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My body. My politics. An exploration of body image and health in Barbadian sexual minority women

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ABSTRACT

There is a dearth of research on how pervasive Western stereotypes of the ideal body affect non-heterosexual women, and this body of research shrinks even further when considering sexual minority women in the Caribbean. This study aimed to uncover how negotiations between identity, desire, and body politics are being navigated and experienced by sexual minority women in Barbados, along with examining concerns about body image, the impact of societal expectations, and the consequences of these expectations on physical and mental health. Using a qualitative methodology that employed a semi-structured guide, thirteen women were interviewed over the course of a year. Thematic analysis revealed three major themes that centered around the interconnectivity of desire and presentation as it related to body image; distancing from Western influences and grappling with local body ideals; and the ways in which layered events and identities have resulted in complicated relationships with food. A selection of identified community needs is also offered in conclusion.

KEYWORDS

Caribbean; lesbian; sexual minority; body image; queer

Introduction

“I do not believe Barbados is a homophobic society. That is why I do not agree with the gay and lesbian society and their rhetoric...Quite frankly, I think they should just keep quiet and get on with their own business” (Brown, 2017). This was said by then Barbados Minister of Industry Donville Inniss, who was reproducing a clear silencing tactic used to quash voices of dissent that attempt to challenge the erasure of counterexperiences and/or queer ways of living. Barbados is a small independent country in the Caribbean Sea, with a population of approximately 285,000 (World Health Organization, 2021) that Walcott (2020) asserts “is a queer society” (p. 237). But recognition of this queerness, alongside imposed colonial-era

laws against “buggery” and the stubborn retention of such laws by the postcolonial state has created tension exacerbated by queerphobic voices. Additionally, lesbian, bisexual, and queer (LBQ) women have been absent from historical documentation, research, and activism, although this is slowly starting to change (Mohammed et al., 2020). A recent assessment conducted by Mohammed et al. (2020) offers a glimpse into the lived realities of LBQ women and transmasculine persons in eight Caribbean countries, including Barbados. However, the study shows significant gaps in data continue to exist, such as multifaceted understandings of body image. In the English-speaking Caribbean, there is a dearth of research on body image in general, although it has been suggested that heterosexual Caribbean women desire more curvaceous physiques, compared to their

Q3 North American counterparts (Brodie, 2012). This norm might be eroding due to the spread of U.S. culture and media, with studies suggesting that while eating disorders still have a low prevalence in the region, the incidences are increasing (Brodie, 2012; Seepersad, 2012).

This study examines how sexual minority women, inclusive of any sexual orientation that differs from heterosexual norms, navigate between their identity, desire, and body politics. We asked what expectations of the body do sexual minority women in Barbados experience? And how have these expectations and perceptions shaped their psychosocial and physical beings? This research, while addressing questions of body image, also attempted to take into account how sexuality and desire interact with lived experiences and social-political realities of the Anglophone Caribbean.

Literature

Body image has a primary focus on physical appearance but is a multi-dimensional construct of how people see themselves and how they think others see their bodies. How people understand their body image is continually shifting and being informed by cultural and societal expectations (Kelly, 2007). The Western myth of female beauty has left women particularly vulnerable to distorted body imagery and its attendant risks, such as eating disorders, depression, and “obesity” (Kelly, 2007). There is a perception prescribed to those who live outside of heterosexual norms, which includes but is not limited to those of the lesbian, gay, bisexual, transgender, queer plus (LGBTQ+) community, to be somehow “immune” to the effects of societal bodily expectations. Another factor is the promotion of body-acceptance in the lesbian sub-culture (Huxley et al., 2014). However, unlike the studies that consistently show that sexual minority men have a greater incidence of disordered eating compared to heterosexual men, the few studies conducted on sexual minority women have

been mixed and inconclusive (Bankoff et al., 2016; Bell et al., 2019). Because most young women grow up in a heteronormative society, discovering their sexuality later, does not mean earlier harmful patterns disappear and disordered eating could also develop as a coping mechanism for dealing with homophobia (Kelly, 2007). The literature suggests that an examination of sexual minority women's concern about body images and its consequences are sorely needed, especially with regard to women of color.

