

THE SELF CARE PRACTICES OF THE  
HMONG HILLTRIBE REFUGEES FROM LAOS

by

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## ABSTRACT

The Southeast Asian refugees are the most numerous of the recently arrived refugees to the United States. The Hmong hilltribe people from Laos is one of these refugee groups. There is little known about the Hmong health care practices and ways of reporting to health care professionals. Therefore, this study was undertaken to: (a) describe the broad categories of self-care practices of the Hmong, (b) describe in depth those self-care practices which are related to nutrition, and (c) find out if any central themes occur in the self-care practices which can be differentiated to individual family and/or community practices.

The theoretical framework was drawn mainly from the work of Dorothea E. Orem. Hmong experts were consulted for needed basic linguistic concepts.

Fifteen Hmong men and women ranging from 24 to 69 years of age were selected from a large midwestern metropolitan city. An unstructured open-ended interview was conducted by the investigator and Hmong interpreter with each subject in their homes.

Data analysis consisted of content analysis of the responses. Percentages were used where applicable. In analyzing the self-care practices among the Hmong there

were three major categories: (a) general health practices which included prevention and sickness; (b) nutrition which was separated into general, prenatal, and postpartum nutrition; and (c) mental health practices which were differentiated to family and/or community. When self-care practices are not effective, there is a hierarchy by which people refer themselves to other care providers. These include herbalists, massage persons, spirit callers, shaman, and medical doctors.

The results of this research have implications for nurses and other health professionals involved with the Hmong population. The findings in this study indicated that the Hmong refugees are continuing to carry out their cultural self-care practices in the United States and use a lay hierarchial referral system.

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## FOREWORD

"From time immemorable there has existed in China a race of people (Hmong) whose origins we do not know. Living continuously on the heights, away from all other Asiatics, these men speak a particular language unknown by all those who surround them, and wear a special dress which is seen nowhere else."

F. M. Savina

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## CHAPTER I

### INTRODUCTION

The care of Southeast Asian refugees has been a part of the American health profession's concern since 1974 when the United States accepted approximately one-half of the refugees who fled Southeast Asia in the wake of the Indochinese war. One of these concerns is to discover the health care or self-care practices of the refugees.

The Southeast Asian refugee group under study is the Hmong hilltribe people. They are also known as the "Blue Miao," Hmong, Njua (Geddes, 1976). This group and other ethnic tribal people were guerrilla soldiers trained and employed by the United States Central Intelligence Agency to fight the North Vietnamese and Laotian communist forces in Laos, beginning in the 1960s. However, when the United States military forces withdrew from Laos in 1975, the country was taken over by the communists known as the Pathet Lao who attempted to eliminate the Hmong. About 100,000 Hmong escaped to Thailand, and approximately 60,000 came to the United States with the help of sponsoring organizations (Kohl, 1980; Spencer, 1983).

The Department of Health and Human Services (1982) reported that Southeast Asian refugees were the most

numerous of the recently arrived refugees. Southeast Asians include those from Laos, Vietnam, and Cambodia. Nearly 550,000 were in the United States at the end of the fiscal year 1981, and 70% are resettled in 10 States. Initial settlement of the Hmong took place in Rhode Island, California, Texas, Oregon, Minnesota, and Pennsylvania.

During 1980 and 1981, new patterns of secondary migration developed. The Hmong have sought to reestablish community ties and move to areas that are economically rewarding. This reestablishment of community ties is taking place in California, where two-fifths of the Hmong reside, and in Minnesota, Wisconsin, and Kansas (Haines, 1982; Office of Refugee Resettlement, 1982).

The regional director of Central Valley California Office of Refugee Resettlement recently reported (February, 1983) that unemployment among the Hmong is high (90% to 95%) in the California Central Valley. This report indicates that California is appealing to the Hmong as an area to develop an agrarian economic self-sufficiency through land ownership, and they feel this could occur with the assistance of the federal government. Central Valley, California area providers, however, indicate that such a program would be prohibitively expensive. Other reasons for the Hmong's moving to California are due to good climate and seemingly adequate welfare system (Y. Xiong, personal communications, May, 1983).

The Hmong are from a nonscientific cultural background in which their health care practices were formed. Community health nurses should be aware of these health practices in order to better facilitate their work with the Hmong population. At the present time there is a lack of knowledge about the Hmong health practices and ways of reporting to health care professionals.

There have been some studies on the folk medicine practices of the people of Southeast Asia. Yeatman and Dang (1980) described "coin rubbing" Cao Gio as a known Vietnamese practice. Coin rubbing or "spoon rubbing" is also practiced by the Hmong and this practice is called kaav. However, this practice reveals illness and curing aspects of health, but few studies have been done on self-care practices. A practice of the Hmong that would be considered a self-care practice is the "New Year's Celebration" Noj Peb Caug, whereby the house is cleaned and the malevolent spirits are offered food. Performing these duties brings blessings to the family and ensures good health. Bliatout (1982) explains that Hmong believe good mental health is possessed by keeping one's liver in balance.

A nutritional study of the Hmong population in western Washington State revealed that pre and postnatal traditional dietary practices may strongly influence nutrient adequacy. Women reported a general avoidance of meat, especially pork,

following the birth of a child. Also reported was a decrease in meat consumption during the last trimester of pregnancy. These practices may influence both the late prenatal growth of the fetus and the mother's weight change following pregnancy (Hurlich, 1982).

Some preliminary telephone interviews with Hmong experts have revealed that there are cognitive categories which are used to designate self-care practices. The explanation of the words having to do with health are the negative of illness. For example:

1. Tsus muaj mob is translated as the "negative of sickness."
2. Akev naj gab nyooob xoo means "the way to stay in good health is by eating good."
3. Hua hub means "stay in good health by drinking good" (Vang, personal communication, March, 1983).

Some preliminary categories of health practices that have been identified are: rituals, herbal and folk medicine practices, spiritual, and nutritional practices. At the present time there are very few studies and documentation on the self-care practices of the Hmong.

#### Statement of the Problem

What are the self-care practices currently being followed among the Hmong who reside in a midwestern metropolitan area?

## Purpose

The purpose of this study was threefold:

1. To describe the broad categories of self-care practices of the Hmong;
2. Describe, in depth, those self-care practices which are related to nutrition; and
3. Find out if any central themes occur in the self-care practices which can be differentiated to individual, family, and/or community practices.

## Theoretical Framework

The theoretical framework for this study was comprised of the concept of self-care. Orem (1980) defined self-care as the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being.

The central idea of Orem's theory is that self-care and care of dependent family members are learned behaviors that purposely regulate human structural integrity, functioning, and human development (p. 28). This theory denotes the relationship between "deliberate self-care action of mature and maturing members of social groups and their own development and functioning as well as the relationship of the continuing care of dependent family members to their



functioning and development" (Orem, 1980, p. 28).

The following presuppositions and propositions of Orem's theory on self-care indicate that self-care is learned behavior within a cultural context. Proposition number one states that "self-care and care of dependent family members are learned within the context of social groups by human interaction and communication" (p. 28). Proposition number nine refers to "existing self-care or dependent care systems that are made up of the discrete actions individuals select and perform in sequence in order to meet their particular self-care needs" (p. 29). Presupposition number two brings out the fact that "ways of meeting self-care needs (self-care processes, technologies and practices) are cultural elements and vary with individuals and larger social groups" (Orem, 1980, p. 29).

Orem's theoretical framework for self-care seems to include a total health-illness spectrum. The following are some of the premises that reveal this spectrum:

1. Self-care is based on voluntary actions which humans are capable of undertaking;
2. Self-care is based on deliberate and thoughtful judgments that lead to appropriate action. The individual becomes the principal agent in guiding, directing, and regulating his own behaviors;
3. Self-care is a requirement of every person and is a universal requisite for meeting basic human needs. When

care is not maintained, a detrimental change in health occurs;

4. Adults have the right and responsibility to care for themselves in order to maintain their health, life, and well-being. Sometimes they may have these responsibilities for others as well, including the child and the elderly in the family.

5. Self-care is behavior that evolves through a combination of social and cognitive experiences and is learned through one's interpersonal relationship, commitments, and culture.

Norris (1979) has presented other aspects of self-care that are pertinent to this study. Self-care is defined as those processes that permit people and families to take both initiative and responsibility and to function effectively in developing their own potential for health. The historical aspects of self-care are observed in many societies and persons where the title healer, shaman, and so forth, have and still treat common conditions such as poison ivy, upper respiratory infections, fever, vomiting, diarrhea, headache, and psychological problems. They dispense antipyretics, pain remedies, and poultices to name a few. In some cultures ceremonies accompany treatment. However, with the advent of medical technology, medical science assumed, and society gave away, the monitoring of self-care (Norris, 1979).

Additional characteristics of self-care gleaned from

the literature include the following:

1. Supportive life processes such as brushing teeth, washing hands, bathing, eating regular meals. These processes are part of our social norms (Brubeck, 1981; Norris, 1979).

2. Monitoring/assessing diagnosis such as self-breast examination, cancer warnings, diagnosing minor illnesses, dietary intake, rest, recreation (Irish, 1980; Levin, 1976; Norris, 1979).

3. Therapeutic/corrective self-care: people with chronic illness involved in their own care as far as they are capable (Norris, 1979).

4. Self-care education: This implies goals of promoting health and prevention, detection, and treating diseases at the primary care level. The emphasis is on the individual as decision-maker, but also relies heavily on knowledge and skills that they already possess (Levin, 1978).

The definition of self-care given at the World Conference on Self-Care held in Copenhagen in 1975 is that self-care is a process whereby a lay person functions on his own behalf in health promotion and prevention and in disease detection and treatment at the level of primary health resource in the health care system (Levin, Katz, & Holst, 1976). This definition of self-care presupposes an active and educated public, active on their own behalf, and

educated through a variety of formal and informal channels in the application of effective health care practices.

The literature indicated that there is a lack of universally agreed upon definitions of self-care. The concept of self-care seems to be a derived concept. It may exist as an entity of concepts such as autonomy or rehabilitation. For example, Chickering (1969) described autonomy as that which requires both emotional independence--freedom from continual and pressing needs for reassurance and approval--and instrumental mental independence, the ability to carry out activities and cope with problems without seeking help from others and the ability to be mobile in relation to one's needs. An autonomous individual must be free to act and work as he chooses and must be capable of formulating and following a rule, pattern, or policy of acting and working (Gibbs, 1979).

Rehabilitation also seems to be a related concept. Tiller and Wyllie (1978) stated that the goal of rehabilitation is to provide a format for teaching skills required for daily and independent living such as handling responsibility of: money-handling, measurement, telling time, shopping, housekeeping, personal hygiene, transportation, and personal identification. Knowing the degree of independence a person possesses would be one way to determine the self-care capabilities of an individual.

