

# THE HMONG

## Women's Health

### HISTORY

**Hmong means "free people."**

Over many centuries, the Hmong have migrated throughout China and eventually settled in the mountainous regions of Laos.

During the Vietnam War, many Hmong assisted the United States Central Intelligence Agency (CIA) in fighting the war against Communism. At the end of the war, the Hmong people were targeted and killed for aiding the United States and fled to refugee camps in Thailand, where they waited entrance to other countries. During the 1990's, Thailand began to close the refugee camps, and the Hmong people turned to a Buddhist monastery where about 15,000 Hmong people have lived.<sup>1</sup> The Hmong continue to migrate to the United States, settling mostly in California, Minnesota, Wisconsin, and Michigan.

### DEMOGRAPHICS

In 2000, the Hmong consisted of 184,842 persons in the United States.<sup>2</sup> More than 90% of Hmong households speak a language other than English at home, with the majority unable to speak English very well.<sup>2</sup> About 60% of Hmong people have less than a high school education.<sup>2</sup> The Hmong also had the highest percentage of individuals living in poverty in 1999.<sup>2</sup>

**Hmong women earned the least compared to other Asian women.<sup>2</sup>**

### TRADITIONAL MEDICINE

In the Hmong culture, health is a balance between social, natural, and supernatural forces. The Hmong people also believe in animal spirits and reincarnation. To treat illnesses, they have traditionally used shamans, soul callers, herbalists, massage therapists, and magic healers.<sup>3</sup> They may seek help of these traditional healers before turning to Western medicine.<sup>4</sup>

### HEALTH STATUS AND BEHAVIOR

Hmong health, especially Hmong women's health, has received minimal attention. Most studies on Asian health have grouped Hmong with other Southeast Asians.

The Hmong family structure is the clan, typically headed in a patriarchal fashion. Thus, Hmong women seek advice and approval of their husband and head of the clan when facing health decisions.<sup>5</sup>

### REPRODUCTIVE AND MATERNAL HEALTH

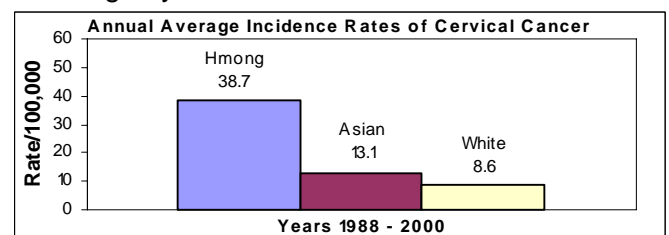
The average fertility rate for Southeast Asian immigrants is higher than the average for American women.<sup>6</sup> Since the traditional Hmong birthing process has remained at home, many Hmong women do not understand Western methods of labor and delivery. As a result, many Hmong women limit the number of prenatal visits or seek prenatal care in late pregnancy.<sup>7,8</sup> The greatest barriers to seeking prenatal care are vaginal examinations, lack of understanding of obstetrical procedures, and language barriers.<sup>7</sup> Nevertheless, Hmong women have the same rate of very-low birth weight and lower cesarean section rates when compared to White women.<sup>9</sup> Hmong women living in the United States do not tend to breastfeed and use contraceptives minimally.<sup>6,10</sup>

### OSTEOPOROSIS

More than 20% of Asian American women older than 50 years have osteoporosis.<sup>11</sup> Hmong women are at risk and do not have a good understanding of osteoporosis and preventative measures.<sup>12</sup> They attribute osteoporosis to fate, chance, or luck.

### CERVICAL CANCER

Hmong women have higher incidence and mortality rates for cervical cancer than other Asian and White women with more than half of the women declining any treatment.<sup>4</sup>



### INFECTIOUS DISEASES

Health professionals should be aware of infectious diseases in Hmong immigrants, including parasitic infections, tuberculosis, and hepatitis.<sup>3</sup>

### MENTAL HEALTH

Many Hmong women suffer from depression from adjusting to the American culture and from family separation. Also, Hmong women have been diagnosed with post-traumatic stress disorder from the Vietnam War and from living at refugee camps in Thailand.<sup>13</sup>

## RESOURCES

Additional information is available on the Hmong women's health and social services from the following organizations and websites.

- **Hmong Health Website**

<http://www.hmonghealth.org>

- **Hmong Cultural and Resource Center**

<http://www.hmongcenter.org>

- **WWW Hmong Homepage**

<http://www.hmongnet.org>

- **United States Census Bureau**

<http://www.census.gov>

- **United States National Library of Medicine Asian-American Health**

<http://www.nlm.nih.gov/medlineplus/asianamericanhealth.html>

**Disclaimer:** This Fact Sheet was created by Eileen Kuet for a class project and is not endorsed by the University of Michigan. The Fact Sheet is not intended for medical advice. Please consult with a licensed medical provider if you have any health concerns.

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- <sup>8</sup> Spring, MA, Ross, PJ, Etkin, NL, & Deinard, AS. (1995). Sociocultural factors in the use of prenatal care by Hmong women, Minneapolis. *American Journal of Public Health, 85*(7), 1015 – 1018
- <sup>9</sup> Helsel, D, Petitti, DB, & Kunstadter, P. (1992). Pregnancy among the Hmong: Birthweight, age, and parity. *American Journal of Public Health, 82*(10), 1361 – 1364
- <sup>10</sup> Jambunathan, J & Stewart, S. (1995). Hmong women in Wisconsin: What are their concerns in pregnancy and childbirth? *Birth, 22*(4), 204 – 210
- <sup>11</sup> National Asian Women's Health Organization. (n.d.). *Living healthy: The Asian American osteoporosis education initiative: Seminar implementation kit*. Retrieved on April 2, 2005, from <http://www.osteoporosis.org/pdf/1.pdf>
- <sup>12</sup> Nguyen, DN & O'Connell, MB. (2004). Asian and Asian-American college students' awareness of osteoporosis. *Pharmacotherapy, 22*(8), 1047 – 1054
- <sup>13</sup> Valasco, JD. (1996). Exploration of employment possibilities for Hmong women with psychiatric disorders. *Journal of Rehabilitation, 62*(4), 33 – 36

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<sup>1</sup> Allen, M, Matthew, S, & Boland, MJ. (2004). Working with immigrant and refugee populations: Issues and the Hmong case study. *Library Trends, 53*(2), 301 – 328

<sup>2</sup> Reeves, TJ & Bennett, CE. (2004). *We the people: Asians in the United States: Census 2000 special reports*. <http://www.census.gov/prod/2004pubs/censr-17.pdf>

<sup>3</sup> Her, C & Culhane-Pera, KA. (2004). Culturally responsive care for Hmong patients. *Postgraduate Medicine, 116*(6), 39

<sup>4</sup> Yang, RC, Mills, PK, & Riordan, DG. (2004). Cervical cancer among Hmong women in California, 1988 to 2000. *American Journal of Preventative Medicine, 27*(2), 132 – 138

<sup>5</sup> Johnson, SK. (2002). Hmong health beliefs and experiences in the Western health care system. *Journal of Transcultural Nursing, 13*(2), 126 – 132

<sup>6</sup> Tuttle, CR & Dewey, KG. (1996). Potential cost savings for Medi-Cal, AFDC, Food Stamps, and WIC programs associated with increasing breastfeeding among low-income Hmong women in California. *Journal of the American Dietetic Association, 96*(9), 885 – 891

<sup>7</sup> Levine, MA, Anderson, L, & McCullough, N. (2004). Hmong birthing: Bridging the cultural gap in a rural community in Northern California. *Lifelines, 8*(2), 147 – 149