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Profile and perceptions of morbid obese Ceará men about obese life

Perfil e percepções de homens obesos mórbidos cearenses sobre a vida obesa

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RESUMO | A vivência da obesidade mórbida é a temática central deste estudo que tem como objetivo traçar o perfil e as percepções do homem obeso mórbido cearense sobre a vida obesa e suas nuances tendo como suporte as diretrizes da Associação Brasileira de Estudos da Obesidade e Síndrome Metabólica (ABESO) e a Fenomenologia da Percepção de Merleau-Ponty (2011). Estudo de abordagem qualitativa, com lente fenomenológica, desenvolvido em uma unidade hospitalar de referência em obesidade de Fortaleza-Ceará, com dezessete homens obesos mórbidos cujo critério de seleção foi ter Índice de Massa Corporal (IMC) >30kg/m² com comorbidades ou >40kg/m² sem comorbidades e de exclusão a desorientação temporal ao assinar o Termo de Consentimento Livre e Esclarecido (TCLE). A coleta de dados utilizou como protocolo de pesquisa a Entrevista Fenomenológica em Profundidade enquanto o tratamento e a análise dos dados foram realizados na perspectiva da Teoria da Fenomeologia da Percepção de Merleau-Ponty, respeitando a Resolução 466/2012. Os resultados apontam quatro categorias que indicam os impactos da obesidade mórbida nas relações inter e intrapessoais do homem. Denota a juvenilização e recorrência da obesidade, a necessidade de promover ações de promoção da saúde, igualdade de direitos e superação da invisibilidade do homem obeso mórbido.

PALAVRAS-CHAVE: Obesidade mórbida. Homem. Saúde pública. Sexualidade.

ABSTRACT | Morbid obesity experience is this study central theme which aims to trace morbidly obese men from Ceará State profile and perceptions over obese life and its nuances, supported by Metabolic Syndrome Obesity Study Brazilian Association (ABESO) and Merleau-Ponty Perception Phenomenology (2011). Qualitative study with phenomenological lens, developed in an obesity reference hospital of Fortaleza - Ceará, with seventeen morbidly obese men. Selection criteria was having Body Mass Index (BMI) >30kg/m² with comorbidities, or >40kg/m² without comorbidities, and exclusion criteria was temporal disorientation when signing the Informed Consent Term (ICT). Data collection used as a research protocol Depth Phenomenological Interview, while data treatment and analysis were made from Merleau-Ponty Perception Phenomenology Theory perspective, respecting Resolution 466/2012. Results indicate four categories that indicate morbid obesity impacts on men's inter and intrapersonal relations. Juvenilization and recurrence of obesity, necessity to foster health promotion actions, rights equality and overcoming morbidly obese man invisibility are denoted.

KEYWORDS: Morbid obesity. Man. Public health. Sexuality.

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Introduction

Obesity has been pointed as a public health problem considering its statistic expansion for world populations. There is not a specific character as ethnicity, age range, or others which limit or delimit it, being acknowledged primarily as a multifactorial pathology and its morbid obesity as an evolution that affects both sexes, genders, and ethnicity, jeopardizing biopsychosocial life quality as well as sexuality.

Obesity has been present in mankind history since long ages, narratives which portrait Neolithic Age where feminine beauty lied on those who had their body mass well above the normal pattern, while for men the fat could be a social status indicative however Hippocrates had observed already back then that death among people with high body mass amount was more frequent. Such pattern was replaced in the Roman Empire for a slender pattern, being this valid nowadays shaping the narcissistic society, which values delineated curves, even though to reach such profile, submission to diets and severe fasting prevail.

The term obese is used to represent population that has excessive body fat amount (Pimenta, Bertrand, Mograbi, Shinohara, & Landeira-Fernandez, 2015), or to characterize a metabolic disease resulting from multifactorial and genetic aspects (Moraes, Caregnato, & Schneider, 2014) being pointed as one of Noncommunicable Diseases (NCDs) death factors in function of others deleterious health states to which it restricts, making those subjects invisible to society in a certain way (Souza, Vilar, Andrade, Albuquerque, Cordeiro, Campos & Ferraz, 2015; Flor, Campos, Oliveira, & Schramm, 2015; WHO, 2006).

