

Body weight perceptions, obesity and health behaviours in Jamaica

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Abstract

Obesity is a global concern with medical comorbidities and psychosocial consequences. Literature has however recorded socio-cultural factors that may mediate psychological effects of obesity and its associated stigma. Previous studies have investigated differences in body weight perceptions among ethnic groups. The main argument in this study is that cultural perceptions of body weight could influence performance of certain health behaviours. The objective therefore was to explore body weight perceptions in Jamaica and associated health behaviours. Semi-structured interviews were carried out with thirty participants. Thematic analysis yielded four emerging themes. The study unearthed various beliefs about body weight and its health consequences. The investigation also uncovered social attitudes Jamaicans held towards certain body types which highlights the importance of the socio-cultural context in body weight perceptions. The findings introduced 'fluffy' as an important concept for women with larger bodies. 'Fluffy' was a local euphemism used to describe a female with body mass index (BMI) equal to overweight or obesity. The findings suggest that a 'fluffy' woman was however confident, exude sexiness and often secure. While weight control methods were identified; participants highlighted hindrances for weight control which have implications for levels of physical activity and eating behaviour in Jamaica.

Key words:

Received July 2014

Accepted December 2014

Obesity, body weight perceptions and health consequences

Obesity is a major concern as the rapidly increasing rate spans across the world. Obesity has more than doubled since 1980 and has been described as a global epidemic

(World Health Organization - WHO, 2014). It has many social, psychological and economic consequences for populations and is often associated with medical comorbidities and mortalities, which, in most cases are preventable. The WHO defines overweight/obesity as a condition of abnormal or excess fat that may impair one's health. It is commonly measured by using the body mass index (BMI) which classifies overweight as greater than or equal to 25 kg/m² and obesity as greater than or equal to 30 kg/m².

In Jamaica, overweight and obesity rates together have remained above 50% of the adult population (Jamaica Health & Lifestyle Survey, JHLS-II, 2008; Ragoobirsingh et al., 2004). Specifically, obesity rates stood at 25.3%, while 26.4% of the population was overweight (JHLS-II, 2008). Obesity in Jamaica has been associated with illnesses such as hypertension and diabetes (Ferguson et al., 2011) which are the leading non-communicable diseases causing deaths. The Jamaica Health and Lifestyle Survey-JHLS-II (2008) for instance, reported that 25% of a nationally representative sample was hypertensive, 8% diabetic and 35% pre-hypertensive. Ferguson et al., (2011) also suggest that approximately 50% of persons with hypertension and 25% of individuals with diabetes were unaware of their risk status. Hence, the consequences of obesity have serious implications for public health and mortality in Jamaica.

Jamaicans however, have a tolerance for heavier body weights. Traditionally, a fat body has been associated with bodily health, happiness, wealth and fertility (Sobo, 1993). A full-figured, plump, curvy or voluptuous female was considered more physically attractive compared to others with a slender or thin physique (Sobo, 1993; Savacool, 2009). The body with larger buttocks and bust, commonly referred to as the 'Coca-Cola-bottle-shape' was therefore the ideal Jamaican body (Savacool, 2009). The thin body in contrast, commonly referred to as 'mauger' ('mawga'; 'maga') was seen as powerless or ill; hence, the notion of thinness within this context had negative connotations (Sobo, 1993). These socio-cultural preferences highlighted can be traced back to the African heritage (Savacool, 2009).

In addition to the medical implications and strain to the economy as a result of increasing obesity rates, researchers have investigated, to a great extent, the psychological correlates of obesity. They have identified potential psychological problems such as mood disorders, poor self-esteem, body image disturbance, disordered eating and decreased quality of life that are related to obesity (Friedman & Brownell, 1995; Hayden, 2011). These problems are often due to the constant pressure to conform to society's beauty standards (often the thin ideal), stigma of obesity, discrimination and the victimization which overweight/obese persons are faced with on a daily basis (Hayden, 2011; Vieira et al., 2012).

While the negative effects of obesity as mentioned above are known, differences in cultural aesthetic preferences have been documented among different ethnic groups and have been a point of debate with respect to obesity and health risk (Grogan, 2008). Previous research conducted in the United States has suggested that among a black population for example, individuals tend to see heavier bodies as more attractive and they often received less social pressure to be thin (Thomas et al., 2008; Paeratakul et al., 2002). This corroborates findings where larger bodies were more attractive and socially accepted in countries such as Morocco, South Africa, the Mediterranean and Pacific Islands (Fernald et al., 2009; Lahmam et al., 2008) and Caribbean islands such as Jamaica (Sobo, 1993). In these situations, the socio-cultural influences that impact the perception of obesity differs from that of westernized nations where the ideal body is thin and where the

commercialization of diet programmes and surgeries to reduce weight are common. It was therefore found that within some of the more accepting countries, psychological distress was often not associated with obesity (Fernald et al., 2009) compared to other westernized countries, where overweight perceptions significantly increase the odds of distress (Atlantis et al., 2008). Based on such findings, the current study proposes that internalization of stigma of obesity could differ in Jamaica due to the perception Jamaicans hold related to body weight. Knowledge of stigma internalization and the psychological effects associated with obesity, in the adult population within the Jamaican context has had little attention.

