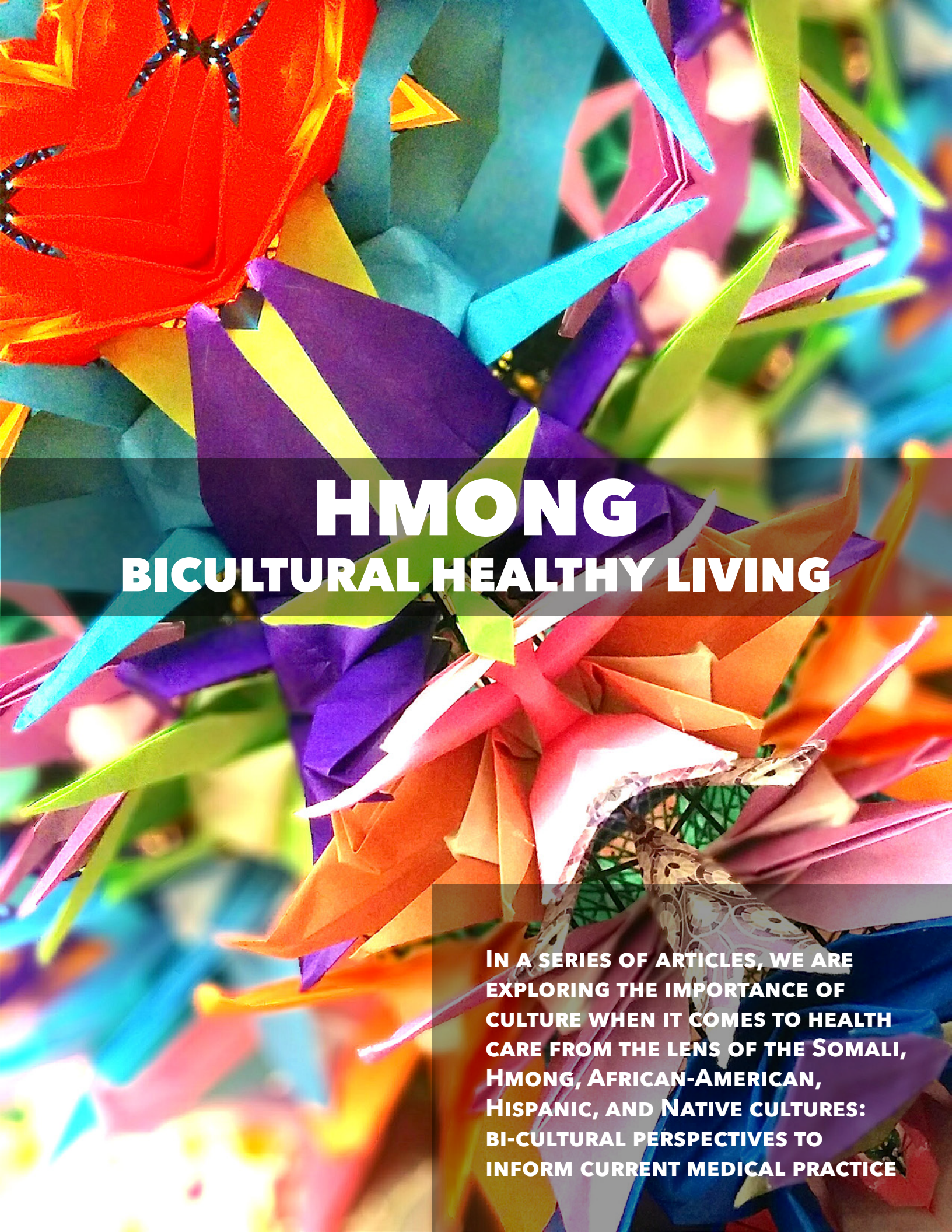

HMONG
BICULTURAL HEALTHY LIVING

In a series of articles, we are exploring the importance of culture when it comes to health care from the lens of the Somali, Hmong, African-American, Hispanic, and Native cultures: bi-cultural perspectives to inform current medical practice

The third in our series are the Hmong; South East Asians. Hmong people generally come from the hills and mountainous areas just south of China. According to genetic evidence, Hmong people lived in china for 2000 years before migrating south in the 1700's. They moved to escape the oppressive Qing Dynasty. Most Hmong in the United States come from Laos, but there are many others from Thailand, Vietnam, and China.