Far from being a status or overestimating bodies as in the aforesaid age, obesity presents itself as a serious public health problem in Brazil and in the world. World Health Organizations (WHO) foresees for 2025 an average of 2.3 billion adults with overweight and 700 million obese individuals, also it points that data will not be different for the United States of America (USA) so less in Europe, where we observe an increase of obesity reaching its peak, in the last mentioned continent, around the beginning of senior age (WHO, 2006).

In Brazil, in 2004, according to Geography and Statistics Brazilian Institute (IBGE), obesity prevalence lied in southern and southeastern regions with statistics of 12.7% in women and 8.8% in men (IBGE, 2010). In 2008/2009, it was 37.6% of men with overweight and 12.5% obese while women reached 31.1% and 16.9%, respectively compared to male statistic. For 2015, WHO predicted that, by estimate, there would be 1.9 billion overweight people and 600 million obese people, which granted Brazil 5th place in world ranking regarding obesity and overweight (Barros, 2015; WHO, 2006).

In Ceará, generally, DATASUS points out to a rising behavior regarding obesity data, going from two cases in 2000 to 8,943 cases in 2007, concluding 2011 with 19,082 adults with Body Mass Index BMI ≥ 30, that is, obese. According to a research performed by Surveillance of Risk Factors and Chronic Disease Protection by Telephone Inquiry (VIGITEL), Fortaleza was placed in 2013 at 5th place in obese capitals ranking of Brazil, being the majority of obese individuals of male sex according to Health Portal of Ministry of Health (Souza et al., 2015; Brasil[1]).

The BMI increase turns obese individuals physically visible, however invisible as to their health problems, stigmas, prejudices and different kinds of exclusion because of their physical condition compromising thus, not only physical life quality but also other dimensions of the subject. Type III obesity situation with BMI >35kg/m², or BMI >40kg/m² and <50kg/m², is compromising due to musculoskeletal, genitourinary, endocrine, cardiovascular and/or gastrointestinal comorbidities, and when conventional weight loss techniques fail, bariatric surgery is used as intervention.

Morbid obesity brings biological and physical impacts to body image due to how stretched bodies get, and consequently, emotional and psychological aspects

[1]Recovered from http://tabnet.datasus.gov.br/cgi/tabcgi.exe?sisvan/cnv/acom_ce.def

and social relationships, and undergoing bariatric surgery may be the opportunity to social world reinsertion in face of many discrimination, prejudice and exclusion situations caused by morbid obesity.

Obesity imposes itself and imposes pains and limits, not only physical but it labels, stigmatizes, and promotes extreme impact over social living when, they experience prejudice and discrimination towards them in determined spaces, establishments and life situations. As a result of such reality, bariatric surgery is not only for physiological health matter, but also emotional and psychological, related to wellbeing and self-image acceptance. In this perspective, obese realization is to see oneself and an outsider of the world that worships being thin and slender, satisfying current social patterns.

Obesity is a phenomenon, so Phenomenology as a philosophy that studies real phenomena, realizing its plurality contemplates this research corpus which starts from the question-problem 'What is the perception of the morbidly obese man about his sexuality?', having as objective to chart morbidly obese men profile in Ceará State and his perception over obesity, using principles of qualitative research and its methodological rigor in operationalization of analysis typologies starting from capturing information with quality for it deals with delicate topics such as obesity, sexuality, and man.

Methods

A study of phenomenological lens with qualitative approach from experience of man and his net of relationships, attributing 'meanings' to experienced situations, developed in Fortaleza-Ceará, in a tertiary hospital of the Health Network of Health State Department (SESA), from August to December of 2016.

This research participants were male patients, morbidly obese in Bariatric Surgery Ambulatory follow-up while its *locus* was the Ambulatory Service area of the hospital, named Annex, which has its premises in a physical and structural space dismembered from the main building, being this where admissions and surgical procedures from different services given by the health institution are made.

The Annex service counts with a multiprofessional team composed by many specialties as endocrinology, psychology, cardiology, nutrition, medical-surgical, among others, while the surgeries are performed in the main building. Such hospital unit is reference in bariatric services in Ceará State, assisting over 180 municipalities of the state as well as residents of others states since 2002.

Participants were 17 men selected based on eligibility criteria as having BMI >35 associated with morbidity and/or BMI > 40 without comorbidities, of age and participating in Bariatric Surgery Program, as for exclusion criteria were those who for some reason presented time or space disorientation after signing the Informed Consent Form (ICF).

