New Proposals: Journal of Marxism and Interdisciplinary Inquiry
Vol. 13, No. 1 (Spring 2024) Pp. 61-69

Embodied Hegemonies: Women, Well-Being and Social Reproduction in the Trinidadian-Present

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ABSTRACT: Hegemonic ideologies both frame and limit the prevailing conception of the Trinidadian present. We can see this acutely at play with the struggles surrounding identity construction of Trinidadian women in the twenty-first century. In understanding the experience of women in Trinidadian society, health can be understood as an indicator of the class-status matrix, particularly when considering the non-communicable disease epidemic in the Caribbean. By directing our attention to both the body and the conditions under which the body exists, we can examine a history of exploitation and varied responses to exploitation. Drawing upon intersectionality, feminist, materialist and decolonizing frameworks, this research paper points at locations of ongoing gendered class formations, highlighting the dialectical relationship between identity categories that influence the mode of self-understanding of women in Trinidad and Tobago, their health outcomes, and well-being. Historical and cultural factors become important in understanding the value systems created for women and reproduced by society pertaining to wellness and health behaviours.

KEYWORDS: alienation, Caribbean, ideology, non-communicable diseases, political economy, social reproduction

Introduction

Thinking about women and women's condition gives a sense of how society is faring. Arguably the idea of well-being, as it relates to the non-communicable disease (NCD) epidemic in the Caribbean, is a clear indicator of women's circumstances and conditions, as well as pointing to locations of ongoing class (re)formation and its gendered components. By directing attention to both the body and the conditions under which the body exists, one can examine a history of exploitation as well as varied and nuanced responses to exploitation.

This project is guided by the premise that the colonial foundations within Caribbean neoliberalism and the capitalist mode of production have significant implications for the well-being of women in the region. By addressing these topics, I hope to contribute something meaningful about identity and ideology in the Caribbean, pinpointing the mechanisms that perpetuate these forces, making visible certain expressions of these forces. I am drawing on decolonizing, feminist, intersectional and material frameworks while also referring to local and regional data, with a specific focus on the case of Trinidad and Tobago and synthesized in conversation with the frameworks. For evidence, I present the voices of five Indo-Trinidadian women who agreed to our interviews, using semi-structured and conversational techniques along with a purposive snowball sampling.

I consider women's ill-health an expression of what Karl Marx (2007) termed "alienation" – that radical disharmony between ourselves and others; ourselves, and nature; ourselves and the products we create. An expression of alienation that is framed in a specific way is often naturalized due to the rhetoric

associated with medical research and reasoning which dominate the narrative of women's health. Although Marx's concept of alienation does have a subjective component, this argument also considers alienation as "the objective structure of experience and activity in a capitalist society" (Horowitz n.d.). In this paper I take the position that women's health is multidimensional. It can be understood as the embodiment of social, biological, political, historical, and economic conditions, which makes it important to examine the dominant traditions and discourses used to explain women's well-being. This understanding is especially important as it relates to NCDs, which are typically understood as lifestyle diseases.

The Burden of NCDs in the Caribbean

The World Health Organization (WHO) defines NCDs as chronic diseases, which tend to be of long duration and are the result of a combination of behavioural, genetic, environmental, and physiological factors. An NCD is a disease that has a prolonged course, that does not resolve spontaneously, and for which a complete cure is rarely achieved. The four main types of noncommunicable diseases include cardiovascular, cancer, chronic respiratory disease, and diabetes, with mental illness also listed under NCDs (WHO 2022).

What is significant and equally alarming is that, according to the Pan American Health Organization (PAHO), NCDs account for 75 percent of all deaths in the region of the Americas, with the Caribbean having the highest proportional NCD mortality (Razzaghi et al. 2019). In the Caribbean region, NCDs are the leading cause of death and disability, with 76.8 percent of the total deaths in 2016 (which refers only to the "non-Latin Caribbean, excluding Haiti," meaning the English-speaking Caribbean) attributed to NCDs (Caribbean Public Health Agency n.d.).

