Original Article : Pharmacy Administration

The Ties that Bind: Social Relationship and Cultural Reasoning of Self-Medication among the Poor Elderly with Chronic Illness in a Congested Community in Bangkok

พันธะผูกพัน: ความสัมพันธ์ทางสังคม และเหตุผลเชิงวัฒนธรรมของการซื้อยารักษาตนเองของผู้ป่วยยากจนสูงอายุที่เจ็บป่วยด้วยโรคเรื้อรังในชุมชนแออัดแห่งหนึ่งในกรุงเทพมหานคร

Ruangthip Tantipidoke, M.Sc.*; Rungpetch C. Sakulbumrungsil, Ph.D.*; Komatra Cheungsatiansup, M.D., Ph.D.**

Tantipidoke R, Sakulbumrungsil CR, Cheungsatiansup K. The Ties that Bind: Social Relationship and Cultural Reasoning of Self-Medication among the Poor Elderly with Chronic Illness in a Congested Community in Bangkok. Thai Journal of Hospital Pharmacy 2008; 18(2): 139-53.

The objective of this research was to seek to understand cultural reasoning in self-medication in a poor congested community in Bangkok. Participatory observation was the chief method for collecting data during November 2005-April 2006. Taking Bourdieu's concept of various kinds of capital as its departure, the study revealed how social relationship was critical in shaping treatment choices in everyday illness experience of the poor, chronically ill elder people. The researcher will argue that lay cultural reasoning with regard to self-medication was greatly influenced by the necessity to maintain social ties within the community. Biographical account of a chronically ill patient reveals the importance of preserving and maintaining good social relationship with those from whom she sought assistance. It could be argued that good social relationship is a requisite in making request for any kinds of help especially when matters of urgency arise - as in sickness and need of treatment. Chronically ill elderly people in this poor community developed survival strategies by accumulating social capital. They built up social ties and took great care of maintaining their relationship with neighbors. Social capital thus was far more crucial than economic capital in order to use it in their daily life as well as in critical life period. For even if they had money to pay for medical bill, they still needed "someone" to help them out on their journey to and dealing with an alienating healthcare system. It was then not surprising to see that chronically ill patients paid large amount of money to those who helped them for it was crucial for them to keep their relationship in the best possible way.

Keywords : Cultural reasoning, self-medication, social capital, social relationship, social ties, treatment choices.

* Faculty of Pharmaceutical Sciences, Chulalongkorn University

** Society and Health Institute, Ministry of Public Health.

รวงทิพย์ ตันติปิฎก, รุ่งเพ็ชร สกุลบำรุงศิลป์, โกมาตร จึงเสถียรทรัพย์. พันธะผูกพัน: ความสัมพันธ์ทางสังคม และเหตุผลเชิงวัฒนธรรมของการซื้อยารักษาตนเองของผู้ป่วยยากจนสูงอายุที่ป่วยด้วยโรคเรื้อรังในชุมชนแออัดแห่งหนึ่งในกรุงเทพมหานคร. วารสารเภสัชกรรมโรงพยาบาล 2551; 18(2):139-53.

