

## “... THIS THING GOT ME!” – EVERYDAY LIFE OF OBESE MEN

“... *essa coisa começou a pegar!*” – *vivências cotidianas de homens obesos*

“...*la cosa empezó a fijarse!*” – *vivencias del cotidiano de hombres obesos*

Original Article

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### ABSTRACT

**Objective:** To understand the everyday life of men with morbid obesity. **Methods:** Qualitative research. Interviews were carried out with nine men diagnosed with morbid obesity in the preoperative period for bariatric surgery. They were 27-50 years old, married, had a household income of two/three minimum wages, history of obesity in the family and hypertension as a comorbidity. The research was conducted from May to September 2012 in a reference hospital for the treatment of obesity and bariatric surgery in Fortaleza, Ceará, Brazil. Semi-structured interviews were carried out and data underwent Content Analysis and thematic analysis. The categories for analysis were: becoming obese; everyday life of obese man and bariatric surgery - a possible path to a healthy everyday life. **Results:** The main findings are related to a fixed daily routine, with reduced space for physical activity and leisure. Obesity is present since childhood in 90% of the respondents, and it has brought difficulties in performing daily activities. These men chose the surgery because they have not been able to lose weight with diet, exercise and medicines, because of continuing health problems as well as difficulties in personal relationships and at work. **Conclusion:** It was identified a demand for a reorganization of the everyday life of men so that there is an effective action of the bariatric surgery to provide users with an opportunity to be protagonists of this change by including healthy and ongoing activities in their everyday life.

**Descriptors:** Obesity, Morbid; Men; Bariatric Surgery; Activities of Daily Living.

### RESUMO

**Objetivo:** Conhecer as vivências cotidianas de homens com obesidade mórbida. **Métodos:** Pesquisa com abordagem qualitativa. Foram entrevistados nove homens com diagnóstico de obesidade mórbida que estavam em seguimento no pré-operatório para cirurgia bariátrica, com idade de 27 a 50 anos, casados, com renda familiar de dois a três salários mínimos, caso de obesidade na família e hipertensão como comorbidade. A investigação ocorreu no período de maio a setembro de 2012 em um hospital de referência no tratamento à obesidade e realização de cirurgia bariátrica em Fortaleza, Ceará, Brasil. Realizaram-se entrevistas semiestruturadas com análise, através da Análise de Conteúdo, do tipo análise temática. Eis as categorias de análise definidas: tornar-se obeso, vivências cotidianas do homem obeso e cirurgia bariátrica – um caminho possível para um cotidiano com saúde. **Resultados:** Os principais achados relacionaram-se a uma rotina diária fixa, com reduzido espaço para atividade física e de lazer. A obesidade, para 90% dos entrevistados, existe desde a infância e trouxe dificuldade na realização das ocupações no dia a dia. Esses homens optaram pela cirurgia por não perderem peso com dieta, exercício e medicamento, em razão da permanência de problemas de saúde, bem como dificuldades nas relações afetivas e no trabalho. **Conclusão:** Identificou-se a demanda de uma reorganização das vivências cotidianas dos homens para que haja uma efetiva ação da cirurgia bariátrica, a fim de que os usuários sejam protagonistas dessa modificação, inserindo atividades saudáveis e contínuas no seu cotidiano.

**Descritores:** Obesidade Mórbida; Homens; Cirurgia Bariátrica; Atividades Cotidianas.

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Received on: 12/23/2015  
Revised on: 02/26/2016  
Accepted on: 03/03/2016

