

Māori, Tongan and Chinese Households: Medications and Elder Care

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Abstract

Research reveals that medicines are frequently not taken as intended, stockpiled for future use, discontinued when symptoms fade or passed to others. Medications are material objects with therapeutic uses that enter into and take on meaning within people's lives. In this way they are culturally embedded phenomena that carry meanings and shape social relationships and practices. The symbolic meanings given to medications and cultural relations are important for understanding variations in medication practices. Households with elders often contain more medications and have more complex age-related medical conditions. In households where members are engaged in the reciprocation of care among two or three generations, medications within and between these relationships take on a range of dynamic meanings. In this paper, we explore how interactions between household members affect medicines-taking practices of elders and their families from three cultural groups: Māori, Tongan and Chinese. This research was funded by the Health Research Council of New Zealand and the Marsden Fund of the Royal Society of New Zealand.

Keywords

medications, home, traditional medicine, cultural relationships, flow, eldercare

Introduction

New Zealand society is awash with biotechnologies. Medications take a variety of forms; through prescription, pharmacist-only, pharmacy-only and over the counter, and extending to alternative or complementary products such as homeopathic and "natural remedies", and dietary supplements. Their use is complex and often problematic; many substances are wasted, used for other purposes or given to other people without prescription or medical advice. Overall adherence to recommended medication regimes is only around 50 per cent (Haynes, McKibbin & Kanani, 1996; PHARMAC, 2006), and varies according to factors such as type of illness, number of medicines taken, socio-economic status and the meanings people attach to these objects (van der Geest, 2006).

The New Zealand Medical Council guidelines advise doctors to be "mindful of their patients' cultural beliefs, mores, and behaviours. Awareness of the traditional medicines patients may be taking alongside their prescribed treatment may play an important role in providing quality care and avoiding adverse interactions" (Poynton, Dowell, Dew & Egan, 2006, p. 8). When medications are taken home, or prepared in the home, they enter into the social space of the home, into social relationships and take on social meanings, and can reshape relations, identities, moralities and routines (Lefebvre & Nicholson-Smith, 2007; Sointu, 2006; Yanchar, Gantt & Clay, 2005). The symbolic meaning of medications exceeds their materiality as things in a physical world. Medications are invested with history and tradition, and often crystallise connections with people, places and events. The places people dwell in and the things they collect become part of them, and crystallise aspects of who they are, want to be and show to others (Noble, 2004).

Tongan, Māori and Chinese, the three groups of interest in this paper, all have ways of understanding and addressing ill health that vary from European medical models. These indigenous systems tend to be more holistic, have their own associated knowledge bases and experts and healing substances (Bloomfield, 2002; Kaptchuk, 1983; Kayne, 2010; Ulluwishewa, Roskrige, Harmsworth & Antaran, 2008). People from these cultural groups know who to seek help from, know their cultural

models of health care and continue to source, prepare, store and consume traditional substances for positive health outcomes (Jones, 2000; North, 2008; Toafa, Moata ane & Guthrie, 2001).

All cultural groups have culturally defined social relationships that can be understood through significant values important in those cultures. For example, the Chinese hold to the value of xiao or filial piety—a value orientation that “prescribes the child’s obligations to defer to parental wishes, attend to parental needs, and provide care and support to aged parents” (Li, Hodgetts, Ho & Stolte, 2010, p. 2). For Māori, the cultural values of manaakitanga (care) and whanaungatanga (relationality) define kinship obligations to care. In the case of the elderly, their roles as advisors, spiritual guides and family leaders give rise to the value of rangatiratanga (authority and leadership). When taken together, these values bring about an obligation on the part of children to reciprocate earlier care provided by their parents and grandparents, in turn enabling the aged to discharge their cultural responsibilities as elders (Ritchie, 1992). Similar values are found in Tongan culture; for example, faka‘apa‘apa (respect), talangofua (obedience), fakaongoongo (waiting for and listening to instructions) and ‘ofa (love) (Lee, 1996).