Socio-cultural differences in weight perception in Jamaica could reduce the negative affect of stigma associated with obesity. However, little research has been done on the mental processes behind these perceptions and how they influence health behaviours such as levels of physical activity and healthier eating habits to reduce incidences of non-communicable diseases. In light of modern westernized changes in fashion, the pervasive influence of the mass media that portrays thin as the ideal body and the medical concerns about larger body sizes, this present study investigates perception of body weight and health behaviours in the Jamaican context. This is important as it could help to identify the psychological processes that mediate the effects of stigma. While studies have measured quantitatively the rates of obesity in Jamaica, a keen understanding of how socio-cultural perceptions of body weight in modern Jamaica mediate the psychological effects of obesity and its consequences for health behaviours such as physical activity and eating habits are critical in efforts to address the obesity epidemic. The main research question therefore is - how does Jamaican perceptions of body weight influence health behaviours? Specific questions to be addressed include: How do Jamaican people view body weight? What body size is preferred in Jamaica? What are the psychological outcomes of having a larger body size? What are the health risks for larger body sizes? What attributes are associated with larger body size?

Method

Participants

There were thirty (30) participants in the study. Participants were recruited using a snowballing technique and were selected by convenience sampling. These recruitment and sampling techniques were used as they offer the advantage of gathering data from members of the public who were available, the ability to collect data within a limited time frame and their cost-effectiveness. Participants were ten (10) males and twenty (20) females. Interviewees were required to be over the age of 18 and of Jamaican nationality. Ages ranged from 21 to 63 years. Median age was 31 years.

Research Design

An exploratory research design was employed in this study. This design helps to lay a foundation for further investigations into how perceptions of body weight may mediate psychological effects of obesity and the consequences for public health. This design was appropriate to gather opinions and insight into body weight perceptions from a convenient sample of Jamaicans. It also aids to generate new ideas for further research (Iacobucci & Churchill, 2010).

Measure

Participants responded to an interview schedule that was created by the primary researcher. The schedule of questions was developed based on a review of studies conducted by researchers such as Sikorski et al., (2012), Martinez-Aguillar et al., (2010) and Agne et al., (2012). Several questions were adopted from themes and questions within these studies while others were specifically developed for the Jamaican context. Discussions of question development were also held with a qualitative researcher at Brunel University. The interview schedule included twenty (20) open-ended questions that were divided in sub-categories such as: body weight, eating behaviour and exercise, body size preference, media, psychological issues, ways to address obesity, barriers, and attributes associated with larger body types.

Sample questions in the interview schedule included: How would you describe a healthy weight? Why do you think some people are overweight or obese? How does eating behaviour among Jamaicans influence their body size? Why is it so difficult to lose weight? What are some of the psychological experiences/outcomes of having a larger body type? How do you think Jamaicans perceive their body types/sizes? The use of open-ended questions allows personal reactions to the topic that is being investigated and do not force consistency in respondents' thinking compared to choosing between predefined options. Hence it elicits more information about beliefs, opinions or attitudes (Wilkinson, Joffe & Yardley, 2004) compared to surveys.

Procedure

Semi-structured interviews were conducted in the parishes of Kingston & St. Andrew, St. Catherine and St. James during August to September 2013 (Table 1). Interviews were carried out by the first author. The participants were informed of the nature of the study through an information participation sheet. Participants consented to take part in the study by signing the informed consent sheet. All interviews were face-to-face. Participants were interviewed at their homes, place of work or at the residence of the researcher [i]. All participants were informed in the consent sheet that responses will be kept confidential, they had the right to withdraw at any time and that they were not obligated to answer questions they were unwilling to answer. The duration of the interviews lasted from a minimum of approximately 5 to a maximum of 32 minutes. Average interview length was 16:27 minutes. Each interview was digitally recorded. The recorded interviews were then transcribed verbatim by author for data analysis [ii]. After each interview, participants were debriefed and provided with links to resource information that may be of interest. These resources included the Jamaica Health and Lifestyle Survey (2006) report and a study on obesity and lifestyle in Jamaica (Ichinohe et al., 2004). Participants were not compensated or offered any incentive for participation in the study. Ethical approval was granted from the Department of Psychology Ethical Review committee at Brunel University, London, United Kingdom.