Participants recruitment, as Pinto & Silva (2018) point out, starting with hospital administration contact and research approval, research field immersion, posters affixation and pamphlets distribution and newsletters about the research indicating location for data collection, reception of the participant, knowledge and signing of Informed Consent Form (ICF) to data collection itself.

Data were collected by two researchers on Fridays, from August to December 2016, at hospital unit, in a reserved room, recorded, using phenomenological lens with the triggering question "How is the life of a morbidly obese man?", a technique with more flexibility power, leaving the participant more comfortable allowing self-report, and before this, a dialogue that recruited sociodemographic data from variables as age range, marital status, occupation, place of origin, religion, and schooling and thus, charting the profile of man (Sampieri, Collado, & Lucio, 2013).

"Saturation point" technique, that is when there is no repetition and new themes do not emerge (Sampieri et al., 2013) was used to define data collection completion, which was reached in this study with the seventeenth participant, utilizing as inclusion criteria. Interviews were transcribed in individual documents, identified with ordinary names randomly chosen in respect to human character - Antônio, Raimundo, Paulo, Francisco, Elias, José, Pedro, Romualdo, Joaquim, Zacarias, Sebastião, Arteiro, Esmerino, João, Osvaldo, Evaristo, and Eribaldo – but they are not related to real names whatsoever, preserving their identities.

Speeches of participants did not undergo any omission/alteration under penalty of losing important information as sounds, pauses and facial and/or gesture expressions, metaphors, preserving in detail data collected although there is not a standardized process, such as qualitative study, remaining intact, moreover, regional speech or belonging to a social or age group (Sampieri et al., 2013).

In order to analyze data, we followed Phenomenological Analysis steps described by (Branco, 2014): 1º - subject access (phenomenological suspension); 2º - tool applicability; 3º - phenomenological suspension for synthesis raising based on the interviews; 4º - definition of signification units; and 5º - categories formulation.

When reading, we highlighted, utilizing colored pencils, excerpts that dialogued with the research that soon after were transcribed in a mural which gave visibility to the whole process, then synthesized in significance units. Mural also preserved the work with colors. There were 14 signification units that were grouped into four categories: Sociability, Sexuality, Obese Person Representation and Medicalization.

Analysis has as theoretical referential the Merleau-Ponty Phenomenology of Perception, which aims to visualize man as a multidimensional human being in his experiences and way of how he expresses them through subjective and/or body languages and by all movements he makes for social and individual contexts. Such experiences advocate the body as an object, but this not distant from the self, before this can be through dialogue and communication (Merleau-Ponty, 2011).

The study had a report from Research Ethics Committee of Fortaleza (CEP-UNIFOR) under Nº 1.666.792 (CAAE 56819716.8.0000.5052) de 08/08/2016 as well as from Research Ethics Committee of Dr. César Cals General Hospital, research coparticipant institution, with Nº 1.714.797 (56819716.8.3001.5041) de 06/09/2016.

Results and discussion

Sociodemographic profile

Seventeen men participated in the survey, their sociodemographic characteristics are represented in table 1.

Table 1. Sociodemographic profile (n=17) (to be continued)

VARIABLES	SUBDIVISIONS	QTY	%
Age range	20 to 40 years-old	14	82
	41 to 60	2	14,5
	Not referred	1	3,5
Ethnicity	White	6	35
	Dark Complexion	4	25
	Black	1	5
Marital Status	Single	8	47
	Married	5	29
	Stable Union	4	24
Occupation	Self-employed	3	18
	Unemployed	3	18
	Cooks	2	12
	Others	9	53
Place of origin	Capital	11	65
	Countryside	4	24
	Other States	2	12

Table 1. Sociodemographic profile (n=17) (conclusion)