งานวิจัยนี้มีวัตถุประสงค์เพื่อทำความเข้าใจถึงการใช้เหตุผลเชิงวัฒนธรรมในการซื้อยารักษาตนเองของผู้ป่วยยากจนสูงอายุในชุมชนแออัดแห่งหนึ่งในกรุงเทพมหานคร โดยทำการเก็บข้อมูลด้วยวิธีการสังเกตอย่างมีส่วนร่วมในช่วงเดือนพฤศจิกายน พ.ศ.2548 - เมษายน พ.ศ.2549 การศึกษานี้อาศัยแนวคิดของ Bourdieu เกี่ยวกับทุนประเภทต่างๆ ในการอธิบายผลการศึกษา ซึ่งชี้ให้เห็นว่า ความสัมพันธ์ทางสังคมมีส่วนสำคัญในการตัดสินใจเลือกวิธีการรักษาของผู้ป่วยโรคเรื้อรังสูงอายุที่ยากจน คณะผู้วิจัยเสนอว่า การใช้เหตุผลเชิงวัฒนธรรมในการใช้ยารักษาตนเองของชาวบ้าน ได้รับอิทธิพลอย่างมากจากความจำเป็นที่ต้องดำรงไว้ซึ่งพันธะทางสังคมภายในครอบครัวและชุมชน เรื่องราวชีวิตของผู้ป่วยโรคเรื้อรังรายหนึ่งเผยให้เห็นถึงความสำคัญของการธำรงรักษาไว้ซึ่งความสัมพันธ์ทางสังคมที่ดีกับผู้ที่เธอไหว้วาน ความสัมพันธ์ทางสังคมที่ดีจึงเป็นสิ่งที่ขาดเสียไม่ได้สำหรับการร้องขอความช่วยเหลือ ไม่ว่าในเรื่องใดก็ตาม โดยเฉพาะเมื่อมีความจำเป็นเร่งด่วนเกิดขึ้น เช่น ในกรณีเจ็บป่วยและต้องการการรักษา ผู้ป่วยโรคเรื้อรังซึ่งสูงอายุในชุมชนแออัดแห่งนี้ ได้พัฒนายุทธวิธีในการอยู่รอดด้วยการสะสมทุนทางสังคม ซึ่งได้มีส่วนสำคัญในการสร้างพันธะทางสังคมและธำรงความสัมพันธ์ทางสังคมกับเพื่อนบ้านไว้ ทุนทางสังคมจึงมีความสำคัญยิ่งกว่าทุนทางเศรษฐกิจทั้งในชีวิตประจำวันและในช่วงวิกฤตแห่งชีวิต แม้ว่าพวกเขามีเงินสำหรับจ่ายค่ายาและค่าบริการทางการแพทย์ แต่พวกเขายังคงต้องการคนที่สามารถช่วยพาเขาไปโรงพยาบาล ซึ่งมีระบบบริการที่แปลกแยกจากชีวิตของชาวบ้าน จึงไม่น่าแปลกใจที่พบว่า ผู้ป่วยโรคเรื้อรังใช้จ่ายเงินจำนวนมากให้กับผู้ที่สามารถช่วยเหลือเขาในการซื้อหายาหรือพาไปโรงพยาบาล เพราะเงินเป็นสิ่งที่ดีที่สุดที่จะช่วยให้ความสัมพันธ์นั้นยังคงดำรงอยู่ต่อไปได้

คำสำคัญ: เหตุผลเชิงวัฒนธรรม การรักษาตนเอง ความสัมพันธ์ทางสังคม ยุทธวิธีในการอยู่รอด ทุนทางสังคม พันธะทางสังคม ทุนทางเศรษฐกิจ

Introduction

Harmful inappropriate self-medication in developing countries has stimulated world-wide attempts to promote saver drug use. Intervention studies and action programs on *'rational use of drug'* had been recommended by various international conferences, organizations, and research scholars.[1-3] Sjaak van der Geest[3] for instance, called for more attention to the local conditions of distribution and use of pharmaceuticals in developing countries, while Ross-Degnan et al[1] suggested that understanding why people decide to use medicines in their particular social environments, via *'more promising qualitatively-oriented techniques',* is crucial in formulating effective working strategies.

There are, however, comparatively few studies on lay reasoning with regard to everyday

self-medication practices. Recent development in the anthropology of the pharmaceuticals provided promising analytical frameworks for the understanding of reasons related to drug use behavior in various contexts. For instance, van der Geest et al[4] proposed the idea of *'the cultural reinterpretation of modern pharmaceuticals'* and argued that the meanings of modern pharmaceuticals, when introduced into other cultural settings, were reinterpreted according to local cultural framework. Medicines are also seen as *'commodities'* affected by pharmaceutical advertising. Drugs have become the social representation of medical intervention partly because of the *'concreteness'* of drugs.[4,5]

Although such studies offered a better understanding of social and cultural influences on people's selection and use of drug under particular contexts, they provided little understanding about decision-making and cultural reasoning behind everyday drug use in lay illness experience. In this study, the researchers explored cultural reasoning-reasoning based on particular sociocultural context-of self-medication practice. The researchers focused the attention on self-medicating practices in chronic diseases to gain insights into these apparently irrational and harmful behaviors and to understand logical reasoning of the poor from their own perspectives. In looking at cultural reasoning, the researchers focused on objective or macro-structural influences which has been overlooked in cultural studies as they have taken greater interest in subjective culture-people's beliefs and knowledge. This emphasis has drawn criticism from some scholars who are of the opinion that the definitions of culture used in cultural studies on illnesses are too narrow.[6,7]

The roles of human agency, however, will not be unnoticed. As suggested by Sahlins,[8] culture can be viewed as *'practical reason'* for human action. The researchers agreed with Sahlins' suggestion that cultural order is not to be *'conceived as the codification of man's actual purposeful and pragmatic action'*. But, *'human action in the world is to be understood as mediated by the cultural design'*.[8] An analysis of culture in the former one would manipulate human and impoverish *'human symboling'* power, while viewing culture in the latter sense would recognize human as subject acting upon the world as well as object being socialized by external forces-the roles which are interrelated and mutually conditioned.

