

MIGRATING MEDICATIONS:

Medication use and the transnationalization of
familial healthcare practices

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Background

- ▣ \$1bn on meds / adherence at 50%
- ▣ Ways meds understood & used in everyday life remains unclear
- ▣ Meds = therapeutic objects entering cultured relations to become socio-cultural objects
- ▣ Not taken as intended, stockpiled for future use, discontinued when symptoms fade or shared
- ▣ Not only relief from suffering, but also identity, morality, relationships, care, healing, love & hope

Aim & methods

- ▣ Ethnographic = generate insights into complex meanings & practices of med use in everyday life
- ▣ Data collection across 50 households
- ▣ Flows into, around & out of households [across countries]
- ▣ How accessed / when & how used / what relationships?
- ▣ Place & material dimensions
- ▣ Data collection in a variety of forms:
 - Group discussions [all householders]
 - Mapping exercises
 - Photographs & diaries
 - Objects & media
 - Interviews & observations

Why households?

- ❑ Everything we study is emplaced
- ❑ Households are sites for med storage & use
- ❑ Meds are implicated in health practices occurring in homes as a therapeutic landscapes or spaces of care
- ❑ Home is not simply a static place. It is “constructed out of movement, communication, social relations which always stretched beyond it.” (Massey, 1992)
- ❑ Meds flow in culturally patterned ways

Domestic functions of meds

- ❑ Pharmaceuticalization of everyday life where responses to illness become crystallised in pills, potions, ointments & enhanced foods purchased in marketplace & brought into homes for consumption
- ❑ Utilitarian models of formal healthcare underlie the increased commodification of medicated care
- ❑ Limited explanation for familial practices of care (selflessness, benevolence, kindness, love, compassion & time)
- ❑ Meds work in ways which exceed their medicinal purposes, being rendered meaningful within dynamic familial relations of giving
- ❑ As commodities meds bridge formal (utilitarian) & informal (gift-based familial) healthcare domains

Gifting & meds

- ▣ Lefebvre (1947/1958/1991) - dialectical reproduction of social structures through daily consumptive practices
- ▣ People creatively self-fashion - not simply reproduce relations with structures, material objects (commodities) & places
- ▣ Contemporary practice theory (Hargreaves, 2011) focused on socio-cultural processes shaping personal consumption
- ▣ Mauss (1950/1990) foregrounds reciprocity as basis for social relationships, healthcare, loyalty & cooperation
- ▣ Obligations to give, receive & repay = oldest form of economy
- ▣ 2 polarised forms of social relations between formal & informal economies, commodities & gifts, public & private break down in everyday practice

- ▣ Home site for complex nexus of caring activities - objects transformed to carry/materialize heritage, tradition, connection, belonging, selves [interconnected]
- ▣ Obtain meds in marketplace [even in other countries] take these objects beyond monetary relations - gifts to others
- ▣ Through gifting people share parts of themselves & are bonded
- ▣ Dialectics of giving manifest in pills & also concern, time & effort

Migration

- ▣ Construct spaces to belong in sourcing & using meds - “*remoooring*” to “connect identity to a system of supports in the new environment” (Deaux, 2000)
- ▣ Connect present to past through practices of sourcing & consuming meds & realign identities & sense of home in new places
- ▣ Simultaneity of place through ‘re-memembering’ & transcending here & there, old & new cultural landscapes
- ▣ Requesting meds from home demonstrates cultural embeddedness & tradition – ‘I’ am still one of ‘us’ as ‘you’ should be
- ▣ Meds represent selves, relationships & memberships

JOANNE: They have high blood pressure so we use some medicine from China because they have been using it for a long time. We did consult the family doctor here... & tried medicine in New Zealand but they found it very different. Their bodies reacted to it... They get Chinese traditional medicine, pills we buy from pharmacy in China. When we go back to China we just bring some medicine. There are some like for common cold for protection purposes, when you feel not alright we just take them. Chinese herbs, like teas. One reason is because we're familiar with the medicine in China. Here a lot of the medicine we are not familiar with. So, we still just get some from China & have it in the house whenever we need it.



Transnational communing via meds

- ❑ Maintaining practices enables people to maintain a sense of continuity, tradition & agency across places & in response to illness
- ❑ Homeland & culture are not phenomenon or places left behind, but texture somewhere new & allow lives to become emplaced
- ❑ Meds offer material links & taken for granted avenues for connection
- ❑ Migrant lives simultaneously incorporate activities & routines located here & there
- ❑ Meds key objects of exchange in a de-territorialized world