VARIABLES	SUBDIVISIONS	QTY	%
Religion	Catholic	9	53
	Evangelical	6	35
	Not referred	2	12
Schooling	Incomplete Elementary/Middle School	4	24
	Elementary/Middle School	2	12
	Incomplete High School	4	24
	High School	1	6
	Incomplete Undergraduate School	2	12
	Undergraduate School	3	18
	Not referred	1	6
Entrance Weight	120 to 180kg	10	59
	181 to 240kg	5	29
	Not referred	2	12
Current Weight	110 to 180kg	14	82
	181 to 240	2	12
	Not referred	1	6
Comorbidities	High blood pressure	8	20
	Ostheomyoarticular Pain	7	17
	Diabetes	5	12
	Motor Difficulty	3	7
	Depression	2	5
	Cholesterol	2	5
	Breathing Discomfort	2	5
	Anxiety	1	2
	Inguinal Hernia	1	2
	Gallbladder	1	2
	Cardiomyopathy	1	2
	Uric Acid	1	2
	Thyroid Disorders	1	2
	Respiratory Failure	1	2
	Cardiomegaly	1	2
	Erysipelas	1	2
	Acanthosis Nigricans	1	2
	None	2	5

Source: Research Data (2016)

The sociodemographic data reveal the profile of morbid obese men treated at the HGCC located in Fortaleza-Ceará. It is important to emphasize that all 17 participants met the minimum criteria recommended in the ethical precepts of this study and it is even premise for acceptance in the program that they are already in grade III of obesity that is related to BMI around 35 to 40 kg / m² with comorbidities; > 40kg / m² or even BMI from 30 to 35kg / m² when recognized by the medical professional that the comorbidity is severe according to the specialty of that, and the factor of non-viability of clinical treatment of comorbidity and as to the age that are over 18 years and under 65 for the right to comment on the acceptance term or not, without there being decisions of third parties (SBCBM, 2013).

In fact, no child and/or adolescent was observed in care units and follow-up of the HGCC Bariatric Surgery Program due to non-treatment of the pediatric segment reinforced by scientific inconclusiveness of benefits of surgery until the age of 16, although studies indicate that obesity in these two phases of human life are related to development and advance of technologies, contrasting studies carried out in 2003 that indicated that obesity had stagnated in these two phases (SBCBM, 2013).

The average age of the participants is 31.8 with a standard deviation of 25 to 30 years, competing with results found in other studies that indicate the average age of 40.9 years, 35 to 44 years, 37.8 years and of 42.7 years (Schere, 2015). In this study, there is a predominance in the age group of 20 to 40 years, which only approximates the age group of 30 to 49 years, a little more distant from 46 to 55 years reaching mainly the portion of population of biologically fertile age; Rodrigues & Silveira, 2015; Flor et al., 2015).

Another characteristic of the sociodemographic profile that deserves attention in this first moment is the educational level. In this study, six (6) participants affirm that they have Elementary School, of which 04 (four) are incomplete and 02 (two) complete. Elementary School is the first stage of Basic Education that was previously carried out in 08 (eight) years and since 2006 it has been in action for 9 (nine) years divided for didactic purposes in Elementary School Beginning Years and Elementary School End of Childhood Education as advocated by the Brazilian Ministry of Education.

Because it is a sequential learning process, it is not possible to reach High School, last stage of Basic Education, without first taking the above-mentioned steps and thus reaching Higher Education. It is premise of acquiring new levels of schooling, of building new knowledge and the possibility of deliberating on their decisions, having knowledge of what is right or not, which bases notions of the need to study since study and obesity or not obesity are directly related.

It is argued that the greatest weight gain has been significantly negatively related to lower level of schooling being more pronounced in men than in women competing with data found in this study when the greater part of this study is based on morbidly obese men who did not complete studies in Basic education. Studies carried out with women from communities in the State of Rio de Janeiro such as Rocinha, Campos Elíseos-Duque de Caxias and Olaria confirm that the higher the level of schooling the lower the chances of obesity. In João Pessoa, Paraíba, it was detected that the level of schooling of parents has a direct influence on overweight and obesity of their children, having a positive significance more for girls than boys similar to studies in Goiás (Rodrigues & Silveira, 2015) .

Pinto and Silva (2018) confirm that multicenter studies such as the WHO Monitoring Trendsand Determinants in Cardiovascular Disease Project (MONICA) report in 29 countries or the IBGE databases identify that women are more influenced to obesity than men, depending on their educational level, however, there are other studies that indicate that there is no relation of negative significance between men and schooling.

It is important to emphasize that the contemporary scenario and stimulation of exacerbated consumption have important contributory portions to the process of excessive weight gain besides stimulating sedentarism. The situation of obesity and its multifactoriality does not demystify the fact that population of urban zones are more prevalent given its greater possibility of access to industrialized products. It is this social system, cultural changes, associated with frank evolution of technological resources that provoke change in the alimentary habits whereas they facilitate actions and daily activities that end up to accommodate the body and reduce physical activities.