The relevant theoretical concept of this study was related to the concepts of capital and strategy in social exchange which was a part of Pierre Bourdieu's theory of practice[9,10] explaining social behaviors through structure-agency approach. Bourdieu's concept of strategy departs from those commonly found in management sciences in that the actor cannot devise strategies with total freedom. In fact, humanchoices of strategies are structured by shared cultural rules and influences which shapes his or her social experiences. However, human actor can manipulate and take an active role by strategically utilize various kinds of capital and social

status. Bourdieu divided capitals into 4 categories: economic, cultural, social and symbolic. He proposed that everyday life activities are the expression of the process of capital utilization and social exchange. This exchange is not confined to commercial transactions or economic capital but involves noneconomic capital as well. Moreover, the exchange of capital between two persons would lead to the adjustment of their social relations and statuses.

Bourdieu explained the differences between types of capital and their specific benefits. Cultural capital is defined as the qualities-knowledge, taste, manners, etc., a person acquires through the socialization process-he could use to enhance his value. To generate cultural capital, it needs long-term investment of economic and social capitals particularly at family level.[10] Social capital means relationship and networks among people, which can generate value and turn into benefits-the most evident is to give those who possess it access to goods and service which cannot be gained or purchased immediately by economic capital. Moreover, social capital enables people to have access to or benefit from other forms of capital which is possessed by persons whom they maintain ties with. Symbolic capital is defined as certain qualities-physical strength, wealth, or honors-which could be converted into benefits and values only through interpretations by actors based on a set of perception and evaluation processes.

In this study, the researchers explored the therapy management including self-medication as the social exchange process. This kind of exchange requires both economic and non-economic capital. The researchers investigated the strategies employed by poor people in the congested community to accumulate, transform, and utilize different forms of capital in their social exchanges as described by Bourdieu.

Methods

1. **The Research Setting.** The field site is a rather small congested community, composed of around 400-500 households located in central Bangkok. Most community members are economic immigrants who fled from drought and debt in the northeastern to find new jobs in the city. Until now there are three generations of habitants in this community and most of them are cheap labors. A health center of Bangkok Metropolis Administration, with 3-4 general practitioners is located 600-900 meters away from the community. There is one drugstore located within the community area, while other 3-4 drugstores in the surrounding areas around the community, not more than 800 meters in distance.

2. **Study Design and Methods**. This research was an ethnographic study, employing several qualitative methodological techniques: participatory observation, in-dept interview, and focus-groups interview. Among these, participatory observation was the main method that enabled the researchers to interpret the finding and understand local illness experience from

insider's point of view. In achieving this, the first author spent 3-5 days a week for 6 months during November 2005-April 2006 working and observing closely everyday life and day-to-day activities of people in the community. Although overnight stay in the community was not arranged due to safety reason, late night stay in the field to build up rapport and acquaintance was not uncommon.

Results

1. Chronic Illnesses and Life among the Poor in Bangkok. From the interview of the elderly 20 people who suffered from chronic diseases including hypertension, paralysis, epilepsy, and diabetes, the researchers found that most of them previously received treatment either at hospitals, the local health center, or private clinics. Despite being entitled to free state-sponsored medical treatment accorded to elderly or poor people, it was rather curious that these patients did not make regular visits to the hospitals. Typical response when asked why they did not go to the hospitals for medical treatment was that the conditions has improved or was not that serious.

After a few months of acquaint, several patients told the researchers the main reason of not visiting hospitals for medical care. They said they turn to self-medication because it was more convenient and cheaper than the overall expenses of visiting health centers or hospitals, which included the so-called indirect medical costs (such as transportation and other opportunity costs). Although local health center is only 600-900 meters away from the community, the road and sidewalks are difficult for old people or patients to walk there.

The researchers found that, apart from these indirect medical costs, most elderly people had extra expenses they had to pay. It was the cost of strengthening bonds in their relationship with relatives, neighbors, or even their own children or grandchildren. Particularly in the social contexts of chronically ill elderly patient, good relationship was critical in asking for a companion on a hospital visit. To elaborate why such an expense is financial burden of poor people, the researchers present here a life story of the elderly diabetic patient, who got help from her neighbors in managing her illnesses and other matters by using social capital that she accumulated. And yet the patient faced problems in sustaining the help she received.

2. The Life Story of 'Grandma Duen': Illness Experiences and Self-Medication Practice in Everyday Life. The life history of Grandma Duen, a 62-year-old diabetic, illustrates how much relationship with neighbors means for poor people in this crowded community. Troubled by chronic wounds on her feet and muscle aches as a result of diabetes, Grandma Duen, a plump woman with light skin, had difficulty in walking even a short distance. Still almost every day she labored to walk from her house to the entrance of the lane 50-60 meters away-hands groping for support against the walls of the houses along the way to buy some foods

and chat with some neighbors there.

