

## Chapter 2. Overview of Lao Hmong Culture

This chapter provides an overview of Lao Hmong culture in terms of ethnicity, social structure, family, gender, language, communication, education, literacy, religion, food, dress, socioeconomic position, and traditional health beliefs and practices. Readers are cautioned to avoid stereotyping the Lao Hmong on the basis of these broad generalizations. Lao Hmong culture, as all others, is dynamic and expressed in various ways, owing to individual life experience and personality. Some Hmong living in the United States may be more or less acculturated to mainstream U.S. culture.

### Ethnicity

The Hmong are a distinct ethno-linguistic group that originated in China and migrated during the 19th century into northern Southeast Asia. There are several million Hmong in southwestern China, and 1 million in Southeast Asia, including about 500,000 in Vietnam, 120,000 in Thailand, and pockets of Hmong communities in Myanmar. The estimated 170,000–186,000 Hmong who have resettled in the United States are members of an ethnic group from Laos.

In Laos, ethnic groups are distinguished by where they live. The Hmong and several other highland groups are officially referred to as *Lao Soung* (“Lao of the mountain tops”) because they have traditionally lived at high elevations. In contrast, the *Lao*—the dominant political and cultural group in Laos—live in the lowlands along the Mekong River and are referred to as *Lao Loum* (“Lao of the lowlands”). A third group, the *Lao Theung* (“Lao of the mountain slopes”), also known as *kha*, traditionally live at lower elevations on the mountains (Culhane-Pera et al., 2004; Duffy et al., 2004).

### Social Structure, Family, and Gender

Hmong are generally group-oriented, so the interests of the group come before the interests of the individual (Duffy et al., 2004). An individual is a member of a family, and the family belongs to a clan. There are 19 Hmong clans in Laos. Members of a clan share the same surname, such as Vang, Lee, or Thao. Although they do not have a strict blood relationship, clans are socially bonded and help each other as clan brothers and sisters. Clan membership is obtained by birth, adoption, or for women, by marriage. Marriage between members of the same clan is considered incest, even though a biological relationship may not exist (Lipson, Dibble, & Minarik, 1996). A married woman may identify with both her birth family’s clan and her husband’s clan. Hmong women in the United States are increasingly taking their husband’s clan names or creating a hyphenated last name from their own and their husband’s clan names (Duffy et al., 2004).

Historically, Hmong society has been patriarchal. In Laos, households were often composed of 9–14 people, including both nuclear and extended households of married sons and their families. The family was under the authority and direction of the male head of household, usually the oldest male. Children were expected to care for their parents when their parents were old or ill. In Laos, sons traditionally inherited family property and were often the ones to receive an education. Before the war, educational opportunities were extremely limited; therefore, knowledge was passed down orally. Because elder males were considered the most knowledgeable members of the society, they were required to perform religious ceremonies to honor ancestors. The responsibility of the Hmong woman was often domestic and included preparing meals, child rearing, and managing the family’s finances. Women gained prestige by producing children, especially boys (Queensland Health, 2004).



As the Hmong have immigrated to the United States, family structures have been shifting, especially with respect to the roles of younger and older Hmong family members. Older Hmong must rely on younger family members for language translation, income, and transportation. Older Hmong men may experience a decline in social status, resulting in despair and loss of self-esteem (Queensland Health, 2004). Hmong women, on the other hand, often take jobs outside the home, while the younger generation is increasingly adopting Western customs and behaviors (Center for Cross-Cultural Health, 2000; Duffy et al., 2004). In contrast to the traditional household, the average Hmong household size in the United States is three people (U.S. Census Bureau, 2000).

Historically, in Hmong agrarian society, an early marriage served a beneficial purpose in the family and community. The birth of a son meant a woman could secure her status in the household, and as her sons married, there were more women among whom household tasks could be divided. Early marriage is still observed in the Hmong communities in the United States and is more common among females. Some studies have found that the majority of Hmong females are married between the ages of 13 and 23, and most were married by the age of 16 (Xiong, 2005).