Impossible not to mention commercial explosion of fast-foods and industrialized foods that in a few minutes give us ready-to-eat meal, but that are potentially harmful to the body because of all the additive components for conservation. Marketing investment in dissemination of food directed at children and adults has managed to reach an increasing number of the population, that is to say, it offers more and more industrialized food and even less follows recommendations of WHO and MS.

Among the 17 participants varied professions are or were exercised, as shown in the table above and each one experiences or not, work-related problems. From data in chart 1, another topic of relevance to the life of morbidly obese men is professional question that in the study of Griep et al. (2014) indicates that there is a relationship between work at night and the process of gaining Weight.

In addition to conceptual and etiological issues, obesity is constantly reformulating its pathophysiological scope, also relating to labor situations, either because of their existence or because of impacts they cause in the search for a job, or in impacts on their execution. Weight gain until reaching morbidity also has power to interfere in the professional life of the participants of this study. Being obese limits access to labor market by several factors. When trying to enter labor market, the morbidly obese man suffers, again, with institutional prejudice.

Beltrão and Pena's study (2013), carried out from databases, clarifies that there are professions in the labor market that suffer direct influence of morbidity and Metabolic Syndrome such as night work, overwork among others. Reported difficulties are also related to physical limitations and were also reported as impediments to continuity in work and in the program, since some of morbidly obese men have, because of these limitations, their reduced activities.

The relationship between industrialized consumerism and production of obesity is already reported in studies that deals with childhood obesity, as well as studies that shows the evolution of television as a risk factor for pathology in infants. In relation to adult obesity, it was identified in a study with Japanese-Brazilians that obesity in men is related to consumption of processed meat (Cristofoletti, Gimeno, Ferreira and Cardoso, 2013).

Reports of work-related difficulties were not common to all the participants of this study, although it does not appear to be a real situation, but attributing normality to a situation that is considered by others who experience the same state as abnormal is recognized by Merleau -Ponty (2011) as a resource used to superimpose the absence of the body. It is a way of resorting to whole outline of the object to try to deceive the other when in fact it deceives itself. There is even an attempt to stimulate the body, searching for existence.

A study carried out in Bauru, São Paulo, indicates that abdominal obesity is one that contributes with greater risks of comorbidities to those that are affected by morbidity (Turi, Codogno, Fernandes, & Monteiro, 2014), since it promotes intolerance to physical exercise and consequently the adipokines - proteins that function as flags and that have their excretion by the adipose tissue - has considerable growth, consequently there is a limitation for absorption of insulin in the peripheral regions. The cause of these dysfunctions is in the receptor failure or decrease in sensitivity of the body of the morbid obese to effects of leptin, a peptide hormone.

Participants reveal their ability to perceive themselves as a body that occupies a larger physical space, which has limitations on their mobility, yet associate pain as guiding thread with perception that systems and organs correlate and only then perceive that these can not be seen only as a distinct sequence of points and/or structures that are not related, only aligned in parallel without any relation, without any intersection, and even with self-knowledge, they also associate the Cartesian model of seeing man, with a directed sight to level of pain (Merleau-Ponty, 2011).

Being morbidly obese brings other aggravating factors that stray the anatomo-physiological issue and reaches other environments such as school and professional areas where living as obese brings psycho-emotional and social impacts, and are even more devastating when the child is victim of this prejudice because of their body mass. This biased situation, the already famous Bullying, has a strong reflex within the space of a school, place that has as social mission to develop citizenship in its students, emphasizing by the values of equality between pairs. Occurrence of this type of violence in school space and its rise are not the focus of this study (Macedo, 2015).

If Nightingale's behavior depends on the environment, and for Vygotsky depends on social, cultural and historical interactions and the environment is the result of elements that make up sets, groups, it follows that results of lived experiences are determinants for the behavior introverted, reverberating in the interference of recognition of symbolic and institutional violence that it experiences in schools from Bullying.

