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Date

Rice and Peas in the Diaspora: Food, Health, and the Body  
among Barbadian Migrants in Atlanta

By

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Doctor of Philosophy

Anthropology

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2013

## Abstract

### Rice and Peas in the Diaspora: Food, Health, and the Body among Barbadian Migrants in Atlanta

By Jennifer Sweeney Tookes

Diet-related health concerns have become epidemic in the United States; over half of the adult population is overweight or obese, and rates of chronic diseases are increasing. Research on diet, nutrition and body weight abounds. However, much of it is quantitatively based, providing little insight into the reasons, motivations and causes of food-related behavior, or the related factors of physical activity and perceptions of the body.

This dissertation addresses these three interrelated issues in a migrant population, with the guiding question: How do diet, body and activity change when people migrate? This project links the lived experiences of consumption and body composition with cultural meanings of food choice and exercise, mediated by rates of physical activity and ideals about attractiveness and the body. This combination provides a synthesis of meaning and physicality as well as cultural significance and nutrition. People make choices based on a variety of input—especially as they relate to food and health. Therefore, in addition to examining individuals and their particular experiences and belief sets, it is crucial to look at the entire food, body, and activity equation as people live it. This interrelated whole of all three offers deeper insight into people's beliefs, self-perceptions and practices. A dual-sited project, this research compares Barbadian born women living in the Atlanta area and a counterpart cohort living in Barbados.

This analysis of dietary habits and levels of activity indicates that the significant difference in health between Barbadians in the US and Barbados is quantity and type of physical activity. Incidental exercise integrated into regular daily habits in Barbados increases activity levels to a point that seems to protect health, with less influence from dietary choices. Barbadian migrant women are adhering to a diet considered healthy by American dietary guidelines. However, they are less healthy than their counterparts on the island. This research indicates that physical activity may be a more important factor in long-term health in this group. More broadly, these findings indicate that nutritional anthropological research may be missing salient variables in focusing disproportionately on diet in evaluating nutrition crises.

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Club, the Barbados Association of Atlanta, and the scores of Barbadian men and women here and in “Bim” that were willing to let me into their homes, kitchens, and businesses, to ask a myriad of intimate, and sometimes, seemingly odd questions about what they ate, and what they thought. I hope that my findings can be of help to all of you.

My cohort and fellow graduate students at Emory eased my transition to living in the South. So many provided valuable perspectives on academia and “real life,” so thank you for keeping me grounded but productive—especially Beth Turner, Dinah Hannaford, Lauren Myers, Sarah Barks, Kwame Phillips, and Casey Bouskill. You have become my confidants and surrogate family. Thank you for the long lunches, discussions over coffee, quick messages of support, and overall sense of home that you have given me. In particular, I am so grateful to Molly Zuckerman, Jenny Mascaro, and Jo Weaver. You ladies kept me going, and I couldn’t have finished without your support and encouragement. I look forward to many years of friendship ahead, sharing tips and advice on the academy, teaching, tenure, kids, family, and the richness of a balanced life.

This dissertation would not have been completed without the loving encouragement of my family, to whom I am eternally grateful. Thank you for being supportive of my crazy plan to leave a good career in California and move across the country to be a student for another eight years! I am thankful to have met Paul here in Atlanta, and am overwhelmed by the blessing of our family. Emily conducted fieldwork with me, in utero, in Atlanta and Barbados. I am concluding this dissertation with our second daughter on the way, and am very much looking forward to the completion of both “projects.” Paul, you and our girls keep me grounded, and remind me that there is so much more to life than work. Thank you.

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## ***Chapter One: Introduction***

Research on food choice abounds in anthropology, as does quantitative work on nutrition. Yet ethnographically rich works on food and cultural meaning rarely incorporate aspects of nutrition or health related concerns. This dissertation addresses this gap. Americans are growing progressively more overweight and obese, despite extensive scientific research on nutrition and healthy diets, and anthropology is uniquely situated to offer insight into the reasons behind the food choices that people make. Clearly, action needs to be taken in regards to nutrition and health, which should be based on clear understandings of the reasons for people's behaviors. Yet, much of the research conducted on food choice and nutrition is quantitatively based, giving us knowledge of the results of food choice, yet providing little insight into the reasons, motivations and causes of food-related behavior change.

This research is relevant and useful for the entire American population, but is particularly understudied among migrant groups. As migrants make up nearly 20 percent of the US population, it is crucial to examine the relevant subsets of this group carefully, rather than lumping them together and obscuring potentially relevant and helpful insight into the ways that food choice and body composition differ between sending and migrant communities. In particular, this project investigates the differences in habits and health on the Caribbean island of Barbados, and among Barbadian migrants to the Atlanta, Georgia area. Ultimately, these changes in food choice and consumption habits and body composition that may be linked to negative health outcomes are not the same for migrants to the US and the sending community in Barbados.

This research lies at the juncture of nutrition and cultural meaning. It is guided by the overarching question: How do cultural ideals surrounding diet, body and activity change when women migrate? This project investigates how cultural meanings of food, quantities and types of foods consumed, beliefs and practices around food and physical activity, nutrition-related chronic disease, body ideals, and body compositions differ between native-English speaking populations in Barbados and migrant Barbadians in the United States. Studying change in foodways and health outcomes between sending population and migrant communities has been established as an effective method to use to demonstrate that immigrant groups have differing health issues than those that remain at home (He 1996, Kouris-Blazos 1996), and will allow for understanding change in habits and emic understandings of that change.

By concentrating on this meeting point of the three larger themes— food choice, body image and physical activity— it is possible to contextualize the complex relationships between food culture, gender, body size and weight, body image, physical activity, and health. Each of these simple phrases represents a complicated body of research and set of literature, but it is at the intersection of the three themes that a deeper understanding of the influences and consequences of these topics can be better understood. Rather than perpetuating the arbitrary and problematic separation of food, body and activity, it is crucial to understand the juncture of the three. If we hope to understand the motivations for people's actions related to health, weight and food, none of these topics can be divorced from the others. Therefore, this research is inserted directly at this position.

## **Literature**

This project also lies at the juncture of the social sciences and public health, drawing on rich literature from several fields to illuminate the convergence. Each of these bodies of literature will be addressed below. The dissertation ties qualitative research on cultural meanings of food, to the literature on food change in migration, much of which tends to cluster around community and individual identity. It evaluates quantitative research on the health impacts of dietary shift in migration, which generally does not take into account the increasing amounts of food and decreasingly important role of activity in American daily life. The final component deals with the anthropology of the body, which treats the body as a material manifestation of cultural beliefs, ideals and practices, illuminating Pierre Bourdieu's assertion that "the body is the most indisputable materialization of class taste" (1984: 190). Finally, the entire project is grounded in the history and anthropology of the Caribbean, which will be addressed more fully in Chapter Two.

## **Nutrition Transition**

The Barbadian experience in regard to food and health is emblematic of the nutrition transition. The term (Popkin 1994) refers to a trend in which an increasing proportion of people consume the types of diets associated with a number of chronic diseases. This marked shift in the structure of diet and the distribution of body composition is seen in many regions of the world. It is often accompanied by rapid urbanization, the epidemiologic transition, which shifts patterns of disease in areas undergoing economic transition, and economic changes affecting populations in different

and uneven ways. These changes vary significantly over time, but, in general, problems of under- and overnutrition often coexist, reflecting the trend in which an increasing proportion of people consume the types of diets associated with a number of chronic diseases.

More broadly speaking, the nutrition transition is situated at the intersection of the global political economy and local accommodations and manifestations, where “the overall costs of orienting local economies to world food regimes... include the destruction of the domestic food base, the loss of plant diversity through monoculture, and increased food insecurities for rural populations” (Phillips 2006: 39). Despite the existence of great wealth in many nations, deficient *quality* of food, rather than deficient *quantity*, is a problem for many people. This often occurs in industrializing, transitioning countries where diets are dominated by processed foods low in nutrient density (Goodman, Dufour and Pelto 2000), which result in nutrient deficiencies. However, economic status is a common cause of deficiencies, because hunger, and perceptions of hunger, are often met with calorically-dense, nutrient-poor foods that do little to nourish the body, but contribute to obesity and chronic diseases. The plethora of cheap, energy-dense food can be traced to the mid-twentieth century, when

...the Global North managed to replace the old colonial instruments of command and control with newer, and cheaper, mechanisms of ‘self-imposed’ market discipline. With currencies floating freely and trade barriers lower, the Global North found itself able to access cheap food from the Global South under the aspect of magnanimity—every bite of cheap food eaten in the North was helping the South to pay back its debt. (Patel 2008: 96)

Now these foods are being sold in both the North and South, accounting for the simultaneously high rates of obesity and undernutrition in many developed and developing countries (Popkin 1994, 2001). Most obese adults (185 million) live in

industrialized countries, but a significant number (115 million) are from developing countries (Himmelgreen et al. 2004: 90)

Generally, obesity is the first of the “diseases of civilization” to appear upon western contact, and westernization of diets involves decreased fiber and increased fats and sugar. Obesity is a problem in certain types of societies—“those characterized by economic modernization, affluence, food surplus, and social stratification” (Brown 1993: 181), such as America, and increasingly, Barbados. Food production in the US is based on a highly mechanized agricultural system strongly dependent on petroleum. The efficacy of this system allows people access to high-calorie diets without requiring any physical activity in food production. In addition, the food industry advertises heavily and its “goal is to produce increased revenues and profit for capitalist owners, not to provide an adequate or healthy diet to society” (Brown and Krick 2001: 117)

### **Relation to Ethnicity**

Research on health and activity among non-US born peoples in the US is generally restricted to Spanish-speaking migrants (Himmelgreen 2004). Some of the existing studies have found mixed evidence for the idea that migrants engage in healthier behavior (Abraido-Lanza et al. 2005). Similar studies have argued that the longer migrants are in a host country, the more they take on the health traits of the host country, and start to evidence similar ideas about body and weight (Ball and Kenardy 2002). Others have demonstrated that the length of time a migrant spends in a host country relates to health, body mass index and weight gain (Franzen and Smith 2009, Kagan,

Harris and Winkelstein 1974, Lee et al. 1994) with both increased BMI and decreased nutritional quality among more “acculturated” migrants.

Chapter Two will clarify that race, ethnicity, nationality and language often do not map neatly onto each other. Frequently, migrant populations are classified by language, regardless of cultural or national similarities. For example, Spanish speakers from Spain, Cuba and Mexico are likely to be widely variant groups. While African and Caribbean migrants might be similar in skin tone to African-American populations, there are nonetheless dramatic cultural differences that are often glossed over in examinations of the body and ethnicity in the US. To understand these complex issues it is crucial to examine Caribbean migrants as a completely separate cultural group, unique from others that may simply share their skin pigmentation.

### **Food Literature**

Early examples of qualitative research on food include works such as Powdermaker’s 1932 *Feasts in New Ireland*, which argues that feasts are used to perpetuate social standards as well as the individual’s place in a culture. Richards’ *Hunger and Work in a Savage Tribe* in that same year laid the groundwork for the field of nutritional anthropology. Cussler’s 1952 *Twixt the Cup and the Lip* explores the “psychological and sociocultural factors affecting the food pattern” (1952: 18) in the rural South of the United States. Other classic cultural studies of food, include Levi-Strauss’ argument for underlying universal structures in human thought evidenced in food in *The Raw and the Cooked* (1969), as well as Goody’s exploration of “high” and “low” cuisine in *Cooking, Cuisine and Class* (1982), and Douglas’ analysis of food encoding in the



meal in *Deciphering the Meal* (1971). Weismantel relates changing gender roles to the changing food practices among native peoples in her *Food, Gender and Poverty in the Ecuadorian Andes* (1988), while Counihan address gender in the context of changing family dynamics in Italy in *Around the Tuscan Table* (2004). Mintz situates the changing nature of foodways firmly in the plantation slavery history of the New World in *Tasting Food, Tasting Freedom* (1996), which is complemented by Wilk's exploration of the post-colonial development of a "traditional" Belizean foodway (2006). Food is an indicator of class status as illustrated by a daughter's preference for chocolate over the previously prized cornmeal buns in contemporary China as described by Jing (2000). It can also indicate community, as Goode, Curtis and Theophano find while studying Italian American food practices, where they discover that Italian foods are consciously deployed in situations where their ethnic identities might be called into question (1984). Other excellent qualitative edited volumes have compiled shorter articles around themes such as identity and consumption (Belasco and Scranton 2002, Bell and Valentine 1997, Friedman 1995, Watson and Caldwell 2005), ethnic identities (Brown and Mussell 1984, Douglas 1984, Gabbacia 1998), gender identity (Avakian 1997, Counihan and Kaplan 1998, Inness 2001) and global political economy (Jing 2000, Watson 2006, Wilk 2006).

A subset of this field examines the changing nature and significance of foodways in migration. In many examples, food habits change only partially in the migrant experience, with slight shifts in frequency of consumption of previously expensive or unattainable items in the home country (Chowdhury 2000), such as Ray's concentration on dietary changes on Bengali-American dinner tables (2004). Other authors argue for a more substantial shift in dietary patterns (Schuchat 1971) or a complete reassessment of

food habits upon arrival in the US, such as the unique and particular experiences of Italian, Irish and Jewish migrants in the early 20<sup>th</sup> century (Diner 2003). Arab-American foodways in Detroit are the focus of Lockwood and Lockwoods' study (2000) while Harbottle finds that Iranian settlers in Britain often obscure their homelands by publicly cooking and selling kebabs—which the British think are Turkish foods. The Iranian migrants are content to perpetuate this assumption in light of the existing British prejudices against Iranians. The vital importance of maintaining foods from the homeland has been aptly illustrated by Kurotani (2005), who explains that Japanese migrant women in the US feed their families elaborately prepared and meticulously sourced authentic Japanese foods in order to maintain the “Japanese-ness” of the family— in defense from the outside American influence.

Of particular interest to this project is Massara's (1989) text that incorporates elements of qualitative ethnographic research with practical issues of body weight among Puerto Rican immigrants. Other works that concentrate on migrant health, such as Tanasescu et al. (2000) and Toselli and Gualdi-Russo (2004) also deal with issues of migrant health and weight, while Kagan et al. (1974), Kunstadter (1997), and Lee et al. (1994) compare migrants' health to people in sending Asian nations. Chapter Three addresses this literature in relation to Barbadians abroad and at home, situating their traditional and changing eating habits in the context of their diverse locations.

However, much of the public health literature on migration and nutrition focuses primarily on non-English speaking immigrant groups from Latin America (Abraido-Lanza 2005, 2006, Cantero 1999, Cuellar 1995, Romero-Gwynn 1992), utilizing a problematic notion of “acculturation” to explain nutritional change. This concept relies

predominately on measures of length of time spent in the US, and language acquisition (Himmelgreen 2004, 2005). Acculturation and assimilation models strive to situate migrants and their food habits into a quantifiable model with which to make predictions about all migrant groups. While some scholars attempt to create theoretically based frameworks to assess and understand acculturation (Berry 2003, Portes and Zhou 1993) others use the concept uncritically (Abraido-Lanza et al. 2005, 2006, Ball and Kenardy 2002, Himmelgreen) or use simple proxies such as language to measure how “acculturated” migrants are to American culture. These simplistic measures generally determine that length of time spent in the US and greater English usage are linked to increased rates of obesity (Himmelgreen et al. 2004, 2005). However, this reliance on non-English speaking migrants limits these findings to specific cultural groups, thus weakening the applicability of the acculturation model to a broader cross-section of migrants. There are exceptions to this trend, but strong research on migrants from more developed nations (Kagan et al. 1974, Lee et al. 1994) is in the minority, leaving a significant gap in the literature.

This project pushes against public health based literature that relies on language acquisition and concludes that migrants are less healthy because of dietary shifts to echo mainstream America’s poor eating habits. Particularly significant is that this research does not allow for more nuanced understandings of the broader characteristics of migrants to America—many of whom are already English-speaking, of higher socioeconomic status, and deal instead with complicated issues of skin color in the complex American racial system.

Much of the literature on migration and health focuses on individuals of lower socioeconomic status (SES), most often from Latin American countries. However, for Barbadian migrants, socioeconomic conditions in the sending country, as well as rates of obesity and overweight, are similar to those in the United States. As the 3rd most developed nation in North America (UN Human Development Report 2007/2008) the island is uniquely situated to offer socioeconomic contrast to studies on Latin American migrants, as well as parallels with the US. Barbadian migrants have one of the lowest poverty rates among Caribbean immigrants (12.1 percent) (Gelatt and Dixon 2006). Many of the migrants in the Atlanta area are employed in white-collar positions in locales such as CNN news, dental offices, and the US Department of Agriculture and can be considered comfortably middle-class. Chapter Two further addresses this notion of acculturation, and explores its problematic nature in regards to the Barbadian migrant experience.

### **Physical Activity**

Most of the literature discussed above does not take into account the increasing amounts of foods consumed and decreasingly important role of activity in daily life. Brown and Konner (1987) refer to this condition as the obesogenic environment, while Brownell calls this the “toxic food environment” (2003). All are referring to a cultural environment in which calorically dense, highly marketed, cheap foods are readily available, and daily life demands less and less physical activity to function— all of which are factors in the growing obesity epidemic in the US.

This ties to additional research on the physical space of daily life in the West. Frumpkin, Frank and Jackson (2004) attribute many of our food related public health problems to urban sprawl and the built environment, arguing that limitations on our surroundings discourage and prevent people from engaging in utilitarian physical activity during the course of our daily lives—thus contributing to poorer health in suburban America. This shift in daily activity levels is likely a major contributor to the currently rising rates of overweight and obesity in the US. Chapter Five discusses the literature on physical activity and health, as well as Barbadian perceptions of activity, both on the island and abroad.

### **Literature on the Body**

A crucial component of the project engages with the anthropology of the body, which treats the body as a material manifestation of cultural beliefs, ideals and practices. Nutritional anthropology and the anthropology of the body are situated at the intriguing intersection where culture and the physical body collide, shaped by nutritional imperatives, societal and environmental constraints on food and diet, and cultural expectations for the body. Often central to issues of food choice are motivating factors relating to body image. Scholars have argued that the political and social environments in the US have contributed to women's struggles to control their consumption in order to achieve social status and moral identity in the culturally preferable look of slimness (Bordo 1993, Chernin 1981, 1985, Fredrickson and Roberts 1997, Hesse-Biber 1996, Nichter 2000, Orbach 1982, Wolf 1991). Messer urges ongoing study at this intersection and “cultural ‘ideologies’ surrounding eating behaviors which contribute to overweight

in some but not all individuals who are culturally predisposed to abundant food, obesity, and their health implications” (Messer 1984: 210). This intersection begs an anthropological approach, as it is impossible to separate the physical body and its reliance on food and nutrition from the contextual factors of body ideals and cultural conceptions of attractiveness. Chapter Four discusses Barbadian body ideals, perceptions of attractiveness, and the role that these standards play in women’s food behaviors.

### **Importance of Place**

Finally, the entire project was grounded in the literature on the Caribbean, understanding its history and anthropology from perspectives such as Franklin Knight, Eric Wolf, Sidney Mintz, Richard Price, Constance Sutton and Michel-Rolph Trouillot, and through contemporary scholars such as Katherine Browne, Carla Freeman and Deborah Thomas. Anthropology in the Caribbean has long been plagued by a variety of paradigmatic limitations, or “gate-keeping concepts” (Appadurai 1986) that have restricted the range of studies and the possibilities in the findings. During the early days of Caribbean scholarship, Frazier insisted that all elements of African culture were lost in the middle passage, and that African Americans in North America and the Caribbean were completely bereft of culture. He argued against Herskovits’s (1966) search for African survivals in new world cultures—a paradigm that influenced many to study survivals in religion (Romberg 2003) and family patterns (Clarke 1957, R.T. Smith 1962). Many classic works such as these demonstrate the influence of the survivalism paradigm, which functioned as a gate-keeping concept.

A further paradigmatic shift that continues to be relevant in migrant Caribbean

cultures today is demonstrated in the dispute between the plural society model (M.G. Smith 1965) and the creole model (Mintz and Price 1976). The plural model is based on Furnivall's model developed in South Africa wherein different cultural groups live dramatically separate lives, only joined by an overarching political authority. In contrast, the creole model draws elements from Frazier in its argument that much was lost in the middle passage and recreated in the slave context, but also concurs with Herskovits that some elements of African life (such as religious practice and kin structures) in the New World reflect African influence. However, the creole model refutes the idea that specific African contributions were directly translated into the Caribbean, but argues that the new world societies were created in the context of plantation slavery in the interactions between African slaves, European owners, and occasionally, indigenous Americans. The creole society model is reflected in works such as Burton's, which examines the ways that creolization emerged and developed in the Caribbean through the opposition and resistance of the people (Burton).

The Caribbean region has historically been problematic for anthropologists, who in the early days of the discipline, struggled with their inability to find pristine, pre-contact societies in this area, which was "global" long before the idea was recognized. Trouillot argues that early anthropology struggled with the Caribbean, as the mostly nonwhite population was not "western" enough for scholars, while the people were simultaneously not "native" enough to fit into the savage slot of anthropology. Additionally, the extreme heterogeneity of the region makes it difficult to group a larger "type" than the individual islands, yet Mintz presents a substantial argument for just this grouping (1971) by addressing the distinctive character of the islands. Because the

islands overall demonstrate similar history, ecology, economics, and political spheres, he convincingly argues that the region can be treated not as a single, common “culture,” nor a random scattering of individual island nations, but rather, as a “socio-cultural area.” Mintz and Price (1976) argue that the Caribbean is a creole society, in which New World cultures were created and negotiated in the context of the conditions and institutions of slavery, by both free and enslaved peoples who were deeply divided but interdependent. The societies were shaped by these encounters, and have influenced the cultures that exist to this day.

This historical context allows for deeper insight into the Caribbean experience, as does a further explanation of life in the American South. This dissertation opens by situating the study subjects in these two places, in Chapter Two.

### **The Anthropologist**

This research is interesting to consider in light of my own particular set of experiences in Barbados. It is common for anthropologists to select a research site, then visit there several times, spending extended periods of time “in the field.” One to two years is the average fieldwork period, may be preceded by a short period of pilot work, and is sometimes followed by another short follow-up period, often years later. My own fieldwork in Barbados did not follow this established pattern. From the time of my first visit, I established a pattern of visits that lasted a minimum of two weeks, but often for periods of one to two months, generally several times per year. Rather than detracting from the field “experience,” I found that this type of scheduling was beneficial in several ways.



Returning frequently to the island over a span of years allowed me to experience yearly events more than once. I was able to spend several Christmas's in the country, comparing and contrasting different holiday traditions as different families experienced them. Returning for Independence Day in November several times let me celebrate in several different ways. Experiencing the annual Cropover Festival in August more than once earned me serious cultural credibility when speaking with Barbadians overseas. While a year-long research period would have allowed each experience once, the repetition of the events gave me differences and similarities to reflect on and discuss with others.

Credibility was also earned in the simple equation of leaving and returning. A popular tourist destination, Barbadians frequently encounter visitors who have fallen in love with the tropical locale. It is common for travelers to profess a new devotion to the place, pledge to return regularly, and then leave, never to be seen again. By virtue of my frequent returns, Barbadians on the island grew to value my respect for the island culture, and initial friendly connections grew to serious rapport and trust as I continued to leave as scheduled, but return as promised. Those in Atlanta respected my commitment to learning about the culture because of my regular travels to their homeland. My trips back to the US also allowed me to carry items for those in both locales. I was frequently asked to take gifts from migrants overseas back to friends and families on the island, as well as transport Barbadian food items from island stores to those in Atlanta. It was not uncommon to have an extra suitcase with me, filled with clothing, hygiene products, and other small items on the way out of the US, and carrying frozen flying fish, homemade Christmas black cakes, jars of hot sauce, and mixed essence off the island.

Of particular relevance to this project, was my own personal situation during the period of research in 2009-2010. Discussing body weight and attractiveness can be sensitive in nature, particularly as study subjects are understandably affected by their perceptions of the researcher and her own viewpoints and condition. This became especially transparent during this study period, as I was visibly pregnant and suffering from extreme pregnancy nausea. Aside from allowing instant rapport with the majority of the women, most of whom were already mothers, my condition also allowed me to “pass” in most situations. By this, I mean that women of all body sizes and shapes were able to better identify themselves with me. When interviewing smaller women with lower body weights, they would often make comments that indicated they believed I *would* be thin like them, aside from the current pregnancy. Simultaneously, larger women with higher BMIs would make comments that indicated they felt a weight “solidarity” with me, because we were obviously both larger women. This ability to empathize with, and be seen as similar to women of all sizes in the study sample enhanced my ability to build rapport with all the women I worked with.

### **Methods**

This research was guided by a series of overlapping and interrelated lines of inquiry circling the three topics of food, activity, and the body. The guiding question was: How do cultural ideals surrounding diet, body and activity change when women migrate?, leading to related inquiries, such as: Do types of foods and quantities consumed change? Do body compositions differ between sending communities in Barbados and migrants in Atlanta? Do food choice and body size reflect the changes seen among

women in other migrant groups, or is there more consistency with those still on the island? Are there differing ideas about health and physical activity in each locale?

In addition to looking at the individual and their particular identity and experience, it is crucial to look at the entire food/body/activity equation as each person is living it. People make choices based on a variety of input—especially as they relate to food and health, so I examine the interrelated whole of all three. As such, this project is unique in its combined focus on nutrition, activity and cultural meaning; a juncture that gives insight not only into how diet and exercise changes upon migration but the nutritional impact and cultural meaning of that change.

Background and pilot research that informed this study commenced in 2003 during my first trip to Barbados. I returned to the island numerous times over the following seven years, traveling to the island several times a year to spend periods ranging from several weeks to several months. During these trips, countless episodes of participant observation, unstructured, and semi-structured interviews provided invaluable background understanding to these issues of food, health and the body. Formal dissertation pilot work in Barbados during 2007, and ongoing research from 2005 to 2010 in Atlanta built a foundation for the official dissertation research that took place during 2009-2010 both in Atlanta and in Barbados. During this time period, I engaged in twelve months of participant observation in both locales, as well as numerous semi-structured interviews.

## **Study Sampling**

The specific data gathered for this dissertation can be considered a dual-sited project, beginning in Atlanta, where I used principles of cluster sampling (Russell 2002:152) to solicit self-selected volunteers from the Barbadian Association of Atlanta, the Metropolitan Cricket Club, and the Conrad Hunte Sports Club. I utilized these contacts to reach out to a broader Barbadian migrant population, to eventually access a larger group. With these individuals, I engaged in participant observation in homes, businesses, meeting places, club spaces, restaurants, workplaces, cricket matches, and other locales where food was selected and consumed. This large sample, consisting of over thirty interviews, provided valuable background understanding of the migrant experience relating to food, health and the body. From this group, I had planned to recruit a group of twenty women to involve in the more intensive portion of the research. However, I encountered resistance to participation among many women, because of the time investment needed to engage in further interviews, food journals, activity logs, and anthropometric measurements. Therefore, a smaller subsection of ten migrant women in Atlanta agreed to be part of the more intensive study section, which will be described below.

Meanwhile, using snowball sampling from Atlanta informants to friends and family in Barbados, I asked the migrant women in Atlanta to refer me to their mothers, sisters, cousins, daughters, and girlfriends on the island. This allowed some consistency among the study population. Over seventy-five background interviews were conducted in Barbados, and from that group, twenty-one women agreed to become part of the intensive study population. Also in Barbados, I engaged in participant observation,

during meals in homes, at restaurants, rum shops, conferences, at work, in the markets, and with women who cooked in their homes to sell to neighbors.

### **Mixed Methodologies**

Since this project took an integrated, three-pronged approach to the issue of food, activity and the body, the methods echo this format. I elected to triangulate the data by incorporating three components: beliefs; self-description; and reported information. This approach allowed me to gain insight into the emic and etic, as well as the more straightforward component of recorded and measured physical numbers.

#### *Beliefs*

Addressing each of these themes, I asked questions such as: When attempting to understand beliefs, my inquiries were “What do you think are healthy foods?,” “Is physical activity important?,” and “How would you describe an attractive body?.” This allowed for a purely emic viewpoint on what the women valued.

#### *Self-Description*

To allow people to report emic *perceptions* of their own actions, I asked them “Do you eat healthy foods?,” “Do you engage in physical activity, and what types?,” and while showing them body silhouette images, asking “what is your opinion of *these* bodies, are they attractive?”

#### *Etic Measures*

The third angle attempted to capture the most etic component. The study subjects kept 7-day food and activity logs, writing down all food and drinks consumed, and all activity they engaged in. I consulted these diaries to determine what sort of foods were

recorded in the logs, whether physical activity was reported, and used card sorts and image selections to determine which bodies were selected as being the most attractive. Much current literature incorporates the commonly used 24 hour diet recalls, which are problematic because human memory is notoriously faulty. Therefore, this project utilized written food diaries to facilitate accuracy. While this method is still constrained by the nature of self-reported data, it does eliminate some of the time lapse issues integral to 24 hour recalls. Each participant in the intensive study groups was provided with a food and activity log in which to record all the food and drink consumed during a seven day period, as well as all physical activity engaged in during that same time. At the end of this week-long study period, I reviewed each diary with each participant, ensuring accuracy and legibility of their inscriptions.

I also collected anthropometric measurements. Body composition was assessed both in Barbados and Atlanta using quantitative measures that have been linked to health, such as waist hip ratio (WHR), body mass index (BMI) and waist circumference. Weight, height, waist and hip circumferenes were recorded for each participant.

Their personal impressions of female body attractiveness were also elicited, using established body silhouette images previously published (Bush et al 2001, Singh 1993). Participants were provided with a series of body images and asked to select those they felt were the most attractive, healthiest, and best corresponded to their own actual bodies, among other questions. This portion of the research is discussed fully in Chapter 4.

### **Structure**

This dissertation is structured to provide insight into the context of the research locations, then leads into the three separate but overlapping thematic areas of inquiry. The reader is first situated firmly in “place,” exploring literature and relevant historical information on both Atlanta, Georgia and Barbados. Complicated issues of migration and transnationalism are addressed here, as well as Barbadian observations on the experience of migrating.

Chapters Three through Five engage with the thematic areas. Chapter Three explores issues of food and identity relevant to Barbadians at home and abroad. This chapter describes and explains ideas about food culture, as well as what is actually consumed during the study period. Chapter Four interrogates body perceptions and ideals, investigating women’s perception of themselves and others, relating to attractiveness. Chapter Five addresses physical activity and health; both how they are perceived and actually practiced. This chapter offers insight into the limitations Barbadians feel American life places on their movement.

The Conclusion brings these threads back together, illuminating the complex ways the intersections are lived in two different locales, and the directions for future research that have emerged from this work.

## ***Chapter Two: We Are Where We Eat: Place, Migration and Acculturation***

Frequently when studying migrations, the literature tends to focus on the people to the exclusion of place, which does not allow exploration of the dynamic relationship between migrants, and the points of their departure and settlement. This habit restricts understanding of the lived experiences these migrants express, and does not allow for richness of context. In order to avoid this pitfall, this dissertation situates the study consultants firmly within the perspectives of both their Barbadian and Caribbean origins, as well as the present framework of the city of Atlanta within the American South.

This dissertation deals with two world areas—the Caribbean and the American Southeast—and the ways that Barbadians move between them. Born and raised in Barbados, these study informants were enculturated in the Caribbean context, but have lived much of their adult lives in the US. This fragmented habitation means they have been impacted and influenced by both places. Therefore, to better understand these women, it is crucial to better understand both places and their political and historical contexts.

The need to contextualize concepts surrounding food and the body are of particular relevance to this region of the US, where food has been evidenced to be of vital importance to cultural acceptance (Ferris 2005) in being accepted by the broader communities. In addition, the American tendency to prioritize skin color over cultural background in the classification and understanding of others has a deep history in this region, and is particularly problematic for dark-complexioned Barbadians, who originate



from a predominately black nation that relies more heavily on education and financial aspects than skin color in the cataloging of people.

A tiny island in the Eastern Caribbean, Barbados is only 166 square miles, and carries a population of nearly 270,000 people, with a population density of 624 people per square kilometer. Although visited by the Spanish and Portuguese in the 13<sup>th</sup> and 14<sup>th</sup> centuries, the island was first settled by the British in 1627, and remained a British colony until it achieved independence in 1966. As such, it was the only Caribbean island not to change hands between colonial powers.

### **Caribbean as Problem**

The Caribbean region has historically been problematic for anthropologists, who in the early days of the discipline, struggled with their inability to find pristine, pre-contact societies in this area, which was “global” long before the concept was recognized. The intervening decades have seen a vast increase in research of the Caribbean, and works by Frazier (1939) and Herskovits (1941) laid foundational theory with which later scholars engaged. After the turn of the century, new attempts were made to characterize and explain the multi-ethnic, stratified societies in the region (Smith 1965, Mintz and Price 1976) as well as to understand the long-lasting effects of globalization in the region (Wolf 1982, Williams 1970, Williams 1989, Trouillot 1992, Freeman 2000, Browne 2004). This chapter addresses the Caribbean as a single sociocultural area, and examines the key paradigmatic shifts in the study of the region.

Trouillot (1992, 2003) argues that early anthropologists struggled with the Caribbean, as the mostly nonwhite population was not “western” enough to be like “us,”

while the people were simultaneously not “native” enough to fit into the savage slot of anthropology. Additionally, the extreme heterogeneity of the region makes it difficult to group a larger “type” than the individual islands. As Mintz observed, “it was exactly because Caribbean societies were supposed to be so ‘hybridized’ and ‘blended’—and ‘genuine primitive’ societies so untouched and pure—that so many anthropologists thought for so long that the Caribbean region was unworthy of study” (Mintz 1974: xv). Trouillot adds, “whereas anthropology prefers ‘pre-contact’ situations- or creates ‘no-contact’ situations—the Caribbean is nothing but contact” (1992: 22).

The Caribbean region is unique in regards to the limited change that has shaped the area. It

appears that the special character of Caribbean societies flows from a series of imperial impositions which, once set in motion, were maintained with remarkable fidelity. That is, the Caribbean tends to be homogenous and different from much of the rest of the world because processes begun centuries ago have continued to function with little intervening modification, and it is precisely this long-term “social ossification” that makes the region distinctive [and] its past ... so consistent with its present. (Mintz 1974: 255)

Beginning with Frazier (1939), Herskovits (1941) and Steward (1956), scholars have attempted to understand the history and societies of the Caribbean through numerous studies, but it has been problematic for researchers to classify, in part because it does not fit with the field of anthropology as it developed.

The Caribbean was laggardly incorporated into anthropological research, because it differed so dramatically from ideas of proper anthropological subjects—a “contradictory and decidedly non-primitive region—not so much as a part of the so-called Third World, but as the first part of the world outside the West to be annexed by the ‘First’, or European, World” (Mintz 1996: 304), Mintz situates the Caribbean as

separate from the “genuinely ‘primitive’, the ‘Western’ and the archaic civilizations: these were the peoples without culture” (Mintz 1996: 305, Wolf 1982).

### **Sociocultural Area**

Once anthropological interest in the region was established, scholars have persuasively demonstrated its cohesion as a *sociocultural* or world area. Mintz first argued that the region should be viewed as a single sociocultural area in 1971,<sup>1</sup> because much Caribbean commonality is a result of “demonstrably parallel historical experiences during more than four centuries of powerful (although intermittent and often whimsical) European influence” (Mintz 1971: 18, Knight 1978). He argues that the societies “of the Caribbean are only superficially ‘non-western’, taking on their particularity precisely because they are in some ways, and deceptively, among the most ‘western’ of all countries outside the United States and western Europe” (Mintz 1971:18). He makes a forceful argument for viewing the region as a culture area, based on the major underlying feature of the sociohistorical factor of the coming together of small numbers of European and great masses of Africans under the plantation and slavery system. (Mintz 1974). While most previous attempts at grouping the area have either (1) not fully defined its distinctiveness, or (2) not grouped it convincingly with the part of the Latin American mainland that had similar social or historical influences, Mintz draws on social-historical character elements to demonstrate the significant collective history of the region. Unique

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<sup>1</sup> Knight 1978 reinforces Mintz’s ideas, asserting that all of the islands are similar enough to be grouped into a type. Working on the assumption that all the islands have had similar experiences but at different times, that the regional similarities outweigh the differences, and the shaping forces in the area have varied more in degree than in time, he asserts that the societies that developed during the slave and sugar years were formed equally by the slaves and the owners.

aspects of islands are important, but it is the generalities that make it a unified area. The Caribbean is not a *culture* area, with a common body of historical tradition, because of the diverse origins of the islands, complicated and different histories, and little continuity in the colonizing cultures. However, they do have comparable *societies*, as “forms of social structure and social organization—exhibit similarities that can not be attributed to mere coincidence” (Mintz 1971: 20). This careful distinction takes into account the widely variant forms these very similar societies have taken.

The European conquest of the Caribbean region did not create anything resembling a common culture. The Caribbean is a culture area not because of similarities among language, food, dress, or other cultural indices, but rather, a transmuted vision of the world itself. Technologically modern means of production (epitomized by heavy machinery and joining of factory and field) were manned using archaic, coercive labor forms, yet the human effect of these circumstances transcended the cultural difference they began with, and have resulted in similar societies.