## Language and Communication

Most Hmong in the United States speak one of two distinct dialects of the Miao-Yao language: White Hmong (Hmong Der dialect) or Green Hmong (Mong Leng dialect). The names of the languages originate from the colors used in traditional women's clothing of the different groups (Duffy et al., 2004). The dialects are said to be mutually intelligible to a well-trained ear, with pronunciation and vocabulary differences analogous to the differences between British and American English (Taichiming, n.d.). In the United States, approximately 60% of Hmong speak White Hmong and 40% speak Green Hmong (X. Lee, 2007). Though some Hmong report difficulty understanding speakers of a dialect not their own, for the most part, White and Green Hmong speakers seem to understand one another (Duffy et al., 2004).

In Laos, although there is no official preference for one dialect over the other, White Hmong seems to be favored in many ways. Most Hmong dictionaries only include the use of White Hmong, the Hmong writing system (Romanized Practical Alphabet) is closest to the pronunciation of White Hmong, and the majority of educated Hmong speak White Hmong (Hmong Cultural Center, 2004). Green Hmong speakers are more likely to learn White Hmong than vice versa, and younger generations are more likely to speak White Hmong. As a result, a White Hmong interpreter may be more versatile and better able to communicate, even with exclusively Green Hmong speakers (X. Lee, 2007).



A Hmong elder.  
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## Suggestion



- Repeat questions to help ensure understanding; do not rush or force a response. If they feel pressured to give a response, some Hmong may say “okay” or “yes” when they actually mean “no.”
- Avoid refusing refreshments that may be offered at a Hmong patient’s home, as this may be considered offensive. Rather, accept the offer graciously and simply place it back on the table if it is undesired. Use discretion if this causes undue discomfort to the patient.

Some Hmong cultural values are reflected in different styles of communication and influence how people interact and communicate with one another. The Hmong tend to be humble. They may not express their true emotions in front of others. Hmong may respond with “maybe” or “I will try,” instead of offering a definitive reply. If they feel pressured, sometimes they might say “okay” or “yes” when they actually mean “no” (Hmong Cultural Center, 2006). Many Hmong are soft-spoken and may not be comfortable with loud voices. It is not part of the Hmong culture to hug or to shake hands with the opposite sex, or to make direct eye contact (Hmong Cultural Center, 2006).

It is common to be offered a beverage on a visit to a Hmong patient’s home. Hmong may consider it rude and offensive for one simply to decline a beverage. It is considered more appropriate to accept the beverage and later place it back on the table if it is unwanted. The same applies to gifts that are offered. An explanation should be given why a gift cannot be accepted, rather than simply saying “no” (Hmong Cultural Center, 2006).

### Naming Conventions

Although the Hmong naming system has undergone changes over the past half century, several patterns can be observed today. In Laos, a Hmong person’s clan name often serves as a last name (Duffy et al., 2004). In the West, a young Hmong man often has either two names (first and last name) or three names (first name, honorific name, and clan name). It is common for a Hmong woman in the United States to adopt her husband’s clan name as her last name or hyphenate both her and her husband’s clan names.

Many Hmong American children use English first names and their clan name as their last name, while others are named on the basis of their sex and birth order (e.g., an oldest son would be named *Toua* [“the first”]; the third, or youngest son would be named *Xang* [“the third”]). In Laos, upon marriage, a young man uses his original name until he is given an honorific name, usually after the birth of his first child. A Hmong woman in Laos will be identified by her husband’s name (e.g., Mrs. *Vang Thao*) until she has children, at which point she will be referred to as either the child’s mother (e.g., *Toua’s* mother) or the husband’s wife (e.g., *Vang Thao’s* wife) (Duffy et al., 2004).