Four years ago Grandma Duen perceived she had diabetes. She went to receive treatment at hospitals over the past two years. Now she bought medicines for herself from a drugstore nearby. Grandma Duen was given two kinds of medications when she still visited the hospital. But when she stopped visiting hospital for treatment, she took only one of the two medicines. The researchers learned from other residents that this medicine was glibenclamide 5 milligram. She did not buy the other, metformin 500 milligram.

For almost two years Grandma Duen did not go to hospitals for tests on her blood sugar levels. She first went to get treatment at the local health center, but later asked to be referred to a hospital reputed for its expertise on orthopedics because she had nagging back pain and bad knees. *"Someone told me I'd get better treatment at the hospital. So we asked to be referred to it",* Grandma Duen told the researchers. She regularly visited that hospital for almost a year. It had been over a year since her last visit there. She now took one glibenclamide 5 milligram a day. Any time she experienced frequent leaks during the night-a sign of a rise in the levels of sugar in the blood-the next day she would increase the dose to two pills, one in the morning and the other in the evening.

Grandma Duen also had problems of back pain and aches on her body. After having her X-rayed, a doctor at the hospital told her she had *'collapsed vertabrae'* which could not be cured, and prescribed her some medicines, which relieved her pain somewhat. The pain and aches have troubled her so much that she now depended on *'ya chud'* (illegal multiple drug dispensed in combination by local drugstores) she had bought herself for a few years. Recently she had to take at least one set of *'ya chud'* every day, some days twice. When she did not take them, she could hardly pull herself up even on all fours. Worse still was severe pain which kept her sleepless. The lack of rest and inability to do daily activities worried her as well as other elderly people who faced similar problems and could be a reason for their dependency on these illegal multiple medications. The researchers found that the set of medications Grandma Duen usually bought consisted of dipyrone or paracetamol 500 milligram, dexamethasone (steroid) 5 milligram, indomethacin, phenylbutazone, and aspirin 300 milligram.

3. **The Fate and Predicament of an Old Woman**. When the researchers first met Grandma Duen, she was at the lowest point of her life. From a family of four-herself, husband, and two sons-she now lived by her own. Grandma Duen's younger son was arrested by police. Later the researchers learned from the young man himself that he was behind bars for 50 days for charge of having 2 amphetamine pills in his possession.

Grandma Duen showed the ID card of her elder son to the researchers. *"This son was a good-hearted man. He didn't drink or smoke.*

He earned money to support and cared for me. But he died of lung disease (tuberculosis)." His death left a big void in her life. *"The good son was gone, and I'm left with the bad one."* It was the only time she showed her disappointment with the younger son because his release from jail two weeks later seemed to brighten her life.

Grandma Duen's family was not alone in its loss of members at young ages. It happened to many other families in the communities. There were only handful families in which both husband and wife were still alive together after reaching the age of 60 or older. Grandma Duen's husband died of lung disease almost twenty years ago. He was approaching 60 then. Similarly, most of the women the researchers talked with lost their spouses who were around 50-60 years old when they died. And nearly all the families have at least one of their sons died at young or middle ages-the causes of death ranging from accidents, fights (as a result of drinking), drugs (overdose or extrajudicial killings), AIDS, to suicide. The researchers learned from one of Grandma Duen's neighbors that her eldest son had AIDS and probably died of lung infection. The loss of two bread winners had plunged the family into a crisis since all of their relatives lived elsewhere.

4. Family, Social Support, and Treatment Choices

4.1 The Role of Family Relations in Treatment of Illnesses. The researchers presumed that the loss of her elder son was the cause of financial problems which forced Grandma Duen to stop going to the hospital for treatment. To prove this assumption the researchers asked her several times to relate how and when she started buying medicines for herself, but the researchers always got the same answer: it started when her elder son was still alive and healthy. In fact he was the one who bought them the first time by bringing the prescribed medicines to show to a drugstore near their house and asked for the same kinds of medicines. Explaining why she did not get all the medications for diabetes, she said she did not know exactly what kinds of medicines were required. Furthermore, she was not in a position to request any explanation. *"I'm afraid to ask why he only got some of them. I don't want to bother him. Maybe those were the only medicines that the drugstore got."*

Gradually the researchers began to grasp what she meant when she said she did not want to bother (*'kreng chai'* is the exact Thai word she used) her son. Almost every elder person whom the researchers talked with expressed this feeling of *'kreng chai'*-the reluctance to impose on others toward their children who worked to support the families. Even with her younger son who had disappointed her, Grandma Duen hardly said harsh words or scolded him. Several times the researchers found them looking happy in each other's company while eating or watching TV together. She liked to tell the researchers what kinds of foods or things including medicines her son brought home.