### **Modernization and Globalization**

As mentioned, research in the region was laggardly incorporated into anthropology because the people differed so dramatically from ideas of proper anthropological subjects (Mintz 1996, Trouillot 1992). In many ways, the Caribbean became modern before Europe, as

modernity has to do not only with the organization of industry, but also with the effects of such organization upon the labor force...accordingly, “modernity” refers here to a learned openness to cultural variety, an openness not so much relativistic as non-valuative- an openness which includes the expectation of cultural differences, and is not shocked by them. (Mintz 1996: 295)

Thus, modernity refers not only to technological accompaniments to industry, but also the social organization that accompanies it. After its early modernization, in the mid-nineteenth century when European industrial modernity began, the Caribbean declined because of the competition: “the ‘modernization’ stopped; as the Caribbean’s definition as a key economic area declined, what had once been modern soon came to seem archaic” (Mintz 1996: 296)

The early forced-migrant experiences in the region “represented a kind of forced-draft Westernization” Mintz and Price (1985) argue, where “long before the common features of the industrial West (imported foods, time-conscious work regimes, factory production, impersonal work relations, etc.) had spread through much of Europe, they were commonplace aspects of life for Caribbean slaves” (Mintz and Price 1985: 10). Additionally, “the very westernness of Caribbean cultures can contribute to their enigmatic quality, concealing their distinctiveness under apparent likeness” (Mintz 1974: 37). Trouillot (2003) agrees with Mintz and Price, noting that

if the awareness of one’s position in history, not just as an individual but as part of a group and against the background of a social system brought to consciousness, is a fundamental part of what it means to be modern, then the Caribbean was modern from day one, from the very day colonialism imposed its modernization. If the awareness of sociocultural differences and the need to negotiate across such differences are part of what we call modernity, then the Caribbean was modern since at least the sixteenth century- from day one of North Atlantic modernity. (44)

Despite popular contemporary thought, the twentieth century did not “invent” mass migration (Trouillot 2003, Wolf 1982). Culturally, our world has been shaped by global flows that started in the fifteenth century and continue to affect human populations today. Historically, colonial exploitation was often behind the swift expansions. The

impact on individual people has been profound: “the first moment of globalization produced its self-proclaimed hybrids, individuals or groups who saw themselves as belonging to more than one sociocultural unit and sharing more than one cultural heritage” (Trouillot 2003: 33). Through protracted historical processes, begun with European commercial expansion and culminating in industrial expansion in the late nineteenth century, the world emerged as a single, interconnected system of political economy. Long a product of these global flows, the Caribbean has been a focal point of globalization for several centuries, and continues to experience global influence into the present.

### **Creole Model**

Everyday lives of today’s Caribbean migrants are affected by Caribbean heritage. Of significance not only in explaining Caribbean culture, but also to understanding contemporary migrant Caribbean cultures, is the creole society model. Developed by Mintz and Price (1976), the creole model argues that New World cultures were comprised neither of homogenous contributions from specific African societies to specific New World areas, nor are they separated by race or ethnic lines, grouped together only under governmental authority, such as in the plural model. They assert that understanding of these Caribbean societies must be situated in the context of the conditions and institutions of slavery, where free and slave peoples were deeply divided, yet interdependent. Some institutions in the society were created in the slave sector, others across the divide, and the cultures were not borrowing from each other, but rather, “‘creating’ or ‘remodeling’ may be more precise” (83).

As groups of people primarily from Africa and Europe were brought together in the islands, this encounter shaped the societies that would eventually follow. As the groups of slaves from different areas, speaking different languages, were thrust together, they learned to communicate through the use of a pidgin language that was also used to communicate with the European masters. Eventually, the individual African languages fell into disuse, and pidgin became increasingly more complex and sophisticated to meet the people's needs, ultimately no longer a 'pidgin,' but a 'creole'" language (Mintz and Price 1976: 21). Creole culture began at first contact between Europeans and Africans, or between Africans from different areas, but was set within conditions defined by the objectives of the plantation system, and confined by the monopoly of European power and the environment.

The formation of creole culture was not unilateral or homogenous, and "points of contact between persons of differing status, or different group membership did not automatically determine the direction of flow of cultural materials according to the status of the participants, but according to other variables instead" (Mintz and Price 1976: 32). The system involved communication and delegation of command, but the slaves forced give and take in the creation of the system by demonstrating real and faked incomprehension, as well as real and faked illness, and these active and passive resistances modified the parameters of the system. Mintz and Price stress that the Caribbean islands are "societies deeply divided by status—and, accordingly by physical type and much else—but complicated by the continuous interaction of members of both groups on many levels and in many different ways" (Mintz and Price 1976: 31). Repeated points of contact allowed negotiation of borders, where communication

happened between Europeans and house servants, traders, musicians, in food preparations, in work relationships, and in sexual relationships. These interactions were shaped by the system of status, which included acknowledgments of these limits as well as perceived transgressions of limits. In the New World, “black” and “white” interactions (Mintz and Price 1976) were assuredly among the first social forms to be institutionalized, but this doesn’t mean that interactions were “void of either humanity or individual variation” (Mintz and Price 1976: 37), rather, quite the opposite. The authors assume that there were similarities in West and Central African religions; that they were probably “relatively permeable to foreign influences and tended to be ‘additive’ rather than ‘exclusive’ in their orientation toward other cultures” (Mintz and Price 1976: 45). Culture building would have also begun before even reaching the New World, with new cultural elements being introduced during the middle passage with forced exercise through singing, dancing and drumming on the ships, as well as shaving and cutting hair in decorative patterns at the end of the brutish voyage (Mintz and Price 1976: 48). Mintz and Price believe that this formation of new cultural systems caused slaves to decreasingly look back at their old homes—a separation that it took Europeans centuries to master. Thus, the initial heterogeneity of the slaves fueled a generalized acceptance of new/different/personal styles, which led to continued acceptance of innovation in the culture, and eventually, people began to put a premium on innovation, dynamism and change (Mintz and Price 1976).



### *Reputation and Respectability*

Another relevant Caribbean paradigm that has emerged in the literature is that of reputation and respectability. Peter Wilson's 1973 *Crab Antics* fleshes out the reputation and respectability paradigm that he first began to develop in the 1960 article, "Reputation and Respectability: A Suggestion for Caribbean Ethnology." Based on fieldwork conducted in the Western Caribbean, Wilson proposes an emic model for understanding Caribbean social organization that rests on the key terms "reputation" and "respectability." These are two complementary, dynamic, ongoing value complexes characteristic of colonial and postcolonial societies in the Caribbean and manifested in everyday life. As Wilson explains, "respectability has its roots in the external colonizing (or quasi-colonizing) society" whereas "reputation...is 'indigenous' to the colony (or quasi-colony) and is *both* an authentic structural principle and a counter principle. (1973: 9). Wilson feels that Caribbean literature has situated women in the household as the place for their fulfillment, but has marginalized men and ignored where they might achieve fulfillment. He seeks to address that gap.

Wilson argues that in the Caribbean, a social identity is constructed within one of the two dominant paradigms: reputation or respectability. Reputation is generally valued by young men, who construct their identities by gaining repute for various deeds, such as virility, as evidenced by having numerous sexual affairs and fathering children, by attaining nicknames that refer to their status, or by demonstrating economic well-being. It values talents that set men apart as unique but equal and is largely based on masculine values and male friends, who provide context for male fulfillment and negotiations of reputation. Reputation also values conspicuous consumption, and "economic

differentiation becomes a public and social matter through the assumption of a life style, marked in part by the acquisition, use, and display of goods” (ibid: 94). Ultimately, “reputation attaches not only to sexual and marital matters, though these perhaps are the most important, but also to proficiency in all male activities, and to fulfillment of obligations attached thereto” (Wilson 1971: 74). While Wilson maintains that young men originally value reputation over respectability, they tend to transition to the respectability paradigm as they age. It is not uncommon to find that the local pillar of male respectability in the community was once one of the men with the most notorious reputations.

In contrast, women construct their identities through a more European notion of respectability. Wilson asserts that generally women participate in this value system of respectability, and uphold the value complex through church membership or marrying. Gaining in respectability is a way for them to move beyond class limits. Respectability is based on the inequality of the islands, and values wealth, education, color and a “respectable” life style. It depends on values of English middle-class households of the past and the context remains in the household, and is therefore, of more concern for women. Themes reminiscent of the respectability paradigm emerged in conversations about physical attractiveness, which will be discussed in Chapter Four.

### **Caribbean Migrations**

The Caribbean has experienced numerous waves of migrations beginning with the earliest days of European discovery. After the end of slavery in 1838, migration emerged as an “enduring livelihood strategy” (Richardson 1989: 205). Motivated by land

shortages, unemployment and better opportunities elsewhere, combined with the colonial policies that “left the Caribbean region a legacy of eroded landscapes, exacerbated by continuous human population pressures” (ibid: 205), waves of migrants first left the region in the years immediately following emancipation. Subsequent waves between the 1830s and the present day have moved large numbers of Caribbean peoples around the region and to North America and Europe (Gmelch 1992, Knight 1989), and to the present, tens of thousands of migrants still trickle into Europe and North America. Historically speaking, “forced immigration into the region, which provided the Caribbean’s ‘native’ peoples, combined with the systematic alteration of the region’s physical environment have produced local conditions with which the inhabitants subsequently have had to cope” (Richardson 1989: 227). One strategy has been “individual and group mobility, which has brought hundreds of thousands of Caribbean peoples to the doorsteps of the colonial and neocolonial nations that have historically created the conditions encouraging these migrations in the first place” (Richardson 1989: 227). These very migrations are the focus of this dissertation.

Due in no small part to this tradition of migration, increasingly Caribbean anthropology of the late twentieth and early twenty-first century is questioning *where* to study. Caribbean peoples, long a migratory group, are continuing in their wide-ranging movements, and anthropologists are beginning to catch up. In this context of movement, issues of physical and social boundaries, ethnicity, migration, and citizenship link to broader themes of nationalism and transnationalism as we attempt to understand how identity relates to nation in this era. Classic concepts developed by Barth (1969) and Anderson (1983) both reinforce and push against the ethnographic examples such as

those presented by Ong, and Basch, Glick Schiller and Blanc. These cases illustrate the Caribbean experience of nationalism and transnationalism.

In twentieth century scholarship, authors attempted to explain how the nation came about, or what the features of the nation were (Anderson 1983, Alonso 1994, Chatterjee 1986, 1993, Hobsbawm 1990, Kelly and Kaplan 2001), yet did not question *where* the nation actually existed. Place is so central that it has been largely taken for granted, although “place is not just a trivial contingency associated with data gathering, but a vital dimension of the subject matter of the discipline” (Appadurai 1986: 360). The very concept of place becomes problematic in scholarship of the Caribbean, where scholars argue that there is no single notion of the Caribbean, but rather, varying constructions of time and place, that lead to different conceptions of the region (Olwig 1993). Historically, the scholarly construction of the Caribbean has contained two dichotomous perspectives: the “local” and the “trans-local.” The local focused on the Caribbean as a historical construction within the geographical area of the Caribbean basin, relied on geography, shared European colonial background, and the sociological stratification of societies into dominant planter and subordinate agricultural classes (Smith 1965, Mintz 1974, Mintz and Price 1976, Wilson 1973, and Olwig 1999). The problem with this construction is that it “conflate[s] notions of society, culture and territory [that are] related to European nationalist thinking where the world is seen as a mosaic of nations juxtaposed against the other on the world map” (Olwig 1999: 438). In contrast, the trans-local emphasizes the importance of physical movement and social fields of relations as relevant frameworks in Caribbean life (Smith 1965, Mintz 1974, Mintz and Price 1976, Wilson 1973, and Olwig 1985). This global approach views the

“Caribbean region as a socio-cultural construct of shared interests and cultural identities which is grounded in the Caribbean area, yet not confined to this area” (Olwig 1999: 439). It focuses on Caribbean relations and the significance of migration and non-local social ties that extend beyond the Caribbean. The local community or nation-state are “inadequate frameworks of study” and “limit the scope of understanding of Caribbean people today” (Olwig 1999: 439, Sutton 1987, 1992, Glick-Schiller, Basch and Blanc 1992, and Olwig 1993).

Emerging world conditions have created borderlands, as “territorial zones between nations... borderlands consist of and create social and cultural meaning as well. Borderlands are places where national identity is contested and new identities are constructed” (Olwig and Hastrup 1997: 305). Yet, Caribbean communities have almost always been frontier/contact communities, where populations of different ethnicities/races have confronted each other. Most any Caribbean identity has been “constructed within a space in which multiple cultural, social and racial orders co-exist” (ibid:307), and the challenge before us now is to expand this notion of borderlands beyond the Caribbean borders. Caribbean people have long moved around the region and the world, yet only recently have we attempted to follow this movement and situate it in our understanding of the region. We must examine how Caribbean peoples are renegotiating both physical and cultural boundaries in the context of their migrations—including lived boundaries such as dietary choices.

Looking at the “homeland” as it is constructed by migrants, “demonstrate[s] the central importance of place as a source of life and a reference point which people may identify with from their particular position in the more global network of human

relations” (Olwig and Hastrup 1997: 12). This allows us to view place as a cultural construction rather than fixed entity to examine the historical contexts within which such things take place. At first glance this may seem to differ dramatically from classic thought on ethnic and national identity as described by Barth and Anderson, but the concepts are actually intertwined.

### **Nation as Imagined Community**

Anderson’s (1983) musings on the nation, nationality, and nationalism are interesting to think with in the Caribbean context. He defines the nation as “an imagined political community—and imagined as both inherently limited and sovereign” (6). By imagined, he implies that most members of a nation will never chance to meet most of their fellows, yet they retain an “image of their communion” in their minds nonetheless (6). He carefully distinguishes that all nations are limited, in that they have “finite, if elastic, boundaries, beyond which lie other nations” (7) and sovereign in each nation’s “dream of being free, and, if under God, directly so” (7). Finally, he reasons each nation is imagined as a community because in all nations there “is always conceived as a deep, horizontal comradeship” (7). Problematic though this definition is for the contemporary models of “flexible” and “transnational” citizenship, the concept of imagined comradeship may prove useful in the realm of the transnation. Anderson’s argument is constructive in a broad sense, and the notion of the imagined community is useful when considering the concept of the nation in the Caribbean, where citizens are often not inhabitants of the countries they refer to as home. To illustrate, I refer to works that deal

with issues of nationalism and transnationalism, both in the Caribbean and outside of the region.

### **Transnationalism**

With migration, boundaries and conceptions of nation shift in manners Barth and Anderson may not have foreseen. Despite the long history of migration in the Caribbean, only at the end of the twentieth century did scholars begin to recognize the key importance of this movement to the national consciousness and imaginings of community and home. In this vein, Basch, Glick Schiller and Blanc use transnationalism as a framework for contemporary ethnographic research to demonstrate the inadequacy of notions of “immigration.” They argue that we can no longer view migrants simply as people who *leave* their nations, because “immigrants develop networks, activities, patterns of living, and ideologies that span their home and the host society” (Basch, Glick Schiller and Blanc 1994: 4). They belong to an imagined community of sorts, and “rather than fragmented social and political experiences, these activities, spread across state boundaries, seemed to constitute a single field of social relations” (ibid: 50). Instead of being away from their “homelands,” “the migrants in the study sample moved so frequently and [were] seemingly so at home in either New York or Trinidad as well as their societies of origin, that it at times becomes difficult to identify where they ‘belonged’” (ibid: 5). Some critics of the transnational model have argued that migrants have always maintained ties to their countries of origin (Waldinger and Fitzgerald 2004), and that too many of the ethnographic examples of transnationalism are drawn from Latin America and the Caribbean—which are unique in their long-term relations with the US

(Waldinger and Fitzgerald 2004, Dahinden 2005). Regardless the concept is fitting for these Caribbean cases.

Expanding Anderson's ideas on the nation and transnationalism, Basch, Glick Schiller and Blanc demonstrate the ever-shifting boundaries that Barth articulated. The authors use "transnationalism" to explain the ways that "immigrants today build social fields that cross geographic, cultural and political borders. Immigrants who develop and maintain multiple relationships—familial, economic, social, organizational, religions and political- that span borders we call 'transmigrants'" (1994: 7). Although Barth seems to have referred to the intangible boundaries of cultural structures and social rules, in reality, the boundaries of place, and nation are also more dynamic than he may have predicted. Far from being "migrants" going to one new place and remaining there, the boundaries are constantly stretched and redefined as "transmigrants take actions, make decisions and develop subjectivities and identities embedded in networks of relationships that connect them simultaneously to two or more nation-states" (Basch, Glick Schiller and Blanc 1994: 7). Transnational migration takes "place within fluid social spaces that are constantly reworked through migrants' simultaneous embeddedness in more than one society" (Levitt and Jaworsky 2007: 131). Despite having lived in the US for periods ranging from several years to several decades, all the Barbadians interviewed referred to Barbados as "home" and many expressed a desire—if not a concrete plan—to return to the island someday. When Caribbean people migrate, they stretch conceptions of where "home" actually is.



### **Flexible Citizenship**

Building on these premises, Ong (1999) further detaches citizen from nation, going a step beyond the bi-national or transnational migrants that Basch, Glick Schiller and Blanc address. Ong demonstrates that through studying flexibility in citizenship and regimes of sovereignty, we can better understand how individual actions are shaped by culture, as well as the ways that culture is changed by the nation-state and modern capitalism. She urges anthropology to move beyond a postcolonial approach applied uniformly to all former colonies, and to look at “how economic and ideological modes of domination have been transformed in excolonial countries as well as how these countries’ positioning in relation to the global political economy has also been transformed” (35).

By living at the edges of political and capitalist empires, Chinese in the diaspora are in a flexible position, which affects their families, self-representation, and the ways they negotiate the cultural and social rules of the countries they travel and live in. Ong refers to these people as “flexible citizens,” to encapsulate the systems of strategies they use to avoid and benefit from different nation-states by choosing different locales for investments, family, and work. This flexible citizenship allows them to use the localizing strategies of a variety of economic and family practices to most successfully exploit political and economic conditions in different areas of the globe. Identity is central to these studies of migration and transnationalism, where individuals use strategies of self-orientalism to manipulate their identities in order to portray those most useful given a time and situation, and this selective engagement with orientalist discourses is situated within the context of the global economy. Similarly, in a *cultural* sense, many financially comfortable Barbadian migrants move effortlessly between the different cultural milieu,

possessing dual citizenship and double passports. They selectively determine where and how best to meet their family's needs in a cross-national perspective, for example, electing to utilize the schooling system in Barbados for young children, but seeking health care in the US. However, many do experience *financial* limitations to their flexible citizenship, finding that money limits their translocal practices far more effectively than any laws or travel restrictions.

Like many Barbadians in Atlanta, an informant explained that she liked to return to the island "pretty often," generally once or twice a year if possible, especially anytime "there's a cheap fare." She did allow that sometimes she would miss a year. Another woman explained that when she lived in New York, the reasonable prices on airline tickets allowed her to visit Barbados every year or two, but since moving to Atlanta, her travel to the island has decreased. She purchased a house, and as a result, she explained, "it took me a minute to go back" because of these financial obligations. Thus while the migrants are emotionally and culturally able to transition easily between the two spaces and inhabit a binational persona, the financial limitations prevent them from doing so as effortlessly as they would like. The transnational, flexible Barbadian citizen is more limited by monetary considerations than government regulations.

### **A Local and Translocal Identity**

Identity is a key component to all of these studies of migration and transnationalism. We cannot escape the implications of race and ethnicity in the transnational process, because transmigrants are making use of such concepts in constructing their own identities and lives. Transnational peoples are using "the ability to

live transnationally [as] an accommodation both to the controlling forces of global capitalism and to their place within the global racial order” (Basch, Glick Schiller and Blanc 1994: 9-10). In this process, the imagined community is renewed, in light of the fact that “migrants and political leaders in the country of origin are engaged in constructing an ideology that envisions migrants as loyal citizens of their ancestral nation-state” (Basch, Glick Schiller and Blanc 1994: 3). This is evidenced in the ongoing conversation between migrant associations and Barbadian organizations. Migrant populations regularly hold annual celebrations in the diaspora, ranging from the Cricket Carnival in Atlanta to the “Barbados Comes Back to Charleston” event in South Carolina, sponsored by groups such as the Barbados Tourism Authority, the Barbados Public Workers’ Credit Union, and the financial group, Invest Barbados.

However, it is crucial to recognize that “ignored in this construction... is the ongoing incorporation of these immigrants into the society and polity of the country in which they have settled” (Basch, Glick Schiller and Blanc 1994: 3). Despite claims of maintaining a Barbadian identity, migrants also become entangled in their localized lives in the US, working and living outside of the Caribbean context. This interaction in both spheres pushes against the inside/outside social organization espoused by Barth, calling into question where the boundaries actually lie.

Barbadians express a deep affinity to the home nation, with the older generation in particular finding emotional resonance with the fledgling nation. Many of the interview consultants lived through the event of national Independence, and fondly recall the early days of the young country under the leadership of the first Prime Minister, Errol Barrow. Barbadians evidence a deep sense of national pride. Frequently during our

conversations, Barbadian migrants were quick to assert that regardless of legal citizenship, or which passport they held, they were primarily Barbadian. Much like the Jamaican migrants Bauer and Thompson spoke with in the US who emphatically rejected the notion that they had become American after years of living abroad (2006: 86), these migrants felt strongly that their identities were tied to their Barbadian births.

### **The Nature of These Changes**

The transnationalism and migration literature has recognized that many migrants retain ties to their home countries while still adapting to life in their receiving nations. Migration is not a one-way process of assimilation, but rather an experience which migrants are “simultaneously embedded in the multiple sites and layers of the transnational social fields in which they live” (Levitt and Jaworsky 2007: 130). This cross-regional interaction is more accurately representative of the lives of these individuals. Yet, simultaneously, there is a body of literature that focuses on the concept of acculturation. Acculturation is a widely used term in studies of migrant diet in public health, epidemiology, psychology, and anthropology. While there are productive objectives for using the term to attempt to describe changes in migrant behaviors, it is also used in deeply problematic ways that must be addressed in this context.

In 1936, Redfield, Linton and Herskovits defined acculturation for the Social Science Research Council: “acculturation comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original patterns of either or both groups” (1936: 149). This definition has been recycled, rewritten and reused numerous times in the

intervening years, but has shifted very little in meaning, as can be seen in this 2006 version: “acculturation is broadly described as the process by which individuals adopt the attitudes, values, customs, beliefs, and behaviors of another culture” (Abraido-Lanza et al. 2006: 1342).

Extensive efforts have been made to assess acculturation levels among minority individuals, “primarily self-report in nature, these measures have assessed behaviors as well as attitudes related to acculturation” (Zane and Mak 2003: 39) including: language use, preference and proficiency; social affiliation; daily living habits; cultural traditions and customs; communication styles; perceived prejudice and discrimination; family socialization; cultural knowledge and beliefs; cultural values and cultural identification; pride and acceptance (Zane and Mak 2003: 39-40). In addition to these proxy measures, acculturation is often measured using acculturation scales that are designed to quantify to what extent individuals embrace mainstream customs and values versus their ethnic culture, and the most predominant indexes of acculturation are nativity or generational status, length of residence in the US, and language use (Abraido-Lanza et al. 2006: 1342). However, it is not clear to what extent each measure adequately samples *acculturation*, partly because there is individual variation in each domain, and partly because, as Berry (1980) noted, “the acculturative process and its effects on various aspects of behaviors and attitudes can vary greatly among different people” (Zane and Mak 2003: 40). Problematically, frequent “matter-of-fact reporting of such correlations implies that the acculturation variable is an uncontroversial representation of objective characteristics of the population” (Hunt, Schneider and Comer 1984:974). Additionally, while acculturation is meant to understand the “phenomena which result when groups of

individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups” (Redfield et al. 1936: 149). Directly contradictory to Mintz and Price’s creole society model, this acculturation theory seldom makes any attempt to measure any changes in the receiving groups. At the most basic level, none of these measures or analyses attempt to define what *is* culture.

Central to classic acculturation theory is that “there is a natural process by which diverse ethnic groups come to share a common culture and to gain equal access to the opportunity structure of society” and “this process consists of gradually deserting old cultural and behavioral patterns in favor of new ones;” moreover, “once set in motion, this process moves inevitably and irreversibly toward assimilation” (Zhou 1997: 976). But social mobility of “readily identifiable minority groups, especially blacks, is likely to be confined within racial-caste boundaries” (Zhou 1997: 976), and some argue that classic assimilation perspective has not worked for the post 1960, predominately dark-skinned, poor and unskilled migrants because of ethnic differences (Portes and Zhou 1993, Zhou 1997). Zhou’s segmented assimilation theory recognizes that immigrants are absorbed by different segments of society, which may not always be advantageous for them. It is this differential treatment that appears to be of concern for dark-complexioned Barbadian migrants.

### **Acculturation**

Caribbeans are a significant population in the United States. Nearly 12 percent of the immigrants that entered the US in 2006 were from the Caribbean, and Jamaica is one of

the top ten sending countries in the world (MPI). In 2000 nearly 10 percent of the foreign-born population living in the US, nearly three million people, was from the Caribbean (almost 3 million people) (Gelatt and Dixon 2006). A clearer focus on this population and their adjustment to life in a host country is absent. Little is known about food habits and nutrition outcomes for Caribbeans in the United States. The literature on migration and nutrition focuses primarily on non-English speaking immigrant groups (Abraido-Lanza 2005, 2006, Cantero 1999, Cuellar 1995, Romero-Gwynn 1992), and many of these works utilize the problematic concept of acculturation to explain nutritional change (Lara 2005, Negy 1992, Myers 2003), which rely on measures of length of time spent in the US, and language acquisition (Himmelgreen 2004, 2005). However, a large number of Caribbean peoples, particularly those from Barbados, speak English as a first language. This jeopardizes the relevance of acculturation theories based on language acquisition. The underlying structural and cultural forces that influence change will likely differ in this non-Latino population, thus shedding further light on all acculturation models (see Abraido-Lanza et al. 2006)

There are large differences in food choice and health outcomes across racial/ethnic divides, and approximately 36 million foreign-born people in the United States account for 12 percent of the nation's population in 2009 (US Census Bureau 2010). There is an increasing interest in understanding how environmental and lifestyle changes associated with immigration influence the development of diet-related disease and obesity among Latino subgroups (Himmelgreen et al 2005), and research shows that length of time in the US and greater language acquisition are linked to obesity (Himmelgreen 2004). Yet, the literature predicts health outcomes based on language acquisition, using figures for non-

English speakers and making no allowance for native English speakers. Other immigrant groups are generally not considered. A deeper understanding of migrant nutrition is weakened here by a reliance on a problematic definition of acculturation (see Himmelgreen 2005: 120) and call for reframing questions of acculturation and nutritional change outside of linguistic issues. In addition, cultural values relating to body image and body size ideals influence these changes, yet the contemporary literature does not consider the cultural context of these changes.

When migrants settle in new places, regardless of how long they intend to stay in their new homes, they attempt to re-create familiar foods. Because of this, a fruitful way to study any society is to look at what the “women and men have eaten, how they got it, with whom they ate, who prepared it, and what it meant to them” (Diner 2001: 9). As Brown and Mussell posit:

The acculturation and hybridization processes begin again when new ethnic groups or individuals arrive in the United States and experience the push-pull of cross inclinations about maintaining their traditional foodways. Some try to find and eat foods as similar to those in the old country as possible. Others give in to pressures from within and without the group to change their food habits. Other processes operate as ways of easing adjustment to life in the new country: one provides a continuation of the old lifestyle and makes the break less abrupt; the other process speeds acculturation. (1984: 39)

Dietary acculturation “refers to the process that takes place when individuals of a migrating group adopt eating patterns/food choices in their new environment. It is a multifaceted and dynamic process, in that an individual does not simply accomplish it in a linear fashion” and “immigrants may preserve traditional foods, reject others, put new twists on traditional foods and/or adopt dietary patterns of the host population” (Franzen and Smith 2009: 174). Another possible dietary shift is to become “bipalatal,” meaning individuals eat local foods in public, but their own cuisine at home (Fieldhouse 1996: 2).



Dietary acculturation occurs at the individual level, causing changes in beliefs, attitudes and behaviors, as well as at the group level, where changes in physical, social and biological environments result in new dietary patterns. The context of individual lives and access to foodstuffs is also key to the patterns that emerge.

It is important to note that “food acculturation is a complex process of both change and stability in the diet patterns. Children and their families actively restructure, redefine and renegotiate food related norms, values and behaviors” (Duque-Pàramo 2004: 68). Food habits change most rapidly among the young who are influenced by their peers in school and have little support for old cultural ways (Fieldhouse 1996: 6), but can also serve as an acculturation barometer for a group’s relationship with the majority society. As observed among Jewish populations in the Southern US, lox and grits, potato kugel or chicken skin “cracklins” can be lenses to cultural insight (Ferris 2005). Ultimately, as will be discussed in chapter three, “food is a symbol by which social changes and acculturative processes are represented” (Duque-Pàramo 2004: 1)

### **Acculturation in Anthropological Studies of Migrant Food**

Studies have explored how foodways have changed in the host country (Benari et al. 2007, Chowdhury et al. 2000, Goode, Curtis and Theophano 1984) and others have focused on changes on migrant health (Janes 1990, Massara 1989). Anthropological studies of acculturation have indicated possibly negative health effects, such as a potential link between the length of time that Puerto Rican women have been in the US, and how well they speak English, with increased rates of obesity (Himmelgreen et al. 2005), as well as a relationship between the length of time spent in the US increasing the

rates of artificial drinks, consumption of snack foods, weight gain and obesity (Himmelgreen et al. 2004). Some have found that there is an intermingling of foods and practices, wholly adhering to neither the sending nor the host country (Ray 2004, Goode, Curtis and Theophano 1984). A small subset has also explored the relationships that develop between the migrants and the nearest subsegment of the population, such as other migrants from nearby nations (Duque-Pàramo 2004, Lockwood and Lockwood 2000, Portes and Zhou 1993, Zhou 1997). Cuisine is the site where migrants make shifts in culture, and food is where migrants make changes in their everyday lives as well as attempt to maintain ethnic identities (Ray 2004: 55)

Yet, in some cases, migrants were eager to learn the cooking customs of their host communities, as seen in the National Council of Jewish Women in the mid-twentieth century Georgia, who offered new Jewish immigrants classes in English and “southern cooking,” because “learning to speak English was not enough. Council members understood that acquiring a taste for fried chicken and hot biscuits was an equally important tool of Americanization” (Ferris 2005: 146). As Ferris illustrates, food behavior has been very important in the South and migrant’s attempts to “fit in,” yet Caribbeans do not evidence this same desire to be linked with other southern populations, because of the racial element to their experience.

### **Acculturation in Epidemiology and Public Health**

In contrast to the holistic approach of anthropology, epidemiology and public health are primarily interested in quantitative measures that can be used to label people as acculturated or not, and address potential health issues accordingly. Some studies have

found mixed evidence for the idea that migrants engage in healthier behavior (Abraido-Lanza et al. 2005). Similar studies have argued that the longer migrants are in a host country, the more they take on the health traits of the host country, and start to evidence the same ideas about body and weight (Ball and Kenardy 2002). Others have demonstrated that acculturation relates to health, body mass index and weight gain (Franzen and Smith 2009, Kagan, Harris and Winkelstein 1974, Lee et al. 1994) with increased BMI and decreased nutritional quality among more “acculturated” migrants. Yet, measurements of food intake among Korean American men found that foods consumed did not relate to acculturation (Lee et al. 1999) or limited change in the migrant diet (Benari et al. 2007). Essentially, an uncritical definition of acculturation and weak methodologies may contribute to the conflicting information emerging from public health and epidemiology’s examinations of acculturation.

### **Creolization**

Fundamental problems with the theoretical and methodological use of the concept of acculturation weaken both quantitative, and qualitative studies of acculturation across disciplines. Of primary importance is what mainstream culture *is*, who and what are meant by our uncritical classification of ethnic identities, and the key issue of contextual factors at play in both sending and receiving locales. In social science research, little attempt is made to grapple with the thorny topic of acculturation, which results in shying away from concrete conclusions that would be helpful in informing health interventions.

Suggestions from Berry, Portes and Zhou admirably tackle the issues central to the ways that acculturation theory is conceptualized and utilized. However, our search

for a “better understanding of how individual balance different dimensions of culture into their everyday lives” (Cabassa 2003: 141), is better addressed by a “creolization” model.

Echoing themes from Mintz and Price’s creole society model (1976), Duque-Pàramo explains that

in the process of creolization immigrants blend culture, values, and attitudes brought from home and shifting them in the context of the new hierarchies, cultural and social institutions they confront in the US. Thus, acculturation does not mean full assimilation, but rather a blend of meanings, perceptions and social patterns where a new colure, different from both home and host society emerges. (2004: 231)

Foner argues that acculturation is an overly simplified way to try to understand the complex processes that result when migrants combine habits with those from the host country, and the Caribbean notion of creolization is more accurate descriptor of the shifts and negotiations that occur (Foner 1997).

The immigrant “creolization model” argues that we are just beginning to understand the complex ways that migrants construct their lives here. During the acculturation process, ethnic networks, immigrant communities and transnational ties to the sending countries help to keep traditions alive, yet former beliefs and social institutions may change in form and function, but “such change does not mean full cultural assimilation, but rather a blend of meanings, perceptions and social patterns where a new culture, different from both home and host society, emerges” (Duque-Pàramo 2004: 24). Drawing on her work with Jamaican immigrants, Foner describes these changes as the creolization process; “like *creolization* in Caribbean societies, immigrants blend, in complex processes, cultures, values and attitudes brought from home and shifting them in the context of the new hierarchies, cultural conceptions, and

social institution they confront in the US” (Duque-Pàramo 2004: 24). However, the change that immigrants experience should not be understood as “acculturation” as the notion is “too simplistic to analyze immigrant change in a complex society like the United States where there is no undifferentiated monolithic ‘American’ culture” (Foner 1997: 966). Ultimately, migrant creolization results in “a blending or additive process” (Foner 1997: 966) similar to creolization as it has been used to describe the social systems that developed in West Indian societies. Echoing Mintz and Price’s original work, Foner describes creole as “neither African nor English, the locally developed system of social relations and cultural forms was something completely new—creole—that was created in the context of specific West Indian economic, social, and political circumstances” (1997: 967). She suggests that we look at the similar blend of meanings, perceptions and social patterns that have emerged differently among each migrant group, and how they reflect its specific cultural social and demographic characteristics.

Lockwood and Lockwood similarly argue that the meaning of the term “acculturation” should be reserved for the simple meaning of one subordinate group adopting the culture traits of a dominant group, and while some “cultural exchange happens between nation groups, each can be seen to constitute a separate but parallel process of creolization” (Lockwood and Lockwood 2000: 543). They concur that “a model of ethnic change based on parallel processes of creolization is much more in line with a view of America as a multicultural society, just as the acculturation model was more appropriate for the image of America as a melting pot, or predating that, as an Anglo-conforming society” (Lockwood and Lockwood 2000: 543). The concept of

acculturation is useful in a more limited sense, when used to describe specific sets of circumstances or behaviors.

### **Resisting Assimilation**

The literature on transnationalism indicates two paths. While the labor market in the US has historically welcomed highly-skilled, fluent English speakers, it has been less hospitable to those of lesser education or poor language skills (Guarnizo 2003, Itzihsohn and Saucedo 2002, Levitt 2007). Scholars argue that these less welcomed migrants are often pushed into transnationalism because they cannot gain a secure space in the US. In contrast, others that have more human and cultural capital to take advantage of greater opportunities will voluntarily adopt transnational livelihood strategies, as Barbadians in the US have done. Thus two very different groups can ultimately be utilizing the same tactic.

In their adjustments to life in America, Barbadians have historically made substantial efforts to distinguish themselves from Black American communities (Hintzen 2001, Waters 1994). Many West Indians encounter discrimination in the US because of their skin color and foreign origin, yet many report holding onto their immigrant identities in order to distinguish themselves from American-born blacks (Kent 2007). Caribbeans have long resisted assimilation to what they have viewed as a historically impoverished and lower class group. Emphasizing differences in speech patterns, the value of education and “respectable” behavior (Sutton 1987), Caribbean peoples have only selectively chosen to identify with middle class African-American communities when it was politically or economically advantageous (Hintzen 2001). In this

community, attempts to maintain a distinction are largely related to upward mobility and to avoid the experience of racism. Barbadian migrants have long differentiated themselves, and food is a useful means by which they are able to mark a separate Caribbean identity.

American culture tends to emphasize race over culture in its classification systems, which is a foreign concept to Barbadian migrants. Barbadians come to the US from a predominately black nation, where, at least in the post-slavery, post-colonial context, value is placed on other class markers, such as education, occupation and family history. Many struggle with this new context in which they are automatically associated with what they perceive to be a lower class of citizen, based simply on skin color.

Despite the delicately graduated color systems of the Caribbean, many West Indians find themselves labeled “Black” by American society. In this we see confirmation for Barth’s claim that “ethnic distinctions do not depend on an absence of social interaction and acceptance, but are quite to the contrary often the very foundation on which embracing social systems are built” (Barth 1969: 10), which is the very key to understanding ethnicity in the Caribbean context. It is the interaction between groups in the region and outsiders that forms the distinctions. Contemporary US culture imposes racial boundaries to separate white and black—but this classification runs contrary to the self-perceptions of Barbadian migrants. Rather than seeing compatriots among the African-American population as a whole, they are more attuned to the class, education and cultural differences that shape their own community. As such, they make concerted effort to distinguish themselves from other black American populations, through the use of various markers, such as language, dress, music and food. Thus, they constantly

implement and renegotiate their own sets of boundaries and borders within the context of those imposed by the greater American society. This is particularly relevant in the complex racial politics of the American South.