Each society may be said to construct its own health

system according to historical, cultural, and psychological forces. Description and specification of the present varieties of self-care practices in the Hmong population, in their recent historical development as well as in their specific current manifestations, are an important part of descriptive research. Hmong in the United States come from a nonindustrialized society and one in which health and illness are approached in a nonscientific way. It would be important to see if indeed self-care practices do exist in this population at the present time.

In order to understand how the Hmong integrate self-care practices with a lay referral system, Friedson's (1970) lay referral systems are discussed. Freidson (1970) believed that implicit in a conception of illness is participation in a given cultural or system of knowledge and meaning. Although there is a wide variation in the content of the cultures of human groups, Friedson thought that the "essential characteristic of any of those widely varying human cultures is their compatability with that of modern medicine" (p. 287). Therefore, the Hmong, coming from a nonscientific background may be further away in their compatability with modern medicine than people from a western industrial society.

There are four types of lay referral systems described by Friedson (1970). The first system is one in which people participate primarily in an indigenous lay culture which is

different from that of professionals and in which there is a highly extended cohesive lay referral structure. In this indigenous extended system the individual may be expected to show a high degree of resistance to using health services.

The second type of lay referral system has the same indigenous culture as the first, but varies in having a truncated referral structure which allows the individual to act entirely on his own. The individual may be expected to try professional services sooner and under less desperate circumstances than a person in the indigenous extended system.

The third type is found when lay and professional cultures are very much alike. The individual will treat himself for disorders he feels competent to handle since his knowledge and understanding are much like the physicians. This individual will go directly from self-treatment to a physician.

In the fourth type of lay referral system, the individual is less likely to use the services of a nonmedical healer. This system involves an extended and cohesive referral structure and a culture similar to that of the professionals.

### Research Questions

1. What are the current individual self-care practices which exist among Hmong in the United States?
2. Are there any central themes that relate to family and/or community practices?

### Definition of Terms

Tsis muaj mob: The "negative of sickness."

Akev Naj qab nyooob xoo: The "way to stay in good health is by eating good."

Hua hub: The "way to stay in good health is by drinking good."

Huv Phige: A ritual of calling the soul back to a person.

Cao Gia: Vietnamese word for "coin rubbing." Folk medicine practice.

Kaav: Hmong word for "coin rubbing," folk medicine practice.

### Assumption

For the purpose of this study, the following assumption was made that the Hmong interpreter will provide an accurate interpretation of what the interviewees have told him.

### Limitation

The researcher was limited to the interpretation of the interpreter.

### Review of the Literature

To orient people to an understanding of the culture of the Hmong refugees, selected aspects of their traditional practices and historical background are discussed in the review of the literature. Since there is a limited number of studies on the Hmong, much of the literature review is taken from Geddes (1976), an Australian anthropologist. He lived with the Blue Hmong in Meto, Thailand, over several periods of time in the late 1960s and early 1970s.

Almost 85% of all the surface of area of Indochina is in highlands and mountains which reach heights of 8,000 feet. The poorer highlands of North Vietnam, Burma, Thailand and Laos have been settled in the past 100 years by minority ethno-linguistic groups such as the Hmong hilltribe people, where they live in remote and isolated villages (Vang, 1979). It is reported that the Hmong look back to a common ancestor chieftain Ch'ih-yu, who was defeated by the Yellow Emperor of China at a date prior to the days when Abraham went forth from Ur of the Chaldees to go into the land of Canaan (Geddes, 1976). According to Chinese historians, the Miao, Hmong were driven off the plains of both the Yellow and



Yangtze Rivers by the Chinese between 2700 and 2300 B.C. Hmong groups present gradations of similarity to Chinese in their economy, and to a lesser extent, in cultural practices. Lack of intermarriage of Hmong with Chinese has reinforced a strong sense of ethnic identity (Geddes, 1976; Hudspeth, 1937). It is generally agreed that the Hmong belong to the Sino-Tibetan language group. The language is monosyllabic, has seven tones, and has only recently been developed, mainly by the missionaries. The Chinese called the Hmong "Miao" or barbarians, and in Thailand and Laos they are called "Meo" which is a Sino-Annamite rendering of the Chinese word "Miao." However, they continue to call themselves Hmong, meaning "free man" (Geddes, 1976; Vang, 1979).

#### Hmong Kinship and Social Organization

The Hmong kinship and social organization described here are the structures which existed in their family life in their homeland. However, living in the western world may have altered some of these social structures. Hmong culture is uniquely structured in corporate kinship groups. Barney (1967) described the Hmong social structure as, "The patrilineal clan of the Hmong dominates their social organization, serving as a primary focus for their culture as a whole by tying together social, political, economic, and religious aspects of behavior (p. 94). The function which the clans serve is security and prosperity in the world of natural and supernatural forces.

The Xem (clan within the tribe) is based on descent from a common mythological ancestor and regulates marriage through a rule of exogamy. Descent is determined by biological ties from father and son. There are over 20 clan names, but only 15 are used. These names are: Xiong, Yang, Lee, Moua, Her, Lor, Vang, Thao, Kue, Chang, Vue, Kha, Kong, Hang, and Pha. Members of a household always carry their clan names in addition to given names (Vang, 1979). Geddes (1975) stated that "in any generation up to half of the adult members may not be patrilineal descendants of previous generations" (pp. 56-57). This is because the recruiting principle of the clan is not patrilineal descent, but marriage. The fact that marriage is virilocal (wives join their husband's group) gives the groups their basically patrilineal appearance. After marriage, a woman is introduced to the "house spirits" in her husband's house. Thereafter, she participates in all the ceremonies of his clan and its subdivisions. Only when a marriage ends may a wife return to her natural clan. A clan gains prestige by increasing its membership and this increase in membership, in turn, increases the amount of power from the ancestral cult. The clan functions as a structure of enculturation of family members to Hmong society and religious ceremonies (Geddes, 1976).

Geddes (1976) observed that the dispersed nature of the clans precludes them from operating as unified groups. They have no political organization, but their local representative

at any assembly can be regarded as representing the whole. By contrast, the role of kinship in Hmong politics in the United States is revealed by the structure and operation of the Lao Family Community, Incorporation, which is one social service organization serving the Hmong. This organization has ties to a national Hmong leadership group. Organizational policies work at a local level by being supported by the majority of influential leaders of the large sub-clans (Dunnigan, 1982).

On the widest clan level there is a general idea of reciprocity as long as it does not conflict with interests of sub-clan members. Clansmen usually recognize a right of fellow clansmen to settle within a general territory, and these ties can be an important aid in migration. Important for the Hmong refugees is that families have been able to re-establish themselves in local support groups through clan affiliation (Dunnigan, 1982; Geddes, 1976).

Sub-clans were associations of persons or organized work units within the clan who were closely linked with one another. They were based on "known presumed" former associations. Their uniting principle was the same as that in the clan. They were spiritual associations symbolized by the same ritual practices and the same mythology. They did not, however, have names to perpetuate their distinction. They existed as single groups as long as the rituals of all members remained the same... Examples of common differences

were: (a) the manner in which oxen sacrificed in ceremonies to cure sickness was divided up; (b) variation in the forms of respect shown the house spirits; and (c) in the time of the year when ceremonies were held. Members of a sub-clan are expected to live in close harmony (Geddes, 1976).

### Family Relationships

The first degree of family relationships includes the specific relationships of husband-wife, father-son, father-daughter, mother-son, mother-daughter, and brother-sister. The second degree of relationships includes all relationships one degree removed from the nuclear family. These are grandfather-grandson, father's brother, father's sister, brother's wife, wife's brother, and daughter's husband. This category of relationships stands as an area of relationship independently of the clan and lineage system although they overlap with it. This range of close relatives (many made through marriage) provides a person with opportunities to vary his life and seek improvement beyond his birthplace and the confines of his clan (Geddes, 1976).

Relationships do not stop at the second degree, but those beyond it are less important. For example, as children marry, new second degree relations are being made, and older people are no longer forming them. Because the number of such relations could be large, it is important to have a means of discriminating among them if they are to have any

value as proving special bonds in the social world. The "family line" or ancestral cult is one form of discrimination made by a conception expressed in ritual form.

### Ancestral Cult

Families make offerings to ancestral spirits to secure their welfare. The following illustrates the ancestral spirits honored by a family. First generation level includes: spirits of my mothers, spirits of my fathers, spirits of my father's sisters, my father's sister's husband. Second generation level includes the spirits of my grandfathers. Third generation level includes spirits of my great grandfathers, spirits of my great grandfather's wives, sisters, and all ancient spirits (Geddes, 1976). At all generation levels, brothers of the father are classified with the father as also are wives of these father's brothers and their mother. Most Hmong spend part of their lives in extended families which might include two or more married sons of the family head.

In Hmong practices, since the family is extended patrilineally, the first ascending generations in the ancestral set (father's sisters and their husbands) are not classified under family terms, but are described in terms of their ritual relationships. They are a category of persons, closely associated with the family but outside it as a domestic unit, with whom practical relationships will be

of different order from those within the family.

The ancestral cult or "family line" being discussed is in the context of ancestral ritual. The person carrying out the ritual will be the oldest man in the family. The line comprises wives coming from outside, but are incorporated into the family. When daughters marry, the family retains a residual interest in them. Members of the separate family lines into which they have been incorporated will constitute a special class of remote relatives.

The ancestral cult symbolizes the spiritual unity of the family household. Husbands of daughters, for example, are included because they are directly linked to persons who have shared in the "communion." Wives who join the group participate in the "communion" only after they have separated from their relatives. The continuity of the household group is symbolized by the practice when families leave a house to set up new houses they take some ashes from the big fireplace to deposit in the fireplaces of their new homes, thus transferring the fireplace spirit. A symbolic connection with the old house is also maintained by the practice of burying the placenta of a boy beside the center post. When he dies, his spirit will return to the site to resume the placenta before returning to the spirit parents in the other world (Geddes, 1976).

The households of brothers usually maintain close links. Although the households usually work their fields alone,

they assist one another when there is need for extra labor, in times of sickness, and at major ceremonies. Also, they jointly contribute to the welfare of the parents and manage funerals together (Geddes, 1976). The nuclear family serves to train children with everyone in the household taking part in the informal education and training of the young (Vang, 1979).

