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Bracketing time: nourishment beyond 'the first thousand days'

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[1000 days]

of focus and intense care in order to 'secure' infants' future health,

[6 months]

of exclusive breastfeeding.

These brackets of time demarcate periods of intense focus and intervention that aim at mitigating loss and securing potential. As Michelle Pentecost writes in the introduction to this series, this impetus draws on new research in epigenetics, neuroscience and DOHaD (Developmental Origins of Health and Disease), and operates on notions of best practice that sketch the contours of 'good mothering'. I track this discourse in relation to everyday lived experience in a small Cape Winelands[1] town that is characterised by stark inequality and seasonal precariousness. My research (as part of the First Thousand Days Research group at the University of Cape Town) commenced at a soup kitchen during 'the hungry season'. There I met Jenna Arendse, one member of a constellation of networks considered in relation to the imaginary of the mother-child dyad in the first thousand days. I asked how *nourishment* was constituted, enabled and hindered.

A working definition of nourishment[2] is grounded in everyday lived experience and registers care that is affective, and not exclusively evidenced in material forms. Nourishment as practice augments life, is context-specific. It arises within social networks of care, embodying systemic configurations of power and circulating societal norms. Nourishment is nurture that may not be stable, but seeks to produce and reproduce local ideas of good. While nourishment is not fixed solely on food, attention to ingestion (ubiquitous and centred on taste and body) highlights its forms. Thus, my research considered ingestion in the everyday, foregrounding the socio-materiality of food[3]. The everyday experience of nourishment comes up against discursive prescriptions of best practice as illustrated in in this vignette, drawn from fieldnotes written a few hours after birth:

Jenna Arendse sits in a large armchair in Stellenbosch public hospital. A red and black chequered blanket is tucked around her waist. Her new-born son lies sleeping on his back in a mobile crib beside her. She is exhausted. Jenna gave birth at home at about 2am. The bleeding did not stop after labour, and emergency services were called to drive her the 20 minutes to hospital.

Jenna explains that the nurse admonished her earlier: "This morning the nurse came, and she said to me: do you know how dangerous it is to birth at home? Then I said to her: 'I know what happened the first time'. You see. She won't tell me what to do." I ask her why she wanted to give birth at home. She says "I wanted to have him at home, Carina. It's family-less here, people-less here. It's not for me."

Jenna wants to go home desperately. So desperately that she smeared icing from a cake her mother brought onto her new-born's lips, hoping it would raise his blood sugar: the magic spell that would grant her exit rights.

The nurse takes the baby away for the blood glucose test. We sit, we hear infant screams. Jenna reacts quickly, she sits up, hastens to the door. "Is that my child crying like that?" she asks a passing nurse. The nurse ignores her. Jenna hovers in the doorway until a nurse brings him back. He had been crying. "As soon as they release me and my child I won't walk out of here. I will run."

Jenna's smearing of icing onto the lips of her new-born directly contravened the prescription that infants breastfeed exclusively for six months. This gesture suggested a practice of nourishment wherein rapid exit from hospital was prioritised over adherence to prescription. What underlying assumptions dictate good mothering in this complex picture, giving credence to a calendar of deeds in one instance and homecoming in another?

In their work on temporal politics Adams, Murphy and Clarke (2009) write that anticipation is the "palpable sense that things will be (all) right if we leverage new spaces of opportunity, reconfiguring 'the possible'' (2009:246). In the demarcation of the first thousand days of life as an anticipated terrain of potential, both hope and dread are at play: a dread that lack, hunger, violence, pain, can be inherited[4] – looped through the body and propelled into a future time and landscape. There also exists a hope that embodied lack can be guarded against, and new life furnished with an optimal start. The politics of temporality presently at play accept a version of truth as that which will shape the future in certain terms.

However, this version of 'truth' is constantly evolving and subject to revision (Adams et al. 2009:247).[5] This cycling of recommendations that refer to futures and demand action in the present stems from both a political and affective state. The threading of affect and politics through policy and into the homes and bodies of people thus requires careful attention to the insidious ways in which such claims designate responsibility and create moral burdens. Discourses of anticipation premised on scientific advance manifest in governance and healthcare prescriptions, and are shot through with affect. Yet affect is cast as deviant if it leads to enactments of nourishment at odds with prescription.

The first thousand days imaginary prescribes a sensibility of matter in place and time: breast milk for six months is one example that confers a sense of urgency to this period. This is not necessarily at odds with parents' own hopes for their children, which were often aligned with biomedical 'best practice'. However, this sensibility exerted expectations or practices outside what I learned was deemed to be 'good parenting'. This was shaped by context that disavowed stable parameters of time, place and relationships.