Table 1 - Distribution of interviews by Parish.

| Parish | No. of interviews |
|-----------------------|-------------------|
| St. Catherine | 18 |
| St. James | 9 |
| Kingston & St. Andrew | 4 |

Analysis

Thematic analysis was employed to analyze the interview data. Thematic analysis is a qualitative approach that is used to identify, analyze, report patterns and interpret data (Braun & Clark, 2006). It is not tied to any specific theoretical framework and is especially useful in examining meanings and experiences (Braun & Clark, 2006); hence, it was selected to identify dominant themes emerging from the data. Thematic analysis was completed using a combination of manual procedures and the NVivo software, version 10 to code data into emerging themes. The researcher read each interview text to become more familiar with the contents. The data was first coded by giving labels that summarized participants' main ideas in each line or paragraph. These labels (codes) were hand written on the margins of each transcript. The transcripts were re-read and re-examined repeatedly for additional codes. This process resulted in approximately 26 initial codes. Using NVivo, the data was imported into the software and was sorted based on initial codes from the manual process. The initial codes were clustered into themes by organising them into similar topics or perspectives to represent beliefs, active thoughts and language used within the cultural context. Links were created to indicate relationships between codes and themes. The themes were then considered based on possible meanings and interpretation of the lived experiences and then categorized in broader overarching themes that resulted in the emerging themes. Responses were compared for similarity as well as difference or opposition or conflict. As each theme was developed, direct quotations were used to illustrate the core theme. The themes were reviewed by the second author.

Results

Thematic analysis yielded emerging themes (Table 2). Two themes 'Jamaican perceptions of health and weight' and 'Perceptions on how to be healthy' will be presented here. Each theme had various sub-themes.

Table 2. Emerging themes and sub-themes

| Main Themes | Sub-themes |
|---|--|
| Jamaican perceptions of health and weight | <ul style="list-style-type: none"> • <i>Interpretations of healthy weight</i> • <i>Body size</i> |

| | |
|------------------------------|---|
| | <ul style="list-style-type: none">• <i>Terminologies</i>• <i>Consumption</i>• <i>Assessment of Exercise</i> |
| Perceptions of Obesity | <ul style="list-style-type: none">• <i>Understanding of overweight and obesity</i>• <i>Perceived causes of overweight and obesity</i>• <i>Perceived effects of obesity</i>• <i>Limitations</i> |
| Social attitudes to weight | <ul style="list-style-type: none">• <i>Culture</i>• <i>Media</i>• <i>Social Perceptions</i>• <i>Stigma</i> |
| Perceptions on being healthy | <ul style="list-style-type: none">• <i>Tackling obesity</i>• <i>Hindrances</i> |

Jamaican Perceptions of Health and Weight

This theme was developed by grouping views of participants which were related to healthy weights, body size and views on eating and exercise. The theme summarizes Jamaicans' acuties about body shapes and sizes, the meaning of a healthy weight, opinions on eating habits and level of physical activities and attractiveness.

Interpretations of healthy weight. A healthy weight is important in maintaining a good quality of life. This theme draws attention to the meaning these Jamaicans gave to a healthy weight. Participants' beliefs on what constitutes a healthy weight were mixed. Interviewees suggested that a healthy weight may involve maintaining 'some kind of weight', 'fitness', 'body proportion', 'not being sick', 'a weight that falls within the body mass index scale' or 'not having a large body'. For instance, participants defined a healthy weight as:

"being healthy in Jamaica is having on weight." (Int. 14, Female)

"Mmm, a weight that ahm, doesn't adversely affect your life. Ahm as in... not causing any medical issues. Ahm, and a weight that ahm, is socially acceptable as normal." (Int. 7, Male)

Not all participants however felt that a healthy weight was 'having on some weight'. Some believed a healthy weight is being within the normal body mass index (BMI) range for height and age. Only one participant defined a healthy weight in term of the body mass index:

"A healthy weight would be ahm, anybody...well to me, it'll be anybody who is ahm, who is really in the normal range of the BMI. Ahh, between like 18 to twenty...nine...or 29. Yea...29 is overweight...to 24.5...sorry. That's a healthy ahm, weight. If you're within your BMI" (Int. 9, Female)

Importantly, some participants pointed out that a large body type was generally not considered to be healthy. For example:

"Personally, I, I don't think it's healthy to have a large body type." (Int. 19, Male)

These quotes show that the idea of a healthy weight varied among Jamaicans within this sample. There was no standard definition of what constitutes a healthy weight. It is interesting to note that BMI as an objective measure of weight was not frequently mentioned, except in one case. There were references to the body mass index (BMI) ($n = 7$) however, the meanings associated with a healthy weight were mostly related to 'absence of illness', 'fitness' and 'weight that is right for height and age'. Descriptions were less aligned with standard definitions of a healthy weight based on normal body mass index guidelines most commonly used by physicians but more related to physical appearances.

