

# Surviving well together: post development, maternity care and the politics of ontological pluralism

**Katharine McKinnon**, La Trobe University

**Stephen Healy**, Western Sydney University

**Kelly Dombroski**, University of Canterbury Te Whare Wānanga o Waitaha

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## Introduction

Postdevelopment began in the domain of academic critique, a critique sometimes so scathing that it was read as a wholesale rejection of development. In our reading however, those critiques expressed a disappointment and betrayal felt by those who saw that the development industry (multilateral or bilateral aid, INGOs and charitable organisations) had been founded on some worthwhile altruistic intention. The intention and the promise of a more equitable world, a global sharing of knowledge and resources, and greater shared wellbeing were, and remain, worthwhile goals. But from the beginning the industry was mired in the ethnocentrism and arrogance of the 'First World', colonial legacies of dispossession and destruction, and the emergence of institutions that would form the bedrock of contemporary global capitalism. In the late 1980s and 1990s, postdevelopment scholars provided a minority voice against the development machine, but never rejected the idea that greater global equity was a worthwhile enterprise (McKinnon et al., 2008; McKinnon, 2012). Following these critiques, the next question is how can a global community work towards these goals without reinscribing, and re-performing imperialism? There is not, and never will be, a simple answer to that question. In this chapter we explore some examples of how a critical development scholarship now is moving past a position of critique, into the practice of engaged scholarship as postdevelopment.

Our approach to postdevelopment emerges through our collaborations with the Community Economies Collective (CEC). The CEC is a global network of scholars, activists and practitioners elaborating diverse economies theory to explore how aspects of a diverse economy might contribute to community well-being. At the heart of this enterprise is a rearticulation of what it is we are aiming for in our community engagements and our scholarship. The goal is summed up for us in the phrase 'surviving well together', taken from Gibson-Graham, Cameron and Healy's book *Take Back the Economy* (2013). The idea of 'surviving well' requires us to think not only about what is required for an individual, household, or community to meet their needs, but also what is required in order to thrive, to lead a worthwhile and satisfying life, and to enjoy well-being beyond mere survival. The addition of the term 'together' is crucial. It signals that there is no surviving well without human beings working together for our shared survival, across families, communities, and the globe. In addition, our togetherness is an interspecies phenomenon – our survival as a species is dependent upon the survival and well-being of our planetary companions. Surviving well together requires a constant reprisal of ethical negotiations with our human and non-human others, across boundaries of majority and minority worlds, cultures, species and consciousness.

As a goal, 'surviving well together' packs a lot into just three words. This chapter explores some of the implications of those three words for our efforts in an engaged postdevelopment scholarship. We reflect on three interrelated research projects from which we can discern a handful of core strategies. These strategies we see as central to our own efforts towards the practice of engaged postdevelopment research, aimed at creating an understanding of how to survive well together.

Together they articulate a practice of feminist postdevelopment research that continues to take shape. In what follows, we consider three research projects to illustrate three core strategies in our approach to postdevelopment practice. The first core strategy is to appreciate the importance of co-producing knowledge and an openness to the presence of multiple ontologies. Here we focus on a project conducted in the Pacific by Katharine McKinnon amongst a team of collaborators (see Carnegie et al., 2012; Carnegie et al., 2013; McKinnon et al., 2016) to create community based indicators for gender equity. Following Kelly Dombroski's work in China on maternity and birthing, the second core strategy is to recognize how multiple ontologies are embodied, and that attending to this 'body multiple' (see Mol, 2002; 2008) is crucial for health and for the end goal of surviving well together the context of maternal care. Finally, our discussion shifts to a collaborative project in its formative stages, that brings our interest in surviving well together into the realm of maternity care provision in Laos PDR. In reflection based on preliminary research we grapple with how to practice recognition of multiple ontologies and the body multiple in a context where politics, both formal state politics and the structural politics of aid provision, presents few openings of an alternative discourse of health or the body (see also Dombroski et al., 2016; Dombroski et al., 2018).

