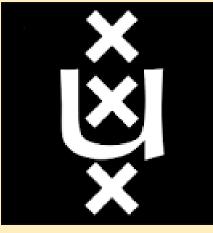
Childhood and the role of Biosocial Inheritance

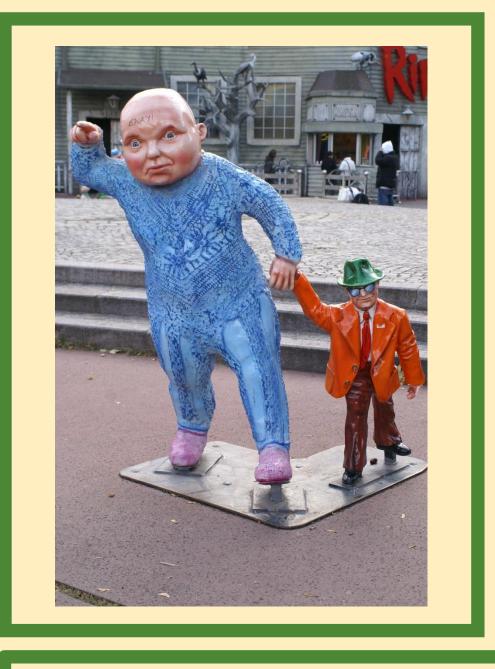
A qualitative exploration of perceptions of, barriers to, and transitions towards health among citizens in a Dutch village

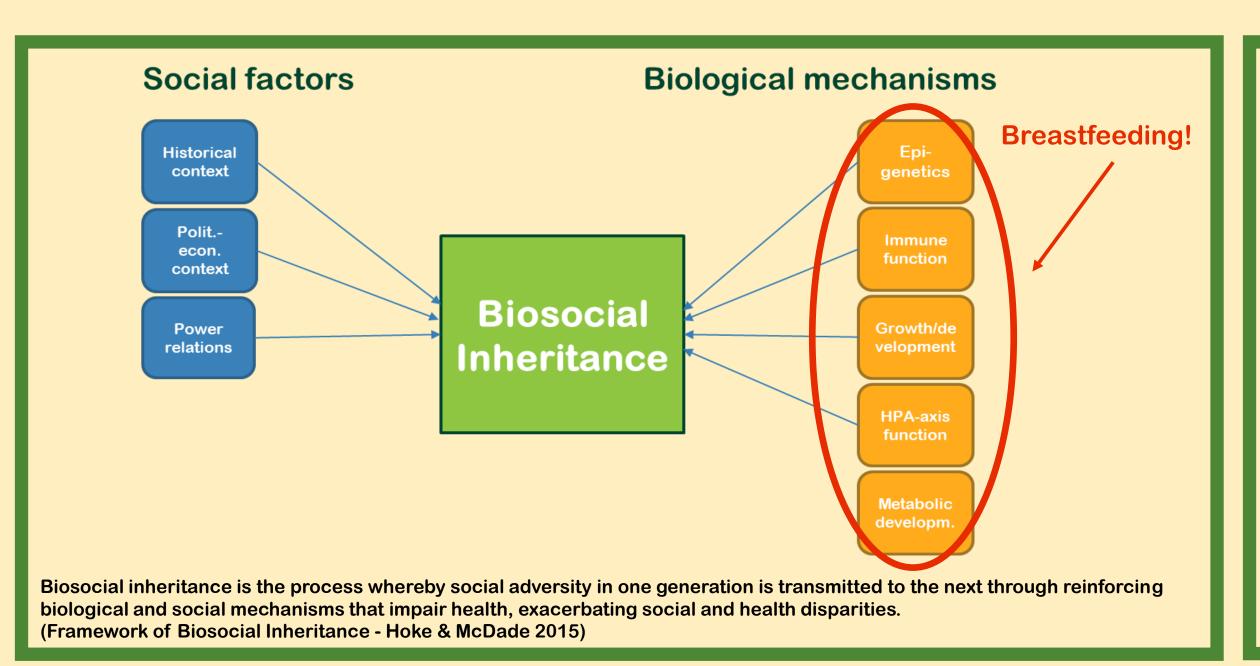
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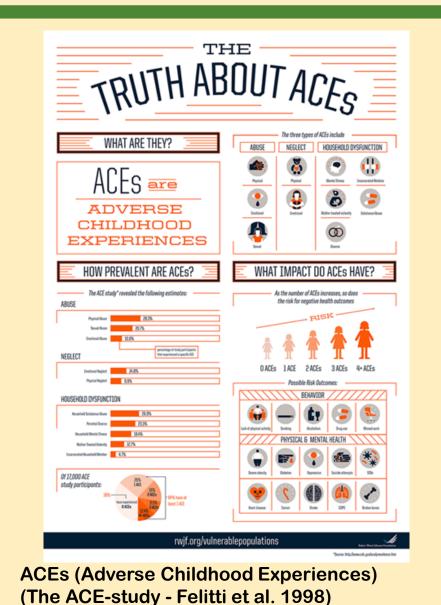