## RESUMEN

**Objetivo:** Conocer las vivencias del cotidiano de hombres con obesidad mórbida. **Métodos:** Investigación de abordaje cualitativo. Se entrevistaron nueve hombres con el diagnóstico de obesidad mórbida en seguimiento del preoperatorio para la cirugía bariátrica con edad entre los 27 y 50 años, casados, con renta familiar de dos a tres sueldos mínimos, caso de obesidad en la familia e hipertensión. La investigación se dio en el período entre mayo y septiembre de 2012 en un hospital de referencia para el tratamiento de la obesidad y realización de cirugía bariátrica de Fortaleza, Ceará, Brasil. Se realizaron entrevistas semiestructuradas con el análisis a través del Análisis de Contenido del tipo análisis temático. Las categorías de análisis definidas fueron: tornarse obeso, vivencias del cotidiano del hombre obeso y cirugía bariátrica - un camino posible para un cotidiano con salud. **Resultados:** Los principales hallazgos se relacionaron con una rutina diaria fija y reducido tiempo para actividad física y de ocio. La obesidad existe desde la infancia para el 90% de los entrevistados y ha dejado la dificultad en realizar las actividades del cotidiano. Esos hombres han decidido por la cirugía porque no perdían peso con la dieta, el ejercicio y el medicamento, en razón de la permanencia de los problemas de salud así como las dificultades en las relaciones afectivas y en el trabajo. **Conclusión:** Se identificó la necesidad de una reorganización de las vivencias del cotidiano de los hombres para una efectiva acción de la cirugía bariátrica para que los usuarios sean los protagonistas de esa modificación incluyendo actividades saludables y continuas en su cotidiano.

**Descriptor:** Obesidad Mórbida; Hombres; Cirugía Bariátrica; Actividades Cotidianas.

## INTRODUCTION

In Northeastern Brazil, the virile man culture is linked to the symbolism of Lampião (“*cabra da peste*”) – an expression that is associated with the notion of courage and protagonism in the everyday work with the land, reflecting today’s men’s lack of concern with beauty or appearance due to their family provider role. Male obesity is often related to the cultural concepts of each country<sup>(1)</sup>.

These sociocultural processes are made in everyday experiences understood as a space of formation of the subject, which begins at birth and is legitimated with the immersion in the cultural world. These experiences are part of the existence of any human being. In this social dimension, man starts to appropriate the language, the cultural objects, the customs and the values that contribute to the constitution of the being, allowing his relationship to each other and society<sup>(2)</sup>. This movement of everyday experiences is shaped by the individual’s motivation – the everyday being is built from singular to plural.

Understanding the everyday life involves understanding the subject-everyday-history-society relationship in the constant dialectic of life, considering that the changes occur according to the living context<sup>(3)</sup>.

In the 19<sup>th</sup> century, body adiposity was a sign of social status and wealth; however, obesity was not wanted by all and it only indicated social prestige<sup>(4)</sup>. The author shows in his study that the fundamental difference of contemporaneity in relation to the 19<sup>th</sup> century is that nowadays the minimum sign of fat is rejected. In addition, obesity and thinness references have changed over time. Today, the acceptable body is quite thin, lanky, with an aesthetic standard and tending towards beauty. Some aspects may contribute to these changes in beauty patterns in today’s society, such as health technologies, aesthetics and dermatological medicine, fashion, gastronomy and daily food<sup>(5)</sup>.

Because of this phenomenon of the cult to beauty and body care, obesity is on the rise worldwide. Indeed, epidemiological data indicate that the Brazilian population has prevalence rates of overweight of 52% and obesity of 18%. When comparing this health situation between men and women, the first show a higher risk for obesity, with overweight rates of 56.5% and 49.1% of the population, respectively<sup>(6)</sup>.

Health strategies for fighting obesity are organized from primary care, focusing on health promotion, to high complex care, which involves surgical treatment<sup>(7)</sup>.

Put in this context, a reflection on male gender and health is needed; however, the study of man in health care actions need to rethink health visions and practices as both men and women should receive full care in an equitable manner. With regard to the relationship between obesity and men, male gender is seen as a mortality risk factor for bariatric surgery<sup>(8)</sup>.

Faced with the complexity of man, obesity and bariatric surgery and their relationship to everyday life, the present study aimed to understand the everyday life of men with morbid obesity.

## METHODS

The present qualitative research was conducted from May to September 2012 in a reference hospital for the treatment of obesity and bariatric surgery in Fortaleza, Ceará – a metropolis with 2,452,185 inhabitants.

Users of this service come mainly from the municipality of Fortaleza and other communities in the state of Ceará and are referred by health centers.