Clinical psychologists at the University of the West Indies, Barned and Lipps (2014), investigated the attitudes toward "fluffy" women in Jamaica and found that "Women who are excessively skinny are perceived as being less desirable as a partner" (p. 633). According to Barned and Lipps (2014), the fluffy woman is considered to be full-bodied, thick, big-boned, or plus-sized and medically measured as "overweight." Their research uncovered that being fluffy is not just about the curvaceous physical appearance, but includes qualities of self-confidence, charisma, and a positive sense of self. While gendered and age-specific (exclusionary of elderly women), the fluffy concept acts in resistance to Eurocentric mainstream ideals that glorifying a smaller frame. It challenges assumptions attached to heavier body-types that position fluffy women as lazy, lower in socioeconomic status, making poor dietary decisions, and spending less time exercising (Barned & Lipps, 2014; Dibbs et al., 2014). Social media have also contributed to the shaming of fluffiness in the region, driving more Caribbean women to crave a slender figure (Cheney, 2011; Dibbs et al., 2014).

Similarly, Cheney (2011) argued that in the United States, ethnic minority women of Latin and Caribbean heritage favor a more curvaceous body but see currency in the slender form that offers social mobility and economic power. Cheney's study, although positioned outside of the region, signals a tension among young ethnic minority women, indicating that cultural body perceptions that fall beyond Western social norms marginalize women and limit their daily social relationships. Cheney (2011) advocated for research on eating disorders and body dissatisfaction in North America to include ethnic minority women. Gentles-Peart (2018) used the narratives of Black Caribbean women living in the United States to further assert that current "normative body aesthetics of black women can help to prop up white supremacy" (p. 212) and called for a queering of Black women's body politics to encompass more inclusionary positions.

Methods

This study was approved by the Barbados Ministry of Health/University of the West Indies Ethics Review Committee. Written informed consent

was obtained from the participants and thirteen interviews were carried out in English by two of the authors (NR and SMO'B) in Barbados between February 2018 and March 2019. Participants were purposively selected through snowball sampling via the researchers' social and professional networks, as well as recruitment over social media. Here snowball sampling was an advantageous method in reaching participants who would have otherwise been reluctant to discuss their experiences with body image as it relates to their sexual identities, especially in small communities where they can be easily recognized. As researchers, we are aware of the pitfalls of this technique, since it limits the heterogeneity of the sample. Nevertheless, snowballing was a helpful recruitment strategy that allowed for careful discretion.

Eligible participants were cisgender women or gender-nonconforming persons assigned female at birth who were eighteen years and older. Participants self-identified as non-heterosexual (lesbian, bisexual, queer, pansexual, etc.) and were either Barbadian citizens or resident in-country for more than ten years. Inclusion was purposive to meet broad categories of representation such as age, race, education, body type, and so forth. Participants ranged between the ages of eighteen and thirty-five years. Most participants had postsecondary education (77%), and all of the participants identified as Black except for one woman who identified as mixed race. Four of the study's participants identified as lesbian or pansexual, and nine out of thirteen identified as bisexual or queer. Sixty-two percent of the study's respondents felt more feminine aligned in gendered appearance (feminine presenting) and the same percentage reported being in a relationship.

This study utilized semi-structured interviews as a qualitative method. This method was preferred given the nature of the study, as it allowed for a deeper understanding of how the participants related to issues outside of their own control to their own lived experiences. The interview guide was adapted from Chmielewski (2010) and focused on perceptions of body imagery, especially as it relates to sexuality and partnerships; factors influencing body image, including Western ideals; and any experiences with disordered eating situations and clinical diagnoses specific to eating disorders. Interviews were conducted at homes or other mutually agreeable locations that offered confidentiality. They lasted an average of twenty-six minutes, ranging in timing from fifteen to forty-five minutes. Each interview was transcribed to generate textual data and underwent subsequent thematic analysis by two of the three researchers (NR and SMO'B). The analysis process included the development of a coding scheme with key themes that were added to the data throughout and

used to link different sections of text relating to a particular theme or sub-theme.

Results

The analysis revealed three main themes: Interconnectivity of sexuality, identity, clothes, and body image; distancing from Western influences and grappling with local body ideals; and complicated food relationships. Below we cover these themes, weaving in the voices of the participating women, and tie in a larger discussion of queer, feminist, and decolonial readings of body image and health.