### Economy--Technology

Hmong social organization was closely intertwined with the traditional economic system in both Laos and Thailand. Dalton (1971), in his analysis of traditional economics, stated that:

Primitive economics are so organized that the allocation of labor and land, organization of work in the production processes (farming, herding, construction, of buildings and equipment) and the disposition of produced goods and specialist services (gunsmiths, silversmiths), are expressions of underlying kinship obligation, tribal affiliation, religious and moral duty. (p. 183)

This appears to be the situation with the Hmong society. In Hmong traditional economic structure and performance, the size of the economy was generally on a small scale and the technology simple. The group was constrained by physical resources and depended greatly on human organization for ordinary production processes as well as emergencies. Thus, kinship became a definite core tied to economic production activities in the Hmong culture. The Hmong were basically

self-supporting with the sub-clans. Trade occurred between sub-clans, and the transactional modes of reciprocity and redistribution were related to kinship ties and obligation for maintenance, basic community services, and emergencies. Market exchange was limited except near large cities (Capps, 1983).

Hmong technology was simple. Tools were handmade and water buffalo were used. Turnover of land was rapid with the predominant use of slash and burn (swidden) agricultural practices. The major crops were rice, corn, potatoes, spinach, and squash. However, their major external trade item was opium (Geddes, 1976).

Because of historical circumstances in China (e.g., the Opium War of 1840-1842), the Hmong developed a cash economy based upon opium which they brought with them to Thailand, Laos, and Burma. These countries are popularly known as the "Golden Triangle." This economy included cultivation techniques and trading processes. Traditionally associated with the Hmong were Chinese traders who acted as intermediaries between the towns and the tribal producers. These Chinese traders lived in Hmong villages and were part of the "human symbiotic complex." Opium economy promoted settlement instability and encouraged migration to areas of 3,000 to 5,000 feet above sea level and with soil suited to a productive crop. In the best areas, opium may be grown for up to 20 years in the same ground. However, at Meto,



Thailand, the average was eight years. Opium is used by the Hmong mainly for the elderly and medicinal purposes for the severely ill (Geddes, 1976).

Although most Laotian Hmong practiced slash and burn (swidden) agriculture the Laotian government did provide some with formal education. During the Vietnam War these Hmong worked for the Laotian government, military, and programs sponsored by the United States such as Agency for International Development which prepared them for leadership roles. As a result, the Hmong society was partially transformed during 1960 through 1975 (Dunnigan, 1982).

### Religion

The traditional Hmong religion comprised essentially three interrelated elements: animism, ancestor worship, and shamanism. According to this religious view, events in the world, both human and religious, are governed by supernatural agents. Spirits, dab, are pervasive in the environment; dab nyeg are of a "tame" nature residing in houses, parts of the villages, and cultivated fields; dab qus are those of a "wild" nature existing in trees, river rocks, and animals of the forest. Ancestral spirits, dab txwvkoob, together with the spirits have to be propitiated with offerings, txi dab, if the conditions of life over which they hold sway are to remain favorable to the people. Most human fortune and misfortune, most phenomena of any kind,

is explained in terms of the actions of these supernatural agents. All human illness is explained either directly by soul loss or demonic possession or by inopportune disturbance of a spirit's abode, or the punishment of an ancestral spirit for social impropriety (Downing, 1982; Geddes, 1976; Whitemore, 1979).

Hmong believe that a person has seven souls. One or more may become separated from the body, trapped, or wandering. When the soul becomes separated from the body, illness results, and the family may call the services of the Shaman who will diagnose the cause of the illness and usually prescribe and perform a ritual appropriate for the illness. The cause of the illness may be a lapse of tenderness or care by parents to a child, some wrongful act, or neglect of duty (Geddes, 1976).

The village as a "religious community" provides security for the group as a whole against the dangers of the world around and for individual members against the supernatural world. A lineage in Hmong society is historical and has a spiritual structure which links people within the clan. It is not formed by biological ties. Lineage is a "spiritual community" united by the fact that all its members worship the same set of ancestors and have the same rituals. The genealogy linking ancestor to the living is usually not longer than two generations. Within each nuclear family is the ancestral spirits of the husband.

Incorporated here are the ancestral spirits of the wife. Children have common ancestral spirits from both mother and father (Geddes, 1976).

### Shaman

The main work of the shaman for the Hmong is in connection with sickness, in either its cure or prevention. However, the shaman also has "eyes to see into the supernatural world, or ritual means of finding out what goes on there. He can make contact with its spiritual inhabitants and influence what happens in it" (Geddes, 1976, p. 97).

Krus (1972) characterizes shamans in the following manner:

1. They are a chosen person.
2. They are unique, personal, and other-worldly involving the entrance into his body of a powerful spirit familiar. This is not possession in the demonic sense. The spirit is a helping one whose wish is to teach the shaman and support him in his calling.
3. Eventually a shaman possesses secrets and powerful knowledge and becomes the master of paraphernalia and rituals of his profession, and is so recognized by his fellows.
4. A shaman's responsibilities are to his tribe and his powers are to be used in their interests.
5. At the request of his people and in the context of a seance or ritual with its awe-inspiring shamanistic

paraphernalia, the shaman's spirit leaves his body and undertakes immense journeys into the heights of the heavens and the depths of the sea or the earth, there to intercede with a variety of deities on the behalf of the people

6. The information gained on these odysseys enables the shaman to cure ill, locate food, foretell the future, identify evil doers, and bring good fortune.

Studies by Boyer et al. (1964) revealed that the shaman regards himself as an observer, while his society sees him as both observer and interpreter. He regards himself as the medium through which the messages pass from the powers to the group in order that appropriate steps might be taken. The shaman translates and interprets the messages according to the language and symbols of his mythic training.

#### Funeral Religious Ceremony

The traditional funeral ceremony was of a religious nature. In Laos this ceremony may have lasted two weeks. The day of burial, hnuv tshwm tshav, was its primary focus which was to facilitate the journey of the soul of the deceased to the nether-world. Animals were sacrificed to sustain the soul on its journey and to secure the guidance of the spirits. Guns were fired to frighten away evil spirits, and drums and wind instruments were played to announce to the ancestral spirits that a new soul would soon

be joining them. Family members would dance to show respect to the departed soul and all its ancestral relatives (Downing & Olney, 1982).

### Ceremonies

Ceremonies common to all clans usually have two functions: One is outside the household; the other is that ceremonies distinguish one clan from another, thus contributing to clan identity. But the inner strength of clanship comes from the relationship members conceive to have to one another. Some of the ceremonial distinctions in the various ceremonies are in the types of animals sacrificed, in the way offerings to the spirit are laid out, and in the way invocations are rendered. For example, there are differences concerning the "house spirits." Every Blue Miao (Hmong) household in Thailand has a shrine for the house spirit, Sier Klang. Both the spirit and the shrine are called Sier Klang. A white paper about nine inches square, to which red neck feathers or white breast feathers of fowls are dipped with blood and attached, is offered to Sier Klang as a sacrifice. Some clans have the shrine on the wall opposite the door of the house; others have it on the wall to the right of the door. At the time of New Year's festival, a ceremony is held for Sier Klang who is known as the protective house spirit. This ceremony is carried out by

the head of the household. There are four other spirits important to the household: (a) the spirit of the door or Klang Kla Chong, (b) The spirit of the central post, (c) The spirit of the big fireplace, and (d) the spirit of small fireplace. The fireplace spirits are not the subject of special ceremonies except when a house is abandoned (Geddes, 1976). In Laos the spirit of the central post resides in a pole in the middle of the house. A patch of white cloth is tied to the pole to keep the evil spirits away. This pole is not to be touched as doing so violates the spirit (T. F. Vang, personal communication, March, 1983).

Huv Phige, to call the soul of a person, is a ritual whereby the soul is called back to the person. When Phige leaves the body, this absence causes illness. The soul can be recalled and mental and physical health restored. When, for example, a child has a headache, his soul has probably wandered away. The ritual of Huv Phige consists of lighted joss sticks, the killing of a chicken, and offering of eggs to get the soul back. The head of the house or a shaman will stand at the door of the house and will call the spirits (T. F. Vang, personal communication, May, 1983).

At the New Year's celebration, a ceremony was held for the Sier Klang, the protective house spirit. On New Year's Eve, sacrifices were also made to the spirits of the family line with a request for their help in the protection of members of the household and its crops. The head of the

household intones the following incantation:

Today the New Year is about to come. The old year is going to pass. All souls please come here. We have plenty of food for you. Please do not believe those who are trying to persuade you to go elsewhere. Come and stay until you are old, until your hair has become silver. All the souls of horses, cattle, pigs, and chickens please come home. (Geddes, 1976, p. 77)

T. F. Vang (personal communication, May, 1983) a Hmong working at the Chicago Office of Refugee Resettlement, stated that the New Year's celebration is more psychological. "In the traditional way the family cleans the house and feeds the spirits of ancestors. If a family does these things, they feel they have done their duty. However, when someone becomes ill, it is because one didn't do the practices expected on New Year's." Vang added that the New Year is celebrated so blessings will come to the family and the family will stay in good health.

#### Herbalists and Folk Medicine Practices

Traditionally when a Hmong person became ill, besides procuring the assistance of the shaman, he may also receive treatment from an herbalist. Some of the folk medicine treatments consist of:

1. drinking plant material solution after boiling,
2. cooking plant material with food,
3. scattering plant pieces on food,
4. mixing materials with substances and applying

them directly to the affected area, and

5. wrapping special leaves around ankles and wrists for fever.

When Hmong healers came to the United States from the refugee camps in Thailand, they brought some herbs with them. The supplies have now been exhausted and many healers are unable to practice. However, some of the plants used by the Hmong are seen at Como Park Conservatory in St. Paul, Minnesota. Further research may identify these plants so that western medicine might be able to take advantage of their apparent curative powers (Kohl, 1980; Nguyen & Bounthinh, 1980).

The Hmong ascribe to common Indochinese medicine. Some traditional medicines are taken as tonics to prevent illness or they are used to treat a particular disease. This fact would make it important not only for physicians but also for community health nurses to ask if Hmong patients are taking traditional herbs or tonics. A survey at a prenatal clinic at the Kai Tak Transit Center for Indochinese refugees in Hong Kong revealed that 16 out of 40 pregnant patients were taking herbs as part of their prenatal care. A postpartum preparation was also used to minimize the loss of blood and to ensure complete discharge of the placenta (Goldfield & Lee, 1980).

Another Indochinese folk medicine treatment that is also practiced by the Hmong is "coin rubbing" or Kaav. To



an untrained eye this practice could be taken for abuse, as it leaves marks on the body for a few days which resemble whip markings. However, the Indochinese believe this practice temporarily relieves pain, improves circulation and inhalation, and improves general health (Nguyen & Bouthinh, 1980). A survey of 50 Vietnamese people was conducted by two physicians. This survey took place four years after their entry into the United States to determine the prevalence of the practice of coin rubbing. Thirteen questions were asked in the survey which included what signs and symptoms the treatment is good for and what parts of the body are used for the massage. They discovered that the back, neck, head, shoulders, and chest are the predominant sites used. The back is preferred for upper respiratory and flu-like symptoms. For example, the back and chest can be massaged with a medicated substance such as mentholated ointment or oil. Firm, downward strokes with a coin or spoon over the spine and ribs produce petechiae and ecchymoses.