Present Study

Between April 2009 and March 2010 we conducted group discussions, mapping exercises to locate medications, photo elicitation interviews and medicine-related diaries with 11 households in New Zealand. Four Tongan households were situated in Auckland and four Māori and three Chinese households in Hamilton. Of the eleven households, four households had elders who were being cared for by their adult children. Of the four households with elders, three were multigenerational with grandparents, parents and grandchildren. This paper draws on information collected from these three households to describe patterns of medication use and to illustrate how medications contribute to cultural roles and identities, and cultural connectedness and continuities.

Located in Hamilton, the Puriri household is home to Tui (78 years), his son Tane (47) and wife Erin (44), and their two teenage children. Tui, Tane and Erin all have chronic conditions, have been hospitalised regularly and take medication for heart-related conditions. Tane and Erin both have sleep apnoea and use ventilation machines at night. Tui recently moved from Rotorua to the Puriri house after experiencing a critical health event. He still lives a very busy life and is engaged in tribal politics that necessitate frequent trips to the Bay of Plenty where he is from. Tui’s wife, Miriama, had earlier moved to Hamilton after suffering a series of strokes and became too dependent for Tui to care for her. Miriama lives with her daughter, also in Hamilton.

The Yangliu household is also in Hamilton. Joanne is a computer technician in her late 30s and Tony (also in his late 30s) is self-employed in China. Joanne’s elderly parents, Tom and Anna, who are in their early 70s, live in the household too, along with Tony’s and Joanne’s son, John. Tony and Joanne arrived as permanent residents to New Zealand from China in the late 1990s, and were followed 2 years later by Joanne’s parents who came to help care for and enjoy their only grandson. All household members enjoy good health and take vitamins regularly, although Joanne’s parents both take medication for high blood pressure. They all have lived experiences of Chinese medicine, a paradigm that guides the household’s well-being practices. For this reason, the household stockpiles substances procured about twice yearly when members of the family visit China.

The Loumaile household comprises four generations of the related Nonu and Pua Tonga families. They occupy a three-storey home in Auckland. The Pua Tonga family live mostly on the second level, and the Nonu family on the first. Both families are Tongan speaking. The oldest is 74-year-old Katalina, who speaks little English, is mobile and independent. She has high blood pressure and takes “blister packed” medication. Katalina has seven children; five in Auckland and two in Tonga. She has been visiting her children in New Zealand since the mid-1980s and moved here permanently in 2008. Katalina resides mostly with other members of the Pua Tonga family, who include Katalina’s daughter ‘Olivia (53 years), ‘Olivia’s 55-year-old husband ‘Osai (who was in Tonga at the time of interviewing), and three of their six children, Tevita (20), Terry (16) and ‘Elisi (14)—all madly keen on sports. ‘Olivia is diabetic and also has high blood pressure for which she takes daily medication.

The other family in the Loumaile household is the Nonu family, comprised of Katalina's son Peni (29 years), his Samoan wife Tori (32) and their 1-year-old daughter, Vienna. Both Peni and Tori work for the New Zealand Police and enjoy good health, although Tori has a mild form of eczema which she regularly treats with cream. Recently, Vienna has shown signs of having eczema too.

Types of Substances

The Yangliu household subscribe to both Chinese and biomedical practices, as do the Loumaile household, which was reflected in the substances household participants showed us. The Puriri household did not reveal to us any traditional medicines, but clearly know about traditional substances and healing systems. All three households contained prescription, pharmacy and over-the-counter products, and alternative or complementary products such as homeopathic and "natural remedies" and dietary supplements, reflecting a comprehensive engagement with dominant health practices and substances in New Zealand. In contrast to the others, the Yangliu household more explicitly operated within and between two health paradigms, but emphasised Chinese medicine. The following is an example:

- Interviewer: Ok. Are there any other medicines that you buy in China and bring back to the household?
- Joanne: There are some like for common cold. We just buy it for protect[ion] purposes, when you [we] feel probably not all right we just take them. They are all many made of traditional medicine.
- Tony: Herbs, Chinese herbs.
- Joanne: Yeah, herbs, like some herb tea if you call it medicine. Yeah, that's it.