### **The American South**

According to the US Census Bureau, the Southern United States, also referred to as the American South, is comprised of sixteen states. These include Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. However, the “Deep South” of much popular imagining is comprised of fewer states, including only Alabama, Georgia, Louisiana, Mississippi and South Carolina.

The South has a long and complex racial history relating to forced migrations of peoples from Africa, plantation slavery, and deep inequality after the Civil War. The early 20<sup>th</sup> century saw African Americans leaving the South in large numbers, as part of the “Great Migration” to Northern cities, both for increased labor opportunities and to leave behind the oppressive racial climate (Frey 2005: 87). In the 1960s, only 13 percent of the remaining African American population could be considered middle-class (Landry 2011). However, the political and racial climate began to shift with the Civil Rights Act of 1964, which began to remove legal barriers to desegregation. In turn, upward mobility increased and Blacks entered “white” colleges in increasing numbers (Landry 2011: 390).

Black out-migration from the region outpaced in-migration as late as 1965-1970 (Frey 2005: 87), when improved employment prospects began to draw people back. Since then, the South has been a “regional magnet” for African Americans, especially



those with higher levels of education. Affirmative action laws have increased equal access to white collar employment, leading to improved “life chances of college-educated blacks” (Landry 2011: 390).

By the 1990s, Georgia had far surpassed all other states in the region in the net gain of Black migrants. Most were of higher education levels, having at least some college and many with advanced degrees. This influx “raised the overall educational attainment level of Southern Blacks” (Frey 2005: 99). Along with other “New South” states of North Carolina, Florida, Maryland, Virginia and Tennessee, Georgia was a location for “high-tech development, knowledge-based industries, recreation, and new urban and suburban communities” (Frey 2005: 92). Thus the South took on a different character for a new generation. It was dissimilar from the region that their counterparts vacated in large numbers thirty years before. It became attractive in part because of the critical mass of black professionals.

Between 1995 and 2000, Atlanta was the largest magnet for Black migrants, receiving triple the number of the next largest receiving city, Dallas. It became a “premier destination for black migrants from across the nation” (Frey 2005: 96) and outside the country. It was this context into which many Barbadians already living in the US elected to migrate.

### **US Migrations**

The number of Black migrants to the US has increased dramatically over the course of the 20<sup>th</sup> century. West Indians have long been a significant presence in the US—the population of Harlem of the 1920s was estimated to be one-fourth Caribbean.

The 1970s saw renewed immigration of Caribbean blacks because of new legal channels opening to them, and increased ease of communication and air travel. The foreign-born black population more than tripled between 1980 and 2005, and by 2005 the US hosted 2,815,000 foreign-born blacks (Kent 2007). Barbados is the sixth leading country of origination for Caribbean and Latin American-born blacks in the US, with approximately 48-49,000 Barbadians here in 2005 (Kent 2007, MPI 2011). However, this figure does not take into account their children or grandchildren who may still self-identify as Barbadian, even if they were born in the US.

Black immigrants have more education and higher incomes than most foreign-born groups in the US, as well as US born African-Americans. The vast majority of the recent immigrants from Haiti and the English-speaking Caribbean came to the US because they had family here (Kent 2007). Migrants of middle and professional classes have unique migration experiences, as they generally have sufficient social and cultural capital to allow them to selectively assimilate elements of both from where they have come and where they settle (Levitt 2007, Pluss 2005, Raj 2003). However, this economic differential does not generally affect their experience confronting entirely different racial hierarchies than those in place in their homelands. Often, they may find that these criteria limit their socioeconomic success, and the mobility trajectories of the home and host countries are out of sync. They must attempt to make sense of two, often-conflicting systems, and locate themselves in the social measurements that reflect the different places where they live (Levitt and Glick Schiller 2004, Raj 2003).

The migration experience is often different for women and men, with women receiving different messages in the public and private spheres, from the homeland and the

receiving country (DeBiaggi 2002, Pessar and Mahler 2003, Salih 2003). Somehow, they must reconcile these conflicting viewpoints.

### **Caribbeans in the South**

Georgia is home to a large migrant population, with 920,381 foreign-born people in the state as of 2009—a figure that increased nearly 60 percent between 2000 and 2009 (MPI 2011). The state is ranked ninth in the nation for the total number of foreign-born in the population (MPI 2011). As of 2009, nearly 10 percent of the state's population was foreign-born, with most of those migrants coming from Asia or West Africa. Yet, over 54 percent of the foreign-born population is from Latin America and the Caribbean, 9 percent from the Caribbean alone (MPI 2011). Atlanta is the nation's fifth largest population center for foreign-born blacks (Kent 2007), and over 16 percent of the migrants coming to Georgia in 2009 were black migrants (MPI 2011). Like many of the Barbadians interviewed for this project, 54 percent of the migrant population in Georgia moved here as secondary migrants from another state (MPI 2011). Based on census figures from 2006-2008, Georgia is home to 63,000 Caribbean born migrants, 43 percent of whom live in DeKalb County. 86 percent of the state's Caribbean population is in the Atlanta metropolitan area (ARC 3).

### **Migrants in Atlanta**

Frequently during the course of this project, migrants described the ways that their lives in the South differ from their previous experiences, or experiences of their friends and family members who live in other areas of the US. Many of these women

first lived in New York before migrating to Atlanta, and all have found the locales to be very different in character and the resultant lifestyles. The metro Atlanta area is made up of approximately 10 different counties and 47 neighborhood jurisdictions, with an overall population of just over five million.

According to the 2000 census, nearly 40 percent of Atlanta metropolitan area's working age population was a foreign-born migrant, or a migrant from a different area of the US. There has been tremendous growth in migrant sectors of the population, most notably among Asians and Hispanics, but the area's black population increased by 62 percent between 1990 and 2000 (Adelman et al 2006: 270). Over 20,000 foreign-born individuals in the metro Atlanta area come from English-speaking Caribbean islands (ARC 2). In DeKalb county, one of two major counties that make up the city proper, more than 10 percent of the foreign-born population is from the English-speaking Caribbean. This is the largest population of English-speaking Caribbeans, with over 10,000 individuals. Adjacent Cobb County hosts the second largest population of nearly 3,000, although nearby Fulton and Gwinnett Counties are not far behind this number (ARC 3). The Atlanta Regional Commission estimates that as of 2000 there were 740 Barbadians living in the Atlanta region, with almost 300 in DeKalb County (ARC 4).

Atlanta is the home to many large corporations, such as Coca-Cola, CNN, Delta Airlines and the United Parcel Service, as well as government agencies such as the Centers for Disease Control, and the southeastern regional office of the Federal Emergency Management Agency. Opportunities for work at locations such as these are a draw for migrants from outside the country as well as other American cities.

Atlanta is racially diverse, with the 2010 census showing the Black or African-American population at 54 percent, the non-Hispanic White population at 38.4 percent, Asian population at 3.1 percent, Hispanic or Latino as 5.3 percent and some other or mixed race population over 4 percent. Yet, despite this diversity, Sjoquist refers to the metro Atlanta area as a “paradox,” because while it is said to be a “black mecca,” it actually has a “highly racially segregated population” with many racial and class fault lines (2000: 2). Groups other than those in the simple black and white dichotomy now influence this situation, with many migrants from outside the region entering into the equation. Regardless of the perceptions of Atlanta as being a good place to find employment, there are indeed raced implications in the job market, as evidenced by a study of occupational niches in the city. Adelman and colleagues find that whites are disproportionately represented in management and professional occupations, while the top occupational category for blacks is office and administrative support and service occupations (2006: 280). As he argues, “racial privilege... continues to dominate the South even with large-scale migration into the area” (2006: 286).

### **Migration Narratives**

For the Barbadian population in Atlanta, the south was generally a second destination. The vast majority of this study population migrated somewhere else in the United States before deciding to come to Georgia. Many first settled in New York, often spending decades in the city before moving to Atlanta. Others first lived in another nation, such as Canada or England, before moving to the US. Of this group, only two women left Barbados as children, both of them to be reunited with their mothers after

spending several years with maternal grandmothers or aunts on the island. Deborah explained that her mother gave birth to her as a teenager, then her grandmother raised her during her early childhood. At nine years of age she went to her mother in Canada, but her mother soon returned her to Barbados. However, two years later the Canadian government advised the mother that she could not achieve Canadian citizenship if she had a child living separately overseas, so Deborah was returned to her mother in Canada, where she remained. A second young girl remained with her aunt in Barbados while her mother migrated to New York. Once her mother was settled, she sent for the young girl, who then grew up in New York.

These two examples aside, most came to the US as young women hoping to find viable employment in order to be more financially secure and successful than they were in Barbados. As one woman explained, she came to the US because “we thought, hey, coming to America is such fun. You gonna come and... you’ll make it off the island.” She explained that many young migrant women believed that maybe she could be rich and “provide for your family.”

They were in their twenties, some married and some single, a few with children who stayed in Barbados until they were settled, while others had children when they arrived in the States. Typical to many of their stories, one woman explained the need to leave her children in Barbados when she came to the US saying, “you have to come and make do, and then provide for you, and then provide for them.” Like many others, she lived here for several years before sending for her sons.

The desire to move to the United States did not always translate into an easy time actually doing so. One woman, Abigail, described the complicated series of events that

led to her move to New York. She explained that in her early twenties, she worked for a company that closed for four weeks every year, and that she and her friends would use that time to travel. Often they explored the other English-speaking Caribbean nations, as her twenty-fifth birthday grew near, they elected to go to the US instead. They anticipated shopping for clothes and exploring the New York that they had always heard about. However, they had difficulties obtaining visas, because they did not have sufficient funds in their bank accounts to satisfy the US Embassy, nor could they produce names and addresses of friends or family in the US who would be expecting them. They were creative in their solutions to these problems. They found one friend with family in the US who was willing to vouch for them, and selected other addresses from New York phone books. When bank statements were requested, they would all deposit their savings into one person's account long enough for a bank statement to reflect this higher balance, then withdraw the money and use it to pad the account of another friend. Using this strategy in turn, they were all able to evidence sufficient funds to satisfy the visa requirements, and were granted permission to enter the US.

Abigail described their entry into New York with amusement, explaining that they went at Christmas time, and as their plane landed they “were so excited, it was so pretty! It was Christmas time. We saw all these beautiful lights—it was oh-so-pretty! And the next morning when we woke up, we were crying. It looked gray, and dowdy, and ugly! New York is very dirty! This is not what we saw last night!” They adjusted to New York realities and spent a month in the city, after which time she returned to Barbados, and her friend stayed on. For the next four years, she traveled back and forth, taking requests from friends and family on the island, shopping in New York, and returning to

Barbados with the clothing and goods they had asked for. During this time, she met a man working for American Airlines, and they married. At 28 years old, she moved to the city with him.

This move was “a culture shock!” for her. Abigail explained that in Barbados, if you know the “right” people, you can “live the good life” and get along regardless of employment troubles. But in the US, she felt that people did not “care who you were you were a nobody, you had to fend for yourself.” She had trouble finding employment, finding that employers only wanted to hire people who had US work experience, so eventually she “had to go to interviews and talk as if I did work there. And I only got that break because I had a Barbadian as an interviewer.” Another shock involved “the changing of the weather. You get cold, you get fall, all that psychological change...” which was a new and unusual experience for those accustomed to the nearly season-less weather of the Caribbean region.

For many Barbadian women, New York was a simple choice of a place to which to migrate. There was a large Caribbean population there for much of the twentieth century, and many had friends and family already in the city. Few other options were generally explored, although one woman did describe first accepting a sponsorship to work for a kind family in Ohio, caring for their children. She recalls her short time there in 1978, “I lived there for six to seven months and I cried and I went back home. After that I went back to New York. Ohio—that was like, dead! That’s why I cried. I felt so bad that I could not fulfill my obligations to the people. They did so much for me... but I just did not like the place. It was like a hundred miles... just to get to a Wal-Mart.”



Yet, Atlanta became an attractive option for those who wearied of the hustle and bustle of the big city. One woman described a friend in Atlanta, who said “come and visit, you’re gonna like it here!” After visiting, she determined that she liked it, and waited for her youngest son to graduate from college, then immediately came to Atlanta. She was disappointed to note that “none of my kids wanted to leave... they’re still there” in NY. Another described moving to Atlanta in 1986, explaining that “at that time everybody was thinking about Atlanta as the next paradise.” At that point, “everybody was frequenting Atlanta because Atlanta was booming progress, it was a black mecca.” Several made the transition in a few steps, moving to the US, retreating to Barbados, then coming back again to stay. Others moved around the country first, trying out jobs and lifestyles in places like the Midwest, California or Washington DC. Only one participant described moving directly from Barbados to Atlanta, and she immediately acknowledged that this sequence of events was highly unusual for Barbadian migrants.

Atlanta had a popular reputation for several years. In 1989, one Barbadian woman, Beverly, meant to move to the Northeast, and explains that she “was this close to going to New York” when leaving Barbados. However, her mother was in Long Island, and she thought that was too far from the city for practical purposes. She agreed to rent a room from a friend of a friend in Brooklyn, and never considered other options. However, in May of 1989 she came to visit Atlanta, because “I read it was the Black Mecca, and... we just picked Atlanta and we came. Spring is Atlanta’s time of the year. I said ‘this is it!’” Once she determined that Atlanta was a possible destination, the details of her migration “came together really fast” and she was convinced that “this was it.” She believes that her experience is not typical compared to other Barbadians in Atlanta.

As she said, “the only reason I’m kind of different is because I worked for the airline-going to different places. Most people have people in New York, so everybody go to New York, or go to Florida, then migrate to Atlanta after they’ve lived there for a minute. I think I’m the only person I know that came straight here.” Based on the numerous interviews conducted with Barbadians from across the metro Atlanta area for this research, she does seem to be the only Barbadian migrant that came directly to Atlanta from Barbados.

### **Conclusions**

In no small measure, anthropology has been puzzled by the Caribbean, and for the first half of the twentieth century, struggled to understand it in the context of the existing literature. Modern and western before the “west,” stratified and multi-ethnic, globalized before such a thing was imagined, the Caribbean was neither western civilization nor a “pre-contact” society. The region has continued to shift and change as the decades have passed, and it is difficult to determine whether or not the older paradigms will continue to be relevant in the twenty-first century. These interviews indicate that the concept of creole continues to be useful, and they allow us to refine the notion in the face of more rapid and frequent global contact. However a solid understanding of the history of the region and debates in the discipline is crucial for understanding the future of Caribbean anthropology. As Trouillot has warned: “history is never just about the past; that is, the historical process never stops” (1992: 31). The history and anthropology of the Caribbean is also key to understanding the movement of its people within and outside the region.

As Appadurai has argued, “anthropologists have incarcerated natives ecologically and intellectually in places, outside the Western metropolises, where their culture is regarded as closely adapted to their particular environment” (ibid: 7) creating asymmetrical us/them relationships. Traditionally, anthropologists have tended to ignore that even the most exotic/remote people do not exist in isolation, because the world is global space, characterized by hierarchical relations and power constellations extending from metropolises (Gupta and Ferguson 1992: 7). Change, rather than structure, is the condition of culture (Olwig and Hastrup 1997), and utilizing a sedentary concept of culture is “of little help in explaining Caribbean life and traveling creole cultures” (ibid: 305). This is particularly the case with Barbadian migrants coming to Atlanta, Georgia. Like the people in the earliest days of the colonial experience in the Caribbean, contemporary migrants are also in a constant state of negotiating their behaviors and identities, as they, and others, perceive them. It is the repeated points of contact that allow the negotiation of borders such as these. Just as Mintz and Price (1976) describe how cultures became creole in the Caribbean context, the same descriptors are applicable to contemporary Caribbean migrants. They argue that Creoles were people who moved beyond the cultural and conceptual confines of their migrant parents, and became, for better or for worse, hemispheric Americans of a new sort” (Mintz 1996: 302). In this same way, Barbadians in the US become a new type of Barbadian, one that is equally at home on the island as they are on the freeways of metro Atlanta.

While geographically defined places may not constitute the most relevant frameworks of life in the modern world, this does not mean study of them is obsolete, rather,

the construction of places is an urgent task for anthropologists to investigate which allows for the study of the close, and mutually constitutive relationships between local and global spheres of life. It is in this interplay between diffuse fields of relations in space and the cultural sites which ground these relations in communities of local life in place that anthropologists can study the making and remaking of the Caribbean. (Olwig 1999: 461, Sutton 1992)

Notions of the transnational and flexible citizen reshape the boundaries of nation. The challenge lies in maintaining a balance in understanding the boundaries—social, political or otherwise—that define the nation and home to flexible/transnational/national citizens. It is this narrow line that this dissertation addresses—the boundaries between “home” and “current place” or the ways that Barbadians negotiate the limited space, and work to maintain a distinctly Caribbean, and Barbadian, self in the distinctly non-Caribbean US South, through the tangible medium of food and the ways that activity and perceptions of the body change, or remain the same.

### ***Chapter Three: Feeding the Body: Food and Identity***

Food and cooking in Barbados in the 1930s and 1940s had a ritualistic order of cultural significance. It originated in the days of economizing and slavery—two powerful factors in any consideration of Barbadian culture and folklore. Food rituals were based on the cultural intricacies of the availability of foodstuffs. The dynamics of social status and the strong effect it had on our lives, the communal nature of our villages, and the routine and schedule of harvesting the land and of the neighbourhood butcher determined what ingreaselements [sic] and ground provisions were available to everyone... (Clarke 1999: 24)

#### **“Traditional” and “Authentic” Barbadian Cooking**

Food has long been a central component to a self-perceived Barbadian identity, as indicated in Clarke’s “culinary memoir” of his childhood in Barbados (1999). Building on these understandings of shared “traditional” foods, this chapter examines food choice in the home country as well as among migrants in Atlanta to determine if food choices in the diaspora reflect those on the island (indicating a resistance to “acculturating” to an “American” diet), or if they differ, indicating acculturation to other practices in the US.

On a 2004 dinner cruise in Barbados a floor show announcer made an effort to get volunteers to come to the stage to attempt the limbo. He called for an English woman, an American woman, a Jamaican woman, and received one of each. However, when he called for a Barbadian woman, a Bajan woman, he was a bit more specific in his request. He asked for a “real” Bajan woman, not a “fast-food burger and fries Bajan woman,” but a “flying fish and coucou kind of Bajan woman.” A “pudding and souse on Saturdays” kind of “real Bajan woman.” He finally selected a woman that he felt met his criteria, and the contest proceeded. This distinction is intriguing. Food is a topic close to people’s

hearts in Barbados, but at this point it also seemed to be a marker to be used to define true Barbadian identity.

The topic of “authentic” or “traditional” foods is a complicated one. How does one define tradition in a society that was created from English sailors, colonists and African slaves in the 17<sup>th</sup> century? In over three centuries of colonial settlement, a sugar based export economy, and the past four decades that the island has been an independent nation, a very distinctive pattern of foodways has developed. One needs only to ask any Barbadian what traditional foods are to receive a very definite reply, and to ask the same question among immigrants in Atlanta results in similar responses: Flying fish and coucou, rice and peas, stewed chicken, pudding and souse, pelau, fishcakes. Yet, as Wilk argues, these “local” and “authentic” foods are as much a creation of modernity as survivors from before it.” “Tradition is crafted”, “modernity is manufactured,” and this authenticity is not a naturally occurring category, but rather, an invented one (Wilk 2006: 155).

Popular, “traditional” foods in Barbados are the product of colonialism and the plantation society. The triangular trade shaped the diet in Barbados, and ingredients have always been largely imported to the island; the salted codfish from Canada and the North American colonies, the breadfruit tree from Polynesia, and rice from India. For much of the island’s plantation history, slaves had access only to the least desirable cuts of meat, such as the pigs’ feet and tails. These imported and disregarded foods developed into slave foods, or what Barbadian author Austin Clarke refers to as “privilege” (Clarke 1999: 67) because these foods of the poor eventually became local delicacies and representative of Barbadian identity. Particularly in the Caribbean,

consumption [is] informed and in some cases, organized in close affinity to global transactions. Not only the goods but even the identities are part of the relevant social context. The articulation invariably combines local strategies of appropriation and global products and images. The result is a local orchestration of global dependency. (Friedman 1995: 17)

These consumption patterns have both shifted and remained static in their translation to the migrant experience. When Barbadians move to the US, they have made efforts to maintain their childhood food practices, within the confines of the new local environment. Seeking out traditional ingredients to cook tastes of home became a regular practice. Simultaneously, they explored new tastes and ways of cooking because of the new products and influences of the host society. As these examples demonstrate, many combined both practices as they forged their new foodways.

This chapter explores the history of Barbadian cooking and the cuisine as these women recall it, then examines how these dietary practices have changed upon migration. As many will describe, Barbadian cooking became a way to self-identify as Caribbean, particularly in situations where they feel a particular need to differentiate themselves from other darker-skinned people. Finally, the chapter examines the difference between women's perceptions, reported experiences, and actual consumption reflected in their food diaries to illuminate the differences between emic and etic perceptions of diet and food.

### **The Story of Barbadian Food—"When We Were Kids"**

Women in Barbados and Atlanta readily reminisce about the foods of their childhoods. The dishes and ingredients they talk about are common to most of them, with little variability across the stories. Much as Barbadian author Austin Clarke

described above, diet was based on the limited number of foods that could be grown on the island, or were regularly imported. When asking them to discuss the foods they ate growing up, all mention the same dishes.

People ate staple starches such as rice, cornmeal coucou, and ground provisions, accompanied by canned meats or fish, dried salted codfish, and fresh fish. Most people had gardens, growing a range of crops such as lettuce, carrots, beets, broccoli, sweet and hot peppers, tomatoes and herbs such as thyme, basil, oregano and chives, or eschalot, as Barbadians refer to them. Many had fruit trees and vines, and most people had an abundance of mangos, papayas, golden apples, Bajan cherries, cashew fruits and ackees available to them. What one person did not grow, a neighbor would. Food was often gifted back and forth between those in the neighborhood and family in other areas.

Fresh meat was available, but levels of consumption depended on the financial security of the family. Beef, pork and lamb/mutton were eaten in sparing portions, relying on the local butcher or a neighbor to slaughter an animal regularly to supplement their diets. Refrigeration was not widespread and common until well into the 1960s. For the most part, “people couldn’t afford meat everyday.” Those women whose parents were store owners or butchers ate meat more regularly than the rest. As one butcher’s daughter recalled, between the meat her father butchered and the rabbits her brother raised, “we were well fed!” However, often families would raise Barbadian black-bellied sheep, and most households had at least a few “yard fowl” (chickens that would range freely around and under the home, and eventually be killed for Sunday dinner). One woman recalled that her family’s yard fowl even included “turkeys and ducks in the yard.” Many believe that a lot of the meat they grew up with was “tastier” because it was



killed that morning and never refrigerated. Possibly, the quality of the meat was also due to the varied diets of the animals.

Fish was central to the Barbadian diet, appearing on tables several times per week. Peoples diets depended on what was available from the local fishermen, but included items such as the local flying fish, red snapper, shark, “dolphin” (known as mahi mahi to the American consumer), or a variety of small, unnamed “pot fish” caught near to shore and sold inexpensively. Those who lived near to the shores would “go to the wharf, and buy whatever the fishermen brought in.” When in season, flying fish were especially plentiful, driving down the price charged by men and women who would haul the catch to the villages further from the fish markets. They would walk through the neighborhoods yelling the price, and as one woman recalled it was often “twenty fish for a dollar or something stupid like that! My mother would come and wake me up so I could help clean fish. I hated it!” When the price was particularly low, families would all pitch in to clean and bone the fish, then apply salt to some to save it for a few days, and fry up large batches of the rest. These fried fish would be eaten that night, and for several meals the next day. Fresh fish was prepared by squeezing fresh lime juice over it, and allowing it to rest for a short period to remove the “raw” flavor. It was then smeared with Bajan seasoning before cooking in any fashion.

Diets also relied heavily on salted, dried codfish—a dietary staple dating back to the days of plantation slavery. The dried fish was soaked in repeated washings of water to leach out much of the salt, then shredded by hand to achieve long strands of flesh. This was sometimes sautéed with tomatoes, onions, and seasonings to create “frizzled saltfish”, or incorporated into dishes such as fishcakes; small, round, fried, flour-based

fritters enhanced by diced saltfish and specks of Scotch Bonnet pepper. Most of these food practices continue today.

Barbadian women in this survey explain that as children they commonly ate rice and peas, more frequently than they would have liked. There was generally some sort of legumes added to the rice, such as the native pigeon peas or lentils. Others relied on black-eyed peas because they were more easily found. Rice and peas was a favored item for some, and when their mothers “cooked the rice and peas, we all wanted the bottom of the pot, because it seemed like all the good stuff was down there.” They would often compete with siblings to get the favored portion: “all the goodness went to the bottom, everything, all the tastiness, went down to the bottom of the pot. That ‘bunbun’ tasted different!”

Rice and peas is prepared by cooking the legumes until they reach a correct stage of doneness before adding the rice to the pot to cook alongside the peas. Sensing this mysterious correct time is a matter of instinct and pride among cooks, who are unable to pin down an amount of time in description. The simmering pot is enhanced with the addition of a variety of spices according to each cook’s preference, but all will include a few sprigs of thyme, still on the stem. As the herb cooks, the leaves of the herb will fall into the food, and the stems will be removed later—either by the cook, or commonly by the consumer. A salted pigtail is a common addition, and people tell of the battles that children in the family would fight over who would get to eat that salty delicacy. As Clarke explains, “my mother, like most Wessindian women, always say that you have to season the water you cook rice in with a piece o’ salt meat. “To put little goodness in the water, boy!” (1999: 84).

Soup is another commonly recalled item, as one woman was careful to distinguish, “real soup with potatoes, eddoes [small root vegetables], peas and dumplings. So it was real soup.” “Proper Bajan soup,” as many describe it, is a hearty, multi-ingredient pot of many foods, cooked together over a long period of time. Starting with a base of a legume such as peas or lentils, cooks would add in meat for flavor and substance. Necks of lamb and beef were common choices, but salted pigtailed were a favorite because of the added salty, umami flavor they brought to the thick broth. To this simmering pot, a variety of root vegetables, or “ground foods” were gradually added in an order that would allow them all to be similarly cooked at the same finish time. The soup might include “everything [that] came from the ground; [and] green bananas, that kind of thing.” A combination of eddoes, sweet potatoes, yams, cassava, and white “English” potatoes would be incorporated, along with other available tree crops that are often lumped with the root vegetables, such as the abovementioned green bananas, and breadfruit. Many consider soup to be incomplete without the inclusion of dumplings; firm, dense, flour-based dumplings approximately the size and shape of elongated chicken eggs. In some families, soup was served on Mondays, because that was the washday, so the mother needed a low-maintenance, one-pot meal that could cook as she scrubbed the linens by hand. Other women recalled eating soup midweek as a change from the common meal of coucou or ground provisions with gravy.

Many of these same root crops and starchy tree fruits would be boiled together as “ground provisions” and topped with “gravy.” Barbadians tend to have their own particular recipes for gravy, but it is most often made from a combination of tomatoes, onions, celery, sweet bell peppers, herbs, and flavorings such as ketchup, bouillon cubes,

and “browning” agent. Some sort of animal protein is generally included in the gravy, such as salted codfish, canned mackerel, or steamed flying fish when in season and affordable. Many a meal was based on ground foods, and these meals were considered to be very filling and energy-inducing.

Stews are another common dish. Chunks of chicken, beef, lamb or mutton are seasoned, browned, and cooked slowly in a small amount of water. This cooking liquid forms a gravy to cradle the meat. Because meat is considered to be “sweeter” when it is “closer to the bone,” it is generally cooked that way. Boneless filets are uncommon. For stew, sections of meat and bone are cut into pieces one to two inches long before being seasoned with the ubiquitous “seasoning.”

This seasoning appears in numerous Barbadian dishes, and its unique and recognizable taste is the most common flavor profile on the island. A paste is made of chives (eschalots), onion, the extremely hot local Scotch Bonnet pepper, salt, thyme, marjoram, garlic, lime juice and powdered clove. This mixture is smeared onto meat and allowed to sit for a short time to marinate before cooking.

The finished stew is served over coucou or rice. Stewed chicken, beef stew and lamb stew are browned then cooked slowly in a small amount of water to achieve a gravy to suspend the meat. Stewed chicken, beef stew and lamb stew are often a common weekday meal, but sometimes appear alongside other dishes on the Sunday dinner table.

A dish commonly eaten during the week was coucou, most frequently made from cornmeal and okra. The cornmeal is cooked in water with frequent stirring, and the belated addition of boiled okra. The final product resembles Italian polenta, but flavored and changed in texture by the gelatinous okra. Coucou can also be made of breadfruit or

“it could be green banana coucou, it varied by what was available at the time.” Cooked in water, and mashed and stirred until smooth, these starchy based vegetable coucous are staple dishes for many Barbadian meals. Coucou is never served solo, but is always topped with a flavorful gravy or stew containing meat or fish.

Many reminisced about buying pudding and souse, “the primary cultural food on Saturday” (Clarke 1999: 270). Black pudding is made from the “entrails of the freshly killed pig, which are stuffed with seasoned, grated sweet potato and boiled slowly over a low heat. Souse is made from parts of the pig such as the trotters, the ears, the snout and some fat portions of the loin, which are seasoned, left to ‘draw’ and served cold” (Clarke 1999: 270). A labor-intensive and time-consuming dish to prepare, many Barbadians prefer to purchase the delicacy rather than cook it themselves. However, it was important that this food be purchased from a local woman of high social standing. Clarke describes the crucial nature of her status in regards to her cooking of this delicacy. “From childhood you was taught to-don’t eat black pudding and souse from any-and-everybody who makes it, you hear? Some people don’t clean the belly and the pig feets clean-clean, yuh!” (Clarke 1999: 148). Because the pudding was traditionally stuffed into the coils of the pig intestine, there was particular concern that the pieces of pork be cleaned very well. He explains:

If she didn’t have a good reputation throughout the whole neighbourhood, and if she wasn’t a woman that pass muster, cleanliness-wise and decency-wise, she could sit for days and days on end offering people black pudding and souse free, and not one soul would take even a half-inch o’ pudding or one little piece o’ souse from her tray. But the fact that this women sitting down there, beside the door of the shop, where all the neighbours buy their groceries, in full daylight, in all her starched white and hair-greased majesty, mean that she is somebody important, somebody accepted, somebody clean in the neighbourhood. Her place is secure and sanctified. (Clarke 1999: 152)

Despite being regarded as less prestigious food made from poor ingredients by many Barbadians for several decades following independence, the dish is making a come-back. Women who cook pudding and souse in their homes are being sought out by greater numbers of people, and several casual restaurants have opened primarily to serve this dish on Saturdays. One such locale is known for the high level government officials and wealthy business people who frequent the place on Saturdays, and fill the dirt parking lot of the small wooden structure with their expensive cars. However, this dish has shifted in form. While the pudding was traditionally into well-cleaned pig intestines, it is now often spread into a large baking dish and steamed. It is then sliced and served in large squares, or scooped out by the spoonful.

Some younger women describe macaroni pie being on the family table regularly, but many others argue that this now ubiquitous dish is actually fairly new to the Barbadian dietary canon. As one explained “somewhere along the line they added in the macaroni and cheese... don’t know where they got that. It’s not traditional in my memory... [and] probably came about sometime in the 70s or 80s when it was introduced. Macaroni and cheese is more American, so somebody had to introduce it.” Barbadian scholar Constance Sutton echoes this sentiment, arguing that macaroni pie was not common in Barbados when her fieldwork began in the 1950s (personal communication). Yet today, it is among the dishes cited by many when they list traditional Barbadian foods. Also incorporated into the Barbadian lexicon of traditional dishes is pelau—a rice and meat based dish popular in Trinidad.

Women recalled eating numerous fruits growing up, picking them from the trees and vines available to them as they played. Coconuts and mangos, were popular, as were

the tart ackee (*Melicoccus bijugatus*, also known as guinep on the other islands), and the astringent sea grapes and “fat pork” fruit (*Chrysobalanus icaco*). The children enjoyed the bounty of the countryside, and one woman explained, any “fruit you can think of that grew in Barbados we ate.”

While Clarke argues that most people ate the same foods on any given day of the week, most women in this study were not able to recall such a strict eating schedule. Some thought that perhaps there was some regularity to the dishes within their own family calendar, but did not feel that these routines were allied with the rest of the community. However, there are a few dishes that most agreed were specific to particular days of the week. Many felt that Fridays were generally given to coucou and flying fish—the Barbadian national dish. Pudding and souse was—and is—synonymous with Saturday eating. However, the greatest agreement between all the women was the importance of the Sunday afternoon meal.

It was common for the cooks of the household to rise at dawn to begin preparing the large weekly meal before the family left for church, because “Sunday was that big meal that was to die for!” Central to this meal was a large portion of meat: baked pork, roast chicken, or beef. Frequently, fish was also served, but not as the focal protein of the meal. Side dishes included those staple foods eaten during the week, but in greater quantity and variety. It was common to see rice and peas alongside ground provisions, macaroni pie, yam pie and creamed potatoes. More fresh vegetables were present, including items like beets, carrots, and salads made of lettuce and cucumber. Other salads often included coleslaw or potato salad. Women in this study fondly reminisced about the variety and abundance of this Sunday meal, and one exclaimed “Sunday meal

was off the chain!” Hospitality was particularly important on Sundays, and “if anybody came to the house, they were fed.”

### **Dietary Changes upon Migration**

As women in this study left Barbados for a new life in the US, their food practices were influenced by their new life circumstances, balanced with a desire for the familiar tastes of home. Many migrants found that their dietary habits changed in the new environment. One woman was living in NY with her husband, and explained that “of course, being married to a Barbadian, we tried to buy the foods we knew, not so much American foods.” This was possible in New York, because there were many stores that catered to Caribbean migrants. She recalled one “place called the Junction. They would have green peas—not the same green peas we got at home, [but] we still cooked the peas and rice... we could still get the ground provisions, so we never changed from that...but we had more vegetables. There was more of the carrots and beans added to your meal.”

When asked to describe how their diet changed overall in this new context, she said that “in the United States, we had a wider choice of foods. We were able to buy the ones they say are good for you. You know, the vegetables.” She explains that while they did consume vegetables in Barbados, it was not nearly the quantity possible in the US, due to lower prices; “At home we ate the vegetables... but vegetables were too expensive...” Dietary uses of meat also shifted, because in “coming to the United States, we were able to buy that whole chicken every day” while at home, they had to make do with the chicken back and chicken neck, “which is cheaper.” She mused on this change, remarking that “I hear now they don’t even have those things back home.” While living



in New York, she remembers that she started making the “dainty stuff” like lasagnas. She also recalls “trying out different recipes” like shepherds pie, something that her family had not eaten before, despite its popularity with many other Barbadian families.

### **Signifying with Barbadian Cooking**

Food is a crucial identifying factor among these immigrants, and is used to communicate and perpetuate Barbadian identities in the diaspora, and to maintain ethnic and cultural ties to each other and their native country. Simultaneously, many of these foods are reinvented because of limitations on ingredients or increasingly American lifestyles or dietary habits. Yet, this very act of adaptation and reinvention is as authentically Barbadian as a woman who eats pudding and souse on Saturdays.

These traditional foods are the tastes that migrants in Atlanta still strive for on a daily basis, the foods that they still cook when they will be sharing with each other, or want to assert their Barbadian identities to others. They allow for an insider/outsider distinction to be established, and are constantly reinforced with every food choice made.

As folklorist Robert Georges explains, “People often eat what they do based on the identities they ascribe to others and conceive others to ascribe to them”(Georges 1984: 255). Much like his own Greek relatives that he discusses, Barbadians in Atlanta “display overtly their sense of their ‘ethnic identity’ *or* their pride in it, and symbolically reinforce their ‘bonding’ with those present who share that heritage” (Georges 1984: 252). By sharing foods they perceive to be traditional with other Barbadians they are reinforcing their common bond. Because consumption of goods can define a person, this consumption becomes part of the creation of self-identity. This is evidenced in the ways

that Barbadians in the diaspora maintain diets based on Barbadian foods, or even simply Barbadian tastes. When men and women choose to cook rice and peas for their families on a regular basis, make pudding and souse on Saturdays to share with their friends, or bring fishcakes to a picnic, they are clearly asserting their Barbadian identities. The consumption of these foods is a way for them to clearly illustrate selfhood, and this food practice can be observed as a crucial component of expressive culture (Counihan 1999).

The Barbadian Association of Atlanta was formed in the mid 1980s, around a small core group of people, and food has always been a crucial component to the meetings. Grace described to me:

the way how this particular association flourished throughout the first probably 10 years or so was that we met at people's homes...20 or 30 people on a Saturday evening in your home and everyone provided. Food. There we go, we get back to food again. But that was a big part of the meeting when you finish with the actual meeting, then the entertainment part begins, and it's food. It's food.

