

*Coding Manual*

| Theme                   | Subtheme (if relevant)            | Description of theme   | Codes included   | Example quotes   |
|-------------------------|-----------------------------------|--|--|--|
| Living in a bigger body | Intimacy and body dissatisfaction | Exploring the male experience of living within a bigger body | <ul style="list-style-type: none"> <li>- Negative impact on connection</li> <li>- Negative impact on existing relationships</li> </ul> | <p>“I often think that she (wife) will leave me, she will look for a normal man, with a normal body and have normal sex” (IDI1, married, 43years old, Participant quote, Granero-Molina et al., 2020).</p> <p>“I know that my body does not meet the ideal conditions, I’ve suffered rejections”. (IDI3, single, 43years old, Participant quote, Granero-Molina et al., 2020).</p> <p>“Very often for the opposite sex the fat lad is the one who will have the fun stories; he’s a good laugh and a joke, but as a partner, you are not a serious prospect, you’re just perceived as less attractive to the opposite sex; the one who never gets a chance with the girls. It’s always the good looking and skinny ones would get the girl, and the fat lad always ends up going home on his own” (participant quote, Lozano-Sufrategui et al.,2016).</p> <p>“Fat deposition in the inguinal region is another problem. With that much fat and weight, your sexual organ looks as if it is buried in the fat. This also affects you psychologically” (P9, participant quote, Guven et al., 2022).</p> <p>“Doing any physical activity, it’s not something to look forward to, it’s putting myself out there to be ridiculed again” (Aged 55, BMI 61, Participant quote, Lewis et al., 2011).</p> |

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- Experiences of body dissatisfaction  
 - Shame  
 - Embarrassment  
 - Increase body satisfaction following weight loss surgery  
 - Intimacy improved with weight loss  
 - Moving away from ideal masculine body type  
 - Link to feminine features viewed negatively  
 - Ideal male body  
 - Right kind of big  
 - Muscle not thinness  
 - Hierarchy of size
- “I’m very ashamed of my chest because I have man-boobs, and so it’s like, to me that’s very shameful” (Participant quote, Turner, 2019).
- “larger bodies are perceived as a moral “failure” that are “displaying low personal efficacy, social value, and weakness” (Author quote, Edmonds & Zieff 2015).
- “Participants were generally happy with their smaller size and how that affected their body image” (author quote Edward et al., 2018).
- “Most individuals reported an increase in both emotional and sexual intimacy” (author quote, Moor & Cooper 2016).
- “Before surgery our sex life was very infrequent. Our sex life started increasing relatively soon after surgery...we actually talk now” (participant quote, Moor & Cooper 2016).
- “Distance from femininity. Many of the participants described how their bodies dictated their access to masculinity within society. For these participants, having a masculine body often meant having a body that was specifically distant from the female body in appearance, such as not having breasts” (Author quote, Turner, 2019).
- “I was in middle school. I was a heavier set boy and I had a chest. It wasn’t formed. It was like breasts and my middle school teacher was talking to my mom and she was like well he needs to go work out. He’s starting to get little boobies and you know it’s always been things like that.” (participant quote, Enam, 2012).
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Masculine ideal  
body vs  
feminine male  
body

“Men don’t want to be thin. Our goal is to have low body fat, to be muscular. The ideal body shape for men is quite a muscular one in men’s minds” (Aged 26, BMI 33, Lewis et al., 2011).

“It was common for men to share that they were aware of a hierarchy of size. Most of the men expressed the nuance of being large or big versus appearing fat. For many of the men, size was often desired, but in the “correct way,” namely appearing stronger, healthier and/or more muscular as opposed to fatter. Stronger bodies were often described as being more “athletic” and thus equating strength with athleticism”. (Author quote, Turner,2019)

Experience of  
weight loss  
surgery

- Taking control of weight and health by choosing WLS
- Experience of hopelessness with their weight
- Surgery considered a proactive approach
- Positive change in how society views your body following surgery

“Heterosexual men see in bariatric surgery the hope to redirect their lives on a social, work, sexual and relationship level” (author quote, Granero-molina et al., 2020).