4.2 Buying Medicines for Mother, Yes. Accompanying Her to a Hospital, No.

While her younger son dutifully bought the medicines for his mother just like his brother did before his death, both of them never took their mother to the hospital. Apart from the inconvenience of their working hours, they simply disliked visiting hospitals or even the health center. The younger son recalled his frustration when he visited the hospital.

"When we asked the officials where we're supposed to queue up, they reluctantly pointed to some direction showing no interest in us as if they only wanted to get rid of us. So we couldn't go to the right place. Sometimes they angrily shouted at us as if we offended them before. Their answers to our questions were hard to understand. I'm quick at understanding. If I can't make them out, how could you expect the elders or ordinary people to understand?"

When the researchers asked him in his mother's presence whether he could accompany her to the hospital. *"Of course, I could. But it depends on whether I 'm not too busy", he replied.*

5. Neighbors, Companionships, and Healthcare Seekings. After being diagnosed as having diabetes when she was 59, Grandma Duen regularly visited the health center near her home by asking a neighbor next door to take her to the place. The neighbor continued to offer her help after she asked to go to another hospital well-known for its orthopedic treatment. But in less than a year Grandma Duen stopped visiting the hospital altogether and used self-medication instead.

In the first few months that the researchers started paying her a visit 3-4 times a week, she simply told the researchers that the reason she discontinued visiting the hospital was that the neighbor had moved to somewhere else. A few questions came to the researchers' mind. Why only this neighbor? Why not others? How about, say, 'Ta' who helped her buying medicines and foods for her?

5.1 Requesting Help from Neighbors: A Form of Illness Management. It took the researchers nearly two months to gain deeper understanding of the practice of requesting help from neighbors. The activity is not simple or spontaneous as it may seem. Help can not be sought from anybody or repetitiously. In fact requesting help from neighbors is a way of managing illnesses when needs arise. There are certain requisites for the practice: existing good relationship, ability to cover the ensuing expenses, and a suitable person to offer help if requested.

'Jib' was the neighbor who used to help out Grandma Duen. They had known each other for ten years. Jib and her husband separated, and her children were put into care of her husband's relatives, which left her with few financial obligations. Jib had no permanent job. Jib was good at pleasing people. She often bought things for Grandma Duen. She used nice words. Grandma Duen liked her very much, Ta told us. Jib was also different from other neighbors as Grandma Duen recalled:

"The person who took me to the place was deft. She knew how to talk with people or ask questions. She knew everything-what to do or where to contact. I just sat waiting while she handled all the talking. Without her, I wouldn't know what to do."

Grandma Duen shared with other people in the community the same fear that they would make mistakes when visiting hospitals. Most of them were afraid even to approach someone to ask. Other residents told the researchers that while doctors did not scold them, other officials often talked with them harshly. The fact that Grandma Duen used her claims for free medical service at a hospital other than the one she was assigned to and that she needed a wheel chair, had to be x-rayed on the first few visits, and to take blood tests every time, made her visits complicated activities. One needs to know the ways around the hospital, steps to do, and how to communicate with officials who tend to rebuke patients when they do something not right. Having a caregiver who can coordinate with the hospital was crucial to Grandma Duen's hospital visits.

Jib did not only make contact with hospital personnel but looked after Grandma Duen as if she were her relative. She went to buy food and water for her after taking fasting blood tests and asked if she needed anything else. In addition to Jib's personality and her coordinating skills, what accounted for this attention was good relationship between the two. How did this relationship start and develop? The researchers tried to find answers to this question by talking with Grandma Duen herself and Ta, the neighbor whom she asked to buy food and medicines but never sought her company for hospital visits.

5.2 The Building, Maintaining, and Costs of Social Relations. After the researchers learned that having Jib as her caretaker was the only way that Grandma Duen could have access to treatment at the hospital, the researchers focused the attention on the practice of requesting help in different aspects. The researchers were somewhat surprised to find that a person whose help was requested for even an insignificant errand would be paid in an amount higher than the wage he or she normally got.

Grandma Duen was another person who rewarded others for their assistances in amount larger than normal wages. Almost every day she asked her neighbor Ta to buy foods or medicines. To get them, Ta had to go out to the main lane, about 100 meters from her house, or walked for another 100 meters to the community's outer areas close to the main road. Occasionally she would go to buy medicines from a pharmacy at a market near the flat houses 300 meters away. When we asked Grandma Duen about the way she rewarded Ta for the errands, she reluctantly told us but insisted that we must keep it to ourselves since she did not want the word to be out and reach Ta's ears.