The study by Malta, Andrade, Claro, Bernal and Monteiro (2014) indicates that in the United States there is a prevalence of at least 20% of a total of slightly more than 15,500 students who suffered Bullying and that in Brazil in 2010 with a little study with more than 5,000 students, this number reached 12%.
The heart of the discussion about problems that are experienced by obese people are several and diverse. Notwithstanding all the issues already mentioned, the issue of comorbidities associated with obesity, arising and/or incident and prevalent, as presented in this study, is a primary issue.

The pathological pictures are the most diverse and they all have a degree of maximum severity, as they are potential killers of morbid obese men. It is obvious that not everyone goes through the same comorbidities and even those who experience them do not confer in the same degree. The experience of other diseases and their association with obesity is that they make it difficult to define it and make it one of the most serious public health problems of the contemporary world. However, despite all risks already mentioned, it affects social and professionals in the most different spaces (Abeso, 2016).

Morbid obesity alone, as already pointed out in this study, was classified by the WHO as a Non-Communicable Chronic Disease (CNCD) since 2007 and is recognized as a multifactorial pathology with hormone-related pathophysiology that promote a sensation of satiety, to leptin (Abeso, 2016).

The most recurrent comorbidities that promote physical limitation, reduced mobility and increased numbers of deaths, also reported in several studies are Systemic Arterial Hypertension (SAH) and Diabetes Mellitus (DM) (Griep et al., 2014). a very small proportion of authors pointing to such comorbidities, since there is an extensive literature that points to SAH and DM as the main comorbidities without, however, restricting only to these.

There are similar findings in literature that this study can be equated with, such as thyroid diseases, cardiovascular diseases and osteoarthritis, sleep apnea and colon cancers. Other findings indicate tooth loss, hypothalamic disease and metabolic alterations, which are not reported by participants of this study and are not the only ones (Pilotto, 2014).

According to the Brazilian Association for the Study of Obesity and Metabolic Syndrome (ABESO) there are a number of other comorbidities that favor the pathological state of the morbidly obese such as cerebrovascular diseases, cholelithiasis, compatible with this study, hypercholesterolemia, dyslipidemia, reduction of High Density Lipoproteins (HDL), glucose intolerance, hyperinsulinemia, menstrual disorders. On the other hand, psychological problems are reported in these studies, but were not expressed in studies performed with women after the Bariatric Surgery.

As a result of comorbidities, mobility issues are reduced and their impacts on morbidly obese men's lives are highlighted, expressively in narratives, complications with the use of public transportation that are record-breaking when it comes to excluding and promoting prejudice and discrimination with morbidly obese man. Inaccessibility to public transport is also one of the complications of quality of life due to need for passenger mobility, including to solve personal and health problems.

Units and categories

From interviews and following the five steps of the phenomenological analysis, were identified 14 units of meaning that were organized in 4 categories.

Chart 1. Morbidly obese man perceptions and categories

PERCEPTIONS/ SIGNIFICANCE UNITS		CATEGORIES
Physical limitations in morbid obesity	[...] difficulties on simple things like crossing legs, tie up a shoe, wear socks I can't, turn back the leg	
Relations in morbid obesity	[...] I used to walk for 5 minutes, I was already tired, you see?!, tiring also in our sexual act.	
Prejudice morbid obesity	Besides the little children that talk [...] 'look how fat he is', I get super sad with this, you know?! [...] but I never suffered prejudice at work, or socially.	Sociability
Work and morbid obesity	[...] clock bomb that at any moment will suffer a heart attack and will bring a harmful onus for the company.	
Public transportation and morbid obesity	[...] many times the driver doesn't open the front door, giving you the right to go up by the front because you can pass the bus ratchet [...]	
Human Rights and obesity	[...], an obese has preferential and this is not given.	
Sexuality in morbid obesity	[...] there are positions we can do but not all positions, [...], the weight interferes, [...], mas in the course itself [...].	Sexuality
Gender in morbid obesity	[...], it's very complicated the sexuality experience being an obese man, it's complicated because it's something embarrassing, [...].	
Body and image in morbid obesity	[...] society itself, imposes a physical stereotype, [...], people which don't fit in such pattern, they're excluded [...].	Representation of obese individual
Bullying in morbid obesity	[...] I don't recall having suffered prejudice, I mean, jokes, but no bullying, right?	
Morbid obesity trigger	I am obese since 15 to 16 years old, [...], my mother and my father are divorced.	
Bariatric surgery in morbid obesity	I'm doing this because of health, high blood pressure, [...].	
Comorbidities in morbid obesity	My lower limbs can't bear, my veins hurt, my body is a constancy of pain.	Social life
Bariatric surgery implications	I hope for a life change 100% for the better, not for esthetic, but for my health, [...].	