Hmong people have their own language in a couple different styles of dialect. Most Hmong came over to the United States after the Vietnam War. Although they are generally peaceful people, the CIA recruited the Hmong to act as spies. Shortly after the US pulled out of the war, a new leader came to power in Laos. The Hmong were persecuted for their anti-communist involvement in the war and many of them fled to Thailand refugee camps. In the late 1980's, many Hmong people came to the United States after being sponsored by the Lutheran church.

Today, the US has the fourth largest population of Hmong. There are an estimated 6,000,000 in China, 787,000 in Vietnam, 315,000 in Laos, and between 200,000 and 250,000 in the US.

As of the last census, California, Minnesota and Wisconsin had the largest Hmong populations. Colorado was sixth on the list with an estimated 3,859 Hmong. Carteret, M. 2012.

Diet and Exercise

Harrison, G., Kim, L., Kagawa-Singer, M. 2015

Meat was named as the single most commonly consumed unhealthy food. Many adults expressed concern that Hmong Americans eat too much meat after moving to the United States, and they eat fatty varieties, most significantly pork. Almost all participants reported that their diets included both Hmong and American foods, with greater proportions of Hmong foods. Rice remained a dietary staple in all home-cooked meals for Hmong Americans, complemented by reportedly high intakes of various vegetables, chicken, fish, beef, and pork.

Frequently mentioned snacks were ice cream, cookies, chips, candy, soda, instant noodles, and common fruits. Youths reported that their schools served pizza, hot dogs, burritos, nachos, tacos, or hamburgers for lunch, all of which they and their parents perceived to be unhealthy. The main vegetables that they reported eating at school were salads and carrots. Commonly eaten fruits included guava, mango, pears, pineapple, watermelon, and other melons. Home gardens contained peaches, grapes, oranges, and pears. Schools reportedly serve oranges, apples, and bananas. Youths named bananas, papayas, strawberries, and kiwi as favorites. A handful of individuals said that they missed their homeland fruits of rattan, red and gray banana, and passion fruit leaves, which are not available in the United States.

The universal sentiment was, "In our homeland the soils are fertile, and we don't use fertilizer to grow anything . . . so, we eat the crops and we are healthier. . . . In this country, you get sick a lot because fertilizer was used to grow all the vegetables and fruits. . . . I do not eat much anymore and I am very afraid now." In addition, temperature of food was important to the health of women, because cold water and foods "cause you to not have children" because of "abnormal period[s]." Youths voiced no similar cultural concerns.

Adults listed physical activities including walking, Tai Chi, stretching, cleaning house, and gardening. Traditional Hmong physical activities are farming,

walking, climbing trees, hunting, fishing, swimming, cooking, and cleaning house. Traditional games include spinning tops, tag, jumping rope, kato (a very popular game in southeast Asia) and "playing house." Youths participated in housework by mowing the lawn and cleaning. Youths mostly enjoyed sports as their form of exercise, including basketball, volleyball, soccer, kato, baseball, running, football, tennis, badminton, and kickball. Dancing was also popular.

The average response of the five youth and adult participants who answered the question about frequency of physical activity among youths was 3.2 times per week. Sixty percent of youths and 66% of adults thought that young people get at least an hour of physical activity per day. Sixty percent of youths and 13% of adults felt that children should get an hour of physical activity each day. Most adult respondents said they participated in physical activity or brought their children to parks for physical activity.

Many parents expressed concern for their children and themselves about becoming obese after moving to the United States. The cause was perceived to be increased availability and intake of food, increased consumption of fatty American foods such as fast foods and fatty meats, and decreased physical activity levels. Before coming to the United States, "Hmong used to work on farms from morning to afternoon. They exercised all day long. In America, things are different. We are more sedentary and do not exercise as much." One gentleman cited an apt understanding of the phenomenon: "For example, like a pig. If we caged this pig then he will be fatter than the one that you let it run around. Now we are like this pig that [is] in the cage."

Barriers to Healthy Living

Regarding the traditional Hmong diet, all five key informants reported changes in the traditional Hmong American diet as this community has adapted to American life and adopted some unhealthy eating habits. Although most Hmong Americans grew their own vegetables and fruits in Laos, many cannot do so in the United States because they live in small apartment complexes and no longer have their own farm or large plots of land on which to plant foods and raise animals. As a result, people do not eat as many fresh foods, which Hmong Americans define as healthy foods, as noted above. One parent reported, "Back in the homeland, there were no fertilizers used on our foods because we grew our own foods so they were healthy for our body. In this country, the foods grow because of fertilizer and pesticide use and that affects our being unhealthy."