"Don't tell Ta that you learn from me about my paying her. That would upset her because people would say she helps me for the money. She is helpful and easy to use. It's her good will toward me. She doesn't have much money herself. I need to give her some. Otherwise, who would help me in the future?"

Grandma Duen said she rewarded Ta for her favor once or twice a week.

"Sometimes fifty, sometimes one hundred. Sometimes buying spirits for her. She likes them. When she drinks, she doesn't speak much or complain, and still work as well as when sober."

The researchers learned that Ta accompanied her when she recently went to have her ID card renewed at the District Office, two kilometers away. They went there and returned by taxi. The trip took one hour. For her assistance-from hailing the taxi, helping to get on and off it, Grandma Duen gave her a generous amount of 100 baht. This payment was relatively high compare to Ta's income. She didn't have a regular job. On a lucky day, she would be able to hire out her labor distributing advertising leaflets for 200 baht a day-a wage higher than the minimum wage. But the job was demanding as she had to walk several kilometers a day and weather the sun all day long. Besides, she needed to spend 40-50 baht on food and water.

5.3 Rewards for Skillful Persons. When asked about the reward for Jib's service, Grandma Duen said: *"I gave her 200 baht for each visit. We left early in the morning, and it took more than half a day before we returned."* She felt that Jib deserved to be paid with that amount because she could not do it without her assistance. *"She took care of everything. Without her I'd have been lost,"* Grandma Duen said. Apart from rewarding Jib for her service, Grandma Duen's family used to help her out financially.

"She was on very friendly terms with 'King' (her elder son). King was generous and liked to help people. I saw she borrowed money from King a few times. The last time was 3,000 baht"

She was quite certain that her helper had not paid back this amount to her deceased son even though she did not know the total sum her son lent Jib. The money Jib borrowed and never returned should be considered as part of the reciprocity for requesting help. Grandma Duen never demanded for payment of that money and continued to pay Jib every time for help. While she felt that these expenses of maintaining relationship and requesting assistance were high, she deemed them necessary for her reliance on Jib on hospital visits.

5.4 Rewarding Money as Reciprocity and Social Relationships. The questions which kept coming back to the researchers' minds were what is the reasoning behind this practice of giving money for help requested on even trivial matters and why the amounts were are so generous. Grandma explained to the researchers that the money was an act of *'returning the goodwill'* to those who were kind to answer their needs, and it was not like giving wages when you hired people. What distinguishes this act from hiring is that the rates of returning the goodwill are decided after the tasks are completed and up to those who pay.

The nature of the practice of requesting help and returning the goodwill with money resembles what Sahlins[8] called generalized reciprocity--the act of giving without expecting

repay or return, which is usually found among relatives or closely-knit social groups.[11] The *'goodwill'* money can be considered as non-return or non-repay payment since its payment or the amount of it is decided after the task is completed and hence has no bearing on it. On the other hand, persons who help as requested could not expect to be paid or know how much they would be rewarded. In this respect, their generosity can be described as non-repay as well.

This characteristic distinguishes generalized reciprocity from balanced reciprocity, in which the exchange is made on equal terms. More important, generalized reciprocity, as Marcel Mauss[12] described, enables the giver to develop the bonds of giving because it makes the receiver feel grateful as when receiving gifts and wish to return the generosity whereas giving in the latter type of exchange generates no social bonding. In Grandma Duen's view, by giving money in return for the goodwill, she fulfilled her obligation as the receiver of assistance. Moreover, the act of returning the favor with money or in kind whose value is even higher than the help requested has an implicit meaning which turns her around from the receiver into the giver and makes the persons who received the goodwill money feel thankful to her. In this respect Grandma Duen furthered social bonding which would be useful for her in making future requests.

It should be noted that the meaning of social bonding conveys through the goodwill money is suggested indirectly. According to Bourdieu,[9] this meaning is made implicit in order to conceal the benefits its giver would receive from the exchange, which could be done by two strategies: using disguising remarks and delay of returning.

To avoid the impression that repaying the goodwill is a form of wage, people who request help would equate the money as a token of gratitude. The researchers found that they often avoid giving money directly but chose to reward their helpers with their *'favorites'* such as spirits instead. And if they have to give cash, they would use expressions like *'take the money and buy your favorite thing', 'take the money and get yourself a spirit',* or *'take it and buy sweets for yourself'.* Moreover, they preferred not to divulge the facts about goodwill money to outsiders as Grandma Duen told the researchers: *"Don't tell Ta that you learn from me absout me paying her."*

Delay of returning the favor is a tactic to make repaying not being seen as disregard for the helpers' goodwill or rejection of their social bonding. This tactic allows the helpers to complete requested tasks for some time before being rewarded. The researchers found that Grandma Duen usually gave money to Ta once or twice a week, some time after the latter went on the errands.