Body Size. Body size tells us what is perceived to be healthy; this theme highlights body sizes that expressed the aesthetic preferences of physical attractiveness within Jamaican society. A body size that is 'not too fat', 'not too skinny', 'medium', 'plump' and 'thick' were some common descriptions given by the participants, both males and females, as a desirable body size. For example, a male participant described an attractive body size as:

"Ahhh. Ahm, well for, for the males, females,..you know ahm..ladies with..big bottom, big breast, you know..very small waist...that's..that's it for the male..I think that is what we like" (Int. 1, Male).

Another described an attractive or acceptable body size as:

"Ahm for the most part, women with bigger bodies and them ahm, bigger breast measurement, smaller hip measurement...I mean smaller waist measurement and bigger hip ahm, measurement and not necessarily on the skinnier side. More, more of what ahm, medically would be overweight. That's more acceptable or more ahm, women in our society and, and even in some areas ahm, in Jamaica, if you not of a certain weight then you're not healthy. If you're not fat, if you're not plump, then you not healthy and you need to be eating some food...and ahm, yea. For men, it's ahm, I, I guess the, the buff body, the muscular type and so on...yes that sort of thing." (Int. 10, Female)

This shows that having a medium built body size or a body with big breast, big bottom, big hips and small waist was a commonly accepted body type for women based on participants' responses. A small number of respondents, on the other hand, described the acceptable or attractive body size as slim:

"Ahm, hmm, Jamaicans..well I can say for Jamaican men, the attractive body type would be ahm..slim built or what ahm, some people may call..thick but not fat...yea...so those would be the more...most Jamaicans would be more attracted to that type of figure." (Int. 2, Male)

This would suggest that there are some Jamaicans who are less fond of larger body sizes. However, it was noted that being slim in Jamaica did not equate to beauty:

"people don't feel that they have to be skinny and that's beautiful. Like there's an allowance for all different types of body sizes so. People are less apt to want to starve themselves or less apt to think that they have to be a stick figure in order to [have] an ideal body weight or body size. Ahm, so I think yea. So that definitely opens up different the area for women or different people, to do what they want (laughs)..they don't have to...so yea, eat what they want." (Int. 11, Female)

The majority of responses would suggest that there was an aesthetic tolerance from both men and women for the medium to larger body sizes in women. Hence, the commonly acceptable body size for women was the body with big breast and big bottom or the medium built body. These descriptions suggest that this theme body size was gender specific and influenced by ideas about presentation of the female body. Body size or shape descriptions were less about the male body. Hence, a medium body size with a curvier or voluptuous body shape such as big breast, small waist, big bottom and wide hips is considered as normal and most acceptable. This theme body size also reveals that the above mentioned body shape is perceived by both male and females as the body that is attractive to Jamaican men.

Terminologies. While views suggest the preferred body type was more of a big to medium built, Jamaicans developed terminologies to describe such body sizes. Throughout the interviews the terminology '*fluffy*' was mentioned in at least fourteen (14) interviews. The term *fluffy* was a common euphemism used to describe persons who were overweight/obese but were acceptable to the general public. Hence, this colloquial term in Jamaica was often used to describe a medium to large body type. One participant defined fluffy as:

"So when you're fluffy it means you own your fat and you are confident and you're, you feel sexy. You exude this sexiness about you, so your body type doesn't force you to be insecure." (Int. 18, Female)

Others explained:

"I think we as Jamaicans perceive our body size to be you know...more in the fluffy type kinda thing. Ahh, even if we not fat, but I think on a socializational

perception, I think we are more prone to accept or define ourselves more from a, a ahm,..on, on the fluffier side as opposed to being skinny.” (Int. 14, Female)

“The majority of people think that the fluffier type, whether it’s the big bottom, the big belly, or the big breast. Those are the more attractive type. Ahm, why? It’s just the culture I guess. Yea.” (Int. 15, Female)

This shows that the term ‘fluffy’ serves an important function in normalizing aesthetic preferences or acceptance of the medium to large body type for females. It also shows that ‘fluffy’ relays a socially desirable message of confidence, lack of insecurity, a sense of control or strength and resilience for women with larger body sizes. ‘Fluffy’ would therefore connote a state of mind that reflects a high self-esteem and love for self. Hence, it may also serve to maintain positive evaluations of self and reduce the effects of stigma associated with obesity.