Interconnectivity of sexuality, identity, clothes, and body image

This theme showed how sexuality, identity and presentation were closely intertwined with body image. In establishing a baseline for how the women currently related to their body, seven of the participants reported feeling mostly happy or confident with it, while the others had negative, complicated, or fluctuating feelings. Almost everyone (11 out of 13 participants), felt negatively about some aspect of their body, including wanting to lose weight in general, wanting improvement in the abdominal area, feeling “too tiny” or skinny, having acne, and having undesirable features on some part of their body. Both a masculine-presenting and a feminine-presenting participant stated discomfort with the prominence of their breasts. Two persons acknowledged that they had body dysmorphia, and another two with chronic illnesses noted that their body image was tied to these illnesses, either because of unpredictable, uncontrollable weight shifts or because being ill had forced them to eat more consciously and resulted in an improvement in self-esteem. The perception of being too hairy and the pressure to shave body hair was also mentioned by two participants. Conversely, some of these negative characteristics, such as height, build, and breasts were positive traits for others. Hair, facial features, and facets of their lower body were some additional features participants commonly felt positive about.

While there was no relationship between body image and gender or sexuality for some, for others their body image played a role in how they perceived one or both of these characteristics. Sometimes it was the presence or absence of bodily features that hindered the full actualization of expression; for example, breasts, a “big ass,” and weight on masculine-presenting participants were impediments to full gender expression, being a “better stud” and feeling masculine, respectively. Participant Mila (all names

are pseudonyms), at the time of the study was contemplating starting testosterone to improve their overall feelings about their body:

“I guess I’ve been for myself comfortable in my body but uncomfortable with the attention that it brings...because like there’s this unwanted attention from men and then femmes these days are more and more bold...I don’t want to get rid of my breasts. I don’t need to grow a penis, like I’m good with that. But I like to walk around bareback a lot. And my wife she’s in love with beards and you know that kind of stuff, so I like the idea of me with a six-pack again.”

For others, a bodily feature helped solidify and align their expression and sexuality, as was the case of the participant who felt hairiness helped her to accept a sometimes-masculine expression. One participant wanted to look less masculine but said that because she was perceived as masculine, it helped her make sense of her attraction to women, because masculine presenting women can be stereotyped as lesbian.

Finally, sexuality and intimate relationships had a reciprocal effect on body image. Eight participants felt empowered and bodily affirmed in their most recent relationships, which was attributable to vocal and appreciative partners and/or to the greater appreciation of diverse body sizes among female partners. There were, however, stories of partners who experienced body shaming, and induced feelings of inadequacy. Certain features, like breasts, hairiness, and having a small stature had a negative impact on intimacy for some participants, while for others, sexual encounters, especially at the onset, were often punctuated by moments of insecurity about how their bodies were being perceived by their partners. One woman related how pornography made her acutely aware of how she was not measuring up to the bodies on screen to the point that she was unable to initiate sex because of how unattractive she felt. Participants who were larger or darker-skinned were noted to have a harder time being sexual and finding partners, and for one participant, her quest to fit the ideal of small, delicate women led to dysfunctional relationships with partners who could dominate her emotionally, if not in physical stature. Participants also spoke about how the gender of their partners influenced intimacy, variously reporting that with women there were greater measures of comfort, sexual chemistry, nurturing, and connection, while men were less hesitant, took charge more, and were expected to be more supportive than women.

In connection to sexuality, clothing choices were prominent in several narratives as the tipping points for reflecting on body image or identity. One participant recalled being criticized for wearing a sleeveless dress as a teen because her “arms are fat” so they should not be exposed, and subsequently never wore sleeveless clothes again. Experimentation with clothing to gain popularity in high school or for fun was reported, as was

teenage resistance to being dressed in stereotypical feminine clothing in order to maintain more authentic gender expression. Six participants, or roughly half, denied that sexuality influenced their presentation, but for others, there was a correlation: by choosing feminine attire in defiance of stereotypes that sexual minority women are typically butch presenting; or by making clothing choices that maximized observer comfort; by not looking “too butch or femme”; or “flaunting sexuality” by experimenting with more masculine clothing. Conversely, presentation in a few participants was deliberately curated to signal sexual identity, often in the form of more masculine attire, and this masculine presentation also served to make the participant feel protected, confident, and respected.

