Supplemental Table S1

*S**port-based health promotion intervention study characteristics and results*

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| Authors | Study Design | Theory | Completers/Total Sample | Age | Gender | Measured Outcomes | Observed Outcomes |
| Awotidebe et al. (2014) | Quasi-experimental | Theory of planned behavior | 340/430 | 15.2 | 204 M226 F | HIV/AIDS knowledge, negotiation skills | Significant pre-posttest improvement for intervention group; posttest for controls not reported |
| Bloemhoff (2006) | Pre-posttest | None | 106/106 | 15.7 | 106 M0 F | Life skills (resilience factors) | Significant pre-posttest improvement  |
| Bloemhoff (2012) | Pre-posttest | None | 67/92 | 16.8 | 0 M67 F | Life skills (resilience factors) | Significant pre-posttest improvement  |
| Chetty & Edwards (2007) | Quasi-experimental | Psychosocial theory | 33/33 | 10.7 | 14 M19 F | Behavioral problems, affect, depression, self-perception | Significant improvement for intervention group as compared to controls in behavioral problems only |
| Clark et al. (2006) | Quasi-experimental | Social learning theory | 304/304 | 12-14 | 151 M 153 F | HIV/AIDS knowledge | Significant improvement in intervention group as compared to controls |
| *Notes.* M = male and F = female; RCT = randomized controlled trial; PA = physical activity; BMI = body mass index; SNS = sympathetic nervous system; VMMC = voluntary medical male circumcision |
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| Supplemental Table S1 continued*Sport-based health promotion intervention study characteristics and results* |
| Authors | Study Design | Theory | Completers/Total Sample | Age | Gender | Measured Outcomes | Observed Outcomes |
| Ferguson et al. (2015) | Quasi-experimental | None | 41/41 | 7.8 | 18 M23 F | Fitness, motor skills | Significant improvement in intervention group for motor skills only |
| Fuller et al. (2010) | Prospective cohort with control group | None | 370/492 | 13.3 | 180 M 190 F | Knowledge of 9 health practices, social cohesion, gender equality | Significant improvement in intervention group as compared to controls |
| Fuller et al. (2011) | Prospective two-cohort  | None | 784/822 | 12.3 | 390 M 394 F | Knowledge of 9 health practices, social cohesion, gender equality | Significant pre-posttest improvement  |
| Fuller et al. (2015) | Prospective five-cohort  | None | 3,814/3,814 | 12.4 | 1873 M 1941 F | Knowledge of 9 health practices, social cohesion, gender equality | Significant pre-posttest improvement  |
| Hershow et al. (2015) | Mixed method (pre-posttest) | Social learning theory | 514/4,260 | 14.2 | 0 M 514 F | HIV/AIDS knowledge, communication skills | Significant pre-posttest improvement  |
| *Notes.* M = male and F = female; RCT = randomized controlled trial; PA = physical activity; BMI = body mass index; SNS = sympathetic nervous system; VMMC = voluntary medical male circumcision |
| Supplemental Table S1 continued*Sport-based health promotion intervention study characteristics and results* |
| Authors | Study Design | Theory | Completers/Total Sample | Age | Gender | Measured Outcomes | Observed Outcomes |
| Kaufman et al. (2016) | Cluster RCT  | Social learning theory | 878/1,226 | 16.2 | 1226 M 0 F |  VMMC uptake | Significant improvement for intervention group as compared to controls |
| Kemp & Pienaar (2009) | Not reported; quasi-experimental deduced | None | 38/38 | 12.5 | 0 M 38 F | Fitness, body composition | Significant improvement for intervention group as compared to controls in some fitness outcomes only |
| Lennox & Pienaar (2013) | Quasi-experimental | None | 279/318 | 14.5 | 137 M 181 F | Fitness, PA levels  | No significant improvement |
| Ley et al. (2014) | Pre-posttest | None | 23/50 | 30 | 3 M 20 F | Fitness, strength, weight, BMI | Significant pre-posttest improvement in strength only |
| Maro et al. (2009) | Quasi-experimental | Achievement goal theory | 764/950 | 13.7 | 555 M 209 F | HIV/AIDS knowledge, attitudes | Significant improvement for intervention group as compared to controls |