Storage of Medications

Households tended to store substances in places related to their use and to people's daily routines. Medications to be "consumed" were typically stored in kitchen cupboards, on bench or fridge tops or in dining areas. Medications to be "applied" tended to be stored in bedrooms or bathrooms, as were substances to be taken, applied, injected or inserted at night. Substances requiring special conditions, like refrigeration, dry conditions or away from light tended to be stored as directed by the labelling or by a pharmacist. Contrary to the advised storage of substances in medicine cabinets in bathrooms, Chinese participants emphasised the damp and humid environment of bathrooms which, for these reasons, would never be considered a storage site.

- Joanne: Oh, we never, I never put any medicine there [bathrooms].
- Interviewer: Yeah.
- Joanne: We leave it in the drawers in the handy place, like, in the kitchen or in the bedroom.
- Interviewer: Yeah. Ok.
- Joanne: Yeah. Keep it dry, cool places.
- Interviewer: Dry, cool place, dark place.
- Joanne: Yeah.

Interestingly, cabinets in bathrooms are still referred to as "medicine cabinets" even though they are more often used to store mostly hygiene substances.

In all the households, medications to be remembered occupied a specific space through which everyday routines flowed. The kitchen bench was implicated in processes of remembering to consume medications and compliance. Such placement constitutes a discursive act linked to social expectations and responsibilities and the physical realities of illness and treatment. For example, people were less likely to forget important substances if they were located in such prominent places, and would cue householders to remember to take their own medications or remind, and at times hassle, another person to take their medications. Such exchanges reflect the spatially ingrained and relational nature of medication consumption. These prominently located medications are also transformed into social objects with their own biographies of care. When participants talked about them, they invoked the

routine of consumption, the nature of an ailment, relationships between householders in ensuring compliance and specific events involved in the consumption of these substances such as lapses in use (van der Geest & Whyte, 1989). These instances also invoke links to health professionals and networks of relationships surrounding the procurement, use, storage and construction of medications in the therapeutic space of the home.

Arising Patterns

Medications within Relationships of Culture and Care—Puriri Household

All households were engaged in culturally-based care relationships. An illustration of this is the relationship Tane has with his father Tui. Tui is the eldest in his family and, while he did not have to care intensively for his parents, he was responsible for ensuring they were well housed and supported. Tane, as the eldest male in Tui's family, feels a similar obligation. In the following extract, Tane discusses his father's medication routine, commenting on how he monitors, sources, presents and pursues his father's compliance and other care needs and his own frustrations. He softens his comments by ending with the need for Tui to be close to his family.

- Interviewer 1: And then you take care of your Dad? ... as in getting the medication, checking when he's going to need the next blister pack ...
- Tane: Run him to the doctor. All those sorts of things.
- Interviewer 1: How do you find that?
- Tui: Just as well I've got somebody or I'd never keep up!
- Tane: It's a bit of a headache, actually ... to get you [Tane addressing Tui] to go to the doctor, get the medication, get the blister packs, make sure you take the meds in the morning when we just leave it in the egg cup. Yeah, all those sort of things. And then we've got to top it off with having to put you in the shower, take the bandage off when you have the bandage on, aye? Cream your leg and make sure you're ready for the district nurse when she was coming. She came three times a week and every time she came he had to be bathed and washed, bandages off and ...
- Interviewer 2: You had a full time job with that.
- Tane: One of the reasons we moved Dad over was that we were really worried about his health and so that's why we moved him from Rotorua to here. But also because it was time to have you [Tane addressing Tui] with the family, aye? Because no more family were left there, just [Miria]. All of us had moved—all of us had moved [unintelligible]. So, yeah. That's the half of it living here—make sure he gets meds and all that sort of stuff, gets some care going on.