In thinking about how these aspects of body image were engaged by the larger LGBTQ+ community, nine participants agreed that there were no discussions about body image within the community, and when they occurred, they centered on gay men, transwomen, or reflected cis-heterosexual ideals. Several lamented this lack of conversation around the topic and wanted more discussion. One participant, Etta, shared “we can sit down and discuss transsexualism and same-sex parenting but when it comes to bisexual women especially, speaking about our body image amongst each other we still haven’t established what’s safe and what’s problematic and it makes it scary to speak out publicly or even amongst ourselves.”

Distancing from Western influences and grappling with local body ideals

This theme flags the importance of accounting for racial, sexual and contextual differences when examining influences on body image, showing how the Caribbean can distance itself from Western influence. While six participants did not report print or television media having any effect on their perceptions of self, others said these mediums made them feel “terrible,” inferior, and perpetuated unrealistic stereotypes and images. One participant noted that even when plus-size models are represented, their images are often manipulated to conceal imperfections, and three persons mentioned that the lack of racial diversity in media was concerning, more so than body type representations. The social media platform most mentioned was Instagram. Participants were careful to curate their accounts to promote diversity and avoid negative feelings. Sometimes, however, exposure to images that affected self-esteem was unavoidable, as explained by Elsa:

“On Instagram explorer [there are a] lot of coke bottle shapes...I’m just like, oh I’m admiring these girls but like that’s really seeping into my subconscious and really going with me the rest of the day in terms of I don’t recognize it and I tried to

stop doing it, but it will really follow me the rest of the day in terms of me not liking my body and thinking I should be a bit bigger”

Zola, who was feminine presenting, said that magazine representations, especially when diverse in body type, affirmed that she was “on the right track.” Two of the masculine-presenting participants reported being attracted to the women in magazines, but images of men or stems (persons whose gender expression falls between masculine stud and femme) garnered comparisons to themselves and the desire for bodies that paralleled the images. Two participants no longer read magazines. Everyone watched television, where some contended there were more diverse representations of sexualities, body types, and complexions, but others reported that the medium still suffered from an overabundance of stereotypically perfect images of people who were conventionally attractive.

The bodily attributes of the “ideal” Barbadian woman were described by almost all participants (11 out of 13) as being curvy, with prominent buttocks, wavy or curly long hair, and skin that is not “too dark.” Some added that being fashionable, well-groomed, and perceived as sexual were also desirable attributes. Contrary to the traditional Western ideal of thinness, some weight is preferable on the Barbadian woman, variously described as “heavy set,” “thicker,” and “solid,” but still within the confines of a silhouette that is traditionally feminine. Nala said, “not slim but not thick...right so magically somehow they expect the girl to have a big butt but no belly and boobs.” Some participants mentioned that lesbians appear to be more accepting of different body types, or are attracted to “bigger” women, and place less pressure on their partners with regard to the physical image. Six participants reported feeling past pressure to conform to Western standards of beauty and body image, but only two still currently felt this way. The pressure to conform to the national beauty standard, however, was felt at some point by more participants (eight out of 13), especially feminine presenting ones. Several actively resisted the pressure, and one person explicitly acknowledged the difficulty in maintaining body positivity when it has not been inculcated from early on.

Complicated food relationships

Every participant had a qualifier about their relationship with food, and three used the term “love-hate relationship.” Several others professed a love for food that was colored by experiences such as being shamed for eating or having to hide and eat, a lack of discipline with regard to food, and emotional eating. Several participants were either currently on, or had tried various diets in the past, and some were reducing

caloric intake to be “healthy” or to “gain abs.” While eight participants reported struggles with losing weight, three struggled with gaining weight. The primary method for weight adjustment was the calibration of food intake; only two participants described exercise regimens, and two others expressed regret that they were unable to exercise due to hectic lifestyles.

Eating disorders were formally recognized by two participants, both of whom were feminine presenting. These involved extreme fasting and episodes of purging, as explained by Luna:

“When I was about 18 years old I actually tried to become anorexic. It did not work because I hate vomiting. But I actually did it for about 4 days. I tried anorexia, I tried starving myself, and only eating when I got really, really hungry to the point where I feel like I was going to fall over.”