### Communication in the Health Care Setting

Hmong patients often want their health care providers to demonstrate a caring demeanor and a happy, positive attitude (Barrett et al., 1998). The Hmong believe a smile or kind word is essential to good care and that basic human kindness is the most important provider characteristic. Conversation is important. Hmong patients often prefer providers to ask about their family or discuss other pleasantries before asking direct questions about their physical health (Barrett et al., 1998). The Hmong may not look directly at their provider, but may instead look down or away; direct eye contact is traditionally considered rude and inappropriate. Privacy is highly valued in Hmong society; however, within the family, it may be considered less important, as family members frequently share information and seek support from one another (Hmong Cultural Center, 2006).

Modesty is an important consideration. Many Hmong women prefer female providers, especially for gynecological visits and for pregnancy and childbirth (Barrett et al., 1998). Hmong women have been known to refuse vaginal examinations, particularly if they are performed by male providers (Office of Global Health Affairs, 2004).

### Suggestion



- Because many Hmong are soft-spoken, avoid speaking loudly, as it may make some people uncomfortable.
- Avoid outwardly complimenting Hmong children. Many Hmong believe that if a bad spirit hears such compliments, the spirit might take away the child's soul.
- Avoid making direct eye contact with Hmong patients. Avoid hugging or shaking hands with the opposite sex.

### Education and Literacy

Many Hmong have had no formal education. In Laos, the first village school was built around 1939, the first Hmong graduated high school around 1942, the first college graduates were in 1966, and the first doctorates were awarded in 1972. Since arriving in the United States in 1975, education has been a priority for many Hmong. The 2000 U.S. Census indicates that almost half (45.3%) of the Hmong in the United States have had no formal schooling, compared with 1.4% of the total U.S. population. The 2000 U.S. Census indicated that about 27.2% of the Hmong in the United States are high school graduates. Levels of Hmong educational attainment vary from state to state. In California and Alaska, Hmong are more likely to report having had no schooling, compared with Hmong elsewhere in the United States, more than 50% of whom report having had at least some schooling (Hmong National Development Inc & Hmong Cultural and Resource Center, 2004; U.S. Census Bureau, 2000).

Older Hmong residing in the United States often do not speak English and, because of the recent development of the written Hmong language in the 1950s, may be illiterate in the Hmong language (Helsel, 1993; Queensland Health, 2004; U.S. Census Bureau, 2000). Young Hmong may be literate in English, but may not be able to read Hmong or Lao, though there is an effort in the Hmong community to teach young people to speak and read their traditional language (Lipson et al., 1996).

According to 2000 U.S. Census data, 34.8% of Hmong (compared with 4.1% in the general U.S. population) were linguistically isolated. A linguistically isolated household is defined by the census as a household in which no adult speaks only English or speaks English “very well.” However, this was a significant decrease from 60% in 1990 (Hmong National Development Inc & Hmong Cultural and Resource Center, 2004).

## Religion

Traditional Hmong beliefs emphasize the importance of harmonious relationships with the spiritual world (Center for Cross-Cultural Health, 2000; Duffy et al., 2004; Lipson & Dibble, 2005). Those who have retained their traditional beliefs are generally animists who believe that all natural objects and individuals have multiple souls. According to this system of beliefs, protective and wild spirits inhabit many objects and natural settings in the world. If a person offends a wild spirit, the spirit can place a curse on that person, causing illness and suffering. Spirits are appeased through ceremonies that range from simple chants to lengthy rituals, including the sacrifice of animals. Animism encourages respect for animals and nature and general harmony with the environment. Many Hmong still believe in animism, ancestor worship, and the use of a shaman to communicate between the spirit and human worlds.

During the second half of the 20th century, missionaries were active in Laos, which led many Hmong to convert to Christianity before emigrating to the United States and other resettlement countries. Sponsors of Hmong refugees in the United States also have influenced Hmong conversion to Christianity (Capps, 1994). By some estimates, roughly one-half of the Hmong in the United States are Christian and may hold some combination of traditional and Christian beliefs (Duffy et al., 2004). Thus, despite traditional Hmong beliefs, some Hmong may consider spirit communication to be evil and will refrain from seeking the services of a shaman (Capps, 1994). Christian Hmong may believe in the concept of multiple souls, but consider one soul to be bound to the body until death, at which point the soul goes to heaven or hell (Capps, 1994).