Grace further explained that despite the fact that many of the members had been living outside of Barbados for over 20 and 30 years, they would still always bring a Barbadian dish to the meetings. "I have never thought of bringing anything else but something Caribbean to a function that is filled with Caribbean people. I wouldn't even think of it...All the foods there would be somewhat Caribbean."

### **National and Transnational Cooking**

Most Barbadians in the Atlanta area make regular trips back to Barbados, and always bring locally available products home with them. First and foremost for many people is the rum. Others want foodstuffs that bring back memories of their years spent living on the island. The local favorite, flying fish is often frozen, wrapped in a variety of

bags, wet newspapers and Ziploc containers for the trip and packed in a suitcase.

However, Grace expressed to me that the flying fish is “not as available as it was in the earlier years. I used to bring them home, but you can’t get them as much anymore. They have to be in season. The hotels have them, but we don’t.” Others want the popular baking flavoring that contains vanilla, almond, lemon, rum, and assorted other flavors referred to simply as “essence.” Some bring home Demerara sugar that is likely imported from nearby Guyana, and a tree bark called Mauby used to make a bitter local drink. A few bring back the popular white cheese used in several dishes such as macaroni pie, and as Lisa described it to me, “the cheese, we say its Barbadian cheese even though it comes from New Zealand, Australia, wherever.” But probably the most desired products are the green, jarred Bajan Seasoning and yellow Hot Pepper Sauce. Both are locally produced products that flavor most of the food cooked on the island, and are a standard in the pantries of overseas Bajans.

Interestingly, several of these products brought to the US from Barbados to be used in “traditional” Barbadian cooking aren’t even Barbadian products, but imported there from somewhere else to be incorporated into the lexicon of Barbadian food. Mintz explains that the context of food and food production is a lens through which to better understand people, and that

foods eaten have histories associated with the pasts of those who eat them; the techniques employed to find, process, prepare, serve and consume the foods are all culturally variable, with histories of their own. Nor is the food ever simply eaten; its consumption is always conditioned by meaning. These meanings are symbolic, and communicated symbolically; they also have histories. (Mintz 1996: 7)

He articulates a useful theoretical framework with which to examine cultural elements, positing that daily life conditions of consumption have to do with inside and outside meanings. Inside (personal/collective) meaning is constructed within the confines of outside (larger/societal) meaning. Inside meaning arises when changes in outside meaning are already underway and “this interior embedding of significance in the activity of daily life, with its specific associations (including affective associations) for the actors, is what anthropologists often have particularly in mind, I think, when they talk about meaning in culture” (Mintz 1996: 20-21). Larger institutions set the terms against which meanings in culture are silhouetted. For example, Caribbean slaves who endowed food with meaning within the structure of the plantation, and contemporary migrant and ethnic groups who confer meaning on food within the confines of the host culture and available products are negotiating both inside and outside meanings.

### **Barbadian Cooking—The American Way**

After long periods of living in the United States, some Barbadians have made adjustments to their cooking. One example is cornmeal coucou. Traditionally, cornmeal coucou is a labor-intensive, slowly-cooked food that held great symbolic significance for Barbadians. A Barbadian food memoir hints at the vital significance and inside meaning of this particular dish:

When you want to be sure the woman you intend to marry is the right woman, the first question you does put to her mother is, “Can your daughter turn meal-corn? Can she turn a mellow cou-cou?” If the answer to this simple, but loaded question is in the negative, *bram!* Straightaway you run out of your former mother-in-law-to-be’s drawing room and you start looking for another potential mother-in-law. And when you find her, you ask the same question, “Can your daughter turn a cou-cou?” “Child,” your prospective mother-in-law will say to you, “I like you as a son-in-law. For my daughter—yes! How you mean? My

daughter can't only turn cou-cou sweet sweet sweet, she does turn it mellow mellow too! Like anything! Yes. How you mean? Why you don't let me call her now, to turn some meal-corn cou-cou for you?" This is the answer you been looking for! This is the woman you been looking for. Married-she-off, right now. (Clarke 1999: 103)

Coucou is still one of the most oft mentioned Barbadian foods among Barbadian immigrants; yet, it seems to have changed in form. The labor-intensive nature of its preparation does not fit with American lifestyles, yet Barbadians have managed to reinvent this beloved dish into one that is more practical for working people. Rather than giving up one of her favorite dishes, one woman explained:

Somebody told me about a friend they know that did it in the microwave! I followed the directions and it came out! I boiled the okra separately...and did the cornmeal water in the microwave and stopped and stir, stopped and stir, but it wasn't all this...elbow grease! It was pretty good. Lazy man's way of making coucou...

Another Barbadian explained that the cornmeal used to make coucou is different here in the US, and can "take fire" like the meal at home cannot. Therefore, it can be prepared quickly at a much higher heat than that on the island. He expresses his frustration with Barbadians who haven't adjusted their cooking here with the statement: "most Bajans feel they have to stir coucou with sweat and perspire. Bullshit. It is meal, you could eat it raw and it wouldn't do anything!"

Similarly, another person found that cooking rice and peas the traditional way, using dried pigeon peas and salted pigtails did not fit with her new American lifestyle, her time constraints, and her medically diagnosed diabetes and hypertension, so she modified the recipes to fit with her dietary needs and lifestyle.

I put my own twist on the rice and peas. Traditionally, if you're cooking rice and peas you have to start it with pigtail in it, I don't do that. I don't really like

pigtail, one, and two, I just didn't think it was healthy for you. Since I don't have salt, I no longer do that. I make my own version of it, its still the pigeon peas from the can I would put, maybe, if I had a piece of ham or something I would put it in the pigeon peas. I cook the peas that way, then at a certain point when they're cooked enough you put the rice in, you put a little bit of butter, a little bit of margarine, me I use my Smart Balance, now, but you really and truly would have used butter at that point. That's our peas and rice.

She justifies these changes with her astute observation; “the culture has always taken certain foods and modified them.” Interestingly, most Barbadians perceive their cooking as being absolutely consistent with the traditional manner, and these shifts and adjustments only emerge when I am in the kitchen with them, observing and participating in the cooking process.

Another Barbadian explained a different modification to the traditional fishcakes. Normally made with flour, hot scotch bonnet peppers and plenty of dried, salted cod, she informed me that the fishcakes can be made with canned tuna instead of salted cod. “It's not Bajan, but you can use the same kind of recipe and do tuna and fry them and they will be fine also...” By using readily available ingredients, she is able to incorporate this familiar dish into her regular diet without having to search out the expensive and sometimes difficult to find salted cod. However, Lisa did the just the opposite one Thanksgiving. Collard greens make a frequent appearance on Thanksgiving tables in the South, and she decided to adjust hers to reflect her own tastes. “At Christmas we always cook collard greens, so I said, let's make it Caribbean, so we'll throw some codfish in...some codfish with the onions and whatnot. When my daughter finished cooking the greens we tossed them altogether. My husband told everybody it was terrible dish because he didn't want them to eat it, he wanted them all to himself.” Apparently the dish was a success, because this hybrid Soul food/Barbadian dish then moved beyond this

context when a guest at the meal decided to incorporate the new recipe into her cooking practice. “My cousin...she moved to Florida, and she had a dinner, and she tried it, she tried my recipe.” One has to wonder how the cousin defined this dish. Was it a Barbadian dish that she learned from her Barbadian cousin? Or traditional southern soul food that she was served in Georgia? How was this dish explained to her guests, and what does this say about “traditional foods” and the way that foods can shift meanings so easily?

Simple American dishes also receive similar treatment. One Barbadian joked that any food could be made to taste Barbadian with a simple addition; “That’s what makes the food Caribbean, pour the rum in!” Another always adds the jarred Bajan seasoning to her hamburgers, “When I make my burgers it’s seasoned with the Bajan seasoning and the onions and whatever, it’s in there. That’s my kind of burger.” This addition of the familiar flavor profile to a foreign dish may also assist with the acceptance of these unfamiliar tastes, thus rendering them acceptable to the Barbadian palate. This addition of the ubiquitous Barbadian seasoning also remedies a common complaint—that food, especially meat, in the US has no flavor and is terribly under-seasoned.

To solve this issue, even simple dishes like tuna salad are altered with the addition of spices and pepper sauce. As one person explained while adding hot pepper sauce to her tuna:

This tuna, right now that I’m making. This is my own variation but you wouldn’t go outside and be able to find this...because I just spiced it up, there’s going to be hot sauce in this. And that’s basically what we do. You adapt; I make my own tuna salad but I make it to the kind of tastes or palate that we’re accustomed to. I still have taste buds, my palate is still very Caribbean, so I just add it. Even if its Italian food, I put some pepper in it! We lend our own version to it.

Throughout most of these examples, we see a constant common theme of adaptation. She is careful to explain “You adapt” and “We lend our own version to it.” Coming from a cultural background where all the traditions were influenced by need and scarcity, where authentic was created from the bits and pieces of African and British culture, and mixed with fragments of influence from Amerindians, East Indians and French from nearby islands, many Barbadians are all too aware of the transient nature of tradition. Tradition cannot be considered a static entity, but rather must be understood as invented, as is the history of the tradition and its future trajectory. Especially in Barbados, the very course of change in foodways is a reinforcement of tradition.

### **We Are What We Eat**

A father brings out for breakfast a plateful of steamed cornmeal buns, known in north China as *wotou*. He is upset by his daughter’s scornful look at the yellowish buns. ‘You must not forget your class origin’ the father says accusingly and then tries to tell his daughter how lucky he felt as a child in an impoverished coal-mining community to have a cornmeal bun or any food to eat at breakfast. His lecturing is curtly interrupted. “*Your* class origin is cornmeal buns,” the daughter says. “*Mine* is chocolate.” (Jing 2000: 25)

Patterns of cooking and eating have meanings that reveal much about being human, but change over time in response to political and economic forces, and reflect our self-perceptions. As the opening vignette aptly illustrates, “if we are what we eat, we are also what we don’t eat... to eat is to distinguish and discriminate, include and exclude.

Food choices establish boundaries and borders” (Belasco and Scranton 2002: 2).

Barbadians negotiate these borders with all the choices they make in food. They incorporate a variety of influences on their dietary selections, sometimes trying new items because of the novelty value, and other times attempting to make what they feel are



healthy dietary choices. Often, however, these selections are influenced by their desire to maintain a Caribbean identity evidenced in the food choices.

A similar negotiation is seen among Italian Americans in the US. Working within the context of the migrant household, Goode, Curtis and Theophano (1984) examine the inside meanings of ethnic identity by looking at the outside meanings of broad, historically transmitted cuisine, patterns in foodways over time, how they relate to the outside meanings of other cultural subsystems such as social organization, religion and health beliefs, as well as the relationship between food and ethnicity. Because they focus on the food system as a whole, they see the broader picture of ethnic foodways that cannot be achieved by merely examining random meals or food lists. In contrast to popular research practice of focusing only on individual foodstuffs, they argue that in studying ethnic foodways, it often it is the mode of preparation, rules for segregating or mixing ingredients, the cooking medium, the ways items are cleaned and cut, the spices or flavorings used, or the flavor profiles that differentiate groups (Goode, Curtis and Theophano 1984: 148).

They establish that the food system of a group is based on a “shared repertory of eating events along with notions for their appropriate use” (Goode, Curtis and Theophano 1984: 169). For example, the attention to food cycles over time reinforced their assessment of particular fieldwork situations. In documenting local weddings they found that “format choices are determined by the circumstances of each wedding and messages which the family wished to convey to the social audience” (Goode, Curtis and Theophano 1984: 208). At one marriage of an Italian daughter to a non-Italian man, the wedding was buffet-style and incorporated only Italian dishes. Yet, when the second daughter married

into an Italian family, the reception was catered at a seafood restaurant, with no Italian items included. In another example, a third marriage between two of the Italian families studied was also celebrated at a country club dinner. These celebrations differed in their need for the selected food to embody ethnicity; the second and third weddings described did not need to convey the message of “strong ethnic traditions” that the first one did (Goode, Curtis and Theophano 1984: 208)

Thus, it is not the particular foods, but “the rules for combining them in a variety of distinct dishes,” which allows “many new American food items to enter the system” (Goode, Curtis and Theophano 1984: 212). Ultimately, this use of food as a lens to examine patterns of foods and meals over larger cycles of time show an adherence to inside meanings in the ethnic and community ideals that more focused and more tightly focused studies would have missed. Similarly, Barbadians conspicuously use Barbadian foods and tastes to project a conscious Barbadian persona when cooking and eating with other Americans.

### **We’re *Not* (African) American**

Barbadians use Barbadian tastes to assert ethnic and national identity among non-Barbadians. In settings with non-Barbadian friends, and coworkers, they tend to intentionally prepare traditional foods as a way of differentiating themselves from others and sharing what they feel is a tangible component of their heritage. While a migrant might make changes to a popular dish when at home, they likely would not make these type of changes if cooking for someone else. As one woman clarified, “if I’m making it just for me, I’ll switch it up put what I feel like in it. But if I’m making for someone else,

I'm making 'Barbados coconut bread!'" Grace explained how she introduces Caribbean cooking to American friends she works with: if we have potluck, I'll still make my own pelau and take it. I may not put as much pepper or it wouldn't be as spicy as I would have it for a Caribbean event...because that's part of my culture...The food represents..." Lisa also exposes non-Barbadian coworkers to Barbadian flavors, as she expresses "When I bake my cakes from scratch I use that essence and they love it here. They're always saying Lisa makes the best cakes, but they don't know it's the vanilla essence I get from there... they don't know what the ingredients are." The end result is a dish that is neither strictly American, nor Barbadian, but rather a hybrid of the two. In this way the same foods used to assert similarity and Barbadianness in contexts with other Barbadians are used to maintain difference and keep the people apart from their American companions. In one case we see striving for sameness and familiarity, while simultaneously enacting difference in the other. It is this tension that is performed within every food choice they make.

This need to differentiate themselves through an intentional deployment of non-American foods also likely has a racialized component. In their adjustments to life in America, Barbadians have historically made substantial efforts to distinguish themselves from Black American communities (Hintzen 2001, Waters 1994). Caribbeans have long resisted assimilation to what they have viewed as a historically impoverished and lower class group. Emphasizing differences in speech patterns, the value of education and "respectable" behavior (Wilson 1969, Sutton 1987), they have only selectively chosen to identify with middle class African-American communities when it was politically or economically advantageous (Hintzen 2001). In this community, attempts to maintain a

distinction are largely related to upward mobility and to avoid the experience of racism. Barbadian migrants have long differentiated themselves, and food is an effective and visible medium with which to maintain a separate Caribbean identity. While some migrant groups drop foodways from their home countries because they are perceived as low status (Simoons 1963), it appears that Caribbean peoples in fact adopt the opposite strategy in order to distinguish themselves from African-American groups. If eating across group margins indicates the breaking down of social boundaries (Gottlieb 1958), refusal to shift food habits is a powerfully meaningful action. Food habits can express tensions across cultural and racial boundaries (Dorson 1970, Cussler and de Givé 1952, Pangborn and Bruhn 1971). In many ways, food is not based on economics or geography alone, but a means of self-identity and group membership—people tend to eat as they would like to be perceived (Schuchat 1971). This is even more complicated in the Caribbean migrant community who must choose whether to attempt to “acculturate” to either white or African-American traditions—assuming choice is possible.

Most immigrant groups in the United States retain their traditional foodways to some extent, and many use them to define selfhood, to reassert ethnic identity and to maintain ties to the mother country. They rely on the inside meanings of the traditional foods that hold great historical and emotional significance to negotiate the confines of the outside forces of daily life in a foreign country. For Barbadians, these actions are situated within a context where they are able to regularly return to their homeland to obtain the original beloved ingredients, then bring them back to the US to retain their traditional foodways. Additionally, a desire to distance themselves from African-Americans has perhaps led to more concerted efforts at differentiation. However, as the

previous examples have shown, many foods are altered in their translation to the outside boundaries experienced in the American context. Rather than interpreting this revision as a change from the authentic, it should be seen as adherence to tradition. What matters is not whether the ingredients are the same, or the cooking methods are unchanged, but rather the ways that the Barbadians practicing these foodways interpret their own actions. As Mintz explains: “it is quite enough for such symbols to distinguish one group of persons from another, to become markers of pride, to ‘summarize’ a point of view, a sense of self, a group feeling or sentiment...what counts is the symbolic association and significance, not the historical authenticity” (Mintz 1974: 325). Barbadians are repeating actions reminiscent of the very forces that shaped Barbados and its foodways. For Barbadians, adaptation and reinvention *are* retention of historically “authentic” foodways.

### **Dietary Changes among Migrants**

Migrant families often try to maintain “traditional” diets, but some scholars argue “factors associated with limited income, limited time to prepare meals, and food advertising lead to relatively rapid changes in diet” (Himmelgreen et al. 2004: 92). It is possible that in new food environments dietary behaviors are altered because of heavily marketed unhealthy foods and deficit of traditional healthy foods. Some studies indicate that first and second generations living in the US have been reported to consume less healthy “American” foods, which are linked to obesity and chronic disease. One study suggests that “the dietary habits of North American Chinese are more similar to those of North American whites than to those of Chinese in China” (Lee et al. 1994: 987). The

authors found that North American Chinese eat more meat and dairy products, contributing to increased intakes of protein and fat.

Similarly, Barbadian migrants readily admit that their diets changed considerably when they arrived in the US. They described both the exciting novelty of the new foods and dishes available, as well as their sense of homesickness associated with the lack of foods they were accustomed to eating on the island. Initially, many explored new cuisines. Particularly in New York, migrants became familiar with Chinese foods at the many small, inexpensive restaurants in the city, and incorporated dishes such as chow mein into their diets. Upon migrating to live with her aunt in Canada as a small child, one woman reminisced about the many casseroles that the family consumed. After reflecting on this dietary change, she asked her aunt why this new style of cooking became central to their family table. The aunt explained that casseroles were popular in mid-1960s Canada, and her family was simply adapting to the host culture.

### **Novel vs. Familiar Foods**

The new foods and ingredients available in the host country prompted women to try new items, but many explain that these efforts were short lived. As one found, “I experimented with stuff” but often found that restaurants “smelled better than they tasted” and she began to do more “cooking at home.” Another noted that “pastries were different” and she enjoyed eating them when she first migrated to Montreal. A migrant to the US explained that “when I moved to New York, that’s when I found out about hot dogs and hamburgers. In Barbados back then, we didn’t know about them.” However, once the novelty wore off, she would only eat chicken dogs at home, and would pick out

her own piece of meat at the market then have butcher grind it for her and make burgers from it.

Another explained that she continued eating the ground provisions and rice that she grew up with: “I pretty much did the same thing, but probably in quantities” lower than those eaten in Barbados. She confided, “I always cooked for my kids. I never had them into going out for fast food. If they wanted fried chicken, I fried it. If they were into Chinese food, I made Chinese for them. I cooked for them.” She followed Barbadian traditions in her family, and on Sundays she would cook a big dinner. “I remember on Sundays it was this big dinner when I was growing up, and I wanted that for my kids.” She would see her kids’ friends going to buy pizza on Sundays, and “that would hurt me! If no time else, they will have a big meal on Sunday.” She began to feed the children, and “after a while, their friends would come to the house to eat!” Reminiscing, she noted that the kids were not from other Barbadian families in the neighborhood, but they were “Spanish” or from Antigua, all were around same ages. They all “would come over and eat” and at any given time there was “no telling” how many kids she would be feeding that day.

Diets changed further when Barbadians made the second transition to the South. For those coming from New York, many were surprised to find that “food here, especially in Georgia, is very, very cheap.” While New York prices were pleasantly lower than those in Barbados, the change in Atlanta was of note.

### *A Second Dietary Shift: Health Concerns*

In time, many of the migrant women became concerned with health. Some argued “to be healthy, you need to eat healthy.” This will help you to live longer, and allow your brain to better function and “be logical.” Abigail expressed surprise at American dietary habits, saying that she is “amazed at Americans... they talk about eating healthy” but she “see[s] a lot of strudels, fattening foods... they’re thinking healthy and that’s not healthy!”

Many of the women surveyed explained that health and food were closely intertwined. As Stacey explained “I eat things purposely to stay healthy. Because I don’t want to spend my money at the doctors, I don’t want to be in the hospital, I don’t want to take medication... So I have to find a way for them not to happen. I have to eat right, I have to do things for them not to happen!” Another attributed her good health to “living right, I guess!” But also credited “the vegetables... I don’t boil the nutrients out of them. I sauté them enough to make them edible. But I don’t make them like ‘you can’t find the broccoli!’” Dietary choices became more concerned with health, and during this time she “learned” to eat salmon, which was a new food for her. She explained that “here you learn not to eat late at night, to eat starches, vegetables...” and instead to concentrate on a broader variety of foods. She noted that among migrant Barbadians, “the ones who live abroad have an opportunity to eat healthier.”

Another admitted, “I am more health conscious now” but she believes that this might be related to aging rather than migratory status. One did admit that while “I am health concerned” some less healthy foods do still appeal to her: “Pigtails, that is good stuff!”



This ambivalence between a desire to eat healthy foods and cravings for those they perceive to be less healthy seems to be common. One woman acknowledged “I don’t like a lot of fried foods” and has tried to avoid pork, but finds ham lunchmeat difficult to avoid when her daughter purchases it. Deborah “moved away from stuff that has a lot of bleach in it” such as products made from white flour. “I stopped using sugar, I use maple syrup” not because she is a “health nut” but because she prefers the taste of it over white sugar. Food “is the substance that fuels the body... so what we eat determines how the body will function” and notes that she moved away from fried foods because of “how they make my body feel.” She feels her diet is a healthy one, but does allow, “it could be healthier” but “I’m not ready to do that—sometimes I want an apple pie. McDonalds had two for a dollar!”

The value of fruits and vegetables was frequently described, with many attributing great health benefits to eating produce. One woman proudly stated that for lunch everyday, she eats “a serious salad, ” including items such as spring mix lettuce, tomatoes, sweet peppers, cucumbers, red and green beans, some coleslaw, cauliflower, broccoli, carrots, and red onions. It was common to hear “I take food to work,” or “ever since I’ve been working, I always take my lunch to work. Whatever I cooked, I take that for lunch. It could be peas and rice with vegetables or fish. I’ve always got vegetables. I always take food for lunch.” Few of the working migrants in Atlanta relied on restaurants or purchased food to consume during their work hours.

## **Dietary Guidelines**

For many, understandings of and beliefs about food and health are influenced by public health information disseminated by the popular media and government agencies. While this information can become confusing at times, it may be doubly so for transnational citizens who receive disparate information in the US and Barbados. Dietary guidelines differ between Barbados and the United States, with the concerned government agencies releasing different sets of food advice. In Barbados, the National Nutrition Centre urges people to enjoy a variety of foods, and eat fruits and vegetables everyday (cite). A recommendation to consume less sugar and fewer sugar-sweetened beverages suggests that people “use 100 percent juice or unsweetened juices” (National Nutrition Centre n.d.: 4) instead. It suggests that people eat less fat and fatty foods, instead using “dried peas and beans as a substitute for meat sometimes” and using fish canned in “water rather than oil” (National Nutrition Centre n.d.: 4). Additionally, it urges Barbadians to “eat less processed meats like hot dogs, corned beef, luncheon meat” (National Nutrition Centre n.d.: 4). Portion sizes are illustrated in comparison to commonly handled items such as cricket balls, dice, and a “pot spoon.”

A recommended number of servings per day is broken down by sex and age, with women between 19 and 51 being advised to consume eight servings of “Staples,” four servings of vegetable and three of fruit, two servings of “Legumes, and two “Food[s] from Animals.” Women under 50 are advised to eat two servings of fats and oils, and women over 50 told to eat four. While the produce, legumes, and fats categories overlap those depicted in American guidelines, the category of “Staples” and the inclusions in “Food from Animals” require further explanation. Staples include the grain-based foods

such as cereal, rice, pasta, crackers, and bread, in addition to root crops that are common to the Barbadian diet. Starchy foods such as yam, potatoes, breadfruit and green bananas, also commonly referred to as “ground provisions” round out this category—and in fact feature prominently in Barbadian diets. Foods from animals include the obvious, such as “lean meat or fresh fish” and eggs, in addition to those that would be classified separately under dairy in the US, such as milk, yogurt and cheese. Inexplicably, this animal product category also includes “Soy milk” and peanut butter—despite tofu and peanuts being listed separately in the legumes category.

In contrast, American dietary guidelines consist of different categories, with emphasis on health placed on other foods. During the time of this research, prior to the release of the 2011 USDA “MyPlate” dietary recommendations, Americans were advised to consult the food Pyramids for dietary recommendations. The original Pyramid, released in the 1990s, recommended a diet centered on six to eleven servings from the “Bread, Cereal, Rice and Pasta Group”, complemented by three to five servings of vegetables, and two to four servings of fruit (USDA 2004). Two to three servings from the “Milk, Yogurt and Cheese Group” and the same number from the wordy “Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group” were recommended. People were advised to “use sparingly” those items categorized as “Fats, Oils and Sweets” (USDA 2004). The 2005 “revamped” Pyramid incorporated vertical stripes representing the food groups with a figure running up the side to emphasize the importance of exercise. However, in order to receive any information regarding the actual meaning of those colorful stripes, and what people should actually be eating, one had to visit the USDA website and work through a personalized plan for their diet.

### **Barbadian Diets in Barbados and Atlanta**

Despite these confusing, and sometimes obscure plans, women in Barbados and Atlanta nonetheless had ideas about what items would contribute to a healthy diet. They cited fruits and vegetables as being particularly healthy. They felt that adhering to a healthy diet would mean eating less, and avoiding items like pork and oils. One woman felt that “carbohydrate foods” were not healthy “in quantity,” while another explained that “oils are not healthy,” “milk is fattening,” and “chicken is fattening because of the estrogen in the fat.”

Against this backdrop, the data gathered from the written food journals (described in the next section) was particularly enlightening. Overall, some dietary trends emerged from their individual diaries. Compared to women in Barbados, women in Atlanta ate nearly double the fruit. They ate many more nuts, and twice the whole grains. Additionally, they reported drinking double the amount of water. While all of these reports indicate a healthier diet, they simultaneously consumed many more sweets than those in Barbados, and far more processed and packaged foods. Women in Barbados reported consuming more seafood and more than double the quantities of starchy vegetables such as cassava, sweet potatoes and green bananas. While women in both locations reported diets high in processed grain products, Barbados was considerably higher (average of 11.8 weekly servings in the US vs. 19 per week in Barbados). In addition, those in Barbados ate more than double the quantities of “less healthy” meats, such as beef, lamb, pork and processed meat products, compared to their Atlanta counterparts.

### **The Reported, the Written and the Photographed**

Moving beyond the verbally reported dietary habits, this research collected evidence of daily eating patterns. In attempting to understand dietary differences between the migrant and home country groups, it is important to have solid understandings of what each group actually consumes on a regular basis. This need has been long-debated in public health and medical contexts, with practitioners variously depending on 24-hour diet recalls and food diaries, which can provide quick and rough estimates of nutrient intakes (Lee 2001). Dietary recalls rely on the memory of individuals who may or may not have accurate recollections of the foods actually consumed, and may revise quantities or frequencies in hindsight. Food diaries can also be problematic in the arbitrary selection of a limited period of time that could be representative of regular daily life, or unusual and unique in circumstance. Despite these potential issues, necessity dictates the selection of a method in order to gain some further insight, and this project incorporated written food diaries for a seven-day period. This juxtaposition of the emic and the etic—wherein emic means those descriptions and explanations given by an informant or subject, and etic are those descriptions, understandings and explanations used by the scientific community to generate and strengthen theories of sociocultural life—allows us a deeper understanding of the space where the participant's and the observer's perspectives meet (Harris 1987).

The selected, intensive study sample of ten women in Atlanta and twenty-one women in Barbados kept seven day written food and activity journals. Occurring at different random weeks during the spring and summer of 2010, these periods of journal

time did not overlap holidays or special events in their lives, thus are presumed to be representative of average daily life. I presented the women with the small journals, comprised of 8 ½ by 11 inch papers folded in half and stapled, printed with blank lines to allow for date, time of day, items consumed, drinks consumed, and what meal this was considered to be by the participant. At the top of each page was a line on which they were instructed to record any activity during the day. When participants requested clarification on either category, I would advise them that any and all food should be recorded—whether they consumed six meals a day or one. When they inquired about activity, I informed them that anything they considered to be physical activity should be written down, regardless of what they thought other people’s opinions might be. I checked in with each woman at least once during the week’s recording period to answer any questions or concerns that might have emerged. When the seven day period was complete, I met with each woman individually to review the diaries, clarify any items that were difficult to read, and question them about any recordings that I found interesting, confusing, or perhaps incomplete. At times, this final interview would result in the subject recalling other food items or activity that had not been written down, and we would record it together at that point. During these final interviews, we also estimated serving size for any items for which this wasn’t recorded.

These food journals allowed for a methodological comparison between what participants reported their diet to be comprised of, and what foods they actually ate on a daily basis. In order to gain the most accurate understanding of diet possible, it was crucial to distinguish between what the participants recalled and believed they consumed, and what the logs actually reflected.

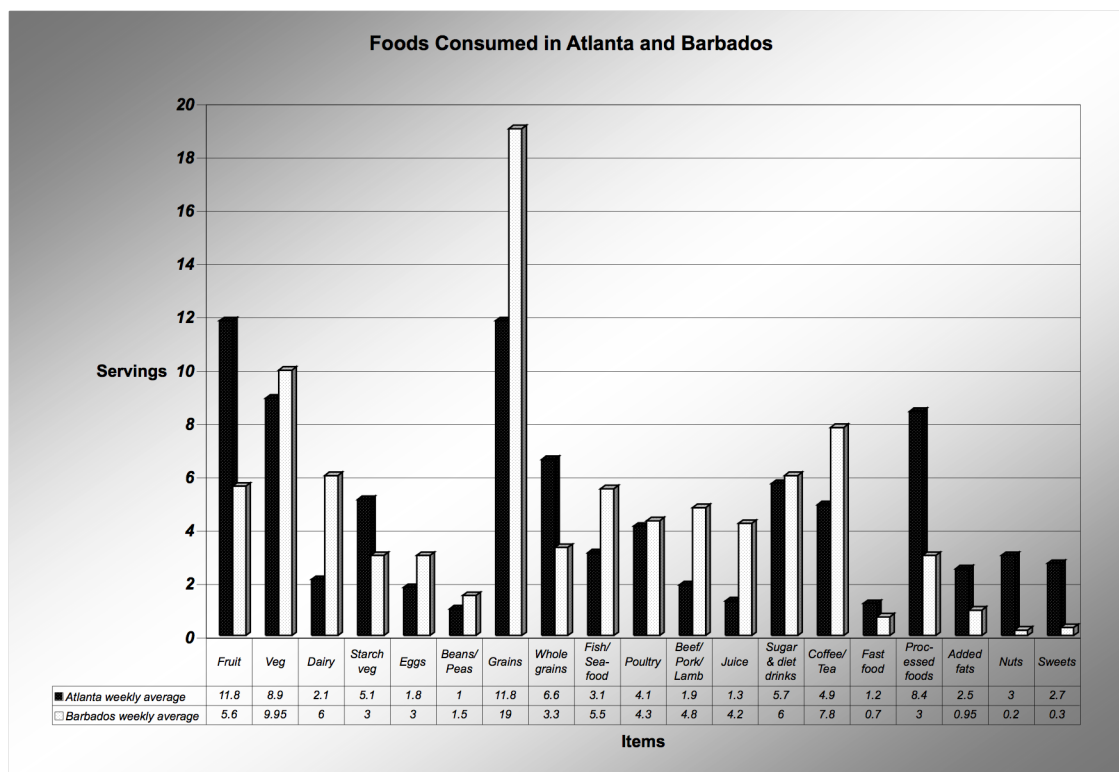
## Case studies

Looking broadly at the average Barbadian diet, based on these twenty-one women, patterns emerge. Most of the Barbadian women in Barbados did not eat fast food, with only a few women having a single fast food meal during the entire week of the food journals. Those that did consumed pizza or fried chicken. Desserts and nuts were uncommon, and the predominant packaged/processed food was crackers. These crackers were often incorporated into a meal, eaten with cheese or canned fish. Diets depended heavily on grain products, but whole grains were rare. Animal proteins were eaten nearly everyday, and despite the island locale, poultry, pork, beef and lamb were nearly as common as fish in the diets. Aside from a small handful of women, most did not drink many sweetened or diet beverages. One notable exception will be discussed below. Fruits were common in the diet, with most women eating at least one serving per day, but vegetable consumption was higher, with an average of over two servings of vegetables per day; including the starchy root crops and “ground provisions.” Dairy was not common, with the women averaging only three servings per week. However, tea was very popular, and many women had two to three cups of tea each day.

In contrast to many of these dietary themes, many of the foods consumed by migrant women in the US tended to conform more to popular American ideas about healthy eating. Dairy was more common, appearing nearly once daily in average. Fruit was eaten in abundance, with most women eating two servings per day, and more than one serving of vegetables each day. However, there was a much lower rate of consumption of starchy vegetables such as potatoes, yams, green bananas and other

ground provisions. Diets again relied heavily on grain products, but whole grains comprised over one third of that amount. Fish, seafood and poultry were the primary animal proteins, and other meats such as beef, pork and lamb were eaten less than twice per week on average. While the weekly average figures for the whole group indicate that these women ate nearly double the fast food, and nearly triple the amount of processed/packaged foods, both of these figures are distorted by the behaviors of two women who will be discussed below. Sweets and desserts were much more common, appearing an average of nearly three times per week. Diet and sweetened beverages appear to be more common at first glance, but again, two outliers have influenced the averages for the group. Figure 1 below illustrates the varying quantities of these foods in diets from both locales.

Figure 1- Foods Consumed in Atlanta and Barbados





Two women in the Atlanta portion of the survey consumed far more sweetened beverages than the other women in the migrant population. These women were followers of a dietary plan that encouraged the consumption of “nutritional shakes” throughout the day, and both regularly drank these beverages. During the course of the week, the mother consumed ten such beverages, and the daughter drank twenty-three. This quantity of sweet beverage consumption was unusual in this study, and by excluding these two from the calculations, the weekly average of the group drops from six drinks to only three.

Similarly, one Barbadian migrant in the study, Deborah, consumed far more fast food than did the other migrants in Atlanta. She reported eating ten fast food items during the week of the food journaling, including assorted chicken biscuits, sandwiches and apple pies from McDonald’s, and multiple slices of pizza. Including her in the weekly average intake for the group results in a mean average of 1.2 servings of fast food for each woman per week, while removing this outlier indicates only two other servings of fast food for the *entire group* during that week’s time.

Also skewing the average in Atlanta, one woman’s diet consisted primarily of prepackaged and prepared foods. Conscious of her health and weight, this diabetic woman carefully monitored her caloric and sugar intake via the package labels. The entire group reported consumption of eighty-five processed/packaged items, yet thirty-one of those items were from this single food journal. By removing her from the group’s weekly average, we find that the women averaged only six processed items per week. However, it should be noted that despite averages, three of the women did not actually consume any processed/ packaged foods during the journaling period.

## **Conclusions**

Contrasting qualitative interviews with quantitative food journaling allows for a deeper understanding of the shifting nature of foodways and consumption habits. Rather than simply observing the foods consumed at the present time and extrapolating a traditional diet and dietary shift, this combination of methods has illustrated an emic description of the traditional diet on which both migrants and those who remained in the home country concur. By examining details of the dietary habits of women who have remained in Barbados, and comparing them to the daily consumption of migrants in the US, we are able to trace the changes that have occurred.

Based on the food journals, we see that overall, the diet in Barbados adheres more closely the “traditional” diet that all the participants remember eating while children. The Barbadian women recorded more traditional foods overall, such as ground provisions, fish gravy and coucou, juxtaposed with some new influences—primarily processed and fast foods. While much of the literature prefers to believe that those in the home country maintain a static, “traditional” diet, this study indicates that “Westernizing” is happening in the home country, but in the cheaper, more calorically dense aspects, such as imported packaged foods.

Additionally, it is difficult to classify many foods as inherently, wholly “healthy” or “unhealthy.” Some seem to clearly belong in one category or another; for example, many nutritionists would claim that fruits and vegetables are unquestionably “healthy,” while others would assert that fiber content, glycemic index, or another nutritional component must also be evaluated. Rather than making assertions about which foods in these diets are “healthy” or not, this project seeks to understand what these women are

eating on a regular basis, and how *they* perceive these choices. As such, it can be asserted that they generally concurred that items like fruit, vegetables, and fish were healthy, while items such as fast food, sugar-sweetened drinks and processed sweet desserts were not.

This attention to the minute details of the daily diet illustrate that this population of migrant women in Atlanta do not adhere to the standard assertion offered in the literature that living in the US for a length of time leads to “decreased nutritional quality” (Franzen and Smith 2009, Kagan, Harris and Winkelstein 1994, Lee et al. 1994).

In contrast, Barbadians in America recorded more “healthy” new foods added to their diets—or the *perceived* healthier, such as nutritional shakes and supplements. Citing health concerns as being central to their food choices, women in this group made conscious efforts to incorporate items they believed were wholesome. This desire to be in good health was the impetus for increasing consumption of dairy and whole grains. In addition, they also added foods perceived as particularly nutritious that were not as accessible or affordable for those in Barbados, such as fruits and nuts. However, it is important to note that the women interviewed all reported initial changes to their diets upon migration, but experienced a second wave of change to healthier ideals after a period in the US. It is possible that all migrants would show this second shift given longitudinal, qualitative study.