Study participants were men diagnosed with morbid obesity (Body Mass Index - BMI  $\geq$  40 kg/m<sup>2</sup>) aged over 18 years who were in the preoperative period for bariatric

surgery. The research excluded users who abandoned the treatment for any reason, refusing to perform the pre-surgical procedures, and men who developed some kind of complication/contraindication to perform bariatric surgery during the preoperative period.

Nine men participated in the study – this number was determined by theoretical saturation<sup>(9)</sup>. Semi-structured interviews were carried out with open- and closed-ended questions on the study object. The interview took place in two stages: the first consisted of closed-ended questions, which provided objective information for the characterization of subjects, such as clinical and sociodemographic information. The second stage of the interview consisted of the guiding themes: tell me when you realized you began to gain weight; describe your relationship with family and work; remember some difficulty in performing daily activities.

Initially, a meeting was carried out with the team responsible for bariatric surgery in the hospital in order to present the research and select participants according to the established criteria. Patients were contacted at the outpatient clinic on the day of the medical consultation.

The information collected in the interview were recorded and transcribed, and its content was organized and classified according to the understanding of the subject's discourse in order to select the topics for analysis. Data underwent thematic and content analysis<sup>(10)</sup>. The examination of the information was held in the first phase (pre-analysis), which defined the potential themes in the study; after that, the material was explored and five themes emerged from the speeches of the key informants, three of which were selected as the most relevant ones – becoming obese, everyday life of obese man and bariatric surgery – after appreciation by the nine respondents. The other two themes, work and access to health services were excluded from this analysis. The last phase consisted of the interpretation, which was based on the theoretical framework about morbid obesity<sup>(11)</sup>, men<sup>(12)</sup> and everyday life<sup>(2)</sup> from an anthropological and public health perspective. The content was analyzed and the second part of the instrument was discussed, and aspects related to everyday experiences, such as leisure, family, self-care and factors that contributed to the surgery led to the definition of the following categories: becoming obese; everyday experiences of obese man; bariatric surgery – a possible path to a healthy everyday life.

Participants' reports are identified by alphanumeric abbreviations (Obese Man - OM1, and so on) in order to preserve anonymity, as recommended by Resolution 466/12 of the National Health Council, Ministry of Health, Brazil.

The research was approved by the Research Ethics Committee of the University of Fortaleza (*Universidade de Fortaleza - Unifor*).

## RESULTS AND DISCUSSION

Study participants were nine *pardo* (Brazilian mixed-race) men aged 27-50 years; the majority was married and had complete secondary education. Seven of them worked – one teacher, one businessman, one security guard, one head of general services, one multimedia worker – and one was unemployed. The household income of the seven participants who worked ranged from two to three minimum wages. Four respondents reported obesity cases in the family (parents, son or wife); seven lived in their own house and two in rented rooms; five were Catholic, one was Protestant, two were Spiritualists and one did not inform his religion. Everyone had a BMI above 40 kg and presented self-reported hypertension as comorbidity.

Participants presented characteristics of morbid obesity with criteria for bariatric surgery – BMI >40 kg/m<sup>2</sup> – and comorbidities such as diabetes and hypertension, which impacted on their everyday lives and health. As a result, the trajectory to bariatric surgery is related to weight loss, focusing on the recovery of a healthier life and longevity, demonstrating sufferings, difficulties and expectations regarding bariatric surgery as the last option or chance for weight loss – aspects detailed in the reports of the key informants.

### Becoming obese

Obesity, for 90% of respondents, is present since childhood and is characterized by intake of high-calorie foods due to the nursing care provided by mothers, who focus on the quantity rather than the quality of the food. There is evidence that these conditions in early life influence obesity in adulthood<sup>(13)</sup>. The experience of being a person with morbid obesity is incorporated in the social, cultural and historical relationships, both in the individual and collective spheres. Thus, the vision of obesity is differentiated according to the culture of each society<sup>(14)</sup>.

