

# HMONG AMERICANS

## Cultural Competence Generalities

*This is general information designed to provide information about common traditions, traits and experiences of a group. This information is not intended to nor should it be used to stereotype an individual. Personal experiences will vary. Generation gaps exist along with educational & economic differences. Many cultural changes have occurred for those who have been in the United States for generations or who were born in the United States. It is always best to ask.*

## Remember the "Platinum Rule"- treat others as they want to be treated

**Overview:** The Hmong are a refugee population who began immigrating to the U.S. in 1975. Wisconsin has one of the highest Hmong populations. The Hmong were traditionally farmers. While the population was socio-economically disadvantaged and had a language barrier in earlier generations younger generations are graduating High School, attending college and advancing in the U.S. (US Census Bureau 2004-Asian).

## Religion and Spirituality

The majority of Hmong follow Animism, called Daa Kwaah,

There is a growing number of Christian Hmong (Catholic, Baptist, and Mormon).

It is believed that good health comes from souls living within the person.

It is tradition for Hmong to wear red metal necklaces, white bracelets, or red or white strings around their wrists or necks, to protect them from evil spirits. They may want to place a necklace on a newborn infant (Building Bridges 2005)

(For traditional Hmong) Hmong shamans are believed to (txiv neeb) have healing powers because they call on "helping spirits" (dab neeb) to restore their patients to health (Her 2004). Shamans are able to track down missing souls, drive out evil spirits, and negotiate for the return of the patient's soul.

If a shaman cannot cure the patient, the shaman will often refer them to another healer or a Western doctor.

Christian Hmong will generally not use shamans, but might use traditional herbal remedies (Her 2004).

## Family

Hmong are generally organized into clans. There are 18 Hmong clans. Clan leaders often settle disputes

Families are large and often make healthcare decisions as a group

The elderly are highly respected

## Gender Roles

Men are the head of the household and women are expected to care for the family and domestic duties.

Same-sex interpreters, when at all possible, should be used (Kemp 2004).

Women traditionally do not shake hands, or have any physical contact, with non-Hmong or men (Key Points 2005).

## Personal Appearance

Most Hmong in the US wear their traditional clothes only on special occasions, such as the New Year's celebration and weddings

Traditional Hmong will wear amulets on their wrists, necks, waist or ankles.

## Dietary Norms

Typically, eat three meals a day, and snacking is not a part of their culture (Ohio State University 2003).

Certain foods are also used to raise the "heat" of new mothers; example, women may eat hot rice and chicken soups for up to 30 days after birth. Fruits, vegetables, or cold drinks are avoided.

## Traditional foods

Main staple is rice, with small amounts of meat, fish, and green vegetables.

Herbs are an important part of traditional medicine and are often provided in teas or other drinks.

Small vegetable gardens are common even among Hmong who live in apartments.

## Language & Communication

Only 5% of Hmong families speak English at home. This is the smallest percentage of any Asian ethnic group.

Demonstrating respect is important for successful interaction with Hmong or Lao, especially when the patient is elderly (Barrett 1998). Hmong will generally not communicate dissatisfaction with the quality of healthcare. Rather, they will not follow the treatment plan and go elsewhere for treatment.

It is very important to avoid questions that require simple "yes" or "no" answers (Key Points 2005). Saying "no" can be considered rude, and some might actually say "yes" when they mean "no." Hmong people tend to be humble and do not express strong opinions. Therefore they might respond with "maybe" or "I'll try" rather than giving a definitive positive or negative reply.

The head is the most symbolically important part of the body. It is often considered very impolite and improper to touch a person's head or shoulders. During medical examinations the need examine these parts of the body should be thoroughly explained.

## Concept of Health

The Hmong view "good health" as arising out of a balance among the forces of the social, physical, and supernatural worlds: "spirits". Effective treatments are those that bring the patient back into balance (Her 2004).

For those who are of the traditional religion - Many worry that surgery, lumbar punctures, drawing blood, or anything that requires breaking the skin, can cause "soul damage" that will make them sicker (Her 2004).

## Illness Related Issues – Barriers to Healthcare

Language barriers

## Labor, Birth & After Care

An older woman who has assisted in multiple deliveries sometimes assists women in labor. The Hmong will not describe her as a "midwife," since there is no word for "midwife" in the Hmong language; she will instead be regarded as a woman with a great deal of knowledge and experience.

## The laboring mother

Women in Southeast Asia traditionally give birth while sitting or squatting. This is the preferred position because it gives the infant the "energy" to successfully come out (Rice 1994).

The placenta is required for reincarnation and is usually buried at the place of birth or at home.

There may be concern about caesarean birth since this involves the body being cut open and possibly being unconscious.

## Death, Dying & Bereavement

Hmong patients will generally accept death as part of the natural cycle of life and fate; they believe the soul will be reborn and that death came at the appropriate time

## End of Life

The family (and extended family) structure is important - large numbers of people will want to be with the patient in his or her last days.

Patients often do not want to hear bad news for fear that speaking the worst will make it happen, it is important to ask the patient how much he or she wants to hear about the prognosis.

## Health Disparities

Many Hmong and Lao women are uncomfortable with vaginal examinations, and afraid of tests they do not understand, they will purposefully skip antenatal checkups (Rice 1994).

- Smoking
- Lack of exercise (obesity)
- Lack of screenings/vaccinations
- Hmong women have indicated that they fear that prenatal examinations can cause miscarriage (APIAHF 2003-Hmong).
- Lack of knowledge and understanding of healthcare system and opportunities

## Traditional Home Remedies

Often try home remedies, including cupping, coining, pinching, massage, herbs, and shaman rituals, before seeking biomedical care.

Bruises may result from cupping, coining, pinching  
**SOURCES** PRÓQUEST DATA "CULTURE VISION" [WEBSITE](#) JOINT COMMISSION RESOURCES, *CULTURAL SENSITIVITY A POCKET GUIDE FOR HEALTH CARE PROFESSIONALS*, 2007 Health Matters Pocket Guide, 2005, Hmong Friendship Association 2011