#### ***Chapter Four: The Female Barbadian Body***

To address the embodied juncture where culture and the physical body collide, shaped by nutritional imperatives, societal and environmental constraints on food and diet, and cultural expectations for the body of that equation, this chapter utilizes the anthropology of the body. This literature treats the human body as a historically and culturally contingent category, a material focus of practice, and an object of self-identification. It addresses how different societies and cultures have conceptualized and experienced the body. Bordo (1993, 2003) argues that culture's grip on the body is an ever-present, constant, intimate fact of everyday life, "we are creatures swaddled in culture from the moment we are designated one sex or the other, one race or another" (1993: 36). Additionally, the body is always within the cultural grip—"there is no 'natural' body...our bodies, no less than anything else that is human, are constituted by culture" (Bordo 1993: 142). As Popenoe explains, "the 'natural' body is never enough. To modify and adorn the body so that the person inhabiting that body conforms to his or her particular society, and indeed is made properly human, can be said to be a human universal" (Popenoe 2004: 7).

The Barbadian body is such a cultural symbol, shaped by food choice, activity selections, and molded by perceptions about attractiveness and body size. This chapter seeks to understand the Barbadian body, as it is perceived and cared for both in Barbados and among Barbadians in Atlanta. To this end, three guiding questions have shaped this chapter. First, do body sizes and compositions differ between Barbados and Barbadians in Atlanta? How does this relate to our existing knowledge about body size and migrants

in the US? Second, do body ideals differ between Barbadians in Barbados and Atlanta? Third, do perceptions of attractiveness differ between Barbadian women in Barbados and Atlanta? How does this compare to popular perceptions of attractiveness in the US? How are these ideas related to the popular Caribbean paradigm of reputation and respectability?

### **Body Size and Composition**

#### **Obesity and Overweight**

Issues of nutrition and food choice are of immediate and urgent relevance in the United States. Obesity and overweight related spending were more than nine percent of total US medical expenditures in 1998 (Mokdad et al. 2001, Finkelstein, Fiebelkorn and Wang 2003). Frighteningly, the “combined, annual overweight- and obesity-attributable medical spending” is estimated to be between \$51.5 billion and \$78.5 billion (Finkelstein, Fiebelkorn and Wang 2003: 224). Combined prevalence of overweight and obesity averages 53.6 percent across all insurance categories, but is largest in Medicare (56.1 percent). Medicaid has the highest prevalence of obesity; nearly ten percentage points higher than other insurance categories. Obesity related spending is greatest for Medicare recipients “presumably because the elderly obese are more likely to undergo costly obesity-related surgeries than the nonelderly obese are” (Finkelstein, Fiebelkorn and Wang 2003: 224). Additionally, “annual medical spending attributable to overweight and obesity now rivals that attributable to smoking” (Finkelstein, Fiebelkorn and Wang 2003: 224). Dramatically, an estimate of the direct and indirect costs of health care associated with diabetes was \$98 billion in 1997 (Mokdad et al. 2001: 1195).

More than half of the American population is overweight or obese (Mokdad et al. 2001, Finkelstein, Fiebelkorn and Wang 2003: 219), and the prevalence of overweight and obesity have increased by 12 and 70 percent (respectively) over the past decade (Finkelstein, Fiebelkorn and Wang 2003: 219). Drawing on data from the Behavioral Risk Factor Surveillance System—a random-digit telephone survey conducted with 184,450 US adults in 2000, the following trends can be identified. In 2000 the prevalence of obesity was 19.8 percent among US adults, which is a 61 percent increase since 1991 (Mokdad et al. 2001: 1196). In this study population, 1.5 percent of men and 2.8 percent of women had a BMI of 40 or higher, compared with 0.9 percent in 1991. In 2000, most adults analyzed (65.5 percent of men and 47.6 percent of women) were overweight (BMI >25). Therefore, “most US adults (>56 percent) are overweight, about 1 in 5 is obese” (Mokdad et al. 2001: 1197). It should be noted that these are conservative estimates, because overweight subjects tend to underestimate weight, and most participants tend to overestimate their own height (Mokdad et al. 2001: 1197). This is not only an American phenomenon, as the prevalence of serious obesity doubled in Britain between 1980 and 1991, and is still continuing to increase (Prentice and Jebb 1995: 437). It is even more prevalent in the US, and “in certain ethnic and regional subgroups, 50 percent of women are clinically obese” (Prentice and Jebb 1995: 437).

### **Issues with Body Mass Index**

In order to understand the relevance of weight and health among Barbadian migrants, it is necessary to situate them in the broader American and Barbadian contexts, as well as clarify the terminology used to describe bodies. The WHO defines obesity as

“a condition of abnormal or excessive fat accumulation in adipose tissue, to the extent that health may be impaired” (World Health Organization 1998: 6), and the most popular method of assessing overweight and obesity is the body mass index measure (BMI). Body mass index was devised over 150 years ago, and is now used as the main measure of “fatness” because it is thought to be a better indicator of total body fat than simple measures of height and weight. “Overweight” and “obese” are terms used to classify individuals by body weight, most generally according to measurements of height and weight calculated to determine body mass index (BMI). BMI is the weight in kilograms divided by the square of the height in meters (kg/m<sup>2</sup>).<sup>2</sup> At the present, a BMI below 18.5 is considered “underweight”, between 18.5 and 24.9 is “normal”, 25-29.9 is “overweight”, 30-34.9 is “obese”, 35-39.9 is “severely obese” and above 40 is classified as “morbidly obese” (See Table 1). Using this BMI data, according to the World Health Organization (WHO 1998), more than one billion adults worldwide are overweight, with at least 300 million of those obese (WHO 1998). However, when the scales were first used, a BMI of between 20 and 30 was considered desirable. This was reduced to 27 in 1999, and now many health advocates claim that 25 is overweight. There are serious negative implications to using this measurement to assess the health and disease risk status of individuals.

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<sup>2</sup> To calculate in pounds, the weight should be divided by the height squared, and multiplied by 703. Lbs/in<sup>2</sup> x 703

Table 1- Body Mass Index and Waist-Hip-Ratio

<b>BMI</b>		<b>WHR</b>	
Below 18.5	Underweight	Below 0.8	Low Health Risk
18.5-24.9	Normal	0.8-0.85	Moderate Health Risk
25-29.9	Overweight	Above 0.85	High Health Risk
30-34.9	Obese		
35-39.9	Severely Obese		
Above 40	Morbidly Obese		

BMI is highly problematic, and has numerous shortcomings. BMI does not take into account age, race, sex or fitness levels of the individual. It does not consider how much fat the individual is carrying, or how it is distributed. Body structure varies by age, gender and race, and women naturally carry more body fat than men do—making BMI measurements less accurate for them. The calculation often overestimates body fat in young people, athletes, and women. It does not account for what seem to be natural age-related changes in body composition and frequently underestimates body fat in the elderly. It typically shows taller people as being leaner and shorter people as heavier—regardless of actual body fat percentage. Additionally, this measurement assumes the individual is sedentary with an average body composition, an assumption that is inaccurate for those with less body fat. This is also problematic for those with dense, muscled physiques, which weigh more than flabby ones.

Many argue that BMI is not equally accurate for all ethnic or racial groups. Based on research with Afro-Caribbean youths, there are implications for the use of the US BMI reference values for assessing overweight and obesity in a population of mainly African descent. The current CDC cut off values could lead to an underestimation of people at risk for overweight and obesity. This reinforces the need for a global reference system



that would take into account the variation of growth during childhood and adolescence from various ethnic groups. (Nichols and Cadogan 2008: 56).

Body size and concomitant health is also increasingly assessed using a different measure, that of waist to hip ratio (WHR). WHR compares the mathematical ratio between the two measurements, and assigns a numeric value to indicate relative health and risk of developing diet related chronic disease. A WHR of 0.8 and below indicate low health risk, 0.8-0.85 indicate moderate risk, and above 0.85 is considered high risk (See Table 1). WHR is an assessment tool not as widely utilized as BMI, but one that health professionals are progressively relying on as a means to determine individual health risk.

Currently, there are no widely-accepted better alternatives to BMI and WHR, as all other measures are also problematic in terms of accuracy and repeatability, such as triceps and sub-scapular skinfold thickness, lean body mass, and waist- hip ratio. However, waist- hip ratio together with BMI “can provide a profile of fat distribution that seems to correlate with various diseases better than BMI alone” (Gard and Wright 2005: 93). With this cautionary information in mind, this study nonetheless proceeded to measure BMI and WHR of its consultants. However, perceptions of these results should be mitigated by a broader understanding of size in a cultural context, and relating to ethnicity.

### **Ethnicity, Health and Weight**

Obesity tends to be more concentrated in certain ethnic groups, and there are elevated rates of obesity among African Americans (especially in the rural south),

Southwestern Native Americans, Hispanic Americans and Puerto Ricans, Gypsies, and Pacific Islanders. Gendered differences in weight seem to be universal, with women generally carrying more peripheral body fat in their legs and hips. There are also powerful and complex relationships between social class and obesity. In developing countries, we see strong positive correlation of social class and obesity for men, women and children, and correspondingly an inverse correlation between social class and protein-calorie malnutrition (Brown 1993: 182). However, in heterogeneous, affluent societies like the US, there is a strong inverse correlation of social class and obesity for women, where economically advantaged girls are fatter than their poor counterparts, but are less overweight and obese as adults (Brown 1993: 182). Commonly, “women of lower socioeconomic status are particularly at risk of developing obesity at an earlier stage of national economic development” (Carter et al. 2006: 253). When the obesity epidemic is discussed as a social problem, particular social groups become targeted as a result. In other words, the obesity epidemic has become a “moral panic” (Patel 2008: 276), and people of color, especially immigrants, are generally blamed for poor food choices.

When examining an issue such as obesity in the American population, studying migrant populations minimizes the degree of genetic variability and increases the likelihood of demonstrating interpopulation variability in environmental factors (Kagan et al. 1974: 346). A worldwide rise in obesity poses anthropological question regarding the nutrition transition among native and immigrant populations, particularly because “populations often experience weight gain when they migrate to new countries where the prevalence of overweight and obesity is high” (Himmelgreen et al. 2004: 90). This is

possibly due to changes in diet and physical activity levels, and stress from culture shock. Additionally, food consumption and physical activity are influenced by psychosocial characteristics, sociocultural factors, and political-economic factors present in the physical environments in which people live (Himmelgreen et al. 2004). By examining not only food practices, but also physical activity and body image perceptions, this research addresses the multifaceted aspects of weight change.

### **Weight**

In the Caribbean, obesity and chronic disease have followed directly on the heels of nutritional deficiency (Benefice, Caius and Gemier 2004, Carter et al. 2006, Forrester et al. 1996, Foster et al. 1993, Luke et al. 2001). One of the few studies conducted on weight in the Caribbean found that females in Tobago had significantly higher percentages of body fat than males in each age category, and that the females in Tobago were heavier and had higher BMIs than their US counterparts. In contrast, males in Tobago were similar to their US counterparts. The authors conclude that overall, “the pattern of growth in this group of adolescents suggests that they are growing at rates that are comparable to those seen in a more well-nourished population” (Nichols and Cadogan 2008: 51). Taller people may appear more obese with the use of BMI, and this fact along with race and ethnic differences might partially explain the higher than expected prevalence of BMI greater than the 95<sup>th</sup> percentile among adolescent females in a study population in Tobago. They warn that the incidence of Caribbean childhood and adolescent overweight and obesity is rapidly increasing in more developed countries, and that the various anthropometric variables were comparable, and in some instances

exceeded, those observed among US adolescents (Nichols and Cadogan 2008: 55). The findings suggest that at the time of puberty in early adolescence, and again towards the end of adolescence and the beginning of early adulthood “might represent periods of greatest vulnerability to obesity development among adolescent girls in our population” (Nichols and Cadogan 2008: 55). A similar study notes that because as many as 80 percent of overweight and obese adolescents become overweight and obese adults in the Caribbean, early rates of increased body weight may indicate a large percentage of the population at risk for developing cardiovascular disease.

Indicative of issues with the use of BMI calculations, a 1996 survey found that a third of all Barbadian females were obese and overweight, and the rates increased with female age (Forrester et al. 1996: 20). However, the situation may in fact have been more dire. The study noted that among their subjects, 40 percent of the women were misclassified as not overweight on the basis of BMI calculations, although they had over 30 percent body fat (Forrester et al. 1996: 22). This suggests that “although BMI was a good index of fat in this population, it was not for percent body fat” (ibid: 22) which is consistent with the literature.

Recent studies in Barbados indicate that body size is increasing on the island, and health outcomes are in a concurrent decline. In a 2007 study, researchers found that Barbadian youth have increased access to calories, and that many were not even able to accurately report their own weights (Gaskin et al. 2007). After conducting anthropometric comparisons, the authors found that of female study subjects, 61 percent of the overweight girls classified themselves as normal weight, but only 4 percent of normal girls classified themselves as overweight. Thus it seems that the societal

definition of overweight does not coincide with the medical one, indicating a cultural divide in body classification systems. The authors also found that maternal obesity was a strong predictor of weight status, indicating that “familial effects...are likely to have both genetic and environmental components” (Gaskin et al. 2007: 46). Interestingly, however, the reporting of maternal obesity by their children in this study was lower than the measured prevalence among Barbadian women. Ultimately, they found that “cultural factors are promoting adiposity, with a strong contribution from maternal obesity” (Gaskin et al. 2007: 47). Of the greatest concern to the authors was what they felt was “ignorance on appropriate levels of fatness with respect to health risks” (Gaskin et al. 2007: 46).

Jackson et al. (2003) attempted to determine the relationships in body mass index and diets, social and behavioral factors among adult Jamaicans of African origin in urban communities. After studying 363 males and 561 females, they found that women have a higher mean BMI than men, and that 30.7 percent of women were obese, compared to 6.7 percent of men. They noted that obese men have higher percentages of dietary intakes from fats, and less from carbohydrates, while in women the percentage of protein increased with increasing BMI. The authors did not find any other concrete relationships between dietary intake and BMI. Additionally, the mean BMIs of men and women were similar to averages reported in some Caribbean countries, but lower than the US. The authors note that they found only a limited association between dietary factors and body mass index, which indicates that other factors, such as social and behavioral practices, and genetics may be important determinants of body weight. So while poor dietary practices often receive the primary blame for higher BMIs, this assumption is not

supported by this study. It is likely that other lifestyle habits, or perhaps family tendencies may in fact be more influential on body size.

The sparse quantitative research on obesity and overweight available for Barbados indicates nutrition-related health issues similar to those in the US. FAO data shows that in 1991 55.8 percent of the male population of Barbados, and 63 percent of the female population were obese or overweight (FAO 2003). Other quantitative work has confirmed that obesity and overweight are a health concern in Barbados (Foster et al. 1993, Fraser 2001). There is no existing data on what happens to this Barbadian population when they migrate off of the island. While current literature on food and migration (Himmelgreen 2004, 2005) emphasizes the shift from “traditional” foods from the sending community to a more American diet, resulting in increased body size, it is not known if this is the case among Barbadian migrants. This research addresses this gap in knowledge through body measurement methods to determine the rates of obesity and overweight in a small population. This allows for comparison between migrants and the sending country and comparable studies in the host community. I will now turn to body measurement methods, beginning with comparisons of anthropometric measurements, BMI, and WHR.

### **Body Compositions**

#### **Body Mass Index (BMI)**

During the research process, I collected anthropometric data on each of the women participating in the project (See Table 2). Of the ten women analyzed in Atlanta, none of them were underweight according to BMI calculations. One woman was of

normal weight, with a BMI of 24.6. Forty percent of the women fell into the overweight portion of the BMI charts, with BMIs ranging from 25.9 to 28.9. However, the majority (50 percent) were classified obese, ranging from 32.9 to 36.7, bringing the total number of overweight/obese women to 90 percent of the sample. It should be noted that none of the women were classified extremely obese.

Table 2- Anthropometric Measurements for Atlanta Informants

<b>Age</b>	<b>Weight (pounds)</b>	<b>Height (inches)</b>	<b>Waist (inches)</b>	<b>Hips (inches)</b>	<b>BMI</b>	<b>WHR</b>
46	204	66	37	48.5	32.9	.76
48	168	57.5	40.5	45	35.7	.9
50	158	64	36.5	40.5	27.1	.9
56	156	65	35	41.5	25.9	.84
58	222	66	43	46	34.3	.85
58	206	65	41	48	35.8	.93
59	214	64	40	50	36.7	.8
61	148	65	37	39	24.6	.95
66	154	63	36	43	27.27	.84
75	174	65	33.5	43.5	28.9	.77

In Barbados, only one woman measured was considered underweight, with a BMI of 18.3. Seven of the women (33 percent of the sample) were of normal weight, and 29 percent of the sample (6 women) were classified overweight. Obese women were an equal number to the normal weight women, with 33 percent of the sample considered obese (See Table 3). Overall, 62 percent of the population was overweight or obese.

Table 3- Anthropometric Measurements for Barbadian Informants

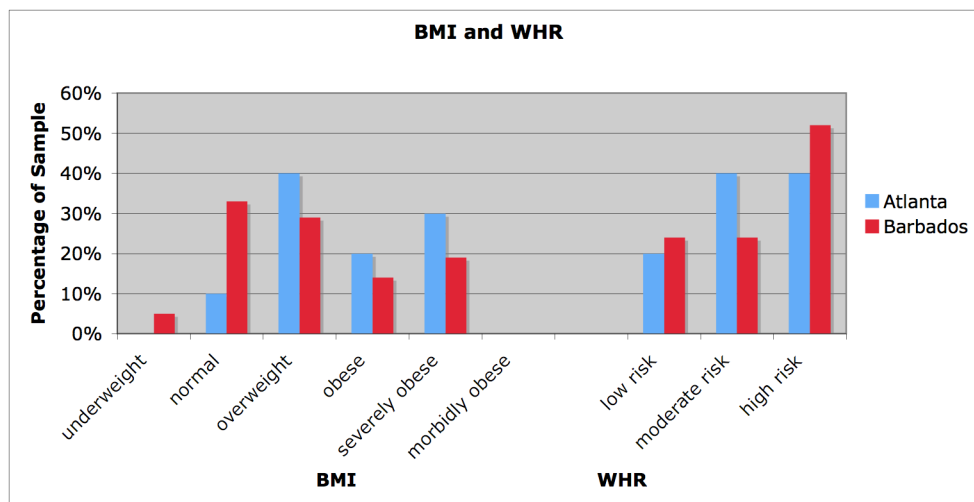
<b>Age</b>	<b>Weight (pounds)</b>	<b>Height (inches)</b>	<b>Waist (inches)</b>	<b>Hips (inches)</b>	<b>BMI</b>	<b>WHR</b>
26	110	65	26	36.5	18.3	.72
27	192	60	44	48	37.5	.92
28	232	65	51	53	38.6	.96

31	128	60	31	40	24.99	.78
33	124	61	31	38	23.4	.82
33	120	63	31	39.5	21.3	.78
39	102	61	28	34	19.3	.82
41	142	61	34	39	26.8	.87
42	163	64	34	42	27.98	.81
43	176	60.5	41	45.5	33.8	.9
43	140	62	33.5	37.5	25.6	.89
45	120	65	29	37	19.97	.78
48	192	67	40	45	30.1	.89
54	162	69.5	34	44.5	23.6	.76
58	136	61	35	40	25.7	.88
60	194	59	43	50	39.2	.86
65	212	62.5	44	52.5	38.2	.84
72	130	59	33.5	41.5	26.3	.81
75	192	64.5	40	46	32.4	.87
78	144	61.5	39	45.5	26.8	.86
80	150	65	41.5	43.5	24.96	.95

Agreeing with much of the literature, Barbadian women in the US do have different body sizes than their counterparts back home. Based on these calculations, a much larger percentage of the Atlanta population is overweight and obese, compared to the Barbados sample. While 62 percent of the Barbados population was overweight or obese, 90 percent of the Atlanta section was overweight or obese.



Figure 2- BMI and WHR of Study Population



### Waist-Hip-Ratio (WHR)

Among Barbadian women in Atlanta, only two of the sample (20 percent) can be considered at low health risk according to their WHR, which were under 0.8 (See Table 3). 40 percent of the women can be classified at moderate risk for health problems, based on WHRs ranging from 0.8 to 0.85. The remaining 40 percent are ranked high risk because of their WHR being over .085. Thus, 80 percent of the study population was at moderate or high risk of health problems, based on their WHR. While this is still a large majority, it is not as grim as the BMI figures, which ranked 90 percent of the sample as being at a higher risk of health complications because of being overweight or obese.

The numbers were slightly less dire for the Barbados population, with five of the women (24 percent of the sample size) having WHR less than 0.8, therefore being classified as low risk. An equal number were considered moderate risk because of WHR between 0.8 and 0.85. The majority of the women, 52 percent of the sample size, measured a WHR more than 0.85, classifying them of high health risk. Ultimately, 76

percent of the sample population was at moderate or high risk of health issues based on their WHR.

With these etic figures in mind, I proceeded to evaluate women's own perceptions of their body measurements and sizes. To this end, I utilized body silhouette images.

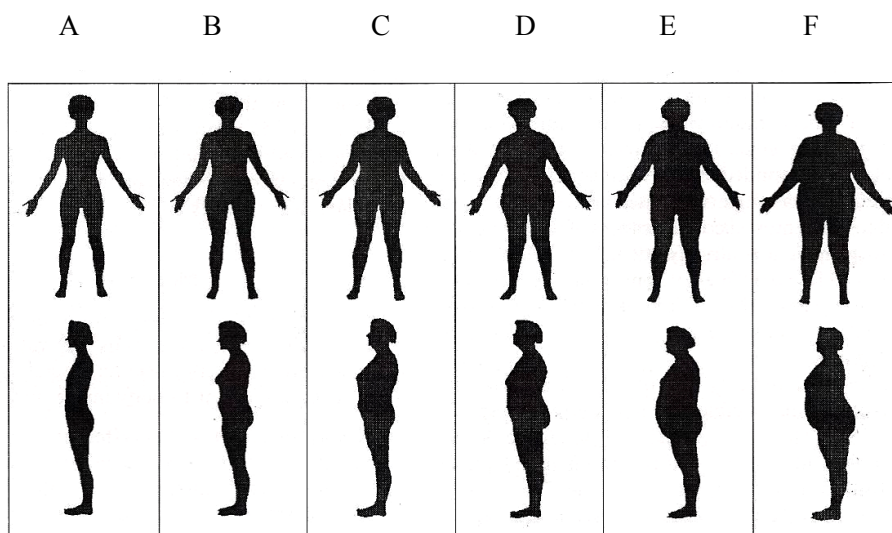
### **Body Size Perceptions**

These statistics may seem to be concerning, and may in fact represent the potential for health risks. However, it is important to also recall that perceptions of body size, weight and health implications are culturally bound issues (Massara 1989). In attempting to discuss attractiveness and body ideals, it is important to have actual images to discuss, thus ensuring that definitions are consistent across different individuals. However, the existing silhouette sets are of questionable value due to culturally centered classifications, ethnic differences in body shapes and appearances and age-related body compositions. For the purposes of evaluating accuracy of body self-perception, this study nonetheless used several of these body image sets despite these misgivings. Interviews proceeded using figures introduced by Bush et al. (2001) and Singh (1993).

The silhouette set developed by Bush et al. (Figure 3, Set 1) was unique in its depiction of shaded figures rather than line drawings, and its basis on images of real women with corresponding accurate BMI and WHR information. The six figures range in size from a BMI of 20 to one of 38, and vary in WHR from a low of 0.71 to a high of 0.93. These figures depict real women of various ages and sizes, and therefore, weight is distributed differently on each one. Body A and Body B are "normal" weight, Body C is "overweight" and Bodies D-F are "obese," with Body F classified "severely obese.

Figure 3- Body Silhouette Images from Bush et. al

## Set 1



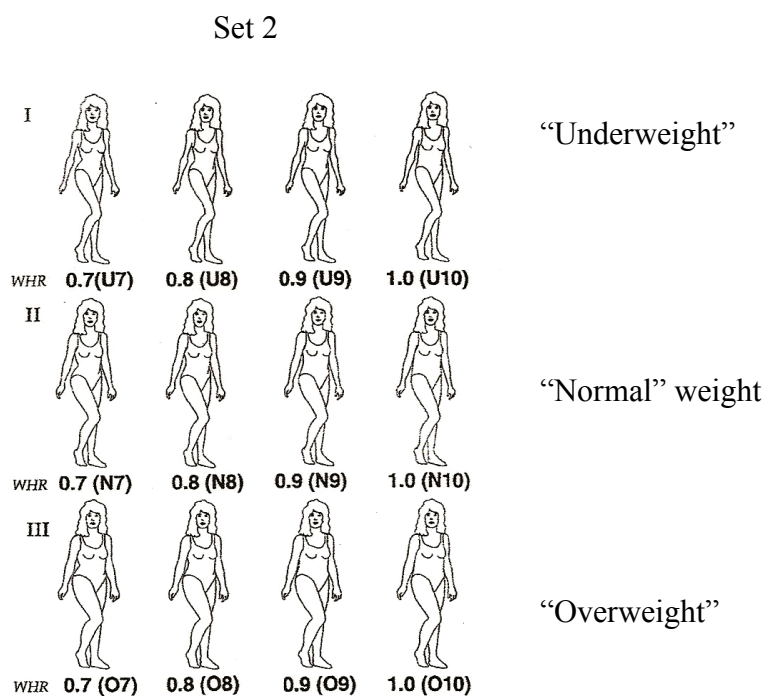
Age:	30	42	64	47	54	54
BMI:	20	24	28	30	33	38
WHR:	0.71	0.79	0.88	0.73	0.90	0.93
Waist:	65 cms	76	89	80	102	101

Reprinted from *Appetite*, V. 37. Bush, H.M., R.G.A. Williams, M.E.J. Lean, and A.S. Anderson. Body Image and Weight Consciousness among South Asian, Italian, and General Population Women in Britain, 207-215, 2001. With permission from Elsevier.

In contrast, Singh presents simple line drawings (Figure 4, Set 2) that differ in both weight and WHR. The smallest four figures are ranked “underweight” by the author, and have WHR of 0.7, 0.8, 0.9 and 1.0. The same four WHRs are repeated with “normal” weight images, and “overweight” images. Each figure is labeled with an abbreviated shorthand to designate weight and WHR, ranging from “U7” to indicate the “underweight” figure with a WHR of 0.7 to “O10” to indicate the “overweight” figure with WHR of 1.0. While there are numerous issues with this particular set of images

because of the drawing style and clear ethnicity, it was the only available set that correlated images with WHR measurements.

Figure 4- Body Silhouette Images from Singh



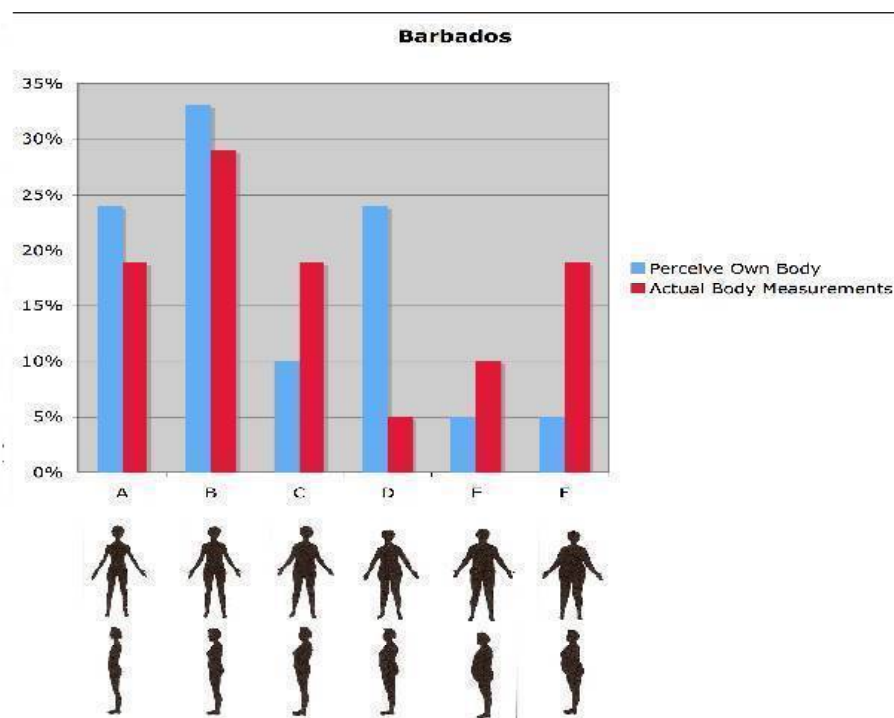
Material republished from Devandah Singh, “Adaptive Significance of Female Physical Attractiveness: Role of Waist-to-Hip Ratio. *Journal of Personality and Social Psychology* 65 (2): 293-307. 1993. American Psychological Association. 1993. Reprinted with permission.

### Accuracy in Body Perception

In order to assess the individual perceptions of these body measurements, participants were engaged in discussion about their own bodies in relation to sets of images. Using these body silhouette cards, I asked each woman to select the body from each set that best represented her own. Among women in Barbados, the majority selected figure B from the first set, which represented a woman with BMI of 24 (categorized “normal” weight) and a WHR of 0.79 (the smallest category, labeled “low health risk”).

Of the women surveyed, 33.3 percent felt that this was the most accurate portrayal of their own figure. This was also the most commonly selected figure for Atlanta Barbadians, with 30 percent of the group also selecting B.

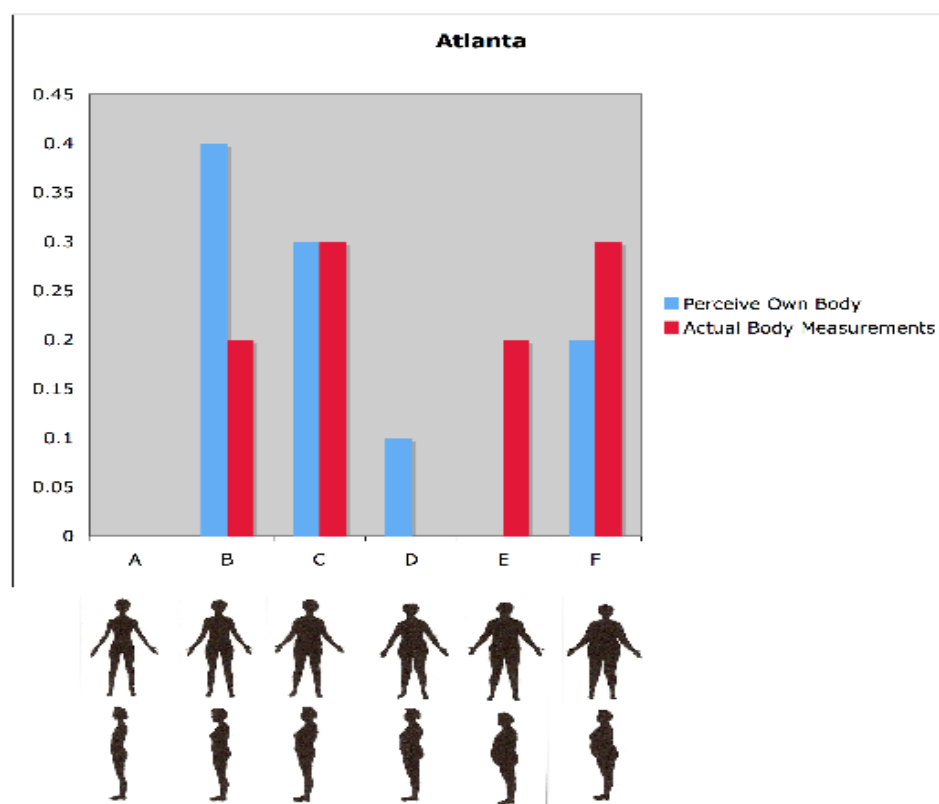
Figure 5- Barbadian Women's Perceived and Actual Measurements



The emic and etic nature of this data is displayed in the difference between the women's selections of their perceived body sizes and the actual body size determined by the anthropometric data. Barbadians were the most accurate in their own self-assessment, with the majority of them (29 percent) actually being most closely measured to that same B figure. However, the majority of Atlanta Barbadians were evenly split between the larger figure of C, and the largest figure, F in their anthropometric measurements. These responses indicate that Barbadians on the island have a more accurate self-perception of their own body sizes, and Atlanta Barbadians perceive themselves to be smaller in size than they really are. This tendency to self-assess as smaller than in reality may indicate

that similar self-assessment tools used in research are comparably inaccurate and problematic. As this large discrepancy between reality and perception—or etic and emic perceptions—only happened among the US Barbadians, it is likely that living in this environment may have influenced this viewpoint, possibly because of increased desire to actually be of smaller body size.

Figure 6- Atlanta Barbadian Women's Perceived and Actual Measurements



In assessing WHR using Set 2, women in Atlanta were more accurate than their Barbados counterparts, despite the majority actually overestimating their own size and WHR. An overweight figure with WHR of 1.0 was selected by 30 percent of the group as the best representation of their own size, while in reality, 50 percent of the women were

indeed overweight, but with a smaller WHR of 0.8. Only 10 percent of the sample was actually as large as the figure most selected.

Over half the women in Barbados were evenly split into three groups, with 19 percent assessing themselves as underweight with WHR of 0.7, another 19 percent selecting overweight images with 0.7 WHR, and a third 19 percent selecting overweight with WHR of 0.9 as best representing their own figures. However, the overwhelming majority of 43 percent actually measured overweight with WHR of 0.9, and the second largest group measured normal weight with WHR of 0.8. This selection of lower WHR is interesting in this group, as this type of smaller waisted, curvier body is considered ideal in many Caribbean communities. A self-perception of this body type may be indicative of a cultural body ideal molding the self-image. Body image is largely shaped by social concepts in regards to size and shape, and might therefore be influenced by ideas of how one should appear. The value placed on this body shape is apparently influencing self-perception—whether accurate or not.

### **Barbadian Body Image Ideals**

Little has been known about body image ideals in Barbados or among Barbadian migrants in the US, and whether models of the thin body are the ideal in these communities. However, this limited body of research indicates a shifting value system. Some Barbadians report that people seem to value larger bodied women and younger people speak of a thinner, more American body ideal. Yet upon selection of body silhouette images that they found to be the most attractive bodies, women of all ages in Barbados predominately selected smaller bodies, with no correlation to age. However, the

lack of consensus is reflected in a song released in Barbados in 2006 about men preferring women who are “big, and thick, and fat.” High rates of obesity in Barbados might also be related to the perspective that fat is associated with affluence, health and beauty, because “in the Caribbean, and particularly in the lower socioeconomic strata, men prefer fatter women. We have clear data from the 1980s showing that the majority of overweight women think they’re normal and very few want to lose weight” (Forrester et al. 1996: 30).

In Barbados, Gaskin and colleagues initially hypothesized that Caribbean girls were of the belief that “men prefer their women fat, and therefore they may intentionally be maintaining obese bodies” (2003: 420). Yet, upon closer examination, their findings did not support this hypothesis that girls wanted to be heavier, but rather, found that the “societal definition of overweight does not coincide with that of the scientific community” (Gaskin et al. 2007: 426).

To better understand what Barbadian women on the island and in Atlanta perceive as attractive and ideal bodies, I discussed the body with them using the visual aids of body silhouette images, as mentioned above. Each woman was presented with the images created by Bush et al. and Singh, and asked to use these pictures to respond to questions about attractiveness and body ideals.

### **Definitions of Attractiveness**

#### *Atlanta*

Upon viewing the silhouette sets, women were spontaneous in their evaluations of each figure’s attractiveness. When discussing each woman’s individual beliefs about



female attractiveness, several common themes emerged. Women in Atlanta expressed specific criteria as to what makes a woman attractive, beginning with one 48 year-old woman's assertion that attractiveness is related to weight "...I don't like, for me, extremely fat. I mean, I got this blubber, nothing personal, so to me someone else might not think I'm attractive because I'm short... I would say the typical man won't pick me because I'm short, I'm a bit plump, I don't wear make-up, I don't wear the latest fashions." Her self-evaluation as "a bit plump" is an interesting juxtaposition to her BMI of 35.7. By medical standards, she is classified as severely obese, indicating a discrepancy between her self-perception and her actual body size.

A 56 year old women in Atlanta, Stacey, explained her viewpoint on weight, "...if I get to 150, I'm like, 'oh heck no!'" and she watches what she eats to get back down between 140 and 145. She explains "I like the size I am now, I am happy where I'm at" but notes that she hasn't weighed herself in a while (A3). While her BMI of 25.9 is technically considered overweight, she explains her preference:

I'm tall... it's in the right places, you know...I'm not skinny, I'm the right size I'm supposed to be. I'm the size I'm supposed to be. If somebody tells me I'm fat, I'm like, whatever. I don't need to be 120 pounds, 130 pounds, I like where I'm at. If I can stay at 145, I'm happy. And if I get to 150, I watch myself.

Many were not able to describe attractiveness without immediately expressing the sentiment that women are being held to unreasonable expectations regarding their looks.