Another participant, after unsuccessfully visiting a variety of dieticians, felt helped by a mental health professional, while the other was only seen by a physician for the physical health effects of her disordered eating. Sula shared:

“I’d gone to a physical health professional because it affected my health in regards to acid reflux and developing anaemia. A lot of different things have come because of my poor dietary habits and you know my starvation and binge eating and vomiting and stuff like that...but no, I haven’t accessed any mental health services and it’s something I should have done and should still probably do ...”

Two other participants related stories that did not explicitly mention formal diagnoses or recognition of eating disorders, but that gave possible indicators of such. For example, Anya spoke about drastically reduced food intake: “I wanna keep down my weight and because of that I try to eat healthy...sometimes it just translates to not eating enough which is a problem...I’ve had a chocolate and a glass of water for the entire day.” Anya has also resorted to laxatives as a weight reduction method:

“I bought these pills, fiber thingies...so it was never me starving myself, but me eating and trying to get it out of my system constantly. I think it would be a lot like people sticking their hands down their throat a little bit, but obviously not down my throat, I was trying to get rid of it in other ways.”

Anya did not state that these disorder-adjacent behaviors could be indicative of having an issue or sought medical treatment for the attempted weight loss behavior. Similarly, the other participant related that they might have had a “problem” with binge eating for a few months after a breakup,

and felt like crying at the sight of food, but this was resolved by self-motivation to exercise and exert greater control over food choices.

Discussion

Thinking about postcolonial issues and racial politics that impact women in Barbados, we suspected that Western research might not directly translate to the Caribbean. Our study, as far as we know, is the first of its kind in the region to make apparent that sexual minority women in Barbados are not saved from the damaging effects of gendered beauty ideals and pressures to conform. Previous studies have acknowledged unhealthy eating behaviors and attitudes in women and adolescents in the Caribbean (Harrison et al., 2020), but in most of these studies, sexuality is omitted from the conversation. While the women interviewed had experiences that spoke to their unique lives that are important to recognize, the fact remains that for many of them the expanding and greater access to the consumption of Western media had both positive and negative effects on the local culture of Barbados. Smith et al. (2019) has written about how lesbian and bisexual women in the United Kingdom have felt pressure to conform to the thin ideal, especially since LGBTQ+ culture has become more mainstream. While Sovine (2017) found that African American and Jamaican women who subscribed to Western ideals had a more negative body image compared to women who did not. The women in this study spoke of global influences on body image and gender roles as a double-edged sword with dominant Western beauty standards on one side and local gendered ideas of desirability on the other. The research illustrates that Western expectations of the body are understood and recognized by Barbadian sexual minority women but ride alongside local heteropatriarchal ideals of womanhood, such as the image of the fluffy women. Gendered and racial ideologies, and postcolonial state laws in Barbados are not the same as those in the United States or the Global North, but patriarchal dominance is still present and wields power over women's bodies. These collaborating and conflicting ideals, already difficult to navigate for many women, are further compounded in the lives of sexual minority women by homophobic attitudes.

For all participants, even when they were aware of the negative impacts of idealized norms and were actively trying to challenge stereotypes, they also recognized that they are not immune to North American-centric representations of beauty and desirability (i.e., whiteness, thinness, wealth). Traditional media, like magazines and television, have been found to correlate with body image concerns in women (Grabe et al., 2008), but studies on the impact of social media,

especially for sexual minority women, are less prolific. Although it is suggested that the same correlation occurs (Holland & Tiggemann, 2016), many of the women we interviewed spoke about their critical media literacy and abilities to control their own social media consumption. But simultaneously they shared that they could not completely escape idealized representation, resulting in feelings of personal body dissatisfaction.

The entanglement of dress, appearance and identity, especially among lesbians, has been documented in the literature (Clarke & Spence, 2013; Moore, 2006), with this study illustrating how sexual minority women in the Caribbean confront similar brokering with additional layers of size, attraction, safety and comfort. Unsurprisingly, intimate relationships also contributed to body image. Unlike the studies that found female partners to encourage women to accept themselves (Yost & Chmielewski, 2011), or the opposite where women compare themselves to their female partners (Smith et al., 2019), the participants in this study reported variegated experiences with different genders. Instead, they reported the different characteristics of a partner created empowering relationships regardless of the partner's gender.