## Defining Postdevelopment

For us the term 'postdevelopment' describes a broad set of critical commentaries and approaches. It is a field of debate characterised by an engagement with poststructural and postcolonial thought coupled with a critical reflection on the logics and practice of international aid and development work. Postdevelopment scholars draw on the poststructural interest in language and representation to explore the operations of the discourses of development: how it came into being, and how it shapes the problematisation of poverty, and the actions taken to address those problems: it is thinking critically about what development discourses *do* that most concerns us and other postdevelopment scholars. To paraphrase Yvonne Underhill-Sem, we are interested in the ways that development discourse shapes us and how are we shaped by it (Underhill-Sem, 2002). The purpose of seeing what the discourse does is not merely critique, but to open up a view into what *might be*. Following in the footsteps of Gibson-Graham (2005) we are interested in 'looking for difference', investigating what alternative views might be fostered, what new possibilities might be opened up as a result of seeing things differently (Gibson-Graham, 2005).

The possibility for action comes with the recognition that our representations of development, our language around what the 'problem' is, have performative power. The performativity of discourse draws together both our understandings of what development is, why it is needed, and what it does, and the actual practice to doing development. As Muniesa (2014) has noted, discourse (our representations of and entangled actions upon the world) "provoke" certain realities into being. In other words, what we believe a thing to be shapes what we think we can do about it, and how we seek to do it.

Postdevelopment *practice* has the difficult task of continuing to attend to the power of development discourse and complex politics of development practice, its colonial history and neo-colonial tendencies, its compromised ideology and its failures, while seeking to still do something. Founded in poststructuralism, a postdevelopment practice cannot, however, claim the firm moral ground that most development branding enjoys. As Phil Ireland and Katharine McKinnon put it in 2013, what postdevelopment scholars must do is to find ways to "move ahead uneasily – without confidence that any particular approach is the 'right' one, and with the knowledge that any development work is always already embedded in politics" (Ireland and McKinnon, 2013).

Uncertainty and uneasiness do not sit well with most development institutions. The development industry is now dominated by a marketplace approach, where monies made available for development work are subject to a competitive tender process (usually by International NGOs). Bids

are assessed on a value-for-money basis. Overlaying this market approach to aid is a rich and many-layered bureaucratic system that remains deeply paternalistic, with extensive reporting requirements, strict time constraints, and a system that prioritises accountability to donors over accountability to community. There is then a constancy, a set of unconscious commitments, that persist through development's many iterations over the past half century. Within aid culture an open and uncertain approach is anathema because the goals remain the same. Despite the ample demonstration that social and economic change seldom progresses predictably or smoothly, the aid industry seems to still require reportable outcomes, predictable pathways, models for change, reliable blueprints.

We are interested in how development practice can challenge this reliance to work with inescapable of politics and uncertainty, and what role there is for the postdevelopment scholar in enabling this. Boaventura De Sousa Santos suggests the key is to move away from what he calls 'the Great Singularity' exemplified in five monocultures he identifies: of knowledge, linear time, classification, universality, and capitalism. The idea is to move instead towards a "sociology of absences" that gives credit to "the diversity and multiplicity of social practices in opposition to the exclusive credibility of hegemonic practices" (de Sousa Santos, 2004: 239, 240) that creates the conditions for what he terms 'cognitive justice' (de Sousa Santos, 2015). Cognitive justice commits us to ontological plurality, to re-valuing other ways of knowing and being in the world. In the following section we describe a project in which cognitive justice was indeed one of the central goals of the work.

### Multiple Ontologies of Equity

In an earlier project Katharine McKinnon, with others, received support from the AusAID Australian Development Research Awards to conduct research on development and gender equity in the context of the Solomon Islands and Fiji (McKinnon et al., 2016). The context for this scholarly intervention was that regional leaders had signed onto an International Gender Equality Declaration which had implications for how development was to be practiced in both of these former ex-colonial countries. This commitment to gender equity occurred precisely at a moment when the development establishment was moving from treating gender equality as a social concern to it being the pursuit of a smart economics—based on a growing global recognition that women were frequently lead actors in the informal economy and that their latent capacities as rational-actors should be harnessed in the development process (Bergeron and Healy, 2013). In the context of the World Bank's 'Smart Economics', gender equity becomes a rational benefit to the whole society but also becomes one-dimensional in its meaning—equality means that women, like men, must be integrated into the market economy, ideally its formal sector. In this narrative the solution was already clear—development meant the further integration of women into the market economy. But what if this weren't the only answer? What if it were possible that in these societies gender equity was allowed to be something other than what western liberal feminism and the development apparatus presumed it to mean. Drawing on previous diverse economies research, a series of workshops were held with community members in Fiji and the Solomon Islands. These were facilitated by local NGO co-researchers and engaged community members in a process of detailing all of the work done by both genders and across the lifecycle that contributed to community wellbeing.