For headaches, the head is massaged in a temporofrontal direction and the skin between the eyebrows is pinched until reddened. For cough, nausea, and vomiting, the neck and chest are preferred sites and the sternomastoid muscle is compressed at the point of its insertion into the sternum.

The respondents claimed to feel better after this treatment and no one knew of anyone having been harmed by the

procedure. The two physicians doing the study stated that the skin is not usually broken by the practice and they did not know of any complications occurring from coin rubbing. They felt that massage could be a positive technique promoting a sense of well-being (Yeatman & Dang, 1980).

### Nutritional Practices

Little has been documented about the nutritional status of Indochinese refugees. A special medical record survey to obtain selected nutrition-related data on Southeast Asian refugee children under six years of age was developed by the Nutrition Division of the Centers for Disease Control in Atlanta. Four clinics in Washington and California screened 820 refugee children arriving between July 1979 and June 1980. Hemoglobin, hematocrit, and anthropometric data were compared to those of a comparison group of Southeast Asian children screened prior to 1979 and to a national health examination survey refugee population.

The findings showed that substantially more members of the survey group were stunted, and children over 24 months of age were more severely stunted than younger children. The overall prevalence of wasting was 3% for the survey group, but children less than two years of age had a higher prevalence. The refugee group was nutritionally worse off than the comparison group in all survey parameters. Anemia was found higher among those refugees screened two to six

weeks after entry into the United States (41%) than for those tested within the first two weeks (30%). This increased anemia was interpreted as reflecting the impact of a difficult adjustment period for the children being exposed to American diet for the first time (Peck, Chuang, & Robbins, 1981).

A dietary survey was conducted among 39 Hmong individuals living in western Washington State in rural towns within 30 miles of Seattle. Twenty-two subjects were male and 17 were females between the ages of 15 and 40 plus years of age who had been in the United States one and one-half years. The results from this survey showed that foods most likely eaten for the first time in the United States and most liked on the "new foods" list included: apples, fruit juice, frozen fruits and vegetables, peanut butter, ground beef, grapes, and bread. Men more frequently ate chicken, pork, and other meats than women. Eggs, peanut butter, fruit, milk, and sweets were more frequently eaten by the women. Younger males and females between 15 and 20 years of age ate a wider variety of foods than those over 40 years of age.

Although older Americans eat a smaller variety of foods and a lower consumption of calories, the study revealed the differences in the variety of foods consumed are not as great for the American population as are reported for the older Hmong. An observation about the older Hmong

is that they are attempting to maintain traditional dietary practices and eat a restricted variety of foods. Older people also boil vegetables for long periods of time, consume the vegetable water, and discard the vegetables (Hurlich, 1981).

Prenatal and postnatal dietary practices were also revealed in this study. Some women reported a decreased meat consumption during the last trimester of pregnancy. Many of the women interviewed reported avoiding meat, especially pork, following the birth of a child. Such practices may influence the prenatal growth of the fetus and the woman's change following pregnancy (Hurlich, 1981).

### Concepts of Mental Health

The literature concerning mental health in the Hmong culture is limited. Hmong have evolved their own theory on the causes of mental health and have their own descriptive words for types of mental health problems. Bliatout (1982) explained 6 of 20 different words describing various problems. In Hmong society, mental health or emotional problems are linked to problems of the liver. A person either has or does not have a problem of the liver. The liver has many functions. For example, it forms part of the digestive tract, cleans the blood, and produces essential enzymes. Without a good functioning liver the body, indeed, would be out of balance. A person with problems

of the liver is "crazy:" a crazy person is like a village idiot who is unkempt and babbles incoherently, or else is inexplicably violent. Because of this black-and-white concept of liver problems (see Figure 1 on page 35), there is a great stigma attached to admitting that a family member is experiencing mental health problems (Bliatout, 1982).

Hmong people have three types of healers: (a) herbal medicinemen, kws tshuaj, (b) spirit callers and spirit communicators, Txiv Plig, Txiv Neeb, and (c) Shaman, Tus Ua Khawv Koob. Herbal medicine of the Hmong are herbs and roots which are used fresh. The herbalist can cure diarrhea, infertility, malaria, smallpox, headaches, and body aches. The spirit caller is only able to call a wandering soul back to the appropriate body. The spirit communicator, in addition to calling a soul back to the body, can also communicate with the spiritual world and obtain information from the spirits. The shaman uses a certain type of magic to perform his skills. The shaman can perform a curse on a person and is also able to cure such illness as bullet wounds, broken bones, infection, or other minor sicknesses (Bliatout, 1982).

The Hmong have a sense of "keeping in good mental health" that is not that different from the western society's belief. To have success in one's family, Hmong believe it is important that there is love and care of the members of the family. The clan, being a large extended family, helps

Hmong	English	Causes	Symptoms
Siab Phem	Ugly Liver	Spiritual, curses, great personal loss.	Destruction of environment, verbal abuse.
Nyuab	Difficult Liver	Loss of family status, country.	Excessive worry, crying, confusion, loss of sleep, appetite, delusions.
Tub Siab	Short Liver	Trauma, severe sickness, congenital.	Extreme bad temper, easily angered, violent behavior, sweating, flushed appearance.
Kho Siab	Murmuring Liver	Separation or loss of loved one; guilt.	Nervous habits (whistling, humming, pacing), eccentric or deviant behavior.
Lwj Siab	Rotten Liver	Stressful family relations, constant unfulfillment of goals.	Loss of memory, short temper, delusions.

Figure 1. Examples of sick livers.

members maintain good mental health. In Laos, responsibility is given to children at an early age. Sons are taught to play musical instruments and learn about the various religious activities of the family. Daughters help with the care of younger children and learn family responsibilities. In the United States, for Hmong to have a successful family, the children must learn English and be educated to prepare themselves for future work (Bliatout, personal communication, May, 1983).

## CHAPTER II

### METHODOLOGY

This research was a descriptive study. It was designed to investigate the self-care practices as they exist among the Hmong refugees in a midwestern metropolitan area in the United States.

#### Setting

There were approximately 800 Hmong living in a midwestern metropolitan area; the majority of these settled in three housing projects where there was some land available for them to plant small vegetable gardens. The public health department employed three Hmong interpreters to help alleviate health concerns for this population. A majority of the Hmong attend the various clinics and participate in programs such as Women, Infants, and Children (WIC) at the health department. The Healthy Start program includes a nurse who focuses mainly at outreaching the Hmong. One area hospital has three physicians who allow Hmong women to deliver their babies in the traditional Hmong manner. There are two social service organization in the area serving the refugees: (a) the Lao Family Community, Incorporated, a national social service organization; and



(b) The Indochinese Community Service Center which provides a variety of services.

### Subjects

The subjects of this study were a convenience sample of 17 Hmong people. Included in these 17 subjects were two Hmong experts who were consulted for any needed basic linguistic concepts. Also included in the study was an older woman experienced in massage, zaws plad; the son of a shaman; several herbalists; and a spirit caller. Findings of this study were based on the interviews with the 15 Hmong who resided in the midwestern metropolitan area.

In order to gain access to the Hmong residents, permission was received from the Hmong clan leaders to conduct the study (see Appendix A). Hmong men and women were selected who were knowledgeable about the traditional health care practices. They were asked to participate in the study by the interpreter reading a letter of introduction in the Hmong language with the English translation (see Appendix B). This procedure was followed as the Hmong women do not read or write the Hmong language. People who agreed to participate in the study verbally granted their consent.

### Instrument

The instrument for this study was an unstructured, open-ended interview. The questions were concerned with

descriptions of traditional and current health care practices of the Hmong currently residing in the United States. The two known Hmong experts were consulted by telephone to identify the appropriate Hmong words to be used to elicit the Hmong cognitive health domains. For example, the Hmong concept of health is limited, and they do not have a word for health. Therefore, when inquiring as to how a Hmong person stays healthy, one would ask, "How do you keep yourself from not getting sick?" (Tsis Muaj mob). It was important to pinpoint body illnesses. For example, a question would be asked, "How do you keep yourself from not having headaches or from not having pain in the stomach?" After identifying the Hmong cognitive domains for self-care practices, the investigator and interpreter queried participants of the study as to key attributes which differentiate cognitive domains. Hmong cognitive domains addressed were nutrition, physiological, spiritual, and mental health practices.

Transcriptions of interviews were analyzed by the investigator to determine the shared definitions of participants with regard to cognitive domains of self-care practices. Definitional comparisons of cognitive domains were utilized to develop taxonomies of Hmong self-care practices.

### Data Collection Procedure

The interpreter informed participants of the purpose of the study (see Appendix B). Participants were interviewed by the interpreter. The investigator was present to monitor and clarify the interviewing process between the interpreter and participants. All interviews were recorded by the investigator. Interviews were approximately two hours in length.

Raw data were only available to the investigator. Confidentiality of all data collected was assured and no informant was identified by name. The data were recorded in longhand after translation was given by a bilingual Hmong interpreter.

### Statement of Risk

There was no anticipated risk to the participants in this study. Anonymity was guarded by the investigator. Only the investigator had access to the raw data.

### Data Analysis

The data collected from the unstructured, open-ended interview were analyzed by the method of content analysis. The interviews were reviewed by two nurses and common themes were identified in the content of the responses. When indicated, percentages were calculated on certain variables.

## CHAPTER III

### ANALYSIS OF THE DATA

#### Introduction

This chapter will present the findings of this study. The purpose of this study was to: (a) describe the broad categories of self-care practices of the Hmong, (b) describe in depth those self-care practices which are related to nutrition, and (c) find out if any central themes occur in the self-care practices which can be differentiated to individual, family and/or community practices.

The following research questions were proposed:

1. What are the current individual self-care practices which exist among Hmong in the United States?
2. Are there any central themes that relate to family and/or community practices.

#### Description of Subjects

The subjects in this study were 15 Blue Hmong, Hmong Njua, living in a large midwestern city. All subjects were interviewed in their homes. The following tables

indicate the sex, age, education, and present employment status of the respondents.

### Sex and Age

Of the 15 subjects in this study, 9 were male (60%) and 6 were female (40%). The ages of the respondents ranged from 24 to 69 years of age (see Table 1).

Table 1  
Sex and Age of the 15 Respondents in This Study

Age Group	<u>n</u>	%	Gender	
			Female	Male
24 - 39	4	27	0	4
40 - 54	6	40	2	4
55 - 69	5	33	4	1

### Educational Background of the Respondents

Six of the male respondents (67%) had some degree of formal education, and three did not have any formal education (see Table 2 on page 43).