According to the Healthy Caribbean Coalition, Caribbean women are 60 percent more likely to have diabetes than men and twice as likely to be obese. Trinidad and Tobago, Dominica, and Jamaica are among the top 14 countries in global female obesity and physical inactivity is significantly higher in women than men. For instance, in Barbados, nine out of ten women do not meet the World Health Organization activity recommendation. For most Caribbean countries, cancer is the second leading cause of mortality, after cardiovascular and related diseases, and among women, breast cancer is the most common cause of cancer-related deaths (Healthy Caribbean Coalition 2017).

With these figures, I contend that the Caribbean NCD epidemic presents a site from which the working of power can be made visible. This is a site which becomes a sort of physical manifestation of the alienation experienced by Caribbean women that emphasizes the physicality of oppression, arguing that some of the central contradictions of global capitalism and neoliberalism are in fact embodied in postcolonial realities. Hence, I join in the dialogue that calls for a shift in focus from symptoms to systems.

This dialogue includes the work of Paul Farmer (1999) on structural violence, understood as "pathologies of power" or bodily manifestations of disease and distress. His work considers historically embedded hierarchies of relative privilege and disadvantage, in both material and symbolic forms, which can be understood as violent in that they leave those who are most disadvantaged to bear the brunt of systemic harm.

The concept of structural violence extends Achille Mbembe's (2019) ideas about necropolitics, especially when one considers how it relates to Caribbean women's well-being. It helps us connect the broader social dynamics present in modern democratic societies with the tangible expressions of suffering experienced by individuals, including those in the Caribbean. Structural violence understood in this way highlights how systemic processes of social reproduction in contemporary Caribbean society can lead to concrete, physical consequences for individuals or perhaps even provide the structural preconditions for death. In the context of Caribbean women, this means understanding how social and structural factors put them at an increased risk of health and bodily distress.

This shift from symptoms to systems is also echoed by the work of Caribbean feminist scholars such as Patricia Mohammed (2021) and Rhoda Redock (2014) who interrogate the deeply personal impact of social, economic, historical, and political forces on the lives of Caribbean women. They con-

sider not only observable vectors of human existence, but their nuanced lived experiences due to the conditions under which these women and their bodies exist.

Beyond the glaring reality of the NCD epidemic in the Caribbean, the incidence of disease across the region highlights threads of sameness which can be observed among the health experiences of Caribbean persons (in this case I focus on Caribbean women). This incidence emphasizes why we must turn our attention to the conditions under which the body exists. Applying a decolonizing lens to understanding how Caribbean people, but more specifically women, experience life in the Caribbean-present can shed light on the relationship between structure and agency as these women, in their collective physical expressions of health, are both subsumed and conflicted by the legacies of colonialism and challenges of neoliberalism, amidst negotiating nuanced forms of resistance and liberation.

Historicizing Social Determinants in Postcolonial Contexts

Discussions surrounding NCDs and women's well-being that both privilege and are dominated by biomedical framing do not adequately historicize the Caribbean-present. Gill and Benatar (2016) write

> neoliberal capitalism is not just a set of economic processes but also a system of power. This system does not involve the accumulation of goods to improve livelihood and social well-being, but is driven by the accumulation of monetary values (exchange values) for profit.

They go on to argue that ignoring the agenda of hegemonic forces results in an understanding and analysis that contradict health equity goals, further exacerbated by narrowly understanding ill-health as an "individual biological problem with a technical solution" (Gill and Benatar 2016). As such, broadening the scope or applying a more nuanced lens can allow us to re-frame and by extension better understand the experiences of Caribbean women. This is especially so as the biomedical model of diseases cannot interrogate the "political ideologies and power structures that shape health policy-making, or identify how they have evolved from legacies of imperialism and colonialism" (Gill and Benatar 2016).