What this rich description made clear was that while wage work and participation in the market economy played a role in community livelihood, it was not the only, or even the most significant contributor to collective wellbeing. Conversations with community members worked to find a language for what was already there, but was absent in the visions of economic development and gender equality available in 'development-speak'. As a sociology of absence, the research allowed a new articulation of shared concern and experience, in turn enabling a different imagining of what gender equality might mean. One of the outcomes from these conversational exercises were other ways of indicating and valuing gender equity—a set of metrics that sought to place the discursive power of indicators in the hands of community by ensuring that they reflected both the concerns and

aspirations of community members (see Carnegie et al., 2013; McKinnon et al., 2016). The suite of indicators sought, for example, to reflect how both non-capitalist and non-market activities like home gardens were valuable because they in turn were the basis for a system of redistribution that deepened social connections. Building a language for gender equality on the basis of community conversations also meant that conventional meanings of gender equity were challenged: Rather than equal participation in the market economy, gender equity came to mean revaluing contributions of both women and men (across age groups) to the wellbeing in a more than capitalist economy.

As scholars of development, we are interested in how our intellectual work and our engagements via action research can move beyond the monocultures that contain the development project and create spaces where cognitive justice becomes a possibility.<sup>1</sup> For Gibson-Graham (2005), beginning with rich description of these diverse and multiple practices is one way to think of a postdevelopment practice that is not just, inexorably, a move towards capitalism or westernisation. These practices might be economic, as in Gibson-Graham's work (Gibson-Graham, 2014; Gibson-Graham, 2016; Gibson-Graham et al., 2017; Gibson et al., 2018), or health-related as in Dombroski's work (Dombroski, 2015; Dombroski, 2016b). Efforts to move beyond the singularity to which de Sousa Santos alerts us, forces an encounter with other ontologies and ways of being in the world that pose immediate and material challenges to the assumptions of much of development practice. If we are serious about moving beyond monocultures of knowledge and practice, we must pay attention to these ontologies, and indeed cosmologies, in any intervention towards surviving well together.

## The Body Multiple in Postdevelopment Practices of Engaged Care

The recognition of multiple ontologies is a starting point for a practice of postdevelopment scholarship, but added to this is the recognition that we live and work in bodies that are also constructed differently in those multiple worlds. This awareness of the 'the body multiple' is a major contribution of Kelly Dombroski's work to our shared project of exploring how practice of feminist postdevelopment research might look.

Dombroski's work in rural Qinghai, China, focuses on early child care and breastfeeding practices (Dombroski, forthcoming). This region has faced decreasing breastfeeding rates and duration since the introduction of artificial formula in the 1970s (Guo et al., 2013). Because of the many benefits of breastfeeding for infant nutrition, health and immunity, as well as effective mother and child bonding, the World Health Organisation (WHO) has spearheaded efforts to increase breastfeeding rates globally (World Health Organization, 2012). One example is the baby friendly hospital initiative (World Health Organization, 1981). Signatories are expected to, among other things, prohibit the marketing of artificial formula in hospital, promote rooming in and skin to skin contact for newborns and mothers, and initiate breastfeeding within two hours of birth unless medical conditions prevent this. These recommendations are understood by many as a return to simpler practices of birthing and breastfeeding and a limiting of the influence of industrialisation, medicalisation, and indeed 'modernisation' within maternity care.

The WHO recommendations (World Health Organization, 1981; World Health Organization, 2012) **represent** the human maternal body as globally homogenous: a mammal fully capable of immediate breastfeeding. They also represent the failing hospital and unethical formula marketing as the cause of reduced breastfeeding, promoting the baby friendly hospital accreditation as an alternative to the

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<sup>1</sup> Cameron and Gibson-Graham's Cameron J and Gibson K. (2005) Participatory action research in a poststructuralist vein. *Geoforum* 36: 315-331. description of action research in a post-structural vein departs from other understandings of action research. Rather than imagining action as one where formerly marginalised subjects participate, research is recast as an open-ended, affecting and collaborative context that may generate new desires, identifications or forms of collective action.

baby unfriendly spaces where babies are separated from their mothers and subjected to artificial formula before breastfeeding has even been initiated. The view from the ground, however, is much more complex.