Although some Hmong American families in Fresno and Sacramento maintain small gardens in their backyards, the variety of traditional vegetables and fruits they are able to grow in the United States is less than those grown in Laos. In addition, concern about the presence of chemicals in produce was expressed by many participants.

One parent cited shifts in dietary practices involving eating more meat: "We were able to eat healthy foods in our homeland, but we didn't have as much foods available. We can eat more foods in this country because they're plentiful. . . . For example, there's more meat such as pork here and people tend to eat more of it." Other parents agreed that they also eat bigger portions of food here than they did in their homelands. One parent noted, "We have changed a lot. In this country, some families, every month they will kill a pig and eat for the whole month. In our homeland, we only get to eat meat once or twice

each year." Although all key informants noted that it is easy to buy many different kinds of vegetables and fruits at the Asian grocery stores, some Hmong Americans are not eating as many vegetables and fruits because of lack of time and money to purchase the vegetables and fruits with which to prepare traditional meals with fresh ingredients.

Because many Hmong American households have low incomes and both parents are employed, time and money are two of the greatest barriers to eating healthy foods. Although vegetables and fruits are readily available, many Hmong American families increasingly are consuming poorer-quality diets including fast foods, fatty meats, and ready-made, frozen, and preserved foods because these options are readily available and often require less time to prepare and less money to purchase. One mother said, "We eat outside when I am tired or do not feel like cooking. Sometimes I don't have time to cook." Another parent stated, "We eat mostly Hmong food. . . . But if we don't have time then we will eat American foods. . . . The children like to eat fast food, like frozen food that is ready to serve after you microwave because they don't have the patience to wait for Hmong foods."

Many families use food stamps, which are often saved to buy meat. One parent revealed that with big families, the food stamps sometimes are not enough to purchase the needed groceries: "The more children you have, the tighter your money is when it comes to buying groceries. . . . You also worry about food when you have guests come over. There are times you have to use cash to help pay for groceries along with food stamps." One parent summed up the financial hardships:

The things that can change the way we eat would be employment and earning a higher income, which would allow us to purchase better foods. It's hard to eat healthy when you don't have a lot of money. And when you have financial limitations, you tend to purchase foods that are cheaper and unhealthy.

Barriers to Physical Activity and Exercise

All key informants cited lack of time and money as the major barriers to physical activity and exercise for the Hmong American community. One key informant stated, "The parent needs to supervise their kids and sometimes they don't have the time. . . . Money is a problem if you have to pay to have their children in a program." Another key informant similarly mentioned time and money issues and added that parents are sometimes not knowledgeable about what kinds of physical activity programs are available for their children:

Parents are not informed about organized youth activities programs. To participate in sport activity one will need money, and many Hmong people don't have much money. They also have lots of children. In addition, they do not have time after school to attend to all the children's sport activities.

Other parents agreed when one mentioned that language barriers hinder parents from knowing about physical activities programs for their children: "It is hard in this country. Many people do not speak English so it's hard for them to join programs." Another parent expanded on this issue:

The difficult thing is the age of parents and the language barrier. You don't know the directions to take your kids to recreational places. It's difficult to communicate with people you meet there. Also, your children may want to travel out

of town but you're old and you can't drive far even if you want to. But we do like to be with our kids when we go to nearby recreational places.

In addition to language barriers, lack of information, time, and money, all key informants cited safety issues as a barrier to physical activity and exercise. One key informant noted:

The majority of Hmongs live in apartments. They tend to stay inside. Instead of exercise, they tend to take the car. Some areas where the Hmong live, it is not safe to be outside. They are afraid of gangs and shootings.

Some parents reported prohibiting their children from joining sports activities because they do not want their kids to "fool around" and forget their studies or play away from home too much for fear that playing in groups in some public areas may lead to encounters with gangs. All the parents agreed that being physically active is good for children, but they also agreed when one person added:

Yes. But their physical activities should not take up too much of their time that it has a negative impact on their studies. And you as a parent should not give them full freedom as to being physically active. They may be involved with the wrong group of kids.

Some youth focus group participants also mentioned safety as a barrier, saying, "I don't feel safe around the neighborhood." Another mentioned that there is "no space to play and they [the parents] do not let us play in the street."