Bourdieu explained that these practices by either disguising or delaying follow social norms to hide the benefits to be gained from

gift exchange even though both parties-giver and receiver-are aware of the advantages from giving help and returning the favor.

6. **Requesting Help: A Pattern of Social Exchange among the Poor**. Although, as Bourdieu suggested,[9,10] Grandma Duen and others in the community preferred to disguise the fact that they repaid someone whom they requested help, the manners in which they practiced it reflects their efforts to be more candid in their reciprocating acts. For example, Grandma Duen repaid her helpers' goodwill with money rather than gifts or things that they liked. Moreover, the given amounts were usually higher than normal wages and paid immediately after the task were finished, instead of following a grace as found in gift offering or social exchange among members of social groups which are not needy. Yet Grandma Duen still observed social norms which required the practice be made obscure and hidden from outsiders to preserve the dignity of the other party.

While the practice of asking for help constitutes a form of social exchange with distinctive patterns in which people in accordance with Thai society's norms, members of needy communities like Grandma Duen and her neighbors have altered it in ways which suit their social statuses and the capital they can afford. Because the scarcity of economic capital, the payment of money-usually at above-average rates and immediately after the completion of the task-is considered one of the most useful form of reciprocating others' help, as the researchers witnessed in most cases. It is also a strategy for those who can afford to gain access to medical service at hospitals.

7. **Social Capital: A Requisite of Requesting Help**. No less important than economic capital in the practice of requesting help and social bonding is social capital-for instance, good relations, long-time friendship, or mutual trust. These qualities enable one to request help from another especially on delicate matters which required the helper to give special care and attend to the person's health in a holistic sense, encompassing physical, mental, and emotional well-being. For Grandma Duen, Jib and Ta accorded such attention to her-the former when she visited the hospital and the latter when she needed medicines and foods. This kind of capital cannot be purchased but have to be cultivated with physical and mental efforts over time based on personal ties and goodwill.

The researchers did not have a chance to observe the relationship between Grandma Duen and Jib but witnessed her tie with Ta. Not only was she caring toward her helpful neighbor but considerate in making requests since she did not want to cause problems for the woman.

"I've to be careful, trying not to ask for her help too often because recently her man has had problem finding work and complained her for allowing her son to stay with them. So she drinks quite a bit, and the spirit loosens her tongue. She doesn't talk much when sober

though. She lets out her frustration when she's drunk. I pity Ta because her son has nowhere else to go."

The simplest thing a caring neighbor can do for others is to lend an ear to the problems they are facing. Better, one could offer assistance or do within his or her capacity to help them solve the problems. In her case, Grandma Duen could only give moral support and offer her sympathy for Ta.

Being aware of the situation of Ta's family, Grandma Duen would use her discretion in making requests. When the neighbor's husband got rough, she would not ask for her help or, if necessary, avoid requesting her to buy things from distant places such as a pharmacy in another community. The elder woman was afraid that it could become an issue and land herself in the husband-and-wife conflict. If that happened, it could damage her relationship with Ta, which she had taken great care to preserve.

8. Reasons One Stops Asking for a Neighbor's Help: Maintaining Social Tie. With enough economic and social capital, Grandma Duen's family could afford to sustain Jib's help for her hospital visits. However, the relationship was discontinued when changes occurred to her helper. Grandma Duen judged that her neighbor was not in a position to continue her service. More important, to perpetuate the arrangement in spite of these changes would further erode their relationship in the future.

It took the researchers more than two months to learn about what happened to Jib. Initially Grandma Duen told the researchers that her former helper had moved to another place but did not mention about her getting married again. It had not been until the researchers became more acquainted with each other that she revealed about Jib's new husband.

"Actually her new place isn't far from here at all. She moved to live on the next lane. The reason I don't want to bother her because I don't know her new husband well. He isn't a friendly guy. If I asked her to help, it could upset him and get her into trouble."

Ta, who also knew Jib and her spouse, told the researchers that Jib's new place was on the next lane, about less than 100 meters from Grandma Duen's. Her new husband, a non-local, was a sort of a thug but had enough money to support Jib. He did not want her to get involved with others in the neighborhood. Thus she had kept her distance from Grandma Duen and other neighbors whom she had known for almost ten years.

This change of Jib's status from a widow to a married woman made Grandma Duen rethought about her relationship with her former helper. What would happen if she continued to ask Jib to accompany her to the hospital? Would Jib be in trouble if she complied with her request? The researchers thought that Grandma Duen decided to end her reliance on Jib, knowing that that would displease Jib's husband, who forbade her to keep relations with other neighbors.

Discussion, Conclusion, and Recommendation.

