

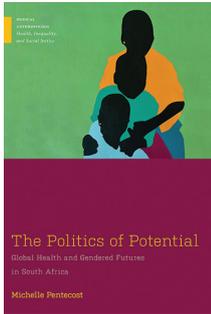


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Generational health and well-being

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The Politics of Potential: Global Health and Gendered Futures in South Africa



AUTHOR:

Michelle Pentecost

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Linda M. Richter 

AFFILIATION:

¹DSI-NRF Centre of Excellence in Human Development, University of the Witwatersrand, Johannesburg, South Africa

EMAIL:

Linda.Richter@wits.ac.za

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Michelle Pentecost's book is the 24th, and most recent, title in the *Medical Anthropology: Health, Inequality, and Social Justice Series*, edited by Lenore Manderson. Having read an earlier paper by Pentecost and Ross¹ on the same topic, I looked forward to reviewing this publication of Pentecost's PhD thesis, successfully submitted to Oxford University in 2017². Essentially, it critically examines the idea – and its implications – of what is called the Development Origins of Health and Disease (DOHaD).

Embedded in many cultures is the belief that experiences early in life determine adult personality, health and well-being; most famously, Plato's statement that "The child is father of the man". In the first half of the 20th century, the scientific notion of 'hard hereditary' was challenged by the insight that conditions of early life modified genetic expression. The rumblings in public health came from links between socio-economic conditions and health inequalities. But it was the work of David Barker on historical birth data and adult cardiovascular disease that strengthened the concept of foetal programming – later DOHaD – as a conceptual paradigm linking health and disease in later life to environmental factors operating preconceptionally, prenatally, and/or in the early postnatal period.³

Pentecost's thesis is that "The first 1,000 days image of futurity concentrates on the figure of the mother as agential environment, but does not recognise the historical and social factors that structure the relations that make for the uneven distribution of potential futures." (p. 138) As Manderson explains in the Introduction, the central problem is "responsibility for historical injury. That is, apartheid and its vestiges in contemporary South African society undermine the capacity of women and others in their family to live, eat and act in ways that would ensure the best possible outcomes for their children." Further that "The focus on early life interventions to prevent adult cardiometabolic risk has led to a gendered approach to tackling non-communicable diseases that pays little attention to the local circumstances of women's lives." (p.xii) To be clear, Pentecost does not review the science behind the DOHaD propositions or the legitimacy of inter-generational, epigenetic influences on biology or psychology. Rather, her analysis centres on how DOHaD ideas are implemented in the 1,000 Days Campaign, formalised by the Western Cape Government in 2016.⁴

I am deeply sympathetic to Pentecost's ideas and have expressed similar sentiments in my own work on early childhood development, cautioning that improving the structural environment of policies and services is critical to change at the individual level of the family in promoting young children's health and well-being. Pentecost articulates her argument in well-written, densely cited text. In fact, her references to anthropological and historical work new to me were a highlight of the read and I have a long list of papers and books on which to follow up. For social scientists new to this field, the book is an excellent introduction and a recommended eye-opener for people working in public health. But, as is the case with sweeping assertions in any field of study, Pentecost's are valid and applicable only to some extent.

For example, the DOHaD paradigm is not nearly as simple as Pentecost parodies it to be: "The elegant simplicity of the concept – just get it right in the first 1,000 days and a healthy prosperous future awaits" and "this simplicity has ensured its international popularity and uptake in government programs, nongovernmental initiatives and global philanthropies" (p. 4). I sit on many committees, panels and groups in these latter categories, both local and international, and I have not met anyone at this level of influence who thinks it is that simple, or that the concept of DOHaD has the influence portrayed here. Biological embedding is backed by strong evidence but, as yet, is correlative and not causative. No serious scientist thinks epigenetic adaptations stop at infancy, and that future trajectories are, at that point, set, especially given what is known about biological reconfigurations occurring during adolescence.⁵ What is well accepted, though, is that human health, well-being and achievement, in general, are not easily improved by interventions accessed later in life when problems have accumulated through exposure to relentless adversity. And rather, that early interventions are necessary to provide a platform which, together with bettered living conditions, can create complementarities between one stage of development and another to support lifelong and inter-generational well-being.

The *Politics of Potential* focuses on nutrition, especially nutrition during pregnancy. But DOHaD science is not limited to this, and includes osteoporosis, respiratory function, allergies, some cancers and mental health, amongst others. In particular, I was disappointed that the book did not mention the growing evidence of prenatal programming of stress and mental health, especially given the high prevalence of prenatal depression in South Africa and Pentecost's emphasis on women's enduring struggles and their exposure to violence. Several large-scale studies show that prenatal depression may be a strong mechanism in the transmission of depression across generations by affecting children's early socio-emotional development.⁶

Similar disquiet about the implementation of DOHaD ideas are expressed by others (for example, Meloni and Testa).⁷ Called the 'moral paradox' of DOHaD is "the idea that, while the scope, foundations, and practical implications of DOHaD research call for structural interventions addressing social determinants of health over the lifecourse, DOHaD messages can at times boil down to simplistic claims of individual responsibility"^{8(p.104)}. Pentecost is lead editor of the book in which this chapter appears, much of it reinforcing the importance of not separating DOHaD lifestyle prescriptions from social, economic and political structural conditions.

Pentecost is right in asserting that the genetic and epigenetic endowment of black South African women, shaped by long-standing, and continuing, deprivation and discrimination, is not of their making and that they cannot be held responsible for righting historical conditions. However, as I put the book down – an interesting and provocative read, I was heartened that Pentecost's informants understand the complexity of their situation, feel disempowered

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by it, but nonetheless are determined to do what they can to give their children the best start and best options they can.

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