Table 2  
Educational Background of Men and Women  
in the Hmong Sample

Sex	Graduate Equivalent Diploma (USA)		6th Grade (Laos)		5th Grade (Laos)		3rd Grade (Laos)		2nd Grade (Laos)		No Formal Education	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
Men	2	22	1	11	1	11	1	11	1	11	3	34
Women	0	00	0	00	0	00	0	00	0	00	6	100

The majority of the male respondents had literacy in five languages. This was because they were exposed to the Laotians, French, and Americans in Laos. Thailand is geographically close to Laos and the Thai language, being similar to the Lao language, afforded them the opportunity to learn this language also. All of the women respondents could only speak Hmong. They did not have formal educations (see Table 3 on page 44).

Table 3  
Language Skills of Men and Women in the  
Hmong Sample

	Hmong	Laotian	Thai	French	English
Men					
Read	9	7	6	2	8
Write	9	7	6	2	6
Speak	9	9	9	3	9
Women					
Read					
Write					
Speak	6				

Present Employment Status of Respondents

Two (22%) of the male respondents were working in professional service. Two other male respondents were working at paraprofessional levels. Five (56%) male respondents were engaged in manual labor. Two (22%) male respondents were unemployed (see Table 4 on page 45).

Table 4  
Present Employment Status of 11 Men in This Sample

Janitor	Housekeeper Medical Center	State Project Project	Translator	Dept. of Public Safety
1	1	3	1	1
Outreach Parasocial Worker		Unemployed	U.S. Dept. of Health and Human Services	
1		2	1	

Two (33%) female respondents were engaged as herbalists and derived a small income from this activity. Two female respondents sewed Hmong crafts in their homes and sold them through friends. Two female respondents were unemployed (see Table 5).

Table 5  
Present Employment Status of the Six Hmong  
Women in This Sample

Sewing Hmong Crafts	Herbalists	Unemployed
2	2	2



## Research Question 1

What are the current individual self-care practices which exist among Hmong in the United States?

This Research Question will include a discussion of general health and nutritional practices. General health will be separated into prevention and sickness. Nutrition will be separated into general, prenatal, and postpartum nutrition.

### General Health

#### Prevention

Under the category of general health the Hmong practice health promotion. A variety of health practices which have been utilized prior to their arrival in the United States are used by the Hmong. These practices include gathering fresh vegetables from the garden or buying fresh food at the market; and cooking food by boiling, steaming, or frying and serving it warm. The boiling and filtering of water is also done in the United States because the fat substance in the water may cause bladder problems. The fat referred to is "the soft, gray material found in the pan after boiling." Men drink alcoholic beverages only at celebrations such as New Year's and weddings. Hmong women do not drink alcoholic beverages. Good body hygiene, a clean home environment, and

exercise are also important to staying healthy.

There are spiritual practices that the Hmong believe help keep them healthy. In Laos the Hmong traditionally would go to the shaman once a year. He performed a special ritual to prevent illness. Along with the ritual was the killing of three chickens or a 50-pound pig which was consumed by the family and portions of the cooked animal then given to the shaman as his payment.

In the United States, however, because of the scarcity of shamans and many conversions of the Hmong families to the Christian faith, praying to God asking for protection against illness is the more common practice. Some families pray before meals, before retiring, and on rising in the morning. All stated they pray as individuals and as a family at home and in Church. In the midwestern state in which this study was conducted there is not a shaman. However, one respondent stated that in other parts of the United States, where there are shaman, traditional rituals for illness prevention are practiced.

Two respondents stated that besides prayer, each individual is responsible to keep harmony in the family (husband and wife agree on things); have a balanced life (do not overeat, daily exercise, stay within the speed limit). Before making a decision, one respondent related that he "prays and thinks through the situation."

### Sickness/Cou Mob

When Hmong become sick there is a hierarchy by which they make self-referrals. First they treat themselves with various home remedies. When these are unsuccessful, they may go to an herbalist or massage person. If these treatments are still unsuccessful, they go to a spirit caller or shaman. Since living in the United States there is more of an opportunity to get medical attention from a health care facility. When the Hmong lived in the mountains of Laos, medical facilities were almost totally unavailable to them.

The symptoms that indicate a Hmong is in a state of sickness are: headache, fever, chill, stomachache, sore throat, diarrhea, constipation, bleeding, and bodily injury. When these symptoms occur there are a variety of treatments that individuals self-prescribe.

There are several types of headaches. One originates from inside the brain and is associated with deep pain. Treatment is to hit all sections of the head with the cup of a person's hand. A regular headache causes light pain. Treatment is to mix the white of an egg with ginger and massage the forehead, down the back of the individual. Herbs are also mashed and wrapped in a cloth and applied to the head for one-half hour. Some herbs are boiled and taken orally. The treatment for a frontal area headache is to pinch the top of the nose and massage the head. A headache on the forehead can also be treated with heated

needles which prick the forehead, back of the knees, and back of the elbow. In Laos a goat horn was used. The horn was warmed on the fire and put on the head. The hole at one end was closed off with wax. The horn was then taken off and a needle was used to stick the head several times and make blood flow. This allowed the air to enter. In the United States a whiskey shot glass is used. Paper is burned which causes smoke. Then the glass is placed on the person's forehead for 30-minutes. A round mark appears. Since coming to the United States, Hmong use aspirin and Tylenol more frequently.

Fourteen (93%) of the respondents are doing Kaav or "coin/spoon rubbing." Usually this is done by a family member. The instruments/materials used are either tiger balm, Vicks, or pork grease; silver coin or spoon or bracelet, or a small bottle; white of an egg and a cloth. The grease is put on the back of the elbow, back of the knees, shoulders, and back. The egg white is put on the coin and wrapped in a cloth. The hot water from the bowl is used to moisten the cloth. The person doing the treatment rubs where the ache or pain is present. If the coin turns dark it will be washed. This means the coin is pulling out the sickness in the person's body. If a spoon is used, the shoulders, forehead, temples of the head, under the knee, and the back of the elbows are scratched with the handle. If the color of the skin turns blue or dark red, the person is very sick.

Sleeping for several hours after the treatment usually helps the person feel better. Only one respondent stated, "I don't allow this treatment for myself because it is too painful."

In order to diagnose the cause of stomachache, the following procedure is performed. An herb is placed in a bowl of water. A small amount of this mixture is put on the fingers of the person performing the treatment and the stomach and arms are rubbed. An herb is tied on the finger of the sick person with a string. The finger is scratched with the needle and the blood flows into the bowl with the herb and water. If the blood comes to the top of the water, the stomachache is caused by greasy food. If the blood stays at the bottom of the bowl, it is caused by rice, meat, or vegetable.

If the stomachache is caused by food, massage is the treatment either by knowledgeable family member or a massage person. If it is a "dry stomachache," that is, painful, herbs are eaten. They are prepared by boiling with water; some then are eaten. One dry herb that was used in Laos has not been found in the United States. Some Hmong send to Thailand for this herb. In the United States, if the massage does not help, Alka Seltzer will be taken or the person will go to the doctor if they are not better in three or four days.

There are several treatments for bodily injuries such

as broken arms or legs. A leaf is mashed, mixed with wine, and warmed. This is applied to the limb, wrapped with a cloth or banana leaf, and two or three sticks are used to tie the cloth at each end. Another treatment is Keur Kong or "spiritual talk." A spirit healer speaks to the broken limb, washes it with water, and puts a container over the limb. One respondent whose mother is an herbalist stated that in 1971 his wrist was broken from a fall. His mother smashed herbs, put them in a banana leaf and warmed this. She placed this on his wrist and wrapped it with a cloth. Every two to four hours this was changed and at the end of two weeks there was an improvement in his wrist.

In Laos if a person is "bleeding" one treatment is to mash an herb and wrap it around the wound with a cloth. Keur Kong or spiritual talk was also done over the bleeding area. Sometimes these two treatments were done in conjunction with each other. In the United States a small cut is treated with alcohol and a cloth wrapped around it. If the wound is large, the person will be taken to the hospital.

There are two types of diarrhea as explained by several Hmong herbalists. One is when the feces is red with blood and the other is regular diarrhea with no blood which may be caused by food. In Laos when a person had diarrhea they would either be treated by a family member who knew herb medicine or go to an herbalist. There were two ways to treat with herbs. One was using the root of a tree, washing

it and eating it dry. Another was either a root from a tree or leaf herb which was boiled with water and taken orally. There are several herbalists in a midwestern city that Hmong go to for diarrhea. One local herbalist showed the researcher a long black bark with a soft material inside which is boiled with water and taken orally. Several herbalists stated they cannot find good herbs in the United States to treat diarrhea. If the herbalist cannot cure the diarrhea, Hmong buy medicine at a drugstore, drink fluids, and/or eat green bananas. If the diarrhea persists for many days, they will seek help from a physician.

In Laos the treatment for constipation was herb medicine. One herb treatment was taken orally. Another was an herb mixed with water and put into the rectum. One respondent stated that when his father had constipation the herbalist mixed four medicines. Two were roots of two trees. Fecal material from two animals (chicken and porcupine) and mixed with the roots and this mixture was inserted into the rectum.

Treatments for children included Hawj Foob and Hlai Xuv Nplaig. When a child's throat is swollen and red and he/she has difficulty breathing due to upper respiratory infection, Hawj Foob is performed by a person who is knowledgeable and experienced in this treatment. A small sewing needle is heated over the fire; tiger balm or Vicks is touched to the needle; the needle is fired again. The back of the child's

throat is touched with the needle. This treatment is said to release the air and/or poison and decrease the swelling.

Hlai Xuv Nplaig is done when a young child cannot speak clearly. The frenulum under the tongue is cut. In Laos a piece of very sharp grass was used to cut the frenulum. In the United States a razor may be used to make a slight cut. This practice gives the tongue more space to move and allows the child to speak clearly.

Four respondents stated they were herbalists and presently treated people with their herbs. Although they have not found all the herbs they used in Laos and Thailand, they have some they use for fever and diarrhea. Two respondents stated they have plants and treat themselves and family members. If these plants do not cure the illness, they go to an herbalist. Two respondents stated their mothers were herbalists and treated people in Laos.

One respondent related his experience with an herbalist when he was 12 years old in Laos. "I had chill and fever and felt like I was in another world." My father asked an herbalist to come to my house. The treatments the herbalist performed were: (a) small pieces of wood from a special tree in the area were cut and boiled with water. It was pink in color. (b) My father was instructed by the herbalist to make three slashes in the six poles in my house. These cuttings were placed in a bowl with hot water and covered. Both of these mixtures were drunk by me during the day. My



father knew another treatment which he gave along with those of the herbalist. An elbow or knee bone of a Vietnamese soldier was placed in a bowl with water. This was supposed to be "good medicine," although the respondent wasn't sure why. After about three weeks, the respondent lapsed into semiconsciousness and had to be taken to the government hospital where they put an intravenous needle in his arm and gave medicine. He finally recovered several weeks later.