Sidney Mintz (1996) situates my argument and thought process by examining the Caribbean's relationship to imperialism. In "Enduring Substances, Trying Theories" he looks at the Caribbean region as "oikoumene" (a socio-cultural area), as history provides a focus for the Caribbean's relationship with colonialism relating to power, violence, movement, expression, interaction, and survival. Mintz refers to the Caribbean as a historic unit for which the conditions of slavery, the plantation system, colonialism and indentureship particularly in the sixteenth to nineteenth centuries have laid the foundation for interaction, resistance and inequality experienced by Caribbean people, which in turn have achieved "unique results." As Mintz (1996, 65) writes,

> The transplanted peoples of the Caribbean had to be homogenized in some ways to meet the economic demands imposed upon them, at the same time that they were being individualized by the erasure of the institutional underpinnings of their pasts … These were among the achievements – if we choose to call them that – of Caribbean colonialism.

Mintz makes a clear distinction between culture and social structure for which the social structure is the umbrella under which various cultures are formed. In this model of culture contact, it is the social structure that is replicated across the Caribbean territories because of a historical colonial experience.

This model is helpful in my research to understand the Caribbean's NCD epidemic and the similar expression of well-being as it relates to NCDs across the Caribbean. Notably, Mintz looks at the responses of the colonized, not as passive receivers but as actively engaged in creating their realities although they were unable to alter the structures under which their reality operated. The relationship between structure and agency therefore becomes important.

The work of Chandra Mohanty (2003) in *Feminism Without Borders* echoes some of the same sentiments as Mintz. She also examines the relationship between experience and structure, calling for a materialist approach in analyzing issues of identity and deconstructing Western feminism, lobbying for the experience of women in the developing world to be placed at the forefront of understanding the expe-

riences of the vulnerable. She asserts that lines of solidarity can be drawn between the experiences of third world women as it relates to their shared history of colonial domination and racism, in this case the collective expression of ill-health (NCDs) of Caribbean women.

Moreover, I recognize the similarity of conditions in terms of gender subordination. At the beginning of the twentieth century, Patricia Mohammed (2021, 239) argues, there were three patriarchal systems functioning at the same time in the British colony of Trinidad

> all competing with each other. These were: the dominant white patriarchy which controlled state power as it existed then; the "creole" patriarchy of the Africans and the mixed group, functioning with and emerging from the dominant white group; and an Indian patriarchy found among the Indian population.

With intersectionality and post-colonial sensibilities in mind, both Mohanty and Mohammed contend that third world feminism cannot be addressed without thinking about anti-imperialism.

Mohanty's focus on globalization becomes important for my argument, as it allows for understanding the Caribbean's sustained relationship to the metropole and, by extension, how Caribbean women are positioned in relation to global trends as power and meaning continue to be produced and reproduced because of interconnectedness, which in turn compromise their well-being. Mainstream medical practices and logics that arise from transnational interaction can mediate constructions of risk and responsibility, which in turn shape the cadence of national and regional health agendas. This does not mean that well-being can be reduced to a matter of power relations but, rather, we can consider patterns of mortality and illness to point at ongoing locations of class formation.

The concept of well-being also offers the opportunity to analyze labour history. Caribbean women have always been constructed in relation to labour, whether it be productive, reproductive, formal, or informal labour. As such, labour becomes important in understanding the identities of Caribbean women and their expressions of well-being because of performing such identities and labours. This is especially the case as social reproductive activities, traditionally and disproportionately performed by women, are an integral condition for economic possibilities under capitalism, paradoxically obscured in value and structurally subordinate to waged work.

According to Rhoda Reddock (1986), Indian (South Asian) and African women, at their point of entry to Trinidad and Tobago society, were workers not wives. Immediately, this point dispels certain misconceptions about the colonial political economy, and acknowledges Caribbean women are producing and have been producing and acting in material relations; however the value of their labour is downplayed, made invisible, or naturalized.