Consumption. The consumption theme included the type of foods commonly consumed in Jamaica and eating patterns. Foods frequently described fell in three main food groups – starch, protein and sugars. Generally, participants felt Jamaicans did not have a balanced or healthy diet. For example, participants described eating patterns as:

“A lot of starch, too much starch and sugars” (Int. 23, Female)

Culturally, the participants felt the Jamaican diet consisted of fried foods which were perceived as putting Jamaicans at risk of weight gain. However influences from western cultures were also perceived to have a negative influence. For example:

“I know that we eat a lot of carbohydrates, we eat a lot of fried food ahm, so I think we take, we eat a lot of like calorie dense food so I think that puts us at a greater risk for being overweight or obese as opposed to other people. I think a lot of us are taking on the western lifestyle too. So we’re eating a lot more like Burger King, so that’s also increasing, I think our risk of being obese or overweight.” (Int. 8, Female)

This would imply that there is the notion that the Jamaican way of life was healthy until the influence of American or European diets. Socialization was also a factor that influenced how Jamaicans ate. For instance, a participant pointed out the role of parents and its impact on eating behaviour from childhood. Examples include:

“So, culturally ahm, we tend to eat a lot and Jamaican parents for one, they, insist that children completely clean their plate and so those cultural norms, those practices actually predispose us or play a significant role in, in our...our being overweight.” (Int. 7, Male)

This theme therefore suggests that participants’ believed eating patterns in Jamaica may contribute to weight gain. A diet rich in starch, fatty foods and less fruits and

vegetables makes the population vulnerable to an increase in health conditions which are preventable. Increasing body weights may have severe consequences for the Jamaican health care system. Hence each individual has a role to play in preventing certain health conditions.

Assessment of exercise. Assessment of exercise as a theme represented participants' views on the level of exercise in Jamaica and reasons for engaging in physical activity. Most participants felt exercise is critical to maintaining a healthy lifestyle. For instance, one participant elaborated on the importance of exercise regardless of body size:

"If you see that you, you're overweight, then the need to exercise is very important. Even if you're not overweight, being healthy is very important and when you exercise that would keep you healthy." (Int. 3, Female)

However, some participants believed Jamaicans did not exercise enough. For example:

"I don't think ahm, we exercise a lot as Jamaicans. Ahm, yes we do walk, we..but not...to the level that we should. Ahm, we move around the house quite a bit. We will maybe walk to the bus stop" (Int. 5, Female)

Only few Jamaicans realized the importance of exercise to include it in daily activities. For instance, a participant states:

"I just think in my opinion, few amount of Jamaicans actually take health in terms of exercising and so on a level where they'll want to do it every day and, and, ahm, make it a, a big part of their lifestyle." (Int. 10, Female)

This suggests that more effort is needed to improve physical activity in Jamaicans in efforts to enhance healthy living. When asked about reasons persons would exercise, participants believed 'image', 'dissatisfaction', 'health benefits' in some cases and 'diagnosis of an illness' were motives to engage in exercise. For instance, participants explain:

"Exercise? Yea, 1, maybe dissatisfaction with body weight, body type. One's awareness of the health benefits of exercising and ahm, not just the health, ahh mentally, physically, every, every way. You know..to feel good about themselves" (Int. 12, Female)

"Well, some people when they go to the doctor and get a diagnosis, a bad diagnosis, then they MAY.. take up the exercise. So that influence that...hmm, sometimes....just peer pressure...everybody want to look a certain way... peer pressure." (Int. 4, Female)

This therefore suggests that the reasons to exercise are often based on situational factors such as illness and one's social group. Emphasis on regular exercise was less common. This along with poor eating patterns will have severe implications for future health and quality of life.

Perceptions on Being Healthy

This theme was developed based on participants' views about the need to control body weight due to the health risks that are associated with obesity.

Tackling obesity. This theme includes suggestions to control body weight. The majority of the participants generally agreed that controlling overweight and obesity will involve eating healthy meals, diet and exercise. For instance, participants suggest:

“watch what you eat, ahh. Watch what you eat, exercise. Not excessively but exercise ahm, as often as you can or at least three times per week ahm, in ways.. watching what you eat. Eat a lot of fruits, eat a lot of vegetables, cut down on the amount of sugars and ahm, yea and yea, the amount of starches. Drink a lot of water and so on. And don't do anything...don't do any fad diet or anything that will not or anything that is not ahm, long term. Aim for long term goals.” (Int. 10, Female)

Like the recommendations from the biomedical perspective, diet and exercise are integral in tackling obesity. Participants also felt that controlling weight requires discipline as well as education, especially from childhood. The recommendations however were a challenge as a number of obstacles were perceived to impede efforts to reduce body weight.