The main reason to stop hospital visiting the researchers learned from Grandma Duen's story was her concern to preserve and maintain a good social relationship with those who she sought assistances. It could be argued that good social relationship is a requisite in making request for any kinds of help especially when matters of urgency arise-as in sickness and need of treatment. Lacking in economic capital and natural resources, Grandma Duen and many others like her had developed survival strategies by accumulating social capital. They built up social ties and took great care of maintaining their relationship with neighbors. In this regard, social capital is far more crucial than economic capital in order to use it in their daily life as well as in critical life period. For even if they had money to pay for medical bill, they still need *'someone'* to help them out on their journeys to and dealing with an alienating healthcare system. It was then not surprising to see that Grandma Duen and other chronically ill patients paid large amount of money to those who helped them for it was crucial for them to keep their relationships in the best possible way. One can readily see how Grandma Duen's illness experience demonstrated these strategies which were shaped by macro-structural influence.

Learning about the people's life stories and decisions on treatment choices would better our understanding of reasoning and decision-making from the viewpoint of poor people. Realizing of socio-economic constraints of the poor people should convince health personnel to shift the focusing their strategies to promote appropriate use of medicines, as one reviewer suggested, *'from an institution-oriented or a system-centered view to people-centered* drug *system.'*[13] The former view seeks to identify the *'irrational use of drug'* as incorrect behavior that needs to be modified in order to fit the existing drug system. The latter perspective takes people's life situation as center of analysis that needs modifying the drug system to make it suitable for ordinary people's way of life.

Not only drug system problem which needs to be addressed, the quality and complexity of hospital service utilizing also need to be considered. One of the most important findings of this study was that difficulties and poor service behavior in healthcare system were the major constraint of accessing care particularly for the poor elderly people. When healthcare system is complex and needs a sophisticated person to assist, these poor elderly people have to rely on helpers from their social networks. This further necessitated the need to maintain their social relationships which, as the finding of this study, shows, was oftentimes relatively costly. Therefore, the whole healthcare service system, both hospital care and proper drug

distribution, have to be target of solving the problem of harmful self-medication and accessibility of hospital care.

Acknowledgements

This research was based on the Ph.D. work of the first author at Chulalongkorn University (CU). She would like to thank the Joint Research Initiative on Improving Use of Medicines (JRIIUM) through College of Public Health, CU, for funding the formulation phase of the project; Health Promotion Support Fund, and CU for granting the main research project. She benefited greatly from the training workshop and an academic support by the International Network for the Rational Use of Drugs (INRUD) and Society and Health Institute, Ministry of Public Health, Thailand.

References

1. Ross-Degnan D, Laing R, Quick J, et al. A strategy for promoting improved pharmaceutical use: the international network for rational use of drugs. Soc Sci Med 1997; 35(11): 1329-41.
2. Le Grand A, Hogerzeil HV, HaaijerRuskamp FM. Intervention research in rational use of drugs: a review. Health Policy Plan. 1999; 14(2): 89-102.
3. van der Geest S. (1987). Introduction pharmaceuticals in the Third World: The local perspective. Soc Sci Med 1987; 25(3):273-6.
4. van der Geest S, Whyte S, Hardon A. The anthropology of pharmaceuticals: A biographical approach. Annu Rev of Anthropol 1996; 25: 153-78.
5. Hardon A. Confronting Ill Health: Medicines, Self-care and the Poor in Manila. Quezon City: Health Action Information Network, 1991: 8-9.
6. Good BJ. Medicine, Rationality, and Experience: An Anthropological Perspective. Cambridge: Cambridge University Press, 1994: 44.
7. Morsy S. Political economy in medical anthropology. In: Johnson and Sargent (ed). Medical Anthropology: A Handbook of Theory and Method. (eds. 26-46). Connecticut: Praeger Publisher, 1990: 26-46.
8. Sahlins M. Culture and Practical Reason. Chicago: The University of Chicago Press, 1976: 55.
9. Bourdieu P. Outline of a Theory of Practice. Cambrige: Cambrige University Press, 1977: 5-7.
10. Bourdieu P. (1983) "The Forms of Capital" trans. Richard Nice. Available at: www.viet-studies.org/Bourdieu capital.htm Access July 29, 2006.
11. Seymour-Smith C. Macmillan Dictionary of Anthropology. London and Basingstoke: The Macmillan Press, 1988: 240-1.
12. Mauss M. The Gift: the Form and Reason for Exchange in Archaic Societies. London: W.W. Norton, 1990: 13-46.
13. Chuengsatiansup K, Sringernyuang L, Paonil W. Community Drug Use in Thailand a Situation Review. Thailand: Final Report of a WHO Supported Project by Task Force on Situational Review of Community Drug Use in Thailand, 2000:32-3.