In the minds of families from the countryside of Northeastern Brazil, fat is associated with social status, beauty and health. This is a significant finding in the report of one respondent whose mother referred to him as a “black donkey”, an animal in Brazil's backcountry that is associated with strength and resistance – a diversity of Brazil's Northeastern backlands that is linked to the sacred. Fat as status and power refers to early history<sup>(15)</sup>, as shown in the following statement:

*“I was born inside a restaurant. In the countryside, they repeatedly say: ‘my fat son’. This, ‘my fat son’, was formerly a sign that the parents were wealthy, they used to see the fat son as an honor for the father.” (OM7, 38 years old, civil servant, living in the state's countryside).*

Parents were proud of having “chubby” children, a condition that was associated with the economic status of the family. Childhood obesity in the social representation of Northeastern Brazil’s culture denotes the association between fat and health, a fact that can contribute to obesity in adulthood<sup>(2)</sup>. This situation has negative consequences as research shows that BMI above the health parameters in children influences the development of obesity in adulthood<sup>(14)</sup>.

Regarding the history of the disease<sup>(11)</sup>, the key informants report that food is at the center of life since childhood. Noteworthy is the importance of culture interference in eating behaviors and the relationships that underlie eating habits, such as food choices in both individual and collective spheres<sup>(2)</sup>. The eating and the food are part of the development of life of the subjects<sup>(12)</sup> as all activities, especially the leisure ones, are linked to food – for instance, going out to a steak house on weekends or holding meetings at home, having a beer on the weekend, the appetizers, etc., as reported in the following statement:

*“As I did not drink at the bar anymore, I started to drink at home, at ease, right? I did it a lot and I drank large quantities.” (OM1, 50 years old, teacher, living in the urban area).*

Respondents reported the existence of a family member with obesity – mother, father, sister, wife or children. This aspect confirms research findings on genetic or hereditary basis<sup>(13)</sup>. But the causes of obesity are multifactorial. Apart from the hereditary aspect, there are environmental issues (relating to obesogenic environments). These aspects are described by informants when they report their everyday experiences, which consist of activities performed on a daily basis – significant actions giving rise to transformations – related to activities of daily living (ADL) and occupational performance.

Everyday life is the social space where the person lives and which s/he is concerned about; it is not a mere routine or automatic repetition of actions and movements (to do something for the sake of doing it), but a space where the subject seeks to perform activities that enable creativity, transformation<sup>(3)</sup> and health promotion<sup>(16)</sup>. It is noteworthy that a rigid routine, with no room for healthy occupations (such as physical activity), containing only activities linked to the act of eating and working, can be a predictor of obesity, as shown in the following report:

*“I work in the morning, in the afternoon and at night. I almost do not have time for myself.” (OM1, 50 years old, teacher, living in Fortaleza).*

The obese person needs to (re)organize and (re)signify daily practices in order to (re)build everyday life to fight obesity<sup>(14)</sup>.

### Everyday life of the obese man

The everyday experiences of obese men need a focal (at the subject) and expanded (at the living context) look as they can be the mainspring of the disease. One should understand the interconnection of the subject with his physical, cultural, social and religious context, that is, his life history, habits, daily routine and lifestyle. Thus, it is possible to have a real picture of the influence of people’s everyday experiences.

The everyday life those who experience obesity is often fragmented and reduced to the act of eating and the food. Thus, it dismantles and disrupts their other social, emotional and work relationships, which entails difficulty in performing activities of daily living as well as the restricted participation in social occupations, leading to isolation and the onset of other diseases<sup>(17)</sup>.

This aspect is clear among respondents when they highlight the complexity in the performance of daily tasks<sup>(18,19)</sup> and mobility<sup>(20)</sup>:

*“Today it is very uncomfortable for me to put on and take off my jeans, preferably. Tying my shoes, you know? If I have to do this several times a day, I just get tired; then I go straight into the hammock (laughs).” (OM6, 35 years old, unemployed, living in the capital).*

*“Gee, when I couldn’t pass the bus turnstile.” (OM2, 33 years old, businessman, living in Fortaleza).*

Obesity may influence the deprivation of a person’s participation in everyday activities such as self-care, work and leisure – activities that can contribute to the health and well-being of a population<sup>(21)</sup>.