Hindrances. The 'hindrances' sub-theme points out the challenges people face in efforts to reduce body weight. Participants highlighted that the main hindrances in controlling weight were economic factors such as lack of money and time. For instance, participants explained:

“Some of it is economic reasons. Persons cannot afford to, to really purchase ahm, weight loss items or food that is, tend to be more healthier and ahm, they don't have the time to exercise cause they probably always working long hours and then they come back and having a family life to tend to. Some of the time they don't have and then some are just lazy” (Int. 30, Female)

“persons don't take time to really eat healthy and also economics ah, problems again, the unhealthy things are cheaper and the healthy things are really [inaudible] the person work within their budget. So the household now, you don't really...you don't really buy for health, you just buy what you can afford and just eat to survive” (Int. 27, Female)

They also believed many lacked discipline, determination, commitment and persistence:

“So many persons don't have the discipline” (Int. 12, Female)

Others explained that foods that are unhealthy often taste better than healthier options:

“From my personal perspective, I can tell you that food taste good. And unhealthy food taste even better and that makes it a bit difficult” (Int. 6, Female)

This shows that this sample of Jamaicans perceived numerous barriers to controlling body weight. Interestingly, the barriers identified were external factors. Barriers were not a result of any personal factors. The hindrances, with the exception of the economic status, could then be argued to be largely behavioural. This could be addressed with some adjustments and help in creating innovative ways to improve health habits. Based on the current levels of physical activity that were reported, along with the eating patterns mentioned, weight gain is inevitable if changes are not made to improve the current health behaviours in Jamaica. These results have given insight into possible areas that need to be addressed to tackle the problem of overweight and obesity to help reduce non-communicable diseases in Jamaica and the Caribbean at large and improving health behaviours.

Discussion

The aim of this study was to explore the perceptions of body weight and health behaviours among Jamaicans. Participants had different notions of what is a healthy weight. For some, a healthy weight meant ‘having on weight’. A few participants made mention of the BMI, however, a healthy weight for most participants was more about the absence of illness, fitness and having on some amount of weight. A healthy weight based on the standard BMI guidelines falls within the normal range of 18.50 to 24.99 (WHO, 2006) for height and age. BMI is the most commonly used measure to assess weight (Wing & Phelan, 2012; WHO, 2014). Nevertheless, the data would suggest that BMI was not a significant indicator for Jamaicans in assessing their weight. Based on the findings, the average Jamaican does not fall in the normal range of 18.50 to 24.90 on the BMI index but fell within the overweight category (as expressed by suggestions of participants of a preference for a medium to large body size – Int. 10).

This convenient sample indicated that overweight in Jamaica was considered as normal, in fact, there were preferences for the medium to large or plump body size. The terminology ‘fluffy’ was important to reiterate the perception that a fuller bodied woman was normal. ‘Fluffy’ was a local term or euphemism used to describe a female with BMIs that would equate to being overweight or obese however, the important point to note about being ‘fluffy’ was the attributes associated with the concept. That is, ‘fluffy’ was a woman who was ‘confident’, ‘exudes sexiness’ and was ‘secure’ in their identity. The term ‘fluffy’ then denotes a positive attitude toward self among fuller/curvier bodied women. In juxtaposition, being described as obese or fat was associated with lack of ‘control’, negative attributes, stigma or discrimination - (“obese is ahm..someone that’s very...very...ahhh..(let me try find the right word)..ahm..very out of shape, very..let me say...this word might be a bit harsh but ill-shaped” (Int. 1, lines 38-41, pp. 1-2, Male).

Variations in preferred body size have been documented among different ethnic groups (Grogan, 2008). For instance, Liburd et al., (1999) interviewed 33 black women

with Type 2 diabetes and found that these women had a preference for a middle to small body size; however they felt a middle to large body was healthier. Hence, the preference for a medium to large or a plump body, referred to as 'fluffy' in this study, reasserts differences in perceptions of beauty among different groups of people. It is important to note that the 'fluffy' body type does not draw parallel with the North American/European thin ideal that is portrayed as the most ideal or healthy body type. Hence, as Grogan (2008) articulated, value is placed on the plumper and voluptuous woman as it represents power and sexiness as seen within the Jamaican context.