As Atlanta Barbadian in her fifties, Abigail, explained:

Dealing with the same fact of looking what they say is good, having those tight arms, like the president's wife [Michelle Obama], the flat stomach, and you can wear a belt around your waist, whereas the majority of them really have that pouch that your belt can't get around. They feel that they have to. All women want that flat stomach, so when they wear their dress, they have that... but not

everybody can achieve that. Because not everybody can afford that, have the money to go get the belly tucked, and all that tucked! Stars can do that! (giggles)

With a BMI of 34, this woman is at the high end of the obese range, and her WHR of 0.85 is at the highest point of the moderate risk category.

Many women also mentioned comparing themselves to others, such as this woman who explained

When you look at other people, you see them dressed, they look nice in their clothing, you say “oh, they look good” or “oh, am I as big as that person?” cuz I tend to look at people and say “I wonder if I look like that?” you say, “am I as big as she is?” You tend to do those things! You look at people and try to see yourself, if you look like that.... I hope in my clothes I look like that. I’m looking... say if I see somebody in a dress. And I’m not a dress lover, but I see someone in a dress, and I say, “oh, I hope I can get a dress that can fit me like that.”

There is a recurring sentiment of body acceptance, with women explaining that:

Yes, when you look in the mirror you might say this part of you is too bumpy, or this part of your stomach too big, you look from the side you see humpty dumpty and you say “I wish I didn’t have that.” But when you think of it realistically, how will I get rid of that? It’s a tall order. So you accept it, or you try to kill yourself to get rid of it. So I don’t do that”

or

We are who we are, I am who I am, and if I didn’t like it, I would have to work on it. But I know for a fact that society... the Lord provided me with the body I have. A man is going to go for one more than another. That’s how society thinks. And I’m being in the presence of them. Regardless of how subtle it is, how subconscious it is, it’s there. For me, I choose... I can’t change my height! I’m the shortest in my mother’s family, my father’s family, I’ve also got the most weight. What am I gonna do?

This emic expression of body acceptance should be understood in the context of etic measurements that indicate a severely obese BMI and a high risk WHR.

For many of these woman, there is a disconnect between weight and attractiveness. While weight comes up for many of them when describing attractive

qualities, they often simultaneously deny that it is an important criteria. As one woman explained,

Because you have some big people that look very nice. Some big people carry themselves very, very nice. I think it's the overall, how they look, what they're wearing, how their body shape, how they look, their features, I think everything... it's how everything is put together and where you're looking at. I don't think... everybody cannot be a 10. Everybody cannot be. You body structure is going to be whatever God grant you with. If I see a very, very big person, and you've got all this bressssssts, and top, and little squiggly legs, you can tell this is somebody who just let themselves run to ruin.

Another woman added

Some people might think small is better. Some people might think big is sexy. I think it would be different things for different people. I come up in that realm where small is good, you need to be small. But I have seen, I have had the privilege of knowing, personally, some big women that I thought were fabulous. To me, they didn't have to do anything. I mean, I think if they tightened up, they would be even better. Not lose weight, but be firm, muscular. Not lose. But I don't know how they feel. I don't know if they're feeling comfortable at that weight, but I think they're fabulous.

Size is also open to interpretation, as Beverly explained, what she finds to be an appropriately thin size for her own body might not mesh with information she receives,

I know that there is a size, like if I got to a certain size, even if my body looked good, my face would look awful would look draggy and haggard and all that. I know that. So this ideal, the ideal size, I don't go by what the doctors say you should look at. That doesn't work for me. I think it's how you feel, I think it's a personal thing. I never went with that, because it says I should weigh 115, 110. If you saw me at 115, 110, I look like death! Seriously! I look like death! That is why I don't pay attention to that! I don't ever want to be no 115, 110, those sizes! But I also don't want to be 'puggy,' [sic] feeling uncomfortable. I know the size I should be at, I know that.

At the time of this interview, this woman in her 50s was at a BMI of 27, she was solidly "overweight" according to the BMI charts, and had a high risk WHR of 0.9. While she acknowledges that BMI standards might dictate a certain body size that should be ideal

for her, she has found that at that prescribed body weight, she looks unattractive. Instead, she seeks a body size and BMI at which she feels best. She further explained “I think there’s different things for different people. I think there are lots of people, they would think they are fabulous, and they’ll be different sizes. Different looks, ‘cuz some of them might have a pretty face and a big behind, bigger than it should be, and they’ll be saying ‘oh lord, that is good.’ But I think it’ll be an individual thing.” However, as one woman clarified, “You can be a good size and look good, or tiny and look terrible.” There does seem to be an upper limit, though as “300 pounds is not going to look good.”

When asked to describe an attractive body, most had no trouble giving detailed descriptions such as this one,

Of course, I would say, a flat stomach! Not too big of boobs, those nice arms that don’t have the jiggly-wiggly Not too big, big of butt, but a nice tight, tight butt. If I had to make myself, that’s what I would have. A flat stomach, I could have my breasts, but probably perkier—ones I didn’t have to lift up! A tight, nice, high butt, not too big. My legs would be not fat. Not slim. I would not want a very slim body. I would want a body that is size, between 10 and 12. Some meat on my bones, but yet, not meaty. I would need some meat on my bones, I don’t want to be skinny. I would like to be Tyra Banks size. Tyra Banks, she’s not skinny, she has a butt, she has legs, I like her legs. That would be for me (the ideal body) a flat stomach, she doesn’t have a flat, flat stomach, but she has a womanly look. A real woman. A real woman’s body.

The desire to be not “too skinny” was a common one, as another woman mentioned that she’s “seen some skinny women just want to take them and feed them! They look sick, [I] don’t think that’s attractive.”

When asked to describe what they felt made a woman attractive, many women immediately volunteered what they felt Barbadian men found attractive. Most comments were along the lines of

Men, they want, of course, that flat stomach, that big butt, and the big boobs, that's what a Bajan man will say. Bajan man will probably have a bit gut, and they feel if they have a big gut, and the woman have a gut, that's too much gut! They feel women should do something about having a smaller stomach. But they all look pregnant! They all go with the big guts from the liquor, but yet they want you to have that flat stomach!

Another explained that when she was growing up, "if you were] nice and hippy, and had some weight, men liked you" and women wanted to be "busty and hippy." But now she finds that people like slimmer bodies and are "derogatory towards people who are heavy."

Despite a common refrain of size not influencing attractiveness among Barbadian women, this was not the case in the Atlanta interviews. Repeatedly, Barbadian women in the US responded to the question of what makes a woman attractive with specific physical traits. Only one women failed to mention physical features, responding instead that a woman is attractive if she has confidence, but even so, quickly progresses from the idea of confidence to a connection with the physical body and weight giving her this self-assurance:

Confidence. I think if a woman is confident, no matter what size she is, she's attractive. Because I've seen big women that are beautiful because of the confidence that comes with a woman. At this size now, I know I'm a little heavy, so I don't feel confident because there is a size that I feel good at, if I'm not at that size, I feel kind of 'puggy,' I feel a little out of control. So I think if you're confident about who and what you are, it doesn't matter the size.

A common theme emerged that many thought attractiveness was more malleable and controllable than simply being based on weight. As one woman explained, sometimes she thinks there's a relationship between someone being "very heavy and wearing tight, tight, clothing that shows all their thighs and spare tires" but she thinks

that attractiveness really “depends on how you carry yourself and how you dress.” This sentiment was much more common in Barbados.

### *Barbados*

In contrast to the immediate focus on physical attributes that emerged among Atlanta Barbadians, when questioned about what makes a woman attractive, many of the informants in Barbados struggled to differentiate the physical body from personality and demeanor. Only after repeated questioning from a variety of directions, many were able to discuss physical attractiveness separate from inner beauty. A common answer was that body weight and shape was only partially related to how attractive a woman was. As one woman explained, “you want your body to look a certain way too. Not too fat and bulky, but then again, some things you can’t stop yourself from getting. So I feel to try to be attractive all around” while another mentioned low body weight “Most people desire to be small as possible. But, thin is not always attractive. There are people who are too thin. That’s a minority of people though” The issue of what body size actually constitutes an acceptable weight brought a surprising answer: “in between! I guess, depending on you age group, up to a size 16, or size 18. Unless you have a good shape” while another offered “If you’re really, really, really big... that’s a trick question! To me, I find if a lady is really, really big, it’s not attractive to the male species, he’ll say ‘she got too much weight’ but if she’s a little bit under that, and you can see the curves, that really attracts men. So not too skinny, too skinny, they want a little meat on the bones.” Again, shape seems to be more significant than weight.

Others were careful to distinguish attractiveness separate from body weight. “I wouldn’t look at a person as thin as a stick and say ‘ooh, that’s attractive’ because I might say ‘she’s too thin!’ if a person might be slightly overweight, might still look, so good to me, she’s so attractive. You don’t see anything else, she’s just an attractive woman! I don’t use that as criteria to measure anybody.” Similarly, “I wouldn’t say that size matters much, because some people destined to be that size. But if they keep looking comfortable with themselves...” Another woman explained that size doesn’t necessarily affect attractiveness,

Some people are big and still look... attractive. They still look good. You can see that they still feel good about themselves. Then you have another set that just look so sloppy, that don’t take pride in themselves, they just comfortable with that. Some people are big but some can’t do nothing about it because it’s related to a health issue.

She gives an example of a young girl she knows with asthma who has to take steroids that “blow her up” but she can’t exercise due to her health.

Shape was a recurring feature, as one woman explained, “you can be big and sexy and you can be small and sexy. Shape-wise, if you have what we call a Coke-bottle shape... some people don’t have that. Sometimes your face. You don’t have to be a ‘beauty’ but I think how pleasant your face is, that says a lot.” A common answer referred to a woman’s stomach. Many consultants felt that a flat abdomen, or at least a smaller abdominal protrusion was key to an attractive body. As one explained, “I think somebody could be big and not have a huge tummy, that might be more attractive to me. If you’re big and you don’t have a huge stomach, you’re just big. You just might be big boned. Yeah. You see the big stomach and they’re not pregnant, you know ‘you need to take care of yourself’.” This was echoed by another woman,

I would have to say for me, seeing women with really small waists, I think “I need one of those!” For us, down here, it’s the whole hips and butt thing. And the occasional breast people. For me, it’s the small waist; clothes fit better that way too. Every once in a while, I decide, I’m not eating until I get to that size.

Some women felt that body tone or shape was important to attractiveness, “women that have some kind of muscle tone are attractive” but she was quick to elaborate that she is not referring to a “body builder.” She felt that “curvaceous” women were the “really attractive ones.” In part, this related to the fact that she had always felt that she didn’t have desirable hips, and therefore thought women with hips were more attractive. Other specific body parts were also mentioned,

Reasonable amount of bust to hold your clothes on nicely. Some strong looking feet. Like people that look like they’re top heavy! Your feet can hold you up! (chuckling) she has a certain height and holds herself erect, not slouching. You should be well-proportioned in weight, you know, kinda balanced when you look at the overall picture.

She clarified that there are not certain weights that are more attractive than others, but rather, “a good balance to me is good.” Others specified that it is not certain body parts that make a woman attractive,

Different parts of the body? No... I feel that you may be a person who has big hips and a big bum, I be a person who has no hips, no bum, yet you are sexy of the way you carry your body structure and the way you dress. I know I don’t have that shape like you, therefore I dress to my shape and my size, therefore I feel sexy, I feel glamorous. Every body structure is going to be different.

Proportion was a recurring theme, as one woman explained: “I think a well-proportioned body, however big that is.” Another mentioned,

I like bigger boobs. Mine are normal. I like boobs. Not too big, not too small, whatever. Mine are too small. I think you look better with a little something. Not too big, just a medium something. D is medium? I wear a D. I like calves.



Sometimes, people tend to like what they don't have. The only thing I have is breasts. But calves, I like to see nice calves, because mine are kinda small.

When asked to describe what they found to be attractive features in a woman, many of this group also began to describe what they thought men found appealing "More bust! More behind! (giggling) and I guess its whether you're curvy or firm or whatever. That's what men want to see." Many women volunteered that they believed that Barbadian men felt that a larger woman, or more pronounced backside was considered attractive, "A lot of women would tell you that they like their weight, because Bajan men like their women well covered! Some of them, some like their women well-covered."

Similarly,

When we were growing up, Bajan men liked their women big. You probably hear about it, in calypso, because when you were big, it was thought in the neighborhood that your husband was treating you good. You used to see these, we called them 'mauger' looking people. You had to have some weight on you. That was that traditional look. But now, I don't think so. I think you know, a good size, hips and a little bust, within reason, not too big.

However, Sadie was frustrated with what she felt was an emphasis on a particular body part:

Bajan men will tell you a butt. In know. I've been getting a lot of attention lately, I think because my clothes are fitting me not the way I want them to. I can't walk the road in peace, it's all about the butt— 'baby got back'. I don't like it. It looks good. I look in the mirror and I know it looks good, don't get me wrong. But I like my before body, without the fat behind, so all my clothes could fit properly. When you have this (indicates rear end), clothes fit differently. Lots of clothes you would like to wear, you can't. It's all well and good, some think it looks sexy, but it's all relative. For me, I like the 'secret.' I like yous [sic] to have to wonder what's on the menu. I don't see anything wrong with people who have the big butt who like to show it off, but it makes it a little more difficult to pick more secretive clothes when you have all of this protruding. An unnecessary protrusion!

However, another explained that some Barbadian men “would say they like their meat closer to the bone! (laughs) Don’t like them too big. All sort of different things. No one thing will be, you know.... A variety.” Another woman thinks “Bajan are more “versatile” and have a broader range of attractivenesses.” Similarly, “I think we’re all made in different shaped packages. And that’s why a man who might want me might not want a woman with huge breasts.” This openness to different body types was a recurring theme, “Some women think that a big woman is the best thing. Some think that a slim coke-bottle shaped woman is the best thing. It is about how we know a woman feels about herself. Being slim, being fat, or whatever shape, as long as you’re physically fit and able to move around.” Another woman presented a comparable sentiment, “I think there’s a range of types. I have a lot of friends who are very short, big people, and I find that they are attractive by their cuteness. Yet, I can appreciate somebody who is tall. Some who are plump are pretty attractive. You know, it’s more on the personality than on the actual physical appearance.” Melanie felt that both bigger and smaller women were found attractive by Barbadian men, but lamented the plight of the “normal”:

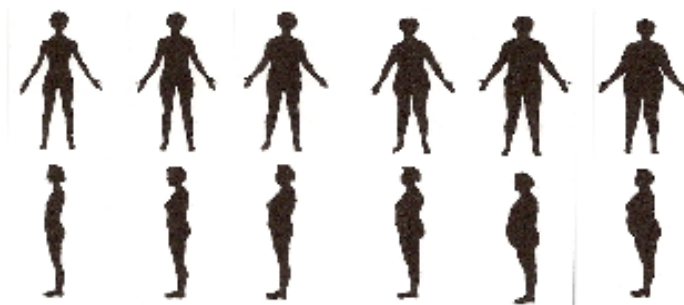
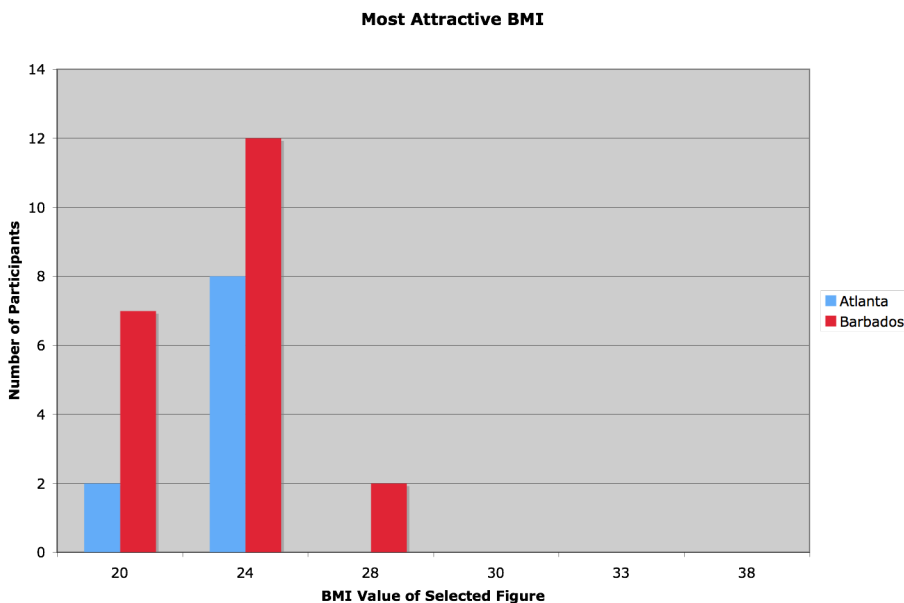
Men like women that are what we call thick. That are biggish, and have big butts and everything else. So, that in my opinion has always kept some women the size because they say my man like me this size, so I ain’t gonna lose nothin’! ...The thicker, bigger women have always had relationships. And you have the ones that are really skinny, that are attractive. Then you have the middle ones, the normal ones, they say ‘you look nice, but....’ ‘Your butt’s flat’ that’s my problem, I’m normal! I’m not skinny, I’m not big, I’m in the middle, the middle ground. I always address the middle, yes, I’m sorry, but I’m too normal. Apparently!

Despite these comments on physical bodies, there was some resistance to this set of questions and their focus on the physical body over the whole person.

### *Etic Measures*

Utilizing the same body silhouette images discussed above, women were asked to select the figures they found the most attractive. Despite the emic reports of valuing bodies of all sizes and reported dislikes of slimmer bodies, all the women surveyed selected the three smallest bodies in Set 1 as the most attractive. Interestingly, the women who described “a little meat on the bones” as being the most attractive selected figure B from the Bush set, which is a “normal” weight body. Similarly, all of the Atlanta Bajans, and all but two of the women in Barbados selected bodies with “normal” BMIs as the most attractive. The small exception to this theme were the two women in Barbados who found the body with BMI of 28—“overweight” as the most attractive. Thus, there is conflict between the qualitative reports and the quantitative selections. This may indicate contradictions between medical labels and cultural descriptions of bodies, or may reflect the problematic nature of these silhouette images.

Figure 7- Most Attractive Figures by BMI

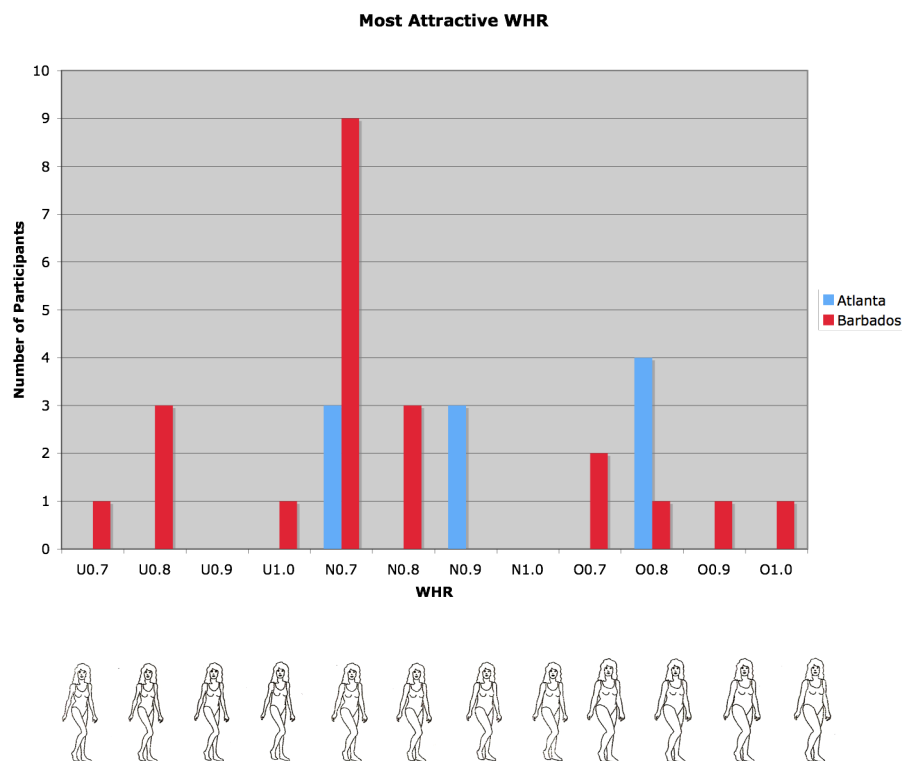


The data collected on WHR was more varied. While Barbadians in Atlanta professed a preference for bodies with smaller, more defined waists, this was not reflected in the silhouette data. Women in Atlanta were nearly evenly divided in their preferences for a “normal” weight body with low WHR of 0.7, a “normal” weight body with WHR of 0.9, and an “overweight” body with WHR of 0.8. No clear preference for a smaller WHR emerges here, yet it should be noted that none of the women selected any bodies with the highest WHR of 1.0.

In contrast, the selections made by women in Barbados were more consistent with their emic reports. Their interviews described a range of body types and sizes that would be considered attractive, and similarly, their selections for most attractive bodies in the WHR silhouettes were varied. Of the twelve body figures, at least one woman selected each of nine of them. Popular were the “underweight” and “normal” figures with a fairly low WHR of 0.8, with three women selecting each of these. However, the most popular figure by far was the “normal” weight body with the lowest WHR of 0.7. Nearly half the sample in Barbados selected this figure with the smallest waist but “normal” sized body as the most attractive.

Surprising in light of this data, waist size was described more frequently among the women in Atlanta than among those in Barbados. However, women in Barbados did frequently mention “shape,” “proportion” and “curves” as being attractive. While not focusing specifically on waist circumference, these remarks indicated their beliefs that a smaller WHR was preferred. This shape, commonly referred to throughout the Caribbean as the “Coke-bottle” shape, has frequently emerged in conversation about body ideals. A smaller WHR is key to this preferred “Coke-bottle” shape so commonly referred to.

Figure 8- Most Attractive Figures by WHR



### Enacted and Inner Beauty

In many cases, attractiveness was not actually related to the physical body, according to consultants in both Barbados and Atlanta. Much like the African-American girls consulted by Parker et al. (1995), beauty was more often defined through style, carriage, confidence, presence and grooming. While still relying on physical criteria, the elements of attractiveness described by many of the women were those that were more immediately alterable for the individual, rather than phenotypical features, such as hair texture and physical features, or items requiring more intensive efforts, such as weight loss or gain. Cultivation of the body and personality were more central to both physical attractiveness and a woman's "worth".

Among the ideas mentioned by the study consultants were frequent references to grooming and carriage. Their opinions aligned with the distinction presented by Rubin, Fitts and Beckler (2003), where rather than endorsing a particular set of *body aesthetic ideals*, the women endorsed a set of *body ethics*—a set of values regarding the care and presentation of the body. Rather than promoting a thin body ideal, as is expected of many White American women, these women instead spoke of multifaceted beauty ideal, endorsing care in creating hair styles, good hygiene and skin care, and flattering style in clothing selections. Many of the women consulted in Barbados had trouble answering my question “what makes a woman attractive?” Over half of them responded with answers about clothing, carriage and confidence. One woman explained that attractive is often just something striking about a woman, not that there is necessarily anything exceptional about her, but just walking by is enough to get an impression, based largely on “how she carries herself.” She is echoed by another who responds “I think how you view yourself, how you carry yourself, how you dress.” Personality was a key part to many answers, “Her personality. How she’s able to relate to people, she’s funny, she can make people laugh. If people gravitate to her, talk to her, confide in her, that makes her attractive. If she’s intellectual. Not super bright, but you know!” and similarly, “Your beauty comes from within, that’s how I was taught. You can be a nice person, you’re clean and tidy, you’re helpful, that’s beauty. Beauty is in the eye of the beholder” as well as “I get attracted to people’s personalities and not their appearance. So I don’t hardly ever do I see a person, in terms of the beauty, the structure, whatever. I get attracted to what they do, how they behave, that attracts me.” Likewise, “You know, it’s more on the

personality than on the actual physical appearance.” Important to people’s impressions of other women, is the care taken in presenting an attractive image to the public:

If you see a person who has no confidence, sloppy in the clothes, in the oversize clothes that make them look even bigger... a person who is confidence, holds her shoulders up, holds her back up, wears a proper bra, and just... she struts. That makes a lot of difference. Big and beautiful!

When pressed further to discuss the relationship between weight and attractiveness, many women instead mentioned the importance of grooming and carriage. One explained “If you have a nice personality, you can see that in a person, more so than if they’re 25, 28, whatever [the measurements] are supposed to be. When you were young you thought about that, not now!” Clothing was a key part of many responses, such as this woman’s explanation: “I know some big ladies that are very sexy to me. But to me it’s all how you carry yourself, how you view yourself. If you look in the mirror and say ‘oh lord, I’m ugly’ you gonna dress ugly, you not gonna have a glow on you face” and similarly, “I don’t think it has anything – to me—with the size. It’s how you carry yourself, how you dress to suit yourself, kind of thing.” Grooming was a recurring theme in this conversation, such as this comment about a woman’s looks, “Her hair. I think her hair, yes, I think how she’s looking. Looking happy...” as well as cleanliness and health; “A healthy body has hair that is shiny, hair that glows, eyes that look alert and bright. I think that it is the whole aura of the person. Not using a lot of drying soaps, nice and clean.” Ultimately, though, the most significant recurring theme was “How they feel about themselves. There’s attractive in different ways...”

Many consultants were careful to note that the care given to the preparation of the body was so important that it not only made women of any size look attractive, lack of it



could simultaneously make thin women unattractive. “Sometimes you see some fairly big women, but they still look attractive how they dress, they look nice, all depends on what they wear too, and how it looks on them. Sometimes they put on something that really looks nice, sometimes they put on something that really don’t. Some of the thin ones too. It all depends on the individual.”

Responses to question about attractiveness among Barbadian women seemed to be more focused on easily malleable traits, such as how a woman carried herself, or the care taken in her beauty regime. This reflects an “ethic of acceptance”—the idea that the body is only marginally malleable, and concentrating on making the most of what each woman already has is more logical than attempting to reshape the body, in what may or may not be successful attempts.

### **Reputation and Respectability**

This emphasis on attractiveness being related to changeable elements such as dress and grooming may likely be related to the classic Caribbean paradigm of reputation and respectability. Peter Wilson describes respectability as being significantly materialistic, dependent on luxury. It is “a grand, well furnished home, well equipped with modern appliances, fine furniture, china and linens, good stylish clothes, and expensive education, manners and deportment” (1973: 226). In addition, “these signifiers are also the foci of ambition for the population as a whole, because they are the most obvious and omnipresent aspects of respectability, even though for most they may be forever beyond reach” (226). The value of cleanliness, appearance and deportment is echoed in one woman’s disapproval of her son’s girlfriend, whom she criticized because

her “house and manner of living were disheveled” and she would therefore “not know how to bring up a family and keep a house respectable” (Wilson 1973: 99).

The focus on behavior, grooming, and bodily care that women in Barbados value echoes the sentiments of the reputation and respectability paradigm. Like the women Wilson discusses, this study population places value on physical elements that women are able to control, assuming that they have the time and financial resources necessary to cultivate attractive dress, well-groomed hair and body, and a self-confident demeanor.

As he argues, women construct their identities through a more European notion of respectability. Wilson asserts that generally women participate in this value system of respectability, and uphold the value complex through church membership or marrying. Gaining in respectability is a way for them to move beyond class limits. Respectability is based on the inequality of the islands, and values wealth, education, color and a “respectable” life style. It depends on values of English middle-class households of the past and the context remains in the household, and is therefore, of more concern for women. This assertion concurs with many of the declarations made by these women about their concern for grooming and a proper appearance.

### **Conclusions**

This study approached the body from multi-faceted angles, correlating the similarities and differences in body sizes, perceptions of the self and other women in assessments of attractive bodies, and attempting to understand what Barbadian women felt made females attractive. Unsurprisingly, research found that Barbadian women who lived in the US spoke of body ideals that were more aligned with American ideals that

valued a thinner body ideal, and felt that body weight and attractiveness went hand in hand. In contrast, women in Barbados had difficulty separating physical beauty from personality and the ways that a woman cared for and adorned her body. This valuing of effort as a signifier of beauty aligns with the classic Caribbean paradigm of reputation and respectability, which identifies cleanliness and care for one's body and home as being important values for women to invest time and energy into, and indicators of respectability.

Simultaneously, when asked to identify their own body sizes, Barbadian migrant women selected body silhouettes much smaller than their own body measurements. Most women claimed to be in line with biomedical standards for normal weight with small waists (indicated by a small WHR), while most were in actuality overweight or obese. This indicates that their own self-images are more aligned with American ideals than are their physical bodies, and that their self-confidence in body related issues is strong. Ultimately, body sizes and body image ideals are different in the diaspora, with women in the US echoing a more American set of ideals, and Barbadian women reflecting what they perceive to be traditional Caribbean values regarding the body.

An issue that arose frequently in this discussion of body shape, size and attractiveness was the influence of physical activity and exercise in shaping the body. The issues of consumption and dietary choice addressed in Chapter Three, and body size and shape discussed here intertwine intimately with another element that physically adjusts the body: Exercise. The following chapter will evaluate perceptions about and engagement with physical activity in order to explore this third vital component.

### ***Chapter Five: Moving the Body: Physical Activity and Health***

While research on obesity, body size, chronic disease, diet-related health and physical activity abounds, little attempt is made to mediate the varied, yet vitally interrelated topics. This chapter addresses that discrepancy in its examination of the overlap among these areas, incorporating a crucial qualitative component that allows a more nuanced understanding of the relationships to emerge. In order to do so, I first discuss the existing data on weight and health in the west, and situate it in the context of the nutrition transition and its relation to migrant populations and the Caribbean. After evaluating the literature that questions the validity of an emphasis on weight as a proxy for health, I discuss the relevance of physical activity to well-being. Finally, the chapter grounds these concepts in the ethnographic study of Barbadian women and migrants.

We know that food choice affects nutritional issues, and that there are relationships among diet, nutrition, health and disease (U.S. Surgeon General 2001, Willett 1990). Dietary intake and nutrition have been linked to six out of ten leading causes of death in the United States: hypertension, coronary heart disease, cancer, cardiovascular disease, chronic liver disease, type 2 diabetes mellitus, strokes, arthritis and lipid disorders (Wang and Brownell 2005, Himmelgreen et al. 2004). Obesity and weight gain are associated with increased risk of diabetes, and each year, approximately 300,000 adults in the US die from obesity-related causes (Mokdad et al. 2001: 1195). As discussed in chapter four, the prevalence of obesity, based on self-reported height and weight, increased from 1991-1999, and during that same time period, the prevalence of

self-reported diagnosed diabetes increased from 4.9 percent in 1990 to 7.3 percent—a 49 percent increase. Many argue that BMI and weight gain are major risk factors for diabetes, and BMI “is one of the strongest predictors of diabetes, and previous studies have shown that changes in BMI at the population level foreshadow changes in diabetes” (Mokdad et al. 2001: 1197). However, as will be discussed in this chapter, relying on BMI to indicate potential health risk is not without problems. Research increasingly indicates that engaging in activity is a more relevant indicator of health than is body mass, and that the obesity “epidemic” is in fact an exaggerated, alarmist rhetoric that does not address the true issues of poor nutrition and inactivity found across many populations as they experience the nutrition transition.

### **Health and Obesity in the Caribbean**

The nutrition transition is a particular problem in developing nations and regions. In the Caribbean, the complex problems of obesity and chronic disease have followed directly on the heels of nutritional deficiency and infectious diseases, so although very much reduced, the threat of undernutrition and infectious disease is still lurking and could erupt at any moment (Benefice, Caius and Gernier 2004, Carter et al. 2006, Forrester et al. 1996, Foster et al. 1993, Luke et al. 2001). Thus, “these countries are finding themselves torn between holding the reins of nutritional deficiencies and infectious diseases from resurfacing and making a frontal attack on the so-called ‘diseases of affluence’ with the resources only of developing countries” (Sinha 1995: 899, see also Jing 2000, Sinha 1995 and Benefice, Caius and Gernier 2004). Because of this financial issue, death rates in the Caribbean due to chronic diseases such as diabetes, hypertension,

cancer, coronary heart disease and stroke far exceed mortalities in North America (Sinha 1995).

Scholars have pronounced system of industrialized food production to be a large part of the obesity problem, noting that “the ‘environment’ of our material culture and political economy is ‘obesogenic,’ and individuals must consciously and constantly fight against their cultural current to either lose weight or maintain a proper weight” (Brown and Krick 2001: 118). Barbadians have noted the emergence of these issues on the island, citing the increased availability of processed and prepared foods, as well as the influence of television. One woman in Atlanta remarked “I understand why they are heavy in Barbados now. Buying a lot of food on the outside now, not like when we were growing up. We had a lot of trees in the backyard, that’s not true now.” Many felt that the shift from a reliance on homegrown foods to processed and purchased ones, as described in Chapter Three has been key to the decline in people’s health.

### **Disease**

Among Caribbean adults, heart disease, diabetes mellitus, malignant neoplasm, and cerebrovascular disease are major causes of illness and death, and Nichols and Cadogan (2008) argue that obesity is recognized as a well-established risk factor for these diseases. Sinha (1995) concurs that over the past 30 years nutrition related chronic diseases have emerged as a major health problems, especially diabetes, hypertension, coronary heart disease, stroke and cancer. Sinha asserts that causes of death have changed dramatically in the region; during the mid-1960s, 14-54 percent of deaths were due to infectious disease and nutritional deficiencies, and 10-45 percent were due to the

five major chronic diseases; yet during the 1980s these figures shifted to 2-7 percent and 25-57 percent respectively (Sinha 1995: 900). Death rates due to diabetes, hypertension, and stroke in the Caribbean far exceed those of North America, while rates for coronary heart disease are higher in North America and in most European countries. The mortality rates for cancer, stroke, and coronary heart disease in the Caribbean are lower in females than males, but the rates of diabetes are higher in females. In Barbados the five leading causes of death are: malignant neoplasms (16 percent), cerebrovascular disease (11 percent) ischemic heart disease (9 percent), diabetes mellitus (7 percent) and accidents (3 percent) (Sinha 1995: 913). Additionally, cancers in which diet is implicated are major causes of death in the Caribbean – particularly breast, prostate, colon, rectum, and stomach (Sinha 1995).

Barbadian perceptions reinforce these findings. As one woman in Barbados explained, “we never hear[d] about so many diabetes as now. There’s so much diabetes and hypertension.” Several migrants described health concerns that family and friends on the island were dealing with: “My two sisters on the island—diabetics—one has high blood pressure. The people on the island eat all this crazy starch, lots of sodium. We have a lot of exercise in the ocean, but we still eat more of our foods as starch and refined starch. So we’re gonna go bad with the blood sugar.” Lisa explained that her husband

takes pills. High blood pressure pills, cholesterol pills, and god knows whatever other pills he takes. Doctor did a blood work on him, a lot of bacteria in his blood. The medication he was taking, whatever was causing this... he was on Lipitor for several years or so... the doctor took him off all his medication and put him on this strict diet for four months.

Lisa’s husband found himself eating the traditional foods that have been the staples of Barbadian diets for generations as part of this proscribed diet.

The foods he was eating in Barbados now, were foods our grandparents grew up on! The ground provisions, the yams, the potatoes, the sweet potatoes, the carrots. There were certain vegetables he could not eat, that was cut out of his diet. He was healthy, four months on this diet. He was eating other things, that diet was too strict! That was to clean up his system and get him back to normal whatever. He went back taking the pills. Somebody will stay on that diet if they're strong, for the rest of their lives, if they want to. If not, you'd better go back to taking their pills.

She does admit that he is still “a bit healthier” than he was before the diet. Contrary to these reports of Barbadians on the island suffering from high rates of chronic disease, a similar pattern did not emerge among the women in this study. Few of them reported any diet-related health issues.

There is unfortunately, “a paucity of published studies on the dietary intakes of Caribbean peoples over time” (Nichols and Cadogan 2008:56), an omission that this study attempts to address. Sinha notes that in 1989 Barbados had a life expectancy of 75 years (1995: 903). Yet it is unknown whether this rate—one of the highest life expectancies in the region— will be changing with an increase in diseases of affluence. In Barbados approximately 100 percent of the population has access to government-sponsored and widely available health care, but it remains to be seen whether the health care system in place will be able to cope with an upsurge in diet and activity related chronic disease.

### **Changes in Migrant Health**

The literature indicates that frequently “with a move to a more affluent area and a change toward a richer American or European type of diet, blood cholesterol levels and development of coronary heart disease have tended to increase” (Kagan et al. 1974: 346).



For example, men in Naples, Italy have lower cholesterol levels and less heart disease than Neapolitans living in Boston, and new Jewish migrants to Israel from Yemen have low cholesterol levels and a low rate of coronary heart disease, which both increase after living in Israel for a few year and adopting a more European way of eating and living (Goldbourt 2002).

A multi-sited study of men of Japanese descent living in California, Hawaii and Japan found coronary disease mortality was greater among Americans than Japanese, with the converse for stroke mortality, yet Americans of Japanese ancestry in Hawaii and California had coronary disease and stroke mortality between that of Japan and American whites, and the characteristics were intermediate in Hawaii between those in Japan and those in California. Another multi-sited report examining dietary intake, physical activity and body mass of Chinese in Los Angeles County and the San Francisco Bay Area, California; Vancouver, British Columbia; and two provinces in the People's Republic of China assessed 1,192 men and women (Lee et al. 1994: 987). The authors determined that "Chinese in Western countries exhibit higher rates of many chronic diseases than do Chinese in Asia" (Lee et al. 1994: 984).