## Food and Dress



As in other Asian cultures, rice is a main staple and is eaten with small amounts of meat, fish, and green vegetables. Noodle dishes and soups are also common. Hmong dishes are generally not spicy, but some people may add hot chili condiments and salty sauces according to individual taste. Consumption of dairy products and fruit is less common. Perinatal foods and those consumed when ill include plain, boiled rice soup, sometimes with small amounts of chicken (Lipson & Dibble, 2005).

Today, traditional Hmong clothing is generally only worn on special occasions, such as Hmong New Year (similar to the Vietnamese and Chinese New Year) and weddings (Duffy et al., 2004). This is true for the Hmong both in the United States and in Laos. For men, traditional clothing consists of a black shirt tucked in and long black pants belted at the waist with an embroidered or plain red band. Women’s clothing is more elaborate, consisting of a headband, a black or multicolored shirt, long pants, and a striped or plain, plaited white skirt, depending on ethnicity (Hmong Leng or Hmong

Female elder. © Frank Carter.

Der). The pants and skirt are frequently belted with a red cloth band tied around the waist. A single apron-like cloth is worn over the skirt (Duffy et al., 2004). Before 1975, when the Hmong from Laos had little contact with the Hmong from other countries, clothing could distinguish Hmong ethnicity. More recently, increased contact and trade between Lao Hmong and Hmong from other countries (including China, Thailand, and Hmong in the United States) has made dress more a symbol of one's wealth than of group identity. The Hmong from each ethnicity are increasingly wearing others' costumes (Duffy et al., 2004).



Hmong mother and child.  
Courtesy of Healthy House, Merced, CA.

Some Hmong wear accessories such as red necklaces made from silver and brass, white cloth bands around their wrists, and red or white strings on their wrists, necks, or ankles. Hmong traditionally believe that these amulets have the power to keep evil spirits out of the body and to keep the soul inside (Culhane-Pera et al., 2004). Amulets may be worn for health and religious purposes (Hmong Cultural Center, 2006). In addition to wearing amulets, some Hmong may undergo shaman rituals to treat illness and, in doing so, put blood or parts from sacrificed animals (e.g., teeth or nails) on their clothing. The Hmong may avoid removing this clothing because of the belief that the spirit of the dead animal provides protection from illness (Culhane-Pera et al., 2004).

## Changing Values, Changing Roles

For Hmong families in the United States, adaptation to the U.S. lifestyle has demanded new survival strategies that have inevitably changed the pattern and rhythm of their lives. Patterns of early marriage and large families that were essential for survival in Laos are changing to patterns involving formal education, employment, delayed marriage, postponed first childbirths, and smaller families. Although these are significant and rapid changes that affect the cultural identity of Hmong communities, they do not necessarily reflect changes in the value of family to the Hmong. For Hmong Americans, the sense of family remains extremely strong. Adapting to their new U.S. surroundings, however, has demanded that new knowledge and survival strategies be adopted. Consequently, some Hmong sense a loss of control over many aspects of their lives, including the loss of influence over their own children, who are growing up with new U.S. values and are facing serious challenges as a result (Helsel, 1993). Hmong culture continues to evolve as roles and meanings change in the U.S. setting.

## Socioeconomic Position in the United States

Many Hmong in the United States, especially older men, have largely relied on self-employment (e.g., farming or gardening), menial jobs, or welfare programs for income and health services. As younger Hmong have become more educated, families now depend upon the younger generation to enter the workforce in order to support the entire family and ensure its financial survival (Culhane-Pera et al., 2004). Most employed Hmong men and women hold manufacturing jobs (54%); followed by jobs in the arts and entertainment industry (41%); then jobs in retail trade, education, and health and human services (9% each) (Hmong National Development Inc & Hmong Cultural and Resource Center, 2004).

