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Editor: Mary D. Gordon PhD, RN, CNS-BC



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Engaging in Culturally Informed Nursing Care With Hmong Children and Their Families



Shoua Xiong BS, RN^a, Nora Degroote MSN, RN^a, Hayley Byington MSN, RN^a,
Jamie Harder MSN, RN^a, Krystal Kaminski MSN, RN^{a,b}, Kristin Haglund PhD, RN^{a,*}

^aCollege of Nursing, Marquette University, Milwaukee, WI

^bChildren's Hospitals & Clinics of Minnesota, Northeast Pediatric Clinic, Hugo, MN

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The Hmong are an ethnic hill tribe group originally from Southern China with concentrated populations throughout Southeast Asia, especially the mountains of northern Laos. Following the Vietnam War, the Hmong started immigrating to the United States in waves to escape prosecution for fighting communism alongside the United States. Today, the Hmong population in the United States is growing rapidly, with a median age of 20.4 years. As the Hmong move and redistribute themselves across the country to be with family or pursue new opportunities, it is more and more likely that nurses everywhere will interact with Hmong children and their families. Historically medically underserved, the Hmong community continues to face barriers to healthcare as a result of culture, language, and lack of access. Nurses who are informed about cultural values and norms of the Hmong and their family and social structures, as well as their spiritual and traditional practices, will be able to establish trust with their pediatric patients and their caregivers. Utilizing strategies including interpretive services, asking detailed social and physical histories, providing extra appointment time, asking open ended questions, and employing teach back methods can help improve communication as well as provide higher quality care that addresses the specific needs of this population.

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THE HMONG PEOPLE originated from Southern China and migrated to different parts of Southeast Asia. The Hmong population in the U.S. is from Northern Laos (Centers for Disease Control and Prevention [CDC], 2008). In the 1960s and 1970s the Hmong in Laos were recruited by the U.S. Central Intelligence Agency to fight on the side of the royal Lao government against communist leaders and forces. After Laos fell to the Communist party in 1975, the Hmong experienced severe retaliation for siding with the Americans causing many to flee to refugee camps in Thailand (Tatman, 2004). Overtime, Hmong refugees were

repatriated to Laos, remained in Thailand, or were relocated to other countries. Relocation to the U.S. began in the 1980s and continued into the 2000s with a marked decrease since 2007 (CDC, 2008). Today there are over 260,000 Hmong Americans living in the U.S. representing a 40% increase since 2000 (Pfeifer, Sullivan, Yang, & Yang, 2013). Eighty-percent of Hmong-Americans live in California, Minnesota and Wisconsin (Xiong, 2013).

The Hmong population is growing in number and experiencing a diaspora within the U.S. It is more and more likely that nurses across the country will interact with Hmong American children and their families. Thus the purpose of this paper is to provide information that will facilitate sensitive and culturally-informed nursing care, improve communication between nurses and Hmong

* Corresponding author: Kristin Haglund, PhD, RN.
E-mail address: kristin.haglund@mu.edu.

children and their families and lead to positive health outcomes. Specifically, this paper describes how the Hmong cultural context may influence how children and families understand health, interact with health care providers and manage health problems. It is important to understand that culture is dynamic and changing. In addition, individuals vary how they identify with their ethnic heritage and how they express their cultural identity. Thus this paper is not intended to suggest that all Hmong Americans practice their culture in the same way, rather it is intended to provide practitioners with information regarding salient aspects of Hmong culture to provide a place from which to start a caring relationship.

Cultural Understanding of Health Among Hmong Children and Families

There are several important aspects of Hmong culture that influence how health is viewed and experienced including social and family structure and cultural and religious beliefs.