Examining Samoans who have migrated to the US, Janes (1990) found that the migrants have manifested changed pattern of diseases following migration from rural non-Western communities to urbanized communities. They evidence high rates of chronic and degenerative diseases like hypertension and diabetes, dramatic increase in body mass and exceptionally high incidence of obesity. However, the study author notes that health may also be impacted by a major source of stress lying in the discrepancy between Samoan migrants expectations of social mobility and the

socioeconomic realities they confront in California (Janes 1990).

Similarly, in the Hmong population living in California, many migrants have personally dealt with chronic disease, or had parents afflicted by it. Some “parents even commented that their children (usually mid-twenties) were already experiencing problems with hypertension” (Franzen and Smith 2009: 181). The authors found that “the health of this population has been greatly impacted by changes in their environment with respect to food access and physical activity” (Franzen and Smith 2009: 182).

In a study of Puerto Rican women in the US, Massara found that “all the heavy women in the present study have developed diseases, such as hypertension and diabetes, which are scientifically correlated with medically-defined obesity. Nevertheless, the relationship of these illnesses to ‘heaviness’ tends not to be socially recognized, or, if acknowledged, to be ignored” (Massara 1989: 298).

Luke et al. (2001) examines the African diaspora and finds that hypertension is the most common cardiovascular condition in the world, and persons of African descent in the US have a higher incidence of the condition than do whites. There is a low prevalence in rural Africa, but more cases in the Caribbean and the US. They find that the rates among Caribbean blacks parallel those of whites in the US and UK, and that these rates and this pattern are consistent with what might be predicted according to the epidemiological experience.

Barbadian women seem to concur that health declines in the US, but remark that usually when people have bad health here they keep it a secret more than they would in Barbados. One explains that perhaps they do not want people to feel sorry for them, or “know their business.” As an example, she described a friend who had cancer, but took a

long time for her to admit the illness even to her friends, and ended up in the hospital before she would allow her husband to tell them what was wrong with her. She explains, “that’s how all West Indians are, that kind of stuff, they keep to themselves. [We] don’t broadcast that information. At all. At all. Don’t let you know.”

A key aspect of illness in the US is the way that people react to illness here.

Susannah explained,

I think the part of us that gets Americanized, we don’t try to work on the corrective measures that prevent us from taking medicine. The Americanized way here is you take the pills so you can eat whatever you want. I don’t see it as much there. You only take the pills there when you can’t do any better. When the diet don’t work, when the exercise don’t work. We try to work on not taking the medicine... we try to work on the corrective measures that prevents us from taking the medicine.

She discussed a personal example, “I had a girlfriend at home, last week, the doctor wanted to put her on blood pressure pills. She didn’t want to. He said, ‘I have to write right here that you refused.’ She said she knows she’s put on weight; she’ll do the exercises.” She believes that contrary to Barbadian beliefs, most Americans “are going to want to continue the bad stuff and take a pill to correct... to enable them to continue in the bad stuff.”

Carol explained a similar situation in her own life, “They diagnosed me... they have me on medication, but I don’t have a [blood sugar] meter. No, they didn’t give me the meter. Diet and exercise is what I have to do. Medication, diet and exercise, but I don’t have to use a meter.” Clearly the meter is a tangible symbol of a more severe illness that she is hoping to prevent through her own behavioral interventions. She went on to describe the successful diet and activity changes she has made in order to avoid the use of a meter to monitor her diabetes. Another women explained,

I do need to exercise because although I might be 104 pounds, 103 pounds, I still need to exercise. One, because it's healthy to exercise. Two, to keep my blood pressure... so I don't need to take my medication. Because I was eating right, exercising, the doctor took me off my meds. But I had a problem and I worried about it, and my blood pressure just skyrocketed and I had to go back on my meds.

Thus, she incorporated activity in an attempt to prevent the need for medications.

Despite these convictions that Barbadians on the island attempt to conquer health problems with lifestyle changes rather than submit to medications, one Barbadian woman mentioned that her “mother is still taking medication for everything, because she eats everything” and contrasted that behavior to her father, who she said received a “diagnosis for these things, so he changed his diet” because he had lived in Canada for years, and therefore it was “not hard for him to make changes.”

### **Barbadian Perceptions of the Healthy Body**

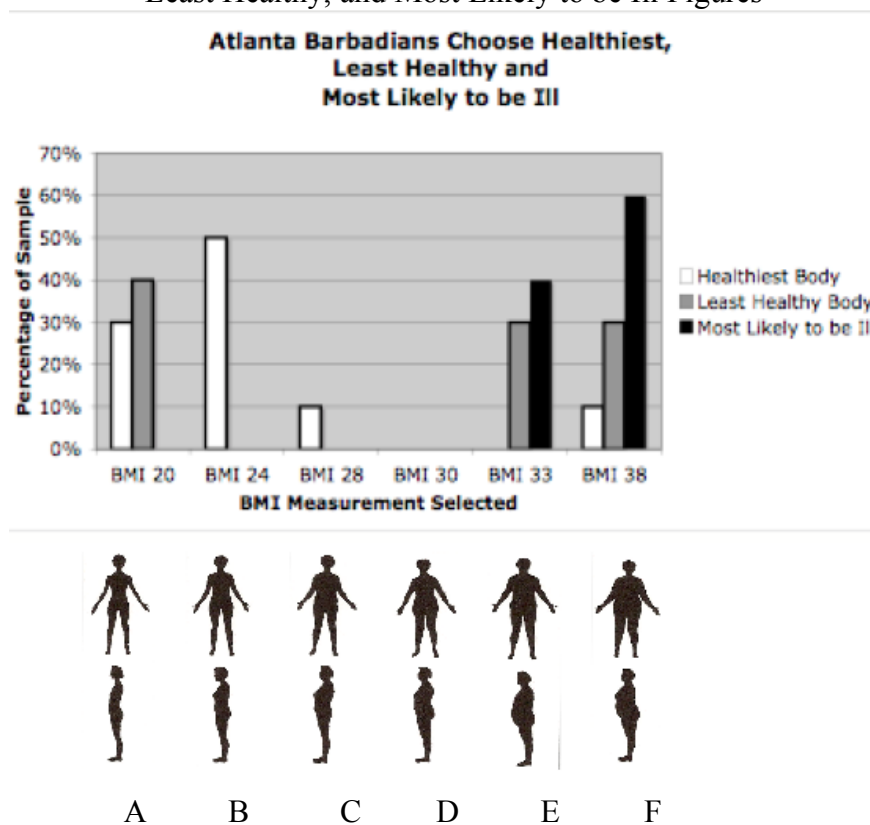
In order to understand Barbadian and Barbadian migrant attitudes about healthy bodies, they were presented with the same sets of body silhouette images discussed in Chapter Four, but this time asked to select which images represented the healthiest body, which was the least healthy body, and which body they thought was the most likely to have diabetes, heart disease or hypertension.

Using Set 1 of silhouettes depicting BMI described in Chapter Four, the Atlanta women overwhelmingly chose “normal” weight BMI bodies as being the healthiest bodies. Half the sample selected the larger of the two figures within the “normal” range (B), that with a BMI of 24. However, one individual did select the severely obese woman, with a BMI of 38 (F), as the healthiest. When selecting the least healthy body, four of the women chose the smallest body, which had a normal BMI (A), as the least healthy—the

same figure that 30 percent of the sample selected as the healthiest. However, the majority of the group selected the two most obese bodies as the least healthy (E and F), and were evenly split between their choices of these obese and severely obese figures.

While forty percent of the sample selected the smallest body (A) as the least healthy, when actual diseases were related to the figures, this perception shifted. All the women selected obese figures as the most likely to be afflicted, with the majority (60 percent) choosing the severely obese figure with BMI of 38 (F). So while the group appeared indecisive on the more abstract health impact of higher BMI, when faced with specific chronic disease, they all determined that individuals with heavier bodies were most likely to have diabetes, heart disease or hypertension.

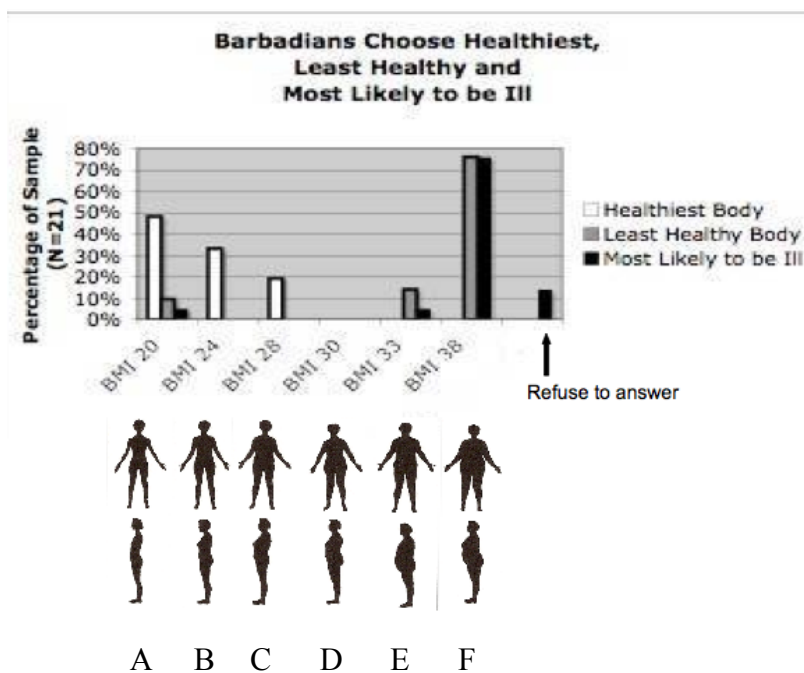
Figure 9- Atlanta Barbadians Choose Healthiest, Least Healthy, and Most Likely to be Ill Figures



When Barbadian women were presented with the same problem, the majority selected the smallest available body (A) as the healthiest, and the second smallest (B) as a close second choice. Both figures are considered “normal” weight BMIs. However, nearly 20 percent of the sample felt that the overweight body with a BMI of 28 (C) was the healthiest. In selecting the least healthy body, the sample overwhelmingly selected obese bodies (E and F). Interestingly, two subjects did feel the thinnest body (A) was the least healthy—the same figure that the largest percentage felt was the healthiest. This contrast between the majority thought of the group and the individual selections is illuminating of the variety of opinions in the group.

When assessing disease risk, the large majority, over three-fourths of the sample, selected the severely obese (F) as the most likely to suffer from disease, but again, one individual did feel that the smallest (A-“normal” BMI) figure was the most likely to be ill. Of particular note were the 14 percent that believed that *any* of the bodies were equally likely to have these diseases, and argued that you cannot judge the likeliness to have a disease based on body size. Because of this belief, they understandably refused to answer the question presented. Despite being medically accurate, no Barbadian women in Atlanta offered this same protest.

Figure 10- Barbadians Choose Healthiest, Least Healthy, and Most Likely to be Ill Figures

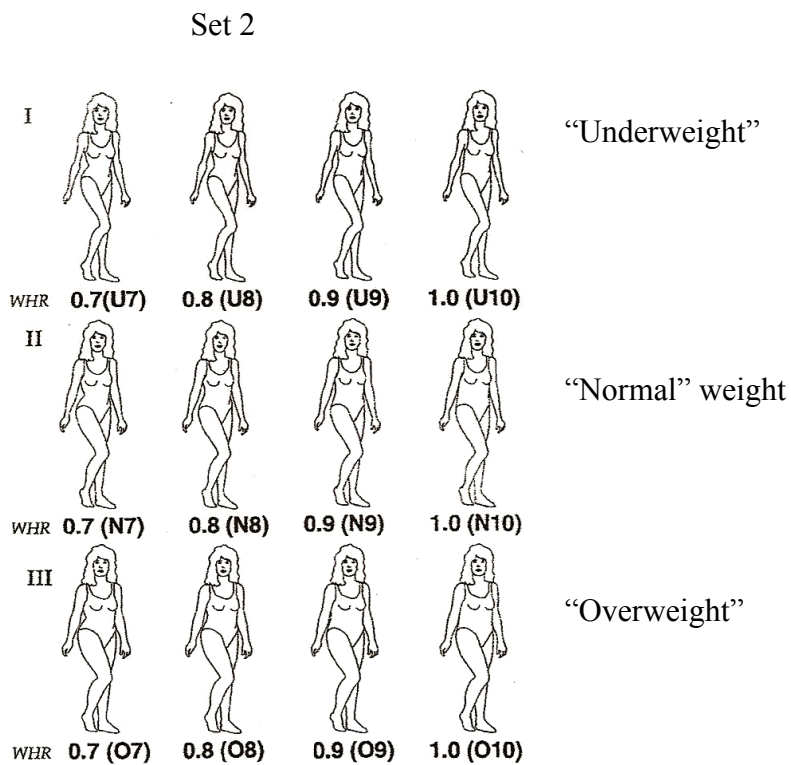


The consultants were next presented with a set of silhouettes depicting differing waist-hip ratios, Set 2 from Chapter Four, and asked to answer the same questions. When the Atlanta group was faced with differences in body size and WHR<sup>3</sup>, the majority ranged across the normal weight bodies (N7-N19) as their selection for healthiest figures. A slight majority felt the normal weight figure with the smallest WHR (N7) was the healthiest, but 40 percent thought the same of the figures with WHR of 0.8 and 0.9 (N8 and N9). Only one person selected the smallest, underweight body with a WHR of 0.7 (U7), and another thought the overweight body with WHR of 0.8 (O8) was the healthiest.

<sup>3</sup> The smallest four figures are ranked “underweight” by the author, and have WHR of 0.7, 0.8, 0.9 and 1.0. The same four WHRs are repeated with “normal” weight images, and “overweight” images. Each figure is labeled with an abbreviated shorthand to designate weight and WHR, ranging from “U7” to indicate the “underweight” figure with a WHR of 0.7 to “O10” to indicate the “overweight” figure with WHR of 1.0.

The least healthy bodies selected were nearly all underweight figures with larger WHR (U8-U10). The largest group, 80 percent of the sample, thought underweight figures with WHR of 0.9-1.0 (U9 and U10) were the unhealthiest, while only one individual selected an overweight figure as the unhealthiest.

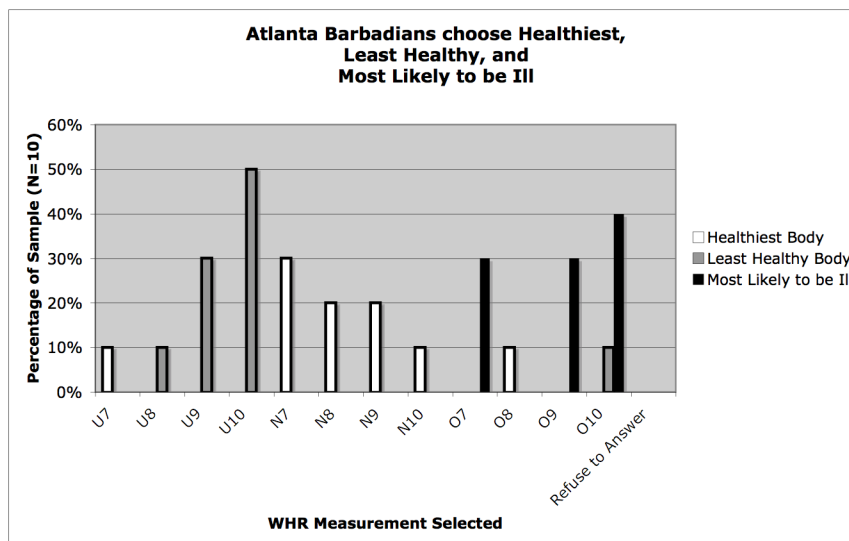
Figure 11- Body Silhouette Images from Singh



Surprisingly, when disease was mentioned specifically, all subjects then selected overweight figures, with 70 percent choosing WHR of 0.9-1.0 (C11 and C12), and the remaining 30 percent choosing the lowest WHR on an overweight model (C9). Based on these results, it is apparent that if WHR is actually the measurement most relevant to individual health, this community apparently does not readily understand this information.



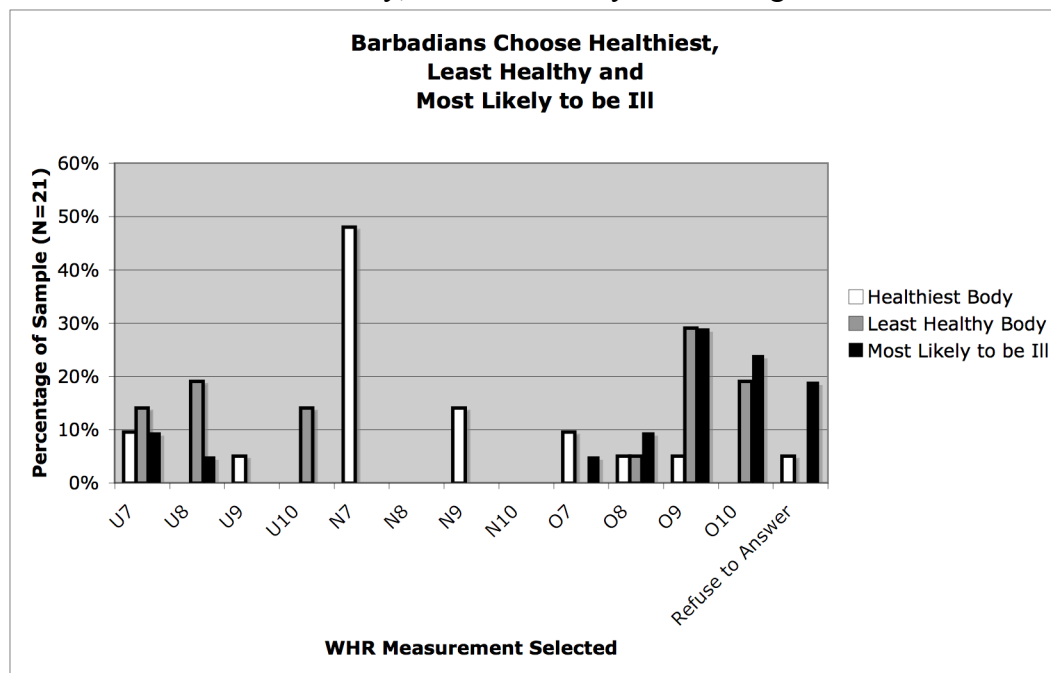
Figure 12- Atlanta Barbadians Choose Healthiest, Least Healthy, and Most Likely to be Ill Figures



The results for the Barbados sample using WHR were much more varied. Nearly half of the consultants chose the normal weight body with the lowest WHR (N7) as the healthiest. Nearly 20 percent selected overweight bodies (O7-O9), and almost 15 percent chose underweight bodies (N7 and N9)—thus there was no clear majority sentiment on body emerging. However, in selecting the least healthy figure, a clear divide emerged among the study population. Over 50 percent selected overweight figures (O8-O10), and 47 percent selected underweight (U7 and U8). Yet when disease was articulated, nearly 70 percent chose overweight bodies (O7-O10) as the most likely to be ill, and only three individuals chose underweight figures (U7 and U8). Again, however, 19 percent of the sample believed this assessment of health could not be based on a visual assessment, and refused to answer the question. Despite being medically accurate, no Barbadian women in Atlanta offered this same protest. As will be discussed in depth shortly, the link

between weight and health is a problematic one, complicated by evidence on the value of physical activity in maintaining health at any body weight.

Figure 13- Barbadians Choose Healthiest, Least Healthy, and Most Likely to be Ill Figures



It is possible that despite years of living with American influence, women in Atlanta still perceive the body the way it was viewed in the Barbados they left several decades ago—when bigger sizes were considered to be healthier. This is evidenced in their selection of normal weight bodies as the healthiest, in contrast to the wide variety of choices made by the Barbadians on the island. The perceptions of body size that they acquired during the malleable years growing up may be influencing the way that they view the body as adults—despite being decades older and in a different environment.

However, during this time period, it seems that Barbadian women and the Barbadian population in general have developed a smaller body ideal, possibly as a result of increased contact with American and European ideals evidenced on television and in

the media. One Barbadian woman felt that education level was the source of this desire to maintain a smaller body, as “the women who are more educated obviously they’re a little more ok with the rest of the world and other things. They will try to you know, keep themselves a certain way” (B8). Yet, this emic perspective is not supported by the body image selections made by the participants. The ideal female body selections are not linked to age, education level, or their own body size. There also seems to be a disconnect between these perceptions of health, body size and attractiveness. Despite an emphasis on smaller waist size being aesthetically pleasing, as was discussed in Chapter Four, there is not a concurrent correlation with health.

#### **Problems with BMI and WHR**

Despite the use of BMI and WHR calculations in this study, it should not be assumed that these are relevant or accurate proxy measures for health. For example, several of the study subjects suffered from health issues normally credited to diet, yet there was no clear link between their BMIs and concurrent health. This can be attributed to the awkward use of BMI as a health marker.

BMI calculations do not measure fat percentages, which can be problematic, as even those with normal BMI calculations can have more fat than is desirable for optimal health. Abdominal fat is of more concern in relation to health, and BMI does not reliably indicate an increased risk of disease or decreased health. Additionally, although individuals may exercise and grow healthier, their BMI measurement may not change accordingly (Ross and Janiszewski 2008).

BMI has also proven to be problematic when applied to different ethnic groups. Debate has emerged regarding BMI cutoffs for those of Asian descent, with some arguing that some Asian populations have an increased risk of disease at BMI levels below 25, which is the standard cutoff for overweight status and implied increased risk (Stevens 1998).

Simultaneously, others argue that there may be increased risk for disease among all ethnic groups at levels below 25, and that following this logic, all populations should have lower cutoff limits (Stevens 2003). However, they also note that increased mortality is not seen until levels are greater than 30. Additionally, Stevens (2003) argues that the move to alter BMI cutoff limits is likely more of a political concern than a health related one, due in part to a lack of attempts to alter limits for African American women, despite the fact that they often have a lower percent body fat and smaller waist circumference than white Americans at the same BMI (Wagner and Heyward 2000, Stevens et al. 1994, Conway et al. 1995). Additionally, the BMI associated with lowest mortality is higher in African Americans than in white Americans (Stevens 2000, Fontaine et al. 2003). Stevens et al. (2003) finds similar correspondence between BMI and education levels, with obese women who completed high school evidencing lower rates of diabetes.

The political nature of BMI guidelines is reflected in the shifting nature to their meanings. Ritenbaugh (1982) demonstrates this phenomenon with her explanation of the shifts in weight standards over the 20<sup>th</sup> century. Ideal weights have progressively declined, especially for women, even as human bodies, particularly in the West, have progressively increased in average size. She argues that shifting cultural ideals are

responsible for this change, more so than strong evidence of decreased morbidity or mortality at these lower weights. In the 1980s and 1990s, BMI levels for overweight were generally in the 27-28 range, yet in 1997 the WHO established a standard overweight cutoff of 25. Essentially, 35 million people who had previously been or “normal” weight became overweight with this change (Kuczmarski 2000).

**Body Size or Exercise?: Is Obesity the Real Problem?**

When attempting to “solve” the obesity “problem” it becomes increasingly apparent that we do not have definitive knowledge of how the obesity/chronic disease relationship actually works, so we are unable to confidently prescribe reliable strategies with which to address the challenges. An absence of appropriate studies leave us with no current consensus on how body fat is linked to morbidity and mortality (Gallagher et al. 2000: 694).

The subjective nature of “obesity” labels are one of the foci of Campos’ (2004) critique of the BMI scale. He argues that overweight and obesity are not primarily medical concerns at all but rather cultural and political issues. He cites “a growing awareness that the whole culture of dieting and rigid exercise is the root cause of the fat explosion” (Campos 2004: xvii). He notes that the war on fat is especially devastating to women, because we live in a culture that tells the average American woman, numerous times per day, that the shape of her body is the most important thing about her and that she should be disgusted by it. He interprets current medical literature to indicate that weight is not a good predictor of health, and in fact a moderately active larger person is more likely to be far healthier than a thinner, less active, person. He argues that “fat

active people have half the mortality rate of thin sedentary people, and the same mortality rate as thin active people” (Campos 2004: xxii). He disputes the simplistic relationship between BMI and health, noting that the First National Health and Nutrition Examination Survey (NHANES I), which tracked a large group of black and white Americans since 1982, indicated that among black men and women the lowest mortality rate occurred at a BMI of 27, which is technically overweight (Campos 2004: 12).

Ultimately, the war on fat in the US ultimately has very little to do with science, because to be fat in America today “means to weigh more than whatever a person’s particular social milieu considers appropriate” (Campos 2004: xxiii). Americans love to moralize about fat because it is the last accepted prejudice.; “given the enormous premium our culture places on thinness, Americans have all sorts of reasons for wanting to lose weight that have nothing to do with health... but treating cosmetic weight loss as if it were a medical and moral issue tends to make people both considerably fatter and a good deal unhappier than they would otherwise be” (Campos 2004: xxvi). He explores a class relationship, arguing that for upper-class Americans, obsessing about weight can be a way to deal with or avoid more important issues involving consumption and overconsumption.

Campos does not argue that there is no relationship between weight and health but rather, that the health risks associated with higher rates have been greatly exaggerated, and far graver risks have been downplayed. Poor nutrition and a sedentary culture are important health issues in America today. He urges the importance of taking confounding variables such as activity levels into account (Campos 2004: 42), because he asserts that

Americans are too sedentary. We do eat too much junk that isn't good for us, because it's quick and cheap and easier than the alternative of spending time and money to prepare food that is both good for us and satisfies our cravings. A rational public health policy would focus on those issues, not on weight, which isn't the problem, any more than diet and diet drugs would be the solution, even if they actually made people thin. (Campos 2004: 248)

Rather than a narrow focus on BMI, we should encourage people to be physically active, eat well, and provide access to health care – we should not tell them that they will improve their health solely by losing weight.

Prentice and Jebb (1995) concur, noting that we should not make the “simple assumption that obesity in affluent societies is largely a matter of greed, encouraged by a highly palatable diet backed by persuasive advertising and available at ever diminishing cost relative to average income” (Prentice and Jebb 1995:439). Rather, they find that proxy measures of physical inactivity such as car ownership and television viewing seem more closely related to changes in obesity rates (Prentice and Jebb 1995) and that the “low levels of physical activity now prevalent in Britain must play an important, perhaps dominant, role in the development of obesity by greatly reducing energy needs” (Prentice and Jebb 1995: 439). Relying on BMI and weight alone are misguided strategies (Ross and Janiszewski 2008: 270), when emerging data suggest that physical activity is a far more important factor.

### **“Gluttony or Sloth”?**

Compounding the dietary problems of the nutritional transition are high rates of physical inactivity. Technological changes associated with cultural evolution, such as cars and television, have reduced energy requirements of human labor and entertainment.

The connection between the ubiquitous use of the automobile and health are illustrated in the fact that “the longer one spends commuting, the more likely the risk of being overweight” (Patel 2008: 272). Some argue that weight is not a good predictor of health, and in fact a moderately active larger person is more likely to be far healthier than a thinner, less active, person. The key to health therefore lies in activity, and “fat active people have half the mortality rate of thin sedentary people, and the same mortality rate as thin active people” (Campos 2004: xxii). Physical inactivity “is one of the most important causes of death, disability, and reduced quality of life in industrialized nations” (Sallis and Owen 1999: 14). Studies on gluttony versus sloth find that sloth seems to be more strongly linked to obesity than does gluttony (Frumppkin, Frank and Jackson 2004: 95).

There is still uncertainty over the aetiology of obesity, which “remains one of the chief barriers to designing effective strategies for prevention and treatment” (Prentice and Jebb 1995: 437). However, Prentice and Jebb note that the body’s weight regulatory systems have evolved under conditions of high physical activity. In the modern world, affluence is associated with a decline in energy expenditure because people have adopted sedentary lifestyles, where only 20 percent of men and 10 percent of women are involved in active occupations, and leisure time pursuits are generally dominated by inactive pastimes for many people. Recent research indicates that occupation centered physical activity has decreased dramatically over the past fifty years. In the 1960s, almost one half of private industry jobs in the US required at least moderate intensity physical activity. Now, less than 20 percent of jobs demand this level of activity (Church et al. 2011: e19657). Even small details in modern lives may contribute to decreased activity,



as “central heating also reduces the need to expend energy for thermoregulation and probably encourages lethargy” (Prentice and Jebb 1995: 438).

Ultimately, the authors argue that

exceptionally low levels of physical activity in certain subgroups of the population may be at least as important as dietary factors in the development of obesity [which] has been confirmed by the largest available prospective study, which followed 12,000 Finnish adults over a five year period. Low levels of physical activity were identified as a more important risk factor for excess weight gain than any features of the habitual diet. (Prentice and Jebb 1995: 438)

Therefore, changes in prevalence of obesity seem to be less related to intake of total energy or fat, but rely more heavily on physical activity. The authors argue that “based on different dietary and activity data, there is once again a much closer relation between obesity and measures of inactivity than there is between obesity and diet” (Prentice and Jebb 1995: 439).

In just a few generations, the built environment has changed profoundly, affecting levels of physical activity in daily life. Machines perform much of our physical labor, and in the “‘postindustrial’ economy, the typical job now involve sitting at a desk or computer terminal” (Frumpinkin, Frank and Jackson 2004: 90). We “rely on conveyor belts in airports, escalators to move us up and down, elevators to take us up, washing machines, dryers, and dishwashers, vacuum cleaners, leaf blowers, gasoline powered lawn mowers, and countless other appliances to ease the burden of household labor” (ibid). As a result, more than half of American adults are not physically active on a regular basis and just over one fourth report no leisure time physical activity at all (ibid).

With the variety of reasons for adult inactivity, it seems that

until these questions can be answered, we are unlikely to make large changes in the physical activity levels of populations. Without removing societal barriers

and increasing societal supports for physical activity, we are asking people to be active in an environment that discourages physical activity. This is similar to teaching people to swim in a fast-moving river. It can be done, but the chances of success are low. (Sallis and Owen 1999: 183)

Evidence even suggests that inactivity in modern lifestyles may be as important as diet in the etiology of obesity—and “possibly represent the dominant factor” (Prentice and Jebb 1995: 437).

### **Rates of Inactivity**

Rates of activity in the US are extremely low; in 2000 only 26.2 percent of adults were classified as meeting recommended levels of physical activity (Frumppkin, Frank and Jackson 2004). Mokdad adds that “27.0 percent of US adults in 2000 did not engage in any leisure-time activity, and another 28.2 percent were not regularly active” (Mokdad et al. 2001: 1198). Research shows that 25-30 percent of adults are sedentary in their leisure time” and in industrialized countries such as the US and Australia, only “10-15 percent of adults engage in regular vigorous physical activity” (Sallis and Owen 1999: 105). Women are less active than men, older people less active than younger, and in childhood, boys are more active than girls, but only about two thirds of boys and half of girls meet the guidelines for regular vigorous activity (Sallis and Owen 1999:106). According to the National Health and Nutrition Examination Survey, only 3.2 percent of women between 20 and 59 years of age attain sufficient physical activity to meet public health recommendations, and only 2.3 percent over the age of 60 do so (Troiano et al. 2008).

According to the Behavioral Risk Surveillance System, more than half of American adults are not physically active on a regular basis and just over one fourth report no leisure time physical activity at all. For the purposes of this study, we must understand recreational (for the intention of getting exercise) versus utilitarian (activity done for a purpose) activity as well as the distinctions between moderate and vigorous activity. Recreational activity requires a high level of motivation to maintain, whereas a utilitarian physical activity is secondary to other goals and therefore easier to maintain. Additionally, it is important to distinguish between recreational activity that is done simply for the sake of exercise, and recreational activity that is completed because it is something that the individual enjoys, as well as utilitarian activity that is integrated into the daily life, not simply purposeful. The contrast between these types of activities seems to be key in the assessment of health and activity levels among Barbadian women. Those who engage in enjoyable leisure time activities simply for enjoyment's sake will participate for the much longer term. Additionally, those who are physically active because of the regular demands of their daily life seem to evidence greater health benefits.

### **Ethnic and Gender Differences**

Physical activity levels are closely related to ethnicity, gender and class. Crespo et al. found that African-American and Mexican-American adults were less likely to engage in leisure time physical activity than Caucasian adults, regardless of education, family income, occupation, employment, poverty and marital status. Women had less activity overall, regardless of race/ethnicity, and people living below the poverty line had higher

prevalence of inactivity. In addition, there were higher levels of inactivity among those with less education in all groups (2000).

Studies of physical activity patterns according to gender, age, race, and ethnicity have suggested that inactivity is higher among minority groups, poor people, and women (Frumppkin, Frank and Jackson 2004: 93). While age, sex, race, ethnicity and genetics are health determinants that cannot be modified, “it may be more important to identify modifiable determinants that can be used to guide the design of interventions” (Sallis and Owen 1999: 133), as studies have found intrapersonal, social and physical environment variables that contribute to inactivity. Previous efforts to increase physical activity may not have been successful due to “the use of blanket approaches that do not meet the needs of high risk populations such as minority groups” (Tanasescu et al. 2000: 1734).

In a study of women in the UK, one researcher found that “participation in individualized forms of exercise enables women to manipulate their bodies to a Western feminine ideal shape” (Wray 2007: 132) while it also “encourages self-surveillance, promotes ideologies of self-responsibility, and the idea that women should be working towards an ‘optimum standard’ of physical health and body shape/size” (Wray 2007: 132). However, the physical benefits were tempered by the psychological concerns the women expressed, as all these women have taken up exercise because their medical doctor told them this would improve their health, and “they are regarded as responsible for managing risks to their health and well-being” (Wray 2007: 135). They explained that on the one hand, you may “choose to accept health advice and adjust and make changes to your lifestyle accordingly. Or on the other hand, resist it but then be made to feel you are not taking care of yourself” (Wray 2007: 136). One sixty year old Afro-

Caribbean woman explained that “I feel responsible for my health because if you don’t look after yourself, if you let yourself go you end up with diabetes you end up with everything, everything wrong with you” (Wray 2007: 136). Wray explains the informants have in common a “tangible sense of fear of the possible health risks they will encounter if they choose to ignore medical advice. This is an example of how health promotion strategies may paradoxically have a negative impact on well-being by provoking feelings of anxiety, guilt and fear” (Wray 2007: 136). The authors find that these women use exercise to attempt to change their bodies to a Western feminine ideal, and evidence “this desire to establish control over what is perceived to be an unruly body, is further exacerbated with discourse on health and fitness are entangled with discourse on feminine beauty. An effect of this is that health and well-being come to be associated with a slim Western body size and shape” (Wray 2007: 138).

### **Why?**

However, the extreme emphasis on individual responsibility in a lack of physical activity is misleading. Contemporary western societies such as the US have decreased the amount of physical activity that is integrated in daily life. Reliance on the automobile in modern American life has led to the slow loss of physical activity, which contributes to the national epidemic of overweight and associated diseases (Frumppkin, Frank and Jackson 2004: 2). Frumpkin, Frank and Jackson (2004) found that many people who live in sprawling suburbs would prefer more walkable communities, and studies in Boston and Atlanta confirmed that there is a demand for communities that permit less driving and more walking. Many individuals live outside of walkable city

centers. Our settlement patterns—largely in dispersed settlements in the suburbs—decrease our activity and leave few transportation alternatives to the car. Our “dependence on the automobile for nearly all transportation needs is a significant factor in physical inactivity and therefore the current epidemic of overweight and obesity” (Brown and Krick 2001: 119). The behavioral patterns that have emerged with new technologies, such as the television, have influenced the prevalence of obesity (Brown and Krick 2001: 119). While the exact correlation is not completely understood, it is safe to state that the relationship has to do with physical activity, energy expenditure, dietary intake or a combination of these.

For the first time in human history, millions of humans are able to lead mostly sedentary lifestyles, and do not have to be active to procure food, transport our selves or earn a living. However, these lifestyles have likely resulted in reduced quantity and quality of life (Sallis and Owen 1999).

### **Activity and Health**

Ironically, many of our contemporary chronic diseases seem to be flourishing because of this reduced physical activity. One of the best approaches to preventing and treating diabetes is weight loss and exercise. The most common, popular, and safe kind of exercise is walking, and for people with diabetes, walking just two hours per week reduces their death rate by nearly 40 percent (Frumppkin, Frank and Jackson 2004: xv). Changes in lifestyle are effective at preventing diabetes and obesity in select groups of high risk adults, thus “increasing physical activity, improving diet, and sustaining these

lifestyle changes can reduce the risk of both diabetes and increased weight” (Mokdad et al. 2001: 1198).