The median Hmong household income in 2000 (\$32,076) was about three-fourths that of the general U.S. population (\$41,994). The Hmong per capita income was only \$6,600, or one-third that of the general population. This gap may be explained by the fact that the average number of family members in a Hmong household is three times that of the general U.S. population. Although gaps continue, they have decreased significantly since 1990, and incomes vary across states. The Hmong median household income was much lower in California (\$24,542) and Alaska (\$25,179), compared with other states. It was highest in Georgia (\$54,000) and Colorado (\$50,058) (Pfeifer & Lee, 2005). The higher incomes may be due to the success of agricultural businesses that pioneering Hmong have established in Southern states (Vang, 2005).

National data indicate that 38% of Hmong lived below the poverty level in 1999, compared with 12% of the entire population and 18% of foreign-born people in the United States (U.S. Census Bureau, 2000). While still high compared with the overall U.S. population, the percentage of Hmong living in poverty has declined greatly since 1990, when it exceeded 60%. Differences by state showed that the poverty rates were highest in California and Alaska, where they exceeded 50% (Pfeifer & Lee, 2005).

## Traditional Health Beliefs and Practices

The traditional Hmong belief structure is based primarily on animism (the belief that all natural objects and individuals have multiple souls), ancestral worship, and reincarnation. Hmong spiritual beliefs are strongly connected to their sense of health and well-being. Hmong may view illnesses as having a natural or a spiritual cause, with the latter resulting from a “loss of souls” or actions or misdeeds that may have offended an ancestor’s spirit (California Department of Health Services, 2004). A common Hmong belief is that a soul can separate from its body and may be unable to find its way back home. The Hmong also may believe that an illness is caused by a combination of natural and supernatural causes. Other causes of illness are believed to stem from spells or curses, violation of taboos, accidents, fright, and infectious diseases (Queensland Health, 2004). Traditional healing practices rely on certain individuals to diagnose and treat ailments; these include shamans, herbalists, magical healers, and others. Each practitioner has a specialty for which he or she is used. For instance, a shaman is used for spiritual healing, while an herbalist diagnoses illness and dispenses herbal medicines. Because of these differences, the identified cause of an illness will influence which healing practices are sought (Culhane-Pera et al., 2004).

Hmong Christians may not believe in soul loss or other traditional beliefs, but may maintain their belief in fright-illness (*ceeb*), or symptoms or illnesses that occur after a frightening event. For traditionally religious Hmong, fright illness is usually treated with traditional massage techniques, followed by a soul-calling ceremony conducted by a shaman. Christian Hmong who believe in fright illness may use the traditional massage technique for treatment, but substitute prayer for a soul-calling ceremony (Capps, 1999).



A Hmong youth in Laos in a community vocational program. Products are sold to tourists, and the income benefits his school. © 2002 Myles F. Elledge. Courtesy of Photoshare.

Illnesses believed to be caused naturally are thought to be caused by an imbalance of metaphysical forces, similar to the Chinese concept of yin/yang, in which a balance of natural elements is essential to health, while an imbalance causes illness or disease. The Hmong believe people get sick from hot or cold, dry or wet, and weather changes, as well as from eating hot or cold foods or liquids which can cause a thermal imbalance of the body. Small creatures that are visible, such as lice, or that are unobservable, such as microorganisms, are thought to cause infectious diseases. It is believed that some diseases run in families and that susceptibility to disease is related to body constitution, for instance, to weak immunity, bad fat or blood, heavy or weak bones, or thinness (Culhane-Pera et al., 2004).

## Suggestion



- Hmong may believe that illness is caused by a combination of natural and supernatural causes and may therefore seek a variety of specialists for diagnosis and treatment.
- Be sure to ask patients about their understanding of their illness and its cause. Show respect for these beliefs and tailor educational messages accordingly.