Massage Person/Zaws. Five respondents (33%) consider themselves to be massage persons and treat members of their families and others who seek relief from certain symptoms. One respondent has a grandfather and another an uncle who are massage persons. Hmong people seek treatment from a massage person when they have the following symptoms: headache, stomachache, arm, leg and shoulder pain, aching body, feeling of tiredness, and vomiting. The massage person assesses what the problem is and treats accordingly. If a person feels tired and has a headache, the back of the elbow or finger that is tied with a string will be pricked with a small needle. Blood will come out and the poison along with it. Massage then is done on the arms and stomach.

Shaman/Tus Ua Khawh Koob. Eight respondents (53%) and/or family members went to a shaman in Laos. Seven respondents stated they were born into Christian families and never went to a shaman. One respondent's father is a

shaman. The reasons given for going to a shaman were for a chill that did not improve after herbal treatment; stomach-ache and headache which lasted for three months which herbs and massage did not cure; a six-month-old baby with a high fever and semiconscious whose condition did not improve after treatments with herbs; when a person has a "bad dream;" and after treating a chill and fever with herbal medicine for about one week with no improvement, the respondent thought the sickness must have caused by a "devil" or "evil spirit."

One woman related the following experience. Her six-month-old daughter was refusing breast milk, had fever, and fast beating heart and staring eyes. Herbs and fluids were given for several weeks without any improvement in the baby's condition. The woman then took her baby to the shaman. He placed a small table in the front of the room, covered his eyes with a red cloth, and put his thumbs through a rubber ring. He danced and chanted, asking the "other world" what was causing the baby's sickness. The shaman told this woman that he promised the evil in the other world that he would ask the woman to give a white buffalo to this spirit. He also told the spirit to "release the child from her sickness." The woman had to give one leg of meat to the shaman or pay money for his services. In five days the baby was well.

Another respondent related his family's experience with a shaman. "My younger brother had stomach pain and

headache for two months in Laos. Herbs and massage did not help the condition. Previous to this my father died. Since our family was poor we buried my father quickly and didn't have a proper ceremony. It would have been very expensive to feed the people who would have joined in the ceremony. After two months and my brother was not getting well, my older brother called the shaman to our home. The shaman danced and chanted and communicated with the other world. The shaman was told by the spirit that since my family did not give my father a proper burial ceremony, the spirit of my father was causing his sickness. The spirit told the shaman to tell my family to kill a buffalo for our father. This was done and while the meat was cooking the steam went to the spirit and this was his offering. The agreement between the shaman and the spirit was that younger brother be released from his sickness when the family offered the buffalo. After our offering, my brother became well again."

Another respondent related when he was ten years old that he had a chill for several weeks and herbal medicine did not improve the condition. His mother took him to two shamans. The first was a woman who used the horn of a buffalo, split this in the middle, dropped it and picked it up. This was done to find out what the problem was. "She thought I would die, and did not want to treat me. My uncle's father-in-law was a shaman and said he would help. He told my mother to get two pigs." The ceremony was related as

follows: The shaman danced, then ordered the pigs to be killed. The patient sat down near a table in the front of the room with the two pigs in front of him. A rope was wrapped around the patient to the pigs and a thin paper-like material was placed on the patient's shoulders. Later this was burned. This is "evil money" offered to the "other world." While the shaman was dancing, another man hit a gong. The dancing and chanting of the shaman could go on for three hours. During that time the pigs are cooking. The shaman asks for the soul to be brought back to the patient. Everybody eats the pigs. The shaman was given some of the pork as payment for his services. In one week this man was better.

One respondent stated that if a person is having difficulty becoming pregnant, she can go to the shaman. Payment for this service is a 24-karat silver piece (one pound of silver) or the head and shoulder of a pig can be given in payment.

Spirit Caller/Txiv Plig. Thirteen (87%) of the respondents stated that in Laos they went to a spirit caller, Txiv Plig, if their souls or the soul of a family member had left the body. Examples for the soul leaving the body included a person falling down and frightening his soul. When a person went into the jungle, if on hearing the sound of an animal, his soul may leave if he became frightened. On his return home, his symptoms would be malaise, loss of

energy. Sometimes these symptoms did not show up until the next year.

One respondent gave her experience of seeking help from the spirit caller. When she delivered her second daughter, she had a fever for five days. She took herbs but they did not help. She went to the spirit caller who told her the soul had run away from her. His treatment included the use of two fresh, uncooked eggs and two sticks. The eggs and sticks were held upright in his hands. As smoke passed through a bamboo stick, the spirit caller asked the soul to return. When the eggs fell toward him this meant the soul had returned to the person. The payment to the spirit caller was in silver coins. The respondent stated her fever left after one week. During this time she was also taking herbs.

One respondent stated that he was a spirit caller. When he wants to call the souls of family members to stay he does the following. A whole chicken is killed. Uncooked eggs and a bowl of rice are placed on a table. He walks to the doorway and calls the souls. This can be done for the calling of human souls, money soul in your house, souls of animals, and souls of food. Certain words are said and all four types of souls can be called. He learned to become a spirit caller by "watching the older people."

Medical Doctor/Kws Tshuay. Two respondents stated there were few medical doctors, but many paramedics in Laos and if a Hmong family lived near a city, they could get medical attention. All respondents (100%) stated if the herbalist, massage person, spirit caller, and/or shaman did not cure them, only those people living near a city would go to a clinic or hospital. All stated since living in the United States they would treat themselves at home first. If the condition was not better, ask the herbalist and/or massage person to treat them next. If there was still no improvement, a health facility and/or doctor would be the next choice.

## Nutrition

### General Nutrition

All respondents stated that they eat rice, pork or chicken, vegetables, and some fruit daily. Fourteen (93%) eat Hmong prepared food daily and those who work take it for lunch. One young man stated he eats peanut butter and wheat bread for breakfast.

Older Hmong usually have meat cut into small pieces, cook it longer, and drink the vegetable water along with the cooked vegetables. One respondent stated, "My mother eats the same food prepared for the other members of the family." Fourteen (93%) respondents stated that it was easier for older people to eat "soft foods and small pieces

of meat if there is a loss of teeth."

Fourteen (93%) stated that in Laos "bird" was the first meat eaten by Hmong children at about seven months of age. Since being in the United States it is "difficult to shoot bird, so chicken may be given instead." Ten (66%) respondents, however, have "shot bird" and given it to their children or grandchildren since living in the United States. An herbalist gave the following description on the preparation of a bird for children. "Remove the feathers and fur. Place the bird in rice water over night. Put the herb medicine on the bird the next morning. Then bake in the oven, grill, or steam it."

Three respondents stated that birds fly high where the air is clean and bird meat will prevent diarrhea in the future. Eight respondents felt bird meat prevented stomach-ache. Four respondents stated that since birds are light and fly quickly, this will enable the baby to walk fast and have strong legs. All respondents stated that at seven or eight months of age a baby will either begin to grab food from the plates of adults or parents will begin to feed them solid foods such as rice and vegetables.

### Prenatal Nutrition

Fifteen respondents stated that there are not any particular foods that Hmong women avoid during pregnancy, except those that make them nauseated. Six respondents

stated if the pregnant woman did not eat a food she craved the shape of the food may show up on a part of the baby's body. The shape of ginger or sweet rice pancake would be on the baby's ear or arm or leg. This shape of the food will stay on the baby's body depending on the length of time the food was missed by the mother.

### Postpartum Nutrition

All respondents related that in Laos and Thailand, Hmong women sat and slept by the fireplace for three days postpartum. Cold foods, cold fluids, and cold water bathing were avoided for one month. Both in Laos and the United States, postpartum foods include two eggs, three to seven crushed black peppers. These are prepared in the following manner. Two eggs (one shelled, one unshelled) are boiled. The unshelled egg is then scratched to the black material at the bottom of the pan. The shelled egg is mixed with crushed black peppers. The following reasons were given for eating eggs and black peppers. Nine respondents stated it relieves the mother's pain. Five stated, this helps push out the blood clots. Seven stated, these increase the breastmilk of the mother.

All respondents stated that there were particular foods that women ate for one month postpartum. These foods are rice, chicken eggs, pork and/or fish, and black peppers. All fluids must be warm. The reasons given for eating



chicken were as follows. Eight said that chicken is not greasy and will prevent diarrhea in the future. Five said that chicken increases the body's strength. Three stated that they were not sure why, only these foods were eaten during the postpartum period. They believed chicken to be a good food as this was a practice handed down by their ancestors.

Foods to be avoided one-month postpartum are fruits and vegetables (especially green vegetables). Respondents said vegetables and fruits are avoided during this month because they may prevent a future pregnancy and also cause diarrhea. One stated that his wife could eat fruits and vegetables during this month without any ill effects.

In Laos three to seven days after a Hmong baby is born the family invited the shaman, relatives, and friends to celebrate the baby's name day. Since living in the United States, Hmong families continue to celebrate the name day of newborns and invite their pastor to join them.

#### Research Question 2

Research Question 2 asked:

Are there any central themes that relate to family and/or community practices?

In that regard, mental health practices and the Hmong New Year's celebrations will be discussed.

### Mental and Emotional Health

The symptoms which indicated mental and emotional problems in Laos seem to be descriptions of aberrant behaviors such as displays of violence or talking crazy, vwm. When asked what Hmong do when a person has aberrant behavior, five stated this is caused by "evil." In Laos, the shaman would go to the person's house and perform a ritual that would fight the evil spirit and separate the evil from the person. The following is a description of this ritual. "When the shaman is fighting the evil spirit his words (chanting), feelings, and actions are much more intense. Relatives of the sick person take corn from the cob and help the shaman throw this around the inside of the house. Gun powder is burned and is also thrown around the inside of the house. The sick person is told by the shaman not to go out of the house for three to seven days." The respondent stated further that, "the man was helped by this treatment."

In Laos, if the symptoms of depression were present a shaman would be called to diagnose the cause. He would tell the family what to do. He would also tell the person that an evil spirit had entered his body or there may be something in the house causing the depression. One method of helping a person who has been depressed over a long period of time is to encourage the person to talk with relatives

to discover the source of depression. In addition, the person was taken hunting or fishing.

All respondents stated that when living in Laos and also in the United States that when Hmong have family problems causing depression, the husband and wife talk over the situation. Then they would go to the husband's relatives for counsel. If the problem was still unresolved, they would approach the clan leader for his advice.