Meanwhile, a sedentary lifestyle increases the risk of cardiovascular disease, stroke, and mortality, and the risk due to low physical fitness are comparable or even greater than the risks due to hypertension, high cholesterol, diabetes, and even smoking. Physical activity appears to protect against cancer, coronary heart disease, colon cancer, diabetes mellitus, cognitive decline in the elderly, depression, osteoporosis, and a range of other diseases (Sallis and Owen 1999: 39, Frumpkin, Frank and Jackson 2004: 94). Physical inactivity “is one of the most important causes of death, disability, and reduced quality of life in industrialized nations” (Sallies and Owen 1999: 14), and should be considered a health problem on the same risk level as smoking and blood cholesterol. Regular physical activity extends life, has beneficial effects on many parts of the body, and prevents multiple diseases. Scientists even argue that hundreds of thousands of deaths in the US every year could be avoided if “the risk factor of physical inactivity was eliminated” (Sallis and Owen 1999: 19). It should be noted that health benefits generally result from physical activity over a period of weeks, months or years, which researchers characterize as habitual activity. Research indicates that regular exercise, even without resultant weight loss, generally leads to reduced waist circumference and significant improvements in cardiovascular health and insulin sensitivity (Ross and Janiszewski 2008: 28D).

According to the Centers for Disease Control, the average adult should get a minimum of 150 minutes of moderate intensity aerobic activity (such as brisk walking) or 75 minutes of vigorous activity (such as jogging or running) every week, as well as

complete muscle strengthening activities on two or more days a week. They stress that it is not necessary for this time to be completed all at once, and instead urge people to break this time into smaller chunks spread out across a seven-day span.

### **Physical Activity in Barbados**

Barbadians in America believe that those in Barbados engage in more regular physical activity than do migrants. One young woman explains that in Barbados she sees smaller bodies due to exercise, likely because “they seem to have more time to do the stuff. If you’re working a job [in the US] you’re there for 8 hours. In Barbados, you leave early, come back late, nobody gives you a hard time!” This flexibility in the workplace translates to increased opportunities to engage in activity. Another reinforced this idea, remarking “I find back home they seem to me, when I visit there, that more people are more active,” and “in Barbados those people don’t have to stay at work all day.”

Interestingly, despite the apparent convictions that Barbadians engage in more activity than those in the US, many of the women interviewed in Atlanta simultaneously remarked on the shift in children’s activity levels in the Caribbean. Stacey commented about her recent visits to the island,

I didn’t see the kids playing the games like we did. They’re not as active as when we were growing up. The young people hang out more, but I don’t see them playing like we did. Stickball in the street, pitch marbles, and jump ropes, . . . you don’t see that anymore. I don’t see that happening here either! The kids don’t play games, they don’t make up games anymore. I don’t see the kids doing that.

Instead, for contemporary children, “playing is like . . . the TV. They can sit for hours and hours and do that. That would drive me crazy! Their brain is not functioning when they



do that. It takes the brain to go out and make up a game, to play it... that takes work.” She explains, “games play a lot into health, and the way kids think.” Another commented on children’s pastimes, saying “most Barbadian homes... back when I was growing up, if you had a television, it meant that your parents were making some kind of money. Now you can go to any house in Barbados and find a television, you can find a radio. You find BET on...” and this new exposure to boundless television viewing means that people are selecting sedentary leisure-time activities rather than the active days they recall from their own childhoods.

The research concurs. In 2007, Gaskin, Broome and Frazer observed that activity and general fitness were on the decline among Barbadian youth, and that young people simultaneously had increased access to calories (41). Upon speaking with the youth, they found that there is a lack of association between self-reported recreational physical activity and weight status. They note that this might be because of avoidance of energy-expensive activities, and that differences in gendered expectations may also “reflect different societal attitudes to the importance of sports for boys and may be one factor promoting a female bias leading to obesity” (Gaskin et al. 2007: 46).

A woman on the island echoed this sentiment in describing her daughter “she is sluggish. She is lazy. She is heavy for 9. She needs to move around, I enrolled her into swimming, I have her skipping, I have her riding a bicycle... but the weight isn’t coming down! But the weight is the same.” She contrasts this to the Barbados she recalls from her childhood, “coming up, we were very active in terms of we played... we used to play cricket, we used to skip, Chinese skip, hopscotch, and I find this generation don’t! And if you look around, you see a lot of obesity in Barbados!” Another woman in Barbados

lamented the health of her granddaughter, who she explained was diagnosed pre-diabetic at her primary-school age. She described the girl's reluctance to engage in any activity, including the required daily walk to and from school with the informant—her eighty-year old grandmother.

### **Physical Activity and Ethnicity**

Rates of physical activity evidence differences across ethnic and national divides. Crespo et al (2000) found that African-American and Mexican-American adults were less likely to engage in leisure time physical activity than Caucasian adults, regardless of education, family income, occupation, employment, poverty and marital status. Women had less activity overall, regardless of race/ethnicity, while homemakers had one of the highest levels of inactivity, and African-American and Mexican-American homemakers were twice as inactive as Caucasian homemakers. People living below the poverty line had higher prevalence of inactivity, and there were higher levels of inactivity among those with less education in all groups. This correlation not entirely understood, but possibly higher educational achievement transcends cultural and ethnic barriers, reflecting on person's individual ability to understand and value the benefit of exercise for overall health. Leisure activity was consistently higher among Caucasian men and women, but it is important to note that high activity levels at work among African-Americans and Mexican-Americans might explain the lack of physical activity during leisure time. Franzen and Smith (2009) found that some participants felt that exercise did not have a significant cultural value, and research shows that Asian American are less likely to meet recommended levels of physical activity and had significantly lower

estimated weekly energy expenditure compared to US born non-Asians (Franzen and Smith 2009).

Examination of migrant and home country based populations also find a shift in patterns of physical activity. The study by Lee et al. found that Chinese in China spent more time in vigorous activities, sleeping and walking, and less time simply sitting still than did Chinese in North America. For both sexes, the average hours spent sitting showed a positive association with years of residence in North America. The “North American Chinese were less physically active and had greater body mass index than Chinese in China” (Lee et al. 1994: 988). They do note, however, that “since body weight and height were self reported, the apparent differences in body mass should be interpreted with caution” (Lee et al. 1994: 988).

When asked to comment on exercise among Barbadians in the Atlanta area, one woman struggled to find examples, saying she doesn’t know of any other Bajans in area that are doing any activity. She was finally able to cite a few children of migrants in the community; one young man who plays sports, his sister who dances, and another young man who plays cricket. She goes so far as to remark that she knew one woman who used to exercise, but is not sure she does anymore, and explains “I haven’t heard anyone say, ‘you know, I just came from exercising,’ or ‘I just came from walking.’” Some women expressed concern about the changes in activity levels since migrating to the US, saying “here, you have to drive to get exercise, then drive back! They don’t have a choice. In Barbados, you walk to the city, and you walk back. It’s not that far. People do it all the time...it’s manageable” and they explained that you can walk into town and then take the bus back so you can carry everything you bought. Furthermore, “here, I can walk there,

but then I can't get back." Ultimately, people are less likely to set out to walk somewhere, because they might then be stranded with no other alternatives if they have items to carry back home.

Others find the South, in particular, to be less conducive to health and exercise.

Carol said

when I was living in New York I was eating a well-balanced meal... Not these crazy foods we eat in the south. We're not exercising. In New York you have to walk a hundred blocks to get to one train. Then you have to walk up three flights of stairs and then walk down three flights. When you get into Manhattan... I never had a weight problem. When I came to Atlanta I never had a weight problem! I was a size 11, 12, 14. You came here... and this was it. We drive cars! I want to go down the street... it's too hot, I want to drive!

She blames this lifestyle change for her increased body size—as she is now considered obese with a BMI of 36.7.

The daily grind of the work-life and commute also affects people's motivation to exercise, as one woman explained: "You gotta leave and get to work, you get home and you're tired, want a good meal." Despite having full-time jobs in Barbados, many women there have greater flexibility in their work schedules. Many walk to and from their jobs, or the bus stop at the beginning and end of the day. Leaving work around the time that the primary schools let out, it is now uncommon for those who live or work nearby to walk children to school before work, then walk them from the school to the home before walking back to work in the afternoon. This workplace flexibility is key to the greater levels of integrated, utilitarian exercise in daily life. However, over the past few decades, there has been increasing movement towards encouraging all families to own cars, and more and more families own more than a single vehicle. There is greater disdain now for traveling by foot in the tropical humidity, and despite rising amounts of

time-consuming traffic, this trend towards individual travel versus use of public transportation does not seem to be waning. As individual transportation becomes the norm, it is likely that this protective, incidental, integrated physical activity will decline.

### **Barbadian Perceptions of Physical Activity**

Barbadians in both locations reported varying perceptions of physical activity in their interviews, but overwhelmingly, they thought it was beneficial. When asked if activity was important to health, one replied,

Of course it is! Physical activity can make the heart pump. Blood flow pumps better. It gives you a sense of energy.... if you just sit down like this, when you get up you're so sluggish. It gives you more energy. It promotes energy! I can go to the gym, I go to water aerobics. When you go in, "the water is so cold" when you come out.... You go into the sauna and everything... you feel SO good! Physical activity, exercise, promotes good energy, good health in your body. That's why they say exercise and diet helps whatever you are doing! Maybe along those two, we'd be able to get away from some of the medicine we're using. Maybe not eliminate all because we're aging.... I'm getting into the geriatric age right now. We may not eliminate all, but we can eliminate some. I go to the gym, see some people that are 70, 80, if you just do something... of course, exercise and diet is very important.

Another noted "I feel the difference when I exercise, blood flows better, I do more, my brain works better too" and she's "more likely to be thinking about health."

One woman in Barbados explained "I think that you should really be involved with some physical activity. If it's not on a daily basis, you should still find some time to." Another on the island explained that cardiovascular activity is good, gets you "stimulated and gets your heart pumpin'." She elaborated, "in my mind just being physically active affects how your whole internal system operates, your blood flow." It makes the blood flow to the organs the way it is supposed to. The sedentary lifestyle, in

which you “sit at the computer” and “do not move a lot,” perhaps causes your organs to “become sluggish,” especially if you are not eating the way you are supposed to.

Another felt that exercise stimulates your vital organs and causes your body to work in an efficient manner. “After working out, you feel good, ready and more alive! More alert, not sluggish.” It is difficult to start, but when you have a rhythm going you feel more alive. It’s not a drug that you’re feeling, its natural “so it has to be a good thing.” Several emphasized the ability of exercise to diminish “sluggish” feelings, and induce greater energy and body functions.

Many reported engaging in physical activity in their own lives, and feeling healthier because of it. Activity eased physical discomfort and helped them to have more energy and sleep better. Deborah explained, “I have a stationary bike. I cut my grass. I cut other people’s grass. Last year I was cutting hedges. I can feel the difference. If I don’t do it, my joints seem to be stiffer than when I do it. I work out, I feel more lively. Right now I need to work out, because my leg feels stiff, because I kneel down with these babies. It’s a different kind of exercise than doing a lot of walking.” Another goes to yoga, but used to go more often and is trying to shift her schedule so she can go again. In addition, she walks in her neighborhood, probably more than 2 hours at a time, “as often as I can” sometimes more than once a week. She believes that it “keeps my blood pressure down without me taking anything, which I have no intention of” doing, and “keeps me healthy, helps me sleep better. I’m at that point where I don’t sleep well” because of menopause, but the activity helps. “If I exercise, when I come home I can sleep. It helps.” An older woman explained “my knees were beginning to hurt me, so I decided, it’s time to start walking. They do hurt less.” One woman explained, “I

exercise, I'm a member of a gym and I walk a lot... I go to the college and I walk the track. There's a lot of people out there. I can be there almost every day, or if I can't make it every day, it might be once or twice per week. It affects health. It'll make you healthier. Yeah, it does!" She felt the proof of this effect was "I know for me, for my tender age, I think I do more than somebody my age! I mean, at the Peachtree Parade, I jump! I can keep up!"

Others noted a connection between exercise and body size:

Of course, if we start exercise and diet, we're going to lose weight. If I just sit here and go and eat, and in three hours eat another one.... It's just too much fat. But if you go out there, you're gonna lose something! Of course, exercise helps with our bodies, any parts of our bodies. We may not lose a 100 pounds... [but] look at The Biggest Loser! That's a program we don't want to [have to] see! But look at them at the end!

While she was impressed by the television contestants' ability to change their weight through diet and exercise, she was simultaneously horrified by the extreme nature of the unhealthy people that led to the inception of such a show. In response to my inquiry if exercise affected weight, another responded, "I truly believe so. When I started swimming and doing the aerobics, I saw a difference in my body size. The only thing that was different [in my life] was every morning I was going to the aquatic center at 9 or 10 in the morning and running around with a bunch of old people. It does make a difference."

Another remarked "it helps with my weight too, it keeps it at one level." One woman explained that she got "a little exercise, [and] I've gone down two dress sizes. I think [it affects] the weight." Another noted "when I started doing it, I did lose weight. I didn't want to lose weight, but I did! When I started, I used to wear a size 8 pants, now I

wear a size 6. The pants fall off!” She explains, “exercise helps burn body fat, like in the gym, [the trainer] tries to get us to do the weight lifting. I would do that after my 50 minutes of getting my heart up. I would go and pull the weights. Not a whole lot, but enough. But walking, yeah, it probably boosts your metabolism, raises your heartbeat, I don’t know! Whatever exercises do!” Another Barbadian woman, Sheila, argued that exercise shifts your body shape to some degree and will cause you to drop body fat, but even more than that, it tones your body. “Say you’re 150 pounds before start working out, are exercising and are not losing weight, maybe even gaining. But your body is in a better condition and has changed. More muscle.” One woman confirmed the vital nature of the activity in her own efforts in her life, saying “I find that is one thing I’m missing, in trying to lose those ten pounds.” Another confirmed this idea, saying “I’ve been thinking about weight loss since I was 12-13 years old and finally realized that diet won’t change weight for the long term without exercise” because it “helps you lose weight and keep weight off...from my experience, it stays off longer when you’re exercising. Before I didn’t think you need to do it, but now I know I have to, to keep weight off.”

Despite these repetitive praises for the virtue of exercise, and expressed beliefs that it is good for health, and decreases body size, many women in Atlanta admitted that they did not engage in it regularly. Many cited scheduling conflicts with daily obligations. One gave an extensive testimony to the benefits of walking, but then admitted she had not done so in the last month because of her work hours, and because she is still trying to adjust back to her daily schedule since she returned recently from Barbados. Joint pain prevented another from regular exercise that she claimed to enjoy. She explained that she used to exercise a lot, but now cannot as much because the



arthritis in her knees hurts. She did remark “I miss that!” After describing the ways that exercise at the gym helped her to decrease her pant size, another acknowledged that this was no longer her routine. Despite her glowing descriptions of the value of activity, this Barbadian woman explained that she does not work out now, but used to. Four days a week she would walk or run, but work sometimes interfered and scheduling became difficult. She has started again, but not regularly, which is her current goal. This was a common response, with many women moderating their comments on the vital importance of activity with reasons why they personally were not currently exercising.

To gain an etic perspective on exercise, the next section will juxtapose these recurrent affirmations of the importance of activity in daily life, with demonstrations of how women’s actual practice varied.

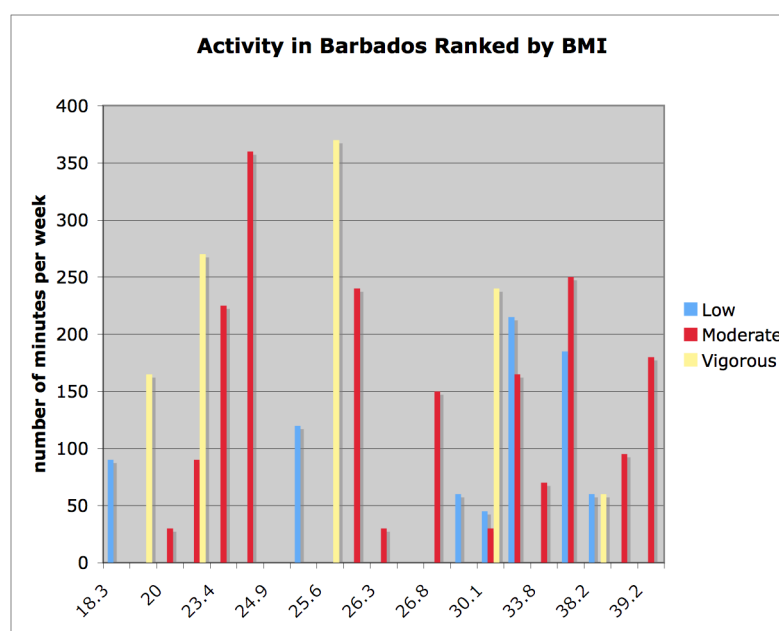
### **Barbadian Physical Activity**

The participants in Barbados and Atlanta incorporated activity logs into their food journals, reporting on the type of activities in which they engaged and for what periods of time.

Among the Barbadian women, eleven of the twenty-one participants met the CDC minimum activity guidelines of 150 minutes of moderate activity or 75 minutes of vigorous activity during each week. This was 52 percent of the sample, which is nearly double the number of adults classified as meeting recommended levels of activity in the US (Frumpkin, Frank and Jackson 2004). Furthermore, 19 percent of the group engaged in at least 75 minutes of vigorous activity, which is again, almost double the rates in countries such as the US (Sallis and Owen 1999: 105), where 10-15 percent is generally

seen. Only two women reported engaging in no activity, representing 9.5 percent of the sample. The rest of the women did engage in some activity, ranging from a minimum of 60 minutes of low intensity or 30 minutes of moderate intensity activities to 110 minutes of low intensity or 95 minutes of moderate intensity activity. Thus, it is clear that even when the CDC guidelines were not met, this was overwhelmingly a fairly active group of women.

Figure 14- Physical Activity Levels in Barbados



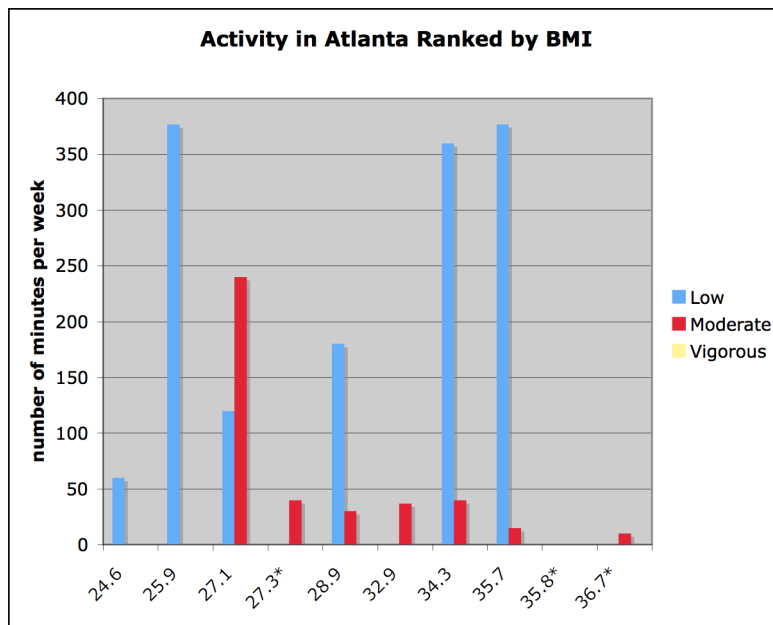
Particularly interesting were the types of activities documented. Many of the women recorded some type of housework as being physical activity, with 38 percent of the sample citing dishes, sweeping, and other types of cleaning. This type of activity has been classified here as low intensity. Some amount of walking was logged by 67 percent of the women, and 14 percent of the group ran or jogged. Other vigorous activities were recorded, such as dancing, aerobics, pool aerobics or weight training by 24 percent of the

group. Evaluating this data by age does not reveal any interesting trends, as higher and lower amounts of activity ranged across the entire sample of women. However, there is a tendency for women with lower BMIs, under 26, to engage in more vigorous activity, while those with BMIs above 26 participated mostly in moderate or low intensity activity.

In the migrant group of women, only one individual did not engage in any activity at all, which, at 10 percent of the sample, is roughly equivalent to the inactive Barbadian portion. However, none of the women in Atlanta reported engaging in any vigorous activity at all, in contrast to a fair portion of the Barbados group. Only one individual (the 50 year old woman) met the CDC minimum activity guidelines, with over 200 minutes of walking in the week, in addition to another 120 minutes of low intensity activity. Most of the other women reported some type of activity, ranging from 60 minutes of low intensity or 10 minutes of moderate intensity activity to 120 minutes of low intensity to 40 minutes of moderate intensity activity. While this was indeed some activity, it was minimal compared to the Barbados group. Walking was again the most popular activity recorded, with 70 percent of the sample reporting this exercise.

Of note here is also the incidence of chronic disease. While none of the Barbadian sample reported incidences of diabetes, three of the migrant women in Atlanta were being treated for the disease. They are marked by an (\*) on the chart. Of these three women, one reported great success in treating her disease with diet and exercise, and currently has a BMI of 27.3. The other two are struggling to keep the blood sugar issues under control; these reported the lowest amounts of activity during the week span, only 10 minutes during the week for one women, and no activity at all reported for the other. These are also the women with the two highest BMIs in the group.

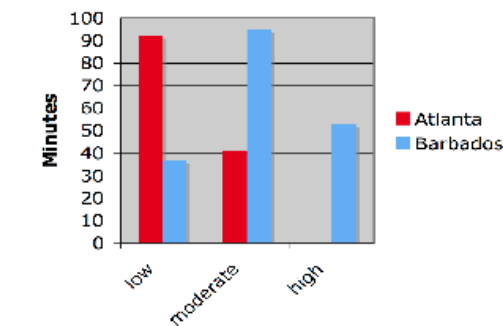
Figure 15- Physical Activity Levels in Atlanta



\* indicates those being medically treated for diabetes

Interestingly, there was much more low intensity activity reported by this group, with 60 percent of the women reporting at least 60 minutes, and several citing over twenty hours in the week. These low intensity activities included the housework reported by the Barbadian women in 20 percent of this sample, but 30 percent also mentioned a great amount of activity integrated into their work days. For example, the women with the most minutes of low intensity activity both worked in child care centers, and reported long days of being constantly on their feet, walking with and lifting children. However, CDC guidelines do not allow for low intensity exercise in their guidelines, implying that this type of constant activity is ineffective in maintaining health, nor do they take into account regular, integrated daily activity that takes place in maintaining a home or as part of an individual's employment.

Figure 16- Weekly Activity in Barbados and Atlanta



### **Conclusions**

The existing literature on migration and health indicates that migrants come to the US from countries whose populations tend to be healthier, thinner and more active. Scholars argue that as migrants become accustomed to an American lifestyle, they become more sedentary, which leads to increased rates of chronic disease. Yet, these generalizations do not entirely apply to the population of Barbados or Barbadian migrants in Atlanta. Rates of obesity and overweight, as well as incidence of chronic disease are high in the Caribbean. Nutrition related chronic disease is a major cause of death in the region (Sinha 1995), and high body weights mirror those in the US. Yet, while some studies attribute part of this increased body mass to cultural beliefs that value a larger body size that those valued in the US, this is not the case with Barbadian migrants. Barbadians in Atlanta believe that a body with “normal” BMIs between 20 and 24 are healthy, while Barbadians on the island indicate that these same “normal” or a slightly overweight figure (BMI 28) are the healthiest. However, when identifying least healthy bodies, the difference between the two populations is most pronounced—those in Barbados feel that heavier bodies are less healthy, while migrants in Atlanta say the same

of both bodies with high and low BMIs. Yet, both populations cite the highest BMIs as those most likely to be ill.

Ultimately, however, many in both populations feel that physical activity is a key determinant of health, which is concurrent with the emerging literature that juxtaposes weight and activity. However, despite being emphatic in their support for the health benefits of exercise, rates of inactivity were much higher among the migrant group. Based on qualitative interview data, this discrepancy is due to the busier nature of life in the US, and the more restrictive time schedules that employment in Atlanta requires. In addition, the structure of the built environment in which migrants live is prohibitive to casual activity integrated into their daily lives. While many Barbadians argued a lack of time in which to exercise, many incorporated physical activity into their daily schedules in a utilitarian manner—by walking to the bus, walking home from work, going out dancing, or walking along on the beach to enjoy their weekends. This same type of useful, functional exercise was not an option for most of the migrant group, many of who spent over an hour in commute time to their jobs each day, arriving home exhausted late in the day. The few who worked in occupations that required regular activity, such as chasing and lifting children, felt that this activity was sufficient for their health—even if it did not alter their body mass.

This data indicates that it is the incidental activity that occurs as a natural part of daily life in Barbados—walking to the bus stop, strolling to the corner store, traveling up and down staircases multiple times per day, and engaging in vigorous housework—is protective of health. While women in Atlanta may voice a more active support of the idea

that physical activity is important for health, Barbadians on the island are actually living this idea, and benefiting from it.

## ***Chapter Six: Conclusions***

This project was born of simultaneous interests in cultural meanings of food and contemporary issues with nutrition-related chronic disease, particularly as they are influenced by physical activity and body image perceptions. As such, I utilized the guiding question: How do cultural ideals surrounding diet, body and activity change when women migrate? I used a dual-sited approach to investigate how quantities and types of foods consumed, beliefs and practices around food and physical activity, and body compositions differ between native-English speaking populations in Barbados and migrant Barbadians in the United States. This line of inquiry was directed at a thin area of the literature. I set out to tie qualitative research on cultural meaning of food, to food change in migration.

### **Acculturation vs. Creolization**

In the process, I pushed against public health based literature that relies on language acquisition and concludes that migrants are less healthy because of dietary shifts to echo mainstream America's poor eating habits. I was also drawing on quantitative research on the health-related impacts of that shift (Massara 1989, Benari et al. 2007). This literature on migration and nutrition focuses primarily on non-English speaking immigrant groups from Latin America, and the research on migrant health overwhelmingly relies on migrants from developing, poverty-stricken nations coming to the US. There are exceptions to this, but strong research on migrants from more



developed nations (Kagan 1974, Lee 1994) is in the minority, leaving a significant gap in the literature, which is where this project fits in.

By focusing on this group of migrant Barbadian women and those still in the homeland, I was able to tease apart many of these factors. Because they are native English speakers, this variable was eliminated from the study of change in the migrant experience. Although very different culturally from those in their host state, language acquisition was not an issue. If judging their “acculturation” status by many acculturation scales, they would thus be considered “acculturated”—despite the broad cultural differences in daily life. As more educated individuals of higher socioeconomic status, they also break from the typical migrant mold depicted in the literature. Among the Barbadian migrants to Atlanta, all of the participants had at least some post-secondary education, ranging from a banking certificate to some master’s degree work. Because of this demographic difference, we are able to unlink the class/race dichotomy so frequently encountered. As middle class individuals, these women had access to greater dietary variety, a broader range of potential shopping locations, and more financial freedom to follow the latest biomedical dietary recommendations. This differentiates them from many of the migrant health studies, and problematizes the assumed simple links between language acquisition and decreasing dietary quality.

Ultimately, it becomes clear that acculturation is not an accurate term for Barbadian migrants in the US. Unlike Latino migrants of the public health literature, Barbadians do not enter the US, learn English, take on poor, “Americanized” eating habits including large amounts of unhealthy processed foods, and thus become less

health. The Barbadian migrant experience is vastly different. Because of this, the use of the term “creolization” is more appropriate and accurate.

As Mintz and Price argue, the Caribbean is a creole society, in which New World cultures were created and negotiated in the context of the conditions and institutions of slavery, by both free and enslaved peoples who were deeply divided but interdependent. The societies were shaped by these encounters, and have influenced the cultures that exist to this day.

Migrant Barbadians in Atlanta replicate the process of creolization much as Mintz and Price first described it, enacting patterns of daily life within the structural confines of the broader society, in this case, American society in the Southeast. They are finding ways to articulate their Caribbean heritage at these points of contact, as is most readily demonstrated in their conscious choices to signify Barbadian identity through food when interacting with each other and among Americans. As was discussed in the introduction, these migrants are blending their values and customs from home with the new “hierarchies, cultural and social institutions” (Duque-Paramo 2004: 231) they encounter in Atlanta, and are not assimilating to American culture, but rather, a new, creolized culture, different both from their home and host societies, is emerging. The richness of the migrant experience, and the multiplicity of ways it can be experienced, negotiated, resisted, and creolized is oversimplified in any attempts to reduce it to a single acculturation scale. While a single study may be able to accurately determine that Puerto Rican women in New York do indeed gain weight as they learn English, we must be careful not to over-generalize to the entire migrant experience.

I have focused on relevant historical context of the American South, demonstrating that the experiences of black Caribbean migrants here are demonstrably unique. Barbadians in Atlanta experience much less pressure to “assimilate” because of long history of Caribbean migration to America. This migration is a historically established part of the Caribbean transnational experience. However, it must be noted that migration to the US South is a unique racialized experience. This experience is dissimilar to more common migrant poles, such as New York or Miami. In those large urban centers, the racial history is less prominent; not influenced by the slave experience or general social upheaval during the civil rights era.

### **The Food Experience**

Anthropological literature on food choice and nutrition is a vast and rich field, yet studies of migrants and food tend to cluster around identity and community. Most of these works do not take into account the increasing amounts of foods and decreasingly important role of activity in daily life. Drawing on Brown and Konner, who refer to this condition as the obesogenic environment, I explore the ways that Barbadians in America have found themselves in a cultural environment in which calorically dense, highly marketed, cheap foods are readily available, and daily life demands less and less physical activity to function.

Barbadian women in the US speak frequently of being concerned with health, and reportedly make dietary choices that reflect that interest. They are aware of American health recommendations, and partake of diets high in lean proteins, fruits and vegetables and low in fats and starches. Yet, their body weights and compositions are at higher risk

levels than their Barbadian counterparts, who have diets consistently higher in starchy foods and fatty meats. Thus while their body measurements seem to align with data on other migrant groups that indicates that migrants to the US makes dietary changes that cause larger body size, their food behaviors do not support these assertions. Although they do at times partake of processed and fast foods, this behavior is not common throughout the sample of women in Atlanta, but predominately is seen among just a few of the women.

Among Barbadians, we see that changes in food habits are more related to class than race or ethnicity. Barbadian women are attempting to eat as directed by health authorities and medical media. They are interested in organics, and the “healthy” fad of the moment. Frequently they see food choice as a direct means to health, and elect to eat a certain way consciously to avoid needing medication or other medical treatment. However, simultaneously, they demonstrate an adherence to the Barbadian foods they were raised on. These are the foods they identify with, both in terms of maintaining an ethnic identity, and in terms of what they consider to be healthy. While Barbadian women in Atlanta are quick to point out that some of the meat-heavy, starch-heavy meals of their childhoods are not ideal for good health, they also believe that many of the foods they grew up on are healthier because of their freshness. Eating green vegetables picked from their own backyards, and fish purchased from a fisherman who just caught them are considered to be much healthier than the foods obtained in the US through the industrialized food system.

Barbadian women in Atlanta are also consciously signifying with their cooking. Although most do not eat Barbadian foods on a daily basis, they are careful to do so in

public arenas. While they may generally exist on steamed chicken breasts, or packaged diabetic-friendly meals, when in the company of others, these same choices are not made. They are meticulous to distinguish themselves as Caribbean, not African-American. When in the company of other Caribbeans, this is a sign of solidarity. When sharing foods with non-Caribbean African-Americans, this is a painstaking indicator of difference.

Broadly speaking, there are significant differences between diets of Barbadians on the island and those living in Atlanta. Barbadians in the homeland eat more starches, more meats, and less “healthy” food— as it is defined by US dietary recommendations. For example, they consume far less fruit, and fewer whole grains. In contrast, the migrants tend to eat according to the latest American dietary recommendations.

Interesting to consider, but beyond the practical scope of this ethnography, is the possibility that the nutritional quality of the foods in each place is an important variable in the way they are affecting these women. Recent nutritional understanding has indicated that the glycemic index of food (a measure of how quickly blood sugar levels arise in the body after eating a food item) is actually the key factor in the way that foods impact our body weight and health. While Barbadian migrants interpret conventional biomedical dietary guidelines to mean that “starchy vegetables” like sweet potatoes, eddoes, cassava, taro, and others are unhealthy because of their carbohydrate content, perhaps the fibrous nature of these vegetables actually causes less impact on the body than the processed whole grains they are virtuously consuming in their place.

Additionally, there may be a difference in quality of the meats consumed on the island. Local fishermen catch most of the fish from local waters on a daily basis. Much

of the pork and poultry consumed is raised locally. It is certain that these operations are not as large as their counterparts in the US, and it is possible that their methods are less problematic than those used in concentrated animal feeding operations (CAFOs) that produce most of the food consumed in the US. If the feed and health of the meat animals is of higher quality in Barbados, it is possible that the resulting meat is healthier too. Both of these are fascinating avenues for further study.

### **Embodied**

Simultaneously, I deal with the anthropology of the body, which treats the body as a material manifestation of cultural beliefs, ideals and practices, exploring how women's perceptions of health and attractiveness affect their behaviors. When appraising body size and shape ideals, the migrant Barbadians in Atlanta proved to be more "Americanized" in body ideal preferences. Correlating with much of the attractiveness literature in the US, these women would often cite weight as a significant element of attractiveness. Meanwhile, women on the island struggled with this same line of questioning. They had trouble distinguishing phenotypical beauty from more malleable elements like carriage, grooming, and personality. An important issue that arose during this portion of the study was the inappropriateness of the existing body silhouette sets.

Images that had correlating BMI and WHR measures were rare, and Bush (Set 1) and Singh (Set 2) were the few that fit this need. Yet, women frequently commented on how odd they found the figures. They were not ethnically/racially appropriate for use with this study population. As many informants commented, women's bodies are shaped differently among different ethnic groups, and most felt that these samples were clearly

not bodies of African descent. They believed that the shapes of the posteriors were generally too flat and not representative of Barbadian women. Additionally, Set 1 images tended to indicate increasing weight on the body with enlarging belly size, rather than all over body size increase. Correctly, many identified this increase in belly fat, or predominance of the “apple shape” body, as being particularly hazardous for health, as opposed to a more bottom-heavy, “pear-shape” weight increase. A third silhouette set, created by Williamson et al., was also initially incorporated in the study because it purported to be more ethnically neutral. However, it did not include BMI or WHR measurements, and the study population found the figures to be particularly strange, so it was quickly eliminated. The difficulties around the search for appropriate study tools for body image data indicates a marked need for ethnically/racially neutral, BMI/WHR correlated body silhouettes that display body weight in a variety of different configurations.

Interestingly, the actual body sizes of these two groups of women were contrary to these expressed ideals. While the sample size of both groups in the study was small, overall, there was not tremendous difference between the two groups. However, women in Barbados did have smaller bodies than their migrant counterparts in Atlanta. They had slightly lower BMIs and healthier waist-hip-ratios. Overall, this group of women still in Barbados was also medically healthier. Only one of the women in the twenty-one member study sample in Barbados suffered from nutrition-related chronic disease—and she spent the majority of her adult years living in the US. Three of the ten women in Atlanta were diabetic.

This tendency for migrant women in Atlanta to demonstrate larger body size and a higher incidence of chronic disease may also relate to stress. This population elects to maintain cultural differences to distinguish themselves from African Americans in the South, and this status as “permanent foreigner” may be contributing to these issues. Lack of time and increased daily pressures in the American lifestyle was a recurring theme in the interviews, with stress being an implicit result of these pressures. While there is an excellent body of literature on the relationship between stress, body size and chronic disease, it was unfortunately, beyond the realistic scope of this dissertation. This avenue begs exploration.

### **Movement**

When discussing physical activity with women in Atlanta, they were vocal in their beliefs that activity and exercise are very good for the body, beneficial to health, and everyone should engage in them. However, their actual rates of physical activity were very low, constrained largely by long commutes, non-walkable neighborhoods, long hours at sedentary jobs, and what was perceived as a general lack of free time in daily American life. In contrast, women in Barbados were much more diverse in their perceptions of activity. Many felt that it was not necessary to intentionally seek out exercise, could be detrimental to the health of some people, and in general, was unnecessary. Yet many of these same women also explained that simply engaging in housework, walking to the bus, or caring for children would keep one healthy. Despite a lack of a widespread belief that activity is necessary for health or affects physical appearance, lifestyles on the island nonetheless dictate greater movement in daily life, in



contrast to car-centered lifestyle among migrant Barbadians. Based on physical activity logs, Barbadian women on the island are much more active, engaging in movement of greater intensities for longer periods of time than their migrant counterparts.

Yet, this difference may be on the decline. Barbadian lifestyles on the island are changing, with the increase in individually owned automobiles, and a growing emphasis on behaving like those in developed nations such as the US and the UK. It is becoming less popular to rely on public transportation or walk to nearby locales in the humid, tropical climate. In addition, the growing middle-class is relying on domestic help to maintain their homes, thus engaging in less manual labor themselves. If these trends towards inactivity, towards an increasingly obesogenic environment continue, the protective benefit of a more active lifestyle on the island will likely decrease.

### **Implications**

Ultimately, what this research has demonstrated is that migrant Barbadian women in the US are not demonstrating poor diets upon their migration to Atlanta, nor do they lack awareness about healthy eating, nor are they demonstrating acculturation to a high-fat, stereotypical mainstream American diet—as the literature argues will be the case among migrants. Rather, the restrictions of the built environment, and life demands of family and work, preclude the time investment in intentional exercise. For women in Barbados, everyday life is inherently more active, which seems to be protective of better health. For a broader audience, the significance of this study is that while action needs to be taken in regards to nutrition and health in the US, this should be based on clearer understandings of people's behaviors and the reasons for them. Only by providing little

insight into the reasons, motivations and causes of food-related behavior change can we begin to make better recommendations and policies to best care for all American citizens.

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