Source: Research Data (2016)

As a qualitative study, we sought to infer from the reports participants' perceptions regarding obesity and universes involved, identifying four categories..

Category 1 - Sociability

This involves senses that the morbid obese man attributes to their social life. It comes with repatriation to their own lives, promotes reflection of their social life in all contexts from their physical limitations to daily activities and disrespect to their rights, from the triggering question

This category reveals the limitation of men from monosyllabic responses avoiding exposure of their perceptions and conceptions about their body and if it is in two opposite poles, that of fear, dread or fright or in the opposite direction of fascination, the one of gallant, the one of exhibition with aims of conquering, what ended up requiring that all previous dialogue had been done.

This seems to be a timeless feature of men, fear or dread, or even the poor ability to open up to someone else. This characteristic is part of a whole patriarchy culture that gives man the masculine nickname, virility and the idea that their problems are nonexistent, there is no need and should not be discussed with third parties, except when they are aggravated or risk their condition of health and life, denoting even the little attention/perception/care with their own health and even more how these issues imply in their health and social life, in the phenomena of man's existence (Merleau-Ponty, 2011).

The above then reinforces the difficulty that man has to expose himself, to expose their problems and their individualities, because in masculine ideology the man, of iron and action, has no problems, he does not have to be in search of health services except for a situation that is extreme.

This category has its exposure from what men reported of difficulties in the development of their Activities of Daily Life (ADL) as well as the living conditions and the use of public resources be they transportation, be they the spaces of commercial establishments.

Category 2 - Sexuality

This category refers to the sexuality of morbid obese man, difficulties lived giving possibilities of analysis on impacts caused to daily life by the BMI above the standard considered normal of health, not thinking in the cult to sculptural body, but quality of life.

This category seeks to identify the main difficulties identified in morbidly obese men's narratives regarding the reality of their sexuality, seeking to analyze/understand all situations experienced by them and impacts caused in daily life since those who have BMI above the normal standards indicated by ABESO, as well as by WHO, does not conform to the standardized norms of society and conjecture that the experience of sex, sexual act and sexuality are bottlenecks in the struggle for life if not full, but at least satisfactory.

The reality is much more abrupt than simply what common sense tends to advocate, going beyond what tliterature on the subject points to, revealing reality experienced by each of participants of this study and, from their experiences, mechanisms developed in their quest for overcoming, far from what is ratified in common social ideology that legitimizes the difficulties experienced by a morbidly obese man as to their sexuality.

The image we have of man is carried in two possibilities, under the aegis of man as the 'strong sex': the former, retrograde, as to the discursive processes of gender and identity, attributes virility as possibility of being effectively man, reinforced by the idea of physical strength, power and domination of the situation and insatiable is the misused use of meanings of man and male, associating exclusively with biologicism. This way of linking masculine actions to some situation, denoting its force may have connotation of a phantom limb, where even knowing of non-existence or incapacity the organism continues to act as if in its totality (Merleau-Ponty, 2011)

The second, in contradistinction to the first, works with contemporary man, concerned with himself, with their body, with their health, much more introjected by media culture than by the process of personal concern for their own health. It is undeniable that gender relations and the experience of sexuality have long been a difficult subject to discuss, considered a taboo,

and this degree of difficulty increases even more when it comes to discussing male sexuality. It is not at all difficult to question what has made this genre remain unscathed by research proposals for a long time and may not yet have the precise answer to that.

The projected gaze on man in regard to their sexuality has endured in mechanical and Cartesian ways, maintains the idea of the dominating and superior man in the experience of sexuality, even the emergence of other variances such as metrosexuality that points male opening to a new scope of man, more accessible and articulate, follower of the media standard of ideal and virile man, without problems with their sexuality.

Category 3 – Representation of obese individual

Throughout history, man has been deprived of the preoccupation with body image, with the physical form of the body, and even cultivated, for many years, the fat body, the body that exceeded the limits of corporeal mass, since it indicated to a high economic standard that placed above those who were fat. The proof of this fact is complete in the statues and statuettes of the Ancient and Medieval Era when the bodies had no shapes and no curves outlined and traced.

