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Cross-cultural adaptation in urban ethnobotany: The Colombian folk pharmacopoeia in London

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ABSTRACT

Aim of the study: To investigate traditional health care practices and changes in medicinal plant use among the growing Colombian community in London.
Materials and methods: Ethnobotanical fieldwork consisted of qualitative, in-depth, semi-structured interviews with 23 Colombians living in London and botanical identification of 46 plant species actively used as herbal remedies. Subsequently, research data were compared with literature on ethnobotany and traditional herbal medicine in the home country, using a framework on cross-cultural adaptation, adjusted for the purpose of this study.
Results: Similarities and discrepancies between data and literature are interpreted as potential indicators of continuity and loss (or deculturation) of traditional remedies, respectively. Remedies used in London that are not corroborated by the literature suggest possible newly acquired uses.
Conclusions: Cross-cultural adaptation related to health care practices is a multifaceted process. Persistence, loss and incorporation of remedies into the Colombian folk pharmacopoeia after migration are influenced by practical adaptation strategies as well as by symbolic-cultural motives of ethnic identity.
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1. Introduction

When people move to urban areas they often bring along their medical traditions, despite the widespread availability of conventional allopathic health care (Balick et al., 2000; Han, 2000; Balick and Lee, 2001; Corlett et al., 2003; Pieroni et al., 2005, 2007a; Pieroni and Vandebroek, 2007). Traditional medicine includes the use of plant-based remedies and non-medication practices such as spiritual healing therapies to maintain well-being, as well as to treat, diagnose or prevent illness (WHO, 2002). The dynamics of traditional plant use within migrant communities in a city environment, and the changes these medical systems undergo when transplanted from one cultural context to another are studied within the field of urban ethnobotany (Pieroni and Vandebroek, 2007). The present article aspires to contribute to this novel discipline by exploring potential changes in the folk pharmacopoeia of Colombians living in London, United Kingdom (UK). Despite laudable efforts to improve trans-cultural health care policies (Torry, 2005), the study of health care practices in the UK among minority ethnic groups originating from outside the former Commonwealth, has been largely overlooked (Ceuterick et al., 2007). However, in light of the increasing numbers of people originating from the Andean region, with Colombians being the most numerous, research into this community and its specific health care issues in the UK is urgent and relevant (Mcilwaine, 2005).

To date, British health policies have been mainly based upon assimilationist principles, which depart from the paradigm that inequalities between ethnic groups disappear once migrants adopt habits and ideas of the majority ethnic society (Green et al., 2006). However, it is doubtable that this essentialist perspective is applicable beyond a theoretical framework, since several studies have shown that migrants neither completely abandon traditional medical practices and health beliefs, nor totally reject the majority culture's health care system (Capps, 1994; Zapata and Shippee-Rice, 1999; Pieroni and Vandebroek, 2007; Pieroni et al., 2007a). Yet, it seems logical that many migrants, especially the most vulnerable ones – in both socio-economic and legal terms – tend to make more use of their own medical help-seeking strategies (Belliard and Ramírez-Johnson, 2005). Many illegal migrants have restricted access to services, which can have serious implications for their physical and mental health. The use of health care via official channels considerably increases the risk of arrest and subsequent deportation if a patient's details are passed on to the Home Office. In light of this, many migrants refrain from seeking treatment through the National Health Service altogether. In London, there exists one clinic that provides help to Latin-Americans regardless

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of their legal status (operating through the Latin-American House). However, it is the only official allopathic health care an illegal migrant can securely obtain, and it is probable that it is not accessed by all those who need it (Román-Velázquez, 1999).

The present article will illustrate the process of cross-cultural adaptation and change in medicinal plant use by Colombians in London through a review of continued, changed and possible new medicinal plant uses. Potential changes and innovations in the Colombian folk pharmacopoeia induced by migration are derived from a comparative analysis of fieldwork data based on interviews with Colombians living in London (reflecting the post-migratory context) and reports in Colombian ethnobotanical literature (as a frame of reference for the pre-migration ethnobotanical tradition). A similar approach was followed by Vandebroek et al. (2007). Following a combination of the frameworks used by Ososki et al. (2002) and Pieroni et al. (2005), this analysis will include:

1. a comparison of fieldwork data on plant species and treatments used by Colombians in London and Colombian ethnobotanical literature in order to analyse the potential continuity of traditional health care practices;
2. an evaluation of treatments reported in Colombian literature (for all species actively used by Colombians in London) that were not supported by fieldwork data in order to study potential loss of knowledge and/or practices;
3. an assessment of species and treatments used by Colombians in London that are not described in Colombian ethnobotanical literature in order to find potential newly acquired elements in the folk pharmacopoeia of the Colombians in London.