The plump figure or in this case, the 'fluffy', not only represents feminine beauty and health. Similar to study by Treloar et al., (1999) conducted in countries such as India, Cameroon and Australia, terms such as 'fluffy' found within the Caribbean context may signify lack of insecurity among overweight women, psychological strength and positive evaluations of self. These qualities are important in maintaining healthy mental and emotional states. Gillen & Lefkowitz (2011) for example, reasoned that people who grow up in cultures that are more accepting of larger body sizes tend to have a more flexible body ideal which is often more achievable than the thin ideal that is portrayed in Western media. Reflecting on these preferences as found within this study, it indicates the social force of the culture in light of dominant demand for thinness. The salience of 'fluffy' in the Jamaican socio-cultural context may evidence resistance to beliefs that European/American standards of beauty are superior.

Ichinoche et al., (2004) argued that obesity in Jamaica was influenced by the environment and the African genetic ancestry. This investigation suggests that the influence of the African heritage is still evident. The concept of the 'fluffy' body as a symbol of confidence and sexiness, echoes the socio-cultural influence that drives Jamaicans to separate fat into 'good fat' and 'bad fat' (Sobo, 1993). The dancehall culture also creates a platform for overweight/obese women to redefine and assert their notions of beauty as legitimate. Lyrics from artistes such as Damian Marley:

– “pon dah one yah, mi want a mambi, nuttin less dan 170 odd pound...keep me whining enuh...firmas...eehee..” (Song: All night featuring Steven Marley)

Busy Signal:

“love how yuh sexy yuh roun an fat up...” (Song: Bedroom Bully)

Evidence of glorifying a large and curvy female shape can also be found in other Caribbean islands for example in lyrics of popular soca song such as “I want a Rolly Polly” by DJ Killa:

“God dat mek you, so tell dem doh touch yuh size

When you dress up sexy, tell dem nuh criticize

Tell dem yuh welded, yuh smelling nice

Tell dem yuh healthy, dats why yuh round and nice,

I love dem fat gyal cause yuh thick and warm”

(Second verse, I want a Rolly Polly by DJ Killa)

Consequently, stigmatization of larger bodied women was not a major concern among this group of participants. The stigma of obesity has negative repercussions for the self-concept (Hebl & Heathron, 1998) which can severely impair psychological health. Jamaicans have however somehow found a way to reduce threat to the self-concept by attributing some positive descriptions to overweight/obese. The term ‘fluffy’ was juxtaposed to negative stereotypes of obesity such as ugly, fat, lazy or weak-willed (Puhl & Heuer, 2010). Participants believed ‘fluffy’ represented confidence, sexiness and security in oneself. Why would this be so? It could be argued that in an effort to avoid the threat of stigma, Jamaican women who consider themselves ‘fluffy’ instead of ‘fat/overweight/obese’, protect their self-concept by disidentifying from any negative stereotypes of obesity. This therefore, process helps them to maintain positive evaluations of themselves regardless of their body weight or size.

Steele and Aronson (1995) advanced the disidentification theory to address stereotype threat (a negative label that threatens the relevance of one’s self-definition) in academic achievement. Disidentification is defined as a reconceptualization of the self and values to remove a domain as a self-identity (Steele, 1997). This rejected domain could be used as a means for self-evaluation. Disidentification theory therefore posits that when persons are stigmatized or experience threat in a particular domain, they separate themselves from the mainstream or disidentify from placing value on that domain to protect the self-concept (Steele, 1997; Steele and Aronson, 1995). While Steele (1997) applied this theory to academic achievement it holds valuable lessons for other social behaviours.

Munoz (1999) for example, suggests this as how those outside the racial or sexual mainstream handle mainstream culture by not aligning themselves with or against it but transforming it for the minority groups’ own purposes. Therefore disidentification is a means to build confidence among minority groups. Hebl, King & Perkins (2009) argue that central to the disidentification theory is the general notion of self-protection, so as a result, people develop or maintain their self-concept or identity by disidentifying with that which is perceived to be incongruent with their values (Bhattacharya & Elsbach, 2002).

Hebl and Heathron (1998) suggest this process of disidentification is being manifested through a detachment from a white mainstream value of thinness. Application of this theory to obesity research may be useful in explaining the body sizes preferences found in socio-cultural contexts like Jamaica and the mental processes used by Jamaicans separate or resist colonial thinness as a standard of beauty and health. Hence, it is proposed that through disidentification from the thin-ideal, acceptance of a ‘fluffy’ identity for Jamaican women, counter stereotypes of larger bodied women as illegitimate. Hence, Jamaican women develop positive images of themselves regardless of body weight or size which are antithetical to the stigma labels associated with obesity. Therefore, the

reconceptualization via term 'fluffy' is used to maintain positive identity and self-esteem as well as celebrating the curvy and voluptuous female body. Hebl & Heathron, (1998) contends that pressure to be thin may cause people (black women) to redefine their self-concept so that pressure from the media for example, is not a basis for their self-evaluation or identity. Therefore, they are protected from negative stereotypes (Hebl & Heathron, 1998).