Therefore, women are materially productive, but ideologically their products and productivity are not valued. And although women are valued on how much they produce, value is still mediated. With this point, I would also like to recognize difference in terms of the different ways that women were positioned on the plantation and continue to be positioned in contemporary society. Gender, race, class, and capital are the lines under which society has been stratified, although one category may take precedence over another depending on the context and agenda of the ruling class. Race is also a construct that was used to maintain subordination on the plantation. Reddock states that Indo- and Afro-Caribbean women have been "othered" in relation to each other as narratives framed Afro-Caribbean women as "loose, immoral, loud, independent and sexually available"; in contrast Indo-Caribbean women who were constructed as "chaste, pure, controlled and sexually unavailable" (Reddock 2014, 4-5). Nevertheless, the bodies of both groups of women were exploited for productive, reproductive, and sexual labour.

Policy Narratives, Discursive Practices, Bio-Medical Framing

At this juncture I would like to bring into conversation Trinidad and Tobago's *National Strategic Plan for the Prevention and Control of Non-Communicable Diseases: Trinidad and Tobago 2017 – 2021*. According to Deborah McFee, "Policy narratives represent spaces where ideologies are owned and rearticulated in-

ternal to the state, and are then co-opted by external actors to become public" (McFee 2017, 109-110). In the National Strategic Plan, much emphasis is placed on what is termed "modifiable behaviours" and "risk factors" which include physical inactivity, unhealthy diets, alcohol abuse and tobacco and stress (Ministry of Health n.d.). However, we must consider interrogating "the cause of the cause."

The association of health and well-being with individual responsibility for life decisions and lifestyle choices, as seen in the language used in the National Strategic Plan, relieves the state of its obligation to ensure the well-being of its citizens by rendering individuals solely responsible for their health. The insistence on individual habits and construction of Caribbean culture as irresponsible, less productive than metropolitan cities (former imperial centers), lazy, and busy distracts from the responsibility of local government. Framing and discursive practices (how we write and talk about issues) can be used to manipulate material and ideological conditions of inequality, thus legitimizing suffering.

This framing was replicated in the words of the Minister of Health, who states in the foreword to the National Strategic Plan, "the success of this initiative will be determined by our ability to change deeply entrenched habits and accept personal responsibility for our health status" (Ministry of Health n.d., 1). The individualization of responsibility for health, consistent with neoliberal convictions, obscures the notion of personal autonomy, muddying it with problematic rationalities of self-discipline and productivity, all the while armoring neoliberal logics to delegitimize critical questions around the ideological and material structures and processes that create, maintain, and undermine health.

While there is acknowledgment that the risk factors and behaviours that contribute to the NCD epidemic take place in particular social, economic and physical environments, suggestions and policies geared towards tackling this issue continue to focus on: raising taxes on tobacco and alcohol to lower consumption (for which the National Strategic Plan reported that tobacco use was significantly lower among women, at 9 percent, than men at 33.5 percent); promoting healthy eating and exercise; and creating spaces to promote physical activity.

Not only is there a shift towards the individualization of health responsibility but the emphasis on consumption habits also shifts conceptions of personhood towards that of a consumer, again entangled in tentacles of neoliberal logics. It also calls into question the agenda and capacity of such state mechanisms to address gendered structural inequalities. I posit, therefore, that NCDs are not the problem *per se*, but are an expression of the problem. What matters is the system that makes our bodies vulnerable. This is a system that constitutes the workings of ideology and materiality, which echo a colonial past. What makes "the cause of the cause" of the risk factors and modifiable behaviours invisible and obscures it, is that this logic of NCDs relies on the notion that medical science and technology are neutral and apolitical. A view that depoliticizes well-being and a shared history of colonization and women's relationships with their bodies, and to labour, will continue to mediate the lives of Caribbean women.

While NCDs may be framed as scientific and empirical, in many ways they are ultimately rooted in ideology. For instance, if we maintain the notion that medical problems require medical solutions or medical problems require behavioural change at the individual level, this in turn rejects the idea that the system itself is flawed and may assert that our problems are problems of science, and not structures, morality, and conflict. Therefore, the way we define and frame the problem defines our capacity to make change.