Social Structure

Hmong culture is patriarchal in nature. The Hmong may live in clan societies which include extended family members. Clans, versus individuals or nuclear families, are the basic unit of social and political organization in Hmong culture (Cobb, 2010). There are 18 clans in the Hmong culture each having a designated clan leader, and they are all represented in the United States. The clan leader is a respected older male who is sought out for advice concerning anything from arguments between spouses to healthcare decisions. There is also a spiritual healer, called the shaman, utilized across clans. The shaman's role is to identify the spiritual causes of illness, communicate with the spirit world, and restore wandering souls to the body (Cobb, 2010). In traditional Hmong households, the men along with the shaman make all decisions, even regarding another's health. Healthcare decisions may take more time because patients and their families consult with clan leaders before agreeing to plans or treatments.

Family Structure

Men and women have distinct roles in families. Marriage is considered a duty, and women are primarily responsible for caring for the children and domestic duties (Cobb, 2010). Commonly Hmong American women marry between the ages of 13 and 23 with many marriages occurring by age 16 (Owens, 2007; Vang & Her, 2014). Young women often partner with older men as men commonly marry between the ages of 18 and 30 (Bankston, 2015). Some of the marriages are conducted by Hmong presiders and are cultural marriages but are not considered legal marriages in the U.S. (Randolph, 2006). Polygamy is a cultural practice in which men may take several wives and or a mistress; this practice has decreased but continues to occur in the U.S (Bankston, 2015). Newer generations of Hmong Americans may follow U.S. cultural norms such as postponing marriage and child

bearing to at least 18 years of age or after completion of higher education, or choosing not to marry. Divorce is also becoming more common among Hmong American couples (Xiong, 2013).

Hmong American families tend to be large and on average include 6.5 members compared to average families in the general U.S. population which include 3.1 people (Xiong, 2013). Children are viewed as treasures, and Hmong homes are child-centered (Bankston, 2015). Typically, births are close together resulting in large families with a narrow range of ages among the children. While Hmong Americans have an equal rate of employment as the general U.S. population, they make less money than other American workers largely because of low education attainment and employment concentration in low-paying jobs (Vang, 2013). Lower incomes contribute to high rates of poverty as evidenced by 25% of Hmong American families living in poverty compared to 12% of families in the U.S. population (DeNavas-Walt & Proctor, 2014). About 15% of Hmong Americans are uninsured (Pfeifer et al., 2013). Forty-two percent of Hmong Americans utilize public sources of insurance compared to 29% of the general U.S. population (Pfeifer et al., 2013).

Cultural and Religious Beliefs

As a religion, the Hmong practice animism, the belief that spirits live in, on and around the human body. These spirits, according to Hmong health practices, affect health and illness. Young babies are considered to be at the greatest risk for illness and are often blessed with *khi tes* (string) necklaces or bracelets to protect against evil spirits that could cause illness (Johnson, 2002). Traditionally, the Hmong also practice Shamanism, which is the belief in the spirit world and its connection to all living things (Cobb, 2010; Gerdner, 2012). A balance between the body and the spirit is required for good health. Hmong healers, or shamans, serve to bridge the human world with the spiritual world and resolve issues of illness through ceremonies to bring back the spirits of the ill people (Johnson, 2002). Herbalists also treat illnesses. Illnesses are ascribed to natural and spiritual causes. A natural illness, such as a headache, is viewed as a result of the disharmony between yin and yang, or hot and cold (Lee & Vang, 2010). Treatment for natural illnesses may consist of bringing a balance to the body through herbal medicine, acupuncture, spoon rubbing, coining or cupping. Spoon rubbing is a process where patients' bodies are repeatedly scraped with a silver spoon. Coining is lightly scraping the skin with a hot coin to cast away evil spirits (Lee & Vang, 2010). Cupping is creating a vacuum on the skin to draw out tension, fever, or pain. These treatments are not harmful to children although they may cause bruising and can be mistaken for abuse (Dixon & Stein, 2006). A traditional belief of Shamanism is reincarnation. The body must be whole without deformities in order to be properly reincarnated prompting some families to decline procedures that disrupt the integrity of the body such as surgeries, implants, or dental work (Cobb, 2010).

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