What is interesting here is how Tane tells his care story. The story begins as an exchange between the interviewer and Tane, but switches to a narrative of a father-son relationship, told by a son to a father. The interviewers become incidental even though they are the cause of the exchange. The narrative is a telling of their care relationship, focused on the substances and behaviours that present ways of being together, of bringing care into their relationship, and of offering care from son to father. While disruptions to daily routines are apparent, sub-routines which respond to disruptions demonstrate an enabling resilience. The story is told in a loving and compassionate way and, at the same time, invites Tui into a safe space to contradict or elaborate. Tane's switching the focus to telling the story of their relationship to his father suggests a respect in directness and honesty. To do otherwise is to reveal the intimacies and struggles of their relationship to some other person without seeking permission to do so, an act tantamount to diminishing the status of his father in public. Through medications, Tane navigates his cultural obligations to care for Tui's physical and medical needs and cultural status as a father, grandfather, elder and family head. Reading beyond the medications, illness and frustrations of growing old and becoming dependent, we find a son motivated by the cultural obligation of *manaakitanga*, of giving due regard to the *mana* (dignity, status) of his father.

Traditional Medications as Facilitators of Culture—Yangliu Household

All cultures have their systems of health, healing and care. “Traditional medicine is the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses” (World Health Organisation, 2008, para. 3). In households living away from traditional communities, elders are often the knowledge holders of traditional care practices and therefore a valuable health resource for households. They may also be the household “link” to traditional health substances, experts and systems that are at a distance. Providing care to elders may mean sourcing, preparing and administering substances according to their directions. For the family members this may mean submitting to a learning relationship and being a recipient of knowledge and, at the same time, enabling the elder to pass traditional knowledge on to the household and manifest agency over their health care practices.

The Yangliu household is interesting in that all members, with the exception of a grandchild, have lived experiences of Chinese medicine before coming to New Zealand. For Joanne’s parents, Tom and Anna, trying to make the transition from Chinese medicines for high blood pressure, to biomedical was problematic.

- Joanne: They both have high blood pressure so they use some medicine from China because they have been using it for a long time, and we did consult the family doctor here and he suggested them to try some medicine in New Zealand but they tried it but they found it’s very different. So, their bodies reacted to it and then they went back to the older [Chinese medicine].
- Interviewer: Yeah. Ok. And how did they access the Chinese medicine?
- Joanne: Because they were basically the Chinese traditional medicine. Although they are pills so we can just buy from the pharmacy in China and bring it over.
- Interviewer: Oh, so you bring it over or you just do it over the internet and they ...
- Joanne: No, we just, so, when we go back to China we just bring some medicine for them.
- Interviewer: Ok, yeah. And how long have they been taking them for? Quite a while?
- Joanne: I think my Mum’s been taking it for 5 years and my father is much longer—maybe 10 or 15 years.

The above narrative can be read at three levels. First, it operates at a material level. Chinese medication represents a remedy for two Chinese grandparents with high blood pressure. It is a Chinese solution for Chinese “bodies” accustomed to Chinese ways. Ingesting a biomedical solution their bodies consider foreign and poisonous is rejected in favour of the familiar and physically acceptable Chinese medication, bringing about a sense of well-being and assurance for the whole Yangliu household. The narrative also operates at a relational level. While their Chinese medication may look just like any biomedical pill prescribed in New Zealand, the object carries with it different meanings, beyond that of care within household relationships between parent and child. The meaning is extended beyond an object in a drawer to be taken daily and beyond the confines of the household, and reaches back across seas and borders to the mother country. In this sense it represents an attachment to China, lives lived there, people and places remembered, and establishes ongoing continuities. Lastly, the narrative can be read at a cultural level. The medication narrates the participants’ lives and, at the same time, the lives of their medications are narrated in journeys from China to bring about identity and cultural beliefs of health, well-being and balance. The medication hence has a “cultural biography” and is embedded in frameworks of time, memory and space. As a material object, Anna and Tom’s Chinese medication signifies a sense of being between two identities, two cultures, two environments, two societies, two countries and two health paradigms. Within the Yangliu household this “betweenness” is resolved through increased choices, options, remedies and knowledge.