| Maro & Roberts (2012) | Quasi-experimental | Achievement goal theory | 764/950 | 13.7 | 555 M 209 F | HIV/AIDS knowledge, attitudes | No significant improvement |
| *Notes.* M = male and F = female; RCT = randomized controlled trial; PA = physical activity; BMI = body mass index; SNS = sympathetic nervous system; VMMC = voluntary medical male circumcision |
| Supplemental Table S1 continued*Sport-based health promotion intervention study characteristics and results* |
| Authors | Study Design | Theory | Completers/Total Sample | Age | Gender | Measured Outcomes | Observed Outcomes |
| Monyeki et al. (2012) | Pre-posttest | None | 322/322 | 10.7 | 322 M 0 F | Body composition | No significant improvement |
| Naidoo et al. (2009) | Prospective pilot study | None | 185/256 | Not reported | 81 M 104 F | Fitness, PA levels, sport participation | Significant pre-posttest improvement for PA levels and sport participation only |
| Naidoo & Coopoo (2012) | Pre-posttest | None | 270/798 | Not reported | 147 M 123 F | Fitness, PA levels, sport participation | Significant pre-posttest improvement |
| Owoeye et al. (2014) | Cluster RCT  | None | 385/416 | 17.7 | 385 M 0 F | Injuries, injuries by exposure type, lower extremity injuries | Significant improvement for intervention group as compared to controls  |
| Parker et al. (2016) | RCT  | None | 27/27 | 30.8 | 0 M 27 F | Pain severity, pain interference, self-efficacy, depression, quality of life | Significant reduction in pain in both conditions; No significant difference between conditions |
| *Notes.* M = male and F = female; RCT = randomized controlled trial; PA = physical activity; BMI = body mass index; SNS = sympathetic nervous system; VMMC = voluntary medical male circumcision |
| Supplemental Table S1 continued*Sport-based health promotion intervention study characteristics and results* |
| Authors | Study Design | Theory | Completers/Total Sample | Age | Gender | Measured Outcomes | Observed Outcomes |
| Peacock-Villada et al. (2007) | Mixed method (pre-posttest) | None | 670/Not reported | Not reported | Not reported | Life skills (resilience, decision-making) | Significant pre-posttest improvement |
| Richards et al. (2014) | Single-blinded RCT  | None | 1,447/1,462 | 12.9 | 618 M 844 F | Fitness, body composition, mental health | Significant improvement in fitness only, and decline in mental health, for intervention group as compared to controls |
| Sørensen et al. (2016) | Quasi-experimental | Achievement goal theory | 764/950 | 13.7 | 555 M 209 F | HIV/AIDS knowledge | Significant improvement for intervention group as compared to controls |
| Starzak et al. (2016) | Pre-posttest | None | 34/50 | 12.2 | 34 M 0 F | Fitness, body composition, SNS activation | Significant pre-posttest improvement |
| Tian et al. (2017) | Pre-posttest | Self-determination theory | 110/Not reported | Not reported | 33 M77 F | PA levels | Significant pre-posttest improvement |
| *Notes.* M = male and F = female; RCT = randomized controlled trial; PA = physical activity; BMI = body mass index; SNS = sympathetic nervous system; VMMC = voluntary medical male circumcision |
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| Supplemental Table S1 continued*Sport-based health promotion intervention study characteristics and results* |
| Authors | Study Design | Theory | Completers/Total Sample | Age | Gender | Measured Outcomes | Observed Outcomes |
| Uys et al. (2016) | Not reported; quasi-experimental deduced | Social ecological model | 997/1,088 | 9.9 | 471 M 526 F | Fitness, PA levels, PA knowledge  | Significant improvement for intervention group as compared to controls in fitness and PA knowledge only |
| Walter (2014) | Mixed method (pre-posttest) | None | 79/120 | 10.3 | 38 M41 F | PA levels  | Significant pre-posttest improvement |
| Notes. M = male and F = female; RCT = randomized controlled trial; PA = physical activity; BMI = body mass index; SNS = sympathetic nervous system; VMMC = voluntary medical male circumcision |