Hmong

A Guide for Health Professionals

This profile provides an overview of some of the cultural and health issues of concern to Hmong migrants who live in Queensland, Australia. This description may not apply to all Hmong as individual experiences may vary. The profile can, however, be used as a pointer to some of the issues that may concern your client.

Hmong

Introduction

The Hmong are a highland group from Southern China, and resident in Laos, North Vietnam and Thailand. The Hmong have migrated from their homelands since the end of the Vietnam War in 1975. Many fled to Thai refugee camps, and were then resettled in third countries. In Australia, there are just over 1500 Hmong, mainly from Laos, some of whom have spent over 10 years in refugee camps before immigration to Australia.

Patient Interaction

- Hmong, particularly the older migrants, may not speak English well, and often depend on their children to communicate with the outside world.
- Many have not had formal education, so care may have to be taken to explain health issues thoroughly.
- Hmong may have difficulties with health care providers who are seen to force a particular decision or treatment, and fail to respect the patient's wishes or concerns.
- Same sex doctors are preferred, particularly for women.

Health in Australia

Little data are available on the health of the Hmong in Australia. However data from the United States suggests the following:

- Hepatitis B carrier rates are consistent with endemic areas.
- There is a high prevalence of cardiovascular ailments.
- There are higher rates than usual of obesity and hypertension among young children.
- There is a high prevalence of diabetes.
- There is three times the prevalence of asymptomatic splenomegaly than in other South East Asian refugees, especially among young male adults.
- There are an unusual number of sudden unexplained nocturnal deaths among recently arrived adult men.

Utilisation of Health Services

- Modern health care is believed to be beneficial, but traditional diagnosis and treatment (either herbal or spiritual) may be tried first.

- Some biomedical treatments may conflict with Hmong belief. In particular surgical removal of a body part may conflict with a belief in reincarnation.
- People may fear anaesthesia, and after a general anaesthetic, it may be necessary to perform a soul calling ceremony in the operating theatre.
- Adherence to long-term sustained treatment regimes may be low. Careful explanation to the decision maker in the family is required to obtain their support.
- The place of death may be important to terminally ill patients, for spiritual reasons, and should be discussed.

Health Beliefs and Practices

Traditional Hmong belief is that ill health may be the result of the soul wandering from the body and unable to find its way home. This may occur due to injury, wounds, a fall, a loud noise, being unconscious (including from anaesthesia), or feeling sad and lonely. The symptoms of soul loss include weakness, tiredness, headache, loss of appetite, insomnia or dreams of being in a strange place with a stranger. A soul calling ceremony may be required to cure the sick person.

Psychosocial Stressors

Hostile spirits, spells or curses, and violation of taboos are other factors believed to cause illness. However, it is also recognised that external natural forces, such as accidents and infectious diseases, can cause illness.

Social islocation

Migration to Australia has altered some of the Hmong social structure. Sharing of clan rituals has become difficult as many families are the sole representatives of their clans.

The role reversal between the young and the old in the new country, with older members relying on the younger for language translation and income, has its toll. Older male Hmong, especially, may suffer from loss of social status, feelings of family fragmentation and isolation.

nemployment

In Australia many Hmong are unskilled in areas where employment is available, and unemployment rates are high. Despite this, many families have found factory work, and now own houses and cars.

Mental Health

Many Hmong have been through traumatic times prior to migration, and some will be survivors of torture. Post Traumatic Stress Disorder may be prevalent. US studies have also found high rates of depression. (Some of these issues are discussed in greater detail in the profile on **Torture Trauma**).

Maternal and Child Health

Traditionally, high value is put on having children, especially boys, and having children increases a woman's prestige. Menopause is also an important *rite de passage* because it brings status "like a man".

Antenatal care

Hmong women may refuse vaginal examinations, especially by male doctors. This may be a reason for late presentation for antenatal care and non-attendance at post partum checks.

Birth

In Hmong culture, mothers and mothers-in-law help at the birth, which often occurs in the squatting position. Women may prefer natural tearing and healing to episiotomies. A woman requiring a Caesarean section may have concerns that when her body is cut under an anaesthetic, her soul will be lost.

The placenta is required for reincarnation and so is usually buried at the place of birth. In Australia, the woman may wish to bury the placenta, or may request the hospital to do so. This should be discussed with women antenatally.

Post partum

It is customary to keep warm for three days post-partum, and touching cold water post-partum is prohibited. While previously women lay by fires, in Australia, women may wear warm clothes and use heating.

Hmong women in hospital post-partum will often not eat the hospital diet, preferring to eat food brought by family members. No fruit, vegetables or cold drinks are allowed during the confinement. Physical activity post-partum is also restricted, as this may cause "collapse of the internal organs". Women appreciate being offered choices.

Infants

Hmong babies are on average 200g lighter than Anglo-Celtic Australian babies. A necklace is placed on the baby's neck to protect the infant from ill health and harmful agents.

Many believe that praising the newborn will cause harm to the baby from the spirits. The newborn may therefore be greeted by expressions such as "you are ugly".

American data indicate that many Hmong prefer to bottle feed an infant for reasons of convenience, the intent of return to work, desire to allow others to feed, and the expectation of insufficient milk. In Australia, women who are not in the paid workforce usually breastfeed (often preferring to breastfeed on demand), but have limited personal support networks to assist in early infant care.

Women's Health

- Menarche may be around two years later for Hmong women than for other Australian women.
- Early menopause has been reported: in a study in Melbourne, the average was 43 years.
- Contraceptive prevalence rates are low because of the high value placed on having many children, with no preference shown for either oral contraceptive or barrier methods.
- Not having a period is believed to mean bad blood is retained in the womb.
- Menstrual blood is regarded as a pollutant and sexual intercourse is avoided during menstruation.

Resources

Queensland Ethnic Affairs Directory 1997.
Department of the Premier and Cabinet.
Office of Ethnic and Multicultural Affairs.

The Hmong-Australia Society has branches in Victoria, NSW, ACT and Tasmania.

Brisbane Migrant Resource Centre
Tel: (07) 3844 8144

Ethnic Community Council of Queensland
Tel: (07) 3844 9166

Logan City Multicultural
Neighbourhood Centre
Tel: (07) 3808 4463

Ethnic Communities Council Gold Coast
Tel: (07) 5532 4300

Multicultural Information Network Service Inc. (Gympie)
Tel: (07) 5483 9511

Migrant Resource Centre Townsville-Thuringowa Ltd.
Tel: (077) 724 800

Queensland Program of Assistance to Survivors of Torture and Trauma
Tel: (07) 3844 3440

Translating and Interpreting Service
Tel: 131 450

Acknowledgments

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This is a condensed form of the full profile which may be found on the Queensland Health INTRANET - QHiN http://qhin.health.qld.gov.au/hssb/hou/hom.htm and the Queensland Health INTERNET http://qhin.health.qld.gov.au/hssb/hou/hom.htm. The full profile contains more detail and some additional information. It also contains references to additional source material.

Material for this profile was drawn from a number of sources including various scholarly publications. In addition, Ethnomed, a web-site developed by the Medical School at the University of Washington and devoted to health issues of ethnic communities, was particularly useful. This site can be found at URL:**http www.hslib.washington.edu clinical ethnomed.**