett *et al.*, 2012) through meaningful activities, and create an environment characterized by the social support and comradery that is often found earlier in life in the work environment.

Even small costs are barriers to PA for older men; therefore, governments at all levels (municipal, provincial, and federal) need to consider ways to support older men’s participation in PA by minimizing the barrier of program cost. This is especially important given the escalation of chronic disease in older men.

Implications for Older Mens’ PA Program Design

Older men face barriers to PA that are distinct from those that older women confront. These need to be considered and overcome, especially given that most PA programs and studies focus on women. It may be advantageous to host PA programs specifically for men, to eliminate feelings of vulnerability. Programming must consider sex and gender differences if they are to attract and sustain men. The Check-Mate tool may be helpful in tailoring programs to men in the design, implementation, and promotion of programs (Struik *et al.*, 2019). This tool can help: (1) men to feel comfortable, (2) planners to choose activities that appeal to men, (3) promote the use of masculine ideals to increase the well-being of men and their families, (4) acknowledge other aspects of men’s identities other than gender, and (5) promote men’s participation and independence (Struik *et al.*, 2019, p. 4). Choice-based options are also important, as some men prefer to exercise in groups whereas others prefer to exercise alone.

Researchers might continue to examine the impact of sports programming on men’s participation and adherence to PA programs (Bunn, Wyke, Gray, Maclean, & Hunt, 2016; Caperchione *et al.*, 2017; Gray *et al.*, 2013). Fostering an environment of support, comradery (Mackenzie *et al.*, 2017), and competition may also cater to the unique values that facilitate older men’s participation in PA. Physical activities that are useful, such as chores, and activities that interest older men, such as seeing new things, and using external motivations, such as having a goal to achieve, might also be included in PA programming to encourage men’s participation.

Irrespective of program content, high quality instructors who have appropriate background knowledge and are perceived to be supportive are vital to the success of PA programs designed for older men. Fear of injury and lack of knowledge are often barriers to PA, and having access to trustworthy advice from knowledgeable fitness instructors may help overcome these barriers (Lübcke et al., 2012; Morgan et al., 2019).

Future Research

Older men's experiences with PA are under-represented in the literature compared with those of older women; therefore, more studies are necessary to design, promote, implement, and sustain older men's PA programs. Scalable, flexible programs customized for and by older men may be one solution, but they need to be strategically designed from research specific to older men. Older men's barriers, facilitators, and ideal program features may differ among subgroups of older men (such as those who are currently exercising vs. those who are not, and those who live in rural vs. urban areas) (Weller, Oliffe, & Campbell, 2019). Moreover, more research is needed to understand gender role norms in various subgroups of older men to better tailor PA programs to their unique masculine values and preferences in the design, implementation, and promotion of programs for these older men (e.g., older men of various ethnicities) (Sharp et al., 2018).

Future studies should encompass intersectionality and multi-component analyses, such as whether older men choose to engage in PA lives at the intersection between barriers and facilitators. To facilitate this, mixed-methods approaches that incorporate qualitative and quantitative aspects would help unpack these associations (e.g., why some men with more time at retirement are physically active whereas some men are less physically active).

Strengths and Limitations

Our study had several strengths. First, we presented a novel approach and perspective on older men's participation in PA by embedding it within levels of the soci-ecologic model. Second, we were able to identify and describe some novel barriers to and facilitators of PA among older men, as there is limited information on this demographic. Third, we were able to support the findings reported for MotM based on similarities in the themes between the two groups. As no additional themes surfaced among non-MotM participants, we are confident that there was enough data saturation within the MotM interviews. Fourth, we were able to describe some ideal features of PA programs for older men, informed by their unique masculine values and preferences.

We recognize that our study had several limitations. First, our supplementary five interviews with non-MotM participants were conducted through purposive sampling instead of random selection. This sampling approach may have influenced the types of themes that emerged in the results (e.g., non-MotM participants did not have built environmental barriers as they lived in a location with even sidewalks and benches, and that was close to amenities). Although we felt that data saturation was reached as no additional themes were identified in the five additional interviews (Brod et al., 2009), a larger sample, or a random sample from a different community or broader region, may have resulted in additional or different themes. Second, participants knew that this project was a part of the Masters degree requirements of one of the researchers, which may have contributed to volunteer bias (e.g., individuals who value higher education and have a higher education, may have been

more willing to participate. This may have influenced the types of themes that emerged in this study). Third, although many broad themes regarding older men's perspectives on barriers to and facilitators of PA emerged, some participants did not share these perspectives. Individual opinions from different life experiences need to be considered.

Fourth, there is inherent subjectivity in coding interview data. Therefore, another researcher reviewed a subset of data to ensure that there was consistency within the coding. It should also be acknowledged that although hegemonic masculinity was used as a guiding framework for coding the interview data in this study, it may not represent some contemporary views of masculinity, or reflect some of the varying influences on what constitutes masculinity in different contexts. Hegemonic masculinity defines several masculine ideals in traditional, stereotypical ways that may have been more common in previous generations; however, these ideals have more recently been debated (MacLean, Hunt, Smith, & Wyke, 2017; Silva, 2021; White, 2021). Some of these changes in the ways that masculine ideals have been framed include healthier behaviors, such as some men not considering themselves to be reluctant health seekers (White, 2021). Masculine ideals have also been reported as varying across different spatial contexts, with rural and suburban expression notably different from urban ideals (Silva, 2021). These contemporary views need to be considered when the generalizability of these findings is considered for men of other generations, or those living in different spatial contexts.

Conclusion

Older men have distinct experiences with PA, beyond those barriers and facilitators previously described in the literature on older adults in general. As men age, they may grapple with changing identities and roles, impacting all areas of life, including PA. Some older men may seek to maintain their image as the "ideal man", yet may also recognize new physical limitations and the consequences to disregarding those limitations. Providing older men with safe PA opportunities where they are also able to "save face" is an important consideration while promoting and implementing PA programs. Older men's identity is often tied to work, so the transition to retirement may be an optimal time to promote PA. Sport programming, high quality instructors, competition, comradery, a small group atmosphere, and masculine program promotion and delivery are some ways to tailor programs to older men. Doing so may increase older men's PA engagement, help prevent mobility disability, and empower older men to achieve a better quality of life.

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