Introduction and background

Human health results from an inextricable interaction from childhood onwards between social factors such as historical context and power relations, and biological mechanisms, such as HPA-axis stress regulation and immune function, leading to an embodied Biosocial Inheritance (BI)¹ with intergenerational effects, as can be noted in Adverse Childhood Experiences (ACEs).² A biosocial approach of health problematises ideas on independence and depoliticisation of health practices and implicitly questions supremacy of adult interests over infant needs. Cultural narratives and ideologies (e.g. individualism, market fundamentalism) influence levels of toxic stress and thus health and wellbeing.3

Factors with a bio(psycho)social character and impact on health perceptions and links to childhood and breastfeeding **Salutogenesis** Liminality **Positive Health Sense of Coherence**

To experience life as comprehensible, manageable and meaningful, increasing chances of people saying they feel healthy⁴ (Bf: mother-baby habitat, species-specific behaviour)

Sense of Coherence

An approach looking for causes of health, proactively & prospectively (pathogenesis looks for causes of illness and disease, reactively & retrospectively)4 (Bf: microbiome, attachment, socioemotional development)

Saluto-

genesis

An ambivalent transitional period with specific privileges towards a new social status, often accompanied by transformative learning and reflection on vital goals and critical interests^{5,6} (Bf: perinatal stage, parenting, self-reflection, new competencies)

Liminality

A view on health as the ability to adapt and to self-manage, in the face of social, physical and emotional challenges, focusing on client/patient perspective instead of protocol or rules9 (Bf: oxytocin, sense of belonging, multi-faceted process)

Positive

Health

Jncomfortabl Knowledge

Authoritative Knowledge A form of knowledge not necessarily

true, but with more authority than other forms as it better explains the world or comes from parties with more power (usually both), sidelining other forms,⁷ and sometimes challenged by **Uncomfortable Knowledge** that disrupts

the status quo and often cannot be ignored without cost or risk8 (Bf: integrating embodied knowledge)

'It is easier to build strong children than to repair broken men.'

Resilience

(Frederick Douglass)

A positive start with birth & breastfeeding is a salutogenic step towards health, wellbeing and resilience throughout the life trajectory.

Discussion of interview and participant observation results

When asked about views on health, people tend to give holistic answers, in which care for the mindbody, quality of life, and being loved and trusted play crucial roles. Humans, as innately, intensely social beings, actively try to connect with others and build positive, contextualised relationships that support health & wellbeing through HPA-axis coregulation. Social competence both facilitates and is facilitated by this. Secure childhoods and nurturing environments seem to increase chances of resiliently handling life's challenges; many respondents address the importance of (receiving and providing) loving parenting in relation to adult health & wellbeing. Troubled childhoods, e.g. impacted by ACEs causing toxic stress², and by AS that is characterised by unmet child needs, cast long shadows through the BI.^{1,10,11} This can spark and guide personal desire (and professional necessity)¹² for a 'change of course' in practices. Biosocial aspects show that health and wellbeing cannot simply be depoliticised as individual responsibility, but are the result of socially constructed processes, strongly impacted by power relations. 1,2,3,4,6,7,8,12

Adult Supremacy

A power position in which adults

consciously or unconsciously

cause privileges, ambitions and

(unrecognized) biosocial needs

to trump child wellbeing,

rendering the minor minor

(Bf: dedicated attention for

biopsychosocial infant needs)

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Conclusion

Health perceptions are inextricably connected to biopsychosocial influences from social environments and interpersonal relations. People need one another and when basic biopsychosocial needs are not met, especially in infancy and childhood, health and wellbeing are negatively affected through creation of an allostatic load due to toxic stress and disruption of the Sense of Coherence.