Many parents also cited the lack of free public parks and public space where they can take their children to play:

As much as we'd like our children to be physically active, sometimes it costs money to enter some parks and that keeps us from taking our children. To encourage them to be physically active, it costs money to get them into the park. Our Hmong children don't get enough physical activity compared to American children because we face limited money and space.

Cultural Health Beliefs and Practices

The Traditional Hmong Health System

Beliefs

Carteret, M. 2012

Traditional Hmong view illness from a holistic perspective. Perfect health is a balance between the spirit and the body. Illness is seen as having either spiritual or physical causes. Typical physical causes are exposure to environmental factors and unsuitable dietary practices including hot/cold food imbalances. Physical illness is treated with various traditional curatives and/or western medical care. Spiritual causes of illness include:

- Evil spirits that are unhappy with the ill person

- Loss of one's own spirit (an ill person has lost their soul)

- Unhappy ancestors (Perhaps someone has done something to offend the family's spirits or ancestors. An example might be forgetting to provide food to needy ancestors or forgetting to make offerings of paper money. Those in the real world offer paper money by burning it; it is converted to silver and gold in the spirit world.

- A curse upon the family by someone

The Hmong view illness as a supernatural event, caused by spirits, called tlan. The Hmong spiritual world is composed of several tlan. One is the txi neng, or the shaman spirit. The txi neng is thought to give a severely ill person the ability to serve as an intermediary between the spirit world and the physical world, and thus survive the illness. After being trained by the spirit and a senior shaman, that person becomes a shaman (also called tu-ua-neng or trix neeb). The shaman can ten diagnose and treat villagers' illnesses, using magical powers to summon benevolent spirits.

Another form of tlan is the body spirit, which consists of three basic types: ancestors, dead friends and animals. If a person passes out, the good body spirits can escape. If a shaman cannot restore the good spirits to the body in time, the Hmong believe the person will die. A string, sometimes containing gold or silver charms, is tied to a bay's neck, hands, feet and/or waist at birth. This works as a promoter of good health, keeping the good spirits in and the bad spirits out. These strings are tied in position during a ceremony known as Baa and should not be removed.

Sometimes the body spirits are believed to cause illness because they want an animal sacrifice. If the correct animal is sacrificed, the victim will recover.

Treatment

Beghtol, MaryJo

The "cure" varies little regardless of the disease. A tuua-neng pays a house call. He chants with the ardor and the exaggerated gestures common to faith healer anywhere. All the while a black mask over his head closes out this world.

Jangling a ring of noisemakers with a clippety-clopp rhythm, he "rides off on a horse" to find the soul. Along the way the tu-ua-neng gathers a posse of friendly spirits; one of these may bring field glasses, another an airplane. The villains may be lurking at the bottom of a pond, in the clouds, or far beyond China.

Once the spirit doctor meets them, excited haggling ensues. Leaping, dancing, sweating, he is driven by a trance that defies exhaustion. Tirelessly he bargains for the captive. Finally, the spirits demand a sacrifice - a pig if the family, can afford it, a chicken if not. An assistant dispatches a chicken or pig and burns paper "spirit money" on the carcass. With luck the homeward journey from the vale of the spirits requires only another hour or so, long enough to cook the sacrifice.

Family, friends, and tu-ua-neng then sit down to a pork or chicken dinner, hoping the patient will recover. More and more the patient does, partly because on family altars you will now often find bottles of antibiotics among the holy artifacts. It would be a foolish tu-ua-neng who turned his back on such powerful allies.

Another type of healer is the kws tshuaj, who uses nonspiritual methods - herbs and plants - to cure the sick. These healers practice from personal choice, not "divine appointment." Therefore, a shaman could choose to learn kws tshuaj, but a kws tshuaj could not choose to become a shaman.

The Hmong view illness in terms of symptomatology, that is, through pain, weakness, fever, coldness in extremities, injury, change in color or anything else that is out of the ordinary. Once a person is diagnosed as being ill, the observers then have to decide the cause of the illness. The chosen treat-medicine, or a combination of

both. Western medicine is often in the form of drugs; many pharmaceuticals available only by prescription in the US are readily available over the counter in Indochina. If all else should fail, the patient might be taken to a hospital, although this is a fairly uncommon occurrence.