Many Hmong believe that simply talking about an illness means that they are asking the illness to occur. This belief is closely tied to the emphasis on sustaining harmonious relationships with the spiritual world to maintain health and well-being. It is believed that many diseases are caused by *dabs*, or bad spirits which, when offended, can cause pain, disease, or misfortune (Reznik, Cooper, MacDonald, Benador, & Lemire, 2001). Some Hmong may hesitate to discuss their tuberculosis symptoms as a result of these beliefs.

Illnesses that are not thought to be caused by spiritual influences are often diagnosed by physical appearance, symptoms, and history. They are often treated by massage, cupping, spooning, coining, poking with needles, or herbal medicines. Some of these procedures can cause bruising or unusual markings on the skin. In the United States, the Hmong may combine the use of these traditional methods with a whole range of modern medical care, such as physical therapy or chiropractics (Culhane-Pera et al., 2004).

## Suggestion



- Be aware that a Hmong patient may present with unusual physical markings, such as bruises or redness, on his or her body. These markings may be the result of traditional healing practices, such as cupping, spooning, or coining.
- Inquire about the use of traditional practices or medicines.



For illnesses believed to be caused by spiritual influences, the Hmong may turn to prayers, rituals, chants, and religious ceremonies performed by a shaman (*txiv neeb*). Shamans are highly influential and well-respected members of the Hmong community. Shamans are considered intermediaries between the physical and spiritual world who can cure illness by restoring a person's soul or placating offended ancestors (Cha, 2003). Shamanistic ceremonies are often two-part: a diagnosis ceremony in which a shaman may enter a trance state in order to communicate with spirits to determine the cause of an illness, followed by a healing ceremony if the diagnosis is accepted (Cha, 2003). During the healing ceremony, specific animals may be sacrificed and thus heal the individual. These animals are selected for their value to the spirit world and their strength to fight for an ill person's soul (Johnson, 2002).

Shamans differ from other traditional healers in that shamans are said to be spiritually chosen, whereas others are trained to heal (Deinard & Dunnigan, 1987). Although many Hmong in the United States continue to visit shamans to cure illness, some (often those who have converted to Christianity) may consider aspects of shamanism to be pagan (Deinard & Dunnigan, 1987). Generally, Christian Hmong will pray individually or with their church or pastor rather than perform traditional ceremonies; however, this practice varies among different Christian denominations (Capps, 1994; Culhane-Pera et al., 2004).

Other types of traditional healers also may be consulted, including herbalists, magical healers, or specialists. Herbalists usually diagnose illnesses and dispense herbal medicines made from roots, barks, or animal parts. Magical healers are usually apprenticed to experienced healers, from whom they learn their skill and obtain spiritual connections. There are a variety of magical healers who use specific rituals to diagnose and treat people with illnesses and injuries, including burns, broken bones, and bleeding. Lastly, the Hmong might rely on ordinary men and women who are not recognized as specialists but who have the knowledge and skills to return a person's lost souls (Culhane-Pera et al., 2004; U.S. Department of Health and Human Services, 2004).

## Medical Decision Making

Hmong culture places a high value on the family and clan. Because important decisions are likely to affect all family members, medical decision making is hierarchical with the oldest male family member making the decisions in consultation with other family and clan members (Barrett et al., 1998; Johnson, 2002). Women generally do not make important health care decisions for themselves; instead, their husbands or oldest sons are consulted. Ultimately, the family or clan leader has the final decision-making power (Johnson, 2002). Decision making may take time and require a practitioner's patience, as many Hmong may want to consult with family and clan members.

### Suggestion



- Before making a decision, many Hmong like to get a second opinion, often from clan leaders, to be sure they are making the appropriate decision.
- Refrain from pressuring patients for a decision before they have had time to consult with others.