If the depression was caused by a financial problem, relatives would be sought for assistance. Two respondents (13%) stated that since living in the United States, the wives have to help with financial problems by going to work. If the problem was interpersonal (such as a break in a relationship with another person; angry with another person), relatives are asked for counsel. A representative may be chosen to talk with the person offended and also the clan leader may be asked for his counsel and intervention. Three respondents stated that they "pray to God" to help them solve their depression.

One respondent who has been in the United States for six years stated he "sought advice from a psychologist for his depression several years ago." Two respondents stated they would advise Hmong who could not solve their mental health problems with relatives to "seek counsel from a psychologist or mental health facility."

New Year's Celebration/Xyoo Tsiab

Hmong New Year's activities are perceived as a way for the family and community to stay in good health during the coming year. It is celebrated in mid-December. All respondents stated that New Year's celebration was a time to (a) Send away all "bad things with the old year." A symbol of this is when the family gathers tree branches with leaves and uses these branches to "clean the house" and "throw everything bad away." While the cleaning is being done, the head of the house says, "We throw away all illness and bad luck." The dirt from the cleaning is taken to an intersection of a road and thrown to the west. It is thought that since the sun sets in the west it will take away all bad things with it. (b) To "sacrifice to ancestral spirits." The following description was given. A pig or chicken are killed. A table is suspended against one wall in the home. The chicken or pig which is cooked is set on a plate and placed on the table for three days. The steam from the cooked animal goes to the ancestors. The head of house speaks to the ancestral spirits and requests their help in protecting the family from illness and bad luck and requests protection for the crops during the coming year.

Several weeks previous to New Year's, families gather food they had planted during the year. Rice, corn, soybeans,

and other vegetables and wood are prepared for the family party. Enough is stocked for three to seven days as no work is done during this period. Holiday festivities include many parties, visiting relatives, and resting. People come from different villages to meet each other, especially young men, as it is "bride choosing" time. New clothes are worn, ball playing and other recreational activities are engaged in as well as dating.

Since living in the United States and becoming Christian, Hmong families celebrate New Year's without many traditional aspects. Financial problems cause several families to join together in buying and preparing food for the party. Pastors are invited to the parties and lead families in prayer of thanks to God for the old year and ask God's blessings of good health for family members and good jobs. One respondent said that a clan leader provided "bride choosing" time of one and one-half days at an Indochinese center. Young men came from nearby states to participate in this activity.

#### Hmong Lay Referral System

Within each of these categories there are self-care practices that are carried out by the Hmong. When self-care practices are not effective, there is a hierarchy by which people refer themselves to other care providers. These are herbalists, massage persons, spirit caller, shaman, and

medical doctor (see Figure 2 as shown on page 68).

Friedson (1970) described four lay referral systems. The second type of lay referral system is closest to the Hmong system in the United States. This is a system in which prospective clients participate in one indigenous lay culture in which there is an extended, cohesive lay referral structure. It is a "truncated referral structure" which allows the individual to act on his own. The individual may be expected to try professional services sooner than a person in the completely indigenous lay culture where people may be expected to show a high degree of resistance to using health services.

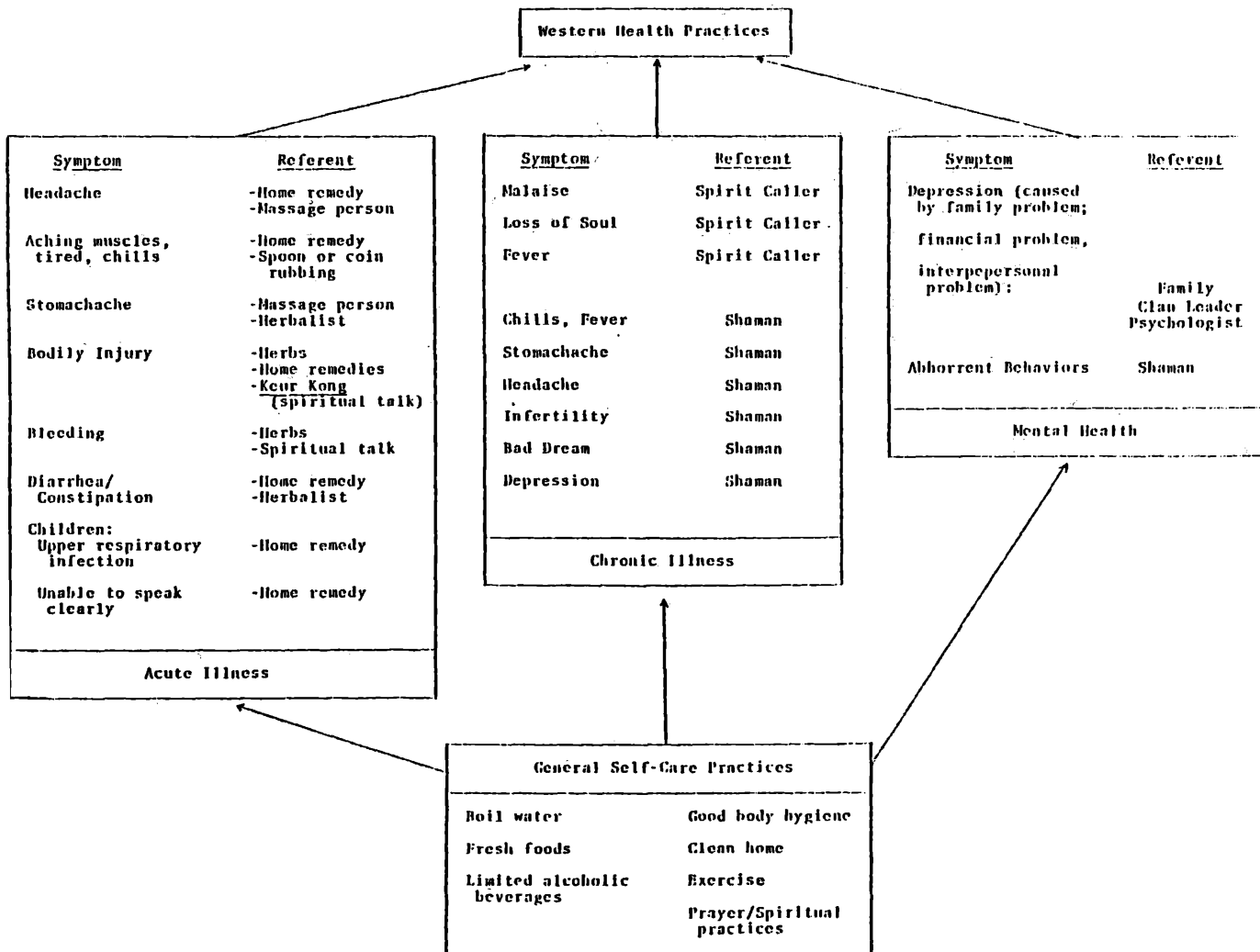


Figure 2. Lay referral model for Hong.

## CHAPTER IV

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### Summary

The purpose of this study was to: (a) describe the broad categories of self-care practices among the Hmong, (b) describe in depth those self-care practices which are related to nutrition, and (c) to find out if any central themes occur in self-care practices which can be differentiated to individual, family, and/or community practices.

In collecting the data, the researcher interviewed nine Hmong men and six Hmong women living in a midwestern state. One of the men is a spirit caller who presently performs rituals for his family and relatives. Four of the women are knowledgeable about herbs. Two are actively practicing herbal medicine for their families and members of the community.

There were two research questions addressed in the study. The first question was, what are the current individual self-care practices which exist among Hmong in the United States? The second question was, are there any central themes that relate to family and/or community practices?



## Conclusions

The research findings referring to the first question, what do Hmong do to keep themselves healthy, indicated preventative measures such as boiling and filtering of water, limited intake of alcoholic beverages, good hygienic practices, to name a few. Spiritual practices are also important to staying healthy. In areas of the United States where there are shaman, rituals are performed to prevent illness. Where there are no shaman in the community, Christian families set time aside for prayer to ask God for protection against illness.

Respondents gave examples of going to the spirit caller in Laos when the soul was believed to have left the body. This supports Bilatout's (1982) description of the role of the spirit caller.

This study revealed that Hmong consider the origin of a headache and then treat this symptom accordingly. These treatments include: (a) a family member hitting all sections of the head with the cup of his hand; (b) pinching the top of the nose and head massage; (c) dry herbs wrapped and applied to the head; (d) herb oral solution; (e) pricking the forehead, back of the knees, and the back of the elbows with heated needles; (f) warming of a goat horn or whiskey shot glass and applying to the forehead; and (g) sparing use of aspirin and Tylenol. These data were not found in the

literature.

This research supports the Yeatman and Dang (1980) study of the Indochinese folk medicine treatment called "coing rubbing" by the Vietnamese. The Hmong call this treatment "coining or spooning" Kaav. All respondents know of this treatment. Fourteen practice it presently and/or have had the treatment themselves.

Symptoms such as stomachache, diarrhea, or constipation are treated with herbs and/or massage. A diagnosis as to the cause of stomachache is made by the herbalist or massage person. Then the person is treated accordingly. Descriptive examples of the diagnostic process and treatments were provided by the respondents. This is more in depth information than the literature of Kohl (1980) and Nguyen and Bouthinh (1980) which only described superficially the folk medicine treatments prepared by herbalists.

This study revealed the treatments for bodily injuries and bleeding. Herbal medicine is used for both. Also, "spiritual talk" Keur Kong was practiced mainly in Laos by spirit healers for these two health problems. This study described in depth the specific herbal treatments and "spiritual talk" treatment. This information was not found in previous literature.

This research has revealed a traditional treatment for young children with upper respiratory infections and a treatment for children who have "difficulty speaking

clearly." Both treatments were known by all the respondents and several of them have practiced these treatments on their own children. Descriptions of these treatments were not found in previous literature.

Herbalists and massage persons continue to practice in the Hmong community in the United States. The herbalists interviewed in this study cannot practice to their full potential because many of the herbs they used in Laos are not found in the United States. This is a similar finding to that of Kohl (1980) and Nguyen and Bouthinh (1980), which indicated the Hmong herbalists have exhausted their herb supplies since coming from Laos and the refugee camps in Thailand.

There was not a shaman in the Hmong community at the time of this study. However, over one half of the respondents and/or family members had been to shaman in Laos for illness prevention and to seek cure for illness. As indicated from this study, Hmong believe that when a person's illness cannot be cured by home remedies and herbalists and massage persons, it is caused by the "devil" or an "evil spirit." The shaman has the power to mediate between the ill person's family and the supernatural world and arrange for release from the illness. These data support Geddes (1976), Bliatout (1982), and Krus (1972).

As indicated by this study, the Hmong's last choice of treatment seems to be a medical doctor or health facility

(see Lay Referral Model on page 68).