Medications and Worldviews—Tongan Household

While other Pacific nations have been subjected to colonial incursions by the Americans, British and French, Tonga has always been a sovereign nation, beholden to no other nation or people. Even so,

Tonga shares with its Pacific neighbours the “Good Word” spread by Christian missionaries of all denominations throughout the region since the 1800s. Contemporary expressions of *anga fakatonga*, Tongan customary practices and values, have become inextricably entwined with Christian values and beliefs to the extent that many Tongans simply take it for granted as part of their daily lives. They live both their Tongan and Christian values at the same time and in ways that are mutually compatible. The following excerpt describes ‘Olivia’s and Katalina’s understanding of medications and faith.

- Interviewer: So we have a lot of Tongans who are religious right? Is there any correlation between medications and religion? According to your understanding is there a relationship there?
- ‘Olivia: Yes there is a relationship
- Interviewer: What is it?
- Katalina: There is a relationship there because we take the medication and have faith that God is helping us. We have unwavering faith that it is God who heals, because when we receive medication and take it, that is him working his healing through to our bodies, our pain, and our illnesses.

‘Olivia and Katalina also subscribe to Tongan medicine, which they consume regularly for common complaints such as sore stomachs, and within the New Zealand-based Tongan community they know who the traditional healers are and the families who make and provide Tongan medications.

- Katalina: That bottle of Vai just helps for when I take my Panadol. I use the Vai to take with the Panadol.
- Interviewer: How did you know to do that?
- Katalina: It usually helps you feel better faster.
- Interviewer: Where did you get that information from?
- Katalina: Because it’s a Vai that has been around for a very long time and it is commonly used by Tongan [people].
- Interviewer: Are the leaves used to make that medication found here in New Zealand?
- ‘Olivia: It’s Vai that is already made. Aye Katalina, the Vai Kita?
- Katalina: It’s made out of powder.
- Interviewer: Made in Tonga then brought over here to sell.
- Katalina: There is a family here [Auckland] who makes those kinds of things.

There are three systems of understanding at work in these accounts: the Tongan medical paradigm and medical substances; the biomedical system and its technologies, and a religious belief system and faith in God. Having faith in God or “higher” beings, be they ancestors, deities, or an entity that originated the universe, is not a foreign idea to the peoples of the Pacific. Appealing to these higher beings for help, healing, assistance and guidance is also consistent with traditional Tongan ways.

Prayer then, is a way of turning one’s mind to healthy outcomes. It is part of the healing recipe. Without prayer and faith and divine intervention, positive health outcomes through simply popping a pill or drinking Vai—we suggest—become a gamble.

Conclusion

The three household examples hint at the complexities involved in the consumption of medications, and the dissolving of these pharmacological and social objects into cultural domestic contexts, bodies and relationships. The first example shows how culturally laden relationships between father and son are enacted through the use of medications. The second example speaks to issues of migration and transnational flows, as medications are tailored to meet the needs of cultural bodies. In the third example we see how confidence in the efficacy of medications is linked to issues of faith and belief. Dimensions explored in relation to one specific example are also applicable to the other two, although they may manifest in different ways depending on the specific group in question. What is clear is that

to understand the everyday lives of medications we need to engage more directly with the specific practices, beliefs and places of different ethnic groups.

This paper exemplifies that cultural diversity requires much greater consideration in the formulation of policies and social services that address diversity of experiences and of approaches to elder care in multicultural society. Such work is crucial at a time when New Zealand is becoming a more diverse society, and when the government must grapple with meeting the needs of ethnically diverse populations and with increasing pressure on social welfare and health care budgets. Such concerns appear to run counter to the tendency within the mainstream policy literature towards ever more predictable, rational and universally applicable models and approaches. Situating culture in the larger society, and focusing attention on interpreting social issues through the cultural lenses of those concerned, will expand the responsiveness of policymaking and elder care.