It is in this difficulty of coexistence with himself, with their body and with sexuality on the part of the morbidly obese man that emerged this category that sought to gather the reflections on the recognition of the obese man about their own body and about the perception of the body of the other and how he converges all these perceptions to their self-criticism in a very peculiar way when it deals with how the media has treated this cult the form and the body, maintaining the idea that fitness is more than a health need, is a condition for social acceptance .

It portrays the contradictory in the process of evolution of the human being when obesity once represented a status as opposed to the state of thinness today. Such a conflict engenders the obese man unsatisfied with their self-image.

The narratives of the participants of this study did not disagree with the above. Although literature points out that there are physical limitations, that ADLs are impaired, that there are impacts on body weight, there was an intense concern to reproduce the speech that everything is good, that everything is within the expected.

Beyond this notion of saying that things are well and normal in the life of the morbidly obese man is the reality of the impacts promoted in the field of marital relations and how they influence the lives of these men. During the narratives, however they said that everything was within normality, it was possible to perceive in gestures and movements that there were prickly bodies to be manipulated in a very sensitive and delicate way by men.

Fear of losing a wife, a fear of not being accepted by the spouse is a trademark and in a certain way compels them to experience feelings such as the possibility of betrayal, fear of sexual impotence, concern for erectile dysfunction and especially the fear of not meeting the expectations of those who are experiencing the relationship at that time.

The affective states are identified problems, but less touched and discussed, is a difficulty and ends up awakening situations of joy and pain, pleasure and fear. When the identity of these two feelings does not occur, these two realities arise, or a new form of representation is suggested. One of the study participants ratified this difficulty and confirms the patient's difficulty, and this is how the morbidly obese man perceives himself, converging with the statement that "A patient never seeks for himself, the sexual act." (Merleau-Ponty , 2011: 214)

Category 4 – Medicalization

This category emerges from elements involving perspectives, fears and challenges present in the narratives of morbid obese men. Problems related to physical limitations, non-acceptance of their bodies, the process of self-criticism and self-image, frequent fear of death, the impact of prejudice and discrimination in social, cultural, family and even social space are related to the difficulties experienced, the difficulty of experiencing the fullness of their sexuality and how this non-existence impacts on family relationships are motivations for the morbidly obese man to seek Bariatric Surgery as one of the ways of solving their problems.

The impact of obesity is not restricted specifically to mobility within and outside social contexts, in the use and experience of the discriminatory process within the collective, but also has direct relations with the intimate life of the morbid obese man. It should be noted here that this experience of intimacy is not specifically related to the difficulties of position for the accomplishment of the sexual act, as already pointed out previously, but it is also related to intimate hygiene

A man with social problems, facing prejudice due to their physical condition, who can not experience their sexuality and has conflicts with their own body is a candidate able to experience what the Medicalization Category that emerges from elements involving perspectives, fears and challenges present in the interviews of morbid obese men, who motivate Bariatric Surgery as one of the ways of solving their problems.

It is important to reiterate that comorbidities are not the only responsible for the search for bariatric surgery, but also for the aesthetic search, so in adolescents up to the age of 16 it has no indications, and the clinic is responsible for countering the current pathological picture of obesity (Abeso, 2016).

Conclusions

Biggest proportion in this present research was of morbidly obese young men in bariatric surgery process, with difficulties in most basic daily activities' execution as well as in marital or groups social interactions, not being different impacts of this condition over self-image and over comorbidities due to being morbidly obese. Study limitations apply to little scientific evidence about morbid obesity, sexuality and man, the resistance and non-adherence by participants to the research especially when we personally enlightened what it would be about.

Qualitative methodology presented itself with fundamental importance in order to reach the objective of research and its question-problem. Complementarily, methodological rigor which qualitative research implies and the way data were treated and analyzed makes possible to understand other nuances of being a morbidly obese man in 21st century.

This research contributes significantly to nationally and internationally subsidize other studies that involve morbid obesity in men and their sexuality having qualitative methodology as methodological contribution.

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Authors' Contributions

Pinto, F. R. M. participated in conception, design, data collection, data analysis, interpretation of results, article writing, final review of text, article referral. Silva, C. A. B. participated in conception, design and text final review.

Competing interests

No financial, legal or political competing interests with third parties (government, commercial, private foundation, etc.) were disclosed for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.).

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