This study indicated that, generally, the Hmong are preparing and serving their food in the traditional manner. Older Hmong boil vegetables for longer periods of time and drink the vegetable water along with the vegetables. This is a different finding than that of Hurlich (1981) who stated that the older Hmong consume the vegetable water and discard the vegetables.

In Laos, a Hmong child's first meat was bird. This study indicated that Hmong families are continuing this practice in the United States. This traditional practice was not found in previous literature.

Prenatal and postnatal nutritional practices were also revealed in this study. All respondents reported that there are no foods avoided during pregnancy. This is a different finding than Hurlich's (1981) study which indicated a decrease in meat consumption during the last trimester of pregnancy.

Postpartum nutritional practices revealed in this study are foods eaten such as eggs and black pepper which are believed to decrease pain, push out blood clots, and increase breastmilk. One month postpartum women avoid vegetables and fruits and eat only chicken, rice, eggs, and pork or fish.

The second research question in this study was: Are there any central themes that relate to family and/or community practices? This research indicated that the Hmong

family and community practices are used when there are emotional and/or mental health problems. In Laos, Hmong families try to solve mental health problems with family and relatives first. If this is unsuccessful, counsel is sought from the clan leader. Often the shaman is asked to diagnose the cause of the problem and perform a ritual which will relieve the symptoms. In the United States, families follow the same procedure except in this community there is not a shaman. These data were not found in the previous literature. Hmong women normally seek assistance for depression from their husbands husband's family, and older women before consulting their own family. This is because the women marry into the husband's clan and all problems are usually solved here. This is supported by Geddes (1976). This study also revealed that few Hmong are aware of and/or understand the role of psychologists or mental health specialists.

This study also revealed that the New Year's celebration serves the function of family/community traditional practice which provides a time of good nutrition, house cleaning, remembering ancestors, rest, and recreation. This supports statements by Vang (personal communication, May, 1983) that the New Year provides a psychological aspect as well as the time for the family to ask for good health in the coming year. However, since coming to the United States, the Hmong's traditional New Year's activities

are limited by their finances, environment, employment obligations, and the long distances they must travel to be with other Hmongs residing in various states.

### Implications for Nursing

This study showed that the Hmong are continuing to carry out their cultural self-care practices in the United States, although at a more limited level than in Laos. The results of this study may indicate that nurses:

1. Ask Hmong patients if they have treated themselves before coming to the hospital or clinic.
2. Ask Hmong patients how the home remedy or treatment was applied.
3. Ask for a demonstration of the home remedy or traditional treatment.
4. Develop an attitude of respect for and interest in cultural differences which will eventually create an atmosphere to learn new and improved modes of self-care by the Hmong.
5. Be sensitive to the differences in mental health concepts and, when necessary, to refer a Hmong to a mental health specialist; seek the assistance of family members and/or the clan leader.
6. Educate and demonstrate how to take medicine at home. For example: time, dosage (using teaspoon or syringe pointing to numbers on the syringe and how to pull up the

medicine). Stress the importance of taking all the medicine and reporting back to the health facility when necessary.

7. Attend seminars and conferences on Indochinese refugees to increase knowledge of their culture and share with colleagues.

#### Recommendations for Further Study

The following recommendations are made based on the findings of this study:

1. A replication of this study utilizing a larger random sample to help establish what proportion of the Hmong population is continuing their cultural self-care practices.

2. A replication of this study comparing older Hmong subjects and younger Hmong subjects to help determine to what degree there is an acceptance of western self-care practices.

3. An investigation to identify plants and roots used by Hmong herbalists.

4. Develop a study to further explore prenatal and postnatal nutrition practices.

5. Develop a study to determine what activities, if any, are taking the place of the traditional New Year's activities and what psychological effects this phenomenon has on the Hmong.

6. Develop a study to assess and identify the

emotional and psychological needs of the Hmong at various age levels.

7. Develop a study to determine the number of shaman present in the Hmong communities in the United States and if there has been a change in their role and what effects this has on the Hmong health practices.

8. Develop a study at various health facilities that serve the Hmong population to determine what the health professionals' knowledge is of Hmong self-care practices.



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## APPENDICES

APPENDIX A

CLAN LEADER'S CONSENT FORM

Statement of Consent from Clan Leaders

I give my consent for Sister Mary Rose Libby, R.N., who is working on her Master's thesis through the University of Kansas, to interview Hmong people for her study.

I understand that the collection of data will be through interview. I also understand that the identities of the people interviewed will be kept confidential.

\_\_\_\_\_  
Chong Xiong

\_\_\_\_\_  
Seng Her



APPENDIX B

ORAL EXPLANATION SHEETS: ENGLISH  
AND HMONG TRANSLATIONS

Oral Explanation Sheet: English Translation

An oral explanation of the purpose of the study and usage of data was given to the subjects. It was given in the following manner:

I would like you to participate in a study that will help provide information to health professionals about Hmong health care practices. Knowing more about your practices will assist health care providers to better understand how to care for Hmong when they are sick and to know ways to plan educational materials.

If you participate in this study, your name will not be used in any way to identify what you explain. Our interview will be done with the assistance of the Hmong interpreter. He will ask the questions and interpret the answers for me. I will take notes so as to keep the information accurate. The clan leaders have given me permission to do this study and state it is important that health professionals know more about the Hmong culture in order to better serve them.

Oral Explanation Sheet: Hmong Translation

Kuv xav thov kom koj pab kuv kev kawm txog kev ceev mob nkeeg ntawm nej cov hmoob rau kuv voj mus ghia rau cov kwsthsuaj. Yog cov kwstshauj paub txog nej kev ceev mob nkeeg lawm mas yuav us kev yooj yim rau cov kwstshuaj kho nej cov mob thib yuav us rau lawv paub tau hais tias yuav pab nej cov hmoob li cas es nej es nej thiaj li yuav tsi muaj mob nyob rau teb chaws America no.

Yog hais tias koj zoo siab pab kuv txog qhov kuv kawm nov no ces kuv yuav tsi sau koj lub npe rau kuv phau ntawv no hais tias koj yog tug hais cov lus no, tab sis kuv tsaus yog sau koj cov lus cia hauv no xwb. Peb cov lus nus koj no peb yuav tsum tau siv ib tug tub txhais lus hmoob los pab peg. Thaum ntawm kuv yuav sau koj cov lus cia thiab kuv yuav siv lub kaw lus los kaw koj cov lus. Los cia tom qab ntawm tug txhais lus thiab kuv mam li muab cov lus no coj los kho kom yog yog lus rau, qhov ua kuv siv ob yam no twb yog kuv xav kom kuv sau tau koj cov lus meej meej.

Tug thawj coj ntawm tej paws hmoob tau pub cai rau kuv sau zaj lus no tawm thiab hais tias qhov nov yog ib qhov ua tseem ceeb pub rau cov kwstshuaj paub txog peb hmoob txoj kev cai ceev mob nkeeg es cov kwstshuaj thij li yuav pab tau peb zoo mus lawm yav tom ntej.

APPENDIX C

DEMOGRAPHIC DATA

Demographic Data Sheet

1. Sex of Respondent:        Male        Female
2. Age of Respondent:        Male        Female  
       13-15        13-15  
       16-19        16-19  
       Adult        Adult
3. Position of Respondent in Family Household:  
       Father        Mother        Son        Daughter  
       Other \_\_\_\_\_
4. Members of Family Household by Age:
- |                     | <u>Ages</u> | <u>No.</u> |
|---------------------|-------------|------------|
| Children:           | 1- 3        | _____      |
|                     | 4- 6        | _____      |
|                     | 7- 9        | _____      |
|                     | 10-12       | _____      |
| Adolescent Males:   | 13-15       | _____      |
|                     | 16-19       | _____      |
| Adolescent Females: | 13-15       | _____      |
|                     | 16-19       | _____      |
| Adult Male:         | ---         | _____      |
| Adult Female:       | ---         | _____      |
5. Occupation of Respondent: \_\_\_\_\_
6. Education of Respondent: \_\_\_\_\_
7. Literacy Status of Respondent:        Literate  
       Non-Literate
8. Language(s) of Literacy: \_\_\_\_\_
9. Religion of Respondent: \_\_\_\_\_
10. Length of Stay in the United States:        No. of Months  
       No. of Years
11. Clan to which Respondent Belongs: \_\_\_\_\_

APPENDIX D

OPEN-ENDED INTERVIEW FORM

Open-Ended Interview Questions

General

How do you keep yourself from getting sick? (Tsis muaj mob)

Nutrition

1. What kinds of foods do you eat to keep yourself from getting sick? (Kev noj qab nyob zoo)
  - a. What does "balanced foods" mean?
  - b. What does "greasy foods" mean?
2. Are there foods that men eat that women do not eat?
3. What do you drink to keep yourself from getting sick? (Haus hum)
4. Do men drink things different from women?
5. How do you prepare your meals?
6. (If talking to a Hmong woman)  
What kinds of foods do you eat during pregnancy?  
  
(If talking to a Hmong man)  
What kinds of foods do pregnant women eat?

7. What foods do you avoid during pregnancy?
8. Why do you avoid these foods?
9. After the birth of a baby, what kinds of foods do Hmong women eat?
10. How do these foods help the mother after the birth of a baby?
11. What foods do Hmong women avoid after the birth of a baby?
12. What foods do older Hmong men and women eat?
13. What foods do children eat when weaned?
14. What is a child's first meat?





Illness

1. What do you do when you have a headache?
2. What do you do when you have diarrhea?
3. What do you do when you have a stomachache?
4. What do you do when you have bodily injuries as, for example, a broken arm or a broken leg?
5. What do you do when you are bleeding?
6. When do you go to a herbalist? (Kws tshuaj)
7. When do you go to a shaman? (Tus ua khawv koob)
8. When do you go to a massage person? (Zaws)
9. When do you go to a medicine man or woman? (Kws tshuaj)





### Various Hmong Treatments

(I have read and also have seen "kaav" (coin rubbing, and spoon rubbing):

1. In Laos, how did you do kaav?
2. In the United States, how do you do kaav?
3. When would you practice kaav? What symptoms is this practice/treatment good for?

(In my work with the Hmong, I have heard of heating a needle over fire, putting tiger balm on the needle, firing the needle again, then touching the baby's throat with the needle):

1. Do you know about this treatment?
2. What is this treatment good for?
3. Who does this treatment?

(I have also seen the following practice: A cut was made under the baby's tongue because he was having difficulty sucking):

1. What is this practice called?
  
2. What is this treatment done in Laos for?
  
3. How do you think it help the baby suck?

If there is something I have not asked you about in regarding how to keep yourself from getting sick that you would like to add, please do.