Glossary

anga fakatonga	Tongan customary practices and values (Tongan)
faka'apa'apa	respect (Tongan)
fakaongoongo	waiting for and listening to instructions (Tongan)
mana	dignity, status (Māori)
manaakitanga	care (Māori)
'ofa	love (Tongan)
rangatiratanga	authority and leadership (Māori)
talangofua	obedience (Tongan)
whanaungatanga	relationality (Māori)
xiao	filial piety (Chinese)

References

- Bloomfield, S. F. (2002). *Illness and cure in Tonga: Traditional and modern medical practice*. Nuku'alofa, Tonga: Vava'u Press.
- Haynes, R. B., McKibbin, K. A., & Kanani, R. (1996). Systematic review of randomised trials of interventions to assist patients to follow prescriptions for medications. *Lancet*, 348(9024), 383–386.
- Jones, R. (2000). Traditional Maori healing. *Pacific Health Dialog*, 7(1), 107–109.
- Kaptchuk, T. J. (1983). *The web that has no weaver: Understanding Chinese medicine*. New York: Congdon & Weed: distributed by St. Martin's Press.
- Kayne, S. B. (2010). *Traditional medicine: A global perspective*. London: Pharmaceutical Press.
- Lee, H. M. (1996). *Becoming Tongan: An ethnography of childhood*. Honolulu: University of Hawai'i Press.
- Lefebvre, H., & Nicholson-Smith, D. (2007). *The production of space*. Malden, MA: Blackwell.
- Li, W. W., Hodgetts, D., Ho, E., & Stolte, O. (2010 in press). From early Confucian texts to ageing care in China and abroad today: The evolution of filial piety and its implications. *Journal of US-China Public Administration*.
- Noble, G. (2004). Accumulating being. *International Journal of Cultural Studies*, 7(2), 233–256.
- North, N. (2008). *Immigrant doctors practising non-Western medicine: a study of self-employed immigrant Chinese and Indian doctors practising non-biomedical traditions of medicine*. Palmerston North, NZ: New Settlers Programme, Massey University.

- PHARMAC. (2006). Statement of Intent 2006/7. *Annual review: For the year ended 30 June*. Retrieved October 27, 2010, from <http://www.pharmac.govt.nz/pdf/SOI2006.pdf>
- Poynton, L., Dowell, A., Dew, K., & Egan, T. (2006). General practitioners' attitudes toward (and use of) complementary and alternative medicine: A New Zealand nationwide survey. *The New Zealand Medical Journal*, 119(1247).
- Ritchie, J. E. (1992). *Becoming bicultural*. Thorndon, Wellington: Huia Publishers: Daphne Brasell Associates.
- Sointu, E. (2006). The search for wellbeing in alternative and complementary health practices. *Sociology of Health & Illness*, 28(3), 330–349.
- Toafa, V., Moata ane, L., & Guthrie, B. E. (2001). Traditional Tongan medicine and the role of traditional Tongan healers in New Zealand. *Pacific Health Dialog*, 8, 78–82.
- Ulluwishewa, R., Roskruge, N., Harmsworth, G., & Antaran, B. (2008). Indigenous knowledge for natural resource management: A comparative study of Māori in New Zealand and Dusun in Brunei Darussalam. *GeoJournal*, 73(4), 271–284.
- van der Geest, S., & Whyte, S. R. (1989). The charm of medicines: Metaphors and metonyms. *Medical Anthropology Quarterly*, 3(4), 345–367.
- World Health Organisation. (2008). Traditional Medicine Fact Sheet No. 134. Geneva: WHO. Retrieved October 27, 2010, from <http://www.who.int/mediacentre/factsheets/fs134/en/print.html>
- Yanchar, S. C., Gantt, E. E., & Clay, S. L. (2005). On the nature of a critical methodology. *Theory & Psychology*, 15(1), 27–50.