“I realise I had come to a crossroads in my life and had to do something dramatic . . . otherwise I was heading into heart attack and stroke territory . . . I would rather take control of the situation (P4 participant quote, Edward et al., 2018).

Just the whole way you look and stuff, you feel different, basically you feel skinnier. You feel more accepted, society is so judging. (P3, Participant quote, Edward et al., 2018).

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Experiences within Healthcare. Overshadowed by their weight. Exploration of the participants' encounters within healthcare. Overshadowed

*P12- Yeah it has been an experience for me because navigating healthcare with obesity you know they usually put everything of your health condition along the path that you being overweight. every medical condition, every sickness.*

*P10- the first thing she said to me was you need to lose weight*

*P17- when I went to the GP once to get checked out...the GP just was like, OK, so you're getting leg pain and back pain whenever you walk. And I was like, yeah. And then she's like, OK, I think what we have to do is just stretch and lose some weight. And I was like, OK, but like, I wanna be like checked, I wanna just make sure it could be like whatever it could be like, sciatic or whatever.*

Judgement and stigma

*P10- "I could tell it was more of a situation where they didn't actually care and would say rude words to me and they didn't care. It was more so like they had that stigma of, well, when you're big, you're gonna have much more issues.."*

*P15- it feels like there's a lot of judgement and preconceived judgement before they even know the persons story.*

Intersectionality of race and weight

*P4- It has depended on the person, but often I have found that they look at you in certain ways and may judge you. They often focus on the obesity and do not listen. Again its how someone looks at you, it can tell a lot. So a lot of difficult experiences and it is hard to know how to do anything about that.*

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Assumptions from  
healthcare  
professionals

*P15- I think that's just down to assumptions around my race and ethnicity and the foods that people perceive me maybe eating. Yeah, there was definitely a lots of assumptions around that.*

Intersectionality  
Connection between  
their race and weight

*P11- Yeah, and but also they're not even seeing their own evidence. So I'm thinking about like examples of where perhaps I have had a period of high blood pressure which was related to stress, and I think racism, like racism of working in ... and being black and being offered appointments consistently with a diabetes nurse when I don't have diabetes but and saying you've just told me that all of my tests have come clear come back fine, that the there aren't any underlying health concerns. Why do you want me in with the diabetes nurse or what? You might be at risk of developing diabetes, so not only are you not listening to me and what I'm saying, but not even trusting their own evidence, almost like the idea that the fatness, like either way, it's like is, is. Like it makes me think of like. Biases and stereotypes being stronger than evidence on what we know.*

*P5- Let me talk about obesity individually, yeah because of the discriminatory aspects towards Black people in healthcare sector. I'm very impacted because I also face discrimination in the healthcare system. It always affects me getting appropriate care and support from the healthcare system. Because of past experiences I always have the thought I'm getting discriminated anytime I visit the healthcare sector and you know these negative experiences didn't allow me to seek healthcare as soon as I'm supposed to and this actually led to a delayed diagnosis.*

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*P17- I think we just need more GPS and doctors and whatever to understand other factors and what ties into that is to understand different backgrounds. Like when a doctor is looking at a patient, they're probably been educated in a way that's very Eurocentric. And normally, white British people don't have, they may not have certain traits or genes that can contribute to certain illnesses and diseases, whereas Black people or Asian people may be higher in a certain vitamin or level in a certain vitamin, which is what causes certain problems. So I think they need to have more awareness about where people are coming from being born and raised here doesn't mean that it takes away the genetics that we have”*

Helpful experiences

*P7- Very helpful experiences I've had because I've been able to meet diverse practitioners that come from different backgrounds, different training, different experiences. So I think so far, I haven't had any negative experiences from healthcare providers*

*P2: Well, my interactions with healthcare professions in the past was quite good, it was okay. I got good treatment in a professional way.*

*P9- Um, the doctors have been really supportive about the whole thing. It has helped me accept myself.*

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