Cultural beliefs or attitudes that favour larger body sizes do not negate the severe health consequences of obesity. The health risks associated with overweight and obesity were well-known. For countries like Jamaica, it is particularly important to practice healthier lifestyles. Participants were able to identify diseases such as hypertension and diabetes as main health consequences of obesity. This is consistent with other studies where African-Americans reported health problems such as hypertension, diabetes, arthritis and sleep apnea as health problems associated with excess weight (Thomas et al., 2008). Despite this knowledge however, health behaviours such as increased physical activity and maintenance of healthy eating habits were perceived to be less than impressionable for this sample of participants. Due to perceptions that a medium to larger body weights were acceptable or normal in the Jamaican context, it could be argued that this result in low perceived risks of obesity and susceptibility to diseases.

The low perceived risk (Becker, 1974), could result in low susceptibility to health problems as overweight was considered a normal body size, attractive and healthy. Risk of health conditions was elevated only when persons perceived body weight to be extreme. Cues to action (Becker, 1974), may only be mobilised with a diagnosis of illness from the doctor. Barriers to weight loss such as time and money were major hindrances that prevented behaviour change, which evidences that belief systems influenced how Jamaicans managed their health behaviours. Being 'fluffy' had its benefits, as Jamaican men found a woman with a big bottom, small waist, big breast as more attractive. Hence having some weight was believed to be the 'correct' body size as 'that's how it's supposed to be' (int. 26). Hence, for the most part body weight views were consistent with Sobo (1993) findings - good fat was healthy, normal, represented fertility and a well life in the Jamaican context. This therefore suggests that socio-cultural factors shape perceptions Jamaicans hold of body weight as evidenced through the concept of 'Fluffy'.

As the Jamaican society become more modern, the fight against obesity will require recommended changes in the environment, at the behavioural level, changes within the family and the community (Foresight Report, 2007) to reduce the perceived hindrances of changing habits that fosters weight gain. This study offers a unique insight into the perceptions of body weight, overweight and obesity in Jamaica. It also brings current awareness to how Jamaicans identify themselves, levels of physical activity and eating habits. Several limitations however, must be considered in evaluation of these findings. First, the sampling technique was convenience sampling as opposed to purposive sampling. The nature of the study however was to garner views from the general public, hence the sampling technique was suitable. Secondly, the sample size was a small number; hence results and conclusions of this study cannot be generalized to the entire Jamaican population. However, the qualitative nature of this study was well suited to explore the

opinions and lived experiences of Jamaicans on the attitudes they hold toward body weight and its impact on their health behaviours.

Conclusions

The findings of this study points out the importance of understanding socio-cultural values in perception of body weight and the possible impact it has for combating the problem of obesity in Jamaica. Social forces of the culture such as the beliefs, norms and values impact Jamaicans' view of body weight Evidence among this convenient sample shows that overweight body sizes were considered normal. Through the creativeness of the Jamaican vernacular the term 'fluffy' expressed acceptance of overweight body sizes and was viewed in a positive light. The socio-cultural response to overweight/obesity as seen through the concept of 'fluffy' could be form of disidentifying from the colonial/European thin ideal as superior, as the average Jamaican woman is less of a thin/small body size. Future research should examine the process of disidentification on a wider scale; its role in maintaining the socio-cultural aesthetic preferences. There were a number of perceived hindrances that affected the ability to tackle obesity which imply several consequences for the public health. However, the perceptions of body weight in Jamaica may influence low susceptibility to health risk, low perception of severity of diseases and continued low rates of physical activity which all increases the risk for non-communicable diseases. Investigations into individual differences in weight perceptions among men and women, different socio-economic groups and its relationship with health behaviours could also provide further knowledge on aesthetic preferences and lifestyle. In this paper, the focus on the socio-cultural context indicates that an understanding of the social psychological processes that help to maintain socio-cultural ideologies will be critical in designing messages to reach different age groups in efforts to control obesity, treatment of non-communicable diseases as well as improving quality of life.

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Acknowledgments

I am grateful to all the participants for their time. I would also like to thank the anonymous reviewers and editors for their feedback that has helped to improve the earlier version of this manuscript. Further thanks to Dr. Chima Mordi for his motivation to draft the manuscript and his feedback on earlier versions of the manuscript.

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ⁱ Interviews conducted at residence of researcher were convenient for those interviewees within the neighbourhood who indicated this preference. No coercion was used.

ⁱⁱ Accuracy of transcription was monitored by repeated review of written text and digital recordings.