In the latter case, an additional question to answer is: where do these new uses stem from or from which other traditions are they potentially borrowed? By comparing these data to Western clinical phytotherapy this question can be partially answered.

The results of this comparative study will be illustrated using remedies that were widespread among the participants (coca, *panela*, detox) which will be further interpreted using qualitative data derived from a thematic analysis of participants' narratives about the use of traditional herbal remedies within the context of migration. These discourses will be used to understand and explain the underlying motives of adherence to traditional uses, cross-cultural change, and the adoption of new practices.

2. Cultural context: Colombians in London

Together with Spain, the UK is home to one of the largest Colombian communities in Europe and within the UK Colombians make up the largest group from Latin-American descent (Bermúdez Torres, 2006). The number of Colombians currently living in the British capital alone is estimated to be approximately 250,000 by the Colombian Consulate (personal communication, November 2006). A huge discrepancy exists in estimates of the total Colombian population in the UK. According to statistics mentioned in the literature the range from 50,000 to 200,000 reveals that a large number of illegal residents possibly disappear between the mazes of official statistics (Mcilwaine, 2005).

Colombia's long history of political violence has instigated widespread emigration of asylum seekers and refugees to the UK as early as the 1960s. During the 1970s, the British government authorised access to non-skilled migrants for employment under the work permit system, which led to the arrival of an estimated 4000–10,000 Colombians as temporary workers in domestic and catering services (Bermúdez Torres, 2006). Many of them subsequently acquired residence status or obtained British citizenship, and now represent the legal base of the Colombian community (Block, 2005). By the 1980s greater restrictions on immigration laws imposed by the Thatcher government implied the beginning of a new wave of widespread (often illegal) migration, which continued throughout the 1990s due to the escalated internal conflict, general economic stagnation, and a worsened social situation in Colombia (caused by neo-liberal reforms) (Bermúdez Torres, 2003).

Most Colombian migrants have an urban working class background and originate from cities such as Bogotá, Medellín and Cali, or provincial capitals such as Palmira (Mcilwaine, 2005). This finding corresponds with the background data of the participants in this study, many of whom originate from these Andean urban centres. Furthermore, most Colombians in London work in low wage, unskilled or low skilled areas, such as cleaning or catering. Deskilling (i.e. people with a higher education finding only lower skilled employment) is a common phenomenon, both because of illegality and language barriers. The Colombian community in London has developed at both ends of the Victoria tube line, which links the commercial centres of Seven Sisters in the North, and Brixton in the South. Both entail Colombian grocery stores, butchers, money transfer agencies, hairdressers and other small shops or *tiendas*. Together with the Elephant & Castle shopping centre, these form the social meeting points of the Colombian community (Román-Velázquez, 1999).

3. Methodology

3.1. Anthropological techniques: semi-structured and other interviews

This research is part of a more extensive study on the use and perception of herbal remedies within the Andean community in London for which fieldwork was conducted over a period of 20 months (2005–2007). The project was granted ethical approval by the University of Bradford Ethics Committee.

Twenty-three people from Colombian descent, living in the UK between 1 and 26 years were interviewed. Fifteen women and eight men, ranging in age between 18 and 78 years, were interviewed, using an in-depth, semi-structured interview format. Interviews lasted between 1 and 3 h. Interviewees were selected by purposive and subsequent snowball sampling (Tongco, 2007). Eligibility criteria for the primary purposive sample included: minimum age of 18 years old, being from Colombian descent (first generation), permanently residing in London and having actively used at least one herbal remedy during the entire period of stay in the UK. The results based on these interviews are not claimed to be representative for the whole Colombian community in London. Prior informed consent was obtained orally before the start of each interview. Interviews were tape-recorded and fully transcribed afterwards. All interviews were conducted in Spanish.

Participants were asked to name all herbal remedies they were actively using in London at the time of the interview or they recalled having used at some point while residing in the UK. Doing so, all passive and mere knowledge of former plant uses in Colombia was excluded and only active, actual uses that outlasted migration were included in the answers (Albuquerque et al., 2006). In order to recall more remedies, participants were subsequently asked to free-list herbal remedies for a list of diseases that was compiled after a preceding pilot study (Quinlan, 2005). For each remedy, the vernacular name, plant part used, preparation, administration and provenance were recorded, as well as information on its usage (being either 'actual use', 'former/abandoned use', 'knowledge' or 'passive knowledge'). In the following part of the interview, further open-ended questions aimed at collecting data for a discourse analysis of people's perceptions on the effect of migration on medicinal

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