The Gap Between Policy and Lived Experiences

To highlight the gap between policy and lived experiences, I share a few excerpts from the interviews that I conducted with five Indo-Trinidadian women. The interviews centered on questions around their understandings of themselves identifying as Indo-Trinidadian women navigating tradition and modernity, work, family life, values, opportunities and expectations of themselves and other women, as well as their goals, aspirations, and frustrations. Some women shared that they were survivors of NCDs and

other negative health experiences, and some did not share this information. The interviews incorporated conversational and semi-structured techniques to curate a space where the women felt comfortable sharing their experiences with me.

The participants ranged in age from nineteen to seventy-five years and described themselves as middle to upper-middle class. To provide additional details, they included Samaara, a nineteen-year-old first-year medical student who lives with her parents and younger brother, constantly navigating her own autonomy as she described her parents' views on gender to be "traditional" and at times "overly protective." Stephanie, a banking professional and graduate student in her twenties, who also lives in her family home, which is located nearby to her relatives' houses, remarks on the restrictive expectations of women that she constantly confronts at work and which contradict her autonomous sense of identity.

Shireen is a single mother and lawyer in her fifties who disclosed her battle with cancer and her nuanced understanding of gender roles and identity politics due to her experience living abroad, and also influenced by her faith in Islam. Linda, a retired primary schoolteacher and wife in her seventies had a "humble" upbringing that was also very much informed by religion. Her marriage to a successful businessman influenced her personal life, consumption, and leisure activities in terms of travel and employing domestic help – typically women.

And the final interviewee was Samantha, a wife, mother of three, and secondary schoolteacher. Samantha shared a bit about her female relatives' multigenerational battle with cancer, as well as how she navigated her own autonomy and value as a young working mother, which changed as her children became older, and because of a health scare that prompted her to join a women's health and wellness group called "Yes She Can."

Their stories, cited below, help to understand the interaction of different axes of experiences and conflict experienced by women in the Trinidadian present and the dialectical relationship between structure and agency.

Linda:

> I still think that as independent as women are I think there are certain things that you have to do that make you a woman. Cooking, cleaning, sewing, that is what makes you a woman. You should be able to run a home. That is management.
>
> When I started to work then I'm seeing what the modern woman was doing but the conflict came about because I was still living at home.

Linda's assertion that certain domestic tasks define womanhood highlights the deeply entrenched patriarchal norms prevalent in the Caribbean. The emphasis on cooking, cleaning, and sewing as essential feminine qualities reinforces traditional gender roles, perpetuating a problematic understanding of her place and power within Caribbean society. This expression highlights the constraints on women's agency through their internalization of their gendered assignment to specific roles within the private sphere, marginalizing their autonomy and contributions in broader social, political, and economic contexts.

Shireen:

> And the next step after school was to work. And that was fine because you just focused on that and do the other things on the side. But when you had the responsibility of a job and family life…multitasking, I really had to learn to do that."
>
> I want to be a homemaker. I like being a homemaker but I also have to work, I am also a working woman so I combine the both.

Shireen's experience reflects the burden placed on Caribbean women to balance multiple responsibilities. The expectation to manage a job and family life necessitates multitasking, adding additional layers of complexity and pressure. While Shireen recognizes the need to fulfil various roles, her words expose the inherent challenges faced by Caribbean women in reconciling their desires for personal and professional fulfilment. Neoliberal ideologies, emphasizing individualism and productivity, often intensify these pressures, blurring the line between personal choice and structural constraints.

Samaara:

> I am going to be a doctor so I am going to have money coming in. I have to have money coming in because

> I have to support the children and the husband and the house … Education is the most empowering thing you could do. Education helps you [change your status in society]and you have to fight for it

> From the time you born, mommy side of family and daddy [side] they would be telling you things and then you go to school and you have teachers telling you things and the principal telling you things and then your friends telling you things.