## Hmong Perspectives on Health Care in the United States

As noted earlier, before immigration to the United States, many Hmong spent years in refugee camps in Thailand. Wat Tham Krabok, a Buddhist temple 2 hours northeast of Bangkok, has hosted Hmong refugees since the 1970s. With only one health clinic and a shortage of both staff and supplies, the residents of Wat Tham Krabok had limited access to Western-based clinical health care before 2004. Additionally, the clinic was severely underused because of mistrust of both the medical system and the staff. As a result, most Hmong refugees living at Wat Tham Krabok relied on traditional health care and Thai health providers outside of the clinic (U.S. Department of Health and Human Services, 2004).

In assimilating and adapting to the United States and its health care system, some Hmong may face conflicts that arise because of differences in traditional and Western medical beliefs and practices, such as differing perspectives on disease etiology. For instance, the Hmong may fear removal of internal organs because of possible interference with reincarnation, or they may fear being unconscious or being put under anesthesia for surgery. Many Hmong hold the notion that blood, once drawn, is not replaced (Deinard & Dunnigan, 1987); this belief may lead to fear or nonacceptance of multiple blood tests. These concerns, along with the opinion that Western treatment may not be effective, may lead to initial refusal or nonadherence to treatment (Johnson, 2002). Reinforcement of the safety of blood tests and the effectiveness of tuberculosis treatment may help allay potential fears and concerns.

### Suggestion



- When working with the Hmong, as with all populations, avoid stereotyping and consider patients as unique individuals.
- Some Hmong may fear blood draws, believing their blood will not be replaced. Therefore, reinforce the safety of blood tests.
- To enhance acceptability and adherence to treatment, highlight the effectiveness of TB treatment and prophylaxis.

In addition to traditional health care practices, many Hmong use Western medicines even though they may lack knowledge about anatomical and physiological functions of the human body. Additionally, the Hmong language lacks words that correlate directly with Western words for disease processes. Consequently, translation in health care settings sometimes requires lengthy explanations and is sometimes impossible. The Hmong may have difficulty comprehending illnesses or diseases they have never encountered before, and some Hmong find chronic illnesses, such as diabetes and hypertension, particularly challenging to comprehend because of the concept of a controllable but not curable condition (Cha, 2003; Johnson, 2002).

Though family-based decision making still persists, there is evidence that the Hmong in the United States are transitioning to a more individualistic approach. Some Hmong will voice their opinions about treatment decisions or will even make decisions without family approval; however, they may still focus on Hmong cultural beliefs and practices when making these decisions. Decisions also may be based on insurance availability, language services, and the relationship with and reputation of the provider (Culhane-Pera et al., 2004).

## Suggestion



- Acknowledge the importance of family-based decision making. Always remember that it is the patient's right to consult with whomever he or she chooses in order to make a decision.
- Make the effort to ask who needs to be involved in consultations and the decision-making process.

Communication between health care providers and Hmong patients can be challenging even when using Hmong interpreters. In a study conducted in Minnesota, findings suggested that providers did not fully understand how the Hmong conceptualized causes and treatments of some ailments. Additionally, patients felt pressured to accept “new” methods on faith alone. The study also found that interpreters experienced role conflicts when they were faced with having to persuade patients to accept medical approaches that contradicted traditional experiences. To address this potential conflict, the authors of the Minnesota study recommended hiring people who could represent the patient’s viewpoint and who held an interagency position distinct from an interpreter’s role (Deinard & Dunnigan, 1987).

Although age and gender distinctions among the Hmong are important, each individual is unique. Like people from other countries, some Hmong have professional degrees and speak English fluently, while others have had no schooling and speak no English. Some retain their animist spiritual traditions, while others have adopted Christianity. Similarly, some Hmong prefer shamans to physicians, and others want state-of-the-art medical technology (Barrett et al., 1998). Therefore, when working with the Hmong, as with all populations, you must consider an individual’s unique circumstances and needs and avoid stereotyping.

## Suggestion



- Explore ways to communicate disease origins and processes in ways that are understandable and helpful to the Hmong patient. In most situations, complex explanations of pathophysiology are probably unnecessary.
- Consider employing ombudsmen or people who represent the patients’ viewpoints during consultation, people who have a distinct role from that of interpreter.