The work was another activity hindered by obesity and highlighted by the participants. In this topic, they highlighted two aspects – money<sup>(22)</sup> and stigma<sup>(23)</sup>. The money, for these men, is associated with the family provider role<sup>(24)</sup>:

*“That’s what keeps my family living. It meets the basic needs.” (OM7, 38 years old, civil servant, living in the countryside).*

Given the stigma in the labor market, obese people are seen as unproductive and are sometimes dismissed with shallow justifications, i.e., they are told they do not fit the company’s profile:

*“There are many companies today that have a notoriously prejudice against obese people.” (OM9, 27 years old, multimedia marketing worker, living in Fortaleza).*

The work can also be a risk factor for obesity<sup>(25,26)</sup> because, as a result of technological changes, there was a replacement of high energy expenditure work by mechanical/automated work.

Obese people need to restructure their strategies and tactics in the pursuit of everyday life reorganization, eliminating the rigid routine concept, that is, activities with established and non-modifiable sequences<sup>(25,26)</sup>. It is crucial in the search for the meaning of the guidelines and procedures from the health team for the treatment of obesity to identify activities that trigger weight gain and health-promoting activities; additionally, it is important to learn how to live their everyday life, which is in the history, in the essence of the subject. The man is his own everyday life, which is not characterized by the repetition of acts, but it is a development of this world through their knowledge<sup>(2)</sup>.

### **Bariatric surgery – a possible path to a healthy everyday life**

The difficulties in everyday life led men to seek bariatric surgery as a source of weight loss and quality of life, revealing concern over health issues such as comorbidities – hypertension, sleep apnea, erectile dysfunction. Therefore, they are aspects that affect their everyday lives and social relationships.

Thus, the representation of the disease for men from Northeastern Brazil<sup>(1)</sup> provides an influx in the male imagination as it identifies the possibility of death and non-participation in family life, a concern that is shown by one of the interviewees:

*“If the doctor told me I wouldn’t die because of fat, I wouldn’t do it. He said I can die because of fat. I need to take care of my daughters.” (OM2, 33 years old, businessman, living in the capital).*

There is also the interference in male sexuality – erectile dysfunction and the failure to give pleasure to the partner:

*“So, this thing got me, then the doctors said it was because of obesity, and as they say: sex is life!” (OM1, 50 years old, teacher, living in Fortaleza).*

According to the meaning given by the participants, it was unnecessary to worry about the body and health; thus, they began to focus their efforts on earning money to provide for their family. However, they did not realize that this attitude put their health aside, corroborating another study<sup>(27)</sup>.

Respondents’ reports and non-verbal manifestations highlighted that bariatric surgery is the only strategy for

health maintenance, bringing a new perspective to the life of obese people. It appears as a solution to all problems. After a long journey of procedures without the expected results, it becomes the immediate and definitive solution to be healthy and regain time and opportunities missed:

*“Now I try to recover lost ground, I run after what I really want or if I like to live. So I have to run after a little bit of life.” (OM9, 27 years old, multilevel marketing worker, living in the capital).*

### **FINAL CONSIDERATIONS**

Morbid obesity has a significant impact on people’s everyday lives. They are marks that accumulate throughout life. The reports showed that the disease comes from childhood and is noticed by the man when it influences the performance of activities of daily life. This leads to the search for bariatric surgery as a solution for weight loss, which could not happen in other procedures.

When man unveils his daily routine, he identifies the robotization and the mechanization of activities, many of them related to the activities they do for a living, which play an important role in decision-making to the search for bariatric surgery. This comes as a magical solution to solve all the problems of men’s health, especially the ones relating to work, i.e., the maintenance of the household income.

In this perspective, the research on the everyday life of men with morbid obesity regarding the pre-surgery period is an important space for analysis of the determinants in their environment and highlight some thoughts on the rescue of everyday life and the importance of reorganizing and resignifying this space in order to contribute to fighting obesity.

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