Samaara's aspiration to become a doctor is rooted in the pursuit of financial stability and independence. Her statement illuminates the economic realities faced by many Caribbean women who must support (or in this case aspire to support) their families while simultaneously navigating prevailing societal expectations of gender roles that situate women in the domestic sphere. The capitalist system intersects with gendered expectations, as Samaara feels the need to financially support her children, husband, and household. This depiction reflects the ways in which Caribbean women often shoulder the responsibility of both productive and reproductive labour, reinforcing traditional gender norms within a capitalist framework. Nevertheless, her belief in education as a means of empowerment provides a counterpoint to the structural constraints faced by Caribbean women. By recognizing education as a tool for challenging oppressive systems, she highlights the transformative potential of knowledge and its ability to challenge and navigate existing power structures.

Stephanie:

> Where we live is a lot of family so everyone is always watching what you're doing and growing up anything I did or wanted to do I always had to think about that.

> When I now started working (in the bank) my supervisor who is a woman, called me aside and told me that she thinks my skirts are too short, that I should wear longer skirts that I should cover myself up as much a s possible. And the thing is I didn't consider what I had on to be inappropriate."

Stephanie's expression about the constant surveillance she experienced growing up highlights the influence of a collective gaze on Caribbean women's agency. The scrutiny from family members and the broader community perpetuates norms and restricts freedom of choice. The existence of this surveillance apparatus reflects a postcolonial context where colonial legacies are actively reproduced in social and cultural dynamics. Such surveillance reinforces the idea that women's actions are not merely personal but subject to societal judgement, further constraining their agency and potential for self-determination.

W. E. Du Bois's (2017) concept of double consciousness helps to examine why identity breeds power and privilege for some groups while disempowering others. Double consciousness highlights how Indo-Caribbean women not only view themselves from their own unique perspective, but their awareness about how they are perceived by the outside world (whether their family, or other social groups) and the impact that this perception has on their identity construction and by extension their life choices and perception of reality. With such negotiation between "multiple selves and multiple communities" double consciousness can explore the unfavorable effects of conflict regarding "loyalty" to fixed identity categories (Akom 2008, 250). In this way, by engaging in loyalty to oneself regarding the construction of a most idiosyncratic, intimate expression of one's identity, Indo-Trinidadian women may be considered unsuccessful representatives of one category, self or community. However, while creating an identity which conforms to cultural ideologies in the hopes of being a successful representative of that community, she rejects her unique self and is, yet again, unsuccessful. The notion of loyalty exacerbates this feeling of lacking control over one's identity.

The problem of identity is undermined by awareness. Effectively, double consciousness highlights the discrepancy between awareness of the self and awareness of the other. The existence of such discrepancy posits the opportunity for dialogue surrounding the identities of Indo-Caribbean women and the need to rethink how these women experience life in the Trinidadian-present.

The interviews feature the realities of Caribbean women, accentuating the way that structural hegemonies influence their self-mode of understanding and, by extension their power and agency. Their expe-

riences demonstrate the ongoing struggle to reconcile personal agency with societal expectations, against the background of neoliberalism, capitalism, patriarchy, and colonial legacies, which have come to shape how their value is measured both materially and ideologically. Therefore, women's well-being cannot be adequately understood if we neglect to critically analyze the structures in which they operate and their understandings of these structures.

Conclusion

The NCD epidemic throughout the Caribbean, with similar expressions and incidences of ill-health, presents an avenue to examine the conditions under which the body exists, allowing us to examine a history of exploitation and varied and nuanced responses to exploitation by way of pointing at locations of ongoing class formations and its gendered components. Both subsumed and conflicted by the legacies of colonialism and challenges of neoliberalism, Caribbean women's collective expression of ill-health, in the case of NCDs can be understood as the embodiment of social, biological, political, historical, and economic conditions, which makes it important to examine dominant traditions and discourses used to explain women's well-being. Regional and local data in critical dialogue with feminist, materialist, intersectional and decolonizing frameworks, and the experiences of five Trinidadian women interpret a site from which the workings of power can be made visible. Thus, I join in the dialogue that calls for a shift in focus from symptoms to systems.

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