Lifestyle Differences

Other Hmong cultural traditions can lead to cultural misunderstanding and even charges of child neglect or abuse in the US - both of which have been documented. The first involves the preference of Southeast Asians for flat heads posteriorly. The infant is placed supine, propped with pillows on either side of the head and/or body to keep the head posteriorly flush to the floor or surface. Continual pressure does yield a flat head, but the position of the pillows also prohibits free sideways or rolling movements, which can delay development. The flat head findings and significant developmental delay have provided the basis for questions concerning neglect.

Another Hmong custom, called "coin rubbing", has actually led to several charges of child abuse. This traditional method of healing, also known as Cao Gio, or "coining," is administered to the area where the illness is manifested. For example, for a chest cold, oil is spread on the back and chest with cotton swabs. The skin is then massaged until it is warm. A spoon or coin is stroked firmly up and down on the oiled skin until it is bruised. Pinching the skin is another method sometimes practiced.

Another dermal therapy is called "cupping'; heat is injected into a cup which is then placed on a part of the skin; suction adheres the cup firmly in place, producing a symmetrical bruise when it is removed. A fourth traditional skin therapy is moxabustion. A plant called moxa is set afire; the flaming plant is then placed directly against the skin. Sometimes, a cigarette is used. Each of these four dermabrasive techniques can be used as treatment for "wind illnesses," manifested by symptoms of cold, flu or headache. These techniques allow the toxins or excess energy or "wind" to escape. The following story provides an example of the tragic consequences of misinterpretation of these healing techniques.

Health care professionals need to take special care to ascertain if any of these four dermabrasive practices are being used to heal the Southeast Asian child before child protective services is notified. The ecchmoses, or blotches, caused by coin rubbing, cupping and pinching can be identified by their symmetry and well-defined borders, as well as their location: the markings are generally located at the site of the disease. Although moxabustion presents more of a challenge in identification, is should be considered.

Yet another potential child abuse charge relates to a skin condition, but one that is a normal skin pigmentation for non-caucasian children: rather large black-and-blue spots on the feet and/or buttocks. These spots usually disappear within a few years of birth. However, they have been mistaken for signs of physical trauma to children.

Entering the US Health System

I would like the doctors to listen to me and understand my culture and use our culture in our health, especially when we're doing cultural healings. That's important for the doctor to know and accept, and to listen and understand why we still practice for our overall healthy instead of asking us why. Soua.

Modern American Medicine is very simple unlike Traditional Hmong Medicine. In America, when a person becomes sick, the regular person would go to a doctor, either at a clinic or the hospital. Usually this would be the first thing a person does after counter-top medicine (tablets, pills,

Some doctors don't like to spend a lot of time because they have a lot of patients. They need to give us extra time, and just listen. I see that doctors spend more time with pretty people. When I call the clinics, they do not return calls.

Anonymous

or a liquid) fails, but Hmongs are different. First of all, Hmongs who follow the old traditions are most likely to believe in shamanism. This means that going to the doctor would actually be their last resort. Health on the Net Foundation. 2013

Many Hmong people use home remedies and medication as their first priority because it works pretty good for bodyache, headache and stomach aches. Many times they will use boiled and smashed tree roots, and leaves for medication. If the pain is too strong they will call upon a txiv neej (Shaman Spiritual Healer) to use his special magic to cure or go to the spirit world to see why the person is so sick. It's believed that a shaman can travel to the spirit world and negotiate with the spirit, also he can fight with the evil spirit. Hmong people hate going to the doctor because they don't like taking medication and hate waiting to see the doctor. Most times they think doctors are rude because doctors don't let them do what they want. Many times they deny their pain because there are too many medications for them to take and sometimes they think that doctors give them medication that causes illness to trigger more. Many Hmong people don't go see doctors because they don't drive and it's hard to get to the hospital. They also hate Hmong interpreters because sometimes they don't translate right. So over all Hmong people just hate seeking western medication and it's their last resource.

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The Hmong refugee is understandably confused by the difference between traditional Hmong health Practices and those of the US medical system. One observer described the Hmong plight as follows: "The have jumped 2,000 years in a matter of a few days. It's like cryogenics and they've awakened from a deep sleep for centuries".

The Hmong who enters the US medical system often does so only when all traditional curing methods fail. At this point, the patient is usually extremely ill, sometimes critically. This emergency health care entry

reflects the pattern practiced in their homeland. Their extreme geographical isolation during pre-refugee times prevented them from regularly seeking more sophisticated medical care, which was available only - if at all - in the more urban communities.