Dombroski's fieldwork in the city of Xining, China, found that for women birthing in a baby-friendly hospital a number of different understandings of the maternal and infant body were present, which produced patterns of formula use quite different from those in other parts of the world (Dombroski, forthcoming). A postdevelopment approach to intervening in infant health here requires an enunciation of the complex practices of infant feeding already present.

Firstly, women in Xining were subject to two quite different understandings of how the body operates. These two physiologies of the body are ontologically distinct, with contradictory realities of what the body is actually composed of. The first of these is associated with the tradition of Chinese medicine, formalised in the People's Republic of China as Traditional Chinese Medicine (TCM), the state funded and more highly theorised version of Chinese traditional medicine or *zhongyi* 'central/Chinese medicine' (Zhang, 2007; Lei, 2014). The second physiology of the body is that associated with the biomedical practice of medicine, sometimes known as 'modern medicine' or 'scientific medicine', historically known in China as *xiyi*, 'western medicine' (Zhang, 2007). In the former, breastfeeding is a practice that is intimately tied up with the functions of the *chong* and *ren* meridians, where the *ren* is linked to the uterus, menstruation and other forms of uterine bleeding, the production of breastmilk, the lungs, and the emotion of grief and the activity of worry. In turn, the *chong* is linked to the liver, the breasts, and the emotion of anger (among other things). The flows of *qi* and blood through these linked organs mean that breastmilk is understood as being produced by sufficient flows of *qi* and blood to the area of the breasts, a flow that is disrupted if *qi* is depleted through downward flows of blood and *qi* as experienced in birthing a baby and placenta (Hsiung, 1995; Men and Guo, 2010). Therefore, in traditional understandings of the body, breastfeeding is understood as an activity best delayed until the flows of blood have stabilised and the mother has had a chance to replenish herself through blood and *qi* nourishing foods. It is also important that she is enabled to remain calm through the care and attention of others. All of this is understood as good for both baby and mother.

At the same time, the mother in Xining who is birthing in a hospital is also subject to biomedical knowledge that posits the maternal body as primarily mammalian, and considers the vulnerability of the baby over that of the mother. In the biomedical understanding, breastfeeding physiology is one of supply and demand: the demand created through sucking produces the milk and simultaneously contracts the uterus and prevents excessive bleeding (Day and Australian Breastfeeding Association, 2004). From a biomedical perspective delays in breastfeeding informed by TCM are understood as a superstitious withholding, although in Xining, health practitioners displayed mixed attitudes. Most understood and related to the reasons for delay articulated by mothers and grandmothers, but were also concerned that the baby could become hypoglycaemic and be unable to feed if they did not intervene in a timely manner. Health professionals interviewed by Dombroski insisted that 'unless something was wrong' all women breastfed in the delivery ward before being transferred to the maternity ward. However, in 25 interviews only *one* woman had breastfed in the delivery ward -- meaning that the criteria for something being wrong was being applied very liberally, that almost every woman's *qi* was depleted enough to prevent immediate breastfeeding. And yet, in this embodied intersection between *xiyi* and *zhongyi*, the vulnerable baby was left without immediate nutrition. The concern then arose that the baby would become too weak to stimulate supply. This provided an opening for a non-breastmilk intervention - often sugar water (a treatment for hypoglycaemia) and also artificial formula.

In Xining the practices around immediate breastfeeding, and introduction of non-breastmilk alternatives, signal the presence of two different ontologies of the body interacting in one space. Both are present in the baby friendly hospital, but also, both are present in the one space of the maternal body. For Xining mothers and babies there is no monoculture of knowledge and the body, the situation is far more complex. This is what Annemarie Mol would call 'the body multiple' (Mol, 2002).

As scholars concerned with action research, the question then arises: What kind of intervention for baby and maternal health would a postdevelopment practice make here? In the years that followed, Dombroski has been able to explore this more explicitly through community engaged scholarly work. She was invited to do a number of training events for breastfeeding counsellors, and to review the material being translated by the Australian Breastfeeding Association for Chinese speaking women in Australia. Her work provided a series of dialogues and scenarios breastfeeding counsellors, midwives, doctors and other health practitioners could use in intervening in the moments after birth, when breastfeeding might be initiated (Dombroski, 2016a). Presented in conferences, video materials, and training sessions with health professionals, these dialogues enabled birth to be framed as a draining and depleting act (as understood in TCM), and provided a way to broach breastfeeding in a way that acknowledged and addressed depletion. For example:

Midwife: You might be feeling a bit exhausted and depleted now after all that work. What we will do is have a little rest with baby resting on your chest, but then get some hot, nourishing food into you. Then we will give breastfeeding a go in an hour or so when you have had a chance to recover. In this scenario, the midwife can work with family members to provide TCM appropriate food for the mother in order to address the concern for her depletion and need for nourishment before attempting to breastfeed. Making sure that depletion, nourishment and recovery are mentioned is key to this intervention, recognising the ontological reality of the birthing mother, treating it through providing appropriate foods, and provoking an affective response that reduces anxiety and worry and may lead to earlier breastfeeding and reduced use of manufactured formula. It may not be necessary for the health practitioner to necessarily accept the multiple ontological realities present in the birth room as 'actual' realities, but the recognition that a mother may experience an ontologically different reality is enough here to make an effective intervention for the health and wellbeing of the baby and mother.

The learning we take from Dombroski's work in Xining, and with Chinese mothers in Australia, is that engaged scholarship can make space for cognitive multiplicity: seeking interventions that honour multiplicity and do not attempt to reduce one reality to a 'perspective' that must be somehow subsumed or coalesced into a singularity. We can not only avoid the great singularity that de Sousa Santos decries in development practice, we can create the conditions for postdevelopment as cognitive justice. In this case cognitive justice is neither expecting, nor wanting an outcome where we arrive at a shared, or correct, understanding of body, childbirth or mothering. Instead we look for ways to accept and work with divergent understandings of the same phenomena. In turn, care is transformed into a process of "staying with the trouble" as Donna Haraway (2016) puts it. This process that can be carried out in relation to the body of the birthing mother for us also works at a larger scale—we can 'stay with the trouble' as part of a further effort to reimagine a postdevelopment practice.

In this next section we speculate on how the ontological and cosmological pluralism, at the heart of a move beyond de Sousa Santos' singularity, might be applied to rethink approaches to improving maternal health at the national scale. In the sections that follow we draw on initial findings from project focused on maternity care delivery in Laos.

## Practicing a feminist postdevelopment scholarship: Maternity care in Laos

Childbirth for Lao women has become considerably safer over the last two decades but maternal mortality rate in the Lao People's Democratic Republic remains among the highest in the Western Pacific Region (World Health Organization, 2018). The official Health Department policy to prevent mothers from dying is that all women should be receiving antenatal care that would pick up on danger signs for conditions like placenta praevia or malnutrition, and that all women should be giving birth at a clinic or hospital in the care of a trained midwife and/or obstetrician. This policy is supported by the WHO and the international funding aid agencies that subsidise the Laos health care system. In our preliminary research in the province of Luang Prabang we could see that neither clinics nor the hospitals are necessarily safe, or able to accommodate all the women who might need them. This suggests that getting more women into clinics is not necessarily the solution.

There are many reasons why hospitals and clinics are unable to provide adequate care. From our discussions with Department of Health staff, obstetricians and midwives in the province we understood that the number of trained midwives and obstetricians remains far fewer than are needed to service the population, and the health system remains badly underfunded. Given the lack of facilities and equipment, lack of trained midwives and obstetricians, (and even lack of access to relevant health research for teachers and students), it is clear that if all women did come into hospitals and clinics to give birth, this would not solve the problem. In addition, many women do not want, or are not permitted, to come to hospital. Only one study to date has explored why rural women choose not to go to hospital, and this study shows that women have very good reasons for that decision. Sychareun and colleagues (2012) found that women felt clinics were uncomfortable, not allowing freedom of movement or providing space for family members to support women. Women also felt afraid, experienced bullying and mistreatment, and were unable to communicate with health staff due to language barriers. For some women their husbands would not give them permission to go to the clinics. A final reason was that women felt spiritually vulnerable in hospital, being unable to receive the traditional spiritual or medicinal treatments that they need for a safe and healthy birth

The Ministry of Health officials we spoke with were particularly focused on the problem of this last point – women are 'afraid of ghosts/spirits' and therefore won't accept lifesaving treatment. The mislabelling of cultural beliefs and spiritual practice as superstition is not confined to bureaucrats. Phoxay et al. (2001) write that "health-seeking behaviour was determined by superstitious will, which would be detrimental to mothers" (17). The solution proposed by Phoxay et al. (2001) consists of better education for mothers, which would give them up-to-date knowledge of modern medicine and cut across the knowledge transmitted by village elders on how to care for pregnancy. The danger of this recommendation is that it dismisses the value of the traditional knowledge of elders and delegitimises cultural practices as a whole, when not all such practices may be harmful as claimed. When scholars, doctors and health officials dismiss Hmong spiritual beliefs they are dismissing a whole complex cosmology that is the foundation of Hmong life and culture.