Anticipation is a virtue (Adams et al. 2009:247), directing moral prescriptions of right and wrong. As a result the impetus to care (and concomitant blame if they do not adhere) falls on mothers. This in spite of work that highlights the importance of caregivers beyond the mother (Tomlinson (2013). The moral impetus to intensify care during certain time-brackets is particularly challenging in precarious contexts. Work was insecure for many I met at the soup kitchen, and access to food (one modality in which nourishment can be provided) thus also in flux. Seasons of intense care differed. Women interlocutors described pregnancy as a limited season of intensified support. After they gave birth, food and support were withdrawn and focus transferred to infants, often leaving mothers bereft, psychologically vulnerable[6], and further hindered in their ability to foresee nourishment. As Mandy said during a focus group: "*Now I get nothing in the house – he [her husband] says Alia must get everything – he says my time is over!" Jenna agreed: "When you are pregnant, everyone knows you are hungry all the time, everyone says "here: eat."*

Women sought to nourish their infants by methods not recognised in the public health imaginary. One method of nourishing was by satisfying taste and accommodating desire. The centrality of food (much of it unhealthy by nutritional standards – icing sugar on cake being one example) to this modality of nourishment requires consideration of the socio-materiality of food[7] which, in absence of sustained nutritional sustenance, served to 'sweeten' precarious times.

Taste and desire were socially shaped. Jenna described the hospital as

having a poverty of people: *"It's family-less here, people –less here. It's not for me."* Methods of nourishment were often learned through recipes passed down generationally[8], and distributed in a network of nourishment. Thus alienation from family was not conducive to nourishment. Passing on recipes in families and communities was shown to be a powerful kind of inheritance – binding people to place, garnering belonging (as contested as this was), forming and augmenting relationships. Jenna told me that her son was conceived in hope of winning a blessing from her and her partners' families. Both families contested the match on grounds of race, Jenna said – the politics of belonging were shaped by skin, gender, parentage. A child was conceived in the hope of securing belonging, thickening the constellation of networks, and so in turn, nourishing. The social nature of nourishment thus exceeds the mother and child.

Many of the prescriptions encountered by Jenna and other mothers with whom I spent time arose from a biomedical preoccupation with brackets of time premised on anticipation. In response to evidence of loaded disparities between prescription and experience, attention to everyday ingestion looks beyond brackets of time in an approach to care that foregrounds the body, place, seasonality and inheritance. The myriad valences of time and forms of nourishment revealed were often at odds with biomedical prescriptions of 'the right time'. This highlights the power of normative values of 'good' care. Value-laden systems of governance and prescription beg attention to inheritance and the logics that weave affect with capital, power, and the production and application of knowledge. The anticipatory logic that foregrounds the future brackets the present, already made precarious due to skewed inheritance and inequality. Ethnographic attention to the everyday pulls the background to the fore and allows the discourse that designates good to be considered in terms of embodiment in the everyday.

As Jenna rubbed her finger along the rim of her baby's ear, the imaginary of the 'first thousand days' was second to a mother's own anticipation, hope and dread (not all of which I was privy to). This window opened a brief moment where the number of days since conception was central to governance but not the mother. Within that room the nurse, the hospital, (and perhaps the researcher) foregrounded prescription based on an imaginary of a universal time bracket. Jenna's everyday experiences and modes of seeking and foreseeing nourishment spilled, as desire, taste, belonging, and affect are wont to do, from the brackets that draw boundaries that good mothers, supposedly, do not transgress.

**pseudonyms used as discussed with interlocutors*

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Notes

[1] See van der Waal

[2] This approach towards nourishment takes from McLachlans' (2011) call toward integrative approaches to food systems

[3] See Harbers Moll and Stollmeyer (2002) argumetns that foregrounds the socio-materiality of food in an ethics-of-daily-care approach.

[4] See Thayer and Non (2015).

[5] A spectacular example of the effects of implementing policy based on dictums of truth was the reversal of policy for breastfeeding for HIV positive mothers which had devastating long-term effects, as discussed by

[6] See Kruger and Schoombee (2009) for an account of abuse in a South African maternity ward.

[7] See Harbers Moll and Stollmeyer (2002)

[8] and its centrality in the formation of relationships beyond the nutritive substance foregrounded by Audrey Richards (1932); and the 'good breast and bad breast' – a view of relational formation discussed by Klein (1985).

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