Overall, the results reflect how Barbados is neither free of national beauty standards or of idealized gender roles, including masculinity as we witnessed in women who identify more with masculine presentation. So while Western research around body image does not speak directly to the experiences of Barbadian and Caribbean women, the research is still important to bring into conversation with further localized research on sexual minority women. The complicated feelings associated with the body shared in this study point to the lingering colonial ideologies that shape how race and bodies are understood. This includes the sought-after curves and lighter skin being viewed as more desirable, but simultaneously coupled with misogyny and the contradictory Western feminine ideals of small, delicate bodies to be controlled and dominated. Resources that are developed for queer women in the region must account for the multiple factors that influence physical and mental health and access to support and care.

Conclusion

The findings illustrate that Barbadian sexual-minority women share different experiences in negotiating between their identity, desire, and body politics, compared to both heterosexual Barbadian women and what is being consumed through North American media. The themes that emerged - the interconnectivity of sexuality, desire, identity presentation, and

clothing with the perception of body image; how issues of racial, sexual, and body politics distance the Caribbean from Western influences; and layered issues of control, mental and physical health, identity, emotional states, and external shaming that result in complicated relationships with food - not only help to identify areas of health concern related to body image, but also methods of resistance and resilience exercised by the women. Overall, this article highlighted a selection of the findings that moved the assessment of body image beyond Western-produced research to show how Barbadian LBQ women navigate identity, desire, body politics, and the law in complicated and creative ways. By starting with Barbados as a sample, it allowed us to think locally about larger and possibly shared issues that impact sexual minority women in the English-speaking Caribbean region. As other studies have shown, perceptions and relation to the body impacts mental and physical health, and vice versa, changing throughout the course of life (Bucchianeri & Neumark-Sztainer, 2014; Burnette et al., 2019; Ingraham, 2019). Given this interrelatedness, recommendations to better support Barbadian sexual-minority women navigate relationships to their bodies should consider the complexity of their lived experiences as well as incorporate access to adequate healthcare. We therefore suggest the following for further exploration: 1) public education on body image needs to reference both Western influences and local ideals, taking into account the sexual diversity of local women and moving beyond narrow heteronormative assumptions and feminine-only presentations of the body; 2) recognition of how racial, gender, and sexual trauma marks and is held within the body and leads to feelings of worthiness, which-needs to be incorporated further into social and public health analysis for sexual minority women; 3) the need for healthcare provider sensitization training on the needs of sexual minority women; 4) local and regional contextual information be more widely disseminated and available; and 5) further exploration of resilience and resistive tactics for improved health access and making healthy, empowered choices. Additionally, future research encompassing a larger number of women from a wider age range, as well as transwoman and non-binary persons assigned male at birth, would help to develop understanding of the issues even further.

When we began this study, resources were limited when it came to access to health support for sexual minority women. Since then, local organizations have partnered for increasing training on LGBTQ+ health and procured funding for a free clinic specifically catering to sexual minority women (SHE, 2020). These changes are promising, and push queer lived realities into public awareness in greater ways. Post-colonial racial dynamics, homophobia, fatphobia, patriarchal gender ideals, and shame circulating around mental health and eating disorders makes

supporting sexual minority women particularly challenging. The approach must be multipronged, pulling expertise and support from the fields of public health that implements a critical queer decolonial lens.

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Notes on contributors

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Dr. Skye Maule-O'Brien is an educator, creative researcher, and passionate connector of people and ideas. Her PhD from York University (Toronto) focused on the development of a theory and method called *intimate pedagogy*. Her collaborative research-creation projects bring together visual arts with questions of how intimate lives are spaces of knowledge creation and political resistance. She holds a BFA in Art History, with a minor in Adult Education, and a Master's in Educational Studies from Concordia University (Montreal). Now based in Rotterdam, she works at Willem de Kooning Academy supporting the Practice Programs in interdisciplinary knowledge exchange and decolonial shifts in curriculum and administration.

Dr. Karen Naidoo is a storyteller, researcher and educator. Her current research investigates how young Canadian-Caribbean people living in Toronto understand and respond to mental health issues. Her research is significant for Canadian-Caribbean peoples, as it interrogates how state institutions use race and culture to determine the ways in which health resources are accessed. She holds a BA in Sociology, a Master's in Environmental Studies, and a Doctorate from York University. Dr. Naidoo's professional experiences include facilitating in the area of Global Citizenship Education and Health in parts of the Anglo-Caribbean. She is also currently teaching in the Caribbean Studies Certification at Ryerson University, Toronto.

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