A postdevelopment take on this case would be to place indigenous knowledge and medical practice alongside that of the hospitals and clinics. This would mean recognising that there are multiple ontologies at work in these contexts and refusing to assume that western or even biomedical practice is always correct. Indeed, recognising what we might learn from other ways of protecting health and wellbeing. It would require accepting that the knowledge and experience of Hmong women is as legitimate and as important as the knowledge and experience of the clinicians and health department policy makers. And a postdevelopment practice might take that recognition further, to work for solutions to the challenges of safe childbirth in rural Laos based on the confluence of knowledge and practice that is already available. The challenge in this case is that both the international NGO's who support the health services, and the hospitals and provincial health department officials, are bound by

the policies endorsed by the central authorities in Vientiane. There is no room to visibly stray from the aims and intentions of that policy, even in order to respond to the particular needs of the population in different parts of the country.

It is here that we encounter the limits of the kind of postdevelopment practice for which we are equipped, forced to confront again the spectre of the political that remains at the core of the development industry. As with community development interventions of the past (and especially those McKinnon studied in northern Thailand, 2012), the possibilities for effective/affective engagement of small players (that is, three university researchers) is extremely limited. As with the processes that unfolded in neighbouring Thailand, room for dissenting voices, for community advocacy, and for a politics of multiplicity can only come into development as the political situation at the national level begins to change. Until then the options for postdevelopment practice remain limited to the quiet work of researching and practicing in solidarity with communities, and (perhaps) exercising a gentle subterfuge of the kind development professionals in northern Thailand practiced under the headline of participatory development (McKinnon, 2012).

## Conclusion

We began this chapter with an elaboration of engaged postdevelopment scholarship. A starting point for us is the profound sense of *unease* postdevelopment generates: calling into question what we already know is wrong or what needs to happen, or how a solution might be found. This sense of unease resonates with Donna Haraway's call to 'stay with the trouble' and is a starting point for seeking the kind of cognitive justice called for by de Sousa Santos. Unease does not excuse us from acting, for not acting is also acting. But it does open the floor to new possibilities, including what happens when we engage in a sociology of absence, when we revalue precisely what development jettisons in the name of progress.

We discussed work to create community-based indicators of gender equity which shows that it is possible to make space for diverse place-based knowledges and aspirations for equity, and to construct interventions that achieve cognitive justice through the appreciation of multiple ontologies. Through Dombroski's work with breastfeeding as understood and practiced across Chinese and Western medicine, we showed that it is possible to make space for multiple ontologies not only in relation to discursive interventions, but also in relation to the body. In the context of maternity and early childhood care, Dombroski's postdevelopment intervention makes space for parallel, co-existing realities within the same room and within the same body. The challenge moving forward, as demonstrated by our preliminary research in Laos, is in how to formulate a feminist postdevelopment practice based on multiple ontologies and the body multiple knowing that there is little room in the structure of the development industry for the uneasiness these multiplicities introduce. Especially in the realm of health care, where biomedical knowledge and strict adherence to guidelines for clinical practice have implications around life and death, it is not so easy to trouble knowledge hierarchies. This is especially so in institutional contexts which are either overtly or subtly wedded to the unstated, unconscious, bureaucratic machinations that underwrite the development establishment.

For us, a commitment to staying with the trouble does not mean giving up on "doing something" but it means committing to a path that transforms development and even postdevelopment as we knew it. For us "staying with the trouble" means an approach to learning and acting together in the world where we too are implicated, it means identifying our collective stakes in surviving well together. In the end what does it mean to give up on the idea of progress, and to reimagine development? For us it is to begin with a continuous affirmation that our survival as a species is dependent upon the survival and well-being of all our planetary companions, and to require the constant reprisal of ethical negotiations with our human and non-human others, across boundaries of majority and minority worlds, cultures, species and consciousness.



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