A family member usually had to be close to death before the arduous trip could even be considered or justified by the clan. This learned behavior about when to enter the health system has persisted in the US, even though the element of geographical isolation has been removed.

Apart from the spiritual dimension, other cultural differences make Southeast Asians more reluctant to enter the US medical system. The intense cultural shock of relocation, for one, serves to further confuse the Hmong. They lose their sense of socioeconomic identity. The significant language barrier sometimes seems nearly impossible to overcome. The typical Hmong is very shy, conditioned by Hmong culture to remain closed, not revealing fears and anxieties.

I feel like the doctors just guess what my symptoms and illnesses are, so I have been there five times for the same sickness until I told them I need a specialist in order to get what I need. So we need to speak if we want help. Pawnee Vue

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Pawnee Vue

Hmong Misconceptions of US Health Practices

• Fear of Drawing Blood and Other Invasive Procedures. Because a hole is being established into the body, the Hmong believe the good spirits can escape, causing death.

• Shots and Medicinal Cures. Due to the ease in obtaining over-the-counter medications in Laos, Southeast Asians have become accustomed to the availability of drugs. They expect a prescription with a doctor visit. The overuse of antibiotics has also led to drug-resistant organisms, causing less acute disease pathology to take on increased severity in these patients.

• Surgery. The Hmong have a widespread fear of mutilation. They believe the soul also could leave the body through any surgical incision, which could lead to death. They view almost any invasive procedure as having long-lasting and multiple effects. This fear extends itself to a person even after death. For this reason, few Asians will consent to an autopsy.

Bicultural Healthy Living

Carteret, M. 2012

Build trust: Building trust from the very outset is essential with the Hmong. Providers need to be open to the family's suggestions. Show respect for the family by listening.

Privacy Concerns: Hmong share information among certain clan members. All staff and all interpreters in healthcare settings must honor the privacy of patients and their families. This policy needs to be communicated to the Hmong.

Alternative Medicines/Herbs/Healing: Ask what care, if any, is already under way? What herbal treatments are being used? What is the source of the herbs?

Should You Inform the Patient Directly: Before sharing information regarding a serious diagnosis with a Hmong patient consult the family. If may be a necessary to hold a conference if there is a major problem or surgery is needed. A conference may need to involve all important family decision-makers including clan leader and shaman. Consider the location. Hold the session in a conference room, not in the patient's room.

Use Hmong Interpreters: Be aware that even if the patient/parents speak English, other important other decision-makers may not. Provide a Hmong interpreter.

Explain! The Hmong may be fearful and distrustful at the outset. Be very clear about details of the patient's condition and intended care (but be sure to talk to important family decision-makers before informing a patient of bad news).

• Explain why many immunizations are needed.

• Explain what a chronic disease is; asymptomatic does not mean cured

• Repeat information about medicines.

• Explain purpose of blood withdrawals. Explain what the test is and why so much blood is needed.

Take advantage of the following tips from Stratis Health to help you provide the most appropriate, culturally competent care for your Hmong patients:

- Demonstrate respect by asking patients how they prefer to be addressed.
- Maintain physical distance initially.
- Ask your patients in what language they prefer to discuss their health. Use trained medical interpreters; never use children or other family members as interpreters.
- Ask your patients what they think is causing their illness.
- Be aware that older people may listen attentively, but avoid direct eye contact, which is considered to be rude.
- Involve the patient and family in developing a care plan and in obtaining consent signatures.
- Explain the long-term consequences of not taking care of chronic illnesses, and the need to take medications even when feeling well.
- Solicit support from adult children in caring for their elderly parents.
- Inquire about foreign medication use. Advise patients about possible safety issues associated with non FDA-approved foreign medications.
- Provide current knowledge about an incurable disease to the patient and family. Explain that a cure has not yet been discovered for the disease. Hmong people may feel they do not receive the same treatments others receive that could cure them.
- Review instructions orally and ask patients to repeat them back to you. Hmong patients may say "yes," but still not understand. Explain by comparing a condition or disease to a familiar household process such as using heat to control room temperature.
- Schedule longer appointments for Hmong patients, and take the time to explain care options.
- Write down and fully explain appointment times. You may need to make appointments for some patients and call them before their next scheduled appointment. Explain your telephone triage system.
- Provide educational materials in Hmong and English. The patient or someone